HPHS Reporting Template: CMO (2015) 19 letter

Please submit your annual report by September 30th 2016 to:

nhs.HealthScotland-hphsadmin@nhs.net

All annual report evidence submissions should report on actions undertaken between April1st 2015 - March 31st 2016.

Required submission details:

NHS Board	NHS Lanarkshire
Submission Date	
HPHS Lead	Elspeth Russell
Contact email address	Elspeth.russell@lanarkshire.scot.nhs.uk
List all hospital sites represented within the submission (specified by site category)	
Acute	Wishaw General, Monklands, Hairmyres
Community	Airbles Road Centre, Beckford Lodge, Caird House Centre, Cleland Hospital, Kirklands, Kilsyth Victoria Cottage Hospital, LadyHome Hospital, Lockhart Hospital, Stonehouse Hospital, Strathclyde Hospital Dalziel Centre, Strathclyde Suite, Udston Hospital, Wester Moffat Hospital The focus of activity has continued to be on delivery across the three acute sites given their reach however there have been some actions that also include the community hospitals specifically the actions listed under staff health & wellbeing, food and health and smoking cessation training. Some areas of the CEL such as breastfeeding, sexual health and alcohol ABIs in A and E departments are not relevant to the community hospitals. Smoking cessation support can be accessed across all sites however dedicated staff are only available on the three acute sites.
Maternity	Wishaw General
Paediatric	Inpatients at Wishaw General and outpatients on all three acute sites and community clinics across all of Lanarkshire.
Mental health	3 acute sites plus Beckford Lodge and Coathill
Hospital sites not included in this reporting (specify category as above) and	None

brief rationale	

Summary questions

1. Describe what went well in the delivery of HPHS in 2015/16 and provide examples:

We have made good progress in the delivery of the Health Promoting Health Service framework across many of the domains and we are beginning to develop an infrastructure whereby health improvement is embedded in practice. In particular good progress has continued to be made around creating an environment conducive to the promotion of good health and wellbeing through the development of physical activity and active travel opportunities, maintenance of UNICEF and through our Healthy Eating policy which has recently been reviewed in line with the new HealthyLiving award plus and the Healthcare Retail Standards. We have had an increased focus on vulnerable groups through all areas of the CMO letter, particularly around targeting smoking cessation and LARC and we have also increased efforts around targeting inequalities through our focus on the physical health of those with mental health conditions, those experiencing financial insecurity and also those experiencing homelessness. Specifically the development of the welfare reform APP and the Homelessness needs assessment have been very positive pieces of work over the last year. We continue to place great importance on staff health and wellbeing, both through maintenance of our gold Healthy Working Lives award status and through developed a strategic and comprehensive action plan to supporting the mental health and wellbeing of our staff. Our recent move to a corporate HWL membership should help to ensure opportunities are available for all and also release efficiencies through reducing duplication of effort.

Most positively over the last year we have also begun to consider how we can build on the ambitions of the HPHS within Health and Social Care and these discussions have been positively received within the partnerships.

2. Describe barriers to progressing the delivery of HPHS in 2015/16 and describe how you have, or plan to overcome them:

There are still issues around data recording and reporting which impede delivery of the HPHS framework and this has been reported in previous years. Progress is now being made however through Health Improvement staff involvement in the Documentation Review Group and also through proposals to utilise the Care Assurance and Accreditation System, which is being rolled out across NHS Lanarkshire acute sites, as a potential vehicle to embed health improvement within routine practice.

As noted in previous submissions the lack of legislation to support Smoke Free Grounds remains a challenge and despite increase support and communication efforts on one acute

site we have not witnessed a notable reduction in smoking. The forthcoming enforcement legislation is therefore very welcomed to support us in this area.
Embedding ABI's is also still an area of challenge and we have had reduced capacity to support this work due to staff turnover and competing priorities however we will continue with small tests of change to try and change practice in this area.
Overall, resource constraints have been a significant barrier to delivery of the HPHS framework and annual Health Improvement funding allocations have meant some of the staff contributing to this agenda have been on fixed term contracts and have sought other opportunities therefore resulting in vacancies and delayed progress against delivery of the framework requirements.

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3. Describe how you have built on activity reported in previous years.

We have established a sustainable infrastructure for the promotion of health and wellbeing through strong collaborative working with partners such as our Leisure colleagues and our third sector partners who delivery food coops within our hospital sites. In particular the range of physical activity programmes available has developed year on year and links strongly to the Well Connected social prescribing programme.

We have continued to ensure our policies and organisational supports are regularly reviewed and up to date to support a system wide health promoting environment for patients and staff (e.g. no smoking policy, UNICEF, Health Eating policy) for and we have also increased the focus of our activity towards addressing inequalities through identifying specific vulnerable groups and developing specific programmes to meet their needs.

We have also improved on our data capture processes, particularly within the areas of Reproductive Health and Tobacco.

Contents

Strategic Actions: Lead contributor

Name	Elspeth Russell
Job Title	Assistant Health Promotion Manager

Section A: Strategic Actions				
Action 1  Section A Strategic Actions Guidance.dc	Chief Executives are asked to delegate responsibility for implementation to the appropriate committee and governance structures and to provide a report to the Board on progress. • This should account for new health and social care integration structures. • Role of Facilities Managers and HR Directors should be integrated into HPHS delivery.			
A. Named executive lead for delivery of the actions within this letter and their role.	Harpreet Kholi, Director of Public Health and Health Policy and Heather Knox, Director of Acute Services			
B. Description of plans or developments with Health and Social Care Integration Boards	We have two Health and Social Care partnerships and have raised the Health Promoting Health Service as a vehicle for supporting delivery of the national outcomes through both local integration events and through Organisational Development workstreams. The new Health and Social Care structures are still being embedded however the Health Improvement Department sits within these partnerships and will ensure opportunities are maximised through locality planning arrangements as this develops. Within North Lanarkshire plans are being developed to pilot health promotion awareness raising with one Social Work team in the first instance. We are also exploring opportunities to use the partnerships as opportunities to promote staff health and wellbeing by getting senior H&SC leaders to participate in local health improvement programmes.			
C. Named Health Facilities Lead(s) to support measures for vending, catering and the provision of green space developed to enable physical activity	George Reid, John Paterson			
Action 2	The attainment of generic health behaviour training, including inequalities training. Please ensure any duplicate reporting on staff training in relation to specific evidence requirements for physical activity and mental health are referenced within the submission.			
	Name of module or course	Course description & method of delivery	professional role	Number and proportion
A. Hospital-based staff	**Health Scotland**			

completing health behaviour training, including training on inequalities	**training**			
	HBC1- Health Behaviour Change module 1	Online		130
	HBC2- Health Behaviour module 2	Online		112
	RIA- Raising the issue of Alcohol	Online		10
	RIS- Raising the Issue of Smoking	Online		3
	RIPA- Raising the Issue of physical activity	Online		87
	RICHW- Raising the issue of child healthy weight	Online		5
	RIMIN- Raising the issue of maternal and infant nutrition	Online		6
	Health			2
	Inequalities: Awareness training	Online		1
	Tackling health inequalities in health& social care	Online		
	NHSL Training		Staff Groups	
	Basic Learning Disability Awareness	Online	Administrative Services	460
	Stop Smoking Service	Online	Allied Health Profession Ancillary	1288
	Suicide Prevention and Intervention	Online	Healthcare Sciences Manager Medical & Dental Medical & Dental Support	306
	Welfare reform	Online	Nursing Nursing & Midwifery	74
	NES: Human Trafficking (Adults)	Online	Other Therapeutic Person & Social Care Support Services	39
	Tobacco and	Online		3

	Mental Health Persons trained ABI in hospital setting Person trained ABI whole of NHSL	 Face to face Face to face		 21 161
Action 3	Clinical and medical leadership			
A. Description of clinical and medical leadership responsible for delivery of health improvement in a specific clinical area (include successes & challenges)	Clinical and medical leadership for Health Improvement is mostly driven through consultant involvement in the Managed Clinical networks which are all very active in Lanarkshire and have health improvement actions included within their workplans. See Section I for further details. NHS Lanarkshire Medical Directors have been very supportive for the delivery of health improvement and led the discussions around the need for better promotion of physical activity and the subsequent tests of change within orthopaedics and mental health with others now planned within primary care and the respiratory MCN. One Site Medical Director also helped negotiate CPD sessions for consultants across the three sites to promote the physical activity pathways in place with the Leisure Trusts. This support has ensured a focus on the physical activity work and we now have a Physical Activity action plan to coordinate work in this area. The key barrier has been capacity on the ground to support Improvement work.			
B. Evidence of sustained health improvement practice by clinicians	A recent example of health improvement being taken forward by clinicians was a programme of work which was initiated with the Lanarkshire Breast Cancer Care team. 15 members of the breast cancer care team attended a health improvement training session, including 3 consultants, across both North Lanarkshire's hospital sites. The training was organised by Public Health and Health Improvement and delivered by Cancer Research UK . The training was also observed by 3 members of Lanarkshire's Health Improvement team with a view to them delivering future sessions. The informal verbal feedback at the end of the training session clearly showed that all the participants found the information and discussions helpful, worthwhile and the training experience enjoyable. At the end of the training session there was lots of discussion around how to improve patient support, how to create			

	a more efficient referral process, find out more about the resources and support services out there. A number of actions were agreed and these are being taken forward and monitored through the Cancer Prevention Subgroup of the Cancer Strategy Group.
Action 4 (NEW)	Assessment of impact of HPHS CEL (1) 2012 and CMO letter, and forward planning **Overall suggested word count of 600 words**
A. Evidence of the impact of strategic actions, including assessment of impact across person-centred care, staff health and wellbeing and hospital environment.	The impact of the strategic actions required for HPHS returns in recent years can be evidenced in the focus and leadership given for health improvement and how this is then cascaded throughout the organisation. For example, the support given by the Medical Directors to the physical activity workstream described above has helped to ensure this work is supported and an infrastructure put in place to support physical activity for patients, staff and across the wider hospital environment. Similarly, clinical leadership on the Managed Clinical Networks has supported health improvement delivery within their work plans. The requirement for an annual report to the Board has ensured continual monitoring against the actions set and ensures ownership of delivery across the system. Furthermore, as the ambitions of the CMO letter are very much in line with the outcomes for Health and Social Care partnerships there is a natural progression to delivery and monitoring within that setting moving forward which will widen opportunities to impact on patients/clients, staff and the environment. The strategic action around Health Improvement training has helped us to build capacity for Health Improvement through training across a number of areas such as smoking cessation and welfare reform. We are then able to monitor impact on patient care through subsequent referrals to services from areas where staff have been trained. We have been limited in capacity to do this to date however have recently appointed a fixed term part time training coordinator to support delivery of the CMO requirements and monitor impact. Lastly, the previous strategic action around patient focus and patient involvement has ensured we have involved patient representatives in the development and delivery of plans and policies and ensured we have appropriately consulted and reflected their needs, for example, when revising the no smoking policy.
B. Briefly describe the intended /	The intended consequences of the programme are to improve patient centred care and staff health and

unintended consequences of the programme	wellbeing by demonstrating clear leadership for health improvement through the creation of healthcare environments that are health promoting and tackle inequalities and by developing health improvement capacity across the organisation and partnerships. The unintended consequences of the programme is the potential increased impact or demand placed on other parts of the NHS or wider community services, e.g. financial inclusion services or Leisure trusts as a result of increased referrals. Use of improvement methodology to test changes on a small scale and scoping impact before scaling up has helped reduce any adverse effects in this respect.
C. Briefly describe a forward plan for sustaining implementation of HPHS and inequalities focus in hospital settings	In recent years we have been taking forward delivery of the Health Promoting Health Service through a corporate steering group. Moving forward we are now looking to establish site specific Health Promoting hospital groups to encourage ownership and to ensure developments meet the specific needs of each site and can be monitored and reported locally. NHS Lanarkshire are currently piloting the use of the Care Assurance and Accreditation system standards across the three sites as the key vehicle for ensuring quality and patient centred care and we are exploring how we can weave health improvement into these standards to fully embed health improvement into practice. Targeting inequalities is a key focus and we have a Board wide Inequalities plan and are reflecting the ambitions of this plan through Health and Social care Commissioning plans.
D. Briefly describe plans to include HPHS in recent changes for health and social care integration	As described at 1B above Health Improvement sit within H&SC partnerships and we have been highlighting HPHS as a vehicle for delivery of the national outcomes. We are currently developing our commissioning intentions for prevention, anticipatory care and tackling inequalities and will ensure the HPHS framework is reflected in these plans. The ambitions of the HPHS framework is also reflected within the NHS Lanarkshire inequalities plan which will be delivered through H&SC Locality Planning arrangements.

Complete the exception table below where you have been unable to provide the requested evidence:

Action (provide number and any assigned letter)	**Section A: Strategic Actions**. Exception submitted: [Limit each entry to 200 words]

Smoking: Lead contributor

Name	Shirley Mitchell
Job Title	Stop Smoking Service Manager

Section B: Smoking		
Action 5  Section B Smoking Guidance.docx	All smokers, on admission to hospital, are supported to manage their smoking, offered NRT, and encouraged to quit. Boards are asked to focus efforts on targeting specific settings including: respiratory, vascular, cardiac, diabetes, mental health, maternity and cancer.	
A (i) Name of system used to record the smoking status for each patient	Paper pre-admission and emergency admission document	
Provide the role of the person who records the smoking status for each patient.	Medical and nursing staff	
A (ii) Provide the number of smokers supported with NRT while in hospital		Not known
If the above number is not known, note the number of prescriptions issued for NRT products		Wishaw General-387 Hairmyres-326 Monklands-522
A (iii) Provide the number of quit dates set in hospital.		1363
If possible, provide this figure as a proportion of all smokers recorded in a hospital setting.		Not known
If the quit date is set for when the smoker returns home, indicate how they will be supported once they are home.	Offered a home visit and invited to attend one of the community groups	
B. Evidence of referral pathways to support smoking cessation pathways in the targeted settings		
List pathways in place or being developed. Include setting, targeting and if aligned to a Managed Clinical Network	Management of Nicotine Addiction Integrated Care Pathway is in place across all clinical areas. This is continually promoted during all communications with management to improve compliance of the policy and promote patient centred, safe and effective care	
Note if an opt-out scheme is in operation and if the approach is integrated with primary care	Opt-out scheme NOT in place in Lanarkshire-except in pregnancy services.	
How has pathway(s) impacted on patient-centred care through referral and uptake of support	Stats show that since the introduction of the ICP referrals and NRT use have increased in all 3 sites (Wishaw had limited staff for 4 months of the period)	
Action 6	Maintenance of a comprehensive organisational tobacco policy and alignment with partners on shared sites	
A (i) Description of progress on tobacco policies relating to shared sites	The No Smoking Policy Implementation Group works to a robust action plan with key milestones. Members include all relevant department managers and representatives from each acute site. A new Lanarkshire Tobacco Control Strategy will be launched in early 2017 and this will include actions for ensuring no smoking policies	

	on shared Health and Social care sites.
A (ii) How is the NHS Smoke-free grounds policy communicated to staff, patients and visitors?	Regular communications to staff, patients, and the public continues in line with a tobacco communication plan involving a variety of internal and external communication methods. External communications are made via: • Signage and posters • Patient information leaflets • Local Newspapers • Radio • Social media • Patient Opinion Internal communications are made via: • Corporate induction • Local induction • Management meetings • Onsite Fire Awareness training • Management of Nicotine Addiction ICP training In addition, Wishaw General has a voice activated tannoy warning smokers re policy.
A (iii) Description of implementation and assessment of adherence to smoke-free NHS grounds.	Compliance of the policy is discussed at each site Fire Safety meeting. Two of the three acute sites are owned by PFI. Their support staff record smoking on the grounds. Yearly snapshot audits are carried out and smoking on the grounds remains an issue amongst patients and visitors. The policy has an appendix which provides clear guidance for staff on how to approach people and also includes frequently asked question and answers. A summary of the policies key points was produced to provide guidance to staff on their responsibility around the policy.
Action 7 (NEW)	Provide a narrative on your assessment on the impact of smoking actions since their introduction in 2012. Frame your narrative to reflect impact on patient-centred care, staff health and wellbeing and the hospital environment.

Input your narrative on the page below. Refer to the guidance for associated themes and observe the word count of 500 words / 1 page:

The key development in relation to smoking cessation over the last three years has been the introduction of the Integrated Care Pathway within acute sites. Evaluation of the pathway has found that both staff and patients were very positive about its introduction.

In terms of patient centred care comments from both staff and patients were very favourable. Comments included that there was less aggression on wards, the ICP was easy to use and NRT easy to access, and that patients were more comfortable, less likely to breach policy and less anxious during admissions.

In terms of improving care for targeted groups we have particularly focused on pregnant women and mental health patients.

We have established a pan Lanarkshire Tobacco and Pregnancy Steering Group chaired by the Nurse Specialist. The purpose of this group is to bring together all partners to work strategically and operationally to ensure a concerted and consistent approach when working with pregnant women and their families. This group are delivering an action plan which includes work to develop an electronic referral system to ensure pregnant women are seen more timely by the specialist service, working alongside the Lanarkshire Additional Midwifery service to support the most vulnerable pregnant women. A test of change is underway regarding more frequent brief interventions with CO monitoring with pregnant women which is supporting the work of the Maternity and Children Quality Improvement Collaborative (MCQIC).

Staff working in mental health services have been provided with training regarding smoking cessation and the Nicotine Addiction Integrated Care pathway. We have increased the availability of support to mental health patients in all of our acute sites access to both group and one to one support to stop smoking is available.

In terms of impact on staff health and wellbeing all staff are supported and encouraged to attend the service to quit. Staff are also being encouraged to share their stories via the local press and the hospital pulse magazine to encourage other staff who smoke to also consider quitting. Staff feedback on the service has been very positive and those that manage to quit have noted that this then motivates them to raise the issue of smoking with their patients.

Implementation of the ICP requires staff to be confident and skilled in raising the issue of smoking and staff awareness raising is another area where we have made good progress in recent years with high numbers of staff completing the locally developed Learnpro smoking cessation module.

The hospital environment remains a challenge in terms of compliance with the no smoking policy. Snapshot audits suggest the hospital environment may be improving with fewer smokers at the main entrances, however this is difficult to accurately measure. We have invested in signage across all the acute sites and are continuing to build on this in problematic areas. For example, there is specific work being undertaken with mental health patients at Monklands to get them involved in developing art work for entrances to support communication of the no smoking policy. The forthcoming national legislation for smoke free entrances will help with enforcement of the policy.

All hospital wards have clients from the CMO designated client areas but we have concentrated on areas where we know they are the speciality e.g. cancer and respiratory.

One area we are keen to further develop is how we better collect client data to help inform and improve on service delivery. Using local fields client's medical history is now recorded on the ISD national database and we are including this in a Tobacco data management plan to allow better analysis and targeting.

In terms of addressing inequalities the majority of the referrals to the hospital service are from SIMD 1&2 (areas of high deprivation) and we focus the efforts of the smoking cessation community team towards SIMD 1 and 2 in line with the LDP target. We have redesigned the remits of specialist smoking cessation nurses to allow for the introduction of specialist smoking cessation posts for both pregnancy and mental health which are two key priority client groups in terms of addressing inequalities.

Complete the exception table below where you have been unable to provide the requested evidence:

Action (provide number and any assigned letter)	**Section B: Smoking**. Exception submitted: [Limit each entry to 200 words]
	We are unable to provide the number of smokers supported with NRT while in hospital due to the fact that we have no electronic method for ensuring that all smokers have their smoking status recorded in hospital. Therefore the on-site stop smoking service cannot routinely check on every smoker. NRT is also sometimes prescribed to patients without the onsite stop smoking service knowing of that patient before the patient is discharged e.g. patient coming into hospital at weekend. As part of a wider piece of work to include recording and reporting on health improvement measures within acute patient information systems negotiation is on-going to include the Management of Nicotine Addiction Integrated Care Pathway in all relevant documentation and on Trakcare.
	1363 – we are unable provide this figure as a proportion of all smokers recorded in a hospital setting due to same as **A (ii)**

Alcohol: Lead contributor

Name	Nicola Cochrane
Job Title	Substance misuse team leader

Section C: Alcohol	
Action 8 (NEW) Section C Alcohol Guidance.docx	Provide narrative on your assessment of the impact of alcohol actions, since their introduction in 2012. Frame your narrative to reflect impact on patient-centred care and if appropriate, also the impact on staff health and wellbeing and the hospital environment.

Input your narrative on the page below. Refer to the guidance for associated themes and observe the word count of 500 words / 1 page:

There has been continued working to develop collaborative approaches that aim to improve the patient journey and promote health and wellbeing through action on alcohol.

Alcohol Brief Intervention continues to be a key priority of service. All sites have delivered to target and we are confident of delivering on increased target for this year. We have once again raised the question of ownership of target and are keen that the 3 acute Emergency Departments begin this year to embed ABI delivery into routine practice.

All Substance Misuse Nurses are committed to signposting/referral of our patient group to community services and there significant others where appropriate. The substance misuse services continues to link with wider health care services within primary care, voluntary and acute care based settings ensuring a seamless transfer of care for patients throughout their personal journey with a focus on recovery oriented systems of care.
ABI Training continues to be available to all acute staff. Uptake of this has been challenging due to capacity within acute clinical areas and competing clinical priorities. This is an ongoing issue and has been raised within HEAT 4 Steering Group and HPHS Group. Through the support of these two groups and the development of site specific HPHS groups will help to ensure an increased focus and ownership of the target by the acute sites

In terms of trying to ensure sustainability ABI training has now been integrated into the Unscheduled Care Course at University of West of Scot land and has also been delivered to Pre Assessment Staff as a small test of change project on Monklands site. The learning from this test is being used to inform the way forward.

There have been several alcohol campaigns taken forward through Healthy Working Lives focussing on staff health and wellbeing. There have been articles in the staff briefing and information is disseminated locally. Promotion has also been on the desktop wallpaper including general alcohol awareness and promotion of the NHSL substance misuse policy. The impacts of the alcohol campaigns are assessed in the 3 yearly employee wellbeing survey.

In terms of impact at the level of the environment there are a broad range of partnership actions set out in the Alcohol and Drug Partnership Strategy 2015-2018 which highlights the broad range of work to tackle alcohol within the wider community. The three overarching priorities for the strategy are to promote the development of a recovery orientated systems of care; safeguarding and promoting the interests of children and young people affected by substance misuse and providing support to individuals (including parents, prisoners and older people), with alcohol and/or drug related problems.

Complete the exception table below where you have been unable to provide the requested evidence:

Action (provide number and any assigned letter)	**Section C: Alcohol**. Exception submitted: [Limit each entry to 200 words]

Maternity: Lead contributor

Name	AnneMarie Bruce
Job Title	Acting Infant feeding development midwife

Section D: Maternity	
Action 9 Section D Maternity Guidance.docx	UNICEF UK Baby Friendly Initiative accreditation
A. Mechanism or plans for monitoring of WHO Code compliance (local monitoring details, informing staff & managing breaches)	All of maternity services and community (Health Visiting services) have full UNICEF accreditation. Premises checks are part of the UNICEF maintenance programme and are carried out quarterly in acute and community settings. Any breaches of the code are reported in the first instance to the infant feeding development midwife, who will then escalate through the senior management team. All staff are informed of the infant feeding policy as part of the induction programme and the WHO code is included in this policy.
Action 10	Pathways are in place to support continued breastfeeding when infants or mothers are admitted to hospital settings, out with the maternity unit
A Initiatives supporting breastfeeding in wider settings**,** including: **(i)** ensuring that procedures and drugs have as little impact on breastfeeding as possible **(ii)** how staff enable mothers in acute settings to express and store milk **(iii)** how staff enable mothers in acute settings to have their infants in their room	NHS Lanarkshire has incorporated supporting continued breastfeeding when mothers are admitted to the acute setting and this is part of the infant feeding policy. (i)In addition to this the maternity and neonatal units have a pharmacist aligned to them with specialist knowledge around medication and breastfeeding who will review and advise on prescribing for breastfeeding women admitted for general care. (ii) NHSL have a permanent breastfeeding support service, who will review and support any woman admitted for general care to support continued breastfeeding and/or maintenance of lactation by providing breast pumps and associated equipment where required. (iii) Wherever possible, depending on reason for admission, condition of mother and if the woman desires, then arrangements will be made to keep mothers and babies together. General ward staff are aware of the importance of continued breastfeeding and will inform the support service of the admission of any breastfeeding woman. And will facilitate the continuation of breastfeeding, usually by provision of a single room and enabling a partner or relative to remain with the women and baby to assist and with ongoing support.
B. Evidence of systems supporting expression of breast milk (e.g. policies, breast pump loan schemes, expressing logs) for preterm and sick babies and for mothers encountering feeding	NHSL have developed a service to support lactation in mothers with baby in the NNU. The NNU has the equivalent of 1 WTE band breastfeeding support service assistant (BSSA) with an exclusive remit within the NNU to support initiation and continuation of lactation and then transition to breastfeeding. All mothers with a baby in the NNU are provided with a home loan pump for the duration of their babies stay and this can be extended if breastfeeding not established on discharge. Pumps are also available where required to assist in the resolution of breastfeeding challenges to enhance the patient centred support

problems	from the Breastfeeding support team.
Action 11	Identify common causes and work towards reducing breastfeeding attrition rates
A. Provide evidence of the analysis of local attrition rates, common causes and actions taken	Work has been ongoing in collection of local data around infant feeding which in conjunction with clinical effectiveness has been broken down to ward and team level and distributed to the teams. There is comprehensive support for women in Lanarkshire See B(ii) below and for those who access it attrition rates are low. Feeding in front of others is the most common reason given for stopping or not breastfeeding, in response to this NHS Lanarkshire in partnership with our voluntary arm the Lanarkshire Breastfeeding Initiative have worked to raise awareness of the Breastfeeding Scotland act and have signed up over 400 local businesses to the "breastfeeding welcome" award as well as an increased presence on social media.
B (i) Provide a description of quality improvement methodologies being applied to support the maintenance of breastfeeding during **birth to hospital discharge**	Within the maternity unit there is a designated member of staff on each shift to provide additional breastfeeding support to all breastfeeding mothers in the wards or with a baby in NNU. This service is supported by the infant feeding development midwife and midwives within the breastfeeding support service. We are fortunate to have good collaborative working with the risk management midwives and improvement advisor midwife and are undertaking 2 main tests of change, the first around enabling skin to skin effectively including support staff at delivery to assist parents to keep babies warm we reviewed all readmissions and identified common themes for readmission with weight loss and worked to redevelop the weighing policy. As part of this, the breastfeeding support service assistants prioritise seeing women whenever possible on the day of discharge from hospital and discuss common breastfeeding challenges and using the breastfeeding checklist ensure women have the information they need to identify their baby is getting enough milk and to seek early advice if any concerns around intake or wellbeing of the baby
B (ii) Provide a description of quality improvement methodologies being applied to support the maintenance of breastfeeding during hospital discharge to **handover to Health Visitor**	NHSL have invested in a permanent breastfeeding support service, The breastfeeding support service provided patient centred approach to supporting breastfeeding with an "opt out" system where all discharges are referred to the service. All first time breastfeeding mothers are visited or offered a visit from the service and any subsequent breastfeeding mothers receive a telephone call to assess their requirements. Mothers can then be referred to a volunteer peer supporter who will provide ongoing support for the next 6-8weeks or longer if required. The level of service and input is tailored to individual requirements. The service is continually evolving and we use improvement methodology when introducing any changes, to the way we triage and prioritise visits and ongoing support to ensure a safe effective and patient centred approach ensuring most effective use of resources at all a times. This has resulted in a more efficient service with less reactive work and reduced cost in time and travel. Feedback from women is consistently positive from internal audits and has been captured by external assessments from UNICEF assessors. Currently we are working to develop an evaluation of the service and have been fortunate to be selected

	in the final 15 from 300 applicants to take part in the "Always Events" pilot project with NHS Education for Scotland and The Health Foundation.
Action 12	All staff working within the NHS who are pregnant are advised (prior to going on maternity leave and again prior to returning to work) of the Board policy to support breastfeeding on returning to work
A Evidence of an infant feeding policy for staff returning to work. Include details of how policy is communicated to line managers, pregnant staff and to mothers returning to work	The breastfeeding and return to work policy is communicated to all women before they commence maternity leave and is also included in the maternity leave policy. This is an area which we have identified requires review and as the policy is due reviewed in June 2016 we are working with HR to ensure it is communicated effectively and promoted within NHSL.
B. Describe the facilities available to support mothers to continue to feed and/ or express their breast milk on returning to work	Staff returning to work and continuing to breastfeed will be supported in line with the policy and facilities are provided as required. Staff or managers requiring further support or advice are encouraged to contact the infant feeding development midwife for individualised advice and support. Facilities including the use of electric pumps and milk storage are available.
Action 13 (NEW)	Provide narrative on your assessment of the impact of maternity actions since their introduction in 2012. Frame your narrative to reflect impact on patient-centred care, staff health and wellbeing and the hospital environment.

Input your narrative on the page below. Refer to the guidance for associated themes and observe the word count of 500 words / 1 page:

The HPHS framework has been a means of quantifying and documenting the work which is ongoing around infant feeding in Lanarkshire. It has highlighted throughout the organisation the importance of breastfeeding ensuring effective structures are in place to support breastfeeding, both in hospital and community. NHS Lanarkshire was in the advanced stages of UNICEF accreditation when the framework was introduced and already had robust action plans in place, the reporting emphasised the importance of achieving and maintaining this accreditation through our management structure.

The HPHS meetings have been a platform for discussion out with maternity/health visiting services of the importance of protecting breastfeeding and an awareness of how the UNICEF accreditation process works and impacts on the wider community. We had comprehensive breastfeeding support services in place and an ongoing commitment to develop this service these so did not require to implement new services but the framework highlighted the value of this service.

The changes that have emerged from the framework were the inclusion in policy and expansion of the support for women admitted for general care, this was widely publicised throughout the organisation in the weekly staff brief and quarterly "pulse" staff magazine, to ensure staff in all areas were aware of their responsibilities to protecting and sustaining lactation.

The area requiring further development is the way in which staff are informed of the Breastfeeding and Returning to Work policy. Although it is included in the maternity leave pack and is also available as a separate document we are working with HR as the policy is due for review in June 2016 and we want to ensure robust communication processes are in place to increase awareness of this policy with managers and staff.

In NHS Lanarkshire maternity services we are fortunate to have the support of an improvement midwife; we have a collaborative whole service approach to change. We use improvement methodology when introducing any change within the unit and have become adept at this. NHS Lanarkshire has low initiation rates, which have remained relatively static over many years, we have so far been concentrating our efforts on ensuring where women do decide to breastfeed they have robust evidence based support, and we believe this has been the correct approach.

Increasing initiation rates is a priority for Lanarkshire. Improvement methodology has been used to introduce a new conversation tool around infant feeding in the antenatal period, this follows on from previous improvement work around the timing of the antenatal discussion and timing of resources. In addition we have been working with clinical effectiveness to break data down to community midwife team and individual ward level, so that we can evidence the impact of any tests of change in initiation rates and sustainment of breastfeeding.

UNICEF recently identified that breastfeeding is "*a highly emotive subject because so many families have not breastfed, or have experienced the trauma of trying very hard to breastfeed and not succeeding...."Women are not getting the support they need to breastfeed. Success in breastfeeding is the collective responsibility of society, not the sole responsibility of a woman."*[1] This highlights the importance of wider cultural change around breastfeeding beyond the role of the NHS and the introduction of H&SC partnerships should support further opportunities to work with community planning partners on this important agenda.

Complete the exception table below where you have been unable to provide the requested evidence:

Action (provide number and any assigned letter)	**Section D: Maternity**. Exception submitted: [Limit each entry to 200 words]

[1] Protecting Health And Saving Lives: A Call to Action" (2016)

Food & Health: Lead contributor

Name	June Levick
Job Title	Head of Hotel Services

Section E. Food and Health

Action 14 (NEW)  Section E Food & Health Guidance.do	Strategic responsibility for all non-patient food provision (catering, retail, vending, retail)						
Provide name of lead(s) with strategic responsibility of non-patient food provision.	George Reid, John Paterson						
Action 15 Refer to guidance note	All **catering outlets** in healthcare settings must meet the Healthyliving Award Plus (HLA+) by 31 March 2017 (or, for private sector directly operated catering outlets, at the point of contract (re)negotiation). Vending machines located within catering outlets, or covered by the catering contract should be reported below.						
	Number operated by the Health Board		Number operated by voluntary sector organisations		Number operated by private sector organisations		Total number in operation
	HLA	HLA+	HLA	HLA+	HLA	HLA+	
Catering outlets		3		4			7
Vending machines within, or part of, catering outlet /contract.		12					12
Action 15 (continued)  Guidance for vending within heal	All **vending machines*** in healthcare settings must comply with NHS Guidance for vending within healthcare settings (which is aligned to HLA+ vending criteria) by 31 March 2017 (or for privately operated vending machines, at the point of contract (re)negotiation. * For the purposes of reporting this question refers to all vending machines **located out with** catering outlets and not covered by catering contracts. E.g. foyer, corridor etc.						
	Number of vending machines operated by the Health Board		Number vending machines operated by voluntary sector		Number vending machines operated by private sector organisations		Total number in operation

<table>
<tr><td></td><td></td><td>organisations</td><td></td><td></td></tr>
<tr><td>Vending machines</td><td></td><td></td><td>15</td><td>15</td></tr>
<tr><td colspan="5"></td></tr>
<tr><td>Action 16
(NEW)</td><td colspan="4">All retail outlets and retail trolley services operated in healthcare settings must meet the Healthcare Retail Standard (HRS) by the 31 March 2017 (or, for private sector directly operated outlets and trolley services, at the point of contract (re)negotiation).</td></tr>
<tr><td></td><td>Number meeting the HRS operated by the Health Board out of the total</td><td>Number meeting the HRS operated by voluntary sector organisations out of the total</td><td>Number meeting the HRS operated by private sector organisations out of the total</td><td>Total number operating</td></tr>
<tr><td>Retail outlets</td><td>N/A</td><td>0 out of 1</td><td>O out of 3</td><td>0 out of 4</td></tr>
<tr><td>Retail trolley services</td><td>N/A</td><td></td><td>0 out of 3</td><td>0 out of 3</td></tr>
<tr><td colspan="2">Issues or challenges in achieving HRS</td><td colspan="3">The Healthcare Retail Standard Implementation Group continues to work towards the key milestone date of 1st April 2017 for the implementation of the new Healthcare Retail Standard (HRS).

It is being proposed that for the identified outlets, as below are put out to' open competition 'which will allow all interested parties to tender on the basis of economic benefit and quality with a scoring mechanism which is open and transparent, it will also allow NHSL to introduce and enforce the Healthcare Retail Standards formally as part of the tender process.

It is intended that by March 17 new contracts will be in place and the supplier will operate to the (HRS) standards

<table>
<tr><th>Ref</th><th>Type</th><th>Current Tenant</th><th>Location</th><th>Gross Internal Area (SQM)</th></tr>
<tr><td>1</td><td>Retail Outlet</td><td>WH Smith</td><td>Monklands</td><td>120 shop
+ trolley Service</td></tr>
<tr><td>2</td><td>Retail Outlet</td><td>WH Smith</td><td>Wishaw</td><td>85.5 shop
+ 22.3 store</td></tr>
</table></td></tr>
<tr><td>Action 17</td><td colspan="4">Where appropriate, healthcare facilities have community food co-ops and /or other social enterprises in place, achieving the Healthcare Retail Standard.</td></tr>
</table>

A. (i) Number of community food co-ops and /or other social enterprises achieving the Healthcare Retail Standard. (include a brief description of the product / service offered)		0
A. (ii) Total number of sites operating a community food co-op and /or other social enterprises (include number listed in box A (i))		6
Action 18 (NEW)	Provide a narrative on your assessment of the impact of food and health actions, since their introduction in 2012. Frame your narrative to reflect impact on patient-centred care, staff health and wellbeing and the hospital environment.	

Input your narrative on the page below. Refer to the guidance for associated themes and observe the word count of 500 words / 1 page:

NHS Lanarkshire has developed a comprehensive approach to food and health in recent years through a Hospitality Policy and a Healthy Eating Policy for staff and visitors which has been regularly updated in line with the changing requirements set out in the previous HPHS CEL's and the recent CMO letter. Both policies have been implemented and are adhered too, and feedback from staff overall is that the staff catering services are positive with footfall being consistent over the last two years.

The most recent review and update of the Healthy Eating Policy, Version 3, will be launched in summer 2016.

The policy aims to promote and improve the nutritional health of users of NHS Lanarkshire services, which includes staff, out-patients, relatives/carers and visitors and has been developed to ensure a consistent approach to the provision of healthier food and drinks across all NHS sites.

NHS Lanarkshire will promote healthy eating by the following actions:
• Promote awareness of the Healthy Eating Policy among staff and visitors
• Use of the Healthy Eating Policy to promote a healthy lifestyle
• Advertisement of healthy eating messages within staff dining facilities, general notice boards and staff rooms
• Display of quality statement and customer opinion survey arrangements
• Presence of continuous staff suggestion scheme with clear mechanisms for feedback/action
• Availability of Health Promotion literature
• Programme of special and theme days, using advance marketing and preview menus
• Clearly and attractively written menu boards with special identification of healthy options
• Promotion of in-house staff health and well-being initiatives e.g. Weigh To Go workplace and signposting to local authority leisure websites and classes.

The staff restaurants in our acute sites at Wishaw, Monklands and Hairmyres Hospitals have been awarded the national Healthy Living Award Plus so this policy will support ongoing work to meet the Healthy Working Lives Gold Award criteria on sites with and without in-house catering facilities and will assist all contracted retailers to achieve the Scottish Grocers Federation (SGF) Healthcare Retail Standards.

Within the context of the second update of the policy in 2013, CEL 14(2008) guidance was included which stated Boards should 'remove all soft drinks with a sugar content greater than 0.5g per 100ml from vending units'. During the period between 2013 and the update in 2016, Healthy Living Award Plus criteria stated that '70% of food available meets the health living criteria' and healthier drinks 'should be made available'. NHSL vending units have continued with the 100% sugar free drinks provision and following a wide consultation of the

policy's update, NHSL's Board made the decision to maintain this provision rather than revert to 70% as staff were hugely supportive of the recommendations, including compliance with drinks provision. This demonstrates leadership around having a health promoting environment across our sites.

An Implementation and Monitoring group is currently being set up with representation from key stakeholders to assign and agree responsibility for key elements of the action plan embedded within the updated policy which aims to ensure appropriate accountability structures are in place.

Complete the exception table below where you have been unable to provide the requested evidence:

Action (provide number and any assigned letter)	**Section E: Food and Health**. Exception submitted: [Limit each entry to 200 words]

Staff Health and Wellbeing: Lead contributor

Name	Simon Martin
Job Title	Health Improvement Senior

Section F: Staff Health and Wellbeing					
Action 19 Section F Staff Health & Wellbeing	NHS Boards have a staff safety, health and wellbeing strategy in place, including Healthy Working Lives, and a supportive and proactive approach to staff mental health and wellbeing, physical health and financial insecurity				
		HR department	Occupational Health		
A Named lead responsible for delivery of staff safety, health and wellbeing strategy (include position)		Kenny Small – HR Director	Kay Japp – Principal Occupational Health Nurse		
Note if there is no identified strategy or individual with responsibility					
B. Details of all hospital and community hospital sites HWL Award status and stage of progress					
Enter hospital name below	Bronze	Silver	Gold	Working towards (enter level)	Maintaining – (enter level)
All NHS Lanarkshire sites			X		Gold
19 C. (NEW)	Description of interventions which support staff in the areas below. Interventions should be tailored to meet the needs of different demographic staff groups and **include support for engagement**, **health literacy**, **fair work** and **financial inclusion.** Refer to guidance for further information requested.				
C (i) supporting the mental health and wellbeing of staff	All staff have basic awareness of stress via learnPRO compulsory module on Occupational Health Service. This module covers causes of stress and what to do to help ourselves and makes links to the Stress & Mental wellbeing policy and Employee counselling. NHS Lanarkshire is delivering training that has been successfully matched to the Mental Health Line Managers Training criteria for the HWL award programme Salus have launched a new integrated service for staff through the Early Access to Support for You service (EASY) which aims to support a return to work for colleagues who are off with a mental health related absence. A Mentally Healthy Workplace Development Group has been established and a Framework for Action is being progressed and covers the following areas: 1. Supportive Policies & Strategies				

	2. Information and Data Systems to Support Planning & Outcomes 3. Proactive Mental Health in the Workplace Programmes (Pro-active Prevention) 4. Programmes and Supports Available to Individual and Teams (Pro-active Response) 5. Building Capacity, Training and Development 6. Reporting and Accountability An In Work Support Campaign was delivered using corporate communications to promote HWL, Occupational Health and the new mental health service through EASY. A suicide awareness campaign and a Breathing Space campaign was delivered across NHSL using corporate communications.
C (ii) supporting the physical health of staff	Weight management The 'Weigh To Go' weight management programme is available place for all staff and a food and nutrition campaign was carried out among all staff based around new eatwell plate guidelines Staff engagement Road shows have been delivered at various sites throughout NHSL to promote HWL and opportunities available to staff through this. Supported by Staff benefits, NHS Credit Union and Home energy Scotland who were present at each event to discuss with staff. Smoking Cessation National No smoking Day promoted and NHSL policy communicated through corporate communications team to reiterate NHSL policy, guidelines and support services. Health literacy A 6 book challenge was delivered in 2015 and an expanded programme called Reading Ahead for 2016. The Six Book Reading Challenge is part of a national programme designed to help encourage adults to read and improve their literacy. Run through The Reading Agency, the Six Book Challenge can be used within organisations to help develop both the literacy skills and this as a pilot project within the Wishaw Hospital area (including West of Scotland Laundry) in NHS Lanarkshire. Partners in this pilot are Unison, Culture North Lanarkshire, and SALUS: Healthy Working Lives. The overarching goals of the Six Book Challenge within NHS Lanarkshire are to:- 1. Encourage an enjoyment of reading amongst staff, in particular those new to reading for pleasure or those who have fallen out of the reading habit. 2. Tackling health inequalities and improving health information literacy. 3. Increase usage of NHS and public libraries by challenge participants 4. To support and enhance participants health literacy, mental health, and the well-being of challenge participants

Welfare Reform
NHS Lanarkshire has led a programme of work to mitigate the impact of welfare reforms over the last few years and training, including e-learning, has been delivered to front line staff with a pathway developed to local financial inclusion services and the Scottish Welfare Fund which raises awareness of these issues for their own personal use as well as for raising financial issues with patients. A free mobile phone APP has also been developed for all staff throughout NHS Lanarkshire to assist them to quickly have the information regarding money worries, debt repayment, homelessness, housing issues, CAB details and many other resources. This app. can be downloaded free by every member of staff and staff can also advise patients, clients to download as well.

Numerous and various other topics/activities promoted with staff via the HWL corporate action plan including: alcohol and drug awareness, sexual health via World Aids Day, Detecting Cancer Early and Sun awareness.

C (iii)
Promotion of health screening

717 staff were screened under health surveillance activities The following shows a breakdown of these numbers:

Appointment Reason	**No**
Asbestos - Control of Asbestos Regulations 2012	2
Audiometry - Control of Noise at Work Regulations 2005	36
Confined Spaces - Confined Spaces Regulations 1997	13
Drivers Assessment - DVLA Guidance	7
New and Expectant Mother Assessment – H&S at Work Regs 1999	25
Night Worker Assessment - H&S at Work Regs 1999	256
Respiratory - COSHH Regulations 2002	4
Skin - COSHH Regulations 2002	3
Responsible Persons Health Surveillance	59
Tuberculosis - COSHH Regulations 2002	337
Workstation Assessment - DSE Regulations 1992	29
Unknown/ Other	3
Total 774	774

C (iv)
Promotion of immunisation

Immunisations

1477 staff attended appointments, or a series of appointments, to be tested for, or immunised against, work related pathogens. This excludes data relating to the Flu Vaccination programme, which is given below.

	<table><tr><th>Pathogen</th><th>N Employees</th></tr><tr><td>Hepatitis B</td><td>808</td></tr><tr><td>Other *</td><td>425</td></tr><tr><td>MMR</td><td>341</td></tr><tr><td>BBV</td><td>152</td></tr><tr><td>Tuberculosis</td><td>129</td></tr><tr><td>Varicella</td><td>67</td></tr></table> * Other includes Typhoid, Diptheria/Tetanus/Polio and Hepatitis A. **Flu Immunisation** 4096 (34.8%) NHSL employees were immunised via the Occupational Health Service with the assistance of community and acute peer immunisers, night co-ordinators, bank and other Salus staff. In total flu clinics were provided in 30 sites throughout NHS Lanarkshire. 132 formal clinics were provided at various times by occupational health and multiple visits to high risk areas and wards were carried out within the three acute hospitals. Staff Peer Immunisers were utilised in both the CHPs and Acute areas including OOH's service and care of the elderly were covered. Peer immunisers in acute areas also covered day surgery, renal, A&E, ENT, mental health, medical, maternity and night shift.
Action 20 (NEW)	Provide a narrative on your assessment of the impact of staff health and wellbeing actions, since their introduction in 2012. Frame your narrative to reflect impact on patient-centred care, staff health and wellbeing and the hospital environment.

Input your narrative on the page below. Refer to the guidance for associated themes and observe the word count of 500 words / 1 page:

Staff health and wellbeing has been delivered predominantly through HWL and delivery of this in NHSL has changed dramatically over the last 3 years. We have moved from 10 separate registrations for HWL awards to 1 corporate gold registration. This in itself has been a huge challenge and improvements continue to ensure effect delivery and ultimately staff awareness and engagement is in place.

Providing a structure for success has been an on-going process and continues now but significant developments have been made in terms of reporting. There is a quarterly HWL meeting represented by designated co-ordinators for each main site/area for day to day running actions to be addressed with a sub-group tasked with development work i.e. benchmarking, employee wellbeing surveys, strategy. Both groups report in to the Occupational Health and Safety Management Group chaired by HR Director. HWL is also reported on at HPHS steering group and both North and South Social Care Partnerships. Updates are also provided to the Area Partnership Forum.

Ensuring consistent messages/communications are achieved across a variety of mediums has been a challenge purely because of competing demands. In a bid to improve this corporate communications are represented on our development work sub-group and a

designated member of that group is also tasked for liaising and working with the corporate comms rep to improve consistency and reach among staff.

Integration with Health and Social Care Partnerships is another challenge we face at present, however HWL has been involved in discussions from the outset to ensure staff health and wellbeing is at the forefront. Small steps have already taken place in moving toward a joined approach to staff health with representation offered to social care staff on NHSL HWL groups. There is also a pilot project being carried out in one area where staff have been surveyed and a number of joint initiatives and projects will be developed and provided for staff across both health and social care services.

The HWL programme will continue to evolve and develop and it remains a challenge to improve partnership working across departments, however significant steps have been taken forward to help staff recognise opportunities for working smarter and ultimately achieve common goals.

Complete the exception table below where you have been unable to provide the requested evidence:

Action (provide number and any assigned letter)	**Section F: Staff Health and Wellbeing**. Exception submitted: [Limit each entry to 200 words]

Reproductive Health: Lead contributor

Name	Dr Anne McLellan
Job Title	Consultant in Sexual and Reproductive Health

Section G: Reproductive Health	
Action 21 Section G Reproductive Health	NHS Boards have a plan in place to support women with LARC in maternity and termination services, with a focus on vulnerable women.
A. Describe evidence of impact on numbers of repeat terminations	Looking at the most recently published ISD report (published 31.06.16). The termination rate for Lanarkshire was 10.7/ 1000 women aged 15 to 44 which is lower than the Scottish figure (11.6). The rate for women having one or more previous terminations was 3.0 for Lanarkshire (compared to the Scottish figure of 3.6). As the rate repeat termination rate for Lanarkshire is lower than the Scottish average and it is not known how many of these terminations have occurred several years ago at present there is no action plan specifically targeted at women who have had a previous termination. Work is ongoing however looking at how best to target women attending for termination of pregnancy who are using no contraception, and also targeting services into areas of high deprivation.
B (i) Describe how you define vulnerable women in your area and collate termination information	An audit is ongoing in the WHU(Wishaw) the audit tool is completed for all women attending for TOP. The audit tool has been amended to capture data on SIMD and contraception pre and post TOP.
(ii) Describe how you support vulnerable women within **maternity** services	For women attending maternity services a proactive plan has been put in place to identify vulnerable women antenatally. The 3 groups of women classed a vulnerable antenatally are teenagers, women with complex social circumstances and women with substance misuse problems including alcohol. Women identified as vulnerable antenatally have their case notes highlighted and are brought to the attention of a post natal team on delivery to offer LARC methods of contraception. Over the first 18 months 142 women identified as vulnerable had a contraceptive implant fitted and of these women 72% (102-142) were from SIMD categories 1 & 2 demonstrating the women identified antenatally as vulnerable were from area of deprivation. There continues to be 8-10 implants fitted per month in post natal vulnerable women. A rolling/ continuing education programme is in place for Midwives providing postnatal provision of LARC methods Post Natal Implant Figures.doc

(iii) Describe how you support vulnerable women within **termination** services	The audit tool in the Women's health unit captures data on provision of contraception prior to termination and on discharge. Over the calendar year 2015 only 5 women were using a LARC method at the time of conception whereas 270 women were discharged after termination of pregnancy using a LARC method. In addition to this a significant number of women were discharged on the combined pill or the mini pill. The SIMD category of women attending for termination is recorded on the audit tool from postcode data and evidence provided. Over the calendar year for 2015 there were higher numbers attending from SIMD category 1 and SIM category 5. This is in line with national data. We will consider further targeting aimed at SIM category 1 & 2 for proactive contraception. An audit has been performed looking at the barriers for women accessing contraception and there is continued interest in both looking at the reasons for not using contraception prior to termination of pregnancy. An Action Plan from the audit is in progress and also proactive training of midwives and nurses in the Women's Health Unit in all methods of contraception but focused on LARC.  TOP_Quarterly_Sum maryReport_Jan_Dec
C (i) Description of **maternity** services role in the delivery of the Sexual Health and Blood Borne Virus Framework 2015 – 2020 Update	We have a rolling educational programme training midwives and Gyn nurses working in termination services, in LARC methods. The training was for implant fitting initially and a fast track pathway of IUD/IUS referral. We are now moving to training some staff on IUD/IUS fitting. The training for midwives covers an overview of other methods of contraception so all methods are discussed and available to women.
(ii) Description of **termination** services role in the delivery of the Sexual Health and Blood Borne Virus Framework 2015 – 2020 Update	We have a rolling educational programme training midwives and Gyn nurses working in termination services, in LARC methods. The training was for implant fitting initially and a fast track pathway of IUD/IUS referral. We are now moving to training some staff on IUD/IUS fitting. (Training midwives on overview of other methods of contraception so all methods are discussed and available to women).
Action 22 (NEW)	Provide a narrative on your assessment of the impact of reproductive health actions, since their introduction in 2012. Frame your narrative to reflect impact on patient-centred care, staff health and wellbeing and the hospital environment.

Input your narrative on the page below. Refer to the guidance for associated themes and observe the word count of 500 words / 1 page:

Post natal women and women accessing TOP services are both priority groups for contraception provision ideally LARC methods: this is because of the clear evidence supporting better outcomes for mothers and babies where the inter pregnancy interval is

over 12 months. In addition repeat TOP increases the likelihood of complications and is best avoided. As LARC methods are most effective in preventing pregnancy these should be offered first time. The publication of NICE guidance or care of post natal women[1], LARC[2] plus the Sexual Health and BBV Framework[3] and the CEL (2012)[4] have helped raise awareness of vulnerable groups and also LARC.

Proactive training on LARC to midwives, nurses, GPs, practice nurses and nurses working in addictions has helped in frontline clinical services.

One of the challenges in implementing CEL / CMO actions for LARC is the interface between acute and primary care Sexual Health staff.

Sexual Health staff train the acute staff however delivery of LARC fitting is by acute staff who are already very busy. Equally Sexual Health staff working in primary care do not have capacity to deliver a service in an acute setting.

The other issue is fitting IUS/IUS in women who are post natal or post TOP is higher risk than other women so experienced IUD/IUS fitters are needed, and therefore is not suitable for nurses who have only recently completed training in IUD/IUS fitting.

Over the past three years we have made significant progress on capturing data in relation to TOP services to inform future service delivery and targeting.

In terms of impact on staff and wider environment it is important to note that work around LARC within both maternity and TOP services is complemented by a wide range of sexual health programmes and services within the community that are available to both staff and patients such as sexual health clinics and a well established Condom Distribution scheme. These services are supported by holistic programmes which focus on building confidence, resilience and self esteem in young people and communication campaigns which focus on positive respectful relationships.

References

1 **NICE Guideline 37 Postnatal care of women and their babies.**

2 **NICE Guideline LARC 2005.**

3 **Sexual Health and BBV Framework 2015 – 2020.**

4 **CEL01 (2012) Health Promoting Health Service**

Complete the exception table below where you have been unable to provide the requested evidence:

Action (provide number and any assigned letter)	**Section G: Reproductive**. Exception submitted: [Limit each entry to 200 words]

Physical Activity & Active Travel: Lead contributor

Name	Simon Martin/ Jonathan Cavana
Job Title	Health Improvement Senior/ Senior Health Promotion Officer

Section H: Physical Activity and Active Travel	
Action 23 Section H Physical Activity & Active Trav	Physical activity interventions are routinely embedded into hospital settings. Boards are asked to focus efforts on the **priority settings** of: cardiology, pulmonary rehab, mental health, diabetes, paediatrics, oncology, orthopaedics, care of the elderly, pre-assessment and outpatient clinics A system or process is developed and/ or in place to assess the delivery and impact of physical activity interventions in hospital settings.
A. Provide details on revising documentation to record physical activity status	Work is still in progress to get questions about physical activity onto Trakcare for AHPs to record raising the issue. This work also includes questions around smoking status, alcohol consumption and financial security. We are progressing this work through the local Review of Documentation group and we also linking with the national workstream around e-referrals. A raising awareness of Health enhancing physical activity (HEPA) test of change has been taking place in Orthopaedic outpatient clinics, in an effort to establish good practice before cascading to other areas. This process is utilising the SCOT-PASQ. There is active signposting and when appropriate official referral from clinical settings to local HEPA opportunities including Active Health, Weigh to Go, Get Walking Lanarkshire etc. Another test of change is being taken forward within the Beckford Lodge mental health unit to promote physical activity with patients who have recently given up smoking.
B. Provide details and description of a development plan or assessment of impact in one or more of the **priority settings** listed above.	A HPHS Physical Activity steering group has been formed to develop and implement this area of work into the clinical setting and well as strengthen communication and links between partner organisations providing local opportunities. The group have agreed a terms of reference and an action plan. The Active Health programme is promoted through a range of clinical areas and particularly in mental health through the Well Connected social prescribing programme. Referral statistics are routinely captured and reviewed from South Lanarkshire Leisure and North Lanarkshire Leisure on the referrals made to Active Health. All mental health staff have attended an awareness session for Well Connected. The total numbers for Well Connected Physical activity uptake for 2015-2016 was 2175.
Action 24	NHS Boards develop an infrastructure to enable and signpost patients, staff and visitors to access local physical activity opportunities, accounting for equitable access for all.
	A. Evidence of hospital based physical activity support and/or

	services targeting individuals or populations experiencing inequalities (e.g. those with long term conditions, disabilities, in receipt of benefits, carers or living in areas of deprivation)
A Include: **(i)** system for referral **(ii)** system for signposting **(iii)** assessment of use	I. Physical activity is embedded at every stage of cardiac & pulmonary rehabilitation and stroke rehabilitation. Within cardiac rehabilitation work is in progress through the MCN to open up access to wider areas of physical activity beyond prescribed classes and to fast track to phase 4 in the community. Referral is through the Active Health programme and classes for anyone with an established cardiac condition will only be made within a 6 month period of their last Cardiac incident and following an appropriate hospital based rehabilitation programme being completed. II. Physical activity is promoted through the Well Connected Social Prescribing programme which is embedded within mental health services and an Active Health referral form get completed and forwarded to the respective Leisure Trust. III. Referrals to Active Health and promotion of Weigh to Go (workplace and community weight management and exercise programme) are regularly reviewed and fed back to staff to encourage more referrals from low uptake areas
B Evidence of hospital based services working in partnership with local physical activity providers	Wishaw General gym- NLL provided staff to support use and develop personalised programmes for staff. Weight To Go weight management service. Referral schemes from both North and South leisure trusts GBT Community Transport provided for older people and carers across North Lanarkshire. The steering group are continually working to develop and add value to Active Health and one of the exciting new areas of research we have been involved in is with stroke patients. In partnership with Strathclyde university research and development team we recently ran a pilot called ACCESS. The pilot measured the effectiveness of cycling for stroke patients. To support more stroke survivors to attend the community based programme we have been funded to purchase a piece of kit which will hopefully encourage non ambulatory clients to attend and rehab via this piece of kit. The Motomed is a motor driven, software controlled movement therapy system incorporating a leg cycle or arm/upper body exerciser for adults. Its sophisticated software recognises spasms and works with you to alleviate them, allowing clients who would not normally be able to access leisure to cycle and opportunity to be physically active. The Motomed is currently in Blantyre, Fairhill, Carluke and John Wright

	sports centre. Stroke clients who require the use of the Motomed will be able to access this programme via the Active Health pathway and also receive 10 weeks free.
C Provide details of use, and plans for improved access and use of outdoor estate for physical activity and promotion of active travel for patients, staff and local community	Ramblers Scotland medal routes developed for 3 acute sites with launch at each site to promote to staff, patients and visitors alike. Benefits of walking and other routes promoted locally for staff not based at acute sites. A funding bid has been submitted to allow participation in next phase of Ramblers Scotland medal routes project. The project involves developing the infrastructure of NHSL acute and community hospital sites i.e. routes and signage, as well as creating visible information points within the sites. It will review current walking levels of staff, patients and visitors and also where they walk within the estate. Funding bid submitted to deliver a corporate walking challenge across all NHSL sites. Currently working with Cycle Scotland to become Cycle Friendly employer with plans to include cycle safety and bike MOT sessions to be delivered across various sites within NHSL. NHSL external website currently being redeveloped. Representation on this group and will ensure active travel information is prominently displayed. Car share schemes promoted corporately via corporate comms mediums. Pool cars purchased to promote car sharing for meetings between sites etc Plan to review active travel plan.
Action 25 (NEW)	Provide a narrative on your assessment of the impact of physical activity and active travel actions, since their introduction in 2012. Frame your narrative to reflect impact on patient-centred care, staff health and wellbeing and the hospital environment.

Input your narrative on the page below. Refer to the guidance for associated themes and observe the word count of 500 words / 1 page:

We have made significant progress over the last three years around physical activity through promotion of the well established Active Health Programme and the development of the Weigh to Go Weight management programme which runs both within the workplace and community setting therefore impacting on both staff and patient health. We regularly review the uptake of the programme and target accordingly. We still have infrastructure developments required to embed routine raising the issue of physical activity within all assessments however this work is underway and a specific group has been established and an action plan is in place and being taken forward with partners. We have limited dedicated

capacity to lead on this area of the HPHS framework and as such progress has been slower than we would like. Tests of change are being undertaken in this area however these take time and often can require additional staff capacity which has proven challenging given other competing priorities. A further test of change is planned with Occupational Health to assess the impact of them referring people to programmes as part of absence management and facilitating return to work.

With regards active travel we have made good progress from a limited baseline three years ago and are in the process of developing active travel hubs at their 3 acute sites and 14 community hospitals. These hubs will have walking and cycling routes mapped out and will be visible for staff, patients and visitors within the sites. There will also be key contacts and practical information to breaking barriers to using active travel between sites and onsite i.e. how to access bicycle lockers, whether there is shower facilities and where these are located etc)

Initial discussions have also taken place with Transport Scotland in relation to their Low Carbon Travel and Transport programme (LCTT) and funding opportunities to support development of active travel hubs. This has led to an opportunity for NHSL to work with colleagues in North Lanarkshire Leisure who have already stated their intention to develop a site within Lanarkshire into a community sustainable travel hub.

Part of this process was for NHSL to register for the cycle friendly employer award, which has been done and NHSL is currently creating an action plan to take this forward. The intention is to create a bike user group with staff members identified to take this forward. Part of the work for cycle friendly employer is looking at installing pool bikes at relevant NHSL sites and there is a meeting arranged to discuss grants available to support this.

There is currently a review underway of all cycle storage available initially at the 3 acute sites and 14 community hospitals with a view to widening this to other NHSL sites. Again it is hoped that grant funds will be available to support development where its required.

In addition to the above cycling proficiency training and cycle maintenance for staff, patients and visitors will be rolled out in Spring 2017.

A Sustainability group has been reformed to take forward relevant actions including review and to re-launch the NHSL active travel plan.

Complete the exception table below where you have been unable to provide the requested evidence:

Action (provide number and any assigned letter)	**Section H: Physical Activity & Active Travel**. Exception submitted: [Limit each entry to 200 words]

Managed Clinical Networks: Lead contributor

Name	Job title
Katrina Brennan	Stroke MCN Manager
Helen Alexander	Diabetes MCN Manager
Dr Nick Kennedy	BBV Lead Clinician and Consultant ID Physician
Trish Tougher	BBV Network Manager
Maureen Carroll	Respiratory MCN & House of Care Manager

Section I: Managed Clinical Networks - NEW	
Action 26 (NEW) Section I MCN Guidance.docx	All Managed Clinical Networks (MCNs) are aligned with HPHS and promote the use of health improvement pathways amongst clinical staff, with the appropriate support
A. Submit MCN improvement plans, with specific reference to embedding health improvement within clinical pathways. **Include at least one response for (i) – (iv):**	
(i) smoking cessation	*Stroke*-Across the stroke service, referral to smoking cessation is made in line with the NHSL protocol, at that point a patient is admitted to the stroke unit if this has not already happened. Once a patient is discharged the stroke liaison nurse at a first visit, within 1 week of discharge will recheck smoking status and compliance with treatment plan. Patients who require support to quit will be referred to smoking cessation. *Diabetes*-Section 2 of our Q2 2016 Quarterly Report return (attached) indicates current status for people with diabetes (4a) and our improvement target for 2016. It is signed off by our Chief Executive and submitted to Scottish Government. *BBV-* Referral mechanisms established to smoking cessation service and work ongoing to establish referral into physical activity programmes. *Respiratory -* Brief intervention discussions and referral to the Stop Smoking Service are embedded within the Respiratory Service and contained within every Respiratory Patient Pathway and Guideline across Primary & Secondary Care and referrals are monitored through the MCN network Steering Group.
(ii) physical activity	*Stroke*-All patients who are physically able are encouraged to participate in exercise. Referrals are made to active health for all patients who agree to a referral.

	*Diabetes-*Section 2 of our Q2 2016 Quarterly Report return (attached) indicates current status for people with diabetes (10a, 10b) and our improvement target for 2016. It is signed off by our Chief Executive and submitted to Scottish Government. *Respiratory-* Advice and encouragement to become active either via local community assets or referral to Pulmonary Rehabilitation is contained within all Chronic Lung Disease Pathways and Guidelines. In terms of Asthma, keeping active is similarly highlighted across all pathways and guidelines for both young people and adults.
(iii) weight management	*BBV-* Person centred care prioritised as part of the assessment process for patients with HIV and Hep C identifying social and welfare issues that impact on health and well-being. *Respiratory* - Advice and encouragement to maintain a healthy weight is contained within all of the Asthma and Chronic Lung Disease Pathways and Guidelines, including referral to 'Weigh to Go' or Dietetic support.
(iv) routine enquiry to identify patients vulnerable to financial stress, homelessness or other social or environmental factors	*Stroke-* All stroke patients on first visit are referred for financial assessment if required. We have a partnership arrangement with CHSS and a funded resource to support these patients. This again is part of the stroke nurse checklist. *BBV*- Referral to voluntary sector services and local social work services. Support and care provided to patients living with HIV and Hep C via voluntary sector services This includes assessment of welfare benefits, housing needs, social support and transport to and from appointment. *Respiratory-* Pulmonary Rehabilitation Service contains a series of educational talks that includes advice and support in relation to financial support. The RMCN has a Service Level Agreement with Chest Heart & Stroke Scotland to deliver the Respiratory Support Service which

	provides befriending support to socially vulnerable and isolated patients, often housebound due to factors beyond their clinical condition.
(v) any other to note	*BBV-* Work established also to fast track individuals into sexual health services. BBV Prevention and Care Network has well established links with social work services. Voluntary Sector Services use outcomes focused reporting and information management systems e.g. STAR provides detail of impact of support and care on range of personal and social domains.
Action 27 (NEW)	Provide a narrative on your assessment of the impact of MCNs. Frame your narrative to reflect impact on patient-centred care, and if appropriate, staff health and wellbeing and the hospital environment. **Note:** If you are unable to report on any MCNs already in place, submit information on activity and plans to develop MCNs. Include the setting, who is involved and a timescale for becoming operational.

Input your narrative on the page below. Refer to the guidance for associated themes and observe the word count of 500 words / 1 page:

Patient centered care is central to all MCN work. The MCNs have developed a pathway for all patients which provides opportunity for self management and goal setting,

The Diabetes MCN by definition has patients at the centre of all its work. Publication of the national Diabetes Improvement Plan was very helpful as it led to data from SCI-Diabetes (the national clinical management and information system) being used by MCNs to set improvement targets and action plans. This means that we have the detail of smoking status for everyone with diabetes and have used this accurate figure to set an improvement target and action plan to achieve it. Our performance in relation to Type 2 diabetes is better than the Scottish average, but we have set a target for those with Type 1 diabetes, who have much of their care in hospital. Our main actions are to encourage staff to refer people with diabetes to the Stop Smoking service, and to promote staff completion of the Stop Smoking on-line learning module. The same data review and reporting process showed that our figures for people with both Type 1 and Type 2 diabetes with a BMI ≥ 30 losing ≥ 5% body weight in the last year was slightly better than the Scottish average. Nonetheless we felt it was important to set an improvement target and actions linked to all tiers of weight management services. Both of the above targets will be reported nationally on a quarterly basis, enabling comparison across all 14 territorial NHS Boards.

The Stroke MCN in NHS Lanarkshire aims to support patients to live a healthy and active life after they have suffered from a stroke or TIA. While we deliver this care based on the NHS Lanarkshire protocols and pathways we also monitor the effectiveness of our interventions using a local paper based system. We are currently building an IT system

which will allow us to report on the elements listed above and will therefore allow our system to generate compliance with, and reporting on health promotion priorities by Spring 2017.

Complete the exception table below where you have been unable to provide the requested evidence:

Action (provide number and any assigned letter)	**Section I: Managed clinical Networks**. Exception submitted: [Limit each entry to 200 words]

Inequalities and person-centred care: Lead contributor

Name	Carol Chamberlain
Job Title	Health Improvement Senior

Section J: Inequalities and person-centred care - NEW	
Action 28 (NEW)  Section J In & person-centred care	All NHS Boards will plan and deliver hospital services that ensure routine enquiry for vulnerability is built into person-centred care and, therefore, those at risk of poverty or inequality attain the best possible health outcomes. Boards are asked to focus efforts on priority settings: paediatrics, maternity, neurology, cancer, cardiology, mental health, respiratory and/ or HIV and Hepatitis C

A. Provide a description and examples of inequalities sensitive practice in hospital settings. This can include routine enquiry in assessment of vulnerability through:

- Asking patients if they have money worries and offering a direct referral to advice services
- Support for patients who are, or at risk of, homelessness
- Support in access to services for vulnerable groups / examples of hospital based inequalities sensitive practice (as in updated required evidence).

NHS Lanarkshire has led a programme of work to mitigate the impact of welfare reforms over the last few years and training, including e-learning, has been delivered to front line staff with a pathway developed to local financial inclusion services and the Scottish Welfare Fund. The total number of participants in both the briefing sessions and e-learning module from Feb 2013 –May 2015 is circa 1155 (766 attended face to face sessions). A prompt has been included on the MiDis primary care system and discussions are still ongoing to include financial inclusion into the acute Trakcare system. Much of this work has focused on community settings however a test of change is currently underway within the diabetic ward at Hairmyres Hospital to embed raising the issue of financial insecurity at the point of admission.

A free mobile phone APP has been developed for all staff throughout NHS Lanarkshire to assist them to quickly have the information regarding money worries, debt repayment, homelessness, housing issues, CAB details and many other resources. This app. can be downloaded free by every member of staff and staff can also advise patients, clients to download as well.

A rapid Homelessness Health Needs Assessment (HNA) was undertaken in 2015/16 to assess the health needs of the homeless population across North Lanarkshire which included a literature review, focus groups with staff, review of service data and a data linkage exercise to bring together 2014/15 client data from homelessness (HL1) applications with NHS service usage and financial data. Drawing on the findings of the HNA a number of recommendations have been made and two stakeholder sessions are planned to refine these recommendations into an action plan for delivery. Part of this plan will focus on early intervention approaches including routine enquiry around housing and related issues within acute settings, and onward referral where appropriate. It is proposed this should dovetail with the routine enquiry around financial inclusion which has been successfully rolled out across health and social care partners in recent years. Routine enquiry will be supported by building capacity for anticipatory care and health improvement with all service providers who work with this vulnerable group and through

workforce development approaches which challenge stigma and promote core values and responsibilities.	
B. Evidence of actions within health inequalities strategy and/or community planning structures which demonstrate to what extent inequalities sensitive practice is implemented in the hospital sector.	
Ensuring inequalities sensitive practice across services is a key priority for delivery of the NHS Lanarkshire Health Inequalities plan. Within the Board's high level action plan and the Health Improvement departmental plan there is reference to inequalities sensitive practice and the responsibilities required of staff to ensure that they are both competent and confident co regarding the skills required around inequalities sensitive practice. The work to ensure that this is implemented in the hospital sector is in its infancy and requires looking at undergraduate training as well as staff being referred to 20/20 Work force vision of NHS Lanarkshire and being accountable in delivery of care provided in relation to inequalities sensitive practice. Within Community Planning Structures it has been agreed that the areas of *poverty, looked after children*, *resilient communities* and *homelessness* will be the focus of planning and delivery on issues of inequality both in and out of hospital settings.. Through the integration agenda there is work being undertaken to look at usage of hospital services (e.g. through the homelessness work cited above and work within mental health focusing on people in distress) and how service responses can be improved to better meet the needs of vulnerable groups.	
Action 29 (NEW)	Provide a narrative on your assessment of the impact of inequalities and person-centred care. Frame your narrative to reflect impact on patient-centred care, staff health and wellbeing and the hospital environment. **Note:** If you are unable to submit evidence on impact, report activity underway to build this area of activity.

Input your narrative on the page below. Refer to the guidance for associated themes and observe the word count of 500 words / 1 page:

NHS Lanarkshire is in very early stages of this work as much effort has been put into the above in primary care settings. There are early efforts to start working with hospital based staff in relation to introducing routine inquiry in relation to financial concern/money worries and also fuel poverty issues particularity at point of discharge. Health Improvement staff have formed working groups to specifically look at addressing fuel poverty and ways as to how to link with hospital setting staff to highlight this as an issue and we are working closely with Home Energy Scotland who sit on our working group and provide advice.

There is a need to raise awareness amongst hospital staff of the pathways that have been established (e.g. to Scottish Welfare Fund) and their roles and responsibilities to raise these issues and refer on as appropriate. This will require successful negotiation at strategic level to prioritise this area in terms of workforce development planning.

Regarding homelessness, a health needs assessment has been conducted with a multi sectoral response action plan developed linking this up to the work on people in distress in Lanarkshire. It is again in its infancy but a lot of work has been undertaken to ensure the buy in and joined up work necessary for success.

It is anticipated that through the work of the homelessness action plan, as well as a recently commenced Health Needs Assessment on Looked After Children, that access to services for vulnerable groups will be more robustly addressed. A critical success factor is that this work is undertaken within a community planning partnership structure and approach.

In terms of staff health, the Healthy Working Lives Team are setting up a project that will see NHSL staff being screened by the EASY absence management service and signposted to money advice services if needed.

With regards to measuring success we have been able to capture data on financial gains through referrals to Financial Inclusion Services for North and South Lanarkshire however these are based on referrals made within primary rather than secondary care however this is a key area for future development.

Complete the exception table below where you have been unable to provide the requested evidence:

Action (provide number and any assigned letter)	**Section J: Inequalities and person centred care**. Exception submitted: [Limit each entry to 200 words]

Mental Health: Lead contributor

Name	Kevin O'Neill/Susan McMorrin
Job Title	Public Mental Health & Well-being Development Manager/Senior Health Improvement Officer

Section K: Mental Health - NEW			
Action 30 (NEW)  Section K Mental Health Guidance.do	All users of mental health services (with a diagnosis of severe and enduring mental illness) have an assessment for physical health on admission and an action plan for health improvement should be incorporated into their care plan. All discharged patients should have an action plan for physical health contained within their care plan, which informs community care and treatment.		
A. Name of lead(s)	1. (strategic) Kevin O'Neill	2. (operational) Susan McMorrin	
professional role	Public Mental Health & Well-being Development Manager	Senior Health Promotion Officer	
NHS Board or hospital site	NHS Lanarkshire	NHS Lanarkshire	
B. Number of staff trained to promote physical health			
	Undertaking physical health assessments	Developing action plans to support health improvement	Responsible for both assessments and action plans
(i) Total number of staff trained to promote physical health	All staff working on the mental health wards have been trained to promote physical health	All staff offer MyRAP (see below) to all patients	All staff
(ii) Name and format of course / module	All staff have received training or awareness raising across the following areas: ABI and assessment – FAST compulsory training for all staff. All staff record smoking status of patients on admission & are referred on to the stop smoking mental health Specialist Nurse or the stop smoking link nurses which are available in each mental health ward. MEWS – Every patient has their vital signs recorded on admission; this is a physical assessment of blood pressure, pulse, O2 sats, temp, respirations. Training including in nursing degree/diploma. Clinical support workers have to complete SVQ		

	level 3. BMI – physical assessments on weight / body mass – all trained staff carry out when patient is admitted. All clinical staff have completed Scottish Recovery Indicator 2 which embeds person centred care in practice. All staff promote Well Connected (Lanarkshire's social prescribing programme) with patients. Well Connected promotes better use of community resources to support positive health and wellbeing through linking with the Get Walking Lanarkshire programmes, Get Active exercise referral programme, and a broad range of other services such as financial inclusion. .
Role of staff completing training	Medical staff, nursing staff, clinical support workers, Allied Health professionals
C. Provide details confirming that relevant patient documentation has been revised to record physical health and action plan for health improvement.	A working group has been developed to look at improving the physical health of people with severe & enduring Mental Health illness and a driver diagram and action plan has been developed for this programme. Work is well underway to look at revising the patient documentation to record PA status. A draft assessment form has been circulated for comments.
Action 31 (NEW)	Provide a narrative on your assessment of the impact of mental health actions: Frame your narrative to reflect impact on patient-centred care and if appropriate, also an impact on staff health and wellbeing and the hospital environment. **Note:** If you are unable to submit evidence on impact, report activity underway to build this area.

Input your narrative on the page below. Refer to the guidance for associated themes and observe the word count of 500 words / 1 page:

There has been considerable progress around all the Mental Health workstreams in Lanarkshire during the past year.

A working group has been convened to Reduce Inequalities in Physical Health Experienced by People with Mental Health Problems, The group have established the terms of reference, undertaken a base-line survey monkey of current activity and ideas for action (with over 90 responses), participated in a national Learning Exchange on 4th March to inform local work and engaged in discussions with See Me around the impact of stigma and discrimination on health access and outcomes. A driver diagram and action plan has been developed to support key areas for action. Impact will be measured through the development of a set of performance indicators against the actions set.

MyRap (My recovery Action Plan) is available for all in patients. MyRap support groups are run by peer support workers, with a lived experience of Mental Health problems. MyRap helps patients identify their strengths and how to build on them. The person centred health

and social care test sites in Lanarkshire are building on MyRAP to Develop MyCareplan which facilitates person centred goals and action related to physical health.

Regular Multi-disciplinary Team meetings take place in the mental health wards to review progress, plan care and plan discharge. Physical health is a standard focus embedded within these reviews.

Staff on the wards take patients to the local gyms on a regular basis. Patients can access free leisure through the Well Connected programme & continue with the activity on discharge. There are also a variety of alternative treatments available for inpatients to support stress relaxation and addictions. For example some staff are trained in auricular acupuncture and are assessed yearly to ensure competence to deliver.

As noted in the *Staff Health and Wellbeing* submission a working group has been developed to look at improving the mental health of NHS Lanarkshire workforce. A framework for action has been developed that focuses on establishing a base-line, refreshing approaches and co-ordinating activity across priority areas.

As noted in the Physical Activity submission NHS Lanarkshire has remained committed to developing collaborations to improve the estate and creating green therapeutic opportunities e.g. launch of Greenspace portal and walking routes on many NHS sites.

One of the challenges of this workstream has been a lack of dedicated capacity for service development. Mental health improvement remains underfunded relative to the impact it has on population health. Work is underway through the development of H&SC commissioning plans to review priorities and investment for public health improvement and proposals will be made to increase capacity in this area.

Complete the exception table below where you have been unable to provide the requested evidence:

Action (provide number and any assigned letter)	**Section K: Mental Health**. Exception submitted: [Limit each entry to 200 words]

Complete the exception table below where you have been unable to provide the requested evidence:

Action (provide number and any assigned letter)	**Section K: Mental Health**. Exception submitted: [Limit each entry to 200 words]

Innovative and emerging practice: Lead contributor

Name	
Job Title	

Innovative practice should be interpreted as being a completely original project for your NHS Board e.g. either a new approach or adopting / testing new quality improvement methodology in the area.

Section L: Innovative and Emerging Practice	
Section L Inn & Em practice Guidance.d	**1.** Include: project name, setting, format, targeting, any collaborative working and outcomes
1. Development and piloting of opt out services for smoking cessation services	Smoking can change the ability of the cells in the cervix to protect themselves. This makes the cervix more at risk and less able to fight off disease Evidence has shown that women who quit smoking can reduce minor abnormalities in the cervix. A small test of change was carried out at Monklands Hospital. We consulted with clients and developed a Colposcopy leaflet specifically aimed at smokers and trained all staff in colposcopy to raise the issue of smoking to ensure a clear, consistent non judgemental message was delivered at the clinic appointment and to promote cessation as part of the treatment process. All smokers who attend are automatically referred to the SSS as an 'Opt Out' this ensures we have accurate data on clients who attend that smoke. The specialist nurse advisers from the SSS phone clients and offer support to quit with a fast track appointment at a time and venue that suits. We provide individual, group or home support to these vulnerable clients. Clients who don't reply after 3 attempts to contact are sent an information letter with days/times when the service is available locally that they could attend. The results weren't very positive and whilst the opt out increased referrals to the service it did not make a difference to the patients quit success. Within the wider smoking cessation work we are reviewing the effectiveness of opt out services.
Name & contact details	Shirley Mitchell, Stop Smoking Service Manager
	2. Include: setting, role of person delivering ABI, reach, any targeting or collaborative working and outcomes
2. Alcohol brief intervention delivery	As part of the Health promoting Health agenda Monklands site plan to have a road show for one week on ABI's to influence and

in hospital settings	encourage positive lifestyle changes. We have had posters and leaflets made advising all patients entering Emergency Department they will be asked about their alcohol consumption and any other prescribed/non prescribed medication they may ingest, it is hoped this will reduce the stigma across Lanarkshire in regards to Substance use. A test of change will be started looking at administration staff asking about alcohol status at the point of presentation with an ABI if appropriate being conducted by triage nurses. This follows on from a previous test of change which looked at MINTS nurses carrying out ABI's. This proved to be challenged due to capacity issues within the department and the impact on waiting times.
Name & contact details	Nicola Cochrane, Substance misuse team leader
	3. Include project name, setting, format and any targeting, collaborative working and outcomes
3a. Development of staff and / or patient weight management service	NHSL operate free Weigh to Go (WtG) services in a number of locations including Leisure Centres, community settings and workplaces. WtG runs over 10 or 15 weeks and 90 minute sessions combine healthy eating, physical activity and healthy lifestyle topics within a programme that is focussed on long term changes to behaviours. Within NHS sites WtG Workplace sessions are delivered by a member of staff who acts as a Champion for the programme and, following approval from their manager, delivers the session on site, in a regular weekly timeslot for staff from that site. The multi-agency adult weight management group give the volunteer Champion the same training and ongoing support provided to staff who run the programme in a paid capacity in other settings. To make programme delivery more manageable in a workplace setting, the Champion does not deliver the physical activity content but instead promotes active lifestyles within the session and participants are given a free 10 week leisure pass that allows them unlimited access to all services and facilities provided by their local Leisure Trust. This differentiation allows this version of WtG to operate within any space suitable for staff workshops and discussions thereby increasing the number of potential venues and staff who can success the service.
Name & contact details	Jonathan Cavana Jonathan.cavana@lanarkshire.scot.nhs.uk 07771 974038
3b.	
Name & contact details	
3c.	
Name & contact	

details	

Additional examples can be submitted below. These examples may include updated evidence from former CEL annual reports if there is any further development to report or assessment of impact.		
Provide brief details on the name of the project; setting; format; targeting; collaborative work and why this is innovative in your NHS Board. **Include name and contact details for each input** Add extra rows if required.	Indicate if project has previously been reported	Indicate which core theme the project is aligned to: 1. Person-centred care 2. Staff Health 3. Hospital Environment
1.		
2.		
3.		
4.		
5.		

Appendix A

Additional contributors for each section can be named in the table below:

Section	Name of contributor	Job Title
A: Strategic actions		
B: Smoking		
C: Alcohol		
D: Maternity		
E: Food & health		
F: Staff health & wellbeing		
G: Reproductive health		
H: Physical activity & active travel		
I: MCN		
J: Inequalities & person centred care		
K: Mental health		

Note: insert additional rows if required.