

HEALTH MATTERS



Kickstarting good mental health

Programme success p18-20

Tackling ebola

One volunteer's story of efforts to contain outbreak in Africa p22&23

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HOW TO SAVE A LIFE

Paddy owes everything to quick-thinking Majella

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LIFESTYLE

WELCOME TO THE LATEST EDITION OF HEALTH MATTERS

A STAFF magazine would be nothing without the staff itself. These are your stories and we are delighted to be able to shine a light on the many fine initiatives and hard work going on in the HSE around the country.

Our cover story of Majella Loftus's chance encounter with Paddy O'Hara – one that kept him alive until paramedics arrived on the scene to treat his heart attack - should serve as an incentive to any person to acquire the skills that could literally be a life-saver in the future.

Congratulations to Debbie O'Reilly, Ireland's latest boxing titleholder who replaces no less than Olympic gold medal winner Katie Taylor as lightweight champion. Best of luck to her in her future bouts. The HSE can be very proud of the Galway paramedic's achievements so far.

It was also fascinating speaking to Diarmuid O'Donovan and listening to his experiences in Africa helping in the battle against the spread of Ebola.

And it has certainly been a busy few months within the HSE, with the Little Things, Under the Weather and QUIT campaigns being launched. We take a closer look at these programmes and the fantastic progress that is being made.

We would certainly welcome your ideas on what you think should be included in future editions of Health Matters and what you would like to see more of. Let us know by dropping us an email at Health.Matters@hse.ie

I would like to take this opportunity to thank everyone for their co-operation and help in putting together the magazine. It has very much been a combined effort. I am privileged to be joining a very dedicated and professional team and look forward to the future editions.

I hope you find it good reading.

Joanne Weston,
Editor



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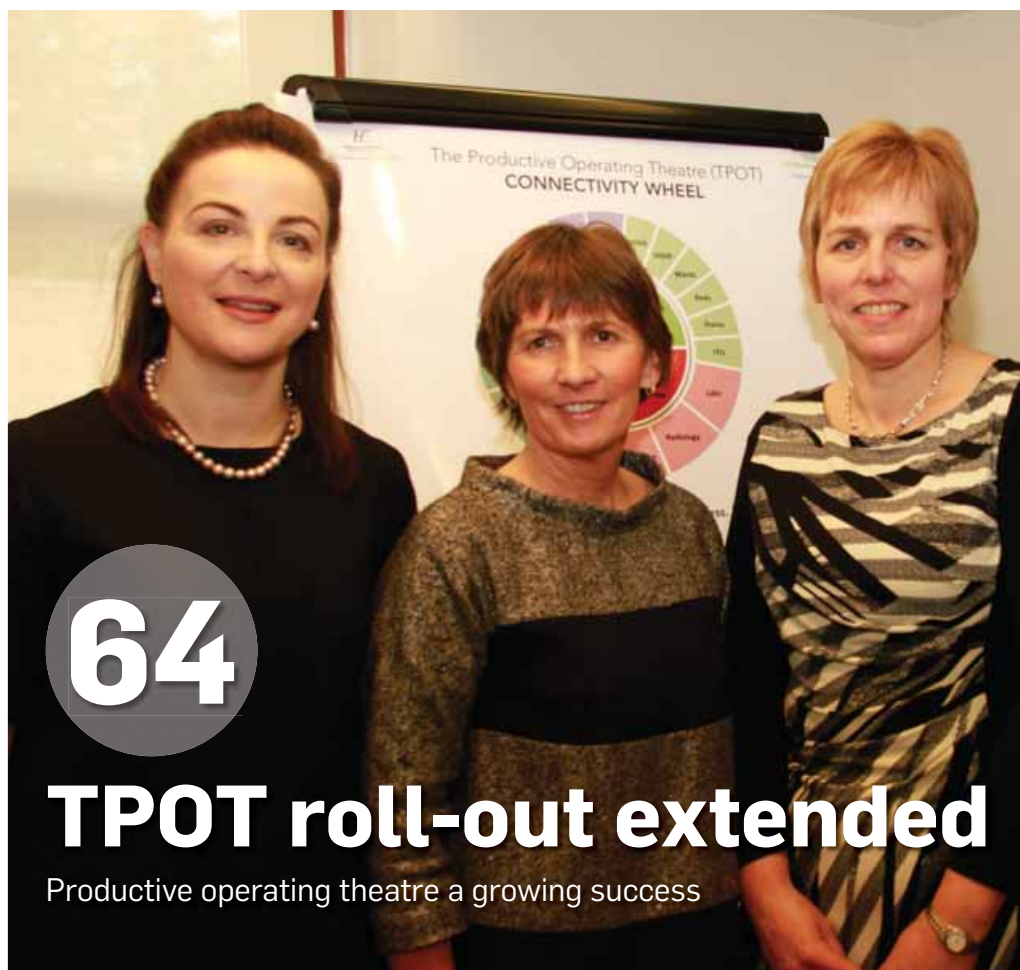
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Sites we like

www.yourmentalhealth.ie



www.safefood.eu



www.parkrun.ie



www.gaa.ie



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A Message from the... **DIRECTOR GENERAL**



A

AFTER eight years of publishing Health Matters, it was time to review the publication, its purpose and format. Between 2005 and 2013, 33 editions were produced and these chronicled much of the developments and initiatives which took place within our health system during that time.

Of course much has changed since 2005. In particular a great deal has changed in the world of communications. We have seen the extraordinary growth of digital communications and the powerful impact of social media on our lives.

So naturally one of the first questions to answer was whether we needed a magazine at all. Was it really necessary to produce a print publication and distribute it to many of our staff across the country? Could we not just publish the articles on our website or rely on an electronic newsletter or perhaps a purely digital edition?

We gave this a lot of thought and staff and managers across the system were consulted to get their views. First and foremost almost everyone thought it was important for staff to be in receipt of news, features and insights into our health system in order to keep abreast of our objective, health reforms and the broader picture. Articles which showcase best practice and better ways of doing things can be very powerful.

Is a print publication still a good way to do this? Well after a good deal of consideration we decided that there was still a place for an informative, lively and vibrant print publication. A staff magazine is not the only way we should communicate with each other but we felt it is important to retain it as part of the communications mix. A print publication is still important for many of our staff who don't have web or email access at work. Also, if you are like me, you may be one of those people who still likes to pick up a magazine or a newspaper and browse through the pages coming back to it every so often.

I recognise that communication is so important to us all. It is also really important that we are kept informed of our mission, our progress and our challenges - especially at a time of reform and change. It is also important to recognise that what you are doing every day at work is important and contributes to all our efforts to continuously improve our services and make life better for our patients and service users.

To help us all to make our services better, I recently launched the suggestions for improvement hub on www.hseland.ie/inspire. Called the inSpire Hub, this communication tool is accessible to all who work in the health services throughout Ireland and is a place where you can make suggestions for improvement or view other suggestions. I encourage all staff to register on HSELand and visit the inspire Hub. All suggestions will be viewed by my office, taken seriously and shared with the relevant national division, hospital group or CHO lead for their response.

I hope you enjoy this first edition of the new Health Matters. You may be reading this in the magazine but it's also possible that you are reading this column on our website, in the Health Matters ezine or that a colleague sent you a link to the article in a tweet. All of our communications channels are important. Communication is key to all that we do and we must do more of it and be better at it. I still love print and that is why I am especially happy to see Health Matters back but if you are accessing Health Matters content or other health information online I am just as pleased.

TONY O'BRIEN,
Director General of the Health Service.

Tony O'Brien

how to... SAVE A LIFE

W

E'VE all listened to the words of the song 'How to Save a Life' but have any of us listening to the radio ever had to do that – actually save another human being?

Well that's what happened to Majella Loftus from Barna, Co Galway earlier this year when she was driving home with her husband and two children. Paddy O'Hara was driving home to Spiddal a few cars ahead of Majella when he went into cardiac arrest and his car collided with a wall at low speed. Majella is a former nurse and when she jumped out of her car and went to Paddy, she recognised that his heart had stopped and managed to drag him out of the car and started CPR immediately.

A bystander called for an ambulance and, coincidentally, Galway Fire Service happened to be

driving by the scene a number of minutes later with their CFR-trained firefighters and, using their defibrillator, they gave two shocks to Paddy to support the CPR that Majella was carrying out.

Within minutes, the National Ambulance Service (NAS) emergency ambulance arrived on scene with Emmet Forkan, Advanced Paramedic, and Odette Doherty, Paramedic. Emmet is fully qualified to provide advanced life-saving procedures and quickly inserted a tube into Paddy's windpipe and delivered numerous life-saving drugs as well as a further five electric shocks to restart his heart. Paddy was resuscitated by the HSE ambulance teams and was essentially brought back to life and stabilised before being transferred to University Hospital Galway coronary care.

But if Majella had not been there on the scene to start CPR immediately, there is no doubt that Paddy may not be with us today.

Paddy, his wife Patricia and Majella had an emotional meeting recently to talk about the event and to meet each other properly. Paddy, of course, didn't remember much of that day as he was unconscious but Majella and Emmet were able to fill in the blanks for him and Patricia.

At that stage, the enormity of the event only hit home to Paddy as he realised that if Majella hadn't started the CPR, he would not have survived long enough for Emmet and the ambulance crews to use their skills, drugs and experience to bring him back to life.

Patricia summed it up. "Only for you all, I would have been visiting a graveside not a bedside." Majella added, "It was amazing to basically see





an intensive care bed on the roadside, the work the advanced paramedics do is amazing.”

So the question to ask is how would you feel about saving a life? Have you ever thought of being part of a Community First Responder (CFR) scheme and receiving accredited training in CPR; you could be that person that helps save a life in your village, town, family, workplace, sports ground.

Darryl Coen, Operations Resource Manager for the National Ambulance Service in Galway said, “Every year more than 5,000 people die in this country from heart attacks, however death can often be prevented if CPR (cardio pulmonary resuscitation) is started immediately.

“If a heart attack victim doesn’t receive CPR or a shock from a defibrillator their chance of survival drops 10pc for every minute that passes without CPR or a shock.

Community First Responder groups can assist their local communities and provide that first response whilst awaiting the arrival of the emergency services.

“The NAS would be happy to discuss the

programme with community groups that are interested in signing up to the programme and we would also ask businesses to contact us if they have a defibrillator (AED) on site.”

A first responder is a person, trained in basic life support and the use of a defibrillator, who attends an actual or potentially life-threatening emergency. In the Galway area, there are two fully functioning CFR services in place – Spiddal and Ahascragh.

Currently there are two more almost ready to launch in Athenry and Moylough. There are a further 15 communities who are at various stages of training, raising awareness and committing to the programme.

If you think you would like to be involved then please contact the National Ambulance Service serviceambulance.resource@hse.ie Community First Responder groups receive formal training and sign up to a programme with the NAS to provide that immediate response to their area.

Full details of the Community First Responder programme are available on www.hse.ie/NAS



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Only for you all, I would have been visiting a graveside not a bedside.” Majella added that “It was amazing to basically see an intensive care bed on the roadside, the work the advanced paramedics do is amazing.

TOP: Majella Loftus is reunited with Paddy O’Hara. PREVIOUS PAGE: Paddy O’Hara and Majella Loftus pictured with Odette Doherty, Paramedic, and Emmett Forkan, Advanced Paramedic, who arrived at the scene. PHOTOS: JOE TRAVERS

A little more about...

COMMUNITY FIRST RESPONSE SCHEMES

A NATIONAL network to support Community First Response schemes was launched recently by the Minister for Health, Leo Varadkar. The network aims to double the number of CFR schemes in the country over the next 12 months and increase the survival rate of victims of cardiac arrest.

Community First Responders (CFRs) are civilian responders who are trained to international standards in cardiopulmonary resuscitation, defibrillation and oxygen therapy. They are part of a local CFR scheme, which is linked to the National Ambulance Service. When the emergency services are alerted to a case of cardiac arrest, chest pain, choking or stroke, a civilian responder from the local CFR scheme is automatically dispatched to the scene along with the ambulance services.

The local CFRs can often attend the scene before an ambulance will arrive, and in cases where time is critical such as cardiac arrest, this can save lives. Currently there are more than 100 CFR schemes around the country, all linked to the National Ambulance Service.

John Fitzgerald, Co Chair of CFR Ireland stated: "CFRs from around the

country put a lot of time and effort into launching and running schemes and we feel that if all of this energy is channelled in the same direction, it will be very powerful.

"We need to share our own skills, experiences and knowledge base on at a national level, to help increase the number of CFR schemes around the country and help save lives by getting trained responders to victims of cardiac arrest faster."

Martin Dunne, Director of the National Ambulance Service (NAS), said, "The NAS are fully committed to working with the CFR schemes nationally and greatly value the contribution that these voluntary schemes make. These schemes compliment the services provided by the ambulance service and ensure that life saving emergency treatment can begin as soon as possible. NAS is proud to have worked with in excess of 100 existing CFR schemes and looks forward to supporting CFR Ireland in significantly expanding the number of schemes."

CFR activity is entirely voluntary. More information about the network and how to set up a CFR scheme can be found on the website: www.cfr.ie.



Let us help you...

BECOME SMOKE FREE FOREVER

FRANCESCO BARBARO is one of the friendly voices of the QUIT team providing help and support at the other end of the phone for people who are quitting.

Working on the new QUIT helpline, Francesca and the team offer constant support to the hundreds of quitters who have signed up the QUIT programme by phone and are there to support the thousands who have signed up with the online QUITplan. She believes that it is the lack of judgment from them that appeals most to the callers.

"People like to know that they can contact us if they have a slip - or even if they are just considering having a cigarette. There is no judgment from us, we are just here to listen and to help. We understand that it's that person who is going through the struggle and it is they who are in the middle of it. Every journey is different and people can have a bad day. We're here to help them recover and keep going," said Francesca.

If a quitter is struggling with cravings or just needs a bit of support and motiva-

tion to stay quit, they can ring up to speak to someone— whether they are one day, one week, one month or one year quit. If it is out of hours or if the phone lines are busy, they can leave a voice mail or text QUIT to 50100 and their call will always be returned. The QUIT team can also be contacted online by webchat on www.quit.ie or by private message on www.facebook.com/HSEquit or twitter @HSEquit.

"We always get back to people if they have made contact. It is very important that we are here for people and show them that they have support behind them," she said.

For those thinking about quitting or about to quit, once they contact the QUIT team, Francesca or another member of the team, will explain the services available to them and reassure them that they've taken the first step towards quitting for good by wanting to quit.

"We give them general information and then do a pre-quit consultation. We get to know the person and their habits. Changing the habits and routines associated with smoking is very important for people when they are quitting. Every person is different so what works for one, may not be right for the next. We're here Monday to Friday 10am to 7pm and on Satur-

days 10am to 1pm so can always work around a person's schedule and like to make them feel like they are not alone."

She said she encounters a mixture of reasons people have for deciding to quit, though health and money are the most common ones.

"Many say they know it's bad for them and want to stop and also that the cost of the habit is soaring and they can't really afford it anymore. A lot say too that they want to give up for their kids and their family and that it's not fair on them seeing them smoking. We also hear from people who actually hide their smoking habit from their family and they would be what we call secret smokers," she revealed.

For a lot of smokers, this is not their first time trying to kick the bad habit.

"There are a lot of people out there who, for whatever reasons, could not stay quit and started back on the cigarettes. Many simply weren't ready to give up at that time or something triggered a relapse, such as an illness or bereavement" she said. "Most smokers make several attempts to quit before they finally quit for good. Every attempt takes them a step closer".



THE HEALTH BENEFITS START RIGHT AWAY WHEN YOU QUIT SMOKING

WITHIN 20 MINUTES your circulation will improve, your heart rate and blood pressure will get lower. This reduces your risk of heart attack straight away.

WITHIN 8 HOURS the carbon monoxide level in your blood will drop and the oxygen level will go up.

WITHIN 24-48 HOURS all the carbon monoxide will have left your body. Within a few days your sense of smell and taste will start to improve.

AFTER 72 HOURS your breathing will improve and your energy levels will increase.

WITHIN 2 OR 3 MONTHS your lung capacity can increase by up to 30%.

WITHIN 1 YEAR your chance of heart attack drops by half and within 10 years the risk drops to almost the same as a non-smoker.

WITHIN 5 YEARS the risk of smoking related cancers will be greatly reduced. Once you give up, your lungs start to fight back by coughing up tar. A mug full of tar builds up in the lungs of a 20 a day smoker over the period of a year.

SO IF I DECIDE I WANT TO GIVE UP CIGARETTES, WHERE DO I START?

"We recommend that you take some time to plan, contact us or go online to www.quit.ie. Then pick a quit date, smoke your last cigarette and after that point don't smoke at all – not one puff even."

On the idea of cutting down to quit.

"We don't encourage people to reduce the amount of cigarettes they smoke before their quit date. Often those cigarettes become more valued and savored, and they are smoked more intensely. It becomes a comfort and harder to get rid of, and because of how nicotine addiction works they may never get to the point of actually quitting."

Francesca said the service always recommends that quitters consider using nicotine replacement therapy, such as patches, gum, lozenges or micro-tabs. And encourages quitters to use their chosen product for at least 8 to 12 weeks to give themselves the greatest chance for success.

"Using a nicotine replacement therapy correctly doubles your chances for success in quitting. It helps with managing the cravings. If you are on long-term medication we would recommend that you speak with your pharmacist to make sure it won't interfere with it."

The latest craze of E-Cigarettes is not something endorsed by the QUIT team.

"We can only recommend evidence based aids for quitting" she said.

HELPING YOU QUIT...

THERE are around 800,000 smokers in Ireland at present. At any one time, seven out of every 10 of these want to quit and, each year, four out of 10 try. With help and support, they are twice as likely to succeed compared with going it alone. However, international research tells us that in general only a small proportion, between 2 and 5pc, actually get help and support from a Cessation Service. Through the QUIT campaign and QUIT services the HSE is working to both encourage smokers to make a quit attempt and to access the wide range of free services and supports it provides.

WWW.QUIT.IE AND QUITPLAN

IN DECEMBER, we launched our new QUIT.ie website, which is fully responsive. This means whether you log-on through your computer, smart-phone or tablet, you will have easy access to everything on the site. A key part of the online experience in our new QUITplan – like an app to help you quit. This takes you through the same steps and information you'd go through in a pre-quit consultation by phone.

If a smoker sets a quit date with the QUITplan, they also get daily email or text support messages for at least 30 days. At any time, they can contact one of our QUIT Team by phone or webchat for additional information, advice and support.

In January, over 3,700 people signed up and started quitting with the QUITplan.

1-1 AND GROUP SUPPORTS

The HSE QUIT Team are a small team of fully trained Cessation Support Practitioners who provide information, advice and intensive cessation support across the phone, online and social media.

The QUIT Team can be contacted on:

PHONE 1800 201 203

TEXT QUIT to 50100

ONLINE www.quit.ie

FACEBOOK [facebook.com/HSEQuit](https://www.facebook.com/HSEQuit)

TWITTER @HSEQuit



As well as getting information, advice and support, the QUIT Team provide intensive cessation support through the QUIT Programme. As part of the programme, smokers get a pre-quit consultation where they look at why they want to quit, how they can quit and what they can do to help themselves quit. Once they set a quit date on the QUIT Programme, our QUIT Team is in their corner providing on-going support with a phone call on their quit date, and every week thereafter for up to four weeks. Quitters using the QUIT Programme can also link up with our online QUITplan and get a daily email or text support message.

HSEQuit page has a following of 104,000 and is growing every day. On the page, both new quitters and ex-smokers provide peer-to-peer support and encouragement to each other. Since October 2014, followers can send a private message to our QUIT Team for help and support from a trained Cessation Practitioner or just to let us know how they are getting on.

We also have a great new app on Facebook called QUIT heroes, where quitters can share their story, what worked for them and helpful tips and by doing so enter a monthly competition for a One-for-All voucher. The app is very popular, within the first month 168 people shared their stories and more than 9,800 people viewed these.

WHAT THEY SAID...

WE regularly get emails and texts from those using the QUITplan - here's some of what they've told us:

Hi Quit Team, The support has been excellent and I don't think without the daily txt messages and emails encouraging me and tracking my progress I wouldn't be doing so well I really appreciate the help. I feel I will still need this help for another few months anyway... I love the 8 am text supporting me and giving me praise feels good and it is a good start to the day that would of been the time when I would have had my first ciggie with a coffee!" *Stephanie*

"Thank you so much for the daily support it has been the main thing that has kept me strong during my last few weeks as a non smoker I am 4 weeks tomorrow off cigarettes and couldn't have done it without you guys thanks a million" *Nickie*

"Hi. It's good. Like a professional trainer who claps the back after hard work. Very good idea! Well done HSE!" *Daniel*



fighting back... FROM A STROKE

WITH his own determination and the dedication of the stroke team at Letterkenny General Hospital, Garda Michael Kilcoyne is back living a normal life again.

For the young Mayo man, a normal life seemed like a world away when he suddenly suffered a stroke aged just 28.

Michael, husband to Melissa and dad to Shane, was out for an evening with some friends. He suddenly felt unwell during the evening and went outside to get some fresh air. It was there that he collapsed on the ground with a stroke.

The stroke left him with paralysis in his upper arms and his speech was affected. Returning to his work as a garda – and even to life as a normal husband and father – was going to take all the determination and effort that he had.

He was treated at the stroke unit in Letterkenny General Hospital, under the treatment of Dr Jose Miranda, consultant in genetics and stroke treatment, and his team.

Michael, from just outside Westport in Mayo, remembers the horror he felt at the time when the enormity of what had happened sunk in.

"I remember sitting in the hospital bed and the doctor and his team had just left and I spent the next half an hour, 40 minutes in tears. I just broke down. It was as if somebody pulled the bottom out of your world. I didn't know what to do, I didn't know how to react and I'd say every emotion possible went through my mind at that time," he revealed.

"But I decided I wasn't going to let it get the better of me. I decided that I was going to get back to work, that I was going to do everything that I had done before I had the stroke and get myself as good as possible."

Michael, who has been a garda since 2006, paid tribute to his family, who played a vital role in keeping him going through his recovery.

"Melissa and Shane have been brilliant. They have stood by me through thick and thin and have been my support network, my rock in this."

After his discharge, his employers in An Garda Síochána transferred him to Donegal to be close to the hospital "so I could be close to the support network here and could continue my recuperation," he added.

And, with some fantastic treatment, it wasn't long before he was back on the beat.

"I was sent back on four hour days at office work and basically not allowed to leave which was not me. I'm the sort of person who needs to be out and about. Within three months, I was back to full days, back out driving and back responding to calls and back doing the things I was doing before I had the stroke."

Dr Miranda said he was delighted that Michael's recovery went so well.

"One of the issues of a person, a professional who has a stroke, they think, what is going to happen to my career and it was one of the difficult questions with Michael because we didn't know. That things have gone so well for him is a fantastic story," he said.

"We were lucky to have the therapies at that time really to give him intense occupational physical therapy practically from the beginning and with that you notice the improvement and the more he was able to do, the more he was able to take on."

His efforts to get back to normal life earned

Michael an Adult Bravery Award at the Irish Heart Foundation's Annual Stroke Awards.

Christine McLoughlin, clinical nurse specialist in Letterkenny, who nominated Michael for the award, praised his determination.

"From day one, he was so motivated, he wanted to be the way he was before, he just wanted to get back to work and to be as normal as he could be. He was here a lot. Once a day, sometimes twice a day. He knew that if he wanted to come himself, the staff were always here to help him," she said.

"I nominated Michael for the Irish Heart Foundation Bravery award because he was such an inspiration, he was a young stroke victim, a 28-year old garda who went back to working again, went through the whole rehabilitation process. He had so many worries that people would worry about when they have a stroke and he came through it all and has done so well." And Michael tried to give hope to fellow stroke sufferers who feel they will never get that normal life back.

"I feel that if somebody else finds themselves in the same position as me that to think about what you can do, not what you can't do. And if you look at it that way, you'll always find ways for improvement and motivate yourself to the next step and get yourself as good as you can be," he said.

TOP: Michael Kilcoyne receives his Adult Bravery Award at the Irish Heart Foundation's Stroke Awards.

INSET: Michael Kilcoyne with his wife Melissa and son Shane.



THE EXTRA MILE TRAVELLED IN HELPING THE HOMELESS

A CHRISTMAS Emergency Fund for people experiencing homelessness in Waterford was the recent beneficiary of fundraising efforts by HSE staff.

Community Mental Health Nurse Gerry Devine, who works with the homelessness service providers in Waterford, ran in last October's Dublin City Marathon and raised €500 towards the operation of this Christmas/New Year's fund.

As an addition to various agencies active in the same field up to and through the Christmas/New Year period, the Homeless Christmas Emergency Fund was able to assist the most vulnerable on the streets in Waterford to find a safe place to stay, help with food vouchers. The fund also offered assistance to people to find an alternative emergency shelter, plus help with other immediate, presenting issues.



Gerry is based in the Waterford Housing Support Service – which is a new service offering a multi agency approach to meet the needs of the person who is homeless or at risk of homelessness. This service is collaboration between the HSE, the South East Simon Community and Focus Ireland, with an office base close to the city centre. It offers a drop-in advice and support service plus ongoing support to help resolve the clients housing needs and address any underlying issues which have led to their homelessness.

She decided to run the marathon to raise much-needed funds for the programme,

"I'm not a runner at all but I thought it was a great opportunity to raise money. We continue to fundraise for the programme because it is always in need of funds," said Gerry.

Gerry, from day to day, helps to meet the needs of those affected by homelessness who are also experiencing mental health difficulties. She said that all statistics tell us that more than 70pc of people who experience homelessness will also have underlying mental health issues.

INSET: Gerry Devine, HSE Community Mental Health Nurse, Waterford Housing Support Service, at the finish line of the Dublin City Marathon on October 27 last.

Watch out Usain Bolt... HERE COME THE HSE'S LIGHTNING BOLTS!

S EVEN companies from around the Mid West lined up on the running track in University of Limerick recently to compete in the Company Relay Marathon Challenge. The event was hosted by the Limerick Sports Partnership to mark World Mental Health Day 2014 and to promote positive mental health.

Each team comprised of 15 runners with each having to complete 14 laps of 200m. The pace was fast and the competition fierce with each of the top places being hotly contested.

Team HSE 'The Lightning Bolts' put in a blistering performance to finish in third place in an impressive time of 2 hours and 12 minutes.

Bedelia Collins, Senior Health Promotion Officer, HSE Mid West and main organiser of the event for the HSE, accepted the trophy on behalf of the team.

"Thank you and well done to you all, a great team effort. I know many team members were meeting for the first time which made the achievement all the more wonderful. Thank you for your commitment,

your passion, drive, team spirit and sense of fun and I really look forward to doing this again in the future," said Bedelia.

Phelim Macken, Coordinator for Limerick Sports Partnership commented, "We are delighted for the support shown for this initiative. This event is a fun and exciting way to improve employee relations but also delivers many health benefits."



TOP: Bedelia Collins, Senior Health Promotion Officer, HSE Mid West accepting the 3rd place trophy in the Company Marathon Challenge from Elaine O'Shea, Limerick Sports Partnership
ABOVE: The Lightning Bolts line up ahead of the relay.

Providing a Voice...

**FOR SOCIETY'S
MOST VULNERABLE**

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EWLY-appointed confidential recipient Leigh Gath is no stranger to advocacy.

In fact, the thalidomide survivor has spent most of her life fighting the corner for the disabled and those whose voice was not being heard by society.

The Newry-born woman will act as a confidential recipient of abuse allegations in care homes for whistleblowers, staff and residents, in relation to safeguarding issues and allegations of abuse, negligence or other mistreatment in HSE-funded services for vulnerable people.

There was surprise at HSE Director General Tony O'Brien's decision to appoint the prominent disability rights campaigner to the position in the wake of the Aras Attracta scandal, considering her history as an outspoken critic of the HSE.

Mr O'Brien said he took the step "of appointing someone who has been an excellent critic of the HSE and a fearless advocate across two continents; even being arrested for her trouble in the hope that it will give people the confidence to come forward and say to her things they may not say in present circumstances, to the manager of their facility, a national director, or myself".

He told an Oireachtas health committee that the confidential recipient would take up the position and would have staff, premises and receive legal advice.

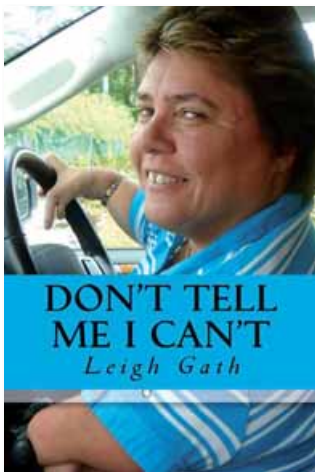
"She will be provided with office facilities and we will bring in staff to work with her who have had no prior engagement with the health service but who have relevant skills," he said.

"She will, under the terms of the 2004 Act, be in receipt of a formal legal delegation from me, giving her authority throughout the health service under the powers vested in me as chief executive of the HSE."

Leigh is currently settling into her new position and setting up her office, based in the Vocational Training Centre, Dooradoyle in Co Limerick.

Since she took up the post on December 1, she has received lots of calls and dealt with six cases.

"We have had calls from staff and from people with family in care homes. Two have been dealt with satisfactorily and a couple are ongoing. If a case is not too complex, it can be passed on to the relevant people and dealt with fairly quickly," said Leigh, who was one of a group of campaigners who fought against disability



cuts in 2012.

"People can call or email me to report any concerns that they might have about abuse in residential homes. They can also drop into the office here in Limerick if they prefer. Obviously the more information they can give me, the better we can investigate the issue in question."

She acknowledged that it will take time for her to build up people's trust in her and her role.

"It is very early days. Some people have said to me that I have a HSE email address, but I can assure them that I am completely independent of the HSE. I have one member of staff here in the office and she is an administrator that was hired from outside the HSE.

I want to reassure people of our complete independence," said Leigh.

“

I would love it if nobody needed this office. But we know in reality that this is probably not the case. But if even one person is helped because of my role, then it is all worthwhile.

"But only time will tell. I have to prove myself. Trust is earned and I am determined to earn it."

She added, "I have nothing to hide. There will be a time when somebody will have a concern and it won't go the way they would like and they won't be happy.

"I would love it if nobody needed this office. But we know in reality that this is probably not the case. But if even one person is helped because of my role, then it is all worthwhile."

She admitted that she too was astounded when she was approached by the HSE Director General for the role.

"It was a very brave move by Tony O'Brien. There are some people who are set in their ways in the HSE but I think it was very bold of him to look outside the box in this way. It shows that the HSE is not afraid to hold its hands up and say that something has gone wrong but we are determined to fix it," said Leigh.

"I have been an advocate all my life and have advocated for people in three different continents. I like to think that I have proven myself as a good advocate."

The mother of two lives in Limerick with her husband Eugene Gath, whom she met through the thalidomide community. Her autobiography, *Don't Tell Me I Can't*, was published in 2012.

PREVIOUS PAGE: Newly appointed confidential recipient Leigh Gath at her Limerick office **ABOVE:** The confidential recipient role was set up in the wake of the aras attracta scandal **INSET:** Leigh Gath's inspiring autobiography

CONTACT DETAILS FOR LEIGH GATH

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W23

Say hello to...

PARAMEDIC POWER

One Galway paramedic hit the headlines recently when she replaced Katie Taylor as Irish boxing champion, showing the same type of grit and determination that her colleagues see every day on the job. We spoke to the HSE's newest hero.



GALWAY paramedic Debbie O'Reilly is used to being a hero at work but now she is the newest superstar in the boxing ring - taking Katie Taylor's Irish senior lightweight title.

It comes a year after the modest Galway girl took the intermediate title - and just five years after taking up the punishing sport.

It was in 2010 that Debbie got her first taste of boxing and immediately showed a natural aptitude for the sport.

"I started boxing as part of a training programme. I was asked if I was interested in competing so it started off that way. I took a few fights in a heavier weight. But then I began training in a smarter way, toned up and dropped down the weight divisions. It was then that I started winning - and then I was hooked," she explained.

"In the 2013/14 season, I competed in the Irish Intermediate Championships, a step below the seniors, and won the title. Then this time last year, I stepped up to senior level and got to the semi-finals."

A year later, she was defeating Louise Donohue on a unanimous decision at the National Elite Women's finals at the National Stadium in Dublin. She never got to face up to Olympic champion Taylor, the defending champion, as she was forced out with a hand injury.

"It's been a fairly whirlwind year or so," said Debbie. But she dismisses any talk of an Olympic appearance.

"I box in Katie's weight division so I wouldn't hold out any hope of going to the Olympics. I'm just concentrating on the season ahead and not looking past the next fight. It's unfortunate that there isn't any world or European championships this year due to the Olympics next year but I'll use

the time to build up my experience and get better."

And it's not just boxing that she is excelling in. Last year, Debbie competed in the National Powerlifting Championships where she qualified for both European and World championships in Belfast and Moldova, and managed to walk away with a European silver medal for Ireland at the European Powerlifting Championships.

"I got into powerlifting primarily for weight loss and fitness. I have been doing cross fit (a serious workout incorporating weightlifting, high-intensity interval training, among others) and strength and conditioning programmes and the powerlifting was a part of that. I am more interested in it for the fitness aspect. Boxing is my main love when it comes to competition," she explained.

But the sporting world's gain is not going to be Galway's loss.

"There's no way I am going to give up my job. I love it way too much for that and have plans to do the Advanced Paramedics course. Work have been so accommodating with the boxing, allowing me to take annual leave around fights. I couldn't ask for any more from them," said Debbie.

"My job is fairly tough, with 12-hour shifts, but it actually suits my training. The way the shifts work out, I have a lot of free time during the day to do my training."

Debbie has been working as a paramedic in Galway county and city since November 2011 and said she was always interested in working in that type of field.

"I absolutely love my job. I knew growing up that I wanted to be a nurse or a paramedic. In the end, I opted for paramedic. Every day is different and you get to engage with the general public. It's an exciting career and one I'm really happy to be in."

“

There's no way I am going to give up my job. I love it way too much for that and have plans to do the Advanced Paramedics course. Work have been so accommodating with the boxing, allowing me to take annual leave around fights. I couldn't ask for any more from them

PREVIOUS PAGE: New Irish Elite Women's lightweight champion Debbie O'Reilly in her paramedic uniform at her Galway base

ABOVE: Debbie O'Reilly celebrates her title win. Photo: Pat Murphy/Sportsfile

Kickstarting... **RECOVERY WITH FOOTBALL**

SIXTY minutes. An hour. That is all it has taken to make a real difference in the lives of so many vulnerable and marginalised members of society in Dublin thanks to an innovative HSE initiative in the capital.

While the bubbly group of amateur footballers kicking the ball about in the impressive facilities at the Deaf Village in Cabra looked like any other bunch of friends having a fun game, this was no ordinary session. For many of the players, this weekly hour-long match has transformed their lives.

50 clients from the Dublin North City Mental Health Services have been gathering together on Wednesday afternoons to play football since September 2012 as part of the Kickstarting Recovery football project. 76pc of these participants have a diagnosis of psychosis.

The Occupational Therapy Service has teamed up with the Football Association of Ireland (FAI) and Dublin City Council to provide high quality football training sessions in cycles of four to five weeks over the last two years.

The programme has now launched in a variety of other mental health services, such as Ashbourne, Mullingar and Cork, and is continuing to gather momentum.

"Here, I can be normal," explained John O'Hanrahan, who is currently living in Mulhuddart in west Dublin.

"Everywhere that I go, I get dirty looks from people because I am different. I am a freak to them. They don't understand me at all. But here, I am surrounded by people just like me and I can relax and feel normal."

The programme emanated from an apparent lack of opportunities for clients to engage in valued sporting activities. Clients valued the footballer role, but felt unable to engage for many reasons including: weight gain, difficulties with motivation and self-care, and a perceived lack of opportunities to engage in or access community resources.

"I'd much rather be here with my friends having a game than being at home thinking about all my problems," added John. It was a very common theme among the group. Most had very little else positive going on in their lives and the programme was a welcome addition.

The programme has gone from strength to strength from its smaller beginnings in the Mulhuddart Community Centre where it was piloted for the Blanchardstown Area and Usher's Island Homeless Service, to now being open to any client in the Dublin North City Mental Health Service.

The sessions begin with a warm-up, continue with skill drills and finish with a thirty minute match. After the training session participants

gather for refreshments in a coffee shop.

A key figure at the sessions is HSE occupational therapist Laura Moloney, who the clients had nothing but praise for. It is due to all of her hard work that the programme is such a success.

For James Cahill, of Blanchardstown, if he wasn't part of the programme, he would be sitting at home by himself.

"I would just be sitting at home watching television all day doing nothing. That isn't good for anyone. Coming here has helped get me out and about and out of the house. I find it brilliant. It's been a real boost to my morale," he explained during his third outing with the group.

And it's not just in the hour's session that he finds himself getting exercise.

"The whole thing has made me change my ways. I try to get out and go for a walk and be a bit healthier. It's been really life-changing for me already. It's been great for my mental health. I'm feeling a lot better and it's something that I really want to keep up."

Manchester United fan Joe McCarthy of Carpenterstown, revealed that these football matches are not like the weekly sessions he enjoys with his friends.

"I play football every week with my friends but they are high-tempo, competitive matches





“

The whole thing has made me change my ways. I try to get out and go for a walk and be a bit healthier. It's been really life-changing for me already. It's been great for my mental health. I'm feeling a lot better and it's something that I really want to keep up



from start to finish. Here I get to have a chat with people and enjoy the craic with all the lads," he said.

"You can't beat exercise for feeling good. It's helping to get me fit and keep the weight down and you just feel great. I'm really enjoying it."

Many benefits have already been noted by the occupational therapists, which include:

- improved engagement with the Service
- improved rapport between staff and clients - staff also partake in the sessions;
- improved fitness and energy levels;
- improved social interaction with peers;
- improved concentration and focus while playing;
- improved confidence and frequency in using public transport;
- engagement in football when they do not engage in other interventions;
- actively requesting that more opportunities are explored for "getting fit" as some participants can identify the importance of fitness levels during the highly competitive matches.

"The synergy between the occupational therapists and the FAI coaches is magnified as both sides bring their own expertise. The OTs help the coaches get to know the participants' level of functioning and level of instruction/ support needed. The FAI coaches bring a level of professionalism and quality to the project," said Laura.

"Our programme has had 42 people come through it already, and has been identified

PREVIOUS PAGE: Participants in the Kickstart Recovery Football Programme at their training session.

TOP RIGHT TO LEFT: Team in training, James O'Keeffe, Joe Mc Carthy, John O' Hanrahan, Brian Duffy, James Cahill.

as a major aspect of some clients' recovery journey. I am currently completing a qualitative research study which will be published in 2015 to promote and highlight the benefits of using football as an intervention in the mental health services."

She added, "The programme ties in with Healthy Ireland, promoting engagement in sport to a population that is vulnerable to social exclusion and who have higher risk factors for physical co-morbidities."

Both the physical and mental benefits of the programme were vital, enthused James O'Keefe.

"I love playing football and it's great getting the kickabout. But it's just as important to get out of the house and meet people. I'm finding it brilliant and want to keep it up for as long as possible," said Dubliner James.

Brian Duffy agreed that the social aspect was really making a difference.

"I've been going here for five months and I really, really enjoy it. Having the fellas here to talk to during the training sessions and the matches is brilliant. I'd recommend it to anyone to come along. The coaches are great and the OTs (occupational therapists) are too.

The Programme has been awarded a grant from the Professor Eadbhard O'Callaghan Memory Bursary to conduct research into the perceived value of the football programme for clients on their Recovery Journey. This research is currently being submitted for publishing.

The twelfth cycle of training sessions has just finished in the Inspire Fitness Leisure Centre, located in the Deaf Village on the Navan Road. Any person in the Dublin North City Mental Health Service is welcome as long as they have a letter of clearance from their doctor for engagement in physical exercise.

For more information, please contact Laura Moloney on 086-8362359 or laura.moloney@hse.ie

In memory of John O'Hanrahan 1977-2015.

BELOW: The Kickstarting Recovery team speak with RTE's Paddy O'Gorman. **RIGHT:** Some of the footballers with their FAI coach. PHOTO: PAUL CONNOR



Stories from... **THE FRONT**

THE personal stories of people who have experienced mental ill-health, mental health professionals and carers were presented at an inspiring theatre show at Liberty Hall recently.

Stories from the Front narrates insightful cameos of individual engagements by service users and family members with mental health services.

In a unique collaboration, the stories and the themes emerging have been captured on film and dramatic re-enactment with a view to providing training materials for mental health professionals.

The next stage of the project saw the work presented to an audience from the general public and leaders in the stakeholder groups in mental health with a view to both engaging the audience with the themes addressed and promoting the material as a learning and development tool for mental health professionals.

It is the sincere hope of all those engaged in the project that the personal experiences and reflections on those experiences generously offered by the participants can contribute in a meaningful and personal way to the training of mental health professionals, particularly in respect of personal interactions with service users, family members and carers.

This project commenced in January 2013 with an invited group consisting of service users, family members and carers, mental health professionals currently in practice and personnel from Shine, DCU School of Nursing and the Mental Health Division of the HSE.

The project has been ably directed by Pat Kenny of HSELand, the e-learning resource of the HSE. The project proceeded through a series of meetings and discussions, personal interviews, considered reflection on the emergent themes, the making and editing of a film and the composition of short re-enactments of themes as a means of further engaging target audiences with the challenging issues raised by participants in their experience of mental health services.

"This is an exciting opportunity, new for us in the Irish health services, to apply the Brazil-ian' theatre director and writer Augusto Boal's work in the use of theatre to learning

and empowerment. In the past, this social improvement methodology developed by Boal has been used in management and diversity training, and teaching people how to change their world," said Anne O'Connor, National Director for Mental Health

"I know it is their sincere hope of all those engaged in the project that the personal experiences and reflections on those experiences generously offered by the participants can contribute in a meaningful and personal way to the training of mental health professionals, particularly in respect of personal interactions with service users, family members and carers. I add my support to this worthy expectation.

ABOUT STORIES FROM THE FRONT

STORIES from the Front is derived from the tradition of "Forum Theatre" first created by Augusto Boal in Argentina. Its narrative is drawn from the personal experiences of a group of people who shared their stories and reflections.

Engaging with personal narratives through stories has now become a well-respected methodology for unearthing a unique insight into events from even the re-



cent past so that we may better inform our future. This is a multi-media interactive event consisting of film, short dramatic interludes and dialogue with the audience and your active and engaged participation will be welcomed.

Stories from the Front narrates insightful cameos of individual engagements by service users and family members with mental health services.



ABOVE: Some of the Stories from the Front performers after the show in Liberty Hall.

MAIN PICTURE : Minister Kathleen Lynch at the performance



Answering call to **FIGHT EBOLA OUTBREAK**

When Diarmuid O'Donovan learned about the deadly outbreak of Ebola in west Africa, not volunteering his skills in the fight against the disease was not an option.



DIARMUID O'Donovan's decision to volunteer to travel to west Africa to help the authorities there to tackle the Ebola outbreak was a natural one for the Director of Public Health in HSE West, based in Galway.

"The World Health Organisation sent out the global outbreak alert last July looking for people to help. I ticked a lot of boxes in what they were looking for so I felt like I should step forward," said Diarmuid.

From reading the call for volunteers, it took just 10 days for Diarmuid to arrive in Africa after securing annual leave from his position in the HSE.

"I would have actually got there sooner but one of my vaccinations was out of date. It was an urgent call for volunteers and I knew that I had to go as soon as was possible."

While there aren't many people who would readily answer the call to travel to the centre of a major outbreak of the deadly disease, he insisted it didn't mean he was entitled to praise.

"I'm certainly not a hero. It made sense for someone like me to go to the likes of Sierra Leone to help.. I had worked in Africa before and I had the background in public health so it was natural for me to go back there."

Diarmuid has a background in epidemiology and had previously worked in cholera

outbreaks in Sudan and Zambia.

Hewas sent to Nigeria, where he spent four weeks, and went to Sierra Leone for a further four and a half weeks in November."

He was based in Lagos at the emergency operation centre, helping with the co-ordination of the response to the outbreak.

"It was a really high energy position that was constantly evolving as we attempted to contain it. There were huge fears that the outbreak was going to get out of hand but it was controlled very well and the outbreak contained."

He explained the extremely detailed and extensive plan that was in place in Nigeria to monitor and contain the outbreak.

"Each case had to be followed up exhaustively and it was critical that once we identified a case of the disease, that each of the people that they came into contact with was tracked for 21 days to ensure they showed no sign of the disease," he said. "We had to recruit teams to monitor the people and check for any symptoms."

"Nigeria is advanced compared to Sierra Leone so we were able to use modern technology to track the cases and the contacts. We could contact people by mobile phone and also had an interactive map that would light up if a person failed to be traced on a particular day. That proved vital in contain-



ing the outbreak in Nigeria."

He revealed that it was mainly a 'middle-class disease' in Nigeria and crucially didn't spread to the poor slums where it would have been so much more difficult to manage.

In November, he travelled to Sierra Leone as co-ordinator in one of the 14 districts, each assigned their own WHO representative. He was based at Kailahun, one of the major Ebola hotspots, which had, at the height of the crisis, seen up to 80 new infections per week. Close to Guinea where the epidemic began, Sierra Leone's first case appeared in Kailahun in May before spreading, killing thousands and infecting thousands more.

"It was really horrific there earlier in the year, the disease had devastated the region. But it had calmed down a lot by the time I arrived."

He insisted he was not overly concerned about the personal risk to his health of travelling to Africa.

"It wasn't a major worry for me. I knew that I was unlikely to come into contact with anyone who actually had the disease and you have to actually touch the bodily fluids of a victim to contract the disease," he said.

He acknowledged that there remains

massive misconception and fear about the disease itself.

"It is a horrible disease with a high risk of dying, so that brings major fear to people. But people are still terrified by those who survive and return to their villages, despite the fact that they are then immune to the disease. It's difficult to get people to understand."

Diarmuid himself encountered that fear from people when he returned from Africa.

"People were a bit wary when I came back. There's such a lack of knowledge and misinformation about the disease and they were genuinely worried that I might be carrying this disease. Even some healthcare professionals were fearful," he said.

"The response from the rest of the world was very slow and not very well co-ordinated so that served to drive the outbreak as well."

He revealed that it will take years of vigilance in the affected areas before the world can fully relax and consider itself Ebola-free.

"We cannot just sit back and assume that the fight against Ebola has been won. If just one case is missed, then there could be another outbreak. So it's vital that we support and help these poor African nations," he said.

"Sierra Leone has one of the highest mother and child mortality rates in the world. Their health system is very poorly developed so we must help them improve their health infrastructure – this is in all of our interests. There are few doctors or nurses there, with very few registrations of births or death."

But in the wake of the Ebola crisis, he said there has been a huge sea change in the culture there.

"A new way of recording deaths in Sierra Leone has been set up that investigates any death that could be linked to Ebola. Dead bodies are buried in a safe way, which is a huge change in the culture. And the basic things like touching each other or shaking hands, people are shying away from because it passes the disease. People are becoming more aware of how it is spread and reducing their risks," said Diarmuid.

"In protecting the people of Sierra Leone from the likes of Ebola, we are protecting the people of Ireland."

MAIN PICTURE: Surveillance staff at work

TOP RIGHT: Child having temperature checked.

ABOVE RIGHT: A healthcare worker working for WHO checks the thermometer.



HEALTHY VENDING – THE CHOICE IS YOURS!

THE HSE has just adopted an important new national Policy on Healthy Vending Services in our hospitals and health facilities nationwide.

According to Adrienne Lynam, National Project Manager for Obesity, the HSE is committed to maintaining and promoting the good health of the population of Ireland and this policy aims to reflect that in the food and drinks vended to patients, staff and visitors in HSE facilities.

“The fundamental purpose of this policy is to ensure that when our patients, visitors and staff use vending machines in our facilities, that they will always have healthy choices available and that we will assist them so that they can make a more informed, hopefully healthier snack choice,” she said.

The Health and Wellbeing division established an expert group to develop this policy for Healthy Vending (Cold Soft Drinks, Confectionary and Snack Vending Machines) across the HSE in 2013.

“We worked with Procurement, Facili-

ties and Catering Management, Dietitians, Estates, and Dental Health to develop the policy. Our aim was to use our purchasing and contractual power to influence the range and type of products that are available in vending machines around the country in hospitals and health facilities,” said Ms Lynam.

“Until now, we haven’t had an influence on this. As part of our wide ranging work to improve health and wellbeing, we wanted to ensure that patients, visitors and our staff have options over and above the traditional high-calorie, fat, salt and sugar offerings with little or no nutritional value which have, until now been the only options available from vending machines.

“We’re delighted to say that the policy was approved and adopted nationally in 2014, and work completed on awarding a national procurement contract earlier in 2015. This policy is now live, and it’s very important that all HSE facilities operate within the new procurement framework.”

Initially all vending machines will stock, as a minimum, 60pc healthier options and 40pc other products. Some machines may have a

higher percentage of healthier option, but it cannot drop below 60pc. The new machines will also give the customer more information to aid an informed choice by posting the calorie content of each item, and green will be used to highlight signs to mark out the healthier choices to the customer.

“To ensure a smooth transition to the new policy and contract, and to maximise the HSE’s purchasing power, it’s essential that managers that have Vending Services supplied to their facilities/properties are aware of and operating within this contract,” she said.

“There is a short-term exception for current formal contracts which pre-date this contract. It is essential that all HSE service managers ensure that this contract is adhered to, as failure to do so will put the HSE at risk of litigation and means that our staff, visitors and patients cannot access healthy choices as part of this policy.”

For a copy of the policy please see www.hse.ie/healthyvending.

For information regarding the procurement process, please email hotel.services@hse.ie

Philip Crowley

ME & MY JOB

I AM HSE National Director for the Quality Improvement Division (QID). I have worked in the HSE for the last four years and while it has been challenging, I've really enjoyed it. Alongside my national role I continue to work a number of hours a week in General Practice in the North inner city. Having this weekly contact with patients is important to me.

QID is a new division and only came into being in February 2015. Our job is to support staff in their ongoing efforts to improve services throughout the HSE and to support the strategic focus the organisation is placing on improvement and measuring the quality of care.

Ultimately QID is about making things better in a challenging environment where frontline staff are under pressure and service users are experiencing severe obstacles to accessing care.

The division evolved from the old HSE Quality and Patient Safety Division which has separated into two areas, my team in QID and another new division, Quality Assurance and Verification (QAV), which is led by Patrick Lynch.

The decision to separate out the QAV role of assurance from QID's work of building a culture and capacity for quality improvement was made in December with the agreement of both the HSE Directorate and the Director General. The decision reflects the dual challenges of immediately dealing with major adverse incidents as they arise and the task of building the capacity and capability of the organisation to continuously improve the quality of care delivery.

Our goal in QID is to work in partnership with all of our colleagues throughout the HSE to significantly increase the organisation's capacity and capability to deliver safe quality care. We want to help shape a culture that puts quality of care at the heart of the services we deliver. We want to work in partnership with staff and to support them as they strive to deliver the level of service that any one of us would trust to look after our loved ones when they are at their most vulnerable.

Improving quality is everyone's business, every person working in the HSE has a role

At QID our work is guided by a number of key priorities. We want to make sure that a strategic approach to quality organisation and that we support person-centred care. We want to support staff in improving quality and aim to mobilise leaders and practitioners through innovative approaches to communications and passionate about our work and we will use information, data and evaluation to develop the delivery of safety programmes and quality services.

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2015 promises to be an exciting time for our division. We are striving to build on existing work to create a culture where patients, families and communities are listened to and empowered to share decisions relating to their care, and to make sure that they are continually involved in the design and delivery of equitable services.

We also aim to create an environment which values staff by listening, empowering and enabling them

to continue to improve the care they provide. We want to support leaders within the HSE to prioritise and drive quality of care in all our services and to influence and support structures, processes and oversight for quality and safety.

A key priority will be to continue to support front line staff in their efforts at a local level with methodologies and toolkits for quality improvement.

The QID team will continue to deliver on implementation of key quality and safety programmes.

We have a busy 2015 ahead. To deliver on these objectives, I am working with the Strategic Reform Group to make sure that there is a strong focus on quality improvement in the key programmes which are developing the new arrangements for the Hospital Groups, the Community Healthcare Organisations and the National Ambulance Service.

The Quality Improvement Division can be contacted by email at nationalqid@hse.ie

BELOW: Dr Philip Crowley heads up the new Quality Improvement Division.





Nursing... YOUR CREATIVITY

Waterford-based nurse Marley Irish has successfully combined a career in nursing with her artistic life.



HOSPITAL life isn't always colourful. But nurse and artist Marley Irish is determined to brighten up lives wherever she goes.

"I put on my bright pink lipstick and I go into work. I am a great believer in colour and bringing it with you wherever you go," insisted Marley.

Marley has dedicated the past 31 years to the nursing profession, while continuing to flourish as a talented – and increasingly well-regarded – artist. Her bubbly personality has brought smiles to those she meets up and down the hospital wards in University Hospital Waterford where she has worked for her entire career.

She has worked in all areas of the hospital, but for the past seven years Marley has concentrated her nursing skills in the cardiac catheterisation lab.

When not nursing, Marley paints from her studio, St Ives Gallery, Slieverue, Co Kilkenny. She enjoys capturing groups and performances at sporting events, ballet, opera, and all types of festivals. Well known for her pastels, she now works primarily in oils, acrylic and mixed media.

"Well I think you can see from my paintings that I am a huge sports fan, especially a Kilkenny supporter!" she laughed.

She is involved heavily in the camogie scene in her native Kilkenny and the Cats are a regular subject matter for her artwork.

"I'm a huge Kilkenny fan so naturally I like to paint them, particularly with all the great success the county has had over the last decade.

"But I am a great supporter of other sports. My paintings feature football scenes, horseracing and, lately, rugby too. In fact, a recent painting of the Irish rugby team was bought by the Irish Rugby Football Union.

Marley explained the ironic twist that set her on the medical path and off the teaching track that she had been on.

"In secondary school in the 80s, you were basically told what career you were headed for.

"I was told I was going to be a teacher so off I went. I got seven great honours and was ready for my interview for teaching at Carysfort.

"I had practised my singing and my piano and everything. But at the interview, they were concerned about my lack of artistic background! I was already an accom-



plished artist back then so it was quite an irony that that is what I fell back on," she revealed.

"After getting a two-line rejection letter, I had to hunt for another career – and so I turned to nursing. Waterford Hospital gave me an interview but were worried that I had too many honours! I did a fabulous interview and they decided to give me a chance – despite my lack of science subjects. And here I still am today."

While Marley has been a fantastic addition to the art world, the art world has certainly helped the Kilkenny woman.

"It is a great stress reliever, particularly from an intense job like nursing. I started exhibiting 25 years ago.

"I had lost a twin pregnancy and the painting gave me a great release," said mum-of-five Marley.

While Marley herself is always full of life and colour, she also brings it to the patients.

"I love decorating the wards for special occasions like Christmas and Valentines' Day. One Valentines' Day, I cut out a load of red hearts and tied them together in a big display over the beds," she explained.

"At the end of the busy day, I saw a woman crying holding one of the hearts. I went over to console her and it was then she told me how much that little red heart had

meant to her, revealing that all she ever got in her life was her husband beating her up. So it's the smallest of things that can make a real difference to people," she said.

"I also love painting the windows with black and amber whenever Kilkenny are playing. Of course, the other staff are mainly Waterford supporters so we have great banter and they have to respond with some blue and white decorations. But it leads to a great atmosphere and very colourful wards."

Musical Dance is an exhibition of paintings by Marley Irish which was on view at University Hospital Waterford throughout January and February as part of the Waterford Healing Arts Trust's Staff Art Wall.

She also shows her work in the Hibernian Hotel in Kilkenny and Whyte's Hotel in Wexford. Her recent exhibition in the RDS in Dublin was also a huge success.

"The painting is a huge part of my life and I think it brings great value to my nursing life. It's always good to broaden your horizons and bring something new to the conversation."

TOP: Marley Irish at work in her Kilkenny studio. Two of her paintings with her popular themes - Kilkenny hurling and horse racing! Artist Marley Irish pictured with actor Jeremy Irons at one of her exhibitions.

THE WATERFORD HEALING ARTS TRUST (WHAT)

THE WATERFORD Healing Arts Trust (WHAT) is one of Ireland's leading arts and health programmes and is based in University Hospital Waterford.

WHAT supports healthcare environments and the wider community by providing multi-disciplinary arts experiences and services and bringing the arts beyond conventional boundaries into healthcare environments whereby art and artists can thrive and excel in environments outside of mainstream arts venues and whereby people who might not ordinarily chose to access the arts can do so.

Since 2001, the trust has been showcasing the creativity of HSE staff in Waterford through its annual insideOut exhibitions. 2012 marked the tenth anniversary of that initiative and WHAT were eager to try something new.

The result is the Staff Art Wall which is a series of bi-monthly exhibitions in the Post Room corridor featuring a small selection of artworks from the selected exhibitors.

WHAT is housed in a dedicated Centre for Arts and Health in the grounds of University Hospital Waterford. This is the first of its kind in Ireland and enables WHAT to bridge its work between the acute hospital setting and the wider community.

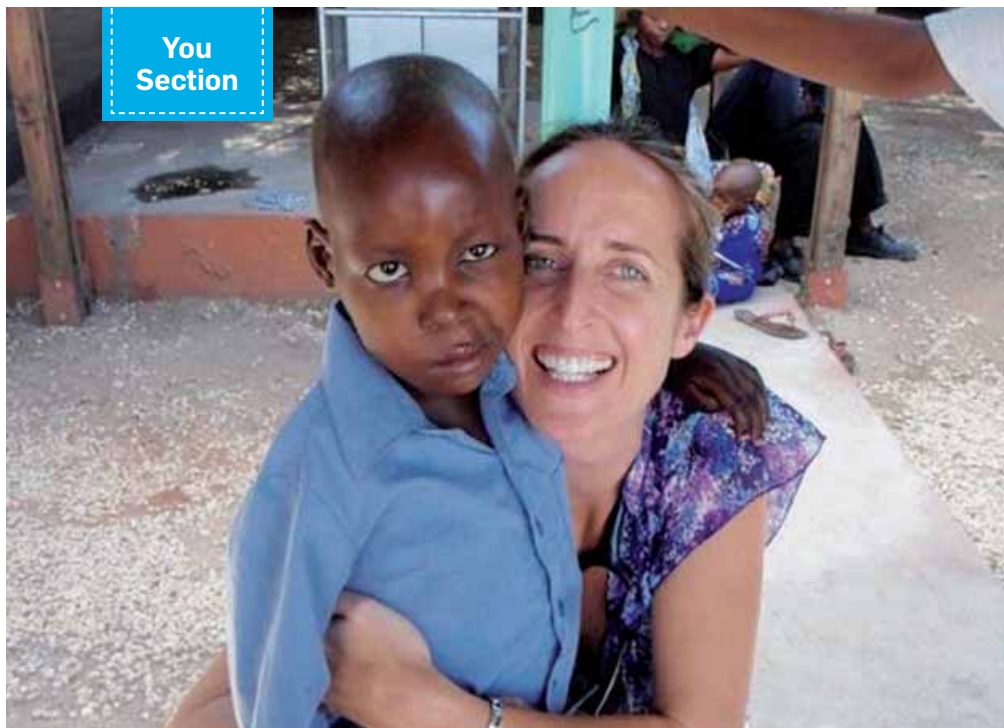
It also supports the development of Arts and Health in Ireland. It manages artsandhealth.ie, a national website developed with Create and funded by the Arts Council. The website provides a resource and focal point for the arts and health sector, providing information, news, and generating discussion in the dynamic area of arts and health in Ireland.

In partnership with the HSE South (Cork) Arts + Health Programme and with financial support from Arts Council Ireland/An Chomhairle Ealaíon, WHAT commissioned the development of Participatory Arts Practice in Healthcare Contexts - Guidelines for Good Practice for artists and health professionals engaged in Arts and Health work from the Centre for Medical Humanities at Durham University.

If you make art and work for the HSE in Waterford (city or county) and would like to exhibit your artwork on the Staff Art Wall in University Hospital Waterford contact WHAT on 051-842664 or e-mail WHAT@hse.ie



WHAT AIMS to facilitate access to and participation in the arts in healthcare environments to reduce anxiety and stress for patients, visitors, and staff through arts experiences to take the lead in developing the capacity of the arts and health sector in Ireland to facilitate professional development opportunities for artists to produce new work and engage new audiences within healthcare and community contexts



MAKING A REAL DIFFERENCE

A N IRISH paediatrician and the staff at Our Lady's Hospital in Crumlin are making a massive difference in the lives of young sick people – over 11,000 miles away from the Dublin facility.

The ESTHER Alliance is a network of countries who work in partnership to tackle major diseases and improve healthcare for women and children in less developed countries. It involves the twinning of European hospitals with institutions in developing countries to strengthen health care services by building expertise and sharing experience.

ESTHER Ireland supports Irish health institutions to develop links with less developed countries. In 2014, Our Lady's Children's Hospital Crumlin received an ESTHER start-up grant to develop its link with the Muhimbili National Hospital, Tanzania. Trish Scanlan is an Irish paediatrician who has worked tirelessly in Tanzania since 2007 to develop paediatric cancer services. Here Trish tells the story, including the important part played by staff at Our Lady's Children's Hospital Crumlin.

Until very recently, long-term national survival rates of 5pc for all children's cancers were expected in the East African country. However, this situation is changing.

Services are rapidly developing and strengthening at the national paediatric oncology ward in Dar es Salaam. This ward has been named Upendo – the Kiswahili word for love. Medical improvements include transformed ward based facilities (hygiene, isolation wards, piped oxygen), accurate and rapid diagnostic services

(both laboratory and radiological), access to quality medications (supportive and curative) and to a basic palliative care programme. None of the poor families presenting to Upendo ward can afford these services and so everything is provided free of charge to all comers.

Hostel, play-therapy, education and transport support are all active services and are central to the care provided on Upendo ward. All of these initiatives, while supported and partnered by international experts, are created, managed and owned by highly skilled local medical and administrative staff.

But it's not just the facilities offered to the children and their families that have transformed in less than eight years. This remarkable team effort has also been reflected in rapidly improving outcomes, with one-year survival rates of approximately 60pc achieved.

And so to this marvellous team – who are the main players? First it is important to acknowledge the incredible commitment, concentration and compassion of the local team of doctors, nurses and support staff on the ward itself. They are key to the success of this programme.

But this success began with the Government of Tanzania showing a clear vision by opening the doors of the first National Oncology facility free for all citizens. The importance of this initiative cannot be underestimated.

I would need the space of several articles to highlight and appreciate the work completed

and resources provided by our marvelous and myriad donors and supporters: the many many individuals, faith based groups, local and international non-governmental organisations (including our old friends at Children in Crossfire, Gorta and our own recently begun charity 'The Impact Plan'), International governmental agencies (Including Irish Aid) and the Tanzanian, Irish, UK and US business communities. I would, however, like to single out Our Lady's Children's Crumlin Hospital (OLCHC) for a special mention. The entire staff have all, in some way, participated in this programme. I cannot properly express how much they have contributed and supported me personally and the programme as a whole. Almost every department has visited Upendo ward. One staff member visited and then relocated to Dar to help!

Almost every consultant has taught and supported, first me and then all junior doctors and in particular our paediatric haematology oncology masters students (who were recently warmly welcomed for three months on site in OLCHC); the nurses assist with the education of the nursing staff; pharmacists have provided expertise creating safe practices with chemotherapy and helping access good

quality medications; the pathology lab have entirely selflessly and without any recognition provided pro-bono diagnostic oncology services to an entire nation of children in Africa; the haematology department have set up and supervised a state of the art unique to the region, reliable leukaemia diagnostic facility at

MNH; the library assists with hard to access journal articles; the cleaning staff regularly raise funds for the programme; the clinical engineering department have arranged high quality shipments of second hand items and provided technical assistance in new ward services; radiology, ICU, infectious disease departments (to name but a few) provide urgent advice for critical care management; surgical teams have visited, taught and along side local experts, performed miracles under the organisation 'Operation Childlife'.

Recently a visitor commented the children of Upendo ward were (remarkably) the happiest children in the hospital despite their devastating diseases. And this is quite true. Children's cancer is curable no matter where the child is born. Tanzania and her many allies in Ireland, Crumlin and elsewhere, are working to make this statement more and more an achievable reality for all children.



TOP: Trish Scanlan with patients at Muhimbili National Hospital Pediatric Cancer Ward in Tanzania



NURSE OF THE YEAR

LIMERICK woman Bernie Long has been named as the Public Health Nurse of the year and paid tribute to her colleagues while picking up the prestigious award.

The Baby Elegance Maternity and Infant Awards, which are in their seventh year, seek to recognise inspirational people and outstanding childcare service providers, as well as commending the very best products and services for parents and babies in Ireland. In the Public Health Nurse of the Year category, caring, patient, supportive and adaptable are just some of the words used to describe the nominees.

Bernie, from Broadford, Co Limerick works as part of the Cois Abhann Primary Care Team in Athea covering Glin and Carrigkerry.

Married to Ned O'Reilly and with three young children, Bernie's work with the team for the past six years resulted in the nomination.

"It was a great honour even to have been nominated", said Bernie. "But it's not only me as I work as part of a team, with physios, GPs and other staff. We all help and without everyone's input, nothing would be done. Everybody works together and in primary care that is what makes the difference. So this award recognises everybody."

The awards were hosted by TV3's Sybil Mulcahy and Martin King and were held in Dublin.

STUDENT OF THE YEAR

THERE was more good news in the Mid West when Joe Heavey, Procurement, HSE West, was awarded with the James P Kearney Award for Student of the Year at his recent graduation with First Class Honours in Bachelor of Business (Honours) Degree in Procurement and Supply Management with the Irish Institute of Purchasing and Materials Management at a ceremony in Trinity College.

Joe has worked in public procurement with the Health Services for the past 30 years and is part of a national procurement team in the Health Business Services section of the HSE which has responsibility for the formulation and implementation of contracts across all categories of supplies and services.

The James P Kearney Student of the Year Award is presented each year to the student who has not only attained the highest academic score but who has also demonstrated genuine involvement and engagement with the student body.

The award is named in remembrance a former HSE employee, Jim Kearney, who was a tutor with and a member of the council of the IIPMM and who contributed greatly to the advancement of procurement and materials management.





E-Strategy: KEY TO BETTER HEALTH

THE next 12 months will be a crucial time for technology in the healthcare sector in Ireland, according to the new HSE Chief Information Officer Richard Corbridge.

Many of the key enabler elements that will facilitate the creation of an eHealth ecosystem are planned to be launched, including the Individual Health Identifier and new electronic health record systems.

The delivery of these are key goals for the new CIO who brings an air of optimism to the system and how it can deliver, he talks of pockets of innovation excellence throughout the country that he believes can be joined up and made to deliver national rather than locally focused benefit.

"Coming into a new job will rock even the most solid Chief Information Officer, I would guess, and if it doesn't then maybe there is something of an over-confidence element at play or the CIO is in the wrong role," he said.

"Coming to the HSE, I am continually reminded, is indeed a big challenge. There is some significant work to be done, but I knew that when I applied for the job."

Richard is the HSE's first Chief Information Officer. He also leads a new organisation known as eHealth Ireland, a new body that has a mission to use technology to deliver real

As we get better at understanding the way in which technology and information can assist in the provision of care I want to focus on three key areas...

- 1 INFORMATION AND TECHNOLOGY TO KEEP WELL PEOPLE WELL**
A resident shouldn't only consider health information useful when they are ill, through access to information about health as part of the daily routine people can be helped to avoid becoming patients.
- 2 THE DATA DELUGE**
We need a strategy for how we manage data, as volumes of information increase through systems deployed and our hunger for more and more insight we need to be innovative in how we handle volumes of information and how we secure it.
- 3 MOVE FROM HORIZONTAL CREATIVITY TO VERTICAL INNOVATION**
There are lessons to be learnt from the use of technology to support healthcare delivery from across the globe. We must learn these but remain mindful of not simply creating a system in the image of the last one, R&D is not known as replicate and duplicate and the vertical, inspirational innovation is more likely to take us to the next stage of improvement.

healthcare benefit across the country by 2020. The HSE has taken the decision to appoint a CIO as it recognises the need to enable the benefits that technology and information can bring to a nation's health and the systems in place that provide for it.

The eHealth Ireland strategy is grounded in the concept of 'Bringing improved population wellbeing, health service efficiencies

and economic opportunity through the use of technology enabled solutions.' As an IT leader, Richard has a reputation for taking away the concept of IT users and turning them into fans of technology that solve problems, a technology fan base across a whole health economy is ambitious but could just be the way to tackle the health informatics landscape for Ireland. He has worked in healthcare IT most of his

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He is clearly very passionate about the need to have people involved in healthcare at the core of any technology project to ensure its success.

career, first starting in the delivery of administrative systems that managed the payment of GPs, the collection of cancer screening information and the registration of patients within primary care. The first programme of work Richard led was to connect the entire British NHS over a secure messaging infrastructure once this was delivered it would seem that Richard got the bug for technology delivery and business change as he then went on to deliver the first electronic Single Assessment Process for social care, the first two million Summary Care Records, the concept of Honest Broker for information exchange and most recently an entire suite of data solutions to support clinical research in the NHS. What is interesting in talking to Richard about his career to date is his utter enthusiasm for engagement of patient and clinician alike, he is clearly very passionate about the need to have people involved in healthcare at the core of any technology project to ensure its success.

“After many years of under investment in healthcare technology Ireland has taken the decision to invest. The healthcare sector needs this investment, we are a globally ageing population and systems will not be able to deliver healthcare without innovation being applied, and technology can often be the catalyst for such innovation.

RESOURCE WILL BE APPLIED TO SIX INTERIM BUT KEY PROGRAMMES DURING THE FIRST HALF OF 2015 TO ACHIEVE SOME IMMEDIATE TRACTION AND RESULTS. THESE PROGRAMMES ARE, AS RICHARD EXPLAINS...

HEALTH IDENTIFIERS

The delivery of Individual Health Identifiers to the population in a single index database that can be accessed from integrated systems throughout the Irish health system is one of the key foundations of eHealth. A first phase of this will be designed, built, tested and delivered before the summer of 2015.

REFERRAL

A very successful eReferral pilot had been completed in two areas of Ireland. Whilst not being able to deliver on the whole healthcare system-wide benefits it has delivered significant benefit into GP surgeries and has been a platform for engagement on the subject of digital supporting business change. With this in mind, one of the programmes will work to both continue the piloted roll out and consider what referral solutions could be deployed in a tactical manner later in 2015, that will release additional benefit across the whole system.

PRIMARY CARE TECHNOLOGY PROGRAMME

At recent events I have been able to talk about the ‘stars aligning’ in the delivery of our goals. That is never more so than in the Primary Care area. Changes in the market place, advancements in technology, a desire to deliver integrated care and the will of the clinicians involved all point to the possibilities opening up significantly in this area. With this in mind we are creating a piece of work to evaluate the art of the possible and define the needs.

CANCER TECHNOLOGY PROGRAMME

The delivery of technology today is important to the delivery of care in this therapeutic area. A group of clinicians have created a hugely impressive body of work that describes how technology could support the therapeutic area that means so much to them. To read this piece of work and see the vision, capability and desire to move this area into the current decade for technology inspired the creation of the Cancer Technology programme. This work will concentrate on ensuring that what can be delivered in this area in the next 12 to 18 months is done so with a mindfulness of technology strategy such as the identifier but with a core goal of releasing benefits to patients and clinicians alike as quickly as possible.

NATIONAL CHILDREN'S HOSPITAL DELIVERY REQUIREMENTS

The NCH will be the most advanced hospital Ireland has ever seen: a truly digital care facility that will integrate the pathway of care for children and enable a quality of care to be reached beyond what we can see today. To do that will require a technical capability in the integration of systems and information and therefore it is important that one of the strategic programmes is to design the response to this wonderful opportunity for the country.

INDUSTRY ENGAGEMENT

The team began an industry engagement programme in the late summer of 2014, to discover what the technology industry thought could be done to support the delivery of eHealth for Ireland. As a programme this has delivered a huge amount of clarity to the thinking of the team. Discovering how technology can be applied, procured and deployed will inform the delivery of the strategy greatly. This in turn will mean industry will be engaged as they will have been involved in its formation thus creating a virtuous circle of belief and capability to deliver. Added to these strategic programmes, the intent also goes on to establish the need to provide a focus and governance on technology decisions which will be enacted through the creation of a technical design authority and a renewed focus on the delivery of a HSE-wide virtual Business Intelligence capability. This will build on the amazingly powerful Health Atlas solutions and the work done within the HSE in 2014, to consider what Business Intelligence functions and systems need to look like to support delivery into 2020. I have been really pleased with what we have achieved. We feel like a team with a goal and an ambition and, most importantly I would suggest, is that in everything we do we can see the impact on the patient and the clinician and the overall care system in Ireland.

Pearls of wisdom for the...

CERVICAL CHECK CAMPAIGN

A woman with short brown hair, wearing a black top and multiple strands of pearls, is smiling and holding a large white speech bubble with a black outline. The speech bubble contains the hashtag #ShareTheWisdom. The background is a blurred indoor setting with warm lighting and decorative elements.

#ShareTheWisdom

C

ERVICAL Check has provided over two million free smear tests

The success of CervicalCheck, which has an eligible population of 1.1 million women living in Ireland, was highlighted recently during European Cervical Cancer Prevention Week, when Cervical Check partnered with the Irish Family Planning Association to remind all women aged 25 to 60 of the importance of free, regular cervical screening as the most effective method to reduce the risk of developing cervical cancer.

Almost one million women have had at least one smear test, and over two million smear tests have been provided with 76 pc of women having attended Cervical Check – The National Cervical Screening Programme since its launch in September 2008

Maura Derrane, journalist and TV presenter, generously fronted the week which saw thousands of women taking the opportunity to check online (www.cervicalcheck.ie) when their next smear test is due.

During the week, the Pearl of Wisdom, symbol of the European cervical cancer prevention campaign, was distributed by IFPA to over 20,000 women across the country. Alongside many women, charities and voluntary groups, a number of female parliamentarians highlighted the campaign on twitter. Tánaiste Joan Burton wore her Pearl of Wisdom on the Claire Byrne Live Show on RTÉ.

PREVIOUS PAGE: RTE's Maura Derrane launches the Pearl of Wisdom campaign

DON'T BURY YOUR HEAD IN THE SAND CHECK ONLINE TO SEE WHEN YOUR NEXT SMEAR IS DUE

Many colleagues within the Health Service Executive took the opportunity to wear the pearl and share it with their friends and family the importance that women ensure that they are up to date with their regular Cervical-Check smear test while aged between 25 and 60 (every three years until the age of 44 and then, following two normal results, every five years until the age of 60).

Women should participate even if they:

- Have had the HPV vaccine
- Have only had one sexual partner
- Have been with their partner for a while
- Have been through the menopause
- Are no longer having sex
- Are in a same-sex relationship



DON'T PUT OFF HAVING A SMEAR TEST

It's important to have regular
 smear tests from the age of 25 to 60.
 It only takes a few minutes and it's free.

www.CervicalCheck.ie or Freephone 1800 45 45 55

CervicalCheck
 THE NATIONAL CERVICAL SCREENING PROGRAMME

CervicalCheck is part of the Health Service Executive

TOP TIPS FOR A HAPPY SMEAR TEST

- It is reassuring to know that Cervical Check looks for early changes to cells that could one day become cancerous. If changes are found earlier they can be treated, making cervical cancer a truly preventable cancer.
- The nurse or doctor wants you to be happy, comfortable and healthy. If you're nervous, let them know. Say it when you go in, before you take your clothes off so you feel less vulnerable. Maybe wear a skirt to make it easier to change before and after. At any time, if you are uncomfortable let them know. It can help to talk during the test or to think about other things.
- Afterwards make sure to treat yourself, like most women you've taken the wise step of participating in cervical screening.
- Remember! Ensure your test is up to date and let friends and family know they can also check when their next smear test is due at: www.cervicalcheck.ie.

Top website:www.cervicalcheck.ie has a number of user friendly functions including checking the date a smear test is due, registering or updating personal details or finding a convenient smear taker. CervicalCheck also have a Freephone 1800 45 45 55 where women can ring with any questions they have about the programme.

EMERGENCY TEAMS SPRING INTO ACTION

THE National Ambulance Service responded to a routine emergency 999/112 call for a road traffic collision between Faranfore and Killarney on December 29. When the call came in, no one knew at that time that this would be one of the largest emergency responses that the National Ambulance Service has ever provided.

In total, the NAS despatched 10 ambulances to the scene along with two rapid response vehicles, an intermediate care ambulance, two Emergency Consultants (including the NAS Medical Director) and an NAS manager.

In addition, the NAS air control co-ordinated the dispatch of four helicopters; two from the Irish Coastguard, the NAS Medevac Air Corps ambulance from its base in Athlone and a second Air Corps helicopter from Baldonnell.

The accident happened just outside Faranfore Airport, who along with the gardai, enabled the speedy transfer of patients from the crash site to the most appropriate hospital.

The majority of the emergencies were transferred to Kerry General Hospital and Cork University Hospital. Kerry General Hospital activated its Emergency Response Plan to enable it to provide a full response to the emergency.

Cathal O'Donnell, Medical Director for the National Ambulance Service, said, "This was a very serious accident and many people were injured. I want to thank all of the ambulance personnel, the doctors, the staff in Kerry General and CUH as well as our colleagues in the Irish Coast Guard service, the Irish Air Corps and an Garda Síochána for the swift, professional response.

"The training and experience of the National Ambulance Service personnel was put into practice quickly and to the best standards. I want to acknowledge the support we received from Faranfore Airport which enabled us to use the four helicopters to transfer the more seriously injured patients. This was a huge scale operation

that was carried out in the most professional manner and we are thankful that every one of the injured people survived this traumatic event."

CUH MEDICO ON HAND

THE CUH MEDICO Cork Medical Response Team also played a major role in the emergency plan.

The team was tasked by the National Ambulance Control Centre, Townsend Street, Dublin, to assist in the aftermath of a road traffic collision at Farranfore. Dr Adrian Murphy was the prehospital emergency care doctor staffing the Cork University Hospital (CUH) Emergency Department Response Vehicle and providing advanced medical support at the helicopter landing site (HLS) in Bishopstown GAA Club

Dr Jason Vandervelde, CUH MEDUCO Cork, was alerted to the major incident and requested to provide assistance to the Advance Paramedical Team as there were multiple casualties with severe injuries such as traumatic brain injury, limb fractures, chest and abdominal injuries which required immediate pain management.

The response team were supported by a large number of off duty ambulance staff who responded to the incident. A decision was made following stabilisation of the casualties, to move them to Kerry General Hospital (KGH) and CUH. Dr Adrian Murphy received the casualties transferred to CUH and Dr Vandervelde the casualties to KGH. Following further triage of the casualties transferred to KGH, Dr Vandervelde organised the retrieval of two casualties to CUH.





In addition, an Intensive Care Registrar and ITU nurse who had completed the repatriation of a patient from the Mercy University Hospital back to KGH in an Immediate Care Vehicle responded to the incident. The facilitated the retrieval of one of the casualties in KGH to CUH by air by providing medical assistance.

HOSPITAL INCIDENT ROOM

ONCE the major emergency was declared at 18.03 by the senior ambulance officer at the scene, Killarney General Hospital immediately sprang into action. The major emergency plan for KGH was immediately activated and the incident room set up. Over the course of the following three hours, 11 casualties were transferred from the site to KGH. Included in this number were three adults and eight children. Four further casualties were transferred from the site directly to CUH by helicopter. Later that evening, two children were also air lifted from KGH to CUH.

"The major emergency plan for KGH defines the various people who are required to attend when such an emergency is declared," said a spokesperson for the hospital.

"This includes our doctors on call, additional nursing staff, additional security staff, radiology department staff, clerical staff, chaplaincy staff, portering staff, senior hospital management and others. The basic principle underlying the plan is that based on the nature of the emergency involved that we ramp up the appropriate services such that as the injured begin to arrive we are in a position to offer swift and efficient care."

This involves everything from controlling access to the site, having the doctors and nurses with the appropriate skills available on site, having an appropriate space available for relatives of the injured, having the appropriate diagnostic and other support services available and having catering services to sustain everybody involved.

"We take it for granted that our staff will respond appropriately when a major emergency is called. We shouldn't as all of our staff had other places to be on that evening but they all dropped everything to attend. This once again displays their commitment to their profession, their community and to KGH. We are intensely proud of our people and we are hugely grateful to everyone who participated and helped on December 29 last," he added. #

For more information on the emergency services please see www.hse.ie/nas

8 HOURS SLEEP MAKE THE OTHER 16 EASIER

Getting a good night's sleep as often as you can is proven to have a positive impact on how you feel.



Little things can make a big difference.

Find the #littlethings that work for you.



yourmentalhealth.ie

116 123



It's all about THE LITTLE THINGS

#LITTLETHINGS is the new mental health and wellbeing campaign, launched in October 2014 by the HSE's National Office for Suicide Prevention and a coalition of over 25 partner organisations. The #littletthings campaign highlights that we all experience difficult times in our lives, and that when we do, there are some simple, evidence-based little things that can make a big difference to how we feel. These #littletthings can help us to cope but there are also supports and services we can use if we need to. #littletthings answers two key questions that we all need the answers to in order to be able to look after ourselves and others' mental health:

1. WHAT CAN I DO?

The campaign, developed in conjunction with mental health experts, highlights the evidence based #littletthings that can improve your mental health and wellbeing. The campaign showcases a selection of the #littletthings that are proven to protect and help recover good mental health and wellbeing – like keeping active, talking about problems, connecting with others going through difficult times, drinking less alcohol, eating and sleeping well.



2. WHERE CAN I GO?

A new online information resource, yourmentalhealth.ie, has been developed with the support of NOSP and funded partner organisations. This website is now the most comprehensive online directory of support services and information on mental health in Ireland. It is a great place to learn about mental health, and to find out how to support yourself and the people you care about. In addition, there is now one single emotional support freephone number, available at all times, from the Samaritans at 116 123. The campaign features real people; Úna-Minh Kavanagh, Robert Carley and Alan O'Mara, who generously share their mental

health experiences in a series of animated films and radio ads, in order to help others who may be going through tough times. The campaign encourages everyone to know the #littletthings that are proven to work, and to find the #littletthings that help them. The ads are supported by a range of print and online illustrations of the #littletthings that are proven to protect and recover good mental health and wellbeing.

ABOVE: Alan O'Mara, who featured in the campaign; Anne O'Connor, HSE National Director of Mental Health; Gerry Raleigh, Director of the HSE National Office for Suicide Prevention; Susan Kenny, HSE National Office for Suicide Prevention; and Robert Carley, who also featured in the campaign.

HERE ARE THE #LITTLETHINGS THAT CAN MAKE A BIG DIFFERENCE TO OUR MENTAL HEALTH AND WELLBEING:

KEEPING ACTIVE Being active every day, something as simple as a walk, is proven to have a positive impact on your mood.

TALKING ABOUT YOUR PROBLEMS

Problems feel smaller when they are shared with others, without having to be solved or fixed. Just talking about it will do you good.

LOOKING OUT FOR OTHERS Lending an ear to someone else in trouble, or catching up with someone who seems distant, can change their day, or their lives. You don't have to fix it for them - just listening is a huge help.

DOING THINGS WITH OTHERS Taking part in a group activity that you enjoy is proven to have a positive impact on how you feel, be it a game of football, joining a choir, volunteering.

EATING HEALTHILY A regular healthy, balanced and nutritious diet will help both your physical, but also your mental health, and have a positive impact on how you feel.

STAYING IN TOUCH Catching up with friends and family is good for our mental health, reminding us that we're part of a community, and having a positive impact on how we feel.

DRINKING LESS ALCOHOL For the average Irish drinker, reducing alcohol will have a positive impact on their health and mental wellbeing, making it easier to cope with day to day difficulties and stresses.

SLEEPING WELL Getting a good night's sleep of seven or eight hours, as often as you can, will have a positive impact on how you feel. Protect your sleep if you can, it will do you good.

To watch Úna, Robert and Alan's #littletthings TV ads visit www.yourmentalhealth.ie, where you will also find a comprehensive national support service listing and lots of wellbeing and support tools and information.

You can request the campaign posters and other materials at www.healthpromotion.ie for your workplace, home or local club.

HOSPITAL GROUPS & CHOs

NEW HOSPITAL GROUPS

- South/South West
- Ireland East
- Dublin North East
- Dublin Midlands
- Midwest
- West / North West



Establishment of Hospital Groups as a transition to Independent Hospital Trusts – Report by Prof. John Higgins

NEW CHO'S

	AREA 1	JOHN HAYES Donegal, Sligo / Leitrim / West Cavan and Cavan / Monaghan
	AREA 2	POSITION VACANT Galway, Roscommon and Mayo L
	AREA 3	BERNARD GLOSTER Clare, Limerick and North Tipperary / East Limerick
	AREA 4	GER REANEY Kerry LHO, North Cork, North Lee, South Lee and West Cork
	AREA 5	POSITION VACANT South Tipperary, Carlow / Kilkenny Lho, Waterford and Wexford
	AREA 6	MARTINA QUEALLY 464 Wicklow, Dun Laoghaire and Dublin South East
	AREA 7	DAVID WALSH 071 Kildare/West Wicklow, Dublin West, Dublin South City and Dublin South West
	AREA 8	PAT BENNETT Laois / Offaly, Longford / Westmeath, Louth and Meath
	AREA 9	GERRY O'NEILL Dublin North, Dublin North Central and Dublin North West

HOSPITAL GROUP (CEOS)

THE formation of hospital groups is changing how hospitals relate to each other and integrate with the academic sector. Over time, it will deliver:

- Higher quality services
- More consistent standards of care
- More consistent access to care
- Stronger leadership
- Greater integration between the healthcare agenda and the teaching, training, research and innovation agenda.



MARY DAY

IRELAND EAST HOSPITALS GROUP

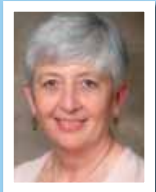
Mater Misericordiae University Hospital; St Vincent's University Hospital; Midland Regional Hospital Mullingar; St Luke's General Hospital, Kilkenny; Wexford General Hospital; National Maternity Hospital; Our Lady's Hospital, Navan; St Columcille's Hospital; St Michael's Hospital, Dun Laoghaire; Cappagh National Orthopaedic Hospital; Royal Victoria Eye and Ear Hospital. (Academic Partner: UCD).



BILL MAHER

RCSI HOSPITALS GROUP (DUBLIN NE)

Beaumont Hospital; Our Lady of Lourdes Hospital, Drogheda; Connolly Hospital; Cavan General Hospital; Rotunda Hospital; Louth County Hospital; Monaghan Hospital. (Academic Partner: RCSI).



DR. SUSAN O'REILLY

DUBLIN MIDLANDS HOSPITALS GROUP

St James's Hospital; St. Luke's Radiation Oncology Network; The Adelaide & Meath Hospital, Dublin; Midlands Regional Hospital, Tullamore; Naas General Hospital; Midlands Regional Hospital Portlaoise; the Coombe Women & Infant University Hospital. (Academic Partner: TCD).



COLETTE COWAN

UNIVERSITY OF LIMERICK HOSPITALS

University Hospital Limerick, University Maternity Hospital Limerick, Ennis Hospital, Nenagh Hospital, Croom Hospital, St. John's Hospital (Academic Partner: UL).



GERRY O'DWYER

SOUTH/SOUTH WEST HOSPITALS GROUP

Cork University Hospital/CUMH; University Hospital Waterford; Kerry General Hospital; Mercy University Hospital; South Tipperary General Hospital; South Infirmary Victoria University Hospital; Bantry General Hospital; Mallow General Hospital, Lourdes Orthopaedic Hospital, Kilcreene. (Academic Partner: UCC).



MAURICE POWER (ACTING)

WEST/NORTH WEST HOSPITAL GROUP

University Hospital Galway and Merlin Park University Hospital; Sligo Regional Hospital; Letterkenny General Hospital; Mayo General Hospital; Portlinculla Hospital; Roscommon County Hospital. (Academic Partner: NUIG).

COMMUNITY HEALTH CARE ORGANISATIONS

THE Report and Recommendations of the Integrated Service Area Review Group recommended the establishment of nine Community Healthcare Organisations (CHOs) for the future delivery of Community Healthcare services at local level.

Community Healthcare Services are the broad range of services that are provided outside of the acute hospital system and include Primary Care, Social Care, Mental Health and Health and Well-being Services. These services are delivered to people in local communities, as close as possible to people's homes.

Community Healthcare services focus on keeping you well so that you can continue to live at home or close to home through our health promotion, disease screening, diagnosis, treatment and rehabilitation programmes. You can refer yourself to most Community Healthcare services or through your GP, public health nurse, community mental health team, etc.

Community Healthcare services place a strong emphasis on working with communities and individuals to maintain and improve your health and social well being. We do this by providing you with an integrated, interdisciplinary, high quality, team based and user friendly service.

As Health Matters went to print, Chief Officers had been appointed to head up seven of the nine CHOs.



JOHN HAYES

AREA 1 Donegal, Sligo / Leitrim / West Cavan, Cavan / Monaghan



POSITION VACANT

AREA 2 Galway, Roscommon, Mayo



BERNARD GLOSTER

AREA 3 Clare, Limerick, Nrth Tipperary / East Limerick



GER REANEY

AREA 4 Kerry, North Cork, North Lee, Sth Lee, West Cork



POSITION VACANT

AREA 5 S. Tipp, Carlow, Kilkenny, Waterford, Wexford



MARTINA QUEALLY

AREA 6 Wicklow, Dun Laoghaire, Dublin South East



DAVID WALSH

AREA 7 Kildare / West Wicklow, Dublin West, Dublin South City, Dublin South West/



PAT BENNETT

AREA 8 Laois / Offaly, Longford / Westmeath, Louth / Meath



GERRY O'NEILL

AREA 9 Dublin North, Dublin North Central, Dublin North West

Music to..

BOOST YOUR HEALTH

NUI MAYNOOTH is a major partner in a €3m EU funded project exploring the links between music and its impact on our movement and health. The project, BeatHealth, is focusing on the benefits of rhythmic stimulation in order to improve mobility, with a dual emphasis on how we exercise and on Parkinson's disease.

Neuroscientists have discovered that moving to a rhythm can boost motor performance and have an impact on our health. The aim of BeatHealth is to analyse this link and create a smartphone app capable of adapting musical rhythm to movement and physiological changes such as heart and respiratory rates. The project involves 24 scientists from NUI Maynooth, Montpellier University, University of Ghent, Tecnalia Foundation (Spain) and Montpellier Academic Hospital.

The leader of the study at Maynooth, Rudi Villing (pictured inset) explained that it is targeted at two particular types of people – the healthy runner and those with Parkinson's disease.

The researchers will analyse data compiled from regular, repeated bodily movement through real-time sensors. The rhythmical output from the sensors will be used to subtly alter the beat of the music such that the runner feels they are running in synchrony with it. By altering the musical beat, and where and how the user's movement falls on the beat, it is possible to enhance the exercise regime in terms of setting pace, cardio-vascular targets and respiratory rates.

"In terms of healthy runners, we see an improvement in performance, and not just in

better times for a 5k or 10k. We have found that using music can lower the variability in the running steps, makes breathing more even, reducing the total amount of energy exerted and lowering the perceived effort involved," explained Mr Villing.

"It is kind of like people marching in a band. The music helps them keep in step with each other. We are trying to adapt that to the person and get the music to help them get pace and control over their movement. That is the great benefit it can bring to people with Parkinson's.

"Research has shown the benefit of these auditory cues and Parkinson's patients have exhibited shorter strides and far less arm movement when listening to music. And we have found that it can continue even when the music stops."

Discussing the research, Software Development Leader, Dr Tomas Ward from NUI Maynooth said: "The idea that the power of music and rhythm makes us feel better has been around for a long time but science has begun to seriously investigate how this phenomenon can be harnessed as a drug-free way of actually improving health. Music works on our autonomic nervous system, thus stimulating our sensations of wellbeing at a subconscious level, which led behavioural scientists to the exciting conclusion that music and rhythm could be the source of new therapeutic tools.

"Our job at NUI Maynooth is to develop the

right technology to deliver it. Fortunately, recent innovations in mobile technology and sensors in the last 10 years mean that we can now deliver such therapies whenever the user or patient is free to practice them. Our research will have a major impact on how we exercise and on illnesses such as Parkinson's disease."

Each of the international research teams brings its own valuable expertise to the project. The French team will study the relationship between rhythm and its physical and mental responses, analysing individuals engaged in repetitive exercise and those suffering from Parkinson's disease. The teams from Ireland and Belgium are working on the technological implementation that will ultimately result in a compact mobile application, with the team from NUI Maynooth involving an inter-departmental collaboration between Electronic Engineering, Music and Computer Science. In Spain, the team will address the patenting and commercialisation of the technological outputs.

The team in Maynooth, Mr Villing explained, are working on translating the laboratory findings into the real world.

"We select patients with similarities, ie the same way of walking, but you have to allow for greater variables in the real world and the findings have to be suitably adapted."

The BeatHealth project will conclude in three years and all data gathered will be made available online.



CORK BEATS STRESS

AN INNOVATIVE project aimed at tackling stress in the community in Cork is already earning plaudits and has just been expanded to a third GAA club in the county.

'Cork Beats Stress' was recently a joint winner of the Health Management Institute of Ireland (HMI) Inaugural Leaders Award for its innovative approach to the delivery of mental health services locally.

In collaboration with two local GAA clubs in Cork, Dr Jennifer Hayes, Principal Psychologist in HSE South, who led the project, and her team aimed to teach effective skills to reduce anxiety and depression, with males a particular target.

The GAA clubs in Middleton and St Finbarr's, Togher, ran a 'Stress Control' course at each venue for six weeks. This was the first ever sport and healthcare partnership, to help tackle stress in the community, organised in Ireland. Bringing information on stress to the public in their communities at the local GAA club rather than having them attending a health care facility is what makes this course unique. The course was provided free of charge and was open to anyone aged over 18 and interested in learning how to manage stress.

It enjoyed huge success, with more than 300 people undertaking the course, one day a week for six weeks, in the two centres.

And now Youghal GAA has joined the team, alongside HSE Primary Care Psychology Services and Youghal Community Health Project. They are currently running the successful six-week course.

The project is part of the Healthy Club Project, one of the GAA's flagship community initiatives and is being rolled out in partnership with the Irish health sector, including Healthy Ireland, the HSE, and the National Office for Suicide Prevention.

The Health Management Institute Leaders Award is given in recognition of outstanding achievements of individuals and teams that

exemplify innovation, creativity and commitment of people working in the Irish health services.

Dr Hayes explained that the research showed that the people who attended the courses learned about problematic stress and how to control it.

"Coming to the course resulted in significant decreases in reported levels of anxiety, depression and stress and significant improvements in quality of life. Delivering the programme through the GAA had the effect of making the service more accessible to people who may not have otherwise availed of help to address the stress in their lives. It was associated with a reduction in stigma and the normalisation of stress / help seeking behaviour," she said.

"It also led people to replace previously held negative connotations associated with mental health services, which can be a barrier to accessing needed supports, with positive associations which are more conducive to accessing supports and enhancing positive mental health. While some of these outcomes can be attributed to the course and course structure, others are associated with delivering a service through the GAA. These results are difficult to achieve in a HSE setting and are hugely important because they point us in the direction of the development of effective and accessible services delivered in the heart of our communities."

'Stress Control' was designed by Jim White, a clinical psychologist based in Scotland and has been running in the UK over many years. More recently, it has been run by the HSE in Ireland with great success.

However, this is the first time in this country that it will be delivered on such a large scale. There are already plans in place for the expansion of this very successful project, with full results of the evaluation being published shortly.



MAJOR BOOST TO HEALTHY CLUBS

THE Healthy Club Project was initially launched in March 2013 with seed capital and professional support provided by the HSE. 18 clubs were selected to participate in the two-year pilot phase which will conclude later this month.

It is being independently evaluated by a team from Waterford IT's Centre for Health Behaviour Research. Findings from their one-year interim report have proven very positive with the participating clubs offering interventions across a wide variety of topics including physical activity, mental health, health screening, bullying, diet and nutrition, inclusion and community outreach, drug and alcohol awareness, life skill and personal development, anti-smoking, facilities development, and engagement of older community members.

It was recently boosted by news that Irish Life is to invest €1m in the project.

The commitment will greatly enhance the project's positive influence on the health and wellbeing of GAA clubs, their members, and the communities they serve. The investment has been made as part of Irish Life's Corporate Social Responsibility (CSR) programme to celebrate the company's 75th anniversary of business in Ireland.

Minister for Health Leo Varadkar welcomed the investment.

"It's encouraging to see the GAA, with its long tradition of games and exercise, acknowledging the need to look after the mind as well as the body. I would urge communities across Ireland to get involved and see how they can benefit. It also fits in really well with the Government's own Healthy Ireland initiative, which wants people to stay well and to feel well. I particularly want to pay tribute to the volunteers who are making this project work," he said.

The Phase 1 participating clubs are St John's, Co Down; Cullaville Blues, Co Armagh; Castleblayney Faughs, Co Monaghan; St Mary's, Co Antrim; Middleton, Co Cork; Eire Og, Co Tipperary; Beaufort, Co Kerry; St Paul's Mungret, Co Limerick; Thomas Davis, Co Dublin; Annacurra, Co Wicklow; St John's Volunteers, Co Wexford; St Colmcille's, Co Meath; Liam Mellows, Co Galway; Sean O'Heslin's, Co Leitrim; Eastern Harps, Co Sligo; and Oran, Co Roscommon.



Dr Jennifer Hayes and her team receive the HMI Award from Minister for Health Leo Varadkar

feeling a little...

UNDER THE WEATHER

The winter months can be a nightmare for most families as illnesses take over. A new website from the HSE is offering a helping hand, advising parents on what to do to treat common complaints, and if a doctor visit is needed





HE HSE, in partnership with pharmacists and general practice doctors has developed a new website which gives

practical, common sense advice and information on dealing with many common illnesses like colds, flu, earaches, sore throats, tummy bugs and rashes.

www.undertheweather.ie provides the sound advice that we all need to give us the confidence and skill to take care of ourselves and our families at home without resorting to antibiotics, says the HSE National Director for Quality Improvement, Dr Philip Crowley.

"The website tells you how long common illnesses should last, what to expect, and what you can do to cope with, and recover from, these illnesses. The site includes a series of videos featuring GPs and Pharmacists who offer their expertise on dealing with these common illnesses, practical remedies, and advice on when to seek help from either a pharmacist or a doctor," said Dr Crowley.

"Research has shown that a lot of people still believe that antibiotics can help to treat common illnesses, like colds, flu, earaches, tummy bugs and rashes. We know in fact that antibiotics are useless against most of these infections, which are caused by viruses, and antibiotics don't work on viruses. Learning how to manage common illnesses with confidence and common sense is a great life skill and improves our understanding of when we need antibiotics and when we don't," he said.

"It's something that we learn from our parents, friends, doctors, from our own experience and, more and more, from the internet. Under the Weather has been developed in response to this, to support the public in accessing trusted and reliable health information, developed by the HSE with expert knowledge and advice from GPs and pharmacists.

"The Under the Weather campaign is about ensuring that we only use antibiotics when we really need them. Using antibiotics when they're not necessary can cause harmful side effects and is a waste of money, but the biggest risk is that it creates stronger, more resistant infections that can make us very ill.

"Many people's first instinct, on discovering that their child is ill or if they feel ill themselves, is to search for advice online. Undertheweather.ie is a user-friendly and trustworthy website which gives advice from health professionals on how to look after yourself and your loved ones without using antibiotics, with the added reassurance of knowing when it's time to look for support from their pharmacist or doctor."

"The purpose of undertheweather.ie is to build on the work undertaken in previous years to raise awareness of antibiotic resistance but, based on feedback and research, this year we are focusing on self-care and



developing the skills we all need to look after ourselves and our loved ones.

The website had over 100,000 visitors since it went live in mid November 2014.

Along with practical advice, Under the Weather offers videos from leading Irish GPs, Nuala O'Connor from Cork, Andrew Murphy from NUIG, and Eamonn Shanahan from Kerry who talk about a range of common illnesses affecting babies, children and adults. They provide tips on how to manage your symptoms and when you should contact your GP.

The website also features pharmacist Tom Maher from Duleek Pharmacy in Co Meath, outlining how the community pharmacist is on hand to deliver advice on over the counter remedies for you and your family.

This type of rich digital content; advice from medical professionals, is ideal for the consumer audience and adds to the user friendly feel and accessible content on the site.

Undertheweather.ie was promoted through radio and online advertising including video on demand (pre-roll on TV players) and through social media over the winter months.

GP surgeries and community pharmacies are displaying printed leaflets and posters as well as stickers for pharmacy doors, to promote the new online information source.

The website is mobile, tablet and desktop friendly and will be a useful companion to anyone who's feeling under the weather. Visit www.undertheweather.ie for more.

TOP: HSE Director General Tony O'Brien, Dr Philip Crowley, GP Nuala O'Connor, Minister for Health Leo Varadkar and Dr Rob Cunney at the Under the Weather launch. **OPPOSITE:** HSE Director General Tony O'Brien, with Minister for Health Leo Varadkar pictured with Sinead Fleming, aged seven (left) and sisters, Katie Mae and Ellie O'Sullivan, aged seven and nine, at the launch of the Under the Weather campaign. PHOTO: ROBBIE REYNOLDS.

ANTIBIOTICS: THE SCIENCE BIT

ANTIBIOTICS are a precious resource and save lives. However using antibiotics when they are not needed is a waste of time and money and hinders the fight against infections in the future. Using antibiotics needlessly allows bugs that cause infections to build up resistance against antibiotics.

Very few new types of antibiotic are being developed, which means that we must make sure that the ones we have remain effective against infections for the sake of future generations. If somebody develops an infection that antibiotics can't kill because it has built up resistance to the treatment then that person will become very unwell and may die. This person could have been cured if the infection had not become resistant to antibiotics. Examples of antibiotic resistant infections include MRSA and C.difficile.

The more antibiotic prescriptions a person receives, the higher the likelihood that the antibiotics won't work the next time they get an infection. Sometimes the only solution is that the person needs to be admitted to hospital to get antibiotics through a drip.

Antibiotics have transformed medical practice in the last 60 years and facilitated many of the advances in medical practice that we now take for granted.

Antibiotic resistant infections are now one of the greatest threats to human health. Unless we can slow the development of antibiotic resistance we face the spectre of a return to the pre-antibiotic era with untreatable infection and an inability to carry out hospitals procedures.

Dr Robert Cunney, Consultant Microbiologist and HSE Clinical Lead for the Prevention of Healthcare-associated Infection



Productive Ward GIVES WOW FACTOR

Reporting major savings in both time and money, the Productive Ward programme has been heralded as a rewarding journey by the staff at the Beaumont Hospital's Adams McConnell ward

ACKNOWLEDGEMENTS: HSE/NMPDU Mark White, Ms Eithne Cusack, Ms Michelle Waldron, HSE, NMPDU. Sheila McGuinness, Director of Nursing, Beaumont Hospital. Karen Greene, Deputy Director of Nursing, Beaumont Hospital. Denise Fahy, Directorate Nurse Manager, Neurocent Directorate. Susan Hawkshaw, Practice Development Manager

MAIN PICTURE: Some of the nursing staff from the Adams McConnell ward. Top right: Before and after: The old manual board has been replaced with a new electronic one.

STOCK savings of over €3,000 and the return of hundreds of precious hours a year back to direct patient care are just two of the rewards of the Productive

Ward initiative at the Adams McConnell ward at Beaumont Hospital.

The quality improvement initiative is aimed to empower frontline staff to drive improvements in the health service forward through redesigning and streamlining the way they deliver care. The result enhances the experience of both the patient and the staff by ultimately releasing time to care.

The Productive Ward programme, which has been embraced worldwide from its beginnings in the United Kingdom, was launched in Ireland at the end of 2011 by the HSE. Staff at the Adams McConnell ward, a specialised 35-bed neurosurgical ward on the northside of Dublin, were privileged to be chosen as the pilot ward for this initiative within Beaumont Hospital, which commenced in January 2012.

Sharon Trehy CNMII, Deirdre Nolan and Breege Staunton, senior staff nurses on Adams McConnell, share their experiences whilst undertaking what they describe as a "truly rewarding journey".

The programme itself consisted of 11 modules and one of these certainly had the WOW factor.

"Becoming a Well Organised Ward (WOW) has had a dramatic effect on the time spent on undertaking certain nursing tasks. Our goal

was to eliminate waste and reduce unnecessary walking and searching. We have reduced the time staff have spent unnecessarily obtaining items and constantly interrupting colleagues," said Sharon.

"This module allowed us to analyse how and why we do certain tasks. We have come up with simple ideas that have had a huge impact on how we provide our care. This, in turn, gives us more time to do what we do best."

They achieved this by analysing their daily routine. Using the tools provided to us from the Productive Ward, such as waste walks and spaghetti diagrams, they were able to apply lean tools, such as 5S (sort, set in order, shine, standardise and sustain), throughout the ward. By implementing this system from the top of the ward to the bottom of the ward and documenting the results, the ward has become more organised and visually clearer.

The WOW has also made a positive impact on stock expenditure with a return of over €3,000 worth of unused stock following our 5S exercises. Through implementing this system, both physical waste and time wastage have been reduced.

"To put our time saving into context, prior to WOW, we took an average of 18 minutes to complete a simple wound dressing with 11 steps through the process. This task now takes an average time of 10 minutes, with six steps through the process. This can yield a saving of up to four and a half hours per week in this one task alone. It's not brain surgery



but it works," she added.

The use of the Patient Status At a Glance (PSAG) board was one of the foundation modules that uses visual management to display information about patients. The board is on the main corridor and is easily updated.

"We initially started with a manual white board and quickly progressed to an electronic one. It is highly visible and updates are through the use of a touchscreen computer and are always in 'real time'. The electronic PSAG board is a tool used to display and consolidate relevant patient status and ensures safe, reliable and efficient information relating to the patient's holistic care," said Deirdre.

"The whole team have embraced the tool and have taken ownership of it. This was re-emphasised to us recently when, due to technical updates, the PSAG board was out of use. One of our portering staff who has become accustomed to using the board, was overheard saying 'I have to find a nurse!' to provide him with the information regarding the location of a particular patient."

Breege explained that one of the biggest challenges facing the staff was the length of time shift handover took. This not only impacted on their timely attendance to patient needs, but had staff leaving the ward up to 30 minutes after their shift had finished.

"Facilitating a timely and effective handover became the priority of this module. We audited the process by observing, timing and video recording the shift handover," she said.

"Prior to our changes, the handover took place in our staff rooms. A change of environment to the clinical area in the presence of the PSAG board integrated modules. Many changes were instituted. We introduced a computerised template and a 'hot sheet' which acts as a prompt card and became our handover tools. These tools ensure that all relevant information is handed over in a timely manner. We have seen huge improvements in handover times, releasing 364 hours per year back to direct patient care. We now have more time for patients, their families and indeed for our own families."

As we all know, the administration of medication is at the forefront of a nurse's daily safety agenda. The focus of this module was the safe administration of medications.

"Through audit, we identified multiple interruptions to nurses during a medication round. The results of this audit, carried out over a five-day period, were startling. We counted a total of 298 interruptions including staff, patients, visitors, telephone calls, location of keys and missing medication. We addressed each interruption individually," said Deirdre.

"We allocated 'protected times' to medication rounds. Introduction of a closed door with clear signs has induced a calmer environment and strict adherence to the red tabard making a positive impact in reducing interruptions.

"In addressing other interruptions, we have a 'named nurse' to deal with all telephone calls. The lean principles were once again applied

to all medication cabinets, trolleys and the fridge.

"Our results have been dramatic as interruptions have decreased from 298 to an amazing 99 over five days with a time saving of four hours over this period," she added.

Patient hygiene is one of the basic elements of quality nursing care and this module allowed the staff at Adams McConnell to focus on the dignity and privacy of the patient when assisting them with their hygiene.

"On average, 16 of our patients require assistance with hygiene on a daily basis. Our waste walks and spaghetti diagrams were particularly apt and fully utilised in the module," said Sharon

"We analysed the process of attending to individual's hygiene needs. An average of four minutes of interruptions were encountered during the process.

"Our intervention has resulted in an average of a three-minute decrease in interruptions. This astounding figure has yielded one hour per day for the ward and has improved the maintenance of patient dignity and privacy. The lean machine is now squeaky clean."

The productive ward programme is about consistently sustaining and improving staff experiences and that of the patients.

"This fulfilling journey has allowed our team to improve and enhance the in-hospital experience for both the patients and staff and our overall challenge is to sustain this and continuously improve," concluded Sharon.

Tackling..

OBEESITY

With childhood obesity soaring, the HSE is leading the charge in tackling this growing problem, with a number of initiatives taking place around the country.



B

BEING overweight or obese is one of the biggest things affecting our children's health, with the worrying emergence of pre-diabetes, type 2 diabetes, hypertension and sleep apnoea in the young.

Obesity has also been shown to impact on children's mental well-being and personal relationships. Overweight and obesity furthermore increase children's risk to developing heart and other chronic diseases in adulthood.

So what can parents do if they feel their child might be at risk and would benefit from healthier habits and increased activity?

Two HSE initiatives are battling to turn the tide and make the healthy choice the easy choice and supporting parents in their efforts.

In the Mid West region, the HSE together with the Limerick Sports Partnership are running a 9 week physical activity and lifestyle awareness programme for 9-12 year old overweight children in the Limerick area. The programme, called 'Way To Go Kids', aims to stop and reverse increasing weight gain in children, through a healthy and fun approach to nutrition and physical activity for kids.

While in the North East, Cavan Monaghan Healthy Families is a joint initiative involving a number of local agencies, including the HSE Dublin North East, Border Counties Childhood Network (BCCN), Monaghan Integrated Development, Cavan and Monaghan Sports Partnerships and the County Childcare Committees, who will work together to promote healthier lifestyles.

The initiative aims to prevent and manage childhood obesity by providing parents and guardians with the skills and knowledge to provide healthier eating options for their families.

Launching the programme in Limerick, Niamh Briggs, fullback with the Ireland women's national rugby union team and who was named as Female Player of the Year 2014 at The Rugby Writers of Ireland awards, said, "I am delighted to be associated with this programme as it highlights the advantages of a healthy and active lifestyle for kids showing them and their families how physical activity can be fun."

This programme, which has been run previously, has been welcomed by families looking to make the first step towards a healthier future. Over the nine weeks, parents and children will be provided with the advice, ideas and support to achieve this. Sports Development Workers, nutritionists and dieticians have developed fun-filled and informative sessions that engage, challenge and empower parents and children to make small lifestyle changes that offer great benefits.

Bedelia Collins, Senior Health Promotion Officer, HSE Mid West said, "This is an excellent programme for parents and kids to get involved in. It is designed to be practical but fun and is full of great ideas and tips for a healthier lifestyle. Childhood obesity is an issue and without action our children are vulnerable to problems with bone health and diseases like type 2 diabetes and heart disease".

Pheilim Macken of Limerick Local Sports Partnership said he was delighted to be involved in bringing another Way to Go Kids programme to Limerick.

"This is a great opportunity to show that there are lots of choices available to the whole family to get moving to enhance their quality of life."

In a world where childhood obesity is having such a harmful effect on growth and development and is a major contributor to ill-health and disease, this is a positive step that families can take.

Further information on the programme is available at <http://www.limericksports.ie/>

CAVAN MONAGHAN HEALTH FAMILY INITIATIVE

THE Cavan Monaghan Health Family initiative aims to prevent and manage childhood obesity by providing parents and guardians with the skills and knowledge to provide healthier eating options for their families. It also focuses on engaging children in enjoyable physical activities and looking after their emotional wellbeing.

It has two programmes aimed at promoting and maintaining healthier lifestyles, the Prevention Programme and the Management Programme.

The Prevention Programme is aimed at expectant parents and the new parents or guardians of children aged from 0-5 years.

It involves attending four weekly sessions with a mixture of fun activities based on healthy eating, cooking, confidence building, play and active games with motivational incentives for participant families.

The programme will be held in venues in Monaghan Town, Clones, Castleblayney, Cavan Town, Virginia and Ballyconnell. It is free of charge and open to all families meeting the criteria.

The Management Programme is aimed at children aged 8-11, who are obese or are at risk of becoming obese. It involves attending eight weekly group sessions with other children and families.

These sessions are a mixture of fun activities based on healthy eating, cooking, confidence building, play and active games with motivational incentives for participant families.

The programmes are free and open to families in the Cavan Monaghan area. It will be held in both Cavan town and Monaghan town, commencing shortly. See www.hse.ie for further information.



MAIN PHOTO: At the launch of the way to go kids programme were Leanne Cole (Lisnagry), Pheilim Macken (Limerick Sports Partnership), Adam Murrhly (Lisnagry) and Irish rugby star Niamh Briggs.

MENTAL HEALTH PROJECTS & CAPITAL INVESTMENT *a snapshot!*

THE HSE has invested €175m since January 2010 in mental health capital infrastructure projects with a further €40m allocated in 2015. Funding for Mental Health Capital Investment is primarily by way of the HSE Multi Annual Capital Plan, but also from the reinvestment of the proceeds of the sale of healthcare properties which have been vacated as they were no longer fit for purpose. Below is a description of a number of Mental Health Capital Projects which completed in 2014.

1. NEW COMMUNITY MENTAL HEALTH / CHILD & FAMILY SERVICES BUILDING - DONEGAL TOWN HOSPITAL CAMPUS

THE construction of a new purpose-built Mental Health and Child & Family Services building on the Donegal Community Hospital campus replaces and enhances those services currently provided from a number of different locations within Donegal Town. The 680-square metre two-storey building has been designed as a modern, well-equipped, accessible premises, which is user-friendly and will accommodate the needs of people

availing of Mental Health services.

The building will act as a hub for South West Donegal for Outpatients Clinics, Nurse Lead Clinics and Home-based Services. This €2m development will deliver a modern centre for community mental health services in the South Donegal area.

The project was managed by HSE Estates North West and Construction was completed in October 2014. The building is due to become operational this month.

The architects for the project were Rhatigan and Company Architects Sligo, with Structural Engineering Services by Taylor & Boyd Belfast, Civil Engineering Services by Patrick McCaul. Environmental Consulting Engineers, Omagh and Quantity Surveyor Services by Albert Strain & Associates, Letterkenny. The Main Contractor was Boyle Construction, Letterkenny

2. HIGH SUPPORT HOSTEL, MULLINGAR

A NEED Mull-

ingar area for a high support hostel to be provided for people

who experience ongoing mental health problems, and a site was identified on the Dublin Road. The new unit accommodates a total of 12 residents with their own ensuite bedrooms and sharing communal facilities. The Unit will be staffed on a 24-hour basis and provide on-going continual care and further rehabilitation back into the community.

It is anticipated the unit will serve three main functions including:

- Reducing the new long stay population
- Act as an alternative to admission to an acute psychiatric unit for a number of patients under the care of the rehabilitation team experiencing social crises.
- To assist in the rehabilitation and recovery of patients with severe and enduring mental illnesses.

The Design Team for the project consisted of, Gerry Cahill, Architects, Punch & Partners, Civil & Structural Engineers, Delap & Waller, Mechanical & Electrical Engineers, Rogerson & Reddan, Quantity Surveyors and the Project Managers for the project were John Halligan & Architects Builders for the project were Glenman Corporate Ltd, Merrion House, Tuam Road Centre, Tuam Rd, Galway.



3. PHOENIX CARE CENTRE – GRANGEGORMAN

THE Phoenix Care Centre is the first new building to be constructed as part of the redevelopment of the original St Brendan's Hospital site. The new campus aims to provide a new urban quarter and a campus which provides for both healthcare and education. The Grangegorman Development is an initiative aimed at rejuvenating the north inner city through the healthcare, educational and transport initiatives.

Assessments of the old buildings at Grangegorman showed that the optimum care model could not have been provided for within the existing buildings so the provision of a new building on part of the site fronting onto North Circular Road was essential.

The HSE strategic aim is to implement an integrated mental health approach, which addresses the wider determinants of mental health by improving the mental and emotional wellbeing of the general public, particularly those at risk or more vulnerable and those with identified mental health problems, their carers and families. The co-location of specialist mental health services with associated support services and facilities is a reflection of this approach. The HSE is also progressing a proposal to provide a Primary Care Centre on the site. A design team has been appointed and preparation work is expected start on site later in the year.

This Mental Health building has been developed to provide an ideal environment for the care of those in need – it is bright, airy and spacious. The focus in the development has been on improved outcomes in this low secure facility. The building aims to be non-institutional; the building will be therapeutic by its design and will contribute to the recovery of the residents in a safe and secure environment.

The building design included a number of special design features:

- The building has been designed to connect into the proposed Grangegorman CHP which will use bio-fuels. The building is partly fuelled by renewable energy by the solar panels at roof level. Environmentally, the building has been designed to high standard in accordance with best practice for sustainability.
- The building has been developed using an intelligent access control system allowing free movement as is appropriate for each resident. Residents from the CCU can access the Therapy Garden unsupervised.
- The bedrooms are fitted with an interactive intercom system allowing communication with each bedroom from the Nurse's Station. The system also allows monitoring of sounds from within a bedroom, without



disturbing a resident.

- Opening windows are operated by concealed motors allowing patients natural ventilation when required without exposing the mechanisms or restrictors.
 - A Personal Alarm System is provided for staff, which identifies the area within the building where activation has taken place.
- The project was delivered for the HSE by the Grangegorman Development Agency, the statutory body responsible for the development of all facilities on the Grangegorman site. The GDA also acted as the Contracting Body. The design team members were as follows, Project Managers AECOM / Davis Langdon, Architects and Employer's Representative Moloney O'Beirne Architects, Civil and Structural Engineers Horgan Lynch Services Engineers IN2, Quantity Surveyors AECOM / Davis Langdon Fire Safety Consultants Eamonn O'Boyle

4. ASHLIN CENTRE – GROUND FLOOR APU, BEAUMONT

THE Ashlin Centre is a new purpose built adult psychiatric admissions unit for North Dublin Mental Health Services which opened to patients in May 2014. The new unit, located on the Beaumont Hospital

Campus, replaced the acute admissions service formerly provided in St Ita's Portrane. This facility serves a population of approximately 250,000 people in the North Dublin area.

The building of unit is in line with the national mental health policy 'A Vision for Change'. The Ashlin centre contains two mental health service units. The Joyce Unit is a general adult psychiatric admissions unit, and comprises 38 single ensuite rooms.

The Sheehan Unit is a separate unit dedicated to psychiatry of old age with six single ensuite rooms. The new centre also has an extensive activities area including an art room, project room, sensory room, conference room and four courtyard gardens.

This uniquely designed mental health facility provides a safe and therapeutic environment to facilitate service users journey to recovery.

The project was a design build and the design team are as follows – Client – Moloney O'Beirne Architects, JV Tierney M&E, Arup C&S, Brendan Merry & Partners QS. Contractor -O'Briain Beary Architects, Varmings M&E, Barrett Mahony C&S. Construction on the building was completed in April 2014, by Western Building Systems.

UNIQUE INSIGHTS IN JOURNAL ARTICLE

THE March edition of The Irish Psychologist will carry an article by Colin O'Driscoll, HSE Mid West Regional Drug and Alcohol service, entitled Picking a Path: Counselling versus non-Counselling Intervention Distinctions in a Community Addiction Service. The article is a result of a recently conducted clinical overhaul of the Mid West service that produced some interesting observations.

The clinical experiences of interest pertain to the psychosocial services, specifically the screening and referral process relating to internal clinical pathways and distinctions between them. The findings offer an insight into the nature of counselling and non-counselling interventions and the decision making rules that inform these respective pathways.

The results point towards certain conditions being more favourable to counselling interventions and other conditions being more favourable to non-counselling interventions housed within the outreach service.

A counselling intervention is favourable when a client demonstrates a desire, need and capacity to engage in a full and focused counselling context. Additional complexities such as trauma, bereavement, interpersonal functioning issues and dual diagnosis concerns also point towards counselling interventions.

A non-counselling intervention is considered more favourable where the client has identified a specific intervention such as relapse prevention, addiction awareness, pro-social activities, refusal skills and harm reduction. Similarly, the requirement for key working, case management, residential treatment preparation and community based outreach are found to be more favourable to non-counselling interventions, and also where there is a specific requirement not to engage in a counselling process by desire or capacity.

Assessing each client on their unique presentation, identifying their treatment preferences and knowing the benefits and limitations of each type of counselling and non-counselling intervention may lead to more effective decision making that yields treatment pathways that service users would be more receptive to and have the greatest potential for successful behaviour change.

This process may assist professionals in the development of clarity and fluency in understanding and speaking about therapeutic intervention pathways and in particular, the nature of the difference between counselling and non-counselling interventions.

Full text of this article will be available in the March edition of The Irish Psychologist (www.psihq.ie).

EXTENSION TO WESTERN MENTAL HEALTH SERVICES

GALWAY/ROSCOMMON Mental Health Services recently delivered a continuing professional development programme for the community mental health team. The programme was opened by the Area Manager Catherine Cunningham and the Area Director of Nursing Helen Earley.

This programme was developed in line with the recommendations of A Vision for Change (DOH & C 2006) and to meet the continuing professional development needs of the staff of these newly formed teams.

An extension of the mental health services to include a standalone crisis team would be an important development for the population of Roscommon, providing a dedicated and responsive service to people experiencing a mental health crisis. This Community/Crisis Team Development Programme was developed taking note of the requirements of national mental health policy.

The programme covered areas related to Mental Health Legislation, Models of Crisis teams, Recovery, Team working and Safe working in the community.

ROSE OF TRALEE VISITS ST JOSEPH'S CARE CENTRE



Current Rose of Tralee Maria Walsh with patient drivers at St Joseph's Care Centre Longford Keith Gurn, Karl Mooney and Karl Doyle during her visit to the centre.

NEONATAL UNIT OF UMHL MAKES HUGE BREASTFEEDING STRIDES

VULNERABLE babies are being given the best start in life at University Maternity Hospital Limerick (UMHL) thanks to a breastfeeding initiative led by a consultant neonatologist.

Dr Roy K Philip's quality improvement project (QIP), which led to 100pc of extremely low birth weight (ELBW) babies born at the hospital being fed breast milk, was given the best educational programme award.

Breastfeeding is the best for newborn babies, and especially for those born prematurely or with low birth weight. Yet one of the most challenging environments to achieve and maintain breast milk use is among the extremely low birth weight and very low birth weight (VLBW) infants in the Neonatal Intensive Care Units (NICU), explained Dr Philip.

International evidence suggests significant benefit of breast milk in reducing high-risk neonatal conditions such as Necrotising Enterocolitis (NEC) and Sepsis among these most vulnerable babies with the early use of expressed breast milk.

The Neonatal Unit of UMHL achieved the

enviable target of 100pc breast milk exposure to the most vulnerable of infants through the quality improvement project led by Dr Philip, Consultant Neonatologist and Clinical Director for Maternity and Child Health.

"By bringing the whole neonatal team to achieve the vision, empowering mothers to express milk, accepting families as part of the care team, maintaining the steady and timely supply of donor breast milk with the assistance of 'Mid-West Blood Bikes' and through the identification of 'key drivers' for the change, breast milk exposure of ELBW babies reached 100pc from 20% and that of VLBW babies 80pc from 10pc just five years back," he explained.

"For the first time the Neonatal Unit in Limerick had zero NEC in 2013 as well. Understandably other factors also might have played a role in this."

The Limerick experience was presented by Dr Philip in December at the Excellence in Pediatrics (EiP), one of the major International meeting with participants from over 50 coun-

tries and now the best educational programme award has been given to this innovative QIP from UL Hospitals.

"This is a great international recognition for our humble initiative and I would like to see more and more premature babies in Ireland getting exposure to breast milk," Dr Philip commented.

The members of the research team involved were Dr Abu Ismail, Colette Quinn, Margo Dunworth, Dr Ailish Hannigan and Margaret O'Leary.

Despite all the evidence suggesting exclusive breastfeeding for the initial months of life and WHO endorsing the same, general Irish breastfeeding rate in the community is still lagging behind the international best practice guidelines.

It is encouraging to see that with the work of baby friendly hospital (health) initiative (BFHI) in conjunction with the Health Promotion unit of HSE, there is improvement in the initiation and awareness of breastfeeding nationally. See www.breastfeeding.ie for more information.



Dr Roy K Philip, Consultant Neonatologist and Clinical Director for Maternity and Child Health, UL Hospitals; Margot Dunworth, CMM3, Neonatal Unit; Margaret O'Leary, Lactation Consultant; Dr Margit Benke, Neonatal Registrar, UMHL; Marie Carroll CMM2 Neonatal Unit.



NEW BLOOD CARDS WILL SAVE LIVES

NEW and updated Severe Bleeding Disorder Alert Cards will be issued to persons with severe Haemophilia and other bleeding disorders to assist hospital staff in ensuring these patients get immediate appropriate treatment in hospital Emergency Departments without delay.

The card will alert Emergency Department staff that the individual has a severe bleeding disorder and give contact details for one of the three Comprehensive Care Centres where they can get prompt specialist advice on appropriate treatment.

Minister for Health Leo Varadkar launched the recently updated alert card at the office of the Irish Haemophilia Society, an event attended by members of the National Haemophilia Council, people with haemophilia and health care workers. This Irish Haemophilia Society initiative is supported by the National Haemophilia Council, the Haemophilia Specialist Treatment Centres and the Health Service Executive.

The updated Severe Bleeding Disorder Alert Card is small enough for the patient to easily carry with them and importantly provides contact details for the three Comprehensive Care Centres in Ireland where specialist haemophilia services are delivered.

THE THREE COMPREHENSIVE CARE CENTRES ARE BASED IN

- The National Centre for Hereditary Coagulation Disorders St James' Hospital, Dublin,
- Our Lady's Children's Hospital Crumlin
- Cork University Hospital.

THERE ARE ALSO SECONDARY HAEMOPHILIA TREATMENT CENTRES IN

- Galway University Hospital
- Limerick Regional Hospital
- Waterford Regional Hospital

The three Comprehensive centres offer 24 hour advice to all other hospitals on appropriate treatment. It is vital that any person with Haemophilia who attends at an Emergency Department is easily identifiable by the health care workers so that contact can be made with the specialist centre for advice without delay. There may be circumstances where a person with haemophilia is not in a position to communicate their condition to Emergency Department Staff so carrying this card is critical.

The cards have been produced by the Irish Haemophilia Society and distributed by the Comprehensive Care Centres to all patients with severe haemophilia. The cards advise the health care worker in the relevant Emergency Departments to immediately contact the specialist treatment centre and each card clearly displays the telephone numbers for use during the day and at nights/week-ends.

Haemophilia is an inherited bleeding disorder where one of the proteins which help the blood to clot is absent or present in reduced amounts. Many people in Ireland live with haemophilia and other bleeding disorders. Around one in every 10,000 people have haemophilia but it can be difficult for medical staff to recognize that a patient has a severe bleeding disorder. This updated

Severe Bleeding Disorder Alert Card will be issued to every person in Ireland with haemophilia to help hospital staff and ensure that patients get immediate and appropriate treatment. This simple but effective card will help to save lives and ensure that the best possible treatment is provided to the patient as quickly as possible.

For the person with haemophilia, the most important piece of equipment in a non specialist centre is the telephone and the instruction to the Emergency Department staff to call the relevant Comprehensive Treatment Centre. This will save lives.

The National Haemophilia Council are progressing the awareness of the new cards via the entire health system across the hospital network, the ambulance service, nursing units and all other relevant HSE healthcare workers and staff.

The Minister commended the Irish Haemophilia Society and the National Haemophilia Council for their work in supporting this very important initiative. He acknowledged that because of huge developments in the area of haemophilia treatment that children born today in Ireland with haemophilia have a normal life expectancy. He also acknowledged the importance of prompt treatment for any person with haemophilia who attends an Emergency Department and his support for this initiative.

TOP LEFT: Minister Varadkar with Brian O'Mahony, Chief Executive Irish Haemophilia Society, and Dr Barry Harrington, Chairperson, National Haemophilia Council. TOP RIGHT: Minister Varadkar with members of the Irish Haemophilia Society.

NORTH WEST LEADS THE WAY IN CARE FOR LONG-TERM CONDITIONS

HSE Donegal hosted the first National Long-Term Conditions (LTC) Conference for health professionals entitled 'Way Forward - Learning From Practice'. The conference highlighted Donegal's range of innovative approaches to long-term conditions care.

Long-term conditions are health conditions that last a year or longer, impact on a person's life, and may require ongoing care and support. Presentations on the day focused mainly on Diabetes, Asthma, Cardiovascular Disease and Chronic Obstructive Pulmonary Disease (COPD). Over 20 poster presentations demonstrated initiatives relating to other conditions and wider multi-disciplinary and community partnership working.

The main aims of the conference were to highlight developments in relation to management of Long-Term Conditions (LTC) in Donegal over the past four years and to effectively communicate the vision for integrated working that will meet the challenges of managing these conditions into the future.

The conference was opened by John Hayes, HSE Area Manager for Donegal, who paid tribute to the hard work and enthusiasm of all healthcare staff working in Donegal.

Dr Orlaith O'Reilly, National Clinical Lead for Health and Wellbeing, gave a comprehensive overview of the new structures for Clinical Care Programmes.

Speaking at the conference, she said: "The north west has often led the way in care of patients with chronic conditions and the rest of the country has followed."

The essential role nursing plays in managing chronic conditions was highlighted by Ms Geraldine Shaw, National Nursing Lead, and was a theme throughout the conference.

Sorcha McElchar, a 17-year-old student, who has multiple complex long-term conditions, gave a powerfully emotive speech to the audience on what it is like living with these conditions and on how she manages them on a day-to-day basis. Speaking at the conference, she said that the one message

she wished to get across to health care professionals working in the area of long-term conditions today is: "It is important for doctors to ask us how we feel rather than asking anyone else, we know most about our condition."

The conference was attended by almost 200 delegates from across a range of disciplines including GPs, Practice Nurses, Public Health Nurses, Allied Health Professionals (eg Physiotherapists, Occupational therapists) and Medical and Nursing Educators.

Lynn Stoddart, Nurse Lead for the Long-Term Conditions Project, talked delegates through the Donegal Experience of implementing a model for Chronic Disease Management. She highlighted the excellent work undertaken by health professionals in Donegal and noted: "It has been a pleasure working in partnership with such fantastic health professionals and community/voluntary organisations. I hope to see the partnership model continue long into the future here in Donegal."

TOBACCO-FREE PLAYGROUNDS



Selfie time as Newpark Family Resource Centre playground was launched as a smoke-free zone. Mayor Andrew McGuinness was with Bernie O'Brien, HSE, and Robyn Meagher (3). Kilkenny County Council with the support of the HSE's Health Promotion Office recently launched 'Tobacco Free Playgrounds' project in Kilkenny City and County whereby all children's playgrounds run by Kilkenny County Council are now 'Tobacco Free'. Cllr McGuinness was joined by members of the Newpark Close Family Resource Centre as he officially launched the new project. PHOTO: PAT MOORE



TRIPLE P GIVES PARENTS A HELPING HAND

A NEW parenting programme in the midlands has significantly reduced the number of children suffering with emotional and behavioural problems.

The findings were in comparison to the similar areas where the Triple P Parenting Programme, undertaken in Longford/Westmeath by the Child and Family Research Centre, NUI, Galway, was not delivered.

For children with higher levels of need, these problems were down by 37.5pc

There was a 30pc decrease in reports of mild and higher levels of both parental distress and stress for parents in the two counties. Parents also showed significant improvement in relation to reporting a good relationship with their child, engaging in positive parenting, and being likely to use appropriate discipline.

Since 2010, Longford Westmeath Parenting Partnership has delivered an evidence-based parenting programme in Longford and Westmeath, free to parents of children seven years and younger. Approximately 4,500 adults participated in Triple P Programmes in Longford Westmeath during 2010 - 2013.

Dr Stephanie O'Keeffe, HSE National Director for Health and Wellbeing, welcomed the research findings.

"Triple P is a perfect example of a quality, evidence based partnership programme, one that supports parents and families to build better family relationships. Programmes like

this are an important part of the Healthy Ireland Framework, which has brought government together with all sectors of society to improve our nation's health and wellbeing over the next 10 years. Well done to all involved," she said.

Triple P supports parents to build positive relationships with their children and to support their children develop the skills, values and behaviours to do well in life and manage life's ups and downs. Triple P offers a choice of programmes that provides for different levels of family need from "light touch" parenting help to more intensive help for families.

According to Conor Owens, the Triple P Initiative Director, participating parents have experienced significant lasting positive impacts for their families.

"In addition to their personal success they have contributed to a ripple effect for positive parenting in the community. They have started a conversation to spread sound evidence and proven tips for raising children. This has resulted in a significant decrease in childhood emotional and behavioural problems and reported parental depression rates at the population level. The impacts have been greater for families with higher levels of need," he said.

Dr John Canavan of the Child and Family Research Centre, NUI Galway, in welcoming the publication of these findings, noted the importance of evaluating such large scale interventions in advance of wider implementation.

"It is vital that we are clear on what the benefits and challenges are when trying to change the outcomes for children and families, research such as this is crucial to our understanding," he said.

The research reveals real benefits to families and communities across Longford and Westmeath delivered by the Triple P Positive Parenting Program. The findings will add to the growing body of evidence that a population-health approach to the provision of parenting programs can treat and prevent a range of family and community health concerns.

Evidence of population-wide benefit has emerged from the evaluation. The numbers of children with emotional and behavioural problems were significantly reduced in the population as a whole when compared to a similar area where Triple P was not delivered.

Parents also showed significant improvement in relation to reporting a good relationship with their child, engaging in positive parenting, and being likely to use appropriate discipline.

There were also significant improvements in relation to: satisfaction with parenting services and the likelihood that parents would take part in future programmes.

The evidence suggests from this evaluation that a partnership approach involving statutory and non-statutory organisations can be successful for the provision of parenting support.

Dr Saoirse Nic Gabhainn, of the Health Promotion Research Centre, NUI Galway, noted, "To try and improve the lives of the whole population of children is very ambitious, but possible, and the work being launched today demonstrates that it can be done".

Joseph Ruane, HSE Area Manager HSE Midlands, said, "The report shows the value of using an evidence-based parenting program as both a targeted response for families with high levels of need and as a way to improve the lives of children and families across the population. An increasing body of evidence shows that serious behavioural problems in children can lead to long-term negative health, economic and social consequences, because of this these positive findings are very significant."

Maria Larkin Area Manager, Tusla added, "This project is a "best practice" example which clearly demonstrates how interagency and interdisciplinary collaboration can deliver a comprehensive evidence based system of parenting programmes to entire communities which results in real and significant benefit for service providers, families and the wider community.

Eamonn Farrell, Chairperson of Longford Westmeath Parenting Partnership said, "We have shown that a population health approach to parenting is acceptable, efficient and effective. If a parent sees value in choosing to attend an evidence-based parenting programme, it can become as natural and normal as any ante natal appointment at a health centre."

NEW ONLINE VACCINE ORDER SERVICE

THE HSE National Immunisation Office (NIO) has launched a new online vaccine ordering service.

Every year over 2 million vaccines required for the primary childhood, schools and seasonal influenza vaccination programmes are delivered to 2500 locations. These vaccines are transported under validated cold chain conditions (essential for vaccine potency) by the HSE National Cold Chain Service (United Drug) with overall management, monitoring and control by the NIO. To date, vaccines were ordered by GPs, hospitals, pharmacies etc by email or fax with no regular feedback on current vaccine stock.

A 2014 customer survey identified high satisfaction rates with the service but many locations suggested the service could be further improved with an online ordering service. In December 2014 a new online vaccine ordering service www.ordervaccines.ie was introduced which was developed in house by United Drug and the NIO.

The new online site has a number of key features which allows locations to:

- Order vaccines
- View indicative vaccine costs for their orders
- View their previous order history
- Provide their current stock take online.
- View their delivery schedule
- View alerts and messages via postings on the site

The online system allows specific vaccines to be ordered based on location (GPs, hospitals, community health offices, pharmacies etc), and order quantity. Uniquely the online site also controls the ratio of product ordering for linked products. National Cold Chain Customer services staff are readily available for any queries.

Following the introduction of the new service all locations were requested to provide an end of year stock take online prior to placing their first order for vaccines. By mid January 55% of all locations had completed a stock take and placed a vaccine order and this figure is increasing on a daily basis. It is anticipated that all sites will be ordering vaccines via the online system by March 2015 and this will lead to greater efficiencies in the use of vaccines which have an annual budget of €32 million.

This successful implementation is another step forward in the provision of a world class HSE National Cold Chain Service.



MILESTONE OPENING AT LIMERICK HOSPITAL

IN what has been heralded as another major milestone for University Hospital Limerick, Minister for Health Leo Varadkar opened the new Critical Care Block recently.

The project was funded by the Health Service Executive at a cost of €38.5million and is part of the hospitals re-development programme.

The new Critical Care Block (CCB) at University Hospital Limerick includes a 12-bed intensive care unit, 16-bed high dependency unit, 16-bed acute cardiac care unit, a step down cardiac facility and a day cardiology unit. These take up four of the six floors of the block; the remaining two floors will house a new Dialysis Unit and the new Emergency Department, which will open in 2016.

"University Hospital Limerick has all the right ingredients to become a major centre of excellence for medicine and surgery for the region and for the country. It is at the centre of a new hospital group, and has a strong partnership with the University of Limerick graduate medical school. In recent years it has been taking interns directly from the University," Minister Varadkar said.

"The opening of the Critical Care Block today is another major milestone for the hospital. A much-needed new Emergency Department will open next year, and subject to agreements and finance being put in place, we will soon see the phased opening of the Leben building which will include a dedicated stroke unit and cystic fibrosis unit. In time, a new maternity hospital will be built on site too. UHL faces many of the difficulties facing the broader

health service, but it has come on in leaps and bounds in recent years and there is much more good news to come."

Minister for Finance Michael Noonan was also at the opening and said: "The opening of the critical care block further enhances the role of the UL Hospital Group as a centre for excellence for critical and coronary care. These facilities will go a long way in meeting the health-care needs of patients in the mid-west for many years to come."

Chairman of UL Hospital Group Board, Professor Niall O'Higgins added, "The opening of the brilliant new facility with its associated specialist staff represents a new level of care in the region as we continue in our planned commitment to place the UL Hospital Group as one of the best in the country."

Professor Colette Cowan, CEO UL Hospital Group noted that the new Critical Care Block has enabled the hospital to increase their capacity.

"The quality of care that patients receive match the best available internationally in state of the art facilities. This landmark building provides a more appropriate environment for patients, better working environment for staff and will also help us to retain and recruit specialised staff."

She added "This new facility will allow the UL Hospitals Group to continue to enhance its reputation for high quality care."



TOP: Josie Dillon, Ciara Cahill, Clair Barry, Minister Varadkar **INSET:** 100 year old Kathleen Madden with Minister Varadkar.



Redefining... BUSINESS IN HEALTH

H EALTH Business Services (HBS) is the shared services division of the HSE and has been established to provide high quality business services and solutions to the State's health sector.

The introduction of a shared business services component in the health sector is a result of a government-led initiative to organise and supply internal support services more efficiently and effectively whilst freeing up organisational capacity to concentrate on core, frontline and other health and social care functions.

The benefits of shared services include cost savings, increased quality and increased reliability through the standardisation of processes and avoidance of duplication of effort.

Jane Carolan was recently appointed National Director of Health Business Services following the reassignment of Liam Woods to the post of National Director, Acute Hospital Division.

Taking up the role, Jane said she would like to acknowledge and thank her colleagues for their support in progressing the evolving HBS Model and Strategy.

Jane also said she was looking forward to their continued support and co-operation in the implementation of the Shared Services Model.

"I am confident that all staff will work together towards the common goal of implementing our HBS model," she said.

A Health Business Services Strategy was launched in 2014 and reflects the ambition of the Health Reform Programme to ensure that operational health and social services have access to a range of common support business services on a shared basis.

The implementation of the HBS Strategy will roll out a shared services model that will be customer focused.

A 43-point Action Plan has been developed and is being implemented to support the strategic objectives outlined in the strategy.

Each of the functions within HBS have responsibility for leading out on a number of these actions.

The division incorporates the functions of Customer Relationship Management (CRM), Enterprise Resource Planning Services (ERPS), Estates, HBS Finance, HBS Human Resources (HR) and Procurement.

Commenting on the common goal of implementing the HBS Model, Jane said: "This will require leadership at all levels across HBS, all staff will need to share the vision of the division strategy and focus on building relationships with our business partners in the Hospital Groups and Community Healthcare

Organisations.

"Staff will require a can do attitude and we as managers need to create a level of flexibility, allow innovation about the way we carry out our business with a view to focusing on more positive outcomes driving continuous improvements for the customer base.

"This is not just a journey for HBS; it is also a journey for our customers. We can only achieve our objectives and deliver value by working in partnership with our customers at all levels in the Health System.

"It is only through this collaborative way of working that HBS can blossom.

"That's why an intrinsic part of the HBS model includes the overarching function of Customer Relationship Management (CRM) as we believe that the success of HBS is underpinned by relationships and how we manage them."

In conclusion Jane said she would like to thank all staff in the ICT function for their contribution during the establishment of HBS.

During this period, ICT was headed up by Fran Thompson. The ICT function is now part of the newly formed Office of the Chief Information Officer (OCIO) under Richard Corbridge and is separate from HBS.

"I look forward to continuing to work closely with Richard, Fran and the ICT Team in pro-

HBS HEADS OF FUNCTION



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gressing technology initiatives for HBS," Jane stated.

HBS Senior Management have led a series of staff engagements and culture workshops over the past few months in a number of locations and hundreds of staff have participated to date.

There is a commitment to continue with these workshops so that staff in each geographic location can take part.

These workshops are designed to give HBS staff the opportunity to gain a full understanding of the HBS Strategy and the work underway to support its implementation.

The implementation of the HBS Model requires change and HBS management feel it is important that staff views are heard and considered with a view to informing how HBS moves forward.

Communication with both HBS staff and the customer base is seen as a key requirement to support HBS activity.

In this context a communication framework has been developed and we are working closely with our colleagues in corporate communications to ensure that key messages are reaching both staff and customers in a timely manner and in a way that is easily accessible.

Customer Engagements are planned over the coming months by the National Director

of HBS, the Head of Customer Relationship Management (CRM) and other members of the HBS management team with the new Hospital Groups and Community Healthcare Organisations.

These introductory meetings will give HBS an opportunity to collaborate with our key strategic customers to agree ways of working for 2015 and introduce the concept of Business Partnership Arrangements.

HBS looks forward to developing and transitioning to a robust stakeholder engagement model around the services provided over the coming months.

To support this, Business Relationship Managers are in the process of being appointed within the CRM function.

Find out more about Health Business Services at www.hse.ie/hbs.



1. HBS Customer Relationship Management (CRM) Julie Ryan 2. HBS Enterprise Resource Planning Services (ERPS) Kevin McConville 3. HBS Estates Jim Curran 4. HBS Finance Damian Casey 5. HBS Human Resources (HR) John Smith 6. HBS Procurement John Swords

NATIONAL DISTRIBUTION CENTRE CASE STUDY

THE development of a National Distribution Centre (NDC) in Tullamore, Co. Offaly is part of the HSE's overall procurement programme and will come under the remit of the Logistics and Inventory Management Department.

When rolled out, the centre will be responsible for the purchase, storage and distribution of items and will replace existing fragmented stand alone stores departments.

This National Distribution Centre is in line with leading best practice Procurement services and will be key in supporting a number of geographically located hubs which are located across the country.

The Head of Procurement John Swords outlined the strategy.

"The overall approach of Procurement is an integrated model comprising of three main elements – contracting, logistics and business support. The NDC has been a leading goal for Procurement and will lead to greater effectiveness across materials management integrated with new contracts which we will be developing as we roll out the operation," he said.

John acknowledged the contribution of Mr. Brian Long, Head of Logistics and Inventory Management and his team in progressing this strategy.

"It is a great complement to all Logistics staff that we have reached this stage and we look forward to finalising arrangements."

John advised that "the first stage of the roll out of the nine regional hubs has been planned initially for the Midwest and will roll out to other hubs accordingly. Our aim is to supply the goods required in a timely, efficient and economical manner to the customer base."

An award-winning Voice Picking Technology has been introduced and is delivering significant efficiencies. Other initiatives include Lean Warehouse Management techniques and management of stock at Point of Use.





Pictured at the launch of the Safety Orange Falls Prevention in South Tipperary General Hospital Catherine Hogan, Clinical Risk Manager; Dr Christina Donnellan, Consultant Geriatrician; Gemma Casey Physiotherapist; Kate O'Flaherty Assistant Director Nursing; Barbara Long, Physiotherapy Manager.

OPERATION SAFETY ORANGE LAUNCHED IN SOUTH TIPPERARY

SOUTH Tipperary General Hospital (STGH) has launched an initiative aimed at reducing the risks to patients susceptible to falls both at home and whilst in hospital. Everyone can be at risk of falling but an older person is at an increased risk of falling and suffering serious injuries as a consequence compared to any other age group.

Termed 'Operation Safety Orange', it was organised by the Clonmel hospital's multidisciplinary falls steering group, and launched in the hospital. A series of patient leaflets will be available within the hospital and for issue to those being admitted and their families or carers, emphasising some practical advice. The literature and its advertising will complement a system already in place at STGH, whereby patients who have had a fall or may be at a high risk of falling are identified to healthcare

staff. This initiative will involve the use of the colour orange, an orange triangle symbol or an orange wrist band to assist all staff to identify patients at risk of falls - so ensuring that they are monitored when away from their bedside.

Speaking at the launch in Clonmel, General Manager of STGH, Grace Rothwell said: "The change in surroundings, combined with being unwell can lead to patients falling. This is obviously a very unpleasant experience and may even extend their hospital stay. The good news is that there are steps that can be taken to reduce this risk and this is where Operation Safety Orange at STGH comes in."

Outlining further detail of "Operation Safety Orange", Barbara Long, Physiotherapy Manager, STGH, said:

"Identifying people at risk of falls is important in helping us to implement effective interven-

tion and reduce the incidence of future falls.

We are keen to take every opportunity to advise people on how they can support themselves. Our leaflet, for instance, conveys the message that someone can 'put their safest foot forward' – including when coming in for a hospital stay. For instance, when selecting footwear, the ideal shoe will reduce the risk of falls at home and so also the risk of injury and hospitalisation."

Marie Laste, Nurse Practice Development Facilitator added that "we will be reminding families and carers that if their family member is wearing an orange wrist band it signifies their relative has been identified by our health-care staff as being at risk of falls."

Joan Browne, Director of Nursing added that as part of the initiative, there is use of a triangular symbol at ward level for such patients.

MEALS ON WHEELS STUDY PROVIDES LIFELINE TO ELDERLY

A NEW study by Galway University Hospital and Cope Galway has provided a lifeline for many elderly patients recently discharged from hospital and led to a more co-ordinated response to their increased nutritional support needs through the Meals on Wheels service.

Cope Galway Community Catering provides Meals on Wheels to more than 160 older people around Galway city and surrounding areas every day.

Older people use the service as their needs determine. It can be short term following a hospital stay/period of illness or longer if required. Referrals come from PHNs, health care profes-

sionals, older people and family members. Referrals from the acute setting were limited prior to the pilot study. The aim of this pilot study was to increase referrals from the hospital setting to Meals On Wheels and to raise awareness of Meals On Wheels within the acute setting with older patients and their carers. The study team identified three wards in Galway University Hospitals (GUH) for the pilot.

Induction sessions with nursing staff were delivered, site visits to Community Catering were facilitated and promotion days in both hospitals took place. Alongside the promotion and educational elements, a referral system was developed

that enabled Community Catering staff to accept referrals from GUH and refer to other Meals on Wheels services in Co. Galway and Mayo as GUH serves a large catchment area.

MOW providers in the Galway area were recruited and service provision mapped. To date, over 40 referrals have been received and the pilot extended to additional wards and departments.

The team are currently developing resource materials for nursing staff, older people and their carers to highlight the risk of under nutrition for older patients and to signpost patients and nursing staff to MOW services.

GROUP TAKES FIRST LEADERSHIP STEPS

THE first cohort of Health and Social Care Professionals recently completed the pilot leadership programme Beginning a New Leadership Journey.

The programme concluded with a two-day module which included focus on the manager as coach with internationally renowned thinker, writer and leader in the field of executive coaching Professor David Clutterbuck, and presentation of the participants excellent project work. Attendees at the final day had the opportunity to hear the outcomes and learning from a broad range of innovative, service user and outcome focussed change projects conducted by the participants.

The programme commenced in February 2014 and was opened by the Director General, Tony O'Brien, who among other things, called on those present to 'speak truth to power' and focus relentlessly on quality. Four modules designed around the core competency areas then followed in April, June, September and November: Leadership and managing self; Leadership and managing the service; Leadership and managing strategy; End of programme – Coaching as a management philosophy and presentation of projects.

The programme involved significant work outside of attending the modules including project work and individual coaching.

Learning methodologies included project work, seminars, action learning sets, coaching, reflective log, pre- and post-programme 360-degree assessment and development of a post programme personal leadership development plan.

The programme was designed to be challenging and specifically intended to stretch participants outside of their comfort zone to promote new learning and competency development.

Beginning a New Leadership Journey is a multidisciplinary leadership programme for the Health and Social Care Professions (HSCP). It was developed as a result of the recognised need for enhanced leadership at all levels of the health service and identified needs and gaps in terms of access to leadership development within the HSE. There is currently no other national multidisciplinary leadership programme available in the HSE.

The programme has been developed based on the HSE National Director Competencies. The HSE National Director Competencies also underpin the HSE Succession Management Programme and the current Future Nurse Leaders programme.

The programme was designed based on international best practice. Its relevance to the target audience and current health care climate has been further enhanced by engagement with potential participants in

terms of identifying priority areas of focus and proofing the design. Strong principles of adult learning underpin the programme with a focus on self-directed learning and reflection. The programme is not intended to replicate or reinvent existing academic programmes rather to have a practical and needs based approach to supporting and developing managers in their current and future roles.

This programme was sponsored by the Assistant National Director for Leadership, Education and Development in the HSE and supported by the National Director of HR. This Leadership Development Programme forms part of the Leadership and Management Development Strategy which has been approved by the Leadership Team of the HSE. The programme was designed to enhance the performance of HSCP managers in the system in their current and possible future roles recognising the need for strong leadership at all levels in the professions.

The programme was funded by HSCP Education and Development and designed by a team comprising Leadership Education and Development, HSCP Education and Development and Organisation Design and Development. Delivery was in partnership with the Institute of Leadership, Royal College of Surgeons of Ireland.



The group of health professionals who completed the pilot leadership programme.

WORKSHOP HELD TO HELP BUILD STAFF AWARENESS OF SUSTAINABILITY

A NATIONAL Sustainability Programme Workshop was hosted by the HSE's National Health Sustainability Office in Dr Steevens' Hospital.

The role of the National Health Sustainability Office is to develop and build staff, patient and public awareness of sustainability issues, leading to lower costs and a healthier environment.

In its first year, the National Health Sustainability Office partnered with two acute hospitals to hold Healthcare Sustainability conferences in Dublin, and Cork. The office is currently supporting energy, waste and water sustainability healthcare projects in Dublin, Cork, Roscommon, and Mayo.

The National Health Sustainability Office has partnered with the Sustainable Energy Association of Ireland and provided free energy efficiency training to 140 healthcare staff nationwide. The SEAI also developed a number of guidance documents on energy efficiency in the healthcare sector which are available on the National Health Sustainability Office website www.hse.ie/sustainability.

The primary scope of the NHSO is to develop and implement effective strategies for the management of energy, waste and water nationally for the HSE.

The NHSO requested nominees from all of the Acute Hospitals to act as contact persons for the National Sustainability Programme.

These nominees were invited to the workshop along with representatives from each of the regional estates offices.

The main speakers at the workshop were Jim Murphy, National Lead, NHSO, Shane Colgan, Manager, Resource Efficiency Unit, Environmental Protection Agency, Alan Ryan, Programme Manager, Sustainable Energy Authority of Ireland, David Hourihane, Director, Sustainable Development Capital Limited Ireland (SDCL) and Helen Maher, Estate Manager, Environmental Services, NHSO.

David Hourihane of SDCL, UK-based fund administrators, addressed attendees about the purpose of a government backed Energy Efficiency Fund created to support energy efficiency projects. Money from the fund will be available under certain conditions for energy upgrades across the Irish public healthcare system.

The funds are to be used to finance sustainability projects such as upgrade works leading to savings on power bills and the money saved could be reinvested in energy efficient plant and equipment.

Ireland is required to cut energy consumption across the public and private sector by 33pc by 2020 to meet EU targets. Reductions in energy consumption will help the environment as well as helping to reduce the State spend on fossil fuels.

HOME HELP AWARD



The HSE Cork Community Home Support Team in HSE South received an Irish Healthcare award in 2014 under the category of 'Excellence in Healthcare Management' at the annual Irish Medical Times awards ceremony. Pictured are: Majella Carroll, North Lee Home Support, Betty O'Leary, Blarney Home Support, Madden Shine, Home Help, and Sharon Motherway, Home Help. PHOTO: GERARD MCCARTHY

ASTHMA AND TRAVELLERS

A NEW pilot programme has been introduced to the Travellers lacking the adequate information to control asthma.

The Asthma Society of Ireland together with Pavee Point-Traveller and Roma Centre and with the help of the HSE, have developed and piloted a new programme that delivers a culturally appropriate asthma education programme to members of the Traveller Community.

Research has shown the prevalence and inadequate control of asthma was found to be significantly higher among members of the Traveller and Roma Communities and is the most common reported chronic health condition in Traveller children..

In response to this alarming research, The Asthma Society of Ireland and Pavee Point-Traveller & Roma Centre, with the support of the HSE, set about developing an innovative approach to engage with members of the Travelling community and deliver an effective asthma education programme.

Using a 'Train the Trainer' model, the programme was delivered in two Health Regions and delivered to 32 Community health workers from the Traveller Community. The selected healthcare workers undertook training and then returned to their regions, where they in turn trained their Community health workers colleagues. Following this the Traveller Community healthcare workers worked in pairs to educate the families affected by asthma in their area.

The results of the programme were remarkably successful, with participants reporting that their knowledge levels, with regard to all aspects of asthma and its management, had increased tremendously. The selected Community health workers also reported they now felt confident in their ability to teach other Community health workers and were enthusiastic to do so.



A new model for... CRITICAL CARE

THE new Model of Care for Adult Critical Care is a pathway by which critically ill patients access safe, effective and efficient care in a timely manner.

The model of care has been developed by the National Clinical Programme for Critical Care which is led by Dr Michael Power.

The Model of Care for Adult Critical Care is a 'hub-and-spoke' delivery model which sets out the pathway of care for critically ill adult patients within the Irish healthcare setting. The model consists of hospitals with Intensive Care Units (ICUs), High Dependency Units (HDUs) and crucially local hospitals without ICUs.

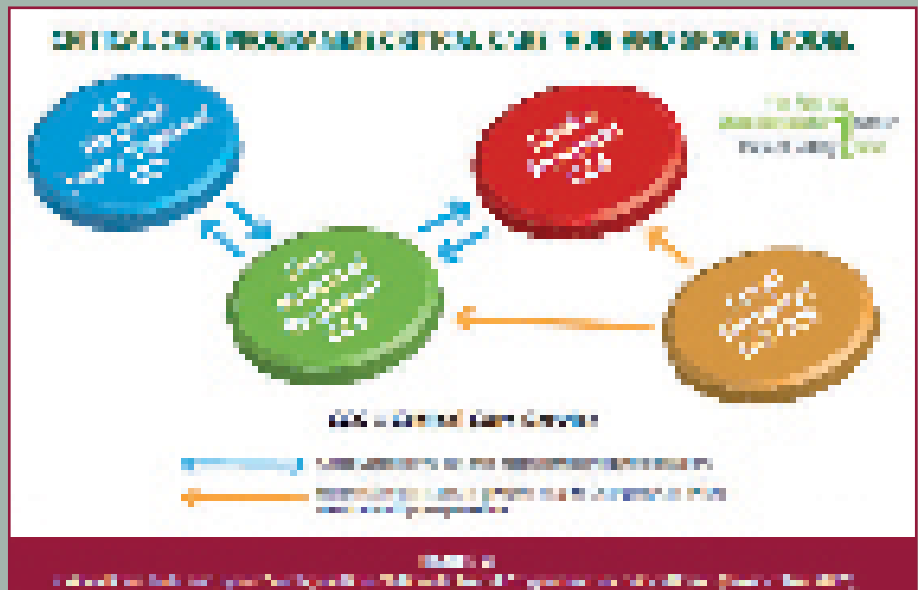
Each hospital group will have a combination of hospitals with ICUs and HDUs and hospitals without ICUs. The 'hub-and-spoke' model is aligned with the hospital group structure and connectivity between hospitals is provided through agreed transport and retrieval services so that critically ill patients can access safe and effective treatment in a timely manner. Timely access to organised critical care capacity leads to good outcomes for patients who are critically ill.

Dr Michael Power, National Clinical Lead, National Clinical Programme for Critical Care said "the implementation of the 'hub-and-spoke' model for critical care services in acute hospitals will lead to good outcomes for critically ill patients. Critical illness places a great burden on patients and on their families.

Critically ill patients are vulnerable, with many requiring specialty critical care in 'hub' hospitals and in supraregional hospitals. It is important therefore that critically ill patients gain timely access to the critical care services they need, and this model of care is designed to ensure that is the case."

Dr Aine Carroll, National Director of Clinical Strategy and Programmes, highlighted the importance of the new model.

Dr Aine Carroll, National Director of Clinical Strategy and Programmes, HSE and Dr Michael Power, Clinical Lead, National Clinical Programme for Critical Care at the publication of the Model of Care for Adult Critical Care.



"This Model of Care is very important for the integrated clinical management of patients within our hospital networks and will have positive outcomes for patients who are critically ill," she said.

Critically ill patients receive critical care service based on the level of care needed. The levels of critical care defined by the Joint Faculty of Intensive Care Medicine of Ireland (JFICMI) National Standards for Adult Critical Care Services 2011 outline the critical care service appropriate for the care of patients requiring level 2, level 3 and level 3(s) critical care. This care is generally delivered within a HDU or ICU.

Dr Tony O'Connell, National Director, Acute Hospitals Division, added, "This model of care

is a clear pathway for patients who are critically ill. It clearly sets out the model of service delivery for the hospital groups. This will improve access for patients who require critical care services."

Fintan Foy, CEO of the College of Anaesthetists of Ireland, said, "This is an excellent piece of work from the programme and will benefit all patients who are critically ill."

For more information on the work of the National Clinical Programme for Critical care and for the Model of Care for Adult Critical Care please visit www.hse.ie/criticalcare





A COURSE IN THE RIGHT DIRECTION

AN EXCITING new online training programme for Primary Care Health Professionals and GPs has been launched by the National Group of HSE Physical Activity Co-ordinators (PAC).

Promoting Physical Activity in Primary Care, the physical activity e-module, was developed in partnership with the ICGP (Irish College of General Practitioners) and in collaboration with the Faculty of Sports & Exercise Medicine, the Irish Practice Nurses Association and Get Ireland Active. The aim of the module is to support health professionals in routinely promoting physical activity in their professional practice.

This new training platform for physical activity lends support and recognition to the demands and time constraints many health professionals face in today's busy health care system.

The course contains video lessons and resources on topics such as the National Physical Activity Guidelines, health benefits of physical activity, assessment of physical activity, motivational interviewing, guidelines on exercise prescription and

physical activity in the management of chronic conditions. On completion of the course, you will understand the importance of promoting physical activity, be more confident in prescribing physical activity, and understand where your clients/patient are in terms of their attitude to changing their physical activity behavior.

Collectively, the PAC team serves as an expert resource for physical activity for the HSE and work in partnership with government departments, statutory and non-statutory bodies to promote measurable health and social gain through the promotion of physical activity. The role of the Physical Activity Co-ordinator is fundamental to the development and promotion of an active Ireland and as part of their role they support the integration of physical activity health promotion and improvement into all relevant aspects of the national chronic disease prevention programme as well as supporting the implementation of the National Physical Activity Plan for Ireland stemming from Healthy Ireland 2013-2025.

There is significant evidence to support the health benefits of physical activity in both primary and secondary prevention

of disease, across a broad spectrum of conditions, and yet three out of four Irish adults and four out of five Irish children do not meet the National Physical Activity Guidelines for maintaining and improving their current and future health. The module is built on a strong evidence base, supports health professionals in routinely addressing this issue by providing current information, resources and practical suggestions. In completing this course, you will be working towards goals set out in Healthy Ireland by having the potential to increase the proportion of people who are healthy and active at all stages of life.

CONVENIENT ACCESS

The eLearning module is available to health professionals via www.hseland.ie and to GP's through the ICGP www.icgp-education.ie/physical-activity/. The advantages of online eLearning means you can log onto the course and complete stages of the course at any time, day or night. There are seven lessons in total which, if watched consecutively, will take approximately 105 minutes. Additional supplementary notes and videos are available for each lesson.



THE FOLLOWING INTERVIEWS DESCRIBES THE PERSONAL EXPERIENCES OF COMPLETING THE ONLINE TRAINING COURSE BY TWO HEALTH CARE PROFESSIONALS

CAROLINE O'CONNOR, SENIOR COMMUNITY DIETITIAN, HSE SOUTH



What is your current role in Primary Care?

Senior Community Dietitian

Why did you do the course?

Because I wanted to make sure that I was sharing the correct information about PA with my clients.

What did you like about it?

It was quick, interactive and I could fit it in between clients in clinic. The info was useful but presented in a clear and concise way which was easily understandable and relevant to my role.

Did this course help you in your role as a Dietitian and if so how?

Yes definitely, it helped to raise my consciousness again to the benefits of PA for everyone, not just those who are trying to lose weight. I am now clear on the guidelines around PA particularly around the intensity of PA that is recommended. Overall I'm more confident in my conversations with clients around PA.

What did you find difficult about doing the course?

Nothing it was very straightforward.

What did you not like about doing the course?

Again there was nothing to dislike.

Are there any areas that you would like to see improved?

I found that some of the video clips did not portray a motivational interviewing style although there was a module on this separately which was useful I didn't find that it was followed through with the other video clips in the other modules. A consistent approach should be used throughout.

Did the online course meet your expectations?

Yes very much so.

Would you recommend others to do the course and if so, why?

Yes and I have already recommended it to the rest of my team and also to other colleagues in the acute setting. It is quick easy and effective.

Did you learn anything new on the course that has helped motivate you?

Yes, the percentage of deaths directly related to physical inactivity is shocking and also to exercise at the desired intensity.

FINIAN MURRAY, HSE MEN'S HEALTH DEVELOPMENT OFFICER, DNE



What is your current role in the HSE?

Men's Health

Development Officer, Health Promotion and Improvement, HSE DNE

Why did you do the course?

For personal and professional reasons. I wanted to be clear about the recommended guidelines, for myself but also wanted to be giving out the correct information through my work.

What did you like about it?

I liked the way it got the information across through different methods for example, video clips, PowerPoint slides and the multiple choice quiz at the end of each section to check if you learned the main points.

Did this course help you in your role as a HPO and if so how?

Yes. A large part of my role as a HPO for men's health is the delivery of Engage – National Men's Health Training Programme. Promotion of physical activity among men is an integral part of that programme. It plays a big part in men's health. For example, research tells us that men are more likely to lose weight through physical activity that healthy eating. Motivational Interviewing is part of the Physical Activity module and it is also part of Engage. Having completed the Promoting Physical Activity in Primary Care module, I now have a better understanding and more confidence in delivering MI on future Engage courses.

What did you not like about doing the course?

The only criticism I would have is that the course didn't tell me which multiple choice question I got wrong.

Would you recommend others to do the course and if so, why?

Absolutely. It is a great course to help you understand the importance of physical activity in your own life and teaches you how to promote it through your work.

Did you learn anything new on the course that has helped motivate you?

I learned that children are recommended to do at least 60 minutes of physical activity a day, compared to adults who are recommended to do 30 minutes at least five days per week. I also learned that a little physical activity is better than none.

ACCREDITATION

Currently the course is accredited by the ICGP (Irish College of General Practitioners) and qualifies for 4 CPD credits for GP's, has received 3.5 Continuous Education Units (CEU) with NMBI (Nursing and Midwifery Board of Ireland); and INDI, the Irish Nutrition and Dietetic Institute award CPD endorsement for 70 minutes.

NEED HELP REGISTERING WITH HSELAND?

Step 1: Visit www.hseland.ie

Step 2: If you are a new user click on 'Register here if it's your first visit' and proceed to Step 3. If you already have an account on hseland you can log on using your username and password and proceed to Step 5.

Step 3: Enter the following required information: Name, email address, username, password, security question, staff number, location, age group. For security and verification reasons, an email will be sent to you.

Step 4: Click on the link in the email.

Step 5: Click on the Modules Tab and locate the Physical Activity module.

OPERATING THEATRE PROGRAMME (TPOT) ROLLS OUT

FIVE new hospitals have 'bought-in' to the Productive Operating Theatre Programme (TPOT) since its initial roll-out.

The second TPOT training seminar took place at the College of Anaesthetics. The training course was organised by TPOT, National Clinical Programme in Surgery (NCPS) and National Clinical Programme of Anaesthetics (NCPA).

Following the initial seminar which took place earlier at the Royal College of Surgeons in Ireland, five new hospitals, namely, St Vincent's, Mullingar, Roscommon, Clonmel and South Tipperary were in attendance along with the seven who have been active in implanting the programme in recent years - CUH and CUMH (Cork), Sligo, Kilkenny, Galway, Limerick, Tal-laght and The Mater.



UHG nursing staff Johnny Tierney, Jacqui Barrett, Mairead McGovern and Maire Farragher at the TPOT seminar. PHOTO: FINBARR BUCKLEY

THE OBJECT OF THE SEMINAR WAS

1. TO provide knowledge and skills to support multi-disciplinary teams with practical tools needed to transform theatres across four key areas: (a) patient experience & outcomes to build teams for safer care, (b) safety and reliability of care, (c) team performance and staff well being, (d) value and efficiency.

2. To understand the role of the Executive Management Lead.

3. To understand the importance and principles of continuous quality process improvement, safety and patient care in relation to the operating theatre.

4. To give teams insight into how they can develop practical and realistic plans to start, sustain and measure their successes.

5. Ability to initiate (new) and progress (existing) the programme in the hospital.

Speakers over the two days included Grace Reidy, National Lead Nurse TPOT, Kenneth Mealy, Clinical Lead TPOT, Dr Janet Moriarty, Consultant Anaesthetist, Paul Rafferty, Quality Improvement Coach, Ms. Mary Mills, Director of Nursing, Cork University Hospital and Mary Flynn, Lead Programme Manager.

Some 62 members of staff including surgeons, nurses, bed management and portering services represented the twelve hospitals and were provided with an impressive 248-page glossary manual to accompany the slide presentation by the speakers.

Ms. Reidy was delighted with how the training programme went over what had been an exhausting but very informative and enlightening experience for all involved.

"First, I wish to thank the College of Anaesthetics for the use of their excellent facilities. It was great for the five new hospitals to get practical advice from those who have already been implementing the programme and I think the workshop interaction and general discussion enhanced the camaraderie between the various hospitals," she said.

"I would like to thank our wonderful speakers whose preparation and attention to detail while adding amusing anecdotes made the considerable workload enjoyable over the two days.

"I hope all our colleagues will bring back the increased benefits of what is a continuous improvement programme and become champions in their own hospitals of what I can only see as been an immense benefit to not only themselves but to the patients whose care and safety will always be our first priority."

CORK UNIVERSITY HOSPITAL HOSTS DANISH HOSPITAL TEAM

A MULTIDISCIPLINARY team from Rigs hospitalet, Copenhagen visited Cork University Hospital to explore and discuss The Productive Operating Theatre (TPOT) programme and see how it has been implemented in Ireland, and gain an understanding of how well it has worked in a healthcare settings outside of the NHS.

The team were welcomed to CUH by Mary Mills DON and Mr McNamara CEO, members of the Perioperative Directorate, TPOT Steering Group and staff from departments in CUH where TPOT initiatives have been implemented and sustained.

Members of the National TPOT Steering Group were also available for the visit and were able to explain how TPOT is supported and implemented nationally.

The visit was very worthwhile, with really good information exchange from staff on the ground in relation to the benefits as well as the challenges of implementing the programme. Overall the visit enabled our colleagues from Copenhagen to appreciate the elements of the programme, the importance of teamwork when implementing any change

programme, the need for leadership and the importance of peri-operative governance structure. For further information on the programme please contact grace.reidy@hse.ie

The visit was co-ordinated by Grace Reidy, National Nurse Lead TPOT.



Una Quill, Programme Manager, NCPA; Aileen O'Brien, National Nurse Lead, Anaesthesia Programme; Grace Reidy, National Nurse Lead TPOT; Noreen O'Leary, Theatre Operations Manager CUH; Morten Trock, Chief Financial Consultant; Helene Williams, Clinical Nurse Manager; Mary Mills, DON CUH; Pernille Olsbro, Head Nurse; Bente Frederiksen, Development Consultant; Jakob Trier, Clinical Anaesthesiology Manager; Mette Okholm, Consultant Surgeon; and Ken Mealy, Consultant Surgeon, Clinical Lead NCPS.

NEW DEMENTIA WEBSITE LAUNCH



Dr Ciara McGlade, Consultant Geriatrician Mallow General Hospital; Sheena Cadoo, Occupational Therapist, Mallow Primary Healthcare Centre; Amy Murphy, Dementia Adviser, The Alzheimer Society of Ireland, at the launch of new dementia website.

A NEW website to support those diagnosed with dementia, and their families, was launched in the Mallow Primary Healthcare Centre.

The website, www.crystalproject.ie, has been created by The Crystal Project, a community dementia project funded by the HSE and led by the HSE South Occupational Therapy Service, and involves collaboration between the Alzheimer Society of Ireland, the Carers Association, families affected by dementia, UCC, local community groups and General Practitioners and a number of other HSE services.

The website provides information on the services available from the Crystal Project's for people diagnosed with dementia as well as support to their families. It promotes awareness of dementia and aims to reduce stigma. The website also provides information on other dementia services in North Cork with links to a range of other information.

HSE WORKING WITH AN GARDA FOR MENTAL HEALTH

CO-OPERATION was the theme of a recent training day involving mental health workers and members of An Garda Síochána.

In keeping with the requirements of the law and this ethos of joint working as espoused in A Vision for Change, Louth Meath Mental Health Services and Louth and Meath Divisions of the Garda have been working collaboratively in developing structured liaison processes.

Members of An Garda Síochána encounter community mental illness on a regular basis and, as such, play the role as primary community agents. National and international best practice dictates the importance of the joint working between the two that places the service user at the centre of all activities.

As part of this process, a shared proposal for supporting liaison was developed taking note of local requirements, which necessitated the development of a Strategic Liaison Group, to discuss the broader issues that apply generally across both Divisions / Catchment Area, for Louth Meath and two Operational Liaison Groups, to develop clear communication pathways between mental health service personnel and An Garda Síochána from an operational perspective in Louth and Meath. These groups provide for increased and structured communication to occur within both organisations.

Emanating from discussions both operation-



Participants at the Joint Training Day included members of An Garda Síochána from various districts across Louth and Meath Divisions, and nursing and social work personnel from Louth Meath Mental Health Services.

ally and strategically, the area of joint training was identified as requiring particular input. Mental Health Service personnel and members of An Garda Síochána developed a Joint Training Day, two of which were delivered in the Regional Education Centre, Ardee, which covered a range of topics, including:

- An Garda Síochána and Mental Health Service Liaison
- Mental Health Legislation – International and National Context
- From Policy to Practice – An Garda Síochána and Mental Health Services
- Powers and Authorities of An Garda Síochána – Legislative Supports
- Areas of Overlap relative to Mental Health Act and Service Delivery
- Assisted Admission Policy – Authorised

Officer Policy and Protocol

- Detention – Place of Safety – Arrest
- Entering a Premises
- Apprehending a Person

In addition to receiving a number of presentations, attendees participated in a range of interactive exercises in which scenarios were presented for discussion, debate and response.

These facilitated shared activities resulted in significant fruitful discussion of roles, responsibilities and the importance of shared understanding, whilst at all times being mindful of the requirements of law and its application within the context of a service user focused approach.

Feedback from all concerned supports the need for further events of this nature.

WE CAN QUIT TARGETS LEVELS OF WOMEN SMOKERS LIVING IN DISADVANTAGED AREAS

THE HSE Office of Tobacco Control recently released the 2014 data for the monthly smoking prevalence tracker survey. Overall the news is good with smoking rates down to 19.5pc, equating to 70,000 fewer smokers in 2014 compared with 2013. However, smoking rates continue to be significantly higher than the national average in certain populations, particularly in lower socio-economic groups.

In 2014, the Irish Cancer Society commissioned research and developed a community based smoking cessation model to help women in low income communities quit. HSE Health Promotion and Improvement and Primary Care staff from Dublin worked with the Irish Cancer Society, the Northside and Blanchardstown Area Partnerships to deliver a pilot programme - 'We Can Quit'.

Using an action research methodology, a tailored Train the Trainer programme, with a gender dimension, was developed and delivered in line with HSE national smoking cessation standards, to community partnership staff and HSE primary care social workers. These then co-delivered five 12-week programmes to 39 participants from March to July 2014.

The 'We Can Quit' model took a woman-centred and empowering approach to smoking cessation. It provided participants with the opportunity to develop skills, build confidence and share experiences with each other, in a group environment. Weekly phone

calls, access to free combination NRT and motivational support from pharmacy staff, contributed to the community support factor.

The pilot study results indicate that the 'We Can Quit' model has good potential for reaching out and supporting women in living in low income communities to quit smoking.

Full results of the pilot project will be launched by the Irish Cancer Society in April 2015.

The HSE is continuing to work with the Irish Cancer Society and the Northside and Blanchardstown Area Partnerships as the 'WeCan Quit' project progresses to a second stage of research to test the overall feasibility of the model.



Jean Molloy, HSE, with 'We Can Quit' participant Paula Anderson.



Carmel McDonagh, HSE Primary Care, with 'We Can Quit' course participants.

LIBRARY WEEK TELLS US TO DROP EVERYTHING AND READ

TO MARK Library Ireland week, Dr Steevens Library ran a DEAR campaign – Drop Everything And Read. DEAR was based on a similarly-named programme to encourage reading in Irish schools. The idea is that at a set time every day for a week everyone stops what they're doing, sits down and reads for 15 minutes. Another campaign is planned for the near future.



The library staff adapted the programme to suit a wide range of health professionals, with a diverse range of topics including articles on leadership, tobacco control, integrated care, mental health and the tyranny of email.

"In the case of online resources, we selected open access articles so that there would be no barriers to access and recipients could freely pass on the material to colleagues. The material was divided into 10 minute reads and 15 plus minute reads to cater for busy schedules. A broadcast email was distributed," said Dr Steevens' Library Services Manager Ms Bennery Rickard.

To coincide with the email campaign, the library organised a parallel print version. Articles were distributed to staff in Dr Steevens' Hospital encouraging them to take an article, read it and pass it on. The canteen was the key contact point as it is the main area where staff congregate. Material was also placed in public places in the building so that visitors to the building could be included.

The campaign took place over two days during Library Ireland Week.

"In order to evaluate the campaign we included a brief self-return survey in the final broadcast email. The response to the campaign was excellent. Many colleagues stopped me in the corridor to tell me what a good initiative DEAR is and many complimentary emails were received in addition to the survey," said Ms Rickard.

"Some 97pc of respondents said that they would like the campaign to continue on a regular basis. DEAR is an adaptable initiative and easily made the transition from a reading initiative for secondary schools to an outreach evidence initiative in the Health Service Executive. My feeling is that DEAR captured the imagination of staff," she added.

INSET: Dr Siobhan Jennings, winner of the Health and Wellbeing category in the Open Access Research Awards, with Dr Steevens' Library Services Manager Bennery Rickard.

NEW YEAR FINANCIAL MANAGEMENT

P

LAN to manage your finances better in 2015 with some helpful tips from Health Services Staffs Credit Union; one of Ireland's biggest and best.

Budget, budget, budget! Budgeting takes the mystery out of your disappearing income. It gives you a clear idea of where you stand financially, and helps you get to where you want to be. Budgeting gives you control of your money. If you haven't yet set out a budget for 2015 take a look at our printable budgeting diary or go to www.consumer-help.ie where there are online budgeting forms.

If you've already decided to budget, and you've worked out what income and outgoing you have, and where you can possibly cut back on spending, then how do you make it work for you? How do you make sure you stick to the plan? We've put together some tips to help you budget your finances.

DIRECT DEBIT THOSE SAVINGS

HOPEFULLY, you've earmarked a certain amount of your income to a regular savings plan. Make it easier on yourself and have that amount debited from your account and transferred to a regular savings account. Better still, if you can, have that money taken through payroll deduction. Don't forget we operate 2 savings accounts (apart from

our Share Accounts); Christmas Savings and Regular Savings Incentive Account.

USE CASH IF YOU CAN

TAKE out an amount of cash at the beginning of the week and only use it, not your credit card, to make purchases. It's harder to part with cash and easier to see what you've spent and what you have left.

KEEP RECEIPTS

THIS will give you a clear idea of where you spend your money & where you can make cut backs. If you prefer to do this electronically there are a number of free receipt apps you can download.

MAKE IT VISUAL

IF you've cut down on alcohol, cigarettes, chocolate as part of your New Year's resolutions, put the money you would have spent on those items into a jar. Watch the money grow. Plan what you'll do with that money after x months. If it's a holiday, stick a picture of a holiday destination on the front of the jar.

KNOW YOUR INTEREST RATE & TERMS OF LOANS

IF you are in the market for a loan make sure you know how much interest you will be charged & shop around. Also, make sure

you find out what terms and conditions are attached to the loan i.e. will there be any financial penalties for early repayment?

GET BUY-IN FROM FAMILY/FRIENDS

FINANCIAL pressure can put stress on a relationship. Get your partner to commit to budgeting too, and share the responsibility. Look at car-pooling with friends and colleagues; suggest a cap on birthday presents between friends, invite each other round for dinner where each guest brings one course.

USE A HSSCU BUDGET ACCOUNT

IF you would rather someone else looks after your bills for you (with your money, of course!). Then take a look at our Budget Account. This account is operated on a money in / money out basis, i.e. members accumulate funds through their payroll, in addition to their normal credit union deduction, in order to pay these bills. There is a small charge for this service, currently €3 per month.

Remember if you are having financial difficulties our members can always contact us in confidence at HSSCU on 01 6778648 or you can contact the MABS Helpline – 0761 07 2000, Monday to Friday from 9am to 8pm or www.mabs.ie. For more information on our services visit www.hsscu.ie or phone 01 6778648 (Lo Call 1890677864 from outside the 01 area).



Healthy, set, go

MAKING THE HEALTHY CHOICE THE EASIER CHOICE

THE HSE dieticians and policy-makers are constantly striving to make the healthy choice the easier choice.

Research has shown that nutritional knowledge differs across social class and that individuals with lower levels of education were more likely to perceive lack of cooking skills as a barrier to healthy eating.

In order to address these issues, numerous community cooking projects such as Healthy Food Made Easy (HFME) and Cook-it have been set up by the HSE community nutrition and dietetic services throughout the country.

The HSE Health Promotion Strategic Framework and Healthy Ireland aim to address the determinants of health and health inequalities using a settings approach through partnership and capacity building, thus enabling people to increase control over, and to improve their health - to make the healthier choice the easier choice.

There is no doubt that the challenge is great. Sixty one percent of adults and 25pc of three-year-old children in Ireland are either overweight or obese, with children

from less socio-economically advantaged households more likely to be overweight. These statistics are the driving force behind the predicted rise in prevalence of diabetes in the Irish adult population aged 20-79 from 6.1pc in 2012 to 7.1pc in 2030. They are also the drive behind our community cooking programmes.

WHAT'S IT ALL ABOUT?

THE aim of these programmes is to improve nutrition knowledge, dietary behaviours and cooking skills in

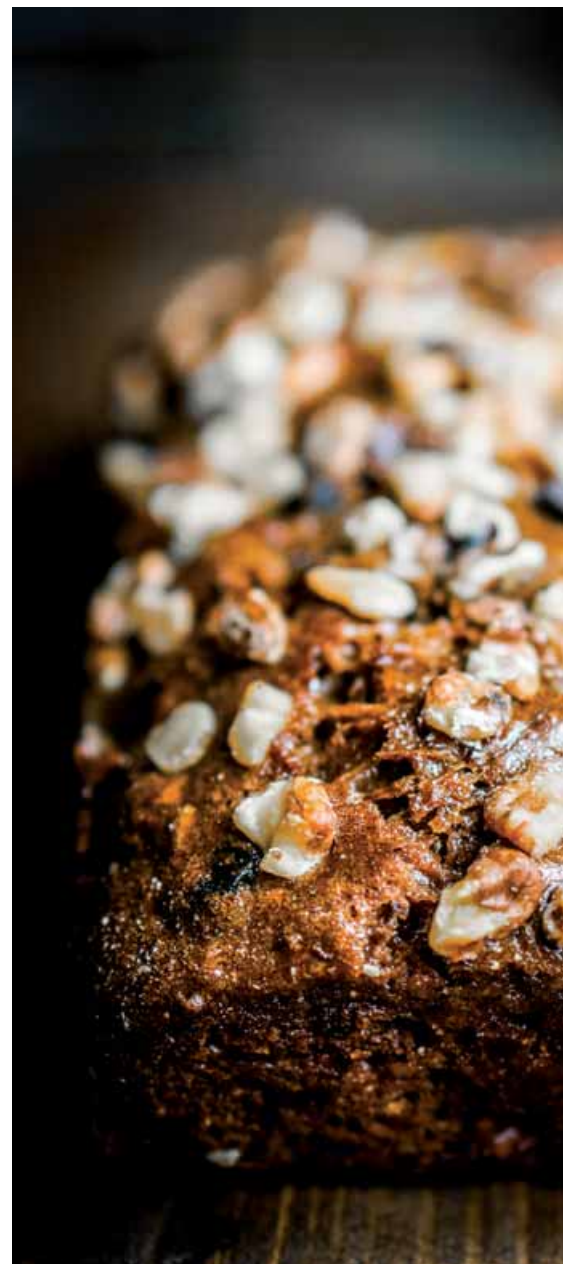
lower socio economic and marginalised, vulnerable groups.

The programmes are funded by the HSE Health and Wellbeing division and comprise six sessions covering nutrition information

and cooking, based on the food pyramid and the national healthy eating guidelines. Topics

covered include fruit and vegetable intake, fibre, fats, calcium and bone health, healthy shopping habits, food labelling and family food issues such as fussy eating in small children and fast food intake in teenagers.

Each week participants learn about nutrition but also get an opportunity to put their learning into practice by cooking healthy





WHAT NUTRIENTS YOU NEED AND WHERE TO FIND THEM

PROTEIN For growth and repair, healing and immune system.
GOOD SOURCES: Meat, fish, poultry, eggs, peas, beans, lentils, nuts, tofu, quorn, dairy products.

CARBOHYDRATES (Sugar and starch) for fuelling for the body.
GOOD SOURCES: Bread, cereals, potatoes, rice, pasta.

FAT Provides energy, protects organs, provides fat-soluble vitamins.
GOOD SOURCES: Oil, butter, spreads, cream, cakes, biscuits, crisps, nuts and seeds, chocolate, fried foods, takeaways, fatty meats.

FIBRE Keeps the bowels working well, helps us to feel full, protects from certain diseases (such as bowel cancer, heart disease).
GOOD SOURCES: Wholegrain cereals and bread, pulses (beans, peas and lentils), fruit and vegetables.

VITAMINS, MINERALS Protects from disease, strengthens immune system, general health. **GOOD SOURCES:** See below

IRON For healthy blood, to carry oxygen around the body, prevents anaemia. **GOOD SOURCES:** Red meat, poultry (dark meat), sardines, eggs, baked beans, dark green vegetables, fortified breakfast cereals.

CALCIUM For strong bones and teeth, helps prevent osteoporosis.
GOOD SOURCES: Milk, cheese, yoghurts, tinned fish, breakfast cereals.

VITAMIN C Strengthens immune system, Helps body to use iron, Helps healing. **GOOD SOURCES:** Citrus fruits, for example, oranges. Berries, green leafy vegetables, peppers, kiwi, tomatoes.

FLUID Needed for basic survival, Prevents dehydration.
GOOD SOURCES: Water, milk, tea, coffee, soft drinks, juices, squash.

recipes. The emphasis throughout the programme is on group learning and participation using methods such as discussion, quizzes, problem-solving games, card games as well as worksheets and handouts.

In addition, there is a major focus on the enjoyment of participating in preparing, cooking and tasting food. To support the participants in making healthier choices, and as a support to the tutors and peer-leaders delivering the programme, the Community Dietitian also visits each group.

HOW ARE THE PROGRAMMES DELIVERED?

THE programmes can be delivered by tutors already working with community groups or, in many areas the programme is run as a partnership project with a local community organisation whereby a project co-ordinator is employed and peer leaders are recruited from the community in which the project is based. Both tutors and peer-leaders are trained and supported by the HSE community dietitian (and the project co-ordinator in many cases).

Examples of those who have benefitted from participation in HFME/Cook-it include parents of children in primary and secondary schools (especially DEIS schools), transition year students and parents, young single parents, older adults, men's sheds groups, traveller groups, ex-prisoners, drug rehabilitation groups, disability service users, mental health support groups and youthreach participants.

WHAT ARE THE BENEFITS OF PARTNERSHIP, COMMUNITY BASED WORKING?

HFME /Cook-it targets hard-to-reach individuals within their own community

As the projects have developed over the years, several previous participants have themselves gone on to train as peer-leaders, thus building capacity and embedding the project in the community in which they live.

This positive experience of partnership working has offered an opportunity to advocate for Health to be placed on the agenda of community organisations whose work addresses many of the social determinants of health including unemployment and education, via access to employment schemes/supports, literacy schemes and school completion programmes.

HFME/Cook-it acts as a gateway programme to other locally available health services such as smoking cessation, stress management programmes, physical activity options and community gardens projects.

HFME/Cook-it supports the work being done in developing healthy eating policies in schools participating in the health promoting schools programme.

Get Moving THE EASY WAY

Jim Gorman, HSE Physical Activity Co-ordinator, gives you some invaluable tips about seeing off the winter blues and springing into action



Get Ireland Active
Promoting Physical Activity in Ireland

YOU resolved to get moving and clear away that sluggishness caused by the festive overindulgences as the New Year came in. But, two months on, have you broken that promise to yourself to get fit and feel great? Getting a bit more exercise is a fantastic way to improve your mood and your family's well-being. To keep healthy and well, the expert advice is that children should aim for at least one hour of moderate to vigorous activity every day, and adults should aim for at least 30 minutes of moderate physical activity five days a week. Here are some ideas and some motivation for you!

GETTING READY

Set some realistic goals for yourself. Ask yourself, the following – am I moderately active at least five days per week for 30 minutes? If not start thinking of ways you might achieve this goal:

- I could try to be active every day?
- Could I walk/cycle to work?
- Could I walk/cycle with the children to school?
- Could I walk/cycle during my working day?
- Could I introduce activity into my life before my day starts or ends (an early start can be hard but it's a great way to set you up for the day ahead!)
- I could enquire about activity programmes run by my local sports partnership www.irishsportsCouncil.ie
- I could enquire about local walking groups in my area www.getirelandwalking.ie
- I could enquire about joining a local cycling club www.cyclingireland.ie/page/membership/clubs/club-locator
- Perhaps I could aim for my first 5km fun run this year
- Perhaps I could aim for my first fun cycle, 50km or 100 km cycle



SOME GREAT IDEAS TO KEEP ACTIVE

LOCAL FOREST TRAILS THESE are great places of adventure for young and old so make it a point to try them out www.coillte.ie. For example, Coillte newest forest park opened in Cavan Burren in May 2014 and it is an area of very rich archaeological and geological interest, but also has trails into fabulous scenery in north-west Cavan.



PARK RUN SO far this year over 23 free 5km routes have been set-up throughout Ireland with more to come for 2015. For example, there is a park run every Saturday at 9:30am in Malahide Castle. Check out www.parkrun.ie for more park runs near you.



SWIMMING IF YOU weren't brave enough to dip your toes into the open water Christmas Swims then visit your nearest pool for an hour of aqua fun with all the family

OUTDOOR FRESH AIR THE simplest and cheapest way to get yourself moving is a walk. Bring the kids and/or dog to the park where you can have more fun playing chase or fetch

CYCLE IF Santa was good enough to bring someone a bike this year, then take out your helmets and on your bike

ROLLERBLADING / SKATING / SCOOTING PUT on your coats, pack up the gear and head for the nearest park as you let the kids practice their new wheel skills

EXER-GAMING EMBRACE the techno world and allow yourself an hour's fun playing activity based games designed for today's consoles!

THE BENEFITS FROM KEEPING ACTIVE MEANS

- Keeping yourself active will enhance your overall health and wellbeing
- Helping burn off any extra calories consumed over the winter months
- Spending more quality time with your friends and family in a fun low-cost way
- Spend less time 'sitting down' or being sedentary which is not good for your general health especially your heart
- Helping your mental as well as your physical health
- Fitness levels will be maintained when you return to your regular routine after the holiday break
- Looking and feeling better!

Being more active has so many benefits for your health and wellbeing. It reduces your risk of a wide range of very common chronic diseases, like coronary heart disease, high blood pressure, stroke, diabetes, colon and breast cancer, and dementia. It also has a really positive impact on your mental health and wellbeing, and is proven to be one of the important 'little things' that you can do improve your mood and help you through tough times.

Living an active lifestyle also helps to prevent weight gain, can increase functionality as well as helping to keep your brain active which can prevent dementia in later life. What better gift can you give to yourself this year – keep active!

FOR MORE INFO

Get Ireland Active – looking for more ideas and advice on how to keep active, then log onto www.getirelandactive.ie

FACEBOOK Get Ireland Active

TWITTER #getirelandactive

Like/Follow our pages and you will be kept up to date with what's happening in the world of Physical Activity. News, advice and tips are posted regularly to help keep people motivated and informed.



There is a park run every Saturday at 9:30am in Malahide Castle

YOUR FIVE DAY

WORK LUNCH

sorted!

Trying to organise a healthy lunches for your working week acquires a little forward thinking, let these quick nutritious lunch ideas set you on the right path.



Simple Greek salad with salad leaves

PREPARATION TIME 20minutes
SERVES 4

INGREDIENTS

450ml of good quality tomatoes
1 red onion, cut into chunks
6 tbsp olive oil
1 lemon, juice only
1/2 teaspoon dried oregano
1/2 cup or so of fresh salad leaves
200g good quality greek feta cheese,
20 black olives, preferably kalamata
bread of choice to serve

METHOD

Gently mix together all the ingredients trying not to break up the feta any more and season with black pepper, and sea salt if you want. This is lovely served with hot, griddled pitta bread.

Avocado caprese wrap

PREPARATION TIME 10 minutes
SERVES 2

INGREDIENTS

2 whole wheat tortillas
½ cup or so of fresh spinach leaves
½ cup or so of fresh rocket leaves
1 ball fresh mozzarella cheese, sliced
1 tomato, sliced
1 avocado, pitted and sliced
Lemon olive oil
balsamic vinegar
*himaylan salt and ground black pepper
A sprinkle of chilli flakes (optional)

METHOD

Layer slices of tomato, mozzarella cheese and avocado on ⅓ of the tortilla. Add a few torn pieces of spinach and rocket leaves then drizzle with olive oil and balsamic vinegar. Season with salt and pepper. Fold the tortilla in thirds and serve.

Warm cous cous salad

PREPARATION TIME 15 minutes
COOKING TIME 15 minutes
SERVES 2

INGREDIENTS

2 chicken breast
2 tbsp olive oil
*himaylan salt and ground black pepper
vegetable stock
400 ml Water
175 g Cous cous
½ cup or so of fresh coriander leaves
4 small plum tomatoes
4 scallions
A sprinkle of chilli flakes (optional)

METHOD

Heat the grill. Brush the chicken with the oil and sprinkle with a little salt and pepper. Grill until cooked through.

Remove from the grill

and allow to cool. Cut the chicken breasts into thick slices. Allow to cool, you may heat these again for you lunch. Dissolve the stock cube in the boiling water in a pan



over a low heat. Gradually stir in the couscous and bring



AVOCADO CAPRESE WRAP

to a boil. Remove from the heat, cover the pan with a well fitting lid and leave to stand for 1 minute. Allow to cool. Once cool, add the herbs, tomatoes, and spring onions and mix well. Season to taste with salt and pepper. Add chilli flakes if desired To serve reheat (optional) chicken and add to cous cous and salad.

Lentil, chickpea and chilli soup

PREPARATION TIME 10 minutes
COOKING TIME 25 minutes
SERVES 4

INGREDIENTS

2 tsp cumin seeds
1 tbsp olive oil
1 red onion, chopped
large pinch chilli flakes
140g red split lentils
900ml vegetable stock
400g can tomatoes
200g carton chickpeas
small bunch coriander, roughly chopped
4 tbsp Greek yogurt, to serve

METHOD

In a saucepan, dry the cumin seeds and chilli flakes for one minute. Add the oil and onion to the pan and cook for five minutes. Stir in the tomatoes, lentils and stock. Bring to the boil and then simmer for 15 minutes until the lentils are soft. Blend the cooked soup until it is a rough puree and return to the pan. Then add the chickpeas. Heat gently and season.

Then stir in the chopped coriander leaves. Finish with the yoghurt and some more coriander leaves.



Quick frittata

PREPARATION TIME 10 minutes
COOKING TIME 20 minutes
SERVES 2

INGREDIENTS

5 eggs
120ml milk
Salt, pepper and dried rosemary
Grated cheese
1 leek, chopped
5 mushrooms, chopped
3 cherry tomatoes, chopped
Thick slice of cooked ham, chopped

Mix up eggs, milk, rosemary, salt and pepper. Add a handful of the cheese to the egg mixture. Heat a small piece of butter in a pan and fry the chopped leek. When it has softened, add the mushrooms. Fry for a couple of minutes. Then add your tomatoes and ham. Turn your pan down to a medium to low

heat. Add the egg mixture and cook for five minutes without stirring.

Turn your oven up to 180 degrees Celsius. When the egg mix is cooked on top but still runny, add to the oven for five minutes until firm.



5 TIPS FOR DRAUGHT-PROOFING YOUR HOME

ENERGY costs high and the winter showing no signs of abating, it's always vital to ensure that you aren't wasting precious money by letting drafts into your home. But there are simple and cheap ways that you can protect your home from the cold

1 FIT special weatherstripping tape to make windows less draughty. Weatherstripping (typically self-adhesive foam tape) helps to fill the gap between the frame and the moving part of the window. The same tape can be used on exterior doors. Bear in mind though, original sash windows are notoriously draughty, and you may prefer to get a pro to draught-proof and refurbish them more thoroughly.

2 FOR extra insulation at this time of year, fit a curtain pole above an exterior door and hang a heavy curtain across it, especially if the door is partially or fully glazed.

3 MINIMISE draughts at the bottom of an exterior door with a brush-style strip - simply cut it to fit and screw it in place, but don't fit it too low or it will drag on the floor. Exterior doors should also be fitted with keyhole and letterbox covers to stop cold air coming in.

4 CHIMNEYS can be a source of draughts, so if you have an unused fireplace, get the chimney capped on the roof (by a roofer) and fit a chimney balloon, which inflates inside the chimney to keep warm air in the room and block cold air coming down the chimney - just make sure you remove the balloon before using the fireplace. covers to stop cold air coming in.

5 INTERIOR doors should be draught-proofed if they lead to a room that isn't heated. Keep the door closed so the cold air stays in the unheated room, and block any gap at the bottom of the door with a fabric 'sausage' draught excluder.





Wave Goodbye! TO WASTE

REDUCING waste, saving money and doing your bit for the environment are all tempting ideas. But sometimes green schemes like wind turbines and solar panels sound a little daunting.

IF YOU'D LIKE TO BE A BIT 'GREENER' BUT DON'T KNOW WHERE TO START, THERE'S AN EASY ANSWER: COMPOSTING .

CREATING what's known as "black gold" for the garden is the perfect way to reduce waste while turning your kitchen scraps and garden trimmings into a terrific soil enricher.

Compost tends to be made up of green and brown materials. The green waste comprises of things like kitchen scraps, leaves and used coffee grounds, and the brown tends to be things which takes longer to decompose, such as dried leaves and shredded newspapers.

Green compost is moist and full of nitrogen and, ideally, your bin should have a nice layered mix of the two kinds, to encourage a healthy fertiliser to develop.

So forget buying those expensive bags of compost from the garden centre, and start turning your kitchen leftovers and lawn cuttings into a fantastic soil enhancer, while helping to reduce the amount of rubbish headed for landfill.

GETTING STARTED

ALL you need to start your composting career is a lidded container or makeshift frame. It should ideally be at least 1 metre (3ft) square, otherwise it may be too small to generate enough heat to rot down the mix.

Experts suggest the container should also be easily accessible, have no gaps in the sides and be insulated with ardboard or straw. And, if you can put it in semi-shaded position, or directly on the soil, so much the better.

WHAT CAN I PUT IN?

BASICALLY anything which has at some point lived will compost - but some items are best avoided. Don't attempt to put meat, cooked food, dairy products, cat litter or faeces in there, as these can attract unwanted visitors.

Go for 'green waste' such as fruit and vegetable waste, lawn clippings, egg shells, stale bread, tea bags and leaves, coffee grounds, young weeds; and 'brown' waste which is carbon-rich and slow to rot, e.g. newspaper.

HOW DOES IT WORK?

ONCE in your compost bin, the dry, woody brown materials and your soft green waste will work together. The woody debris will allow air to circulate through the heap, while the soft waste will provide nitrogen, other plant foods and moisture.

Once your container is full, don't let it dry out or become too wet. A good test is to squeeze a handful and see how much moisture comes out - it should only be a few droplets.

HOW TO ADD YOUR WASTE?

TO ensure success, you should think about the content of compost like a recipe, making sure that your basic mixture is equally balanced with a mixture of green and brown waste

Green waste tends to break down more quickly than brown waste - so use it to activate the composting process. But, remember, you also need that bulky brown waste, which decays more slowly, to add body to the compost.

Experts recommend taking out tough weeds, diseased plants and woody prunings as they can take too long to decompose, and breaking up all bulky stuff before it goes in.

They also suggest alternating your brown and green materials in different layers, to encourage both to break down and rot.

If you are making compost for the first time, turn the new heap after about a week to allow the cooler outer material to enter into the hotter centre, then turn it again two weeks later, after which you should leave it for around six months.

HOW LONG WILL IT TAKE?

IF you are filling the heap gradually, the material at the bottom of the pile should almost be ready for use by the time the container is filled.

In less than a year, you'll have soft, crumbly fruitcake-like compost to spread as a mulch or add to your soil to improve its fertility. You'll also have the warm fuzzy feeling that comes with doing a good deed - and getting something for nothing.



SIGHTS TO SEE IN 2015

WILDLIFE COSTA RICA

AFTER performing admirably well in the FIFA World Cup, this small Central American country grabbed people's attention, and with the launch of Thomson Airway's new weekly service from Gatwick in November 2015, it's set to grow in popularity.

Sloths, resplendent quetzal birds and squirrel monkeys inhabit the rainforests, while turtles can be found nesting along the sandy coastline. Get off the beaten track with Pura Adventure's 4x4 self-drive, visiting the volcanoes and bubbling mud pots of Rincon de la Vieja National Park and exploring the exceptionally biodiverse Corcovado National Park.

A SCENIC CHOICE DORSET

WITH our appetite for period dramas never waning, the big screen adaptation of Thomas Hardy's *Far From The Madding Crowd* (set for release in May 2015) is bound to spark interest in Dorset, where much of the film was shot. Tread lead star Carey Mulligan's path through rural countryside, Saxon villages and the UNESCO-protected Jurassic coastline.

BEST FOR SAFARI ZIMBABWE

WITH peace having returned to this South African country in recent years, it looks set to regain its status as one of the best safari destinations in Africa.

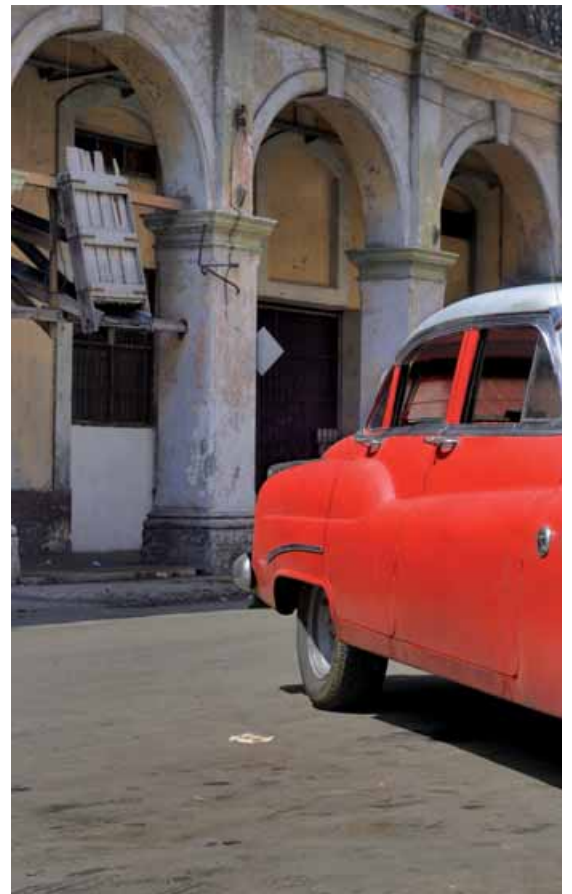
Guides train rigorously for at least seven years before qualifying, longer than in any other country, and parks are, at least for now, wonderfully free of crowds.

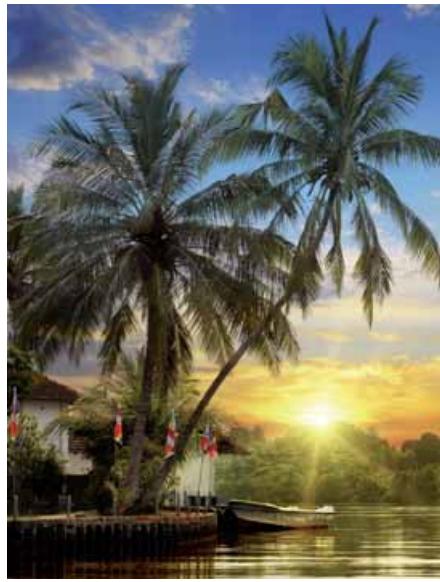
Visit Hwange - a park almost the size of Switzerland, take in the views from Cecil Rhodes' grave at Matopos Hills, or head even further off the beaten track to Chilo Gorge Lodge.

GO NOW CUBA

IT'S one of the last few countries in the world where you won't find a McDonald's or a Starbucks, but all that could change now diplomatic relations between America and Cuba have thawed, with Barack Obama promising relaxed travel regulations to the Caribbean island.

If you want to savour Cuba's time warp appeal, with classic 50s cars zipping through billboard-free, crumbling colonial streets, travel now before it all changes.





BEST FOR BEACH SRI LANKA

A DECADE since this Indian Ocean island was hit by a tsunami, its fortunes are on the up. The reopening of The Queen of Jaffna rail service, running from capital city Colombo to northern province Jaffna, will provide access to an area once troubled by unrest during the country's civil war. Now the peaceful region offers idyllic beaches and a colourful insight into Tamil life.

WONDERFUL FOR HIGH ON A CULTURAL AGENDA LYON

ANYONE with an interest in art, design and science should visit the new Musée de Confluences on the outskirts of Lyon. Built to resemble a floating cloud, the museum questions the history of Earth and mankind, using objects amassed from the 16th to 21st century.

HOT FOR HISTORY BUFFS TURKEY

NEXT year marks the 100th anniversary of the April 25 Gallipoli landings, when British, French and ANZAC troops made an unsuccessful attempt to gain a sea route from Europe to Russia during World War I.

Visit memorials and graves in Turkey's Gallipoli Peninsula Historical National Park, and learn about the tragic events.

AN EXOTIC CITY BREAK SINGAPORE

ONCE a small fishing port with just 1,000 inhabitants, Singapore has become a thriving metropolis and one of the busiest stopover cities for flight routes. But there's plenty of reason to stick around in the sovereign city state, which was once a British trading post, and next year a number of celebrations will be held to mark 50 years since independence.

The new National Gallery Singapore is set to attract art lovers, while sports fan will be interested in the Southeast Asian Games (June 5-16).

MAD FOR MUSIC MEMPHIS

STILL regarded as the king of rock n' roll, Elvis would have celebrated his 80th birthday in January 2015. The largest exhibition of Elvis artefacts in Europe is now open at London's The O2, but fans are expected to descend on Graceland throughout the year to mark the occasion.

A fly-drive holiday could include visits to Great Smoky Mountains National Park, Nashville, Memphis, Graceland and Dolly Parton's



First Drive!

FORD FOCUS ESTATE

FACTS AT A GLANCE

FORD FOCUS ESTATE

1.5 TDCI 120PS TITANIUM, £22,095

ENGINE: 1.5-LITRE PETROL UNIT
PRODUCING 120BHP

TRANSMISSION: 6-SPEED MANUAL
DRIVING THE FRONT WHEELS

PERFORMANCE: TOP SPEED 120MPH,
0-62MPH IN 10.7 SECONDS

ECONOMY: 74.3MPG COMBINED

EMISSIONS: 98G/KM OF CO₂

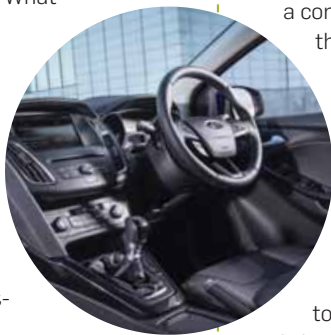
WHAT'S NEW?

UNLIKE with some model updates where it's impossible to tell what's been changed, with Ford's revamped Focus Estate, there's no mistaking old for new here. The first thing that greets you is Ford's new corporate nose - think Aston Martin for the people.

But there's more to the Focus than just some added bling, as the car now packs some impressive safety and convenience kit, tweaked ride and handling characteristics plus engines that are more than worthy of Ford's hype.

LOOKS AND IMAGE

IN keeping with the Fiesta and Mondeo, the Focus sports a new nose that looks suspiciously similar to something you might find on an Aston Martin. Whatever your view, the bold new snout is a genuine head-turner and does much to boost the car's premium look and feel. And it's this angle that Ford is most keen to develop, as the firm aspires to move its models increasingly upmarket.



SPACE AND PRACTICALITY

AS the wagon of the family, you can expect the Focus Estate to swallow pretty much anything you throw at it. The car's low loading lip, easy open tailgate and flat load bay all conspire to make life exceptionally easy when shifting large or heavy items. This versatile theme continues inside the cabin, with both front and rear occupants offered good levels of space. If you don't fancy a



conventional people carrier or SUV, the Focus Estate could easily fulfil the bulk of your family-related duties with ease.

BEHIND THE WHEEL

IT'S not down to luck that the Focus is routinely held up as a benchmark when it comes to driver enjoyment, as Ford expends a considerable amount of effort in this department. The car's facelift status has resulted in a raft of detailed tweaks to enhance the experience for keen drivers and boost refinement for everyone else in the cabin.

From suspension and steering changes to soundproofing tweaks, Ford has taken a fine tooth comb to the Focus in a bid to bring it closer to premium class cars costing considerably more. And then there's the Blue Oval's continued development of its engine range.

New for the Focus is a 1.5-litre diesel to complement the existing petrol equivalent, while a 1.0-litre petrol unit has also been introduced. Load-luggers will no doubt appreciate the diesel's 120 horsepower, 98g/km CO₂ rating and the prospect of 70-odd mpg. That it's smooth, refined and capable is more than a bonus

VALUE FOR MONEY

WHICHEVER variant you choose, Ford has upped the ante with more standard kit, improved economy and emissions plus an impressive choice of hi-tech extras covering safety and convenience. Plus, with the car's cabin ambience having been raised, the added premium 'feel' is immediately obvious and does much to convince occupants they are in a higher class of car.

WHO WOULD BUY ONE?

IF the current crop of compact SUVs and people carriers leave you cold or you need a conventional load-lugger, the Focus Estate is hard to ignore. It can't match the latter for overall cabin versatility, but as compromises go the Focus wagon is a competent, affordable and well-equipped alternative. It'll likely drive better than either alternatives - something the Focus range is famous for and an attribute popular with keen drivers.

THIS CAR SUMMED UP IN A SINGLE WORD

REWARDING.

IF THIS CAR WAS A LABOUR SAVING DEVICE

IT would be a kitchen gadget to do it all!

FOR YOUR CHANCE TO WIN TWO NIGHTS B&B WITH DINNER FOR TWO PEOPLE



ANNEBROOK HOUSE HOTEL



Nestled in the heart of Mullingar Town Centre the Award Wining 4* Annebrook House Hotel awaits you. The hotel is built around an original Georgian house tastefully entwining the old with the new. The hotel boasts 26 executive rooms, 2 champagne suites, and 36 luxury 2 bedroom apartments which also have two en suites and a living area, the apartments are connected to the hotel via a glass walkway. All the accommodation is to a high standard.

Dining at The Annebrook is a unique experience. The Old House Restaurant is located in the cellar of the Old house, with its original limestone walls and its original fire places it has a warm cosy feel. Berty's bar offers a option of Carvery served at lunchtime or a bar food menu served in the evening. There is plenty to see and do around Mullingar with a range of activities for families, groups and couples.

Just 50 minutes from Dublin the Annebrooks central location means its ideal to access an array of local activities from trendy coffee shots, Unique Boutiques, bike trails, golfing, fishing, Greyhound racing and Horse Racing, you will have plenty to choose from when visiting this midlands gem.

To enter this fabulous competition of winning a 2 Night B&B stay for 2, including Dinner, Simply answer the following question:

Mullingar is in Westmeath?

Send your answer to competition@celticmediagroup.com with 'Annebrook House' as the subject title. Closing date midnight Sunday 31st May.

ANNEBROOK HOUSE HOTEL
Austin Friars St, Mullingar, Co. Westmeath

Tel: 044 9353300 Fax: 044 9353333
info@annebrook.ie www.annebrook.ie

TERMS AND CONDITIONS APPLY: Competition closes at midnight Sunday, 31st May 2015. The winner will be contacted on Tuesday, 2nd June 2015. The prize is as stated. There is no cash alternative. The MD's decision is final.

DO THINGS WITH OTHERS THERE'S STRENGTH IN NUMBERS

Being involved in activities that you enjoy is proven to have a positive impact on how you feel.



Little things can make a big difference.

Find the #littlethings that work for you.

yourmentalhealth.ie



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