

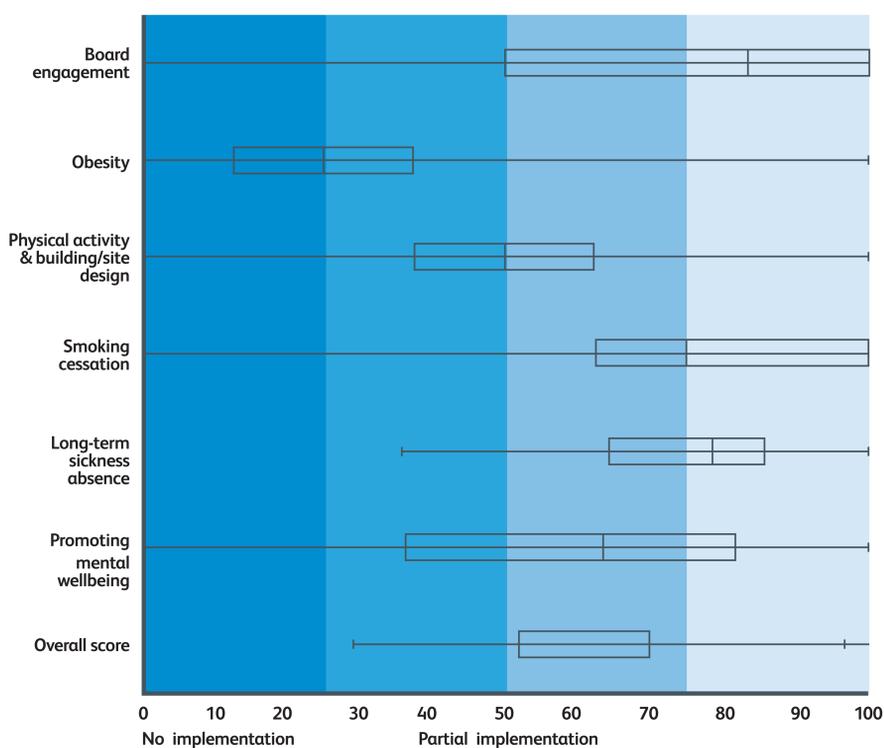
# Implementing National Institute of Health and Clinical Excellence (NICE) public health guidance for the workplace in NHS Trusts in England: Identifying organisational barriers and enablers

Jones S; Williams J; Williams S; Peel P (Health and Work Development Unit, Royal College of Physicians, London)

## Background:

A 2009 government review reported an association between NHS staff health and patient outcomes (MRSA rates, patient mortality rates and patient satisfaction). NICE guidance includes recommendations for employers on the support that can be made available to improve staff health.

Our 2010 national audit of NHS trusts in England revealed variable and often poor implementation of six pieces of NICE public health guidance for the workplace (smoking, obesity, physical activity, mental wellbeing and sickness absence).



Box and whisker plot showing median summary scores (and IQR) achieved by 282 (73%) trusts in England that participated in the national audit measuring implementation of NICE public health guidance for the workplace.

## Project aim:

To facilitate full implementation of the NICE workplace guidance by NHS trusts.

## Objectives:

- 1 To identify organisational barriers to, and enablers for, the implementation of evidence based workplace guidance.
- 2 To support and improve implementation by sharing the barriers and enablers with trusts that have not progressed as far with implementation of the guidance.

## Methodology:

**Phase 1:** Detailed interview schedules, to identify barriers and enablers, were designed based on the Michie et al (2005) behaviour change model.

41 interviews were held with a board member and an 'implementer' in 22 English NHS trusts (mental health and acute) that had progressed with implementation of the guidance.

**Phase 2:** workshops were held with 40 trusts that had not progressed as far with implementation. Barriers and enablers were presented and action plans drawn up. Three and six-month follow-up telephone interviews are monitoring progress.

Michie S, Johnston M, Abraham C, Lawton R, Parker D, Walker A, on behalf of the "Psychological Theory" Group. Making psychological theory useful for implementing evidence based practice: a consensus approach. *Qual Saf Health Care* 2005;14:26-33.

## Findings:

From the Phase 1 interviews the following overarching themes were seen as key enablers for implementing the NICE workplace guidance:

<b>Clear organisational values</b>	that made the link between staff health and patient care.
<b>Board involvement and support</b>	demonstrated by requesting regular reports to the board on workplace metric data, updates on staff health and well-being work, providing feedback and identifying synergies across different departments.
<b>Clear governance</b>	with a direct reporting line to the Board and an effective staff health steering group.
<b>Promoting staff engagement</b>	through frequent assessment of staff health using imaginative methodologies, and involving staff in planning and delivery.
<b>Data</b>	from a variety of sources being used as intelligence to plan interventions and target hotspot areas of the organisation for further implementation work.
<b>A staff health and well-being strategy</b>	with a corresponding action plan was seen as key in setting direction, maintaining momentum and holding people to account for delivery. The recommendations in the NICE public health guidance were frequently used to describe the evidence base for effective action and used as a framework to develop a strategy and action plan.
<b>Resources</b>	for a small budget for staff health activities and to employ a coordinator.
<b>Involving managers</b>	by reporting to, training and convincing managers that supporting staff health is an integral part of their job.

We found a number of innovative ways that trusts had supported implementation of the specific guidance areas. Example includes:

<b>Obesity</b>	'This is such a sensitive topic. We did shy away from it but we're now in discussions with our catering team to establish a number of changes, including adding a traffic light system to our menus.' Board lead, acute trust.
<b>Smoking cessation</b>	'We've put a loudspeaker near the trust entrance with a camera to monitor our non-smoking site to save staff from having to confront patients and the public which they were finding very stressful due to some of the abuse they were receiving.' Implementer, acute trust.

## Conclusions

The identification of key overarching themes to support implementation and more detailed topic area activities has been warmly welcomed by trusts.

The final project report will be available in December 2012. For further information contact [hwdu@rcplondon.ac.uk](mailto:hwdu@rcplondon.ac.uk).

The national audit will be repeated in 2013 and will be a measure of progress by the 40 intervention trusts compared with trusts that did not receive a workshop and follow-up phone interviews.

The project has been funded by the Department of Health.