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Health Improvement Action in Hospital Settings:
Action 18.8: Active Travel

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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 18.8: To encourage staff and visitors to make more active, green travel choices.

Performance measures:

1. Evidence that NHS sites have developed and promoted an active travel plan.
2. Evidence that NHS Boards have made available promotional material to raise awareness of active travel options e.g. make leaflets available to all staff, patients and visitors.
3. Evidence of initiatives and infrastructure in place to support active travel, such as walking maps, cycle friendly employer, bike purchase/training schemes, stair walking.

Outcome:

Staff and visitors have increased awareness of the connection between travel choices and health, and have better information about the alternative options available to them.

Background

Action to support active travel is a new area of delivery within national health improvement policy requirements for hospital settings.

Consultation during the governance framework development highlighted the number of existing actions already undertaken by NHS Boards across Scotland to support active travel, recognising existing partnerships with both Community Planning Partners and third sector organisations. Feedback also noted shared priorities with the CEL (1) 2012 actions for physical activity promotion and Healthy Working Lives, providing opportunities for synergies within work programmes, but also remarking on the potential for duplicate reporting.

Areas for further action, which were highlighted during the consultation, included increasing all staff groups' awareness on the links between active travel schemes and the rising national profile of physical activity promotion. Moreover, enhancing support for NHS Boards covering large geographical areas with numerous disparate sites and who are, therefore, challenged to provide active travel opportunities equivalent to their counterparts was raised.

Summary of data provision

No NHS Boards are exempt from the active travel action. Annual report submissions were received from all 14 delivery NHS Board areas and the Golden Jubilee Hospital Trust, therefore, unless specified n=15.

All submissions provided evidence against the three performance measures for Action 18.8, which varied in detail and relevance. The findings below summarise the evidence provided.

Summary of findings

Performance measure 1: Evidence of active travel plans, raising awareness, and schemes within Scottish Health Boards.

Required evidence: Evidence of active travel plan (or equivalent), including method of communication to staff

All NHS Boards submitted information on whether a travel plan was in place and the way active travel was communicated to staff.

Overall, 10 NHS Boards highlighted that a travel plan was in place, with the vast majority submitting a copy of their detailed plan as an appendix. From those, one NHS Board had a travel plan for all but one of its sites.

Two NHS Boards did not specify whether a travel plan was in place; two had a plan under review or in draft; and one had no plan. The NHS Board with no travel plan in place highlighted that consideration is going to be given to develop one. However, this NHS Board highlighted existing measures aiding promotion of active travel to staff. Three NHS Boards had their travel plans adapted, evidencing a level of flexibility to accommodate local circumstances.

The ways of communicating active travel opportunities to staff were similar across all NHS Boards. More specifically, the main method of communicating active travel options and initiatives was the NHS Boards' intranet pages. According to the annual reports, the intranet pages seem to be the most efficient and effective way for dissemination of corporate communication. Another widely-used way of communicating with staff was through specialist networks such as local Healthy Working Lives groups. Other ways reported within the annual reports included the use of campaigns, payslip notifications, staff noticeboards, newsletters and leaflets.

Overall, the responses evidenced a focus on promoting active travel to staff with little evidence on how this was promoted to patients or visitors (e.g. leaflets, public noticeboards, active travel information in patient and visitor correspondence).

A plethora of different schemes and ways of achieving active travel featured in the annual reports. The scheme that all NHS Boards highlighted as being promoted – and widely used by staff – was Cycle to Work. Other popular schemes included Walk-to-Work, lift-share schemes and the provision of walking and cycling routes/maps etc. The provision of shower facilities and bike sheds to staff were some additional initiatives highlighted by a small number of NHS Boards.

Performance measure 2: Evidence of participation in employer active travel schemes.

Required evidence: Submit baseline data of staff participating in employer active travel schemes.

The majority of NHS Boards (nine in total) provided some numerical representation of staff participating in employer active travel schemes.

More specifically, 4,725 staff were reported to have participated at some point in the past years in one of the schemes (predominantly Cycle to Work). The majority of NHS Boards that provided numerical information on participants did not provide specific information for the 2012/13 financial year. Furthermore, in some occasions, NHS Boards provided estimates rather than accurate number of participants.

To conclude, all narratives regarding participation of staff in active travel schemes, evidenced enthusiasm and positive reception by staff.

Summary of reported action

The annual reports give a well-populated overview of how active travel is structured and promoted within NHS Boards to staff. Almost all NHS Boards have a detailed travel plan established and a number of different active travel schemes/initiatives promoted.

NHS Boards used pragmatic approaches to encourage uptake of active travel including the intranet pages, networks and active travel groups, campaigns and newsletters.

Although active travel seems to be well promoted to staff, there is still progress to be made in promoting it to patients and visitors. The annual reports did not manage to convey how active travel was promoted to patients and visitors, with only a few NHS Boards highlighting methods

such as leaflets, hospitals' public noticeboards or mail correspondence, such as appointment letters. In addition, the vast majority of active travel schemes were more suitable for staff rather than patients or visitors.

The schemes that were most frequently mentioned in the annual reports were Cycle to Work, walking and cycling maps/routes and lift-share.

Evidence around the use of schemes and uptake of active travel was not robust and potentially underestimated current engagement. Only a few NHS Boards were able to provide a detailed description on how active travel was utilised by staff. Active travel information for patient or visitor uptake was non-existent. In order to achieve reporting on uptake, further progress in active travel data collection as well as extraction is required by NHS Boards.

The significant lack of evidence around patient and visitor promotion and uptake of active travel highlights the need for explicit recommendations for further improvement in year 2.

For all support on implementation of CEL (1) 2012, please contact the HPHS national support programme at NHS Health Scotland by emailing:
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