

Staff Health Strategy 2017 - 2020

Responsible Director: **Director of Human Resources and Organisational Development**

Approved by: **Staff Governance Committee**



A Healthier Place to Work



Equality Assessed

We are working to ensure that no one is treated in an unlawful and discriminatory manner in the workplace because of their age, disability, sex, gender reassignment, marriage or civil partnership, pregnancy or maternity status, race, religion or belief, or sexual orientation.

Published September 2017

Date for Review: 31/03/2020

Replaces previous version: 2015-16 Staff Health Strategy
(Extension of 2011-14 version)

Other relevant policies, frameworks and programmes:

- Mental Health & Wellbeing Policy Guidance
- Stress at Work Policy
- Health and Safety Policy
- Release Potential Campaign
- Health Promoting Health Service
- Carer Positive Employer Award
- Smokefree Policy
- Alcohol and Substance Policy
- Sustainability Policy Framework and action plans
- Staff Governance Plans

Alternative formats are available on request.



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Appendix A

- Terms of Reference: NHS Greater Glasgow and Clyde Staff Health Strategy Governance Group
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- Healthy Working Lives Re-registration Information
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- Staff Health Strategy Communications Plan
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Appendix E

- Staff Health Strategy Key Programmes Action Plan & Reporting Template and Strategic Priorities – Reporting Template
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Appendix F

- Champions for Staff Health Strategy Priority Areas
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Glossary

CMO	Chief Medical Officer
EqIA	Equality Impact Assessment
HSCP	Health and Social Care Partnership
HWL	Healthy Working Lives
IJB	Integrated Joint Board
NHSGGC	NHS Greater Glasgow and Clyde
NICE	National Institute of Health and Care Excellence
SHS	Staff Health Strategy
PHD	Public Health Directorate
H&WB	Health and Wellbeing
LTCs	Long Term Conditions
IT	Information Technology
LGBT	Lesbian, Gay, Bisexual, Transgender
H&S	Health and Safety
HLA	Healthy Living Award
OHS	Occupational Health Service
FTFT	Facing the Future Together
S&IS	Support and Information Services





1. Our Approach

1.1. Introduction

NHS Greater Glasgow and Clyde (NHSGGC) is committed to improving staff health. The Staff Health Strategy (SHS) has driven NHSGGC's approach to workforce health from 2008. Within the organisation much has been accomplished through establishing a positive culture built on Occupational Health provision, employee assistance, protective health and safety guidance, supportive human resources policies, and staff health improvement practices. This current strategy has been developed to maintain our focus on good staff health and this document sets out our strategic priorities and planned programmes from 2017 into 2020.

The aim of the Staff Health Strategy is to work in partnership with staff to deliver an exemplary approach to staff health and wellbeing. It will do this by improving working culture and conditions, increasing the availability of healthy lifestyle choices, tackling inequalities in the workplace, and building capacity for health improvement. This strategy aims to fulfil the aspiration of the organisation to be an exemplar public sector employer.

The delivery of healthcare, and as such the expectations we have of our staff, will see more changes in the coming years. As we continue to integrate staff groups within the new Health and Social Care Partnerships (HSCPs), the configuration of our staff complement will change. New capital builds have seen the relocation of staff and the implementation of new ways of working. The organisation of the Acute Division into three Sectors and three Directorates gives us a governance framework to support both inpatient and community based staff and governance structures in which to operate. Demographic changes within the population are mirrored in our workforce and will further impact on staff health needs as our core workforce gets older and works for longer.

This document recognises these changes in our structure and provides an evidence-based framework for action which will consolidate the progress made by the previous plans, further embedding staff health into the new organisational structures and ways of working.

1.2. Scope

This strategy supports all staff in NHSGGC. In areas where our staff work with employees of other organisations, such as the HSCPs, it is suggested that this strategy is cross referenced with the relevant strategic documents of the partner organisation. This will ensure a level of consistency in approach around staff health.

The guidance provided by this strategy will enable Integrated Joint Boards (IJBs) to develop their own locally relevant plans for staff health; plans that build on our experience of what works, that address local need, and that focus on those areas where we know we need to do better.



SHS activities should be available for all staff, however should be locally targeted to those staff who are more likely to experience health inequalities e.g. lower paid staff, shift workers, departments with high absence rates, isolated workers, staff with long term conditions, those with protected characteristics. Many of our staff are subject to 'digital exclusion' because they do not have ready access to computers nor the skills to get the best out of them, and furthermore many struggle with literacy having lower reading and numeracy skills than average.

1.3. Evidence for action

The workplace has been identified by the World Health Organisation as an opportune setting for health improvement¹, with National Institute of Health and Care Excellence (NICE) finding it effective for the promotion of mental health, smoking cessation and physical activity². The workplace also has a key role in the protection of employee health and safety. Furthermore, the literature suggests that the workplace offers opportunities to tackle health inequalities³.

As well as tackling individual employee health via traditional routes of Occupational Health, health promotion, and safety, typified by Healthy Working Lives approaches, the workplace is encouraged to become supportive at a structural level. A large body of evidence suggests that fair work or 'good work' (e.g. fairly paid, engaging, consultative) is good for health⁴, and furthermore Marmot proposes good work as a key element of plans to reduce health inequalities⁵. NICE also concluded that managers and leaders play a crucial part in promoting staff health and wellbeing, and competencies to improve staff health and wellbeing should be developed in order to maximise the benefit of wider topic-based activities⁶.

Workplaces view employee health as a mutually beneficial aim, and each year approximately 1,500 workplaces in the area engage with NHSGGC to improve the health of their staff through our Healthy Working Lives service. Joining them, and as the largest employer in the area, NHSGGC is keen to exert an exemplar role for employee wellbeing.

In developing our plans, we have ensured that this evidence supports our current approach, with the strongest evidence being for; managers and leaders who drive the wellbeing agenda, trade union and professional organisations engagement, actions to reduce stress in the workplace and improved opportunities to take part in physical activity.

Improving health and reducing health inequalities is our core business. In our future approach we will ensure that health inequalities are always considered. Targeting activities to those staff who would most benefit from them should be integral.

¹ http://www.who.int/occupational_health/healthy_workplaces/en/

² NHS Health Scotland commentary on NICE reviews: <http://www.healthscotland.com/scotlands-health/evidence/NICE.aspx>

³ Systematic Review: <http://jech.bmj.com/content/early/2012/08/07/jech-2012-201257.full>

⁴ Is Work Good for your Health and Wellbeing?, Waddell and Burton, 2006 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214326/hwwb-is-work-good-for-you.pdf

⁵ Marmott Report: Fair Society Healthy Lives <http://www.instituteoftheequity.org/Content/FileManager/pdf/fairsocietyhealthylives.pdf>

⁶ NICE Workplace health: management practices: <https://www.nice.org.uk/guidance/ng13/resources/workplace-health-management-practices-1837269751237Workplace>

1.4. Governance and Reporting Structure

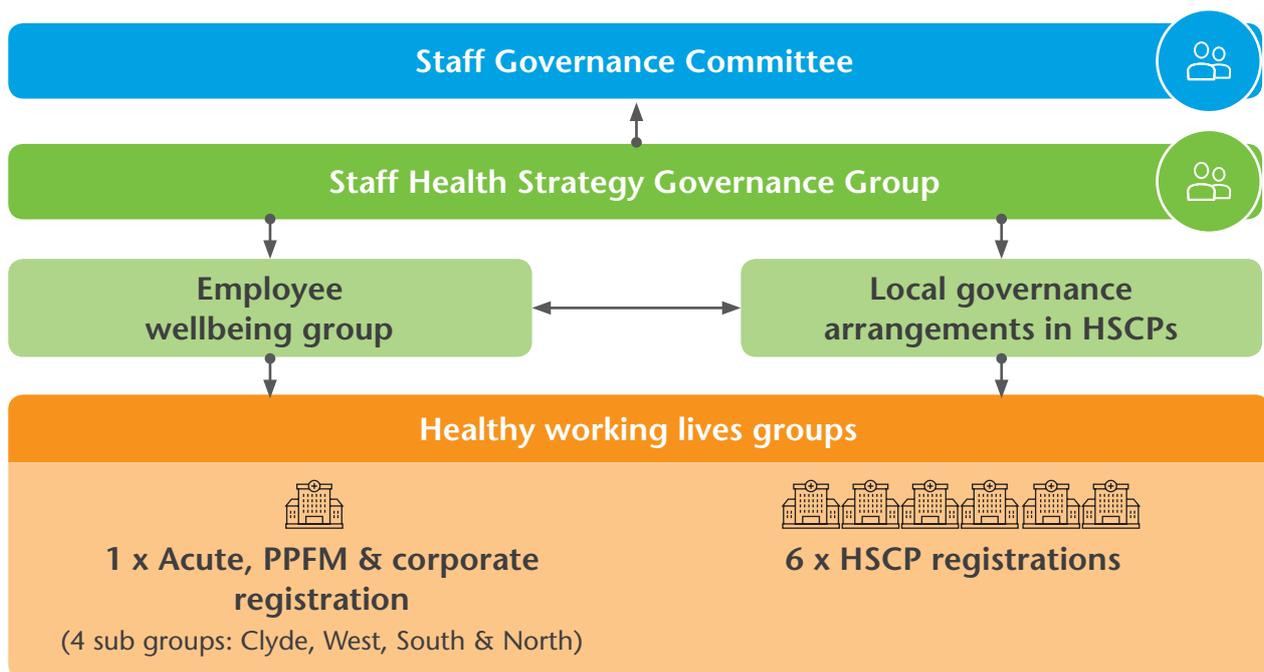
We have an established governance group to ensure senior level engagement with this strategy. The Staff Health Strategy Governance Group has lead responsibility for the Strategy. Its main functions are: setting direction within the strategy; monitoring strategy activities and plans; setting and overseeing effective and efficient use of budgets; managing any exceptions to the plan. Terms of Reference including a membership list for the group can be found at Appendix A (available at: www.nhsggc.org.uk/staffhealthstrategy).

A wide range of stakeholders from across the organisation have been engaged in the delivery of our strategic direction for staff health and wellbeing and details of their roles and responsibilities can be found at Appendix B (available at: www.nhsggc.org.uk/staffhealthstrategy).

At a HSCP level, implementation of the strategy will be considered in the context of local arrangements for staff health identified by the IJB.

Reporting to the NHSGGC Staff Governance Committee the framework will require implementation across and through a number of organisational structures and these include the ones named in the diagram below.

Governance structure



Links to a range of other structures, reporting mechanisms and groups:

- Health Promoting Health Service
- Staff Disability Forum
- Health Improvement and Inequalities Group
- Employment & Health Strategic Group
- Financial Inclusion Group
- Welfare Reform Action Plan
- Senior Management Teams
- Public Health Plan
- NHSGGC Quality Plan
- Health & Safety Forum
- Communications Team Plans
- Area Partnership Forum
- Workforce Equality Group

1.5. Healthy Working Lives Award

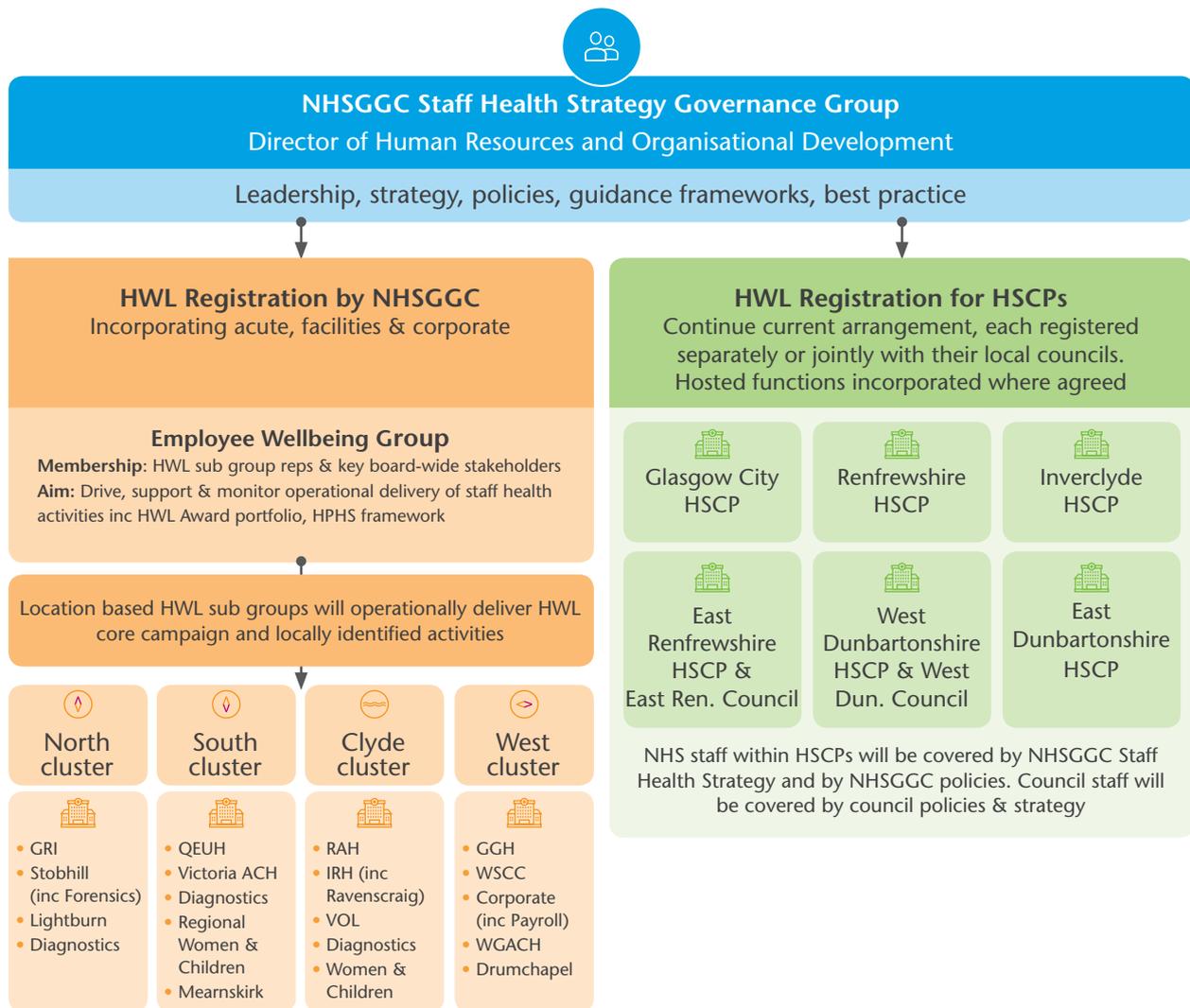
All SHS activities and aims are consistent with our aim to maintain the nationally recognised HWL Award at Gold level. The award provides us with a framework of good practice and we are proud of our status as an exemplar employer. The award requires the organisation to implement a staff health strategy every three years and new local action plans each year and NHSGGC have fulfilled this requirement since 2008.

The organisation has been re-registered for the HWL Award in order to align itself to our new organisational structures and arrangements. The new HWL registrations structure is shown in the diagram below, namely one registration for NHSGGC (Acute, Corporate and Facilities) and six individual registrations for the HSCPs. For more information about the rationale for this change, please refer to Appendix C (available at: www.nhsggc.org.uk/staffhealthstrategy).

HWL working groups and sub groups will be refreshed to implement the strategic programmes and develop locally relevant action plans. The groups will gather evidence of their activities to be presented in their HWL portfolios for continuous assessment and benchmarking.

We will continue to follow the framework of the HWL award covering all aspects of the evidence requirements and update the action plan in line with HWL guidance. The Employee Wellbeing Survey will be carried out every three years and the results from this will shape local action plans.

Re-registration of NHSGGC for Healthy Working Lives Award – from November 2016



1.6. Health Promoting Health Service

The Health Promoting Health Service: Action in Secondary Care Settings (CMO 2015 19 letter) aims to build on the concept that “every healthcare contact is a health improvement opportunity”, recognising the important contribution that hospitals can make to promoting health and enabling wellbeing in patients, their families, visitors and staff.

NHS GGC are required to provide an annual report to the Scottish Government via NHS Health Scotland. In the letter, the Chief Medical Officer introduces a health promoting public services vision, with secondary care leading the way for other public service organisations to follow, with prevention at the heart of the policy.

The framework provides a focus on three key areas:

- Person-centred care
- Staff health and wellbeing
- Hospital environment

Submission of a standardised template is required, which outlines progress against **31 specific topic based actions** with defined performance measures as well as a number of core actions including:

- Governance arrangements
- Health related behaviour change training delivery
- Clinical leadership and innovation
- Assessment of impact

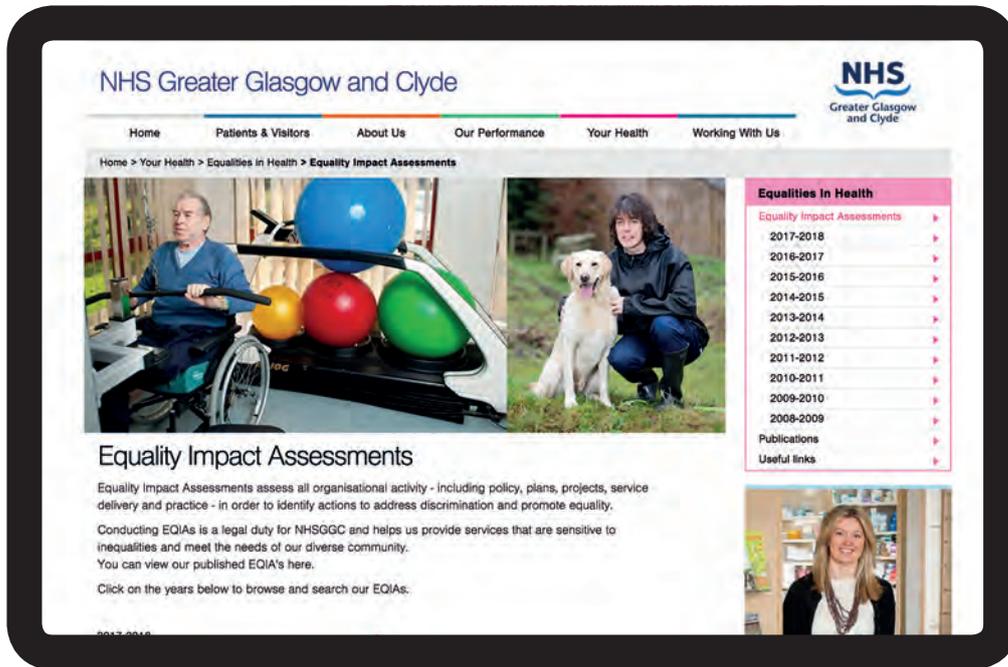
In addition to maintaining the Healthy Living Award there are specific actions to support staff health and wellbeing such as:

- **Practices to support staff returning to work** who are breastfeeding
- **Interventions to support mental health and wellbeing** such as resilience and stress risk management
- **Physical health support** such as weight management, smoking cessation, physical activity and Occupational Health referral
- **Promotion of health screening** e.g. Cancer screening programmes
- **Promotion of immunisation** e.g. Flu vaccination

The framework which runs from 2015 – 18, requires that 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.

1.7. Impact Assessment

The strategy has undergone an Equality Impact Assessment (EqIA) to ensure that our planned approach does not discriminate against any disadvantaged or vulnerable people.

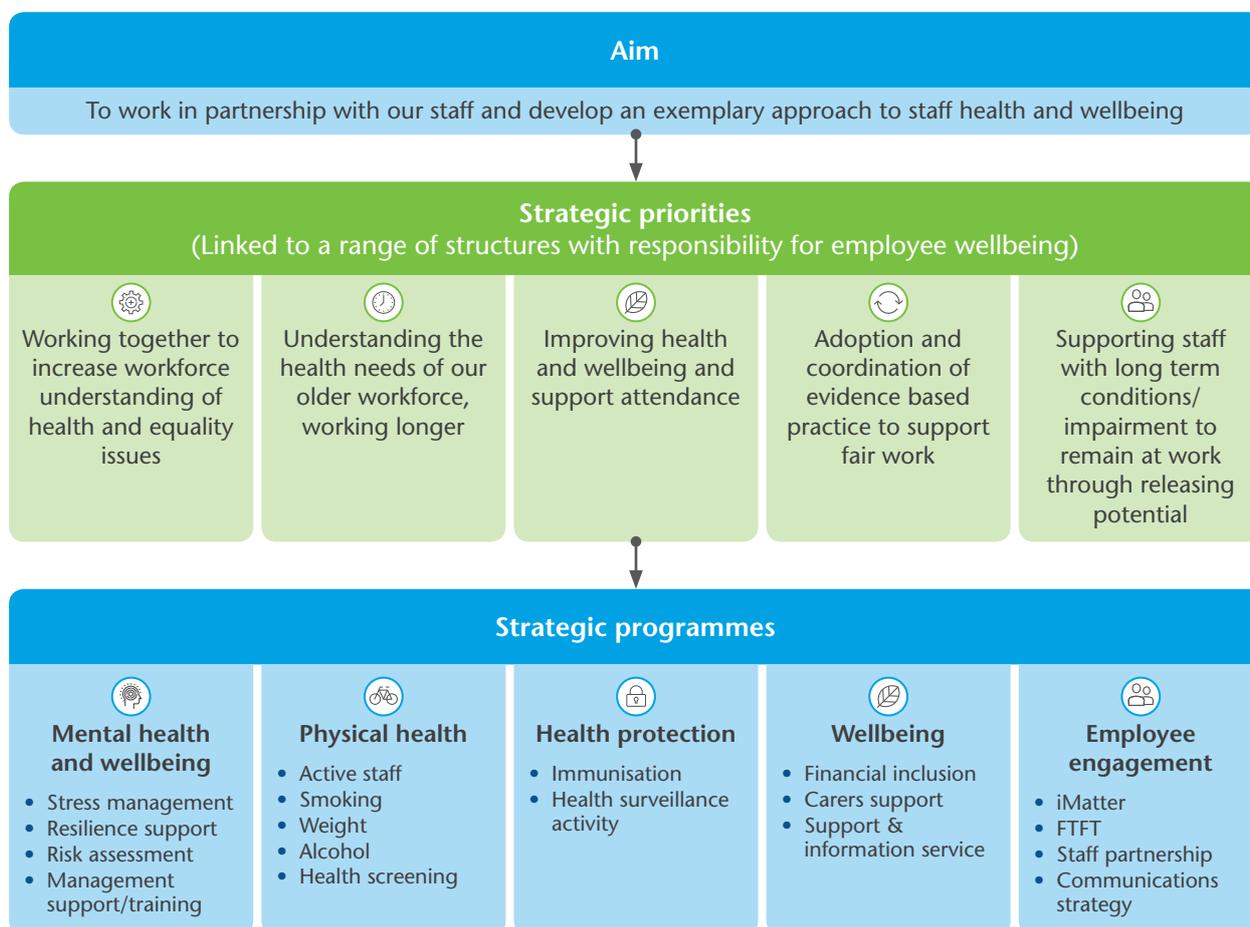


The completed EqIA can be found published online at:
www.nhsggc.org.uk/your-health/equalities-in-health/equality-impact-assessments

2. Our Plan 2017-20

2.1. Overview

The diagram below is an 'at a glance' guide to our approach towards improving staff health.



2.2. Strategic Priorities

The Staff Health Strategy has five priority areas which will enable us to deliver better health and wellbeing for our staff. Senior level Champions have been identified from the SHS Governance Group in order to develop and implement system wide actions over the three years of the strategy. See Appendix F for the named Champions (available at: www.nhsggc.org.uk/staffhealthstrategy).

The following section outlines the key issues in relation to our priority areas and the general approach we will take, however it is important to note that these are areas that will develop best with staff and partner engagement. A stakeholder seminar in October 2016 began the process of establishing our direction for each priority area. Over the page are outlined our ambitions for each priority area and these will be developed and implemented in partnership with key stakeholders.



Health and Equality

Working together to increase workforce understanding of health and equality issues

Health inequalities are the unfair and avoidable differences in people's health across social groups and between different population groups. They represent thousands of unnecessary premature deaths every year in Scotland, and for men in the most deprived areas nearly **24 years fewer spent in 'good health'**.

Health literacy is a factor in health inequalities with lower levels of health literacy resulting in poorer health outcomes as a result of late presentation; difficulties in accessing services; less involvement in health decision making; less engagement with preventative activities and poorer self management.

Health literacy is about people having enough knowledge, understanding, skills and confidence to use health information, to be more active partners in their care, and to navigate health and social care systems. Health literacy is being increasingly recognised as a significant public health concern and is therefore a relevant concern for NHSGGC Staff.

Recognising the impact of health literacy and health inequalities requires us to:

- **Expand our perspective and understanding of what creates health and wellbeing** for our workforce. Factors such as finance or caring responsibilities can impact as well as health behaviours and health conditions.
- **Recognise and respond to 'impactors' on health** (including discrimination) in a planned way. Staff who may have disabilities or have been subject to hate crime will experience barriers in a working environment that require additional support from the employer.
- **Use our opportunity as an employer to make staying healthy 'as easy as possible' for all our staff.** Initiatives to support employee health are described in the next section however recognising shift patterns, access to IT, consistent application of policies, local and/or universal delivery of initiatives can help increase uptake and reduce barriers for some staff groups.
- **Use our unique position of the NHS setting to support staff to effectively manage their own health where possible.** The opportunity to support staff to access health information and health services through their workplace and Occupational Health services should be encouraged.

In consultation with stakeholders the following approaches are proposed to improve health literacy for NHSGGC staff:

Communication

Creating and developing a dedicated web presence branded '**A Healthier Place to Work**' which would provide information for staff (and managers) and would help people to understand what support is available and how to access it. Routine communication directing people to the website (linked to HR connect) should also be supported through promotional 'on the ground' activities and road shows. Non-IT based opportunities such as notice boards should also be considered as part of the approach.

Access to quality assured information/support

Health information is widely provided to patients but not usually accessed for staff. Reliable websites, apps and community services should be routinely promoted for staff use. Promoting direct access to services or sources of information and advice should be considered as an alternative to an Occupational Health referral where appropriate.

A series of 'Everyone's talking about...' themes based on staff health issues should be developed as part of a wider communication strategy with a focus on where to get help.

Tailored interventions

Understanding the needs of different staff groups should be undertaken through the ongoing development of workplace fora (disability forum/LGBT forum), engagement with trade union and professional organisations and routine use of staff surveys to inform initiatives, identify good practice and develop support pathways.

Bespoke interventions for discreet service areas or staff groups should be proactively adopted. These can be based on job roles; organisational challenges; expressed needs or interest.

The involvement of trade union and professional organisations in understanding the needs of individual staff members is good practice and recognising the balance between the needs of the individual and the needs of the organisation a shared endeavour. A better understanding and articulation of what 'good looks like' through realistic case studies should be developed.

Management Support

Management confidence to understand the needs of the staff and be able to develop an appropriate and fair response was recognised as a challenge within the organisation. Good relations between managers and staff are essential to enable meaningful conversations about health and wellbeing to happen in the context of routine management meetings (1:1s) as well as return to work and absence review discussions. 'Talking about health' should be included as a topic in the range of management training provided to encourage and support managers and staff to feel confident in raising health issues.

Concerns regarding the understanding and interpretation of Human Resources policies were identified and stakeholders proposed that the introduction of 'key points' for health related policies should be rolled out.

Ambition

Expand our understanding of what creates health and encourage staff to engage on health issues by providing multiple sources of health information

By 2020 our understanding of the range of factors that create health and wellbeing will be well known by staff. Staff will be aware of where staff health information is available and how to access it.

Outcomes

1. Establish a web-based 'go to' location for all staff health issues
 - **Measures:** Web stats
 - **Timeline:** **February 2017:** Launch web site
August 2017: Complete population of website
 - **Owner:** Corporate Communications
 2. Establish 'go to' locations for staff in Support and Info Services on acute sites.
 - **Measures:** SIS data: Staff information requests
 - **Timeline:** **March 2017**
 - **Owner:** Health Improvement (PHD)
 3. Scope non IT communication routes in all sites
 - **Measures:** Baseline/additional activity
 - **Timeline:** **Oct 2017:** Establish non IT based communications approach
 - **Owner:** Local HWL Groups
 4. Provide routine communications to promote 'go to' locations
 - **Measures:** Web Stats
 - **Timeline:** **Ongoing** from launch of Staff News/site based emails etc
 - **Owner:** Corporate Communications
 5. Develop a calendar of 'Everyone's talking about...' themes as part of the ongoing communication strategy
 - **Measures:** Activity specific measures e.g. participation rates etc
 - **Timeline:** **March 2017:** Draft calendar of events/communication plan re 2 priorities
 - **Owner:** Corporate Communications
-

Ambition

Improve access to quality assured support services to address factors that impact on health

By 2020 staff will routinely be able to access a range of information and services to support their own and their family's health.

Outcomes

1. Continue to strengthen network of Health and Wellbeing (H&WB) support services
 - **Measures:** Number of service options
 - **Timeline:** **From April 2017:** Establish network of services
September 2017: Establish H&WB Directory with desktop icon
 - **Owner:** Health Improvement (PHD)
 2. Establish direct service access on site where appropriate
 - **Measures:** Support and Information Service: Staff participants
 - **Timeline:** **From October 2017:** Promote on site and community services
 - **Owner:** Health Improvement (PHD)
 3. Continue to identify and reduce barriers to accessing support services
 - **Measures:** Staff surveys
 - **Timeline:** **Ongoing**
 - **Owner:** Health Improvement (PHD)
-

Ambition

Delivery of tailored and targeted Health and Wellbeing interventions with staff groups

By 2020 evidence of bespoke interventions targeting discreet service areas or staff groups based on job roles, organisational challenges, expressed needs or interest will be available.

Outcomes

1. Continued needs assessment with staff through:
 - Workplace fora (disability forum/LGBT forum)
 - Engagement with trade union and professional organisations
 - Routine use of staff surveys
 - Routine engagement with service managers/staff
 - **Measures:** Baseline 'supportive policy data'. Survey data
 - **Timeline:** From April 2017
 - **Owner:** Heads of People & Change, Workforce Equality Group, Staff Governance Committee/Area Partnership Forum
 2. Use of staff health needs data to inform initiatives; identify good practice and develop support pathways.
 - **Measures:** Examples
 - **Timeline:** September 2017: Identify phase 1 priority locations/issues
 - **Owner:** Heads of People & Change, Heads of Services/Service Managers
 3. Development of 'good support' case studies based on health needs
 - **Measures:** Examples
 - **Timeline:** December 2017: From before December 2017
 - **Owner:** Heads of People & Change
-



Working Longer

Understanding the health needs of our older workforce, working longer

Changes to the NHS pension scheme and to the national retirement age has resulted in our staff working longer. We understand that the health needs of our staff will change accordingly and we are likely to see an increase in the number of staff developing health conditions while continuing to remain at work. A review of the roles and responsibilities of our staff will be required and to consider issues such as shift patterns, physically demanding roles, work life balance and opportunities for redeployment.

Ambition

Understanding the profile of the workforce

By 2020 we will have systems in place to meet the needs of our older workforce.

Outcome

A working group will be established to profile the workforce and analyse trends, identify the key issues associated with an older workforce, and develop plans which will support staff within the workplace as they work longer.

- **Timeline:** Options paper to be approved by **March 2018**
- **Responsibility:** Working Longer Group led by Occupational Health

Ambition

Analysis of job roles

By 2020 we will have opportunities for our workforce to be employed in roles that meet their specific health needs.

Outcome

Analysis of job roles including moving and handling aspects and levels of responsibility and concentration

- **Timeline:** **By March 2019:** There will be a profile available for all roles
- **Responsibility:** Working Longer Group led by Occupational Health



Health and Wellbeing

Improving health and wellbeing and supporting attendance

An important aspect of wellbeing and supporting attendance is ensuring we support staff with health conditions to remain in work or return to work following an absence. Evidence has shown that managing a health condition at work, with the correct modifications, is often better for the individual than a period of prolonged absence.

Work based activities that promote wellbeing and help staff develop positive coping behaviours are important in overcoming some of the psychosocial issues that may affect health. The organisation can assist staff through the following types of programmes:

- Education for managers and staff
- Information about self management
- Support directly for staff
- Ensuring fast access to interventions when identified

The organisation has focused resources in supporting employee health in previous years:

- Healthy Working Lives
- Stress and Mental Health in the Workplace
- Training and information for staff
- Access to support for staff
- Health promotion activities such as physical activity and smoking cessation

Following consultation with our stakeholders we have identified a number of areas that have been successful and some barriers for staff that prevent them engaging with the range of available programmes.

We have also identified where the organisation should focus resource over the next three years, through consultation with our stakeholders. These are as follows:

- Mental health and wellbeing
- Weight management (including physical activity and healthy eating)

A number of key factors were also highlighted by the stakeholders for consideration:

- Ensure all programmes support staff of all ages
- Focus resource on staff in bands 1 – 4
- Ensure programmes also support part-time workers
- Ensure programmes are focused on staff with long term conditions
- Consider focusing activities in areas of lower uptake
- Consider use of social media such as NHSGGC facebook group

Ambition

Improve mental health and wellbeing across the workforce

By 2020 all staff will have had the opportunity to complete a stress survey, access training on stress management and access support services if required.

Outcomes

1. Increased engagement with mental health and wellbeing issues in the workplace
 - **Measures:** % increase year on year of staff undertaking survey and % increase in local Stress Action Plans being developed.
 - **Timeline: Ongoing:** Year on year progress targets to be agreed.
 - **Owner:** Health & Safety Group
2. Increased access to support and counselling services as required
 - **Measures:** Increased opportunities for staff to access support. Monitor uptake of opportunities
 - **Timeline: April 17:** Launch year 2 Mindfulness programme
 - **Owner:** Occupational Health
3. Raise awareness of Mental Health and Wellbeing and stress across the workforce
 - **Measures:** Web data/Staff News circulation
 - **Timeline: From February 17:** Mental Health 12 month SN series
 - **Owner:** Corporate Communication

Ambition

To provide support and opportunities for staff to manage their weight effectively

By 2020 staff will have access to a range of weight management activities and information.

Outcomes

1. Communications Plan to promote self management support materials to staff
 - **Measures:** Web data for self help materials
 - **Timeline: From April 17:** Launch obesity campaign
 - **Owner:** Corporate Communications, Health Improvement (PHD)
2. Active promotion of referral to community weight management services for staff with diabetes/stroke/CHD
 - **Measures:** Monitoring of self-referrals
 - **Timeline: From May 17:** Active promotion of self referral
 - **Owner:** Health Improvement (PHD), Occupational Health
3. Re-launch Weigh in @ Work programme
 - **Measures:** Participant data
 - **Timeline: From October 17:** Group leader training sessions/sign up participating areas
 - **Owner:** Health Improvement (PHD)

Ambition

Physical activity

By 2020 staff will have greater access to physical activity opportunities through a range of programmes and initiatives.

Outcomes

1. Further develop staff engagement with Active Staff programme
 - **Measures:** Web data
 - **Timeline:** **From April 17:** Continue to implement Active Staff programme
 - **Owner:** Health Improvement (PHD)
2. Continue to expand Active Staff programme on Acute and HSCP locations
 - **Measures:** Monitor provision/participant uptake
 - **Timeline:** **From Summer 17:** Identify site by site Active Staff programmes
 - **Owner:** Health Improvement (PHD), HWL Teams
3. Promote annual incentivised activity 'challenges' for staff and departments
 - **Measures:** Monitor participant uptake
 - **Timeline:** **Annual Launch:** Annual walking campaign
Annual Launch: Football tournament and league
 - **Owner:** Health Improvement (PHD)

Ambition

Healthy eating

By 2020 staff will be able to access a range of healthy choices within our facilities, and will be further encouraged to eat healthily through campaigns and initiatives.

Outcomes

1. Implementation of Food Fluid and Nutrition Policy and Food Retail Policy.
 - **Measures:** Year on year compliance monitoring of Healthy Living Award and Healthcare Retail Standard.
 - **Timeline:** **By March 17:** Implementation of retail policy at QEUH.
From Summer 17: Full implementation of retail policy on all sites
 - **Owner:** Health Improvement (PHD)/Facilities
2. Promotion of Healthy Eating options in NHSGGC retail
 - **Measures:** Audit of campaigns and initiatives
 - **Timeline:** **May 17:** Test retail materials
Summer 17: Launch boardwide campaign
 - **Owner:** Health Improvement (PHD)/Corporate Communications

Ambition

Smoking

By 2020 staff will be aware and able to access the range of cessation services available through the workplace and more importantly in their local communities.

Outcomes

1. Ongoing promotion of Smokefree services to staff
 - **Measures:** Web data
 - **Timeline: Ongoing:** Web presence/staff based social media stories
 - **Owner:** Health Improvement (PHD)
 2. Promotion of NHSGGC policy in relation to Smokefree Grounds legislation
 - **Measures:** Staff survey. Research with smokers on sites
 - **Timeline: From Autumn 2017:** Staff focused campaign to support Smokefree Grounds to be launched.
 - **Owner:** Health and Safety Team/Health Improvement (PHD)
 3. Evidence review of incentive programmes within a workplace
 - **Measures:** Report
 - **Timeline: From November 17:** Develop proposals if viable
 - **Owner:** Health Improvement (PHD)
-



Fair Work

Adoption and co-ordination of evidence based practice to support NHS Greater Glasgow and Clyde's commitment to Fair Work

As the major employer in Greater Glasgow and Clyde, with 39,000 staff, we have a responsibility to model Fair Work practices to other employers in the area and commit to the Framework.

The Scottish Government's Fair Work Convention expresses the vision that, by 2025, people in Scotland will have a world-leading working life where fair work drives success, wellbeing and prosperity for individuals, businesses, organisations and society.

Fair Work aligns well with our current Staff Governance standards. Furthermore it fits well with the ambitions of this Staff Health Strategy, having benefits to improve employee wellbeing and reduce health inequalities.

This approach can deliver clear benefits for individuals alongside higher productivity, performance and innovation for the employer. Fair work is work that offers effective voice, opportunity, security, fulfilment and respect; that balances the rights and responsibilities of employers and workers and that can generate benefits for individuals, organisations and society.

These five dimensions are important for two reasons. National and international research identifies good practice within each of the dimensions that can create positive outcomes for workers, employers and for society. Taken together, these dimensions have significant synergies. The dimensions can reinforce each other, creating a virtuous circle of practices, behaviours, attitudes and outcomes.

In order to find the most effective approaches to fair work, including those which allow us to implement further activity to build on their success, we should review current approaches by looking at current staff governance plans and activities within Healthy Working Lives.

Ambition

Modelling fair work

By 2020, we will provide demonstrable, evidence based examples of good practice which contribute to 'Fair Work'.

- **Process:** Defined activity on results of iMatter and review of Staff Governance Plans
- **Timeline:** **Annual update/review session** to highlight areas of good practice and to illustrate areas of work required
- **Responsibility:** Head of People and Change – Organisational Effectiveness

Ambition

Linking employability/workforce planning to fair work

By 2020, we will have established programmes which create greater opportunities in our workplace, but contribute to broader community development.

- **Process:** Defined activity on results of iMatter and review of Staff Governance Plans
- **Timeline:** **Annual review** of progress based on the agreed NHSGGC Employability Plan and the commitments set out within it
- **Responsibility:** Head of People and Change – Organisational Effectiveness



Releasing Potential

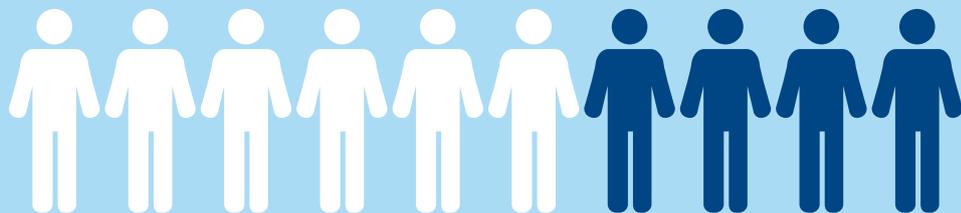
Supporting staff with Long Term Conditions or impairments to remain at work including implementing our Releasing Potential campaign

Long Term Conditions (LTC) are not just a health issue they can have a significant impact on a person's ability to work and live a full life. People from lower socio economic groups have increased risk of developing a LTC – better management can help to reduce health inequalities.

Common LTCs include:

- Mental health problems
- Heart condition
- Cancer
- Diabetes
- Arthritis
- Multiple Sclerosis
- Stroke
- Gastric condition e.g. Colitis/IBS
- Blood pressure problems
- ME

40% of the Scottish population have at least one long term condition



1 in 4 adults over 16 reporting some form of long term illness, health problem or disability



Long term conditions become more prevalent with age - nearly 2/3 of 65 year olds will have developed a LTC



There are clear links between LTCs, deprivation, lifestyle factors and wider determinants of health.



People living with a long term condition are likely to be more disadvantaged across a range of social indicators, including employment, educational opportunities, home ownership and income.



For Heart related problems the figure was 196 staff



Last year, 36% of our Occupational Health Service referrals were to support those with mental health related issues, 1,929 staff



For cancer it was 142 staff

Only **0.4%** of our staff declare a disability. A stark contrast when compared with the statistics for the general working age population, which is between **10% and 15%** of whom are disabled. A Smart Metrics research report commissioned by Human Resources illustrated that data on staff demographics can lead to more focused action to improve workforce diversity. Reasons for under reporting of disability status are complex, however it is to be encouraged in order to enable better support for staff wellbeing. To support this and other issues to be taken forward, a Staff Disability Forum was established in 2014.

NHSGGC is committed to the provision of equal opportunities and a safe environment for all staff, as demonstrated by the Release Potential campaign⁸, and the Disability Confident standard⁹.

The aims and objectives of the Staff Disability Forum NHSGGC are to achieve and maintain a positive culture towards disability in the organisation. The forum will act as a platform for consultation and influence on issues impacting on the health, wellbeing and work of those with a disability in NHSGGC.

An important part of the work of the Forum is to provide networking opportunities and peer support for those with, or working with, staff with disabilities. The Forum has a key role in enabling NHSGGC to assess the impact of policies, systems of work and changes upon those staff with disabilities. Finally, the Forum is a good model of practice on staff engagement to enable feedback and input into NHSGGC policies, service provision and procurement to prevent negative impact upon those with a disability in NHSGGC. The Forum has an inclusive membership policy, welcoming any member of NHSGGC staff with an interest in disability issues. Representatives from the Disability Forum will report on progress at the Staff Governance Committee.

Currently NHSGGC has a range of support for managers and staff:

- **Learn Pro elearning modules:** Visual Impairment Awareness, Disability, Accessible information, Deaf Awareness
- **Staff Disability Forum action plan** on the Double Tick Standard, road shows and guide for managers on reasonable adjustments
- **Release Potential** campaign and materials
- **Workforce Equality Action Plan** for NHSGGC
- **Manager's Guide to Supporting Disabled Members of Staff**
- **NHSGGC Health & Wellbeing directory**

Also, Occupational Health provides a wide range of support available for staff and managers including:

Supporting managers

- **Reasonable adjustments** – Return to Work advice
- **Training** – Stress & Mental Health at Work, manager induction
- **Workplace assessments** – On site visits

⁸ www.staffnet.ggc.scot.nhs.uk/Human%20Resources/ReleasePotential/Pages/ReleasePotentialHP.aspx

⁹ www.gov.uk/government/collections/disability-confident-campaign

Supporting staff

- Self referral option
- Signposting staff to appropriate services
- Providing physiotherapy
- Counselling service – Mild to moderate mental health issues
- Addictions specialist – For staff with alcohol/drugs issues

A Stakeholder Seminar provided the following feedback which will support the development of the approach to this priority area. Plans will be developed with support from the Staff Disability Forum to include:

- **More support for managers:** Information and support to be more easily accessible, not just relying upon the cascade system e.g. manager's guides, one stop shop
- **Use resources within organisation better:** Trade union colleagues/counselling
- **Management competencies for wellbeing:** Training and development, part of performance discussions
- **Reasonable adjustments:** Support to implement Occupational Health Service advice is required, e.g. additional information, regular training. Support to enable managers to know and understand their staff
- **More communication about being positive about disability for prospective staff is required.** Staff need to be empowered to discuss and know about reasonable adjustments and be aware that the organisation can provide support
- **Targeting:** We need to target those managers/leaders who may not engage with their staff. Learn from areas that are going well e.g. mentor programmes
- **Promote an open and honest environment** and relationship between manager and staff member, with principles of dignity and respect at the heart of the interaction

Ambition

Support for managers

By 2020 managers will be equipped with knowledge and tools to support staff with LTCs and impairments

Outcomes

Establish and promote Equality Hub on HR Connect

- **Measures:** % increase in awareness of managers of LTC issues
- **Timeline:** **September 2017:** Hub established and populated.
September – December 2017: Promote hub via Communications
- **Owner:** HR Connect Group, Workforce Equality Group, Corporate Communication

Ambition

Maximise resources to support staff with LTCs or impairments

By 2020 staff will be able to access appropriate and timely support with their LTC/impairment

Outcomes

Ensure that partnership working across all parts of the organisation is in place to ensure best use of resources

- **Measures:** % increase in use of support resources by staff groups and directorates
- **Timeline: By December 2017:**
 - Map resources which could support staff – counselling, unions, Occupational Health, staff benefits, health and safety, HWLs Team, Corporate Inequalities Team, Procurement, FTFT, and Access to Work
 - Agree access points for staff on HR Connect and other access methods
 - Monitor use by staff groups and directorates
- **By December 2019:**
 - Establish a formal process for buddying between disabled and non-disabled staff
- **Responsibility:** HWLs Team, Human Resources and Organisational Development

Ambition

Management competencies

By 2020 managers will have the necessary skills to manage staff with LTCs and impairments

Outcomes

Ensure managers are aware of policies, protocols and legal requirements

- **Measures:** % increase of e-module use
- **Timeline: By March 2019:** Develop an e-module on how to support staff with LTCs and impairments. Promote e-module to managers. Monitor and report on use
- **Responsibility:** Workforce Equality Group, Corporate Communications

Ambition

Reasonable adjustments

By 2020 we will have retained staff who develop LTCs and impairments by making reasonable adjustments to enable them to carry out their job role

Outcomes

Engage managers and staff in improving knowledge of reasonable adjustments, including transitions

- **Measures:** Baseline and monitor reasonable adjustments
- **Timeline:** **By December 2017:** HR Connect has information for managers and staff on reasonable adjustments and articles on Release Potential have been promoted
By March 2018: System in place to baseline and monitor reasonable adjustments
- **Responsibility:** Human Resources, Corporate Communications, Occupational Health

Ambition

Staff awareness and culture

By 2020 staff who transition as a reasonable adjustment feel it has been a positive experience that has enabled them to stay in work

Outcomes

Establish a process to monitor job retention, including feedback from staff and managers who have gone through the process

- **Measures:** +ve feedback from staff and managers
- **Timeline:** **By March 2018:** Engage with staff and managers
- **Responsibility:** HWL Groups
- **Timeline:** **By March 2019:** Ability to report on retention
- **Responsibility:** Human Resources

By 2020 excellence in managing and promoting disability has been recognised by the organisation

Develop proposals for an award for managers and teams to recognise good practice on disability

- **Measures:** No of applicants
- **Timeline:** **By March 2018:** Award established and promoted
- **Responsibility:** Workforce Equality Group, Staff Disability Forum

By 2020 the organisations will have shown leadership in releasing potential of disabled staff

Directors and senior managers support the health and wellbeing of staff

- **Measures:** No of champions
- **Timeline:** **By December 2017:** Champions have been identified
- **Responsibility:** Workforce Equality Group

2.3 Strategic Programmes

Strategic Programmes have been developed in line with the strength of evidence for action and are set out below. Any additional actions will be developed within the life of the strategy as required.



Mental Health & Wellbeing

Under the auspices of the NHSGGC Staff Health Strategy Governance Group, a Stress at Work sub group was established in 2015 in order to develop a multi faceted approach to this important staff health issue. The group analysed data on stress in NHSGGC and identified priority areas and actions. A one stop shop of resources and tools was created on the new Human Resources Portal (HR connect), linking together elements of Staff Governance, Equalities and Health Improvement. The three examples below give a flavour of the work of the group.

Resilience

An online Resilience Toolkit is available for all staff (for those staff who have more limited online access they are advised to ask their manager). We also run Resilience Workshops for Managers to learn how they can not only improve their own resilience but also how they can work with their teams to improve resilience in others.

Mindfulness

NHSGGC's Stress at Work group has committed to encourage a culture of Mindfulness within the organisation. Mindfulness has been shown to be effective for reducing stress in the workplace, and has been equally effective in NHS staff¹⁰.

A programme of 8 week Mindfulness based stress reduction courses will be delivered by NHS staff in conjunction with Mindfulness Scotland. These will be supported by taster sessions. Based in both community & hospital venues in response to local stress-related needs assessments, this training is supported by senior level management, who support managers releasing staff to attend if appropriate.

Managers, Occupational Health staff, Trade Union colleagues and Human Resources colleagues will promote the Taster Sessions and Training Courses amongst staff, in particular targeting promotion to those they feel would benefit most.

To date we have delivered a pilot programme with eight taster sessions to 200 staff, and 100 staff attending five Mindfulness Based Stress Reduction training courses. Evaluation of the pilot was extremely positive and included a Mindfulness literature search and review, 4 validated participant evaluation forms both pre and post attendance, participant's qualitative feedback, and follow up interviews with key personnel, including trainers.

¹⁰Mindful Nation UK http://themindfulnessinitiative.org.uk/images/reports/Mindfulness-APPG-Report_Mindful-Nation-UK_Oct2015.pdf

Stress Risk Management

Organisational approach to stress risk management: NHSGGC continues to implement its Stress in the Workplace Policy 2016.

This established policy supports the organisation to meet the legal requirements under the Health and Safety at Work Act 1974 and Management of Health and Safety at Work Regulations 1999.

Although there is no specific legislation on stress, the Health and Safety Executive have developed Stress Management Standards' which assist organisations in undertaking stress risk assessments, and help to develop stress action plans. The management standards have been incorporated into the organisations stress policy and focus on the range of work characteristics which may affect stress in the workplace. The areas that the standards help to identify, via a staff survey, are demands, control, support, relationships, role and change. The survey allows managers to identify the key concerns within the workplace, as identified by staff, which can then assist the development of a stress action plan.

Over 2500 staff have undertaken the survey over the past 2 years and work is currently being undertaken to further promote the implementation of the policy and use of the survey tool as described. Stress management is considered locally by line managers as part of the Health and Safety Management Manual for Managers which is an auditable, comprehensive management system which assists managers with hazard identification, risk assessment and record keeping.

Management support/training

Managers play an essential part in encouraging a mentally healthy workforce. Management training and guidance will be developed and delivered in order to encourage and support line managers to address mental health and wellbeing within their teams. Alongside this, existing resilience tools will continue to be promoted.



Physical Health

Active Staff

Active Staff is NHSGGC's service designed to support staff to get more physically active, both at their workplace and in their local area. The service was established based on evidence around the benefits of physical activity and the level of staff absenteeism in the NHS.

Physical activity is essential for good health (DH 2004). Increasing activity levels will help prevent and manage over 20 conditions and diseases including cancer, coronary heart disease, diabetes and obesity. It can also help to promote mental wellbeing (DH 2004; Pate et al. 1995). Physically active staff are less likely to suffer from major health problems, less likely to take sickness leave and less likely to have an accident at work (Dishman et al. 1998.)

Estimates from Public Health England put the cost to the NHS of staff absence due to poor health at £2.4bn a year – around £1 in every £40 of the total budget. This figure excludes the cost of agency staff to fill in gaps, as well as the cost of treatment.

The Active Staff service has three main strands:

- **Active Sites** – structured physical activity opportunities for staff on site
- **Active Challenges** – one-off physical activity challenges/events
- **Active Local** – signposting of physical activity opportunities for staff in local area through HSCPs and local authority leisure providers

Active Staff will deliver the following actions:

- **Expand the delivery of structured physical activity opportunities** on site for staff
- **Develop and deliver staff physical activity challenges** across NHSGGC
- **In partnership with colleagues recruit activators** (local staff physical activity champions.)
- **Support implementation of Active Travel Plans** on acute sites including Bike Hire Scheme and Cycle to Work Scheme.
- **Promote local physical activity opportunities** including discounted staff memberships

Tobacco

Smoking is the biggest preventable cause of disease and premature death in Greater Glasgow and Clyde and continues to be a significant public health issue.

Smoking levels in adults in Greater Glasgow and Clyde are still significantly high with 25% of the adult population smoking compared to the national figure of 20%. In addition health inequalities are clearly evident, with smoking prevalence in the poorest communities substantially higher.

In 2013, the Scottish Government launched their tobacco strategy for Scotland 'Creating a Tobacco-Free Generation' with the aspiration of creating a tobacco-free generation by 2034, defined as a smoking prevalence among the adult population of 5% or lower, and with a clear focus on those communities at greatest risk of unequal health outcomes. The actions within this strategy will contribute to this goal.

The strategy also requires all NHS Boards to be exemplars in providing smoke free environments through the implementation and enforcement of a Smokefree Policy and Smokefree Grounds.

We will:

- **Continue to implement the NHSGGC Smokefree Policy** and ensure supporting documents and guidance on e-cigarettes is circulated to all staff
- **Promote local stop smoking services** via local communication routes e.g. team briefs, managers, Staff News and the Smokefree Staff Pathway
- **Raise awareness of Second Hand Smoke messages and Smokefree Cars Legislation** by displaying information and supporting events locally
- **Support national and local campaigns** e.g. Take it Right Outside and Smokefree NHS grounds



Healthy Weight

Weight Management Services

Across the population NHSGGC has adopted a targeted approach focusing on patients with existing clinical needs and therefore patients with existing (defined) conditions for which there is a strong evidence base of the benefit of weight loss have been prioritised.

The Weight Management Service will be actively promoted to NHSGGC staff via our communications plan, as well as to members of the general public. Self referral is an option for relevant staff, as well as clinician referral.

Additionally, there will be promotional campaigns and activities to support self management of weight including Weigh in @ Work groups, and a range of relevant information and advice.

NHSGGC Retail Policy

A retail policy has been adopted by NHSGGC and aligns with the Health Promoting Health Service criteria, the Healthy Living Award and the subsequently developed National Healthcare Retail Standards. The aim of the policy is to ensure healthy choices are widely available to staff as well as visitors and patients and includes all retail outlets, café and dining facilities, trolley services, vending services, catering for events and functions. The active promotion of healthy choices to staff is a key strand of the policy and NHSGGC will initiate this by piloting a national promotional campaign during 2017.



Alcohol

The challenge presented by alcohol misuse has been highlighted as a priority in a number of national strategies and policies and together with local policy, guidance frameworks and action plans.

We will continue to implement the NHSGGC Alcohol and Substance Policy. We will support individuals to recognise the amount of alcohol they drink; identify when drinking exceeds recommended guidelines; help people to adopt safer drinking patterns in line with guidelines and when necessary access support services, as well as supporting people who are recovering from addiction.

In January 2016, the UK Chief Medical Officers issued new UK wide alcohol consumption guidelines that refer to low risk drinking for both men and women:

“ To keep health risks from alcohol to a low level it is safest not to drink more than 14 units a week on a regular basis. ”

Stronger evidence now exists that the risk of a range of cancers (including mouth, throat, oesophageal and in particular breast) increase directly in line with any amount of alcohol consumption.

It is important that NHSGGC promote this new message to our staff in order to reduce both the risk of deaths from regular drinking and the chronic, long term health harms that alcohol causes. Women's long term health can be affected more by alcohol but on average men are at much greater risk from the more immediate harms such as accidents and injuries.

As part of our HWL action plan NHSGGC will review our Alcohol & Substance Policy to include the new guidance. Furthermore we will be working to communicate this new advice across the organisation and will continue to deliver manager training and awareness raising campaigns as well as promoting updated resources and tools to ensure the new messages and advice are included.

Health Screening

Screening programmes for cancer are evidence based methods of early detection. Our staff group is made up of mostly female staff with a high proportion in their 40s and 50s. Therefore breast cancer screening and cervical screening are likely to be commonplace in our work sites. Managers will be encouraged to promote and support staff attendance at their screening appointments, linked to, amongst others, the social marketing approach of the Scottish Government Detect Cancer Early campaign.



Health Protection

Within the Occupational Health Service the following services are available to all staff:

- **Face to face or telephone counselling** for all staff
- **Access to specialist addictions nurse** to assist with any member of staff with a drug or alcohol problem
- **Self referral to an Occupational Health Nurse** for support

NHSGGC have a group of key individuals developing an action plan to support all staff with stress.

This includes our compliance with legislation and a programme of departmental risk assessments which are being undertaken using the HSE Stress Risk Assessment template. Departments are required to develop an action plan and this will be audited as part of the Management Manual audits.

Further initiatives will be training for all staff on recognition of mental health conditions including stress, and how to seek appropriate help.

The group will monitor trends on an ongoing basis to assess the effectiveness of these interventions.

Immunisation

Immunisations are offered to members of staff to protect them against infections that may be acquired through their employment. Vaccinations against Hepatitis B, MMR and Chicken Pox are offered to staff who are deemed to be at risk. All staff, regardless of role are offered a free flu vaccination.

Some workers are categorised as 'exposure prone workers'. These staff carry out procedures where there is a risk that injury to the worker may result in the exposure of the patient's open tissues to the blood of the worker.

These include procedures where the worker's gloved hands may be in contact with sharp instruments, needle tips or sharp tissues (e.g. spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times. For all such staff, it must be confirmed that they cannot be a source of Hepatitis B, Hepatitis C and HIV infection to patients. Confirmation is obtained by blood tests.

Health Surveillance Activity

One of the most important features of good health and safety management is the additional precautions taken for staff who are particularly at risk. This may be because they are exposed to agents with particular hazardous properties (substances causing asthma, for example) or it may be that the risk to certain individuals is heightened because of personal factors such as inexperience or injury. Several sets of regulations require a consideration of the need for health surveillance. For example, the COSHH Regulations require regular health surveillance if exposures to a hazardous substance create a reasonable likelihood of measurable health effects and the surveillance results might be of value in protecting a person's health. Formal health surveillance, such as the annual skin check for staff who wash their hands more than 20 times per day or who wear gloves are in place to identify and treat skin conditions such as dermatitis. Other health surveillance programmes are undertaken for staff exposed to extreme levels of noise or for staff regularly working within areas deemed high risk for exposure to hazardous substances. These health surveillance programmes are supported by Occupational Health. If there are aspects of the department's activities that suggest a possible need for health surveillance, this should be discussed with the local Health and Safety adviser and the Occupational Health Service

It is also important that staff become aware of their own state of health. The two most common causes of occupational ill-health are mental health problems and musculo-skeletal injuries. Early action is important if serious problems and prolonged sickness absence are to be avoided. In both cases, it is the individual who will first be aware of the symptoms and seek help. Staff must be made aware, and reminded to undertake a 'self assessment' of their own health. Staff should highlight any concerns to their manager in the first instance and can access Occupational Health if further support is needed.



Wellbeing

Financial Inclusion

Financial inclusion is the range of actions to ensure people have the skills, knowledge and understanding to make best use of appropriate financial products and services. This covers benefits maximisation and debt management, access to financial products and help in kind or through grants and minimising outgoing costs.

In NHSGGC the main focus to date has been to equip staff to ask questions about money worries for patients and developing and creating referral routes to advice services.

NHSGGC also recognises that Welfare Reform Act (2012) will also impact on staff including those, but not exclusively limited to, lower paid roles who may be entitled to working tax credits. This along with the impact of the wider economic recession, debt and financial insecurity can contribute to financial concerns for staff and their families. Guidance on the Health Promoting Health Service includes identifying staff at risk of financial insecurity and ensuring they receive the appropriate help and support.

There are financial inclusion services for all residents of NHSGGC including staff who live within these areas. Work to ensure that staff have access to all available in-work support on money worries and financial inclusion will build on the previous guide developed by Human Resources.

During the three years of the strategy a group of actions have been identified to support staff at risk of financial insecurity. In order to achieve this NHSGGC needs to have a baseline measure to identify the issues for staff and ensure the actions are appropriate and targeted. NHSGGC have, as part of the HWL Employee Wellbeing Survey, identified a set of questions in relation to money management/money worries and financial insecurity which will enable us to analyse responses, have a clear benchmark to measure against and ensure appropriate actions. From the survey findings an action plan will be developed. NHSGGC already has a welfare reform action plan in place and whilst not all the measures may be staff specific they will inform staff and provide guidance on access to services that can provide advice and relevant support.

Carers Support

A carer is an individual who provides unpaid, practical, physical, and emotional support to relatives, friends, neighbours due to physical or mental illness, addiction, frailty or disability. They may or may not live with the person.

Census data (2011) suggests that approximately 10% of Greater Glasgow and Clyde residents identify themselves as having caring responsibilities. Therefore potentially 10% of NHSGGC Health Board staff could have caring responsibilities outside of work.

The Carers (Scotland) Act was passed on 4th February 2016. It gained Royal Assent on 9th March 2016. The implementation of the provisions in the Carers Act, which are designed to support carers' health and wellbeing, will commence on 1st April 2018. The Act builds on the aims and objectives set out in the National Carers and Young Carers Strategy 2010-2015. The overarching objective of the Act is to ensure carers and young carers are supported so they can continue to care, if they wish to do so, in good health and have a life alongside caring.

NHSGGC is committed to supporting staff who have caring responsibilities and is working towards achievement of the Carer Positive Employer Award. The award is presented to employers in Scotland who demonstrate and provide evidence that their policies and working practices value and support carers. Benefits include reduced levels of stress, reducing sickness absence and attract and retain staff thus reducing recruitment costs.

NHSGGC are committed to supporting carers' health and wellbeing and already have a range of support measure in place, this includes:

- Supportive Human Resources policies
- Supportive Occupational Health Services and access to counselling services
- Access to advice and support through Support and Information Services
- Access to community based carer support services
- Carer awareness training for staff
- NHSGGC's commitment to achieve the Carer Positive Employer Award

Support and Information Services

The Support and Information Services (SI&S) are managed through the Acute Health Improvement team and on-site services are currently provided at The Victoria ACH, Stobhill ACH, Queen Elizabeth University Hospital and the Royal Hospital for Children (Family Support & Information Service). The S&IS provides a 'one stop shop' for all users of acute hospitals and recognises "Every healthcare contact is a health improvement opportunity" (Health Promoting Health Service, 2015).

S&IS currently support staff health by providing local venues for staff health activity such as Weigh in @ Work sessions; providing information on a wide range of topics for staff and their families e.g. money advice, support for carers and smoking cessation as well as proactively connecting staff to community based services.

A recent evaluation of the service (2015) noted that one of the critical success factors of the service are the links with other organisations and staff have benefited from being supported to engage with these organisations. Feedback from staff also indicated that staff who had used the service had benefited more generally through encouragement to address wider health issues such as healthy eating and weight loss management.

During the 3 years of the strategy the S&IS will deliver the following actions:

- **Promote services and information for staff** health across all S&IS sites
- **Provide health initiatives for staff** such as Weigh in @ Work
- **Raise awareness of staff health services** and how to access these
- **Identify opportunities to develop S&IS activities** across other acute hospital sites within NHSGGC and support staff health in these areas

2.4 Communications Plan

In order to implement this ambitious strategy it is important that our approach to communicating our activities, programmes and priorities is carefully planned. Health inequalities within our workforce and varying levels of literacy, digital inclusion and health literacy mean that our communication methods should be sensitive and targeted appropriately. To these ends our Communications Team has been engaged with the Strategy from the outset and has developed a Communications Plan which includes a re-branding of the SHS, a new web sub-site and a focus upon promoting key themes and priorities. For more information please refer to Appendix D (available at: www.nhsggc.org.uk/staffhealthstrategy).

2.5 Monitoring framework

Our work on staff health has been based on recognised best practice and evidence and held up as a case study at European level. We therefore believe that our staff health policies have had and will continue to have a major role in supporting improved staff health, including staff attendance.

For our Strategic Priorities and our Key Programmes, high level monitoring grids have been developed with senior leads identified to champion and drive the agenda. The grids are at Appendix E (available at: www.nhsggc.org.uk/staffhealthstrategy) and will be monitored on a six monthly basis via the SHS Governance Group, which will also receive regular progress updates from the identified programme leads.

Furthermore, each HWL group will develop a rolling action plan to support HWL activities at a local level throughout the three years of the strategy.

The monitoring of local activities is ongoing through the Healthy Working Lives award groups. Staff participation in local HWL events will be monitored and the activities summarised annually in HWL portfolio submissions. This will highlight actions in priority areas as well as any other activity that may be required as part of the response to the local needs assessment.

Importantly, the Staff Health Strategy will contribute to the following key business outcomes:

- Continuing to support improvements in attendance levels
- Helping to raise productivity through better health for staff at work
- Setting direction for good workforce health into the long term.







A Healthier Place to Work