

Health Improvement Action in Hospital Settings:

Action 18.5: Healthy Working Lives

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CEL (1) 2012 Annual Report Summary Briefings – Year 1

This paper is part of a series of briefing papers summarising national health improvement action within the hospital and community hospital setting, reported to Scottish Government as part of the formal governance requirements for delivery of CEL (1) 2012. Information within these reports has been extracted from Year 1 Annual Reports submitted on 30 April 2013 and, therefore, reflects reported health improvement action from January 2012–April 2013.

NHS Boards received individual feedback on their annual report submissions and these can be read alongside the briefings series in order to support local-level discussion.

Briefing papers within this series include: **1** Context for Delivery (Core Actions 1–5); **2** Tobacco; **3** Alcohol (covering selected performance measures not reported through the ADP Governance Framework); **4** Breastfeeding; **5** Healthy Working Lives; **6** Sexual Health; **7** Physical Activity; and **8** Active Travel.

NHS Boards received feedback on Action 18.4 Food and Health within their individual feedback.

To view the entire briefing series, and for all other secondary care health improvement support, please visit our NES Knowledge Network Portal at:

www.knowledge.scot.nhs.uk/home/portals-and-topics/health-improvement/hphs.aspx

CEL (1) 2012 Action 18.5: Continue to work to attain Healthy Working Lives Awards for all acute services, working towards the Gold Award.

Performance measures:

1. NHS Boards commit to minimum achievements of a Bronze Healthy Working Lives Award by end of March 2013 and a Silver by end of March 2015.
2. NHS Boards who already hold a Bronze Award should commit to attaining a Gold Healthy Working Lives Award by March 2015.
3. NHS Boards should give consideration to self-monitoring of performance indicators. These should include, but are not limited to, monitoring of sickness absence.

Outcome:

Improved health and wellbeing of staff, improved attendance, and enhanced productivity.

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Background

Action 18.5 is focused on the Healthy Working Lives (HWL) programme and builds on the HWL requirements set out within CEL (14) 2008.

During the consultation process, NHS Boards highlighted that some hospital units or sites may have achieved the HWL Award (or vary in stage of award), but not the whole NHS Board due to the differing implementation models in place. However, some NHS Boards noted they do take a whole-Board approach. NHS Boards were therefore asked to specify whether they were detailing hospitals units and/or sites or whole-Boards within their HPHS Annual Report.

Challenges in the quality and equity of HWL delivery within NHS Boards over many sites and/or covering large geographical areas with (potentially) very small teams was raised during consultation. However, multiple suggestions for collaborative working to progress HWL activities were also provided during the consultation. These included links to occupational health and safety, staff experience projects, Allied Health Professional groups, staff-side groups and staff governance standard groups as opportunities to enhance capacity and more fully reflect actions being undertaken to promote staff health.

Summary of data provision

No NHS Boards are exempt from Healthy Working Lives health improvement action detailed within CEL (1) 2012. Annual report submissions were received from all 14 delivery NHS Board areas and the Golden Jubilee Hospital Trust, therefore, unless specified n=15.

All submitted annual reports provided evidence against the performance measures for Action 18.5, however, the information submitted varied in detail and relevance. The findings below summarise the evidence provided in all annual report submissions.

Summary of findings

Healthy Working Lives Award attainment

Performance measure 1: NHS Boards commit to minimum achievements of a Bronze Healthy Working Lives Award by end of March 2013 and a Silver by end of March 2015.

Performance measure 2: NHS Boards who already hold a Bronze Award should commit to attaining a Gold Healthy Working Lives Award by March 2015.

Required evidence: Evidence confirming attainment of HWL Bronze Award by March 2013 and HWL Silver Award by March 2015 in all hospital and community hospital services.

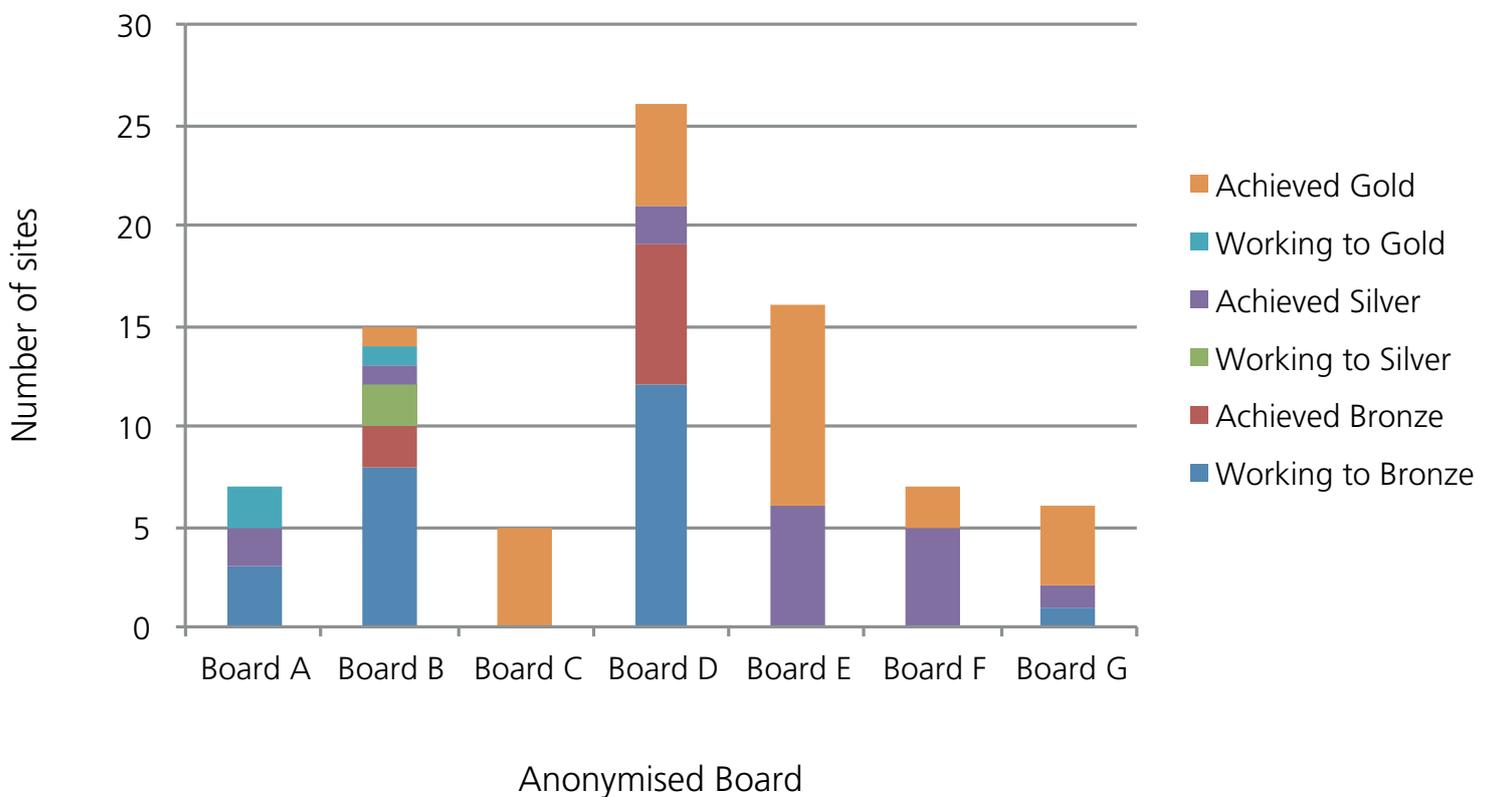
All 15 NHS Boards submitted information within their annual reports against performance measures 1 and 2. All included the status of their achievement of a HWL Award and many submissions provided detailed accounts of health improvement activity for staff, demonstrating commitment to this agenda.

Individual site model

Seven NHS Boards reported that they have achieved and/or are working towards HWL Award attainment through an individual site model. This approach has been taken in order to give local management teams ownership of activities in order to embed HWL throughout the organisation. It was reported that this approach ensures better reach and staff participation in the scheme.

In total, 83 different sites across these seven NHS Boards are reported as either working to, or have achieved, a HWL Award. One NHS Board submitted that the 'majority' of their sites are working towards the Bronze Award but did not provide numerical data. This is shown in the table below:

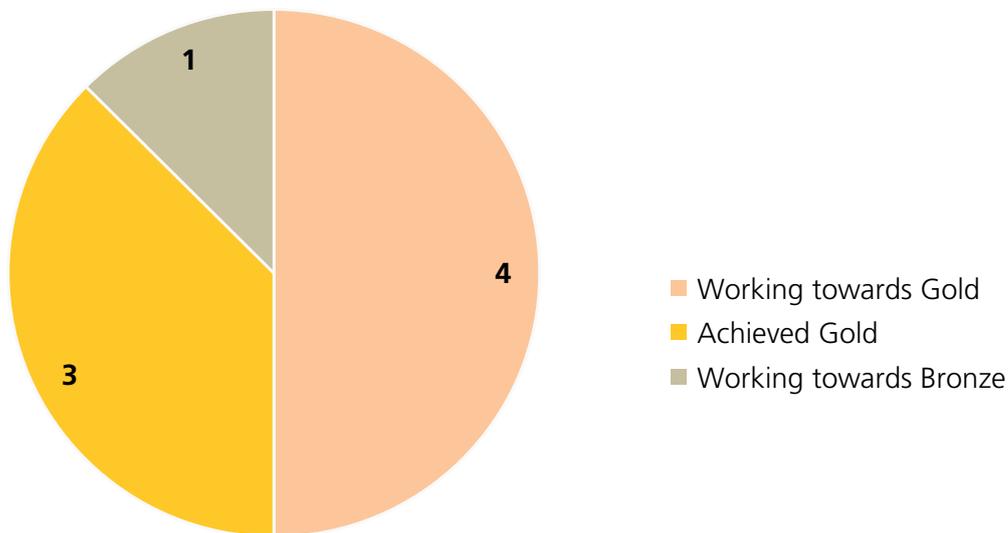
Individual site models of HWL Award progress:



Whole-Board model

The remaining eight Boards reported that they have achieved and/or are working towards HWL Award attainment through a whole-Board model. The stage of progress towards the award actions are shown in the table below:

Whole-Board models of HWL Award progress:



Self-monitoring measures

Performance measure 1: NHS Boards should give consideration to self-monitoring of performance indicators. These should include, but are not limited to, monitoring of sickness absence.

Required evidence: NHS staff survey report includes questions on staff experience of workplace health support, employee satisfaction and employee engagement.

All 15 annual report submissions included some evidence relating to performance measure 3.

Six NHS Boards provided specific figures for their sickness monitoring, and these ranged between 3.38% and 5.7%, with an average of 4.7%.

Three other NHS Boards who provided information for this performance measure reported that they had either devised a sickness absence toolkit, which includes the promotion of a staff health and wellbeing or had a range of resources to help managers create a healthy work environment for staff.

One NHS Board reported that individual services report monthly on sickness absence rates and that at present time they are not using this as a self-monitoring tool for HWL.

Six NHS Boards reported that they are either using the staff survey within their NHS Board or are planning to in 2013. Four NHS Boards did not provide any information around the use of a staff survey.

Five NHS Boards reported the use of similar reporting systems for staff which would provide information around staff health and wellbeing, staff engagement pilots and local needs assessment.

Summary of reported action

It is positive that all NHS Boards provided information against the three performance measures and encouraging to evidence the significant actions in place to promote staff health and wellbeing going on across all NHS Boards. Physical activity, active travel, weight management and smoking cessation are health improvement areas that have been particularly aligned to the HWL agenda.

There is an inconsistency in the data that has been reported by NHS Boards as part of CEL (1) 2012, which potentially suggests a lack of ability to report back on all HWL activity either due to the strategic or operational approaches in practice i.e. number of sites to collate data on and/or number of local site leads to contribute to information. The lack of consistency in the detail of HWL information provided does, however, raise questions over the equity of engagement into HWL schemes for staff working at different sites within the same NHS Board.

Future collaborative workstreams for HWL with local community initiatives, Community Planning Partnerships for the use of leisure facilities, as well as negotiating use of on-site gyms, showers and greenspace, and on-site champions and leaders should be encouraged in order to create shared ownership and continuous improvement.

For all support on implementation of CEL (1) 2012, please contact the HPHS national support programme at NHS Health Scotland by emailing:
nhs.HealthScotland-hphsadmin@nhs.net