



Active – the ISPAL Health and Physical Activity Recognition Programme

Guidance Pack

A simple and effective programme to assist improvement and recognise organisations that use physical activity to improve the health of local communities in Scotland.

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SECTION ONE

The ISPAL Active Programme

ISPAL ACTIVE PROGRAMME

1.1 Introduction

This initiative from ISPAL Scotland, which is supported by the Scottish Government, has been running successfully since 2004. The overriding aim of the programme is to acknowledge, reward and help improve organisations that contribute to improving the health of their community, employees or other stakeholders through physical activity interventions. It has remained an overriding priority for ISPAL to ensure that the Programme is easy for organisations to participate in, whether they plan to go for external assessment or simply wish to follow the self assessment route. The programme will recognise good practice in:

- Active partnerships with other organisations to promote healthy living
- A commitment to the promotion of healthy living by underpinning local health priorities and targets
- A service programme which promotes a safe and diverse range of physical activity options with equitable access for all
- A healthy workplace for staff
- Employee development, enabling employees to participate in recognised developments in the health agenda
- Physical activity programmes

1.2 Key objectives of the Scottish ACTIVE Programme

The programme aims to help organisations:

- Celebrate success and provide a mechanism for recognition of good practice.
- Contribute to improving the health of the local community by the use of physical activity.
- Get involved in effective outcome-based community planning partnerships.
- Utilise the programme as a continuous improvement tool.

1.3 Who is the Programme for?

The programme is designed to help those who are engaged in the delivery of any type of physical activity programme to become more health promoting in their practices. It helps at strategic and operational level, so entire corporations or 'stand alone' providers will benefit equally from being involved in the programme. Examples of organisations that are currently involved as physical activity providers include:

- NHS Health Boards and Community Health Partnerships.
- Healthy Living Centres.
- Further and Higher Education.
- Local authorities (including sport and leisure facilities, community service departments, outdoor recreation departments, healthy living services, community planning partnerships).
- Private companies.
- Community and voluntary groups and charities.
- Leisure trusts.

We recognise that some schools may wish to go forward for this award and as such the award should be considered in parallel with the Health Promoting Schools initiative.

Representatives of groups not listed above should contact the programme managers to consider whether their organisations are appropriate.

1.4 Feedback

The programme is much more about helping and guiding organisations, rather than inspecting organisations.

Typical comments received to date include:

“thanks for making what could have been quite an arduous dayenjoyable”
Green Gym Manager

“The difference the scheme has made to our Service has been phenomenalit has proven to be a key part of successful grant applications and provided welcome added impetus to our work in this area.”
Leisure Services Manager

“We understand the need to be at the cutting edge of our rapidly changing industry. By wholly embracing the scheme we can facilitate Local Authorities in fulfilling their role in increasing physical activity and improved health in their communities.”
Director of Private Sector Operator

“Both the Trust and the Local Authority found the exercise valuable. It provided us with a sound appreciation of our strengths and weaknesses and recognised the good work that we are doing in our local communities.”
PCT Health Specialist

1.5 What does the assessment involve?

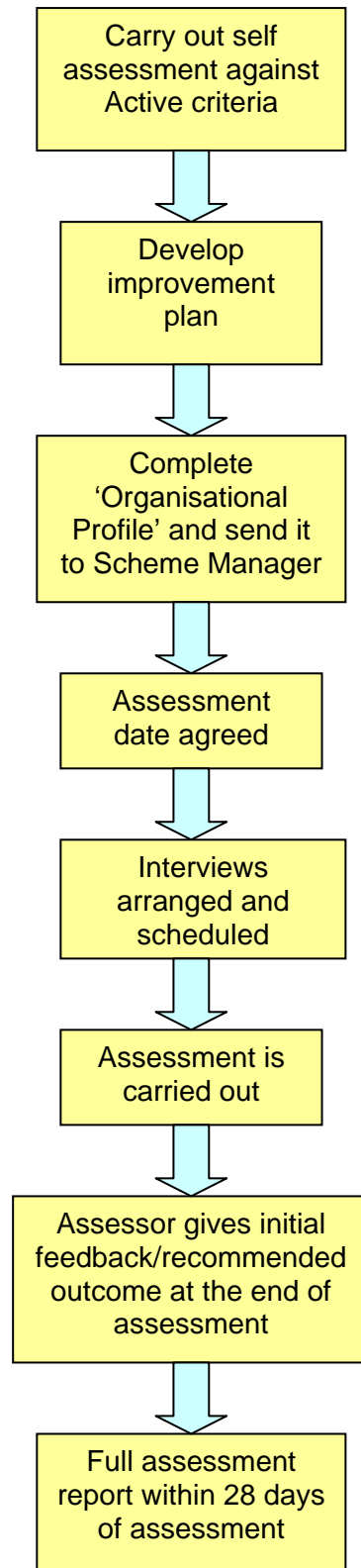
The assessment will be a robust review of the degree of compliance to the ACTIVE Programme criteria that are relevant to the applying organisation. It is not intended to assess each element of the criteria at each business/service area, but to review all the criteria across the agreed scope of assessment.

The assessor will collect evidence through observing activity, discussions with staff and (where appropriate) participants or partner organisations, and examination of documentation. The assessment will be a positive exercise and the obligation is on the organisation to demonstrate how it complies with the programme criteria. The assessment process will not require extensive documented evidence to be provided. It is important that there is a balance between the paperwork and demonstration of good practice; extensive discussions with personnel within the organisation will be an important part of the assessment process.

The entire assessment process will not be an onerous task and will not make excessive demands on time and resources.

In each of the programme’s criteria the assessor will judge whether the arrangements are either ‘role model’, ‘strong’, ‘satisfactory’, ‘have minor areas for improvement’ or ‘have major areas for improvement’ or are not applicable.

1.6 The assessment process



1.7 The Four Simple Steps.

Step One:

Using the ISPAL Scotland ACTIVE Programme self-assessment checklist, carry out an assessment of your organisation. We recommend that if possible you do this as a team and not limit this to just one individual. If you are considering obtaining external verification and recognition for your organisation, complete the assessment quotation form and send to the Programme Manager.

Step Two:

Following the results of your self-assessment, create a list of key strengths and areas for improvement. Analyse the strengths and see if they can be used to make improvements in other areas. Areas for improvement should be documented on an improvement plan that will include responsibilities for team members and time-scales for completion.

Step Three:

Start making the identified improvements. If you are not fully compliant or have many areas for improvement, don't worry! Your organisation can still be assessed and recognised, as we believe that seeing the real impact of your physical activity intervention is often a long-term process. We will recognise organisations that are pursuing improvements.

Step Four:

If you wish to pursue full assessment, we will fix an assessment date that is appropriate to you and allocate you an assessor.

Please see the appendices section for the self-assessment checklist, marking sheets and assessment quotation form.

At the external assessment, three grades of result are possible:

1. Certification following no major areas for improvement being identified.
2. Certification after submission of an acceptable action plan to address identified major areas for improvement.
3. Non-certification and a further limited or full assessment is required. In this case a further fee would be chargeable.

The assessor will give verbal feedback at conclusion of the assessment, which will be provided in typed format within 28 days of the assessment.

Should certification be achieved, i.e. either Grade One or Grade Two, then no further fees are payable until re-assessment is due in two years time.

1.8 What benefits will the programme give you?

It will help you to:

- **Take action** to improve health through the use of physical activity.
- Prioritise health improvement.
- Plan for health improvement.
- Strengthen partnership working.
- Build capacity and resources for health improvement.
- Integrate improving health activity across all functions/services.
- Celebrate success and be recognised for good practice.

Through the provision of:

- A performance measurement relating to health improvement issues.
- A robust assessment by external specialists, identifying strengths and often identifying opportunities for further improvement.

By using the programme you will be able to demonstrate the pursuit of key health improvement priorities and targets. For example:

Partners and staff working within your organisation will be familiar with the range of health and social policy developments over the last seven years, which have provided the impetus for driving forward the health improvement agenda and the basis for the development of Community Health Partnerships. Key developments have included:

- The NHS duty to promote health (*The NHS in Scotland: A Plan for Action, A Plan for Change*, 2002)
- Statutory powers to local authorities to promote wellbeing (*Local Government Act, Scotland*, 2003)
- Recognition of the impact of life circumstances on health and the relationship with health inequalities (*Towards a Healthier Scotland*, 1999)
- The development of a framework for focused and coordinated action to improve health (*Improving Health in Scotland: The Challenge*, 2003).

It will be important that local priorities for improving health should reflect locally identified need **and also** reflect the national policy drive for improving health.

A structure for setting priorities for overall goal of health improvement is provided in *Improving Health in Scotland: The Challenge*. This sets out 4 priority themes based on key age groups (early years, teenage transition, and adults of working age) and a key setting (community), together with 7 special topic areas. These themes and topics require a range of actions to be implemented at national and local level covering life circumstances, lifestyles and priority health issues in order to improve health and reduce inequalities. Underpinning all action is the need to narrow the inequality gap.



SECTION TWO

The ISPAL Active Guidance Pack

2.1 Organisation Guidance Pack

This pack has been developed to assist organisations in the implementation of this programme. The organisation will need to work towards the relevant criteria contained within six key statements and the assessors will then assess whether the organisation is meeting these criteria. Within this pack you will see there are examples of good practice that are there purely as a guide. They should not be taken as an unequivocal and definitive measure of what an assessor would be looking for. The assessor will form a judgement based on how applicable or relevant each criteria area is to your organisation. For instance, your organisation does not necessarily need to provide food or drinks to meet the criteria contained within Key Statement Three. What would be required is that you are actively promoting the use of healthy food through either advertising, consultation or forming links with health food retailers.

Key Statement One:

Developing active partnerships with a range of other agencies/organisations to promote healthy living through physical activity and healthy lifestyles.

Key Statement Two:

Policy and strategy reflect a commitment to the promotion of healthy living by underpinning local health priorities and targets.

Key Statement Three:

The activities are delivered in a professional and responsible manner.

Key Statement Four:

The activity programme reflects a diverse range of physical activity options which are widely available to the community.

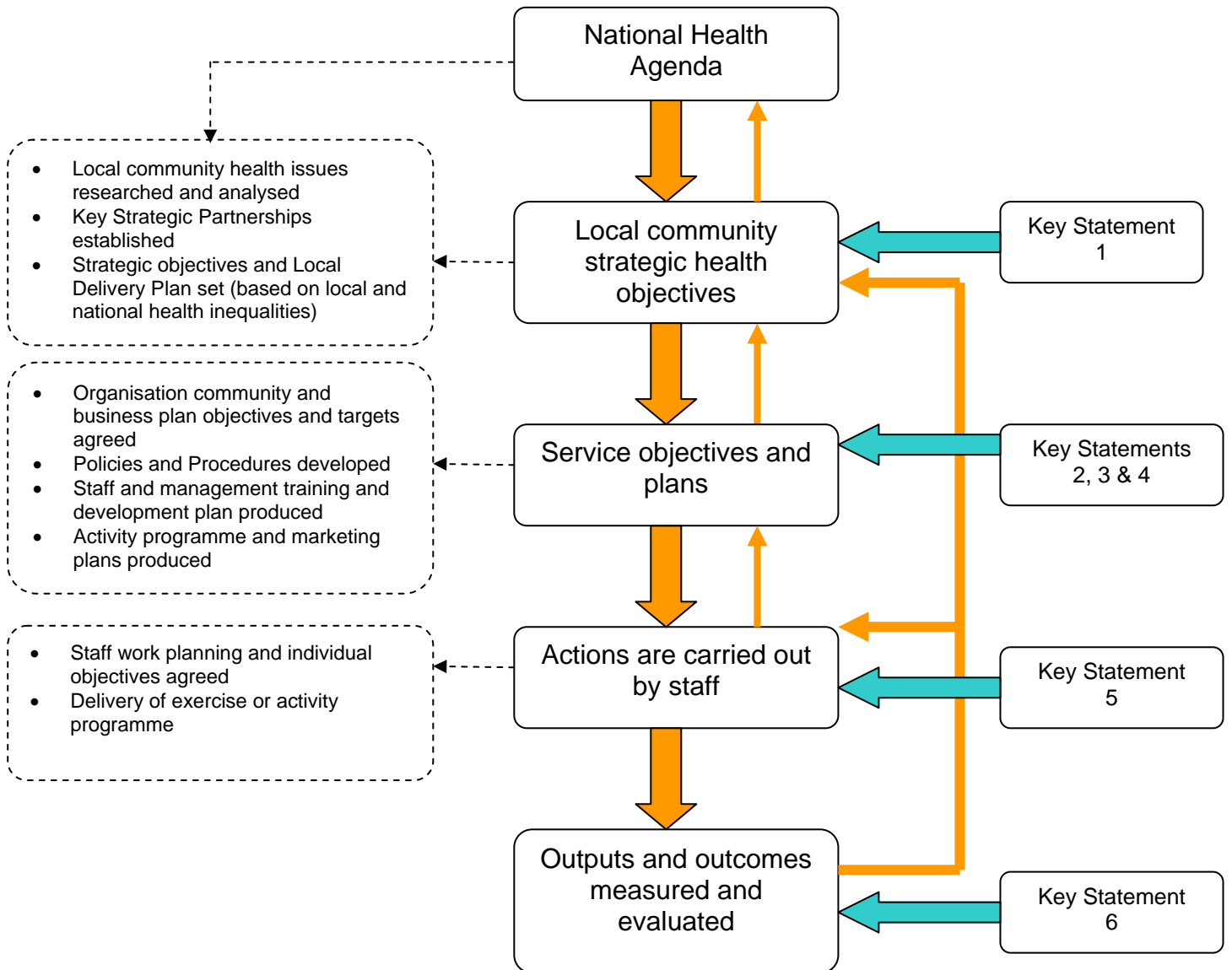
Key Statement Five:

Facilitate staff in maintaining a healthy lifestyle and develops them to increase their capacity to deliver effective interventions.

Key Statement Six:

There is a Quality Assurance framework in place that ensures the service is measured to meet the objectives of the overall strategy and there is a planned approach to continuous improvement.

2.2 Active Programme Model





SECTION THREE

Key Statements

KEY STATEMENTS

Key Statement One:

Developing active partnerships with a range of other agencies/organisations to promote healthy living through physical activity and healthy lifestyles.

Key Statement Two:

Policy and strategy reflect a commitment to the promotion of healthy living by underpinning local health priorities and targets.

Key Statement Three:

The activities are delivered in a professional and responsible manner.

Key Statement Four:

The activity programme reflects a diverse range of physical activity options which are widely available to the community.

Key Statement Five:

Facilitate staff in maintaining a healthy lifestyle and develops them to increase their capacity to deliver effective interventions.

Key Statement Six:

There is a Quality Assurance framework in place that ensures the service is measured to meet the objectives of the overall strategy and there is a planned approach to continuous improvement.

3.1 Key Statement One:

Developing active partnerships with a range of other agencies/ organisations to promote healthy living through physical activity and healthy lifestyles.

3.1.1 The Criteria (what the assessor is looking for):

- The organisation has spread its health improvement actions into the local community.
- Actively promoting innovative and imaginative partnership working.
- Partnerships working with different agencies/ organisations (must include work with local health professionals).
- Developing links with Primary Care/ Community Health Partnerships to address health inequalities.
- Understand and record the opportunities available for partnership working at informal levels, strategic levels and in different types of organisations and services as appropriate.
- The organisation takes an active part in partnerships formed to improve health, with physical activity identified as a tool.

3.1.2 Good Practice Guide:

Local Community Health Promotion

Physical activity promotion, in terms of known characteristics of effective interventions, should be a key part of the services. Organisations should be responding to the *Let's make Scotland More Active strategy* document (Scottish Executive February 2003).

Physical Activity and Health Alliance:

Health Scotland, with support from the Scottish Government coordinates the Physical Activity and Health Alliance (PAHA) network. This network is web based and aims to become the definitive guide to physical activity resources in Scotland. The web site, as well as providing an opportunity to download strategic documents also collates best practice across all sectors. It is possible to search for material under the headings of topics and resources; as well as news and events. Registration is free and organisations wishing to utilise the ISPAL Active programme are encouraged to register and make use of this database. To find out more information visit www.paha.co.uk.

Working in Partnership

Joint Health Improvement Plans (JHIPs) for each local authority area are developed by local authorities, NHS Boards and other partners within the Community Planning Partnership.

Organisations will need to demonstrate how they link into such partnerships and how they are supporting its health improvement and social inclusion objectives and initiatives. The role of the organisation must be clearly defined (e.g. a delivery, facilitation or supporting role). Support could be through funding or the provision of support staff.

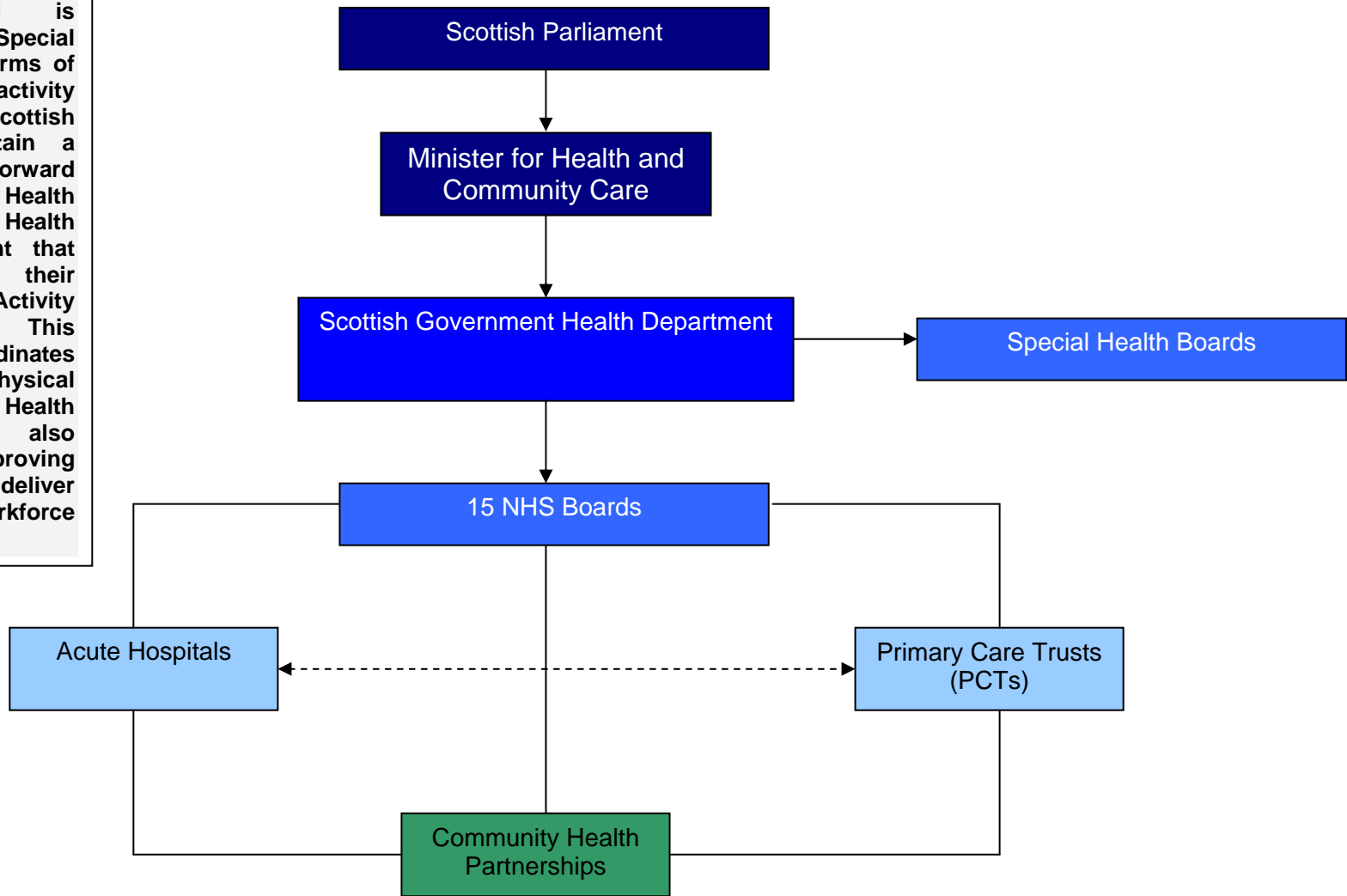
The Scottish Office and the Scottish Government have issued several policy documents on the importance of partnership working between the health service, local authorities and the voluntary sector in promoting better health in Scotland. These policy documents should

be translated into action through the formation of Community Planning Partnerships and Community Health Partnerships.

Further information on the key principles of successful partnership working can be found in the following documents: NHS Health Scotland 'Partners in Health - A toolkit for building successful partnerships' and 'Paths to Health' Partnership section from their monitoring & evaluation framework / toolkit.

Structure of the Healthcare System in Scotland
 (Source: Royal College of General Practitioners – October 2007)

Health Scotland is designated as a Special Health Board. In terms of physical activity promotion, the Scottish Government maintain a role in driving forward policy within their Health Department; whilst Health Scotland implement that policy through their Physical Activity Programme. This programme coordinates the work of the Physical Activity and Health Alliance and also concentrates on improving the capacity to deliver through the Workforce Development Plan.



3.2 Key Statement Two:

Organisational policy and strategy reflect a commitment to the promotion of healthy living by underpinning local health priorities and targets.

3.2.1 The Criteria (what the assessor is looking for):

- Management are fully aware of the health improvement challenge and physical activity strategy.
- The activity programme is backed up by a comprehensive business plan that takes into account both financial and social objectives (including the health agenda).
- Health Improvement Plan – the organisation puts in place programmes to contribute to local targets on areas such as physical activity participation rates, prevention and reduction of CHD, smoking, diabetes, obesity, cancer, sexual health issues etc.
- There is a responsible and pro-active attitude towards environmental issues.

3.2.2 Good Practice Guide:

National and Local Health Awareness

The organisation must be able to demonstrate a sound awareness and understanding of the health improvement issues in Scotland. It is important that this is understood appropriately at all levels. For instance, it is desirable for an instructor to understand the wider purpose of why he or she is delivering the physical activity or session or for partners to understand their role within a physical activity partnership.

Local health improvement targets should be communicated across the board. This may be through meetings, workshops, road shows or publicity material.

Effective Financial and Social Business Planning

The organisation should ensure that within the various strategies and service plans there is a strong focus on improving the health of the local community and/or other stakeholders based on the strategic partnership objectives and targets. This focus should include increasing the number of people in the organisational setting and community taking part in physical activity and increasing the frequency of participation. This will involve a commitment to help tackle the barriers to participation in the various parts of the community/organisation, e.g. price, nature of facilities or activities, social issues, peer pressure, perception of activities, poor services, appropriate staff, communication of services, re-orientation of services, the development and adoption of new working practices.

Adequate resources should be made available to support the implementation of the plans, and should be appropriate to the sector. The resources may be time, people or financial.

Organisations should look for ways to generate new funds and utilise existing resources; and show how these funds are used to make further improvements to the health of the local community. As an example, some organisations are working with local authorities to develop a local implementation framework for physical activity programme that makes commitments to achieve health improvement targets linked to the national health agenda.

It is important that business plan targets and the subsequent activity programmes are appropriate to the sector and community/stakeholder requirements and are realistic in relation to the resources available.

Improving the Health profile of the Local Community

There should be an agreed work plan that is responsive to the needs of the relevant sector and local community, and these work plans should include physical activity prominently as part of their focus

Attention should be paid to identifying other health needs and possible interventions from existing client bases. For example, signpost clients to smoking cessation sessions that already attend a group exercise session.

Environment

Organisations will need to show they have and operate an effective environmental policy that is evaluated and reviewed.

A good Environmental policy should take a systematic approach to minimising the organisations negative impact on the environment and surrounding community, including:

- Conserving global non-renewable resources, including within the supply chain.
- Reducing and recycling waste.
- Optimising utility consumption and promoting good housekeeping to prevent, for example, lights being on unnecessarily.
- Reducing material and noise pollution.
- Promoting fair trade through the supply chain.

Good organisations have developed their own environmental management system to meet the criteria contained within ISO 14001:1996 or EMAS

3.3 Key Statement Three:

The organisational activities are delivered in a professional and responsible manner.

3.3.1 The Criteria (examples of what the assessor is looking for):

- Management are aware of the connection between physical activity and healthy eating. Steps are taken to link the two topics through policy and practice.
- Effective health and safety management.

- Physical access – equity audits
- Develop proactive plans for offering opportunities to people with disabilities
- Consideration of the implications and requirements of the Disability Discrimination Act
- Programmes are monitored for effectiveness

3.3.2 Good Practice Guide:

Healthy Eating

Organisations are required to demonstrate that they have either adopted or are actively promoting healthier catering practices and policies that allow customers to choose meals that contribute towards an overall healthy, balanced diet. The concept of healthy eating and how it compliments physical activity should be demonstrated.

Examples of healthy foods are:

- Wholegrain breads
- Cereals
- Potatoes (not fried)
- Fibre in the form of pulses, beans, etc
- All fruits and berries in their natural raw form (avoid prepared fruits with increased sugar levels)
- Vegetables prepared in a variety of ways, preferably raw or cooked in a way that minimises the introduction of non-healthy products (eg frying or non-saturated oils)
- Clear and appropriate food labelling is provided

Health and Safety Management

A good approach to managing health and safety is always important when developing activity programmes. Organisations will need to show that they have assessed the risk all activities carefully so that that activities and services are delivered safely. Any physical activity should always be delivered by appropriately trained staff; a first aid qualification is desirable. In addition, when venues are utilised that are not in the direct control of the organisation an understanding of the need to ensure that the venue is suitably managed must be demonstrated.

Where other health facilities such as spas, saunas and steam rooms are provided, management controls should be in place to prevent any persons with contra indications from participating. The management of all health facilities should ensure that they are well maintained and managed to minimise risk to users.

Where fitness facilities are operated it should be done in a diligent manner in line with industry expectations and standards. All potential users should have completed a Physical Activity Readiness Questionnaire (PARQ) as well as have their readiness for physical activity assessed, safe use of the equipment explained and a programme of use issued.

Disability Discrimination Act (DDA).

The organisation/partner should have a clear policy of inclusiveness and appropriate staff training to ensure that all customers / participants are treated fairly and in a non-discriminatory way irrespective of age, ethnic origin or disability; there should be a clear understanding of the requirements of the DDA.

Organisations need to be able to show that they have the appropriate measures to ensure all users/participants are treated the same and are able to enjoy equal access to their services. A key element of ensuring equal access is by raising staff awareness to the DDA and addressing the social and attitudinal barriers faced by many persons with disabilities.

This can be achieved through effective training and awareness workshops. Many of these workshops are led by trainers who themselves may be disabled. Good DDA training programmes go further and look at how organisations/partners can engage disabled groups in order to encourage integrated participation within the mainstream activity programme. Projects include physical activity buddy schemes where a fitness instructor or a volunteer user is paired with the disabled user to exercise safely.

Equity Audits (Diversity Awareness)

Equity audits are good practice and when deployed should ensure that the service is fully inclusive and accessible to all users..

However, we recognise this approach is not viable for all services but as a minimum we would expect the service would be able to demonstrate a reasonably good knowledge of the socio-economic and ethnic make- up of the local community and would consider this in the development of the activity programme.

3.4 Key Statement Four:

The activity programme reflects a diverse range of physical activity options which are widely available to the community.

3.4.1 The Criteria (what the assessor is looking for):

- Diversity of programme
- Discount and reward schemes
- Involvement in relevant national health and or physical activity initiatives (Paths to Health and Jog Scotland)
- Outreach work into the local community
- Social inclusion
- An understanding of barriers to participation.
- Special events to encourage targeted users
- Development and implementation of family-friendly policies
- A wider range of exercise and physical activity than just gym-based

3.4.2 Range of Activities

Organisations with concessionary pricing bands to encourage low-income users and families have benefited from increased participation levels. Swimming sessions free at the point of access may also be considered as good practice to encourage use among families and older people. Other organisations have aligned their opening times to meet the needs of the local community.

Furthermore, innovative programming can be used to encourage user groups whose participation levels are low. For example, a key target group such as 16-19 year olds could be given the scope to develop their own activity programmes based around health improvement. This could be supported by education and connecting with awareness initiatives on young people's health.

There are many opportunities for organisations to provide physical activities beyond formal indoor or outdoor facilities (e.g. walking schemes, green gyms, and dance workshops). Excellent opportunities can be created for young people to express their creativity and imagination while engaging in valuable physical activity through outdoor, informal and unstructured activities (e.g. BMX, skateboarding)

Other good examples of extra steps being taken by organisations to engage with their local community/stakeholders include:

- Staff going out into the community to do lifestyle assessments/programming coaching and mentoring young people to improve their lifestyles.
- Staff organising activities that suit the cultural identity of communities (e.g. organised skateboarding, street hockey, martial art tasters or street dance).
- Transport organised for isolated parts of the community for specific activity sessions (e.g. bus services to swimming pools for children during the school holidays).
- Working with schools to educate young people about the importance of physical activity and using school as a base to attract children into other activities (speaking at school lessons about opportunities, organising playground activities during lunch breaks, helping to run after school clubs, etc).

- Creating integrated sport development pathways (e.g. working to create one swimming development programme regardless of who the providers are).
- Community consultation over initiatives such as Active Transport Plans.

The organisation should have a programme to help maintain the motivation and integration of all customers.

Green gyms are a growing phenomenon among users who find facility-based gyms and leisure centres unappealing. Green gym groups can be found managing local woodlands or improving footpaths, creating community gardens or enhancing schools. People of any age, fitness or ability can join a green gym and most groups meet regularly. Many health practitioners are now recommending green gyms to their patients because of their proven ability in improving fitness, relieving stress and increasing feelings of well-being.

The delivery of these types of exercise sessions and impact they have on the health and well being of participants should be measured and documented.

Other examples are those organisations that have recruited lifestyle consultants to provide advice and guidance on a variety of ways to improve health. By conducting 'lifestyle assessments' advice can be given on nutrition, sleep, stress, work/life balance, social activities, increased walking and other health improvement initiatives.

3.5 Key Statement Five:

Facilitate staff in maintaining a healthy lifestyle and develops them to increase their capacity to deliver effective interventions.

3.5.1 The Criteria (what the assessor is looking for):

- Trained/qualified staff and coaches
- Staff involvement in workplace initiatives
- Health promoting incentives for staff
- Effective management of working hours
- A healthy working environment
- The organisation provides opportunities for the continuing professional development of staff
- Ensure the concept of lifelong learning is part of staff's perception of their role
- Involve staff in business planning, appraisal and personal development
- Identify any skills gaps and put programmes in place to address any gaps
- Staff involved in the planning and delivery of improved health through physical activity should be able to offer informed advice

3.5.2 Good Practice Guide:

It is recognised that in Scotland many organisations have already obtained the Scotland's Health at Work Award (SHAW). Whilst this demonstrates the organisations commitment to the staff environment it has been recognised that in some cases the award is applicable to the umbrella organisation and not deployed in detail in all parts of the organisation. In addition, as the ISPAL Active programme is focussed on primarily on physical activity, it is necessary for all organisations to complete this section.

Healthy Working Environment

The environment in which employees work should comply with the Health and Safety Workplace Regulations 1992. This includes a smoke-free and temperature-regulated environment.

Work activities should be assessed to minimise the risk of injuries through, for example, poor ergonomics, manual handling or use of display screen equipment.

The impact of hazardous substances on employees should be assessed and controlled. This would include the use of chemicals and the potential presence of hazardous substances such as asbestos. The employer should have an effective programme in place to promote and facilitate healthy eating.

Good employers recognise the need to provide a balanced approach to work and lifestyle, reflecting this through their policies, objectives and plans. An example of good practice is making a commitment not to reduce staff terms and conditions in the name of efficiency savings; you can also consult with staff during policy development and communicate the policy to all employees.

Employers should have considered ways in which the level of physical activity within the workforce could be increased; this includes incentives for walking or cycling to work,

limited use of lifts and for example, the building layout being reviewed to encourage movement away from the desk.

Promoting Good Health to Staff

Good employers promote and facilitate physical activity among their workforce. This may include physical provisions such as showers and changing space or provision of flexible management arrangements, e.g. working hours. Good employers may also run specific activities and programmes to improve participation in physical activity.

Employers may conduct medical screening and provide positive advice on the use of activity for employees to reduce obesity or stress; this may form part of their workplace health and well being policy.

The effects of the working environment and work routines on employees and the potential impact of stress should be assessed and managed.

The health of the employees should be considered as part of the company health and safety policy, which should be supported by demonstrated commitment from senior managers/board member. The effectiveness of employee health programmes should be measured at a senior level in the organisation.

Good employers have developed fair and equitable policies on maternity and paternity leave and flexible working times for parents. Providing or supporting the use of childcare facilities or free use of a crèche are other examples of good practice.

Other good examples include enabling staff to attend lifestyle workshops and receive confidential assessments on lifestyle issues or seek consultation or advice on nutrition, drug or alcohol abuse. A good idea when running health awareness activities for staff is to provide specific training for managers as well in order to identify with good working practice.

Many organisations encourage their staff to stay healthy by encouraging and promoting use of leisure facilities. In the case of leisure centre operators, allowing discounted or free use of the facilities achieves this. Other organisations have purchased group membership at their local leisure centres for the benefit of their staff. There are a number of alternative activities that promote health and well-being.

Stress

Stress is identified as one of the major causes of occupational ill health currently in the UK. Organisations should recognise stress as a significant and real issue in the workplace. The use of physical activity to reduce stress and the impact of stress should be a part of the organisation's employee health promotion programme.

You may also wish to conduct a stress risk assessment / stress audit and produce an annual action plan to tackle any issues.

Staff Development/Improvement

More and more organisations are recognising the need to develop staff not only through training but also through effective work and personal development planning. This enables employers to evaluate the development of individuals and over a period of time and measure how staff are contributing to the health agenda objectives.

It is crucial that all staff are appraised at least annually. Good appraisal systems are employee-led and are designed to identify the employee's key strengths and areas for development, as well as recognise individual achievements.

Organisations should encourage professional development programmes for all staff. This should not just centre on functional training courses, but look at balanced human development skills such as time management, stress management and personal and team communication skills.

Staff should be involved and consulted on the best and most effective ways to improve the delivery of the physical activity programme to the participants. One way this can be achieved is through process-mapping workshops, which involve staff at all levels to improve productivity by focusing on the key working activities and removing the non-value adding activities.

Some organisations have introduced buddy schemes, work shadowing, coaching, mentoring and knowledge champions as part of their development processes.

Staff should be encouraged to be creative and to engage users to establish user needs as part of the marketing approach. This is particularly significant if time is allocated for staff to develop links with targeted or disadvantaged user groups. They should be able to provide two-way feedback with management through formal feedback mechanisms, which are then considered as part of programming and service reviews.

Good employers will conduct staff satisfaction surveys that respect staff confidentiality. The results of these should be analysed and used to make tangible improvements.

A result of employee development programmes should be that they make an increased contribution to the local health agenda.

Trained Staff

It is important to ensure that services are delivered by suitably qualified/trained and/or experienced staff. These can be directly employed, sub contracted, seconded or voluntary staff.

3.6 Key Statement Six:

There is a Quality Assurance framework in place that ensures the service is measured to meet the objectives of the overall strategy and there is a planned approach to continuous improvement.

3.6.1 The Criteria (what the assessor is looking for):

- An established Quality Assurance system that ensures the service has established procedures and systems of work.
- A monitoring and evaluation framework that measures the outputs and outcomes of the service.
- Outputs and outcomes are clearly aligned to the local community health improvement objectives.
- Compliance with NQAF principles and practice (where the organisation operates an Exercise Referral Scheme)

3.6.2 Good Practice Guide:

Quality Assurance Framework

The monitoring and evaluation of the service is an essential and integral part of any good service development plan. Good service providers take this fully into consideration and ensure that they develop a suitable Quality Assurance Framework that ensures the service has in place a set of operating procedures that are known and understood at the service delivery level and are regularly measured for compliance. In addition, the key outputs and outcomes are identified and set as performance targets and a system for measuring and evaluating the success of the service is in place. Central to this should be the mechanisms in place for measuring improvements to the health and physiological condition of its intended users.

Quality systems do not necessary need to be complicated or particularly comprehensive and should reflect the size and scale of the organisation.

Service evaluation could include qualitative as well as quantitative performance data to measure the effectiveness of the service and should also be seen as a key driver for the continuous improvement process. Good service providers have a demonstrable culture of continuous improvement that is endemic throughout the organisation.

Exercise Referral Schemes (where applicable)

Providers of exercise referral schemes should ensure that the scheme is suitably resourced and implemented using the NHS Exercise Referral System National Quality Assurance Framework (NQAF) as either the operating system or the template for the systems being implemented.

It is important that the organisation is able to measure improvements to the health/physical condition of referral users. This can be achieved by ensuring records are retained for all referral users for at least a twelve-month period. Objectives for running the scheme should be established. These could include ensuring referral users become mainstream users of the service or, in the case of a leisure facility offering membership, the aim may be to

convert the user into a regular member so that usage and assessment of health and fitness levels can be maintained.

Staff who conduct physical activity readiness checks, instructing on the safe use of equipment or demonstrating exercises must have received appropriate training embracing the National Occupational Standards and should be members of the Register of Exercise Professionals. Staff should be appropriately qualified, experienced and competent to prescribe exercise and supervise exercise activities for all categories and abilities of participants.

Staff should be able to demonstrate professional competence gained through training that is seen as acceptable by both the leisure industry and the public at large.

Organisations will need to consider whether supervision levels of exercise areas are appropriate for the type of activity and nature of the participants.

Exercise programmes should be regularly assessed and any changes that are made should properly reflect the ability and aspirations of the participant(s) and are appropriate and effective in their outcome.

The organisation should have a defined policy for providing exercise prescription for people of all ages and abilities, backgrounds, ethnic origins in a way that is non-discriminatory.

Staff should properly advise in a helpful and knowledgeable way on the integration of all the products and services available to assist customers to choose preferred ways to exercise.



SECTION FOUR

Appendices

4.2 Self-assessment Questionnaire

In order to assess compliance with the criteria, you may want to carry out a self-assessment. This will enable you to identify your key strengths and areas for improvement. It may be possible to draw from your strengths and apply some of them to areas that need improving. Using the self-assessment checklist and marking system below, you can use self-assessment as a continuous improvement tool in a manner that is simple and not time-consuming.

It is recommended that as many key members of the team as possible are involved in the self-assessment to ensure that it provides as accurate an appraisal as possible, which in turn will provide you with a more objective and valuable action plan for improvement.

Each of the criteria should be marked against the following guide:

- a) **'Role Model'** – the organisation has developed clear PLANS relating to each aspect of the criteria, DOES what it says it is going to do (most of the time), regularly CHECKS the plans to see if they work and ACTS to improve the plans based on recognised best practice
- b) **'Strong'** – the organisation has developed clear PLANS relating to each aspect of the criteria, DOES what it says it is going to do (most of the time) and CHECKS the plans to see if they work
- c) **'Satisfactory'** – the organisation has developed PLANS relating to each aspect of the criteria and DOES what it says it is going to do (most of the time)
- d) **'Minor area for improvement'** – the organisation has developed PLANS relating to each aspect of the criteria; however, it does not currently DO what it says it is going to do throughout the organisation
- e) **'Major area for improvement'** – the organisation does not currently DO anything to meet one or more aspects of the criteria

KEY STATEMENT ONE:

The Organisation develops active partnerships with a range of other agencies/organisations to promote healthy living through physical activity and healthy lifestyles.

<i>No</i>	<i>Question</i>
1.1	We actively promote innovative and imaginative partnership working.
1.2	We work in partnership with different agencies/organisations, including local health professionals, the private sector, the voluntary sector and public sector agencies.
1.3	We are committed to tackling health inequalities in its community.
1.4	We monitor opportunities for partnership working including seeking appropriate grants.

Key Strengths:**Areas For Improvement:**

KEY STATEMENT TWO:

Organisational policy and strategy reflect a commitment to the promotion of healthy living by underpinning local health priorities and targets.

<i>No</i>	<i>Question</i>
2.1	We are fully aware of the national health agenda and relevant legislation. It is communicated appropriately throughout the organisation.
2.2	The service is backed up by a comprehensive and sustainable business plan that supports the delivery of the organisational health objectives.
2.3	We are contributing towards the achievement of the local health improvement agenda.
2.4	We take a responsible attitude towards environmental issues.

Key Strengths:**Areas For Improvement:**

KEY STATEMENT THREE:

Operational activities are delivered in a professional and responsible manner.

3.1	We take a responsible approach to the provision of food and beverages offering consumer choices for healthier options.
3.2	We have effective Health and Safety management systems and procedures that are evaluated and reviewed periodically.
3.3	We are fully committed to ensuring equitable access to the services.
3.4	We are effectively monitoring the success of the programmes being delivered and responding accordingly.

Key Strengths:

Areas For Improvement:

KEY STATEMENT FOUR:

The activity programme reflects a diverse range of physical activity options which are widely available to the community.

No	Question
4.1	We offer a diverse activity programme designed to improve health and wellbeing.
4.2	Fees and charges encourage participation by all sections of the community in a sustainable way.
4.3	In order to address health inequalities, mechanisms exist to reduce pricing barriers where appropriate.
4.4	We actively promote the health improvement benefits of the activities that are being delivered.

Key Strengths:

Areas For Improvement:

KEY STATEMENT FIVE:

The Organisation facilitates staff in maintaining a healthy lifestyle and develops them to increase their capacity to delivery effective interventions.

<i>No</i>	Question
5.1	We offer health promoting incentives to its staff.
5.2	We use suitably trained and experienced staff and provide opportunities for continuous professional development.
5.3	We involve our staff in planning and developing the service at appropriate levels.
5.4	We have a process for identifying skills gaps and providing training in areas to address identified gaps.

Key Strengths:**Areas For Improvement:**

KEY STATEMENT SIX:

There is a Quality Assurance framework in place that ensures the service is measured to meet the objectives of the overall strategy and there is a planned approach to continuous improvement.

<i>No</i>	Question
6.1	We have a Quality Assurance system that ensures the service has an established set of procedures and systems of work that are regularly measured for compliance.
6.2	A monitoring and evaluation framework that measures the outputs and outcomes of the service.
6.3	Outputs and outcomes are clearly aligned to the local community health improvement objectives.

Key Strengths:

Areas For Improvement:

4.2 Improvement Plan

Organisation: _____

Improvement Projects and Action	Start Date	Team Leader/Members	Target Deadline	Achievements

Signed by _____

Date _____

Page ___ of ___



The ISPAL Health and Physical Activity Recognition Programme

4.3 Assessment Quotation Request

Please complete the details below and return to ACTIVE Programme National Coordinator (Scotland). We will then provide a no-obligation quotation based upon the scope of your organisation to be covered by the assessment.

ORGANISATIONAL PROFILE

Name of the organisation:			
Contact Name:			
Position:			
Address:			
Postcode:			
Telephone:		Fax:	
E-mail:			
Type of organisation:			
Organisational structure: (use separate sheet if necessary)			
Key partners – internal and external:			
Annual Expenditure:			
Scope of assessment:			
External funding streams:			
Required Assessment Date:			
Signature:			

Please return to:

Active Scotland – the ISPAL Health and Physical Activity Recognition Programme,
QLM Ltd, Scheme Manager, The Old Bakery, The Green, Northleach,
CHELTENHAM, Gloucestershire GL54 3EX

Tel: 01451 861084 Fax: 01451 861085 E-mail: info@qlmconsulting.co.uk

Training and Support

Should you choose to use the scheme as a continuous improvement tool to develop your services, we can offer training and consultancy to help you maximise the benefits from the scheme.

Our team of trained assessors are able to assist you in implementing the principles of the scheme through in-house training courses that can be tailored to suit the needs of your service. In addition, we can provide telephone support and advice. If you require any further information please contact The Scheme Manager at the address above.