



# HEALTH MATTERS

## A HEALTHY CHRISTMAS

Dawn shares her tips

## One million not out

Information Line passes major milestone

## Four-step plan

ED Taskforce in action



FEATURES

GENERAL NEWS

YOU SECTION

LIFESTYLE

## WELCOME TO THE LATEST EDITION OF HEALTH MATTERS

THE Christmas and New Year season is upon us and no doubt many of you are planning to make (and probably break!) a few resolutions. In this edition of Health Matters, there's plenty of inspiration to keep you on track if your goal is a healthier life. Dawn Stevenson shares with us her weight loss journey and how she managed to shed five stone in just over a year without resorting to unhealthy and unsustainable fad diets. And she tells us how much happier she now feels.

And three former smokers talk to us about kicking the habit and the struggles they endured before finally breaking free. And remember you don't have to go it alone if you choose to give up the cigarettes this New Year. Our QUIT team are on hand to deliver the most amazing support and guidance through the tough times.

We also speak to nurse Colm Plunkett about his near-death experience during a routine day out fishing with his daughter Orlaith when a freak wave dragged him into the sea. But for his life jacket, Colm would surely have drowned. Here he tells why it is so important to always wear the life jacket, even when the conditions look calm.

One of the great new initiatives being taken up by HSE staff around the country is the establishment of staff choirs. Down in the Cork University Maternity Hospital, they are still celebrating finishing as runners up in the recent Workplace Choir competition final in the National Concert Hall. Find out inside all you need to know to set up your own choir.

As ever, we welcome your ideas and feedback on the magazine. Drop us an email at [healthmatters@hse.ie](mailto:healthmatters@hse.ie)

A big thank you to all of our contributors to this edition and I hope you find plenty of interesting reading in it.

*Joanne Weston*

Joanne Weston,  
Editor



This magazine is produced by the  
**HSE COMMUNICATIONS DIVISION**

**PUBLISHERS:** Celtic Media Group  
[www.celticmediagroup.ie](http://www.celticmediagroup.ie)

**FEEDBACK:** Send your feedback to  
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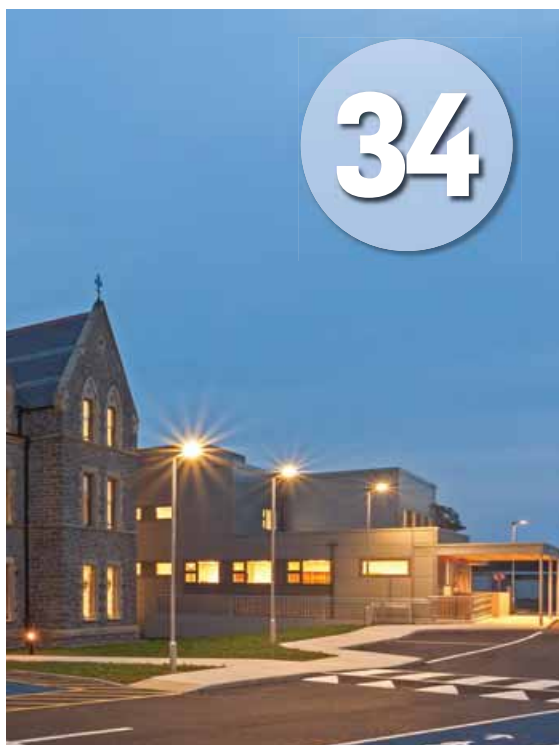
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# Sites we like

www.cfireland.ie



www.getirelandactive.ie



www.undertheweather.ie



www.winterready.ie



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*A Message from the...*

# DIRECTOR GENERAL



## We must learn from our successes as well as our failures

*Dear Colleagues*

IN OUR Health Service, it is as important for us to learn from our successes as much as it is for us to review and learn from our shortcomings and failings. By reviewing our successes, we can discover how to build on our achievements and share with each other what worked well.

When we consider what has been provided, we can see that health services, in the face of less resource, have shown remarkable resilience over the past few years. Service improvements, during this tough period, have been very positive. Of course we have a long road to travel and we need to continue to build a culture and the capacity for improvement but it is heartening to see that there have been significant progresses despite challenging years.

The progress we have made is a testament to the great work carried out by staff members' every day. Different catalysts have spurred on these improvements. Some requiring new funding or reconfiguration of services – all showing flexibility, innovation and staff commitment to delivering safe, high quality care even when being asked to do more with less.

When reviewing our progress over the past three years or so, it is clear there has been increased activity, a focus on safe quality care and better linkages between acute, primary and community care services. This creates strong foundations for our national integrated care programmes, and other future goals and ambitions.

### PRIMARY CARE

53 new Primary Care Teams have been established since 2012 bringing the total number of teams to close to 500. Thirty-three new Primary Care Centres opened and there have been increases in referrals to Community Intervention Teams (up 12pc), Physiotherapy teams (up 9pc) and Occupational Therapy teams (up 27pc).

Changes in the Primary Care Reimbursement Service around



medical card governance and business processes are improving our interaction with members of the public.

Some 375 General Medical Service (GMS) GPs have entered the GMS Scheme under the open entry mechanism improving access to GMS services. A diabetes cycle of care for GMS patients with Type 2 Diabetes nationally has been introduced as well as asthma care for children under 6 years of age.

Also in primary care, the pharmacy needle exchange service is reaching its targets and 973 staff received training to help them screen for alcohol and substance misuse.

### SOCIAL CARE

SERVICES for people with disabilities and older people have been strengthened. Disability Services are committed to a new change programme. There have been improvements in day services for school leavers and Rehabilitative Training graduates. More than 1,300 have transitioned from institutional type care and are now supported to live in the community. We are also working towards the targeted reduction of waiting lists for therapies for children and young people in this area. This work is being assisted by staff recruitment and the reconfiguration of teams.

In Older People Services, additional funding has seen reductions in the numbers waiting and the waiting periods for funding under the Nursing Home Support Scheme (NHSS). We have seen a 26pc increase in clients in receipt of home care packages and a 5pc increase in clients in receipt of Home Help. Under the delayed discharge initiative an additional 238 short stay beds opened. Some 240 transitional care beds have been funded so far this year.

### ACUTE HOSPITALS

GREAT advances have been made in stroke care. We have the highest rate of 24/7 access to stroke thrombolysis treatment in the world, we've opened new stroke units and we've standardised existing units.

Seven angioplasty centres have been established nationally with six of them operating a 24/7 service. Emergency transport systems have been enhanced to ensure timely access of acute heart attack patients to the centres providing the treatment. Ambulances have been equipped with 12 lead ECG machines resulting in an increase in the percentage of patients receiving this treatment.

Neonatal transport hours have been extended to a 24/7 service since December 2013 and a total of 840 neonates have been transported since then.

Electronic blood tracking is being introduced supporting tracking from Donor to Patient; and the national organ donation and transplant office has been established.

Tackling Healthcare Associated Infection (HCAI) is a priority for the HSE. The national clinical programme for the prevention of HCAI and the antimicrobial resistance (AMR) programme commenced in



late 2010. Overall compliance for HSE hospitals has improved from 74.7pc in 2011 to 88pc in 2015. There was also a 24pc reduction in new C-Difficile infection cases per 10,000 bed days used.

Scheduled inpatient admissions and outpatient attendances are increasing each year and currently are ahead of target. Additional funding and targeted initiatives have supported improvement in the 18 month waiting times.

### MENTAL HEALTH

OUR Mental Health Services have also introduced many improvements. A number of large hospitals have closed in line with the implementation of the Vision for Change programme. More than 900 professionals have joined the mental health services since 2012. Waiting lists for Child and Adolescent Mental Health Services are reducing. #LittleThings campaign is a successful award winning mental health education campaigning promoting positive health.

### NATIONAL AMBULANCE SERVICE

THE performance of the National Ambulance Service in relation to emergency response times continues to improve. This improvement has been achieved despite a yearly increase in the total number of emergency calls since 2012. This improved performance was delivered, within current resources and against the background of a period of significant transformation, where migration to a modern single National Control Centre was completed.

### HEALTH & WELLBEING

THE national QUIT Campaign and support services for tobacco use cessation were established under the Health Promotion and Improvements programme and 63pc of smokers are trying to or thinking about quitting smoking. Also our Public Health programmes have improved uptake of the childhood and school immunisation programme and the HPV Vaccine for girls.

### CONCLUSION

THERE have been many other improvements from across all of the Divisions. I will briefly mention the appointment of 220 Access Officers across our services, establishment of safeguarding teams in each Community Healthcare Organisation, and the important work of the National Oncology Drug Management Programme; Diagnostic Molecular Testing, Chemotherapy Protocols and the expansion of Radiation Oncology. These are improvements since 2012 that effect patient care every day. I hope this short article conveys the immense and diverse work the health service is doing and the importance these improvements are making to the delivery of safe, high quality patient care and service user support.

We are treating more patients in an environment where hard work in the Clinical Programmes, Reform, new innovations and technology are positively impacting how we deliver care. While demand and patient expectation is growing we need to ensure such improvements continue and spread. Within these improvements there is a wealth of learning to us as a Health Service, a team, or as individuals working in our diverse health and social care system. Reflecting on these improvements is important for learning and in looking forward, with confidence, to creating 'a healthier Ireland with a high quality health service valued by all'.

*Tony O'Brien*

**TONY O'BRIEN**

Director General of the Health Service Executive.

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Building a high quality health service for a healthier Ireland.

CARE | COMPASSION | TRUST | LEARNING

*Inspirational weight loss*

# DAWN SHEDS FIVE STONE

No falling off the weighloss wagon over the festive period for the determined NAS veteran

**T**HERE are lots of great ways to enjoy your festive dishes without piling on the pounds, insists 20-year National Ambulance Service veteran

Dawn Stevenson who is still celebrating her five-stone weight loss in less than 18 months.

But she isn't going to let all that hard work go to waste over the Christmas period and revealed that it's all about optimising the foods that you choose.

"Well, my Christmas is going to be something like this: Turkey (without the skin), ham (without the skin or crackling), roast potatoes (using a low-calorie spray), carrots (with a little honey as it's Christmas) and parsnips (both roasted with low-cal spray) and Brussels sprouts with bacon (fat removed). If I have mashed potatoes as well, I'll mix in a little Opc fromage frais," she said.

She said she would be avoiding stuffing, gravy and sauces but could use them as treats for the day if she chooses.

"I'd choose dessert over stuffing any day," she laughed.

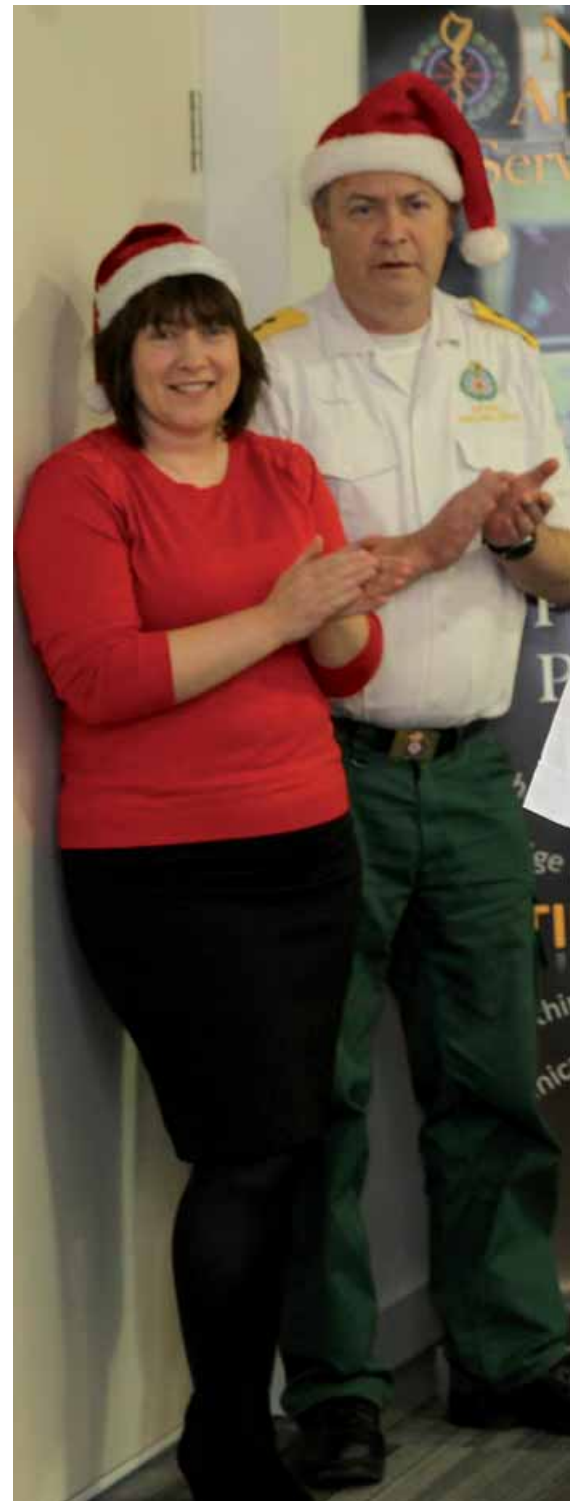
"As I can have treats if I choose, I might make a low-syn dessert like the slimming world yule log. Yum! And as it's Christmas, I might just have to have a second helping and a glass of wine. Or meringues with fresh strawberries.

"It's about choice as you're in control - be it today or Christmas Day!"

It's this determined and sensible eating that has seen Dawn shed the weight from her heaviest of 17 and a half stone and a size 22 - earning her the vote for Woman of the Year for 2015 by her local Slimming World group along the way.

"I've been with the National Ambulance service for 20 years and I've never been one for faddy diets or meal replacements, like many staff we eat when we can, it could be

“ My first night at Slimming World, I felt so self-conscious, everyone was really nice and I felt the support even before I weighed in for the first time. When I weighed in, I hadn't been on scales for over three years. I'd convinced myself I was a heavy 15 stone. Dear God, how wrong I was. I weighed almost 17 and half stone and clothes had got to size 22 and more depending on what it was for



the last nutritional food for some time," said Dawn, who teaches in the National Ambulance Service College in Tallaght," she explained.

"Even in the training environment, I would often spend breaks getting skills set up or prepping sessions not ensuring a proper healthy meal, just grabbing a sandwich and some crisps.

"When I started in the service, I was between size 12- 14 trousers and over the years, it gradually increased. Life got in the way as it has a habit of doing but I was blissfully happy and I've never stopped loving what I do.

"Most will recall me with tea in one hand and cigarette in the other and possibly a chocolate bar somewhere waiting to be eaten and the bags of sweets that I always had lurking somewhere. I've only ever managed to lose about a stone before, by reducing all

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ABOVE: Dawn Stevenson's colleagues at the National Ambulance Training College give her a warm round of applause in congratulations for her phenomenal weightloss journey. PHOTO: PAUL CONNOR





food intake and not eating anything but salad for weeks ( boring ) and probably because we were going on family holidays where it would all be promptly put back on and then some.”

She revealed that five years ago, giving up cigarettes was her main focus as the repeated bouts of pneumonia took their toll.

“The doctor said not to worry about the weight until at least 18 months after I’d stopped smoking. So I took the advice and didn’t worry! My breathing got better and I felt great. I just ate, and ate a lot! Takeaways were regular and seconds more than frequent, thirds if I’m being really honest,” said Dawn.

“My journey really begins when I started to feel tight in my own skin most of the time, my BMI wasn’t just overweight, it was obese, nothing fitted anymore and I just kept buying bigger.

“Deep down, I knew I had to do something but didn’t know where to start. My partner suggested Slimming World as at this stage the snoring had gotten so bad neither of us were sleeping properly and I’d been threatened with the couch.

“My first night at Slimming World, I felt so self-conscious, everyone was really nice and I felt the support even before I weighed in for the first time. When I weighed in, I hadn’t been on scales for over three years. I’d convinced myself I was a heavy 15 stone. Dear God, how wrong I was. I weighed almost 17 and half Stone and clothes had got to size 22 and more depending on what it was for.”

She revealed that it took the best part of that first week to get over the shock and study the book regarding foods and good choices.

“But I stuck with it and felt full and I mean

really full all week, so when I returned to class, I was convinced I’d put weight on, as I ate so much all week,” she said. But she was thrilled and surprised to find that she had lost five pounds that first week.

“It’s like magic that works perfectly when all the components are there. It depends on good, basic food and a bit of forward planning. But it’s worth the effort. I can make up something pretty decent in less time than it used to take to have a pizza delivered,” said Dawn.

“When you reach various weight loss levels you receive a motivational cert and sticker for your weight loss book. I enjoy the bling, we all loved getting gold stars when we were kids and this is just as rewarding and a constant reminder of how well you’re doing.

“I feel fabulous, with more energy, more focus. It really does work. I stopped worrying



“ If you're reading this and wondering whether it is for you, do give it a try. If not this then try something, anything. Find a group and you'll have the best support, friendship and a very gentle kick up the bum on the weeks where that's what you need most of all,” said Dawn

about how it works. Just trust it. It does.

“I'd like to believe that I'm on the right path to health, which means no feelings of deprivation, no hunger pangs, and no cravings. I'm eating well, taking better care of my body, but also listening to myself when I need a chocolate or two. Cooking your own food most of the time is tastier, cheaper, and healthier and generally lower in (syns) fats and sugars than buying ready meals.

“I'm also enjoying life and the company of family and new friends, and I'm not going to be the party pooper just because there are limited choices on the table. Life is about balance, after all.

“I'm pretty confident that, with a more focused attitude toward my body and with the support of family and friends, I'm not only going to reach my ideal weight, I'll also be able to keep it off and live healthier for the rest of my life.

“These days, I have only one goal for myself: to feel as good as I can, for as long as I can.”

She has plenty of advice and encouragement for people starting out on their weight-loss

journey. “If you're reading this and wondering whether it is for you, do give it a try. If not this then try something, anything. Find a group and you'll have the best support, friendship and a very gentle kick up the bum on the weeks where that's what you need most of all,” said Dawn.

“Most weeks I lost between 0.5lb and 2lb and I loved the feeling of losing weight. A few times I stayed the same weight and one or two weeks, I put on a pound, but most of the time I was focused on losing weight.

“I don't see it as a diet, it's a lifestyle choice and I hope to live life making the right choices

“Since June 2014 when I started, I've lost almost five stone and continue to lose, I'm back in the size 12 again and have no intention of going back.”

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 ABOVE: Dawn Stevenson pictured in her heavier days before she joined Slimming World and shed five stone in less than 18 months. RIGHT: Dawn proudly shows of her new trimmer figure. PHOTOS: PAUL CONNOR

# Ultrasounds choir

## SINGING SUCCESS

**W**ITH the run up to Christmas and the demands winter brings to healthcare and staff wellbeing in mind, why not follow in the footsteps of other HSE workplaces and set up a staff choir?

Thirty songful souls from Cork University Maternity Hospital are still basking in the glory of a second runners-up spot in the prestigious Workplace Choir of the Year competition, which came to a culmination with a fantastic performance in the National Concert Hall in September.

Dr Keelin O'Donoghue, a consultant obstetrician gynaecologist who was responsible for getting the 'Ultrasounds' choir group up and running, explained that the choir brought together lots of people that might not normally have gotten a chance to know each other.

"There was 30 of us from all over the hospital – from UCC where we have some research staff, Neo-Natal, who are always very musical, the College of Midwifery Education, the chaplain, junior doctors and cleaners," said Keelin.

"We were a very disparate group of individuals who wouldn't have spent much time together for so many reasons - because it's such a big organisation, the shift work and the turnover of staff.

"We were also a big mixture of musical talents and experience – some people had always sung, others hadn't done so since school. It was great fun and let's say we were better as a whole than our individual parts. We really came together well."

'Ultrasounds' were formed for the first

BELOW: Ultrasounds choir from Cork University Maternity Hospital at the Workplace Choir of the Year competition, where they finished in second place. LEFT: The members of the Ultrasounds celebrate with their award.

Workplace Choir of the Year competition and were successful runners-up in 2013 in the RDS. The choir came together again this year to take part in the competition once again.

"We didn't have a permanent musical director in 2013 so it was just impossible for us to keep going and the choir lapsed. But there was a great deal of enthusiasm to get the choir back together. I don't think people would have forgiven us if we didn't get it back up and running," laughed Keelin.

They started practising in July and met every week, increasing to twice a week as the competition neared.

"We were delighted to make it through to the final. We were in competition with workplaces who have had a choir for years and had professional experience. We were just amateur singers and we did very well in high company, despite feeling well out of our depth.

"The pieces chosen for the competition reflected the special nature of our unique workplace – embracing families, delivering and caring for young lives, for however short a time. The first was Josh Groban's Lullaby, a sad and slow piece. The second was Save the World/You Don't Worry Child, light and upbeat and the words were very befitting to

our work environment."

With conductor Padraig Wallace and accompanist Ronan Holihan, the 25 women and five men put on their performance of their lives to secure the second place finish, losing out only to the very experienced Marine Institute choir from Galway.

The 'Ultrasounds' still face an uncertain future, however. They need a musical director, who must be funded solely by the group.

"There is a great enthusiasm and support for keeping the choir going but it takes a lot of hard work from the organising committee and money to pay the musical director. Hopefully we can manage to keep it going, it would be a shame to lose it," she said.

And she was full of praise for the effect the choir had on the staff and the hospital as a whole.

"It really brought an energy to the workplace. Singing puts everyone in good form and we could see that. And the award itself gave the place a great lift. The trophy is still in reception and we all smile when we see it."

The Office of the Director General has thrown its support behind the choir initiative, receiving many suggestions about it through inSpire, the suggestions to the DG hub on HSElandD.



*One million and counting*

# INFOLINE MILESTONE

**J**OINING up the dots of the myriad of services within the HSE is the National Information Line, which recently took its one millionth call.

The friendly voices at the end of the phone are there to help members of the public - as well as healthcare professionals - to access health and social services information from its Lo-Call telephone number.

According to Geraldine Charman, Team Leader at the Information Line, the service gets calls from all over the globe.

"The calls come in from all over the country on a daily basis and regularly the calls would span the globe. We have regular calls from India, Australia or across Europe looking for information. We get such a variety of calls, you really don't know what the next one might bring," she said.

"People in need see our number on the website and give us a call, with many thinking that we are something that we are not, including people who are feeling suicidal. But we will always do our best to help anyone who calls, with whatever query. And if we don't know the answer, we will always find it for them."

Set up in 2005, the service provided information on the most frequently requested services in respect of National Schemes, eg Medical Cards/GP visit cards, EHIC, DPS, LTI, Fair Deal Scheme, immunisation queries, acute hospital queries, to name only a few.

Since then, the Information Line has expanded to provide confidential information on over 120 topics relating to health and social services information, such as service entitlements, eligibility, sending out application forms, and contact details as required. The service can be accessed by phone on Lo-Call 1850 24 1850 by e-mail at [infoline1@hse.ie](mailto:infoline1@hse.ie), or by fax on 041 6850330.

The HSE National Information Line, which is based in Ardee, Co Louth, has also proved to be a major valuable resource for the HSE in assisting with a number of national initiatives,

such as the Lourdes Hospital Inquiry, concerns about alleged elder abuse, Fair Deal, X-Perit Diabetes Programme, Swine Flu, and fostering.

"We are often the only voice that a person can reach out to. That is the uniqueness of our service, we are a real person at the end of the phone. We never let a call finish without getting them some kind of help. We will always endeavour to solve their problem and often a call-taker will go above and beyond to help. That is the reason why we get so many repeat callers," said Geraldine.

"We get many calls from elderly people in nursing homes who are not happy about their treatment and have nobody else to tell. And we get lots of calls from members of the public who suspect cases of elder abuse. We can either take the details in full confidence or, if a person doesn't want to give us that information, we give them all the information they need to take the case further. There is absolutely no requirement for people to give us personal details," said Geraldine.

"When it comes to children and suspected child abuse, we cannot take the specific details but we signpost people to where to access help."

There are seven members of the Information Line team, manning the phonelines, trained specifically to deal with caller queries.

"We operate from 8am to 8pm Monday to Saturday. The extended hours allow members of the public to access the service after five in the evenings and weekends. On average, we take about 350-400 calls per day," she said.

"We have operated on a 24-hour basis at times, which is needed at particular times such as the very bad weather in 2010 and 2011. We were able to assist people during that emergency."

Calls come in from various channels, members of the public, GPs, hospitals, schools and voluntary organisations. And over the years the number of contacts via email has increased substantially.





"GPs might give us a call to see where they can refer a patient to, or a hospital might be looking to find out who the public health nurse is in a particular area," said Geraldine.

"It is important that we are completely up-to-date with what is going on in the health service so that we can keep our clients informed and assisted. We were delighted to exceed one million calls to the service – it's testament to good customer service."

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 TOP LEFT: Maureen O'Neill, TOP RIGHT: Nuala Sheridan. MIDDLE: The team at the HSE Helpline, which is based at the St Brigid's Complex in Ardee, Co Louth, are celebrating their one millionth phone call. FAR LEFT: Laura Hendrick LEFT: Sarah Kelly. LEFT ABOVE: Geraldine McCarville. PHOTOS: PAUL CONNOR

# Near-death experience COLM'S WARNING

**C**OFFALY oncology nurse is counting his blessings after a routine day out fishing in West Cork with his daughter led to a near-death experience.

Colm Plunkett, 53, from Birr, who works in Tullamore hospital, admits that he would be dead if he hadn't have been wearing his life jacket.

And the experienced fisherman warned others fishing on the shoreline to always wear the safety device regardless of the conditions.

Colm was fishing with daughter Orlaith when he was suddenly hit by a rogue wave while fishing near Dursey, off the Beara Peninsula. He was swept into the sea. Fortunately his daughter, Orlaith, 16, had accompanied him on the fishing trip and she immediately alerted the coastguard.

Colm, who works at the in-patient cancer and blood disorder unit in Tullamore hospital, said that while he comes from the heart of Ireland,

he always had a love of water and knew its dangers.

"I have been fishing for years and I love sea fishing. I'm experienced with the water and since I was a teenager I was boating on the Shannon," he said.

"Fishing is a great part of my life. I really enjoy it and I want to pass it on to my children. I'm always conscious of where Orlaith is fishing but I don't worry because we have discussed beforehand what we would do in the event of somebody going in.

"It was a beautiful bright day, with a very light breeze and the sea was relatively calm. We went to our usual fishing spot that I have been fishing for about 11 or 12 years now. We were catching mackerel nine to the dozen, there were lots of them there and we were having a great day.

"The sea suddenly changed in that the swells began to increase a little bit and out of the blue, a huge rogue wave came and gobbled me up. Everything was white. It was like being in a washing machine.

"My life jacket, because it's on an automatic deployment system, automatically deployed and brought me to the surface like a cork. The waves were bigger than my head sticking out with the life jacket so the water was rolling over the front of my face. I'd lost my cap so I couldn't use that for protection. It was quite difficult spitting out water while trying to get air in.

"Before I got out of earshot of Orlaith, she managed to tell me that she was in contact with the coastguard and I didn't have to worry about that anymore. But I was really concerned that my daughter would see me

drown because I honestly believed I was going to die."

Orlaith admitted that she was very worried too. "It eventually got to the point that I thought he may not come back," she said.

"All I saw was him going down so that was quite scary. And then I couldn't see him for a few seconds as he was under so I was a bit panicky at that stage. But then I saw him come up."

Colm explained that he got a bit of good fortune when the current changed.

"It brought me back in again up the sound. There was a lobster pot that had been placed there with a buoy. I grabbed that and held on for dear life."

He was in the water for approximately 50 minutes before he was rescued and the coastguard told him he was the first angler they had rescued with a lifejacket on.

After his daughter called for help, Derrynane Inshore Rescue were alerted and the four-strong crew were in the water within 20 minutes. Having raced across Kenmare Bay at 40 knots and in rough conditions the Derrynane rescue boat reached the stricken, and by now exhausted, angler just 18 minutes later.

Colm was taken from the water and brought to a nearby pier where he was given first aid before being transferred to Cork University Hospital by the coast guard helicopter.

Having been treated for shock and hypothermia he was released from hospital the next day.

He hailed the Derrynane crew as heroes and on his release from hospital he contact-





ed the crew to express his thanks. He also praised all the paramedics that attended the scene.

"They all arrived at the same time and it was the boys from Derrynane that actually pulled me out of the water and I am ever so grateful. I owe them a debt I can never repay and that's my life," said Colm.

Derrynane Inshore Rescue Secretary David O'Mahony said the incident highlighted the importance of life jackets.

"The man was fully clothed but luckily he had a life jacket on. If he did not have a lifejacket on, he would have drowned. It is as simple as that," said Mr O'Mahony.

"This call out really does show how important life jackets are, this man would not be at home with his family if he didn't have one on," he said.

Colm has advised other sea anglers not only to wear a lifejacket but to take a splash hood with them, which would have prevented water getting into his lungs, and to carry a PLB (personal location beacon) when near water.

"If you don't wear a life jacket, you are as good as dead and that's why I respect the water," he added.

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 INSET: Colm Plunkett seen fishing just minutes before he was swept away by a freak wave in a photograph taken by a friend. MAIN PIC: Colm and Orlaith Plunkett with National Emergency Operations Centre: Jeanne Brearley, (NACC Dispatcher) NEOC and Lar Carroll, (Emergency Dispatcher) NEOC Paramedic staff; G O'Donoghue (Paramedic) and J Kelly (Paramedic). TOP: Emergency teams attend to Colm at the scene of the rescue. ABOVE: Dursley Island.

## BREASTFEEDING FUNDRAISER



The Finglas and Glasnevin Breastfeeding Support Group recently celebrated National Breastfeeding Week with a tea party that included a raffle of donated goods from local businesses to raise funds for babies caught up in the Syrian refugee crisis. The support group also donated a consignment of baby blankets and babygros to be sent to the refugee areas. Sheena McHugh, PHN, IBCLC and group facilitator (left of centre) presents a cheque of €360 to Barbara Flynn, fundraising officer for GOAL (right of centre) on behalf of all the mothers and babies and staff at Ballygall health centre, Finglas East, Dublin 11.

## PARAMEDICS RUSH TO AID BASEBALL HERO

AMBULANCE crew got to meet a baseball legend following a mid-air drama on board a US-bound flight.

The airplane was forced to return to Shannon Airport after the 71-year-old passenger suffered a heart attack about 90 minutes after takeoff and subsequently went into cardiac arrest. Airline staff and two doctors who were on board commenced CPR and a defibrillator was deployed. The National Ambulance Service (NAS) were alerted of the medical emergency on board the flight and dispatched two Paramedics and an Advanced Paramedic to meet the plane in Shannon.

It later emerged that the passenger was New York Mets baseball legend Rusty Staub. Mr Staub was taken to University Hospital, Limerick and is said to be making a good recovering. Mr Staub does not remember much of the ordeal but wanted to thank the airline staff and doctors on board the flight, the NAS crew and hospital staff who were involved in his recovery.

He said he was feeling great and that he was grateful for all the elements to come together to enable him to feel so well only four days after having such an event. The NAS crew got a chance to check in on Rusty four days after his emergency to see how he was recovering. Best known as one of the New York Mets' all-time most popular players, Rusty is a 23-year Major League Veteran and a six-time All Star.

A statement from the New York Mets said Mr Staub was 'resting comfortably in a hospital' and that his prognosis was 'good'.

"Rusty and his family ask that we respect his privacy during this period. He is in the thoughts and prayers of the Mets organisation," the statement added.



Mr Rusty Staub, New York Mets baseball legend, pictured in University Hospital, Limerick with NAS crew Geraldine Meehan, Graeme Henebury and Shane Houlahan.

A LIMERICK nurse has been honoured with a national award for her work with children with life-limiting conditions across the Mid-West



# Homegrown **HIDDEN HERO**





**H**ILARY Noonan, Children's Outreach Nurse for Life-Limiting Conditions, was named Healthcare Hero at the annual Hidden Heroes

Awards. The ceremony was hosted by Hidden Hearing and Hilary was one of 21 people presented with an award by broadcaster Mary Kennedy at a gala lunch in Dublin. Hilary was nominated by Terry Ring at Cliona's Foundation for going above and beyond the call of duty in supporting sick children and their families.

Hilary is one of only eight nurses in the country doing this work and while she is based at the Children's Ark at University Hospital Limerick, most of her work is out in the community with families across Limerick, Clare and North Tipperary. Her role is jointly funded by the Irish Hospice Foundation and the HSE.

"I am the link between the hospital and the community in trying to make the transition between services smoother," explained Hilary of her role.

"If a child is being discharged, I will follow them right home into the community and let all the professionals know what is going on at any given time – the GP, the public health nurse, the pharmacist, Milford Care Centre if involved and voluntary organisations such as the Irish Cancer Society and the Jack and Jill Foundation. If there is a change in their management, a change in their treatment, in their overall care or in their condition, I will let the professionals know what is going on."

Likewise, Hilary acts as a link for families should a child need to be readmitted to hospital. Where an admission through the emergency department is unavoidable, she will have informed staff in the ED in advance of the care needs of all the children she works with.

"I am always making plans for families for night-time and for weekends because that can be a frightening time for them. Yes, the emergency department is open but if you come in and meet a new doctor - where nobody knows the child and same questions

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 MAIN PICTURE: Hilary Noonan, outreach nurse, from Bruree, Limerick who received the Healthcare Overall Hero award, in the Hidden Heroes awards which were held at the Doubletree Hotel in Dublin. PHOTO: DAMIEN EAGER TOP: Hilary Noonan and her fellow Hidden Heart award winners. INSET: Hilary Noonan receives her Hidden Hero award at a ceremony in Dublin.



are being asked over and over again - it is very frustrating for parents. I ensure that each child will have a folder called 'Our Story'. Some have it already. This contains a detailed letter and list of medications

which is helpful in the case of an emergency admission.

So we are all the time making plans. It is the families who know best how to take care of their child and I am in a very privileged position to be involved with such families who allow me into their lives," said Hilary.

Dr Roy Philip, clinical director, Maternal and Child Health Directorate, UL Hospitals Group,

said it was also a privilege to have a colleague such as Hilary.

"Hilary makes us all proud through work she does each and every day. She makes us all humble and she is most deserving of the award," said Dr Philip.

Hilary, who lives in Bruree, Co Limerick, admitted she was shocked to have been nominated by Terry Ring at Cliona's Foundation, the Limerick-based national charity that provides financial assistance for critically ill children. The charity considered Hilary a most deserving recipient of a Hidden Hero Award, which recognises those who go the extra mile – and then a distance more – in helping others.

"I felt a little embarrassed over the nomination at first because this is my job. But I suppose on occasion I do more than working normal hours because that is what is needed at a given time. I could get 50 calls a day or I could get five calls but each of those calls could be two hours long. But I don't look at my watch. I give the time that is needed and it doesn't matter how long that takes. We finish when we finish and I am guided by the family," she said.

"People often ask me how I love my job when I am dealing with sadness most of the

“ I am always making plans for families for night-time and for weekends because that can be a frightening time for them. Yes, the emergency department is open but if you come in and meet a new doctor - where nobody knows the child and same questions are being asked over and over again - it is very frustrating for parents

time. A child with a life-limiting condition is a devastating diagnosis for families because this child has a condition which is not curable and ultimately they will die from it.

"I see my role as trying to make their quality of life better. You must always remember that 'families' include siblings, grandparents and other extended family members and friends.

"Forming relationships with families is not always sad and we often have fun and lots of laughter too. Today I have somebody who is going home. It is a scary prospect for the parents but always very exciting. Yes it is a huge burden of care for the family but I am there to help ease that burden – and that is the real privilege I have."

Hilary also thanked her colleagues in the hospital and in the community for their support.

"I couldn't do the job without the help of all my colleagues, without the consultants and the nurses in the hospital, all the professionals in the community.

"That is what makes the job work so well. I suppose with such a strong support network I feel humble to have received this award and thanks again to Hidden Hearing and to Terry Ring for nominating me."

## Marathon man praised

# KEN IS A LIFESAVING HERO

**A** CARDIOLOGY nurse from Connolly Hospital Blanchardstown proved to be the hero of the day as he saved the life of his childhood friend's wife when she collapsed while running the recent Dublin City Marathon.

Ken Maleady, who was running his fifth marathon at the time, came to the rescue of Alan Leech's wife Mary in the closing stages of the race when she suddenly took ill.

Ken, a cardiology specialist based at Connolly Hospital, attended the same school as Alan in Mullingar. However, the pair only met each other at the marathon - more than a decade since they had last seen each other.

Ken was just over halfway into the race when he bumped into Alan, who said that his wife was just ahead of him.

"I hadn't seen him in 12 years. When I got talking to her (Mary), I was just asking how she was getting on and how the legs were doing," Ken told the Ray D'Arcy radio show.

Once finished their chat, Ken decided to run ahead of Mary - hoping to break his four previous times.

However, stopping for a stretch may have been a decisive factor in saving Mary's life as he looked back to see she had collapsed.



Ken Maleady, cardiology nurse.

"My legs were getting sore and I said I would stop for a stretch. I looked back and I realised that it was the woman I was running with. I knew by looking at her that she wasn't breathing," said Ken.

The Mullingar man started CPR and mouth-to-mouth resuscitation. Although the defibrillator arrived, her heart was not beating and CPR was continued.

After three cycles, her heart started beating by itself, but Mary was not breathing.

"I continued with the rescue breaths. I started breathing for her. Then we got oxygen ... I put a drip in her abdomen for fluids. The main priority was to get her to hospital as

soon as possible to improve her chance of survival." Ken assisted a team of paramedics to get Mary into an ambulance. He then continued to run the race, and crossed the finishing line with an impressive 4.12 time.

Meanwhile, Alan did not realise what had happened to his wife and began to search for her at the finish line. He was told by race organisers that she had gone to hospital but he didn't realise the seriousness of her condition.

Fortunately, Mary is expected to make a full recovery. "She had CT scans and brain scans and her vital organs are all looking good," Alan said.

## NIAMH REACHES NATIONAL FINAL



Leo Kearns, National Lead for Transformation and Change, Office of the Director General, HSE presents Niamh Smyth of Tallaght Hospital with a certificate as a Finalist for the HMI Leaders Award, 2015. Ms Smyth reached the national final after winning the Dublin Southwest Regional Finals for her project; 'Introduction of an electronic Ordering System for Enteral Tube Feeding products in a Teaching Hospital'.



*A little goes a long way*  
**STAFF SHOW CONCERN**

**G**ENEROUS staff members of HSE Mid West have discovered that a little amount can go a long way after they raised almost €800,000 for Concern Worldwide by donating from their salaries.

Since 2000, around 140 staff contributed to the HSE Mid West's salary deduction scheme whereby employees donate a small amount of their monthly salary to their chosen charity, which in this case, is Concern.

So far, the staff members, located in various offices in Limerick, Clare and Tipperary have raised a staggering €797,903.95 just by giving as little as €4 a month.

Margaret Mansell, who is based at the HSE's offices in Limerick, has been donating since the scheme's inception and can't believe the exceptional amount raised by the staff.

"It's an amazing amount of money for so little effort. The salary deduction scheme is a great idea because you don't have to do anything yet you are making a difference and helping those less fortunate than yourself," she said.

Margaret, who works in IT and is originally from Ballylanders in Co Limerick, told how a staff member's volunteering experience at a Concern project in Angola kickstarted the worthwhile initiative.

She explained how HSE worker Mike McDonagh, who later went on to work with Concern, held a talk following his experience in Angola and inspired staff to get involved in fundraising.

"Mike certainly inspired us to fundraise as

he started volunteering abroad with Concern before working with them full time. He gave a talk about his experiences in Angola and what was being achieved with donations. As a result of that, we started giving money through our pay. A lot of people at the time were already donating and the salary deduction scheme was a good and effortless way of giving back. Our Finance Department set it up and we barely noticed it coming out of our cheque."

Staff donors, who range from doctors to administration, give anything from €4 to €60 a month and Margaret said the beauty of the scheme is that there is no direct fundraising approach.

"The great thing about this was that we didn't have to ask anyone for money. We literally sent out a circular in people's pay slips so they had the option of donating. We didn't force them or make them feel obliged and the uptake from that was very good," she said.

"Everyone got to choose how much they would like to donate. Our wages weren't that big so people just gave what they could afford. It's still up to individuals how much they want to do donate to this day," she said.

Margaret praised the HSE Mid West's then Chief Executive Dr Stiofán De Burca, who rubber-stamped the idea, and her former work colleague Dick McMahon, who was very much in favour of the scheme from the start.

She encouraged other workplaces to consider giving a fundraising salary deduction scheme a go. "If other workplaces brought this in, it would be a huge success. People mightn't be

aware that this facility is available, but it's so worthwhile. Everyone likes to give to some charity and it is a nice idea especially when we had a link with Concern. I would say go for it, especially when you see how much you can raise, by giving so little in a small timeframe."

CEO of Concern Worldwide Dominic MacSorley congratulated the HSE staff on their fundraising achievements.

"The incredible generosity of the staff of Health Service Executive Mid West to Concern in the last 15 years is simply outstanding. Since 2000, HSE Mid West staff have given an amazing €798,000 towards Concern's work in some of the world's poorest countries. Their generosity has transformed the lives of thousands of people living in extreme poverty. On behalf of Concern and all the people HSE Mid West are helping with their generosity, we'd like to say a heartfelt thank you."

Bernard Gloster, Chief Officer, HSE Mid West Community Healthcare added: "I would like to thank the staff of the HSE Mid West for their very generous contribution to such a worthy cause as Concern. I am very impressed with the commitment undertaken by staff, particularly during the past few years and indeed their ongoing commitment to give so generously. I hope they are very proud, as I am, of all that their efforts have achieved and will continue to achieve for those most in need."

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 MAIN PICTURE: Some of the HSE Mid West staff who helped raise funds for Concern.



*Changing with the times*  
**COMMUNICATIONS  
DIVISION**

**T**HE HSE's Communications Division is an internal Communications Agency for the Health Services, leading a wide range of communications initiatives and providing high-quality communications consultancy to staff across our health services. We create communications programmes that aim to support a healthier nation and to build health services that are valued by everyone in Ireland.

#### THE COMMUNICATIONS DIVISION

- Proactively communicates content and tools that enable health education and behaviour change to support a healthier population
- Enables easy access to health service information so that people can find and use the services they need
- Champions a culture that is honest, compassionate, transparent, reputable and accountable
- Develops our own team and all HSE Divisions by providing first rate communications advice, training and support
- Manages communications resources using evidence, expertise and insight, to deliver quality outcomes, improved services and value for money

The Division has embraced wholesale restructuring in the last 12 months, the need for which was brought about by changes both within the organisation and the external communications environment.

The establishment of the new hospital groups and community healthcare organisations (CHOs) and the winding down of HSE regional structures meant that the Communications Division has had to transform our internal structure and how our teams have work to support services.

We have also met changes from outside – the pressures of a 24-hour news cycle, new online media organisations emerging, and social media becoming a more dominant force in how people get their news and share experiences.

We sat down with our staff earlier this year to discuss how best to meet the demands and changes and, out of a series of consultations, the new Communications Division has been formed. Staff are no longer assigned based on legacy structures and instead we have adapted to the emerging structures across the health services. The four regional offices were wound down over the last number of months, with staff moving on to new roles, either within the new structures or within the wider organisation.

Led by Paul Connors, National Director of Communications, and Deputy Director of Communications, Kirsten Connolly, there are now four teams in place across the Division: Digital, Programmes and Campaigns, Current Operations, and Client Directors. They are aided by communication staff in each of the seven hospital groups and nine CHOs around the country, who are currently developing their in-house teams. The new structures and new approach

means the Communications staff are better placed to support the development of hospital groups and CHOs and the other changes that are envisaged for our health services over the coming years.

We work with HSE division teams to deliver over 500 communications projects annually.

#### PROGRAMMES AND CAMPAIGNS TEAM

THE Programmes and Campaigns team lead on all social marketing and behaviour change campaigns, and provide project management support and strategic communications services on a wide range of longer-term projects. The team's focus is on consumer insights to help people living in Ireland to improve their health and wellbeing, or to make HSE services easier to use and access.

The team has developed award-winning campaigns on a wide range of topics and service areas; eg the QUIT campaign supports people to quit smoking; #LittleThings supports positive mental health; THINK contraception promotes good sexual health and Under the Weather.ie supports self-care at home and aims to curb the overuse of antibiotics, and the recent introduction of GP care without fees for children aged under 6.

#### THE CURRENT OPERATIONS TEAM

THE Current Operations team provides frontline media management and engagement and responds to media queries. In 2014, the team responded to over 5,000

media queries so there are lots of busy days in the office. The team also coordinates the out-of-hours media service which is provided seven days per week in response to the 24/7 news cycle that has emerged.

The team offers proactive and reactive media advice to senior management and staff across the HSE.

They provide a media monitoring and evaluation service and give advance notification of emerging issues to divisions and units in order to assist them in preparing responses to media queries.

The support offered by the team includes preparing press statements, providing PR and event management, identifying suitable spokespeople, and providing media training for them.

### THE DIGITAL TEAM

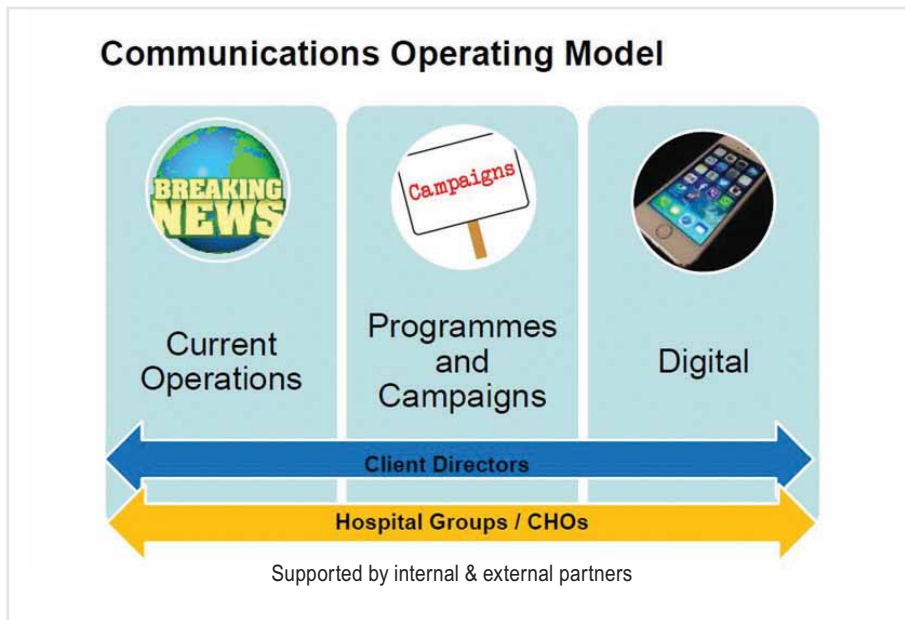
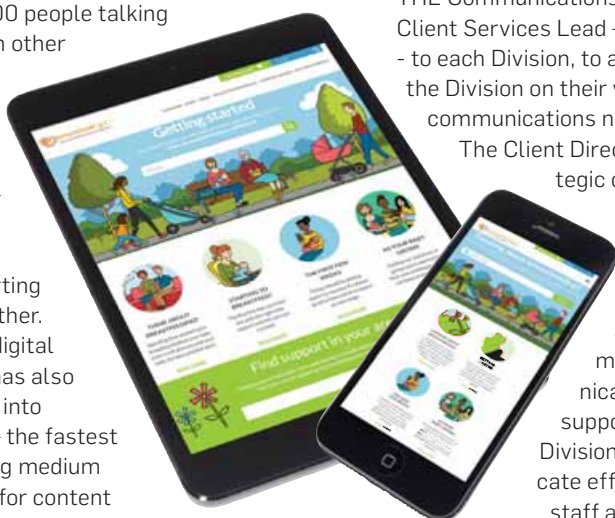
THE Digital Team is responsible for developing and implementing the digital communications strategy for the Health Services, in order to enhance existing and develop new digital and social media assets. HSE.ie alone has had almost 10million visitors this year.

A big trend is that over 65% of the traffic to the site is now coming from mobile and tablets. The team is currently working on developing a mobile responsive site that will be much easier to view and navigate on mobile devices.

That will go live early in 2016 and will make the experience of finding info on health services and conditions much easier for our users. The team also manages 10 Twitter accounts and 10 Facebook pages for various health services. There are almost 13,000 followers on the @HSELive Twitter account where the team engages directly with the public and provides information and answers questions on health services. The Facebook pages have over 260,000 people engaging; probably the most successful of these to date is the QUIT Facebook page which has over 100,000 people talking to each other

about their quitting experience and supporting each other.

The digital team has also delved into video – the fastest growing medium online for content



– the team produces many videos in house on news and updates from around the health services. We also have our own YouTube channel which has had over a quarter of a million views in 2015 alone.

The Digital team also encompasses the National Information Line a single lo-call number for health and social services information (Callsave 1850 24 1850). Operating from 8am to 8pm Monday to Saturday, the service has received over one million calls to date. In 2016 we plan to develop this service into a multi-platform public information service – where people can have their questions answered anytime, anyplace, and any way they wish. The aim is to transform the Infoline into a public information hub with staff who can provide responses to the public across email, Livechat on HSE.ie, social media or the phone.

### CLIENT DIRECTORS

THE Communications Division assigns a Client Services Lead – a Client Director - to each Division, to advise and support the Division on their work and their communications needs.

The Client Director provides strategic communications advice and support to the National Director and Senior Management Team, managing communications projects to support the work of the Division and to communicate effectively with their staff and their clients.



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 MAIN PIC: Communications staff working for the HSE Divisions, Hospital Groups and CHOs at a recent training day. TOP: Illustration of the new Communications structure. Above: Stills from the popular 'QUIT and 'Johnny's got you covered' campaigns. INSET: iPad and iPhone illustrating the tablet/phone friendly HSE website on breastfeeding.

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*What they said...*

# QUITTERS SPEAK OUT

**W**HAT better time to kick the cigarette habit than the New Year – and the good news is that you don't need to do it alone.

The HSE Quit Programme has one goal - to give you the help and support you need to quit smoking for good. If you prefer you can see one of our smoking cessation officers in person or join a group. It's the same programme with the same goal. If you want face-to-face or fancy joining a group then the Quit Team can help you get in contact with someone in your local area or you can find details here.

You get in contact with us, by phone, live chat, Facebook, or by signing up through the Quit Plan and requesting a callback.

Three former smokers have shared their inspirational stories to give you the confidence you need to quit. They spoke to Victoria McMahon.

## ELAINE WHITE

GROWING up in a family of smokers meant that when Elaine White took the decision to quit smoking, it was no mean feat as she was battling to break the habit of a lifetime.

"When I grew up, everybody smoked. There would be my mother Peggy, father Paddy and my nanny and my aunts – they were all smoking," she explained.

"Even though I was doing stuff about cancer in school when I was 13, because you see your mother and everybody doing it,

you thought 'sure I'd like to try that anyway'."

It wasn't long before the then-teenager was hooked and it marked the beginning of 30 years spent lighting up. It made Elaine's decision to 'go cold turkey' 20 months ago even more remarkable as she still enjoyed smoking 40 a day as much as ever.

"I liked it straight away and right until I came off them, I liked smoking. I've never tried to go off them before. I never even thought of giving up smoking," she said.

Voicing a fear that many smokers can relate to, Elaine, 45, admitted, "The thoughts of giving up smoking forever scared the life out of me."

The years of smoking meant the Waterford mother of five had come to rely on cigarettes as a crutch for coping with what life threw at her.

She explained, "Always, always, always my response to any news was to get a cigarette. I thought it was my coping mechanism."

But when the grandmother of one decided to bin her cigarette habit for good she pleasantly surprised herself with her admirable inner strength and steely resolve to remain smoke-free.

"After being off them, I've still had bad news and things that haven't gone well but I never even thought of reaching for a cigarette," she said delightedly.

Although Elaine is determined not to smoke again, she's the first to admit that it hasn't been smooth sailing as she initially battled cravings.

"It only happened when my mind was

allowed to wander," she said. Identifying her craving trigger, she made sure to keep herself busy and rediscovered her love of painting again, taking a paint brush to her whole house.

Her advice to others thinking of following in her footsteps is simple – take one day at a time.

"I never told myself it was forever because forever is a very long time and that is scary. Just take one day at a time," she advised.

Having overcome her cravings, doting mum Elaine is now reaping the financial and emotional benefits of quitting. She rightly takes particular pride in how her beloved family is benefiting, especially her youngest son Darragh, 7, who suffers from severe asthma.

"Darragh has been hospitalised a number of times. The last time he was very bad, but that was before I gave up smoking. He hasn't been in hospital since I gave up which is really great," she said.

Elaine said determinedly, "He's the reason why I wouldn't smoke again. I will never smoke again because of him. I see that much improvement in his health."

Thanks to giving up her habit, the doting mum is now looking forward to making her dream of a family holiday possible as she's been saving the money she used to spend on cigarettes.

"I'm saving for a holiday for the family next summer. We're thinking of Majorca, Bulgaria or Spain. I wouldn't have been able to do that if I'd still been smoking. I spent €140 a week on cigarettes.

"If I can spend €140, I can save that. It's surprising how you are able to get it when you are addicted to cigarettes," she said.



## SEAN LYNCH

IMAGINING his little girl growing up without him was as heartbreaking as it was a distinct possibility for Sean Lynch.

Watching Margaret O'Brien in a HSE ad telling her story of losing mum Jackie to lung cancer struck a disturbing chord with the dad of three. He was immediately transported to the nightmare scenario of his precious daughter Sarah describing a similar heartbreak in years to come.

It was a dramatic moment where the possibility of not being there to witness Sarah turning from a youngster to teenager to blossoming into a young woman started to loom over him.

"I guess I put myself in the situation of my own daughter, who was much younger at the time, around four or five, but I fast-forwarded her life and my life to her telling that story. That was very powerful to me," he admitted.

"It was something that struck home."

He added quietly, "Even if you don't want to do it for your own health, you'll do it for loved ones."

It wasn't the first time that Sean had tried to give up the vice which he liked straight away when he took his first drag aged 18. Around 10 years ago he'd given up, but never thought it was



for good.

"I tried, but I wouldn't say I stopped smoking. I think the key dynamic was I would say I was off the cigarettes," said Sean.

"That was my attitude and that was my mindset. I think that's the big difference between being off them and quitting smoking. I was off them for eight months but mentally I wasn't in that place that you need to be. I always assumed that I would smoke again at some point."

But when Sean stopped smoking on March 29 last year, he was convinced this time would be the last.

"Within a couple of weeks of stopping smoking a year and a half ago, I was confident and I knew I would never smoke

another cigarette again," he said.

"There was a huge difference there. I had had a couple of bad chest infections and I'd felt really unhealthy around that time. I just thought, enough is enough."

The Kerry native is the first to admit steadfast support from home was key in helping him stay away from lighting back up. He's full of praise for his partner Julie Anne who encouraged rather than nagged him which helped him keep on the straight and narrow. "Her support was

crucial. She never smoked so she didn't have the relevant experience but she was hugely supportive. Nobody's telling you not to smoke. She was always very 'do what you want for yourself'. I think the worst thing in the world you could do for someone trying to give up is to nag them," he warned.

"At the time I gave up smoking, I worked with some guys who had given up smoking successfully and I found it great to pick up the phone to them and use them as a sounding board as it helped reaffirm what I was doing."

The 39-year-old dad also believes that finding the method that suit you is vital in the fight against the fags.

He found that going 'cold turkey' didn't work for him as he tried to cope with cravings. But after identifying what situations he most craved a cigarette were, he found solutions to coping with these weak moments.

His advice to other would-be quitters is clear: Do whatever it takes to break the link in having the cigarette and binning it to break the cycle.

"That's why I didn't go near vapour products because for me, the most important part of a cigarette was the physical drag of a cigarette. That was too close for me to smoking the real thing. It's about understanding your own body, your own needs and how you react to different things."

He added: "If you can get your head into that right place, anyone can do it."

## SARAH FARRELL

IT was the moment Sarah Farrell had been dreading – her daughter looked crestfallen as she realised her devoted mum had started smoking again.

Disappointment was written all over little Laura's face as Sarah's latest attempt to free herself from the habit that had become part of her life at the tender age of 13, ended in vain.

Sarah, 33, recalled: "I felt like the worst mum in the world. That little face looking up at you saying 'You're smoking again? Why mum? Why?'"

"She could smell me as well as I stunk. As she got older, I was trying to hide it but she knew rightly. It was just heart-wrenching when she said that to me."

Her daughter's reaction always had the same effect of tugging on Sarah's heartstrings as well as triggering desperate feelings of guilt that she was back smoking.

But nobody could accuse the Dubliner of not putting in the effort as she counts 'at least eight' attempts under her belt. Despite feeling that she was letting her little girl down and seeing the damaging effects of smoking as a trainee nurse, it was a stranger that marked the turning point in Sarah's fight against fags.

"Education is a wonderful and an awful

thing at the same time. Seeing people with lung disease, emphysema and people being on oxygen and seeing how controlled they still were by cigarettes; outside smoking and they couldn't breathe. But even that wasn't enough," said Sarah.

"Then I started seeing the Gerry Collins HSE ads on the telly and something about these just hit me like a tonne of bricks. It was just so emotional and such a huge reality check. I was looking at this man who was actually dying and he was just so profound – he was amazing.

"I saw him being interviewed on The Saturday Night Show and I was roaring crying. I remember texting my friend, who smokes as well, and saying 'we're going to die, you know'."

"It was starting to register somewhere deeper within me. I'd say it wasn't long after that interview that I was driving home and I was passing the shop. I thought 'I must stop and get cigarettes'. Then another voice in my head said, 'I really don't want to go in and buy cigarettes'. So I said to myself that I would go

home and if I want any later, I'll go down to the shops and get them. And I never smoked again.

"I went completely cold turkey this time and I've never done it that way before."

That life-changing decision was in February last year and Sarah hasn't looked back.

"It was the right, final time and the reality check of the ads really helped. It's funny because this time I didn't have any cravings or withdrawal. Every day was just another day I didn't smoke."

Now smoke-free for almost two years, Sarah has a message of hope and determination to those wanting to follow in her footsteps – Don't quit quitting!

"If you really want to go off them, don't give up, keep going, keep trying," she encouraged. "Don't beat yourself up about it as it's the strongest, most evil addiction. Cigarettes really get a hold of you and because they are everywhere, it's very hard to get away from them."



*\*These stories were first shared in the Irish Daily Mirror.*

# FFN global conference

## CO LOUTH PHYSIO WINS AWARD

**E**RIN Smith, a Co Louth physiotherapist, was celebrating success after winning an award for the best oral presentation in the 'Prevention of New Fractures' category at the recent Fragility Fracture Network global conference in Rotterdam.

The conference is a three-day global meeting focusing on the latest research in the areas of bone health, fracture prevention and management. It is attended by a wide variety of professionals from around the globe, including allied health professionals, nurse specialists, geriatricians, orthopaedic consultants and relevant stakeholders in the area of falls prevention and fracture management. Erin fought off stiff competition and delivered a sleek presentation to win the coveted award.

Jessica O'Malley, Physiotherapy Manager in Louth Primary and Social Care Services, spoke of her enormous pride in Erin's achievement.

"We are privileged to have a physiotherapist with such experience in the area of falls prevention, which is being utilised in our successful falls prevention programme in Primary care in North Louth," said Jessica.

Erin, who has worked as a senior physiotherapist in Louth Primary Care for the

last 11 years, has been heavily involved in the area of aged care and the development of the very successful North Louth Falls Prevention programme. She is presently working alongside studying for her PhD in University College Dublin where she is carrying out research into the use of technology in identifying falls risk in older people.

Celine Meehan, Physiotherapy Manager III, Louth Hospital and Louth Primary and Social Care Services, who was involved in initiating the research project, fully supports the research and said she believes that "it will significantly contribute to the prevention and management of falls in the future and is at the forefront of research using advanced technologies".

"Erin is a dedicated team member who uses her knowledge and research to improve the health benefits of the programme with participants and colleagues. I am delighted and proud that she has received recognition, for her dedication, knowledge and hard work, with this award," said Celine.

"It was with great pride that I received this award for my research. It shows that the work and effort I have put into my studies has been recognised by my peers".

This was not Erin's first outing on the global conference scene. In September 2014, she was chosen from hundreds of applicants



Erin Smith is presented with her award.

to give an oral presentation of her research at the British Geriatric Society's annual conference in Manchester, and the work doesn't stop there.

"I have been selected to present a rapid five presentation at the UK Chartered Society of Physiotherapists conference in Liverpool in October and in November a poster walk presentation at the Irish Society of Chartered Physiotherapists conference in Dublin. It is fantastic to get these opportunities to showcase my research and as for the long term, I hope the research will ultimately lead to better outcomes for older people in the area of falls prevention," revealed Erin.

### SHOWING YOUR COLOURS FOR GOAL JERSEY DAY



Clonakilty Community Hospital staff members Maria Barrett, Geraldine Burke, Jacinta O'Mahony, Carol McCann, Ann Holland-Hodge and Patricia Harte supporting the recent GOAL Jersey Day. All staff participated in the event and GAA club, rugby and soccer jerseys were worn. The residents really enjoyed the colour that it brought to the day and there was great local rivalry between local clubs. The hospital raised over €250 for this charity. Well done to all who participated and supported such a worthwhile charity.



# Waterford Healing Arts Trust...

## FAMILY GOES GLOBAL

**F**AMILY Goes Global is the title of a solo exhibition of photographs by HSE staff member Marie Noonan in University Hospital Waterford as part of the Staff Art Wall, an initiative of the Waterford Healing Arts Trust (WHAT).

Marie, her husband and their three children embarked on a journey of a lifetime when they took off for an around-the-world trip which became the inspiration of this exhibition which captures the incredible beauty of far flung places and the fun to be had when a Family Goes Global.

The short captions that accompany the photographs give a foretaste of her soon to be launched travel book which combines her love of writing with travel. The book bears the same title as the exhibition, Family Goes Global.

Marie originates from Dromcollogher, Co Limerick but has lived in Crooke, Passage East for so many years that she considers Waterford her home. She studied medical laboratory sciences in Galway and Dublin Institutes of Technology and went on to continue her studies in University of Ulster from where she was awarded a Masters in

Biomedical Sciences.

A creative writing course hosted by WHAT in 2012 gave her the writing bug and she has since read on RTE Radio One's Sunday Miscellany and published several pieces on the website Writing.ie, many of them in the section about living history called Mining Memories. Marie's travel book has been shortlisted for the The Irish Times Amateur Travel Writer Competition.

Family Goes Global will be on view on the WHAT Staff Art Wall in the post-room corridor of UHW until January 8th 2016.

Meanwhile, The Little Things, an exhibition by comic maker and artist Marie Jeanne Jacob was launched by film and theatre producer Joan Dalton at UHW recently.

Marie Jeanne was artist in residence with the Waterford Healing Arts Trust (WHAT) in UHW for the past six months during which time she engaged a range of health service users in creative collaboration. She worked in partnership with the pain management programme on workshops for patients experiencing chronic pain and made comic strips with young people using the health service

which are featured in the exhibition. Also featured are three large interactive comic panels (situated in the foyer, Outpatients 4 and phlebotomy) and a comic book depicting the artist's experience of being in residence in an acute hospital.

"I am a strong believer in the positive forces that are activated and released when art meets health. I feel it is an interaction that can open fresh and very human vistas for the creation of art as well as powerful channels of expression and opportunity for the patient.

As an artists and an educator, Marie Jeanne Jacob works hard to fulfill a responsibility to be inclusive, to not only engage but also involve," said Joan.

The Staff Art Wall is an initiative of WHAT which celebrates the creativity of HSE staff.

For further information, please contact WHAT on 051 842664, or e-mail WHAT@hse.ie



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ONE of Marie Noonan's amazing scenes from her trip of a lifetime, now on display in Waterford Hospital.



# BABY-FRIENDLY ACCREDITATION

Local camogie champion joins with staff at South Tipperary General Hospital to celebrate their Baby Friendly Hospital award

**L**OCAL Camogie Champion joins with staff at South Tipperary General Hospital to celebrate their Baby Friendly Hospital award

South Tipperary General Hospital has been designated as a Baby Friendly Hospital and presented with their Baby Friendly Hospital award by the National Baby Friendly Health Initiative (BFHI) Co-ordinator.

Local business woman and five times All-Ireland camogie champion Una O'Dwyer joined the staff at the hospital to celebrate their Baby Friendly Hospital award. The Baby Friendly Hospital Initiative is a whole hospital initiative and representatives from many disciplines attended the award ceremony including the Hospital Management Team,

consultant paediatricians, CNM2 paediatrics, consultant obstetricians, household services, staff midwives, staff Nurses and midwifery Management, as well as representatives from the Community Mothers programme in Tipperary.

Following the award, the assessment team were invited on a tour of the antenatal clinic and the maternity ward to congratulate staff.

Designation as a Baby Friendly Hospital means the hospital has implemented international standards and has gone through an extensive assessment by an external team.

The Baby Friendly Hospital Initiative is an international evidence-based best practice initiative, which includes standards in relation to breastfeeding practice, promotion, support and protection. International evidence confirms the Baby Friendly Hospital Initiative is effective in contributing to an increase in breastfeeding rates.

Once the standards are reached, the hospital is required to monitor practices to remain at that standard and continue to improve. Baby Friendly Hospitals must complete the assessment process and be re-designated every five years.



Pictured at the presentation of the Baby Friendly Hospital Initiative Award to the Maternity Ward in STGH, Dr Genevieve Becker presents Mary Burke, Asst General Manager, with the award surrounded by staff and guests.

## CONSULTANT PHYSICIAN WITH SPECIAL INTEREST IN DIABETES JOINS BANTRY GENERAL HOSPITAL

DR. MARK HANNON, a consultant physician and endocrinologist, has recently joined the staff at Bantry General Hospital. Dr. Hannon becomes the fourth full-time consultant based at the hospital joining Dr. Peter Wieneke, consultant physician, Dr. Brian Carey, consultant geriatrician and Dr. Olivier de Buyl, consultant physician who provide vital medical services to the people of west Cork and parts of Kerry.



Dr. Hannon attended the CBS in Charleville, Co. Cork and went on to study medicine at University College Cork, graduating in 2004. Dr Hannon is no stranger to Bantry as he did part of his medical training in Bantry General Hospital as well as Cork University Hospital, the Mercy University Hospital, and St. Vincent's University Hospital in Dublin. He completed his MD research in Beaumont Hospital Dublin and then travelled to the USA to work as a research fellow in endocrinology in Georgetown University Hospital, Washington DC. Dr. Hannon then spent a year in the Royal London Hospital and St. Bartholomew's Hospital in London, working as a clinical lecturer in endocrinology, diabetes and general medicine. He now specialises in diabetes and other endocrine disorders such as thyroid, pituitary, ovarian and adrenal disease and general medicine.

Speaking on his recent appointment Dr. Hannon said, "I am delighted to join the medical team at Bantry General Hospital. As part of my role as consultant physician with special interest in diabetes, I plan to extend the diabetes service as well as providing specialist endocrine services in the west Cork region. Bantry General already has a clinical nurse specialist in diabetes, Ms. Tracy Hourihane. The expanded service will mean that fewer patients will now have to travel to Cork to receive specialist diabetes and endocrine care."

Ms. Jackie Daly, Manager at Bantry General Hospital said, "We are delighted to have Dr. Hannon join the Department of Medicine at the hospital. His role will further enhance the professional services we provide."

This service will complement the services already being provided at BGH in general medicine, cardiology, gastroenterology, neurology and medicine for the elderly.

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INSET: Dr Mark Hannon

## Meet the HR Director

# ROSARII MANNION



**R**SARII Mannion, the new HSE National HR Director, has acknowledged huge challenges she faces in her new role but says she is delighted to take it on.

"It is a privilege to be given the challenging opportunity of helping you all to shape and improve health and social services for clients and patients throughout Ireland," said Rosarii.

"This is the reason we all work in the health services. Wherever we work we all collectively have very significant responsibilities. We can change people's lives, in so many cases we can enable people to lead better lives, and we can protect and restore their health. I think we are all so fortunate to have jobs which can make such a real difference.

"But health is a very complex area with huge challenges for the staff who deliver its many services."

The new HR Director has worked in the Irish health services – in Beaumont Hospital, the Midland, Dublin North East and the RCSI Hospital Group in total for 17 years now, and said she believes she has a good idea of the problems and challenges which all HSE staff encounter in your day to day work.

"It is my job, and the job of my team, to help each and every one of you to meet these challenges, which are as diverse as your jobs, but- which I think broadly hinge on planning for and meeting increasing patient demand and expectations with finite resources," she said.

"This involves very hard work and ongoing change in how we work and deliver our services. And most importantly, it requires leadership and support at every level."

And that is where the HSE HR Division comes in, insisted Rosarii.

"We want to help you to live our common values, to work with care, compassion and trust, to have your integrity and skills recognised and acknowledged, to be supported in difficult times and to develop your skills through an environment of constant learning," she said.

“ My five priorities for the next 12 months centre on engaging and building trust with employees, investing in leadership, using ICT to avoid duplication of data and paper based systems, addressing workforce planning and recruitment with a clear transparent system and investing in learning opportunities

"I want to assure you that we have taken on board your concerns which emerged from the first national HSE employee survey and I see it as my job, and the job of my staff to address these concerns in the months and years immediately ahead."

Over the past few weeks, the new HR Director has met with and listened very carefully to the views of HR staff across the organisation on the best way forward to meet these challenges.

During the coming months, she said she hopes to meet many of the people who work in the many areas that comprise the HSE and hear your views and hopes for the future.

"In our People Strategy, we have commenced charting a way forward to enable you work as efficiently and effectively as possible and to get as much job satisfaction as possible," she said. "In partnership with you and your representative organisations, we want to and will develop leadership and management capacity and skills, embrace and utilise modern technology to make your jobs easier and ensure that workforce and career planning will be carried out very openly and transparently.

"We have developed key priorities and we

plan to keep seeking your views so as to ensure, these are meeting your needs."

She revealed plans to hold a second staff survey next year which she hopes will show improvement or if there are other areas which the staff believes the HSE should explore.

"In this regard, I want to pay tribute to my senior management colleagues for their generous welcome to me and for their work, support, skill, experience and eagerness to deliver the best possible HR services.

"I hope to be worthy of your and their trust," said Rosarii.

"I would also like to thank the Director General and my senior management Colleagues for the warm welcome they have given me and for their support to date."

She outlined her main goals for the coming year. "My five priorities for the next 12 months centre on engaging and building trust with employees, investing in leadership, using ICT to avoid duplication of data and paper based systems, addressing workforce planning and recruitment with a clear transparent system and investing in learning opportunities," she said.

"These priorities are based on listening to issues raised by staff and on the gaps and recommendations which emerged from this year's employee survey.

"I am grateful to the National HR Team and to a number of existing HR staff from across the system who have already agreed to take on lead roles in key priority areas such as staff engagement, communications, quality improvement, National HR Helpline, supporting positive attendance, diversity and inclusion, etc.

"I already know many staff and I hope to meet many more of you in the months and years ahead. I will also be delighted to hear from any of you who wish to contact me at any time. In conclusion, I am really looking forward to working with you all and hope that collectively we can create a modern, inclusive, caring, supportive and high performing HR service that will support the delivery of high quality services to those who depend on us to do so," she added.

*The Irish experience to date...*

# SEPSIS, A QUALITY IMPROVEMENT INITIATIVE

**I**N 2013, in response to the recommendation for "mandatory induction and continuous education of staff on the recognition, monitoring and management of infection, sepsis, severe sepsis and septic shock" from the investigation into the untimely death of a patient from multi-organ failure due to sepsis, the Minister for Health asked the HSE to set up a steering committee to effect this recommendation.

The National Sepsis Steering Committee recommended the production, implementation and audit of a National Guideline on Sepsis Management based on existing published evidence-based guidelines adapted to be applicable within the existing resources of the Irish Healthcare System and with the responsibilities of the different providers within the system clearly identified.

The Committee acknowledges the work done by all contributors, clinicians, researchers and support officers who were involved in the production of the Surviving Sepsis Guideline and the Sepsis Six bundle and thanks the Society of Critical Care Medicine and Dr Ron Daniels, UK Sepsis Trust for their permission to adapt these guidelines to our system. Thanks are also extended to Dr Niranjana (Tex) Kissoon, Dr Joe Carcillo, and the NSW 'Sepsis Kills' programme for their support.

National Clinical Guideline No. 6: Sepsis Management was launched in November 2014 and is published on [www.hse.ie/sepsis](http://www.hse.ie/sepsis).

The primary aim of the national sepsis workstream is to decrease mortality by 20pc; secondary outcomes include decreased length of stay, decreased ICU admission and length of stay and a reduction in the burden of sequelae in survivors of severe sepsis/ septic shock. The issues to be addressed have been identified as:

- Recognition
- Risk stratification
- Time dependent sepsis screening
- Time dependent, bundled treatment
- Education
- Audit

The brief is to deliver within existing resources and using existing databases.

## RECOGNITION

THE diagnostic definition used is infection causing a systemic inflammatory response (SIRS). New definitions for sepsis are under discussion and if introduced, will be addressed in the 2017 update of this guideline. This will give any new definition the opportunity to be tested in the clinical environment. The bundle application has been adapted to accommodate potential definition change and changes in clinical practice should be minimal.

*The patient presenting to the emergency department:* Any patient presenting to triage with a history suggestive of infection should have the general variables of the SIRS criteria checked much like a patient presenting with chest pain has an ECG performed.

*Adult in-patient:* A National Early Warning Score (NEWS) system has been

implemented in Ireland. [www.hse.ie/go/nationalearlywarningscore/](http://www.hse.ie/go/nationalearlywarningscore/).

Patients, who have an increase in their NEWS score to 4, are required to be reviewed by a Senior House Officer (minimum 1 year qualified) within 30 minutes. Patients with higher scores are required to be seen by more senior doctors within shorter time frames (see Appendix 1 sample NEWS Chart).

*Maternity patients:* The principles of managing sepsis in the pregnant patient are the same as in the non-pregnant, however, there are a number of differences that need to be considered.

Prompt recognition with appropriate treatment provides the best opportunity for survival both for the pregnant women and the foetus. Source control may require foetal delivery and senior obstetrical input is required to ensure that the foetal environment is managed optimally.

*Maternity early warning system (MEWS):* There has been national implementation of MEWS, in patients who are reviewed due to a MEWS alert, or for any other reason, if infection is suspected to be the cause of the deterioration, sepsis screening should be performed and if diagnosed the sepsis 6 + 1 completed within 1 hour. The + 1 refers to assessment of the foetal environment.

The research arm of the National Maternity Programme have studied lactate levels in the first, second and third trimesters and have found them to be within the normal range for the non-pregnant population. The labouring period will also be studied.

“ New definitions for sepsis are under discussion and if introduced, will be addressed in the 2017 update of this guideline. This will give any new definition the opportunity to be tested in the clinical environment. The bundle application has been adapted to accommodate potential definition change and changes in clinical practice should be minimal

*Modulated immune response:* The immune system in pregnancy is modulated to facilitate the developing foetus and this leads to increased susceptibility to infection particularly to viral infections as demonstrated during the H1N1 pandemic, emphasising the importance of vaccination in pregnancy.

*Electronic patient records:* An electronic patient record system is being rolled out to all the maternity units over the next two years. This will include an electronic sepsis response pathway and facilitate the validation of the modified SIRS criteria, which are based on expert opinion and the known physiological changes that occur with pregnancy. A sepsis pro-forma has been included in the electronic record as well as an automatic alert, which triggers when a patient has 3 SIRS criteria and evidence of new organ dysfunction on laboratory testing. This alert is not the diagnostic criteria for sepsis in maternal patients rather it is a 'rescue' system to assist in the recognition of the deteriorating patient.

The maternal sepsis pathway will be piloted in paper format prior to electronic rollout.

*Paediatrics:* The national paediatric early warning score (PEWS) is due to be launched and will be accompanied by a paediatric sepsis pathway featuring a paediatric sepsis 6.

*Pre-hospital:* A pre-hospital pathway is under development in conjunction with the pre-hospital emergency council.

*Community awareness:* A patient information leaflet is being tested and will be made available in Emergency Departments, ICUs, General Practitioners' offices, and will form the basis of a community awareness campaign.



## IMPLEMENTATION

THE National Guideline was published in 2014 and 2015 represents an education and implementation year. The National Sepsis Team provides site visits, sepsis lectures and meets with hospital management teams to discuss implementation strategies. This is supported by the website [www.hse.ie/sepsis](http://www.hse.ie/sepsis) which contains education and awareness support information.

The First National Sepsis Summit was held in July and was aimed at senior hospital management teams and was supported by the Dept. of Health represented by the Minister for Health, Dr Leo Varadkar and Dr Kathleen MacLellan, Director, National Clinical Effectiveness Committee, and the Health Services Executive represented by the Director General, Tony O'Brien and Dr Aine Carroll, Director Clinical Strategy and Programmes. The delegates heard testimony from Ciaran Staunton, whose son Rory died from sepsis and failure of recognition, Julie-Ann Kelly who survived sepsis-induced multi-organ failure, and Ann McCabe who survived severe sepsis and a system that needs to be optimised to ensure timely appropriate treatment.

Prof 'Tex' Kissoon presented on the Canadian sepsis quality improvement initiative and Dr Vida Hamilton, National Clinical Lead Sepsis, on the Irish National Clinical Guideline. Delegates were given the opportunity at round table sessions to discuss implementation and feedback to the national team. The second summit held in Farmleigh in November was aimed at members of the sepsis committees of the acute hospitals. Delegates heard testimony from patient advocates and also presentations from Wexford General, Sligo General, Mayo University, St James, and Cork University Hospital on their sepsis quality improvement initiatives. The newly appointed six sepsis Assistant Directors of Nursing were introduced.

## EDUCATION

THE sepsis work stream has been in contact with the schools of nursing, the medical

schools and the postgraduate bodies with a view to embedding sepsis education in the undergraduate and postgraduate training programmes and is working on developing eLearning tools and a national sepsis 'App'.

## AUDIT

THE aim is to set up a sustainable audit programme. The National Office of Clinical Audit will produce a report on case-adjusted infection, sepsis, severe sepsis and septic shock mortality rates, lengths of stay, critical care admission rates and bed occupancy rates based on HIPE data. This is dependent on clear documentation of diagnosis in the case notes. HIPE coders have agreed to code off the sepsis screening forms and thus compliance with screening form utilisation will note only facilitate appropriate care and risk stratification, it will ensure better local data collection and better national audit. With the move to activity based funding, this will ensure appropriate reimbursement. Compliance audit needs to occur locally under the auspices of the Group Sepsis Assistant Director of Nursing (ADON) and local hospital Sepsis Committees.

This sepsis initiative needs to be embedded as 'routine' practice in hospital culture to ensure that patients are given the best survival opportunity. Even with this care, patients with severe sepsis have a mortality rate of 20pc and this rises to 30pc if the same care is not delivered in time-dependent bundles. Without compliance audit we cannot inform our practice and ensure that the best care is delivered in a timely fashion.

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 MAIN: Sepsis survivors Julie-Anne Mealy and Anne McCabe; Dr Vida Hamilton, National Clinical Lead Sepsis; and Dr Fidelma Fitzpatrick, Chair National Sepsis Governance Committee. ABOVE: The six sepsis Assistant Directors of Nursing: Back: Ronan O Cathasaigh, Saolta Hospital Group; Dr Vida Hamilton, National Clinical Sepsis Lead; Christina Doyle, Project Manager. Front: Karn Cliff, Dublin Midlands Hospital Group; Celine Conroy, Ireland East Hospital Group; Mary Bedding, RCSI Hospital Group; Breda Fallon, University Hospital Limerick Group; and Sinead Horgan, South South/West Hospital Group.

# Support Group

## LEAN AR AGHAIDH

**R**ECENT research has found positive outcomes for an OCD community-based support group established in 2014, called Lean Ar Aghaidh - which means just keep going.

The support group is for people with Obsessive Compulsive Disorder (OCD,) which itself is characterised by recurrent, obsessive thoughts, images or impulses which evoke anxieties that an individual aims to reduce or neutralise by engaging in compulsive, repetitive behaviours or mental acts. OCD is recognised as one of the top 10 disabling illness by the World Health Organisation, with a high impact on both employment and quality of life. It impacts one in 33 people in Ireland.

Lean Ar Aghaidh provides a community space for individuals to share success stories with their peers, as well as resources in managing and coping with their OCD.

The group arose out of the needs identified by service users, who experienced the benefits of peer support through group therapy within Clinical Psychology Services.

The support group embodies the recovery-orientated model of Vision for Change (2006) which highlights the importance of creating opportunities of service user participation, social inclusion and shared decision making.

Clinical psychologists who facilitated the group instinctively believed that the group was having a huge impact on individual's quality of life but had no clear evidence to support this. So in 2014, it was decided to try and capture just how this OCD support group was making a real difference to people's lives, through a piece of qualitative research completed by Paula Hurley, Assistant Psychologist with the Adult Mental Health Services, HSE South.

### UNDERSTANDING

THE aim of the research was to help understand Irish people's experience of attending this community based initiative. Interviews were conducted and Interpretative phenomenological analysis (IPA) was utilised to analyse the transcribed data, from which five themes emerged; a sense of belonging, positive insight and perspective on themselves as someone with OCD, increased self-esteem, the importance of structure within a support group and the benefit of and easier application of psychological techniques in managing their OCD.

This research gave a voice to participants and highlighted the importance of the social side of Lean Ar Aghaidh.

Results demonstrated that people with OCD experienced a meaningful change in their lives in how they experienced themselves within their community. Their

increased self-esteem enabled them to become more active in their own recovery and to feel more socially included: "I think you just feel you are part of something, part of that group and you belong somewhere not all the way out in some sort of desert."

The research highlighted how participants valued the support group as a place where their experiences of OCD were more easily understood by both their peers and by the clinical psychologists facilitating the group.

The results also emphasised the importance of participating in the support group to maintain their coping skills.

### WHERE TO NEXT?

FURTHER research is required, possibly quantitative in nature to gain greater insights and understanding of the efficacy of this support group, in addition to identifying aspects of the group format which may need to be enhanced.

In the interim numbers of participants continue to increase, while facilitators and their colleagues continue to explore ways to offer further Lean Ar Aghaidh support groups to those individuals with OCD residing in Cork city and county.

Further details on Lean Ar Aghaidh can be accessed via Donnacha O'Donovan, Senior Clinical Psychologist and Dr Claire O Sullivan, Senior Clinical Psychologist, who work within the HSE South Adult Mental

## UL STUDENTS SUPPORT NATIONAL BREASTFEEDING WEEK



FOR National Breastfeeding Week this year, fourth year BSc Midwifery students from the University of Limerick organised a number of events to promote BF.

They teamed together to hold an information morning and there were lots of fun games like pin the baby in the boob and a truth or myth game as well as a survey being passed around known as the breast test! A great morning was had by all.

The second event for National Breastfeeding Week was a coffee morning where the fourth year students got to interact with them and their beautiful babies and have a discussion about breastfeeding and their opinions on how the student midwives can support and promote breastfeeding going forward with their placements and when they become registered midwives. Everyone involved found it very beneficial and a lot of great ideas and tips were passed around.

The students issued a massive thank you to all the mothers involved and to the health professionals such as lactation consultants who attended.

Prevention is

# BETTER THEN CURE

**U**NDER the weather was developed by the HSE, in partnership with pharmacists and general practice doctors and gives practical, common sense advice and information on dealing with many common illnesses like colds, flu, earaches, sore throats, tummy bugs and rashes. It provides the practical advice that we all need to give us the confidence and skill to take care of ourselves and our families at home without the need for antibiotics, says the HSE National Director for Quality Improvement, Dr Philip Crowley.

"The site was launched this time last and had over 120,000 visits last winter. 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.

"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. 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," he said.

"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. [www.undertheweather.ie](http://www.undertheweather.ie) is a user-friendly and trustworthy website which gives advice

## BE WINTER READY - ARE YOU PREPARED FOR SEVERE WEATHER?

SEVERE weather challenges all of us. Activities that we take for granted can become difficult or even hazardous when severe weather occurs. However, by taking some simple steps to prepare each winter you can reduce the impact of such events. The severe weather section of the HSE website contains useful tips, advice and help.

The Government today launched a Be Winter Ready information campaign which provides information on being prepared, providing practical advice for coping during episodes of severe weather, as well as giving contact details of organisations and agencies that can provide guidance and assistance. The information was prepared by the Government Task Force on Emergency Planning and the main message is simple - be prepared, stay safe and know where to find help should you need it. Click on [www.winterready.ie](http://www.winterready.ie) for more.

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](http://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.

"Antibiotic resistance is a global health threat, and one that is being tackled on a range of fronts, in Ireland and internationally. We need to ensure that we preserve antibiotics for when they are really needed - for everything else, your common cold and nasty cough - the best advice is on [undertheweather.ie](http://undertheweather.ie).

"[Undertheweather.ie](http://undertheweather.ie) is part of our ongoing work to tackle the global threat of overuse of antibiotics, and the fact that antibiotics are becoming less and less effective - known as antimicrobial resistance. We want to support people to know what to do when they are unwell, and when to get advice from a health professional, but also that antibiotics are almost never the answer when it comes to these common complaints, said Dr Crowley.

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 so you'll be feeling better as quick as possible 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.

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](http://www.undertheweather.ie) for more.

Under the Weather is part of the ongoing Health Service-wide Action on Antibiotics programme, which has been in place since 2011, and supports the public and health professional professionals to take collective action to curb antibiotic resistance in our community and in our health system.

[www.undertheweather.ie](http://www.undertheweather.ie). Get advice and get better.



*The commitment...*

# TO IMPROVE LEADS TO GOOD RESULTS

**L**ISTENING to the views and opinions of patients and service users and considering them in planning and delivering services has been underlined as one of the HSE's core values in the Corporate Plan 2015-2017.

With this in mind the HSE have started work on a number of initiatives. Due to the nature of the initiatives and the complexities involved it will take a little time before systems are procured which will assist in the collection and analysis of patient feedback. In order to provide a starting point, 'Happy or Not' was introduced as a pilot to 12 hospitals within the HSE and has enabled the public to feedback if they feel happy or not with the service or healthcare engagement they have experienced in a quick and easy manner.

'Happy or Not' are a Finnish company who were established in 2009. The Happy or Not device has been implemented in many different industries, particularly in approximately 200 healthcare service settings throughout the world with great success.

## WHAT ARE THE BENEFITS OF THE SYSTEM?

THE key benefits of the system are:

- Easy to implement and maintain – it is a low cost product that is easy to implement at the chosen site. It does not require specialist resources to maintain. It is easy for the user to use
- Easy to use – happy or not allows the user to provide anonymous feedback in an easy way. The symbols are universally recognised by their happy or not face style buttons. The user selects the button they wish to press that best reflects their experience and the feedback is recorded there and then.
- Instant feedback – when the user selects their preferred button the feedback is captured at that moment. Therefore the feedback is real time and can be reported back hourly or daily. This information can be very useful to service managers as the data can be measured against key performance indicators already set. It also allows for changes based on real

data (happy or not patient/client feedback) to be made if required.

## HOW THE SYSTEM WORKS

- Service Manager chooses an appropriate location for the Happy or Not Device
- Service Manager chooses what question will be asked
- The battery operated device is installed within a couple of hours
- Device once powered up starts collecting feedback from the public without delay
- Service Manager can receive hourly, daily, weekly and monthly reports
- Service Manager can analyse the data, to highlight if the service users are happy or not and take corrective action where required.
- Service Managers can share the results with staff, service users and the public.







## REPORTS

THE reports can be provided in a number of different ways highlighting different categories and methods of data breakdown and can be arranged in a manner which is most useful for the service manager.

Analysis of the reports on a weekly basis can identify trends and highlight problems for each location or may identify specific times where the customer is happy or not.

The service manager can take action to improve the issues and improve the service provision for the customer. Since the start of the pilot phase the reports have shown very positive feedback from the public. This has been welcomed by some of the service managers as really useful and beneficial feedback for them as they continue to manage their service.

## FEEDBACK FROM THE PILOTTED AREAS

A QUICK survey was carried out recently within the hospitals who have piloted the 'Happy or Not' tool. While one of the hospitals feel that this is not providing the service with real and detailed feedback, the overall result showed that the 'Happy or Not' tool was worthwhile and had great potential for further rollout throughout the healthcare system.

Colin Kelly was the liaison person for the



implementation of 'Happy or Not' in the St Lukes Radiation Oncology Units in St James Hospital, Beaumont Hospital and St Lukes Hospital. He commented when asked about his experience of the tool: "The tool is easy and straight forward to assemble" and "Patients are interested in using the device." He went on to say, "Each month I present the report results to the Executive Management Committee. Results are also sent to the staff areas where they have been piloted for public display of the results."

## NEXT PHASE OF THE PILOT

IT is envisaged that the 'Happy or Not' device or a similar Feedback tool will be implemented in the Acute Hospitals in 2016. To date, there have been several requests for the installation of these devices, 3 of these requests are from a hospital that has already piloted the 'Happy or Not' tool.

If you would like further information on the pilot or if you are interested in the next phase of the project please contact happyornot@hse.ie

Welcome to the...

# BALLYSHANNON PROJECT

**D**ONEGAL convent and boarding school transformed into modern healthcare facility  
A former convent and boarding school in Co Donegal has been transformed into a modern Primary Care Centre and HSE offices.

The former St. Catherine's Convent and Boarding School complex in Ballyshannon has been changed from a disused facility in a state of disrepair and with significant dry rot issues into a modern fit-for-purpose health facility at a cost of approximately €8m.

The Convent was built in 1883 and is a three storey building constructed from local limestone with sandstone quoins, cornices and dressings around the windows. An adjoining 3 storey concrete framed boarding school was added to the original building circa 1961.

Planning permission for the transformation project was granted in May 2010. Primary Care services were being delivered from a house shared with the Local GP practice and there were a number of rented properties throughout Ballyshannon from which a variety of HSE services were being administered and delivered.

This project received approval to proceed to Construction in mid 2013 and a tender process commenced with the successful tenderer, Boyle Construction, a local Construction Company from Co. Donegal, commencing work in February 2014 with Substantial Completion granted on 3rd September 2015

## RESTORATION

THE project included a complete restoration / refurbishment of the existing Convent building (which is a Protected Structure) including elimination of dry rot, structural stabilisation works, fire safety works and completely new Mechanical and Electrical Services throughout.

The roof covering and finishes of the Convent have been completely replaced with new natural slates, timber repairs, restoration of cast iron gutters and other rainwater goods, removal of all cappings, installation of new lead trays and re-pointing of capings.

The entirety of the external envelope of the building has been painstakingly re-pointed using lime mortar and any damaged sandstone work repaired by local expert stonemasons. All windows (except those in the former chapel) have been replaced; with Aluminium being used on the side and rear elevations whilst new timber sliding sash windows have been used on the main front elevation.

The existing stained glass windows in the former chapel have been removed, restored and reinserted into what is now an impressive conference / meeting room and includes the addition of storm glazing to protect the windows into the future.

## CONSTRUCTION PHASE

MID way through the Construction phase of the project it became apparent that the significant dry rot issues also affected the internal structure of the original building and the load bearing capacity of the internal walls and therefore an additional steel frame had to be incorporated into the structure to independently support the convent floors and roof structure, this added approximately 3 months on to the construction phase.

As a result of the introduction of the steel frame all internal faces of the external wall were removed and replaced with insulated plasterboard which enhances the thermal properties of the building whilst all other internal wall repairs were carried out using lime mortar in keeping with the original building methods.

There was a previously convoluted access arrangement between the former convent and 1960 boarding school which was demolished and replaced by a modern glazed link building incorporating a new dedicated lift with intermediate levels to account for the different floor levels in the Convent and boarding school. This link building also houses a new x-ray suite where the current x-ray equipment from the adjoining Shiel Hospital is being accommodated.

The former boarding school has been totally modernised to provide a new Primary Care Centre including five GP Surgeries, Practice



THIS PROJECT WAS MANAGED BY HSE ESTATES, A FUNCTION OF THE HEALTH BUSINESS SERVICES DIVISION OF THE HSE.



Nurse Rooms, Public Health Nursing (including Wound Management Room), Treatment Rooms, Dental Suite, Physiotherapy and Occupational Therapy treatment spaces and a number of Multi-Purpose Rooms for visiting clinicians and specialists such as Speech and Language Therapies and Mental Health Professionals.

This building has been structurally strengthened where required and clad in an insulated panel to boost thermal performance; the building has been fitted out to a high standard in appliances and finishes to comply with latest infection control and other relevant standards.

The external environs have been reworked to include a 92 space car park and new boundary wall, disabled parking and set down areas for patients and ambulances, all laid out to comply with current disability access requirements. Attenuation has also been incorporated into the scheme and is located under the car park.

### BIOMASS BOILER

THE building is now serviced by a wood pellet biomass boiler with oil back up and includes solar panels on the roof of the Primary Care Centre to service the Domestic Hot Water System. The newly built stone clad boiler house includes storage hopper for the wood pellets, Building Management System and storage areas for waste, Oil tanks and a Generator.

The total cost of this project is circa €8m including construction, design fees, equipment and other costs for a floor area of approx 2,850m<sup>2</sup>. In advance of the commissioning of this project annual rental of approx €120,000 per annum was being expended to house the various services now accommodated in this new Facility. The Primary Care Centre became operational in September 2015 and the office element of the Project (former Convent) has been occupied incrementally since then. All services are now operational from the new facility.



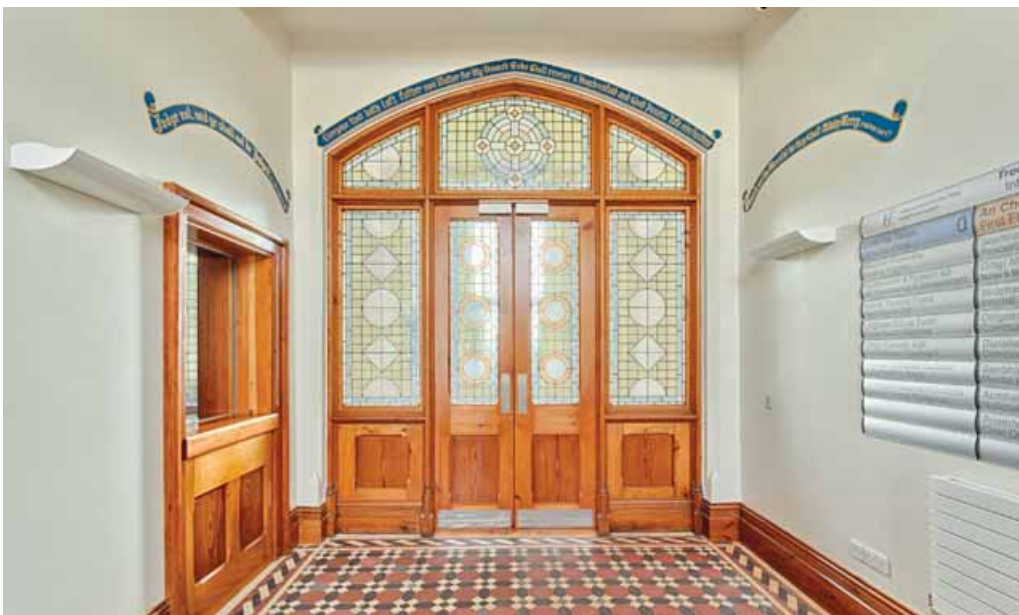
“ The existing stained glass windows in the former chapel have been removed, restored and reinserted into what is now an impressive conference / meeting room and includes the addition of storm glazing to protect the windows into the future

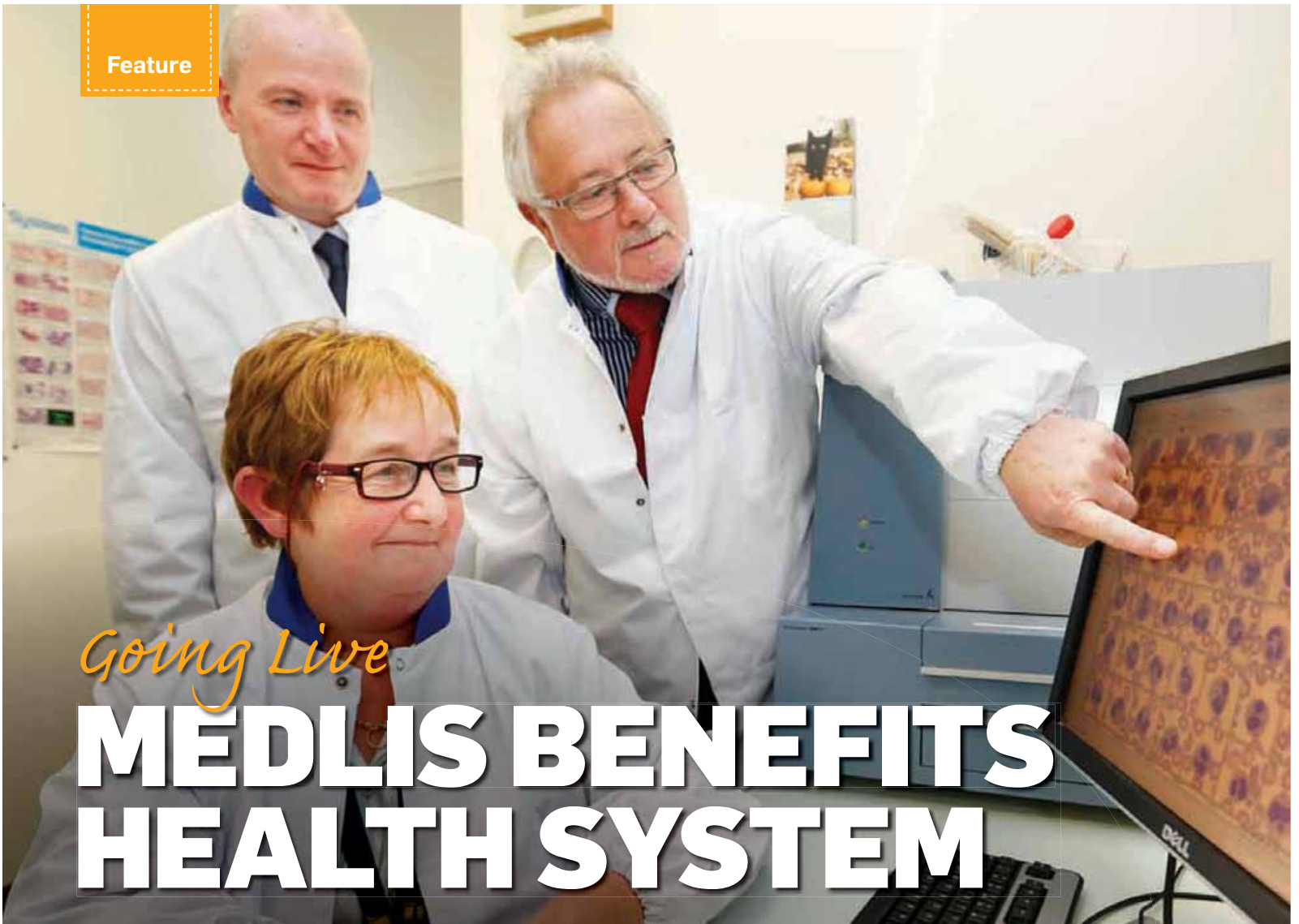
### THE TEAM

ARCHITECT: Taylor Architects, Breaffy Rd, Castelbar. QUANTITY SURVEYORS: McCauls Chartered Quantity Surveyors, Wine Street, Sligo. CIVIL / STRUCTURAL ENGINEERS: Nicholas O Dwyer Ltd, Consulting Engineers, Nutgrove Office Park, Nutgrove Ave, Dublin 14. MECHANICAL & ELECTRICAL ENGINEERS: PM Group, Killakee Hse, Belgard Square, Tallagh, Dublin 24.

PICS: The impressive interior of the new primary care centre in Ballyshannon

See page 60 for report and pictures from the official opening of the facility.





*Going Live*

# MEDLIS BENEFITS HEALTH SYSTEM

**A**

N INTEGRATED nationwide hospital laboratory information system will be rolled out over the next four years.

The HSE signed a contract in October with Cerner, the multinational healthcare technology company, for the new National MedLIS project.

The project will improve the delivery of diagnostic laboratory medicine, healthcare quality, efficiency and outcomes for patients in the Irish healthcare system. The project will replace all of the laboratory systems throughout the country and is being supported by the MedLIS and HSE national technology teams. The roll out will begin next year and is due to be completed in 2019.

The provision of high-quality laboratory services is a critical component of patient care, involving diagnostic, monitoring and screening services. Laboratory services are vital for the day-to-day operation of all healthcare services; both acute and community based. The current fragmented configuration will be replaced by a single national coordinated laboratory medicine system. This will contribute substantially to the development of an electronic medical record.

The vast majority of healthcare decisions affecting diagnosis or treatment involve a pathology investigation, with individual treatment decisions and the monitoring of their response to treatment often dependent

## MEDLIS TIMELINE

### PHASE ONE: HOSPITAL SITES TO GO LIVE

ST James's Hospital, Dublin, Regional Hospital | Tullamore Regional Hospital, Portlaoise | Beaumont Hospital | Cavan General Hospital | Connolly Hospital; Mater Hospital, Regional Hospital Mullingar.

### PHASE TWO

TALLAGHT Hospital | Coombe Maternity Hospital | Naas Hospital | Our Lady of Lourdes Hospital, Drogheda | St Vincent's University Hospital | Navan Hospital | National Maternity Hospital, Holles Street | Loughlinstown Hospital.

### PHASE THREE

UNIVERSITY College Hospital, Galway | Letterkenny

General Hospital | Sligo General Hospital | Roscommon Hospital | Mayo General Hospital | Portlucula Hospital | Limerick Regional Hospital, Ennis Hospital | St John's Hospital | Nenagh Hospital.

### PHASE FOUR

CORK University Hospital; Waterford Hospital | Kerry General Hospital | Mallow Hospital | South Tipperary General Hospital | Mercy Hospital, Cork | Bantry Hospital | South Infirmary Hospital, Cork | Wexford Hospital | St Luke's Hospital, Kilkenny.

### PHASE FIVE

CRUMLIN Childrens' Hospital | Temple Street Childrens' Hospital | Cappagh Hospital | St Lukes Hospital | Rotunda Maternity Hospital | St Michael's Hospital | Royal Victoria Eye & Ear Hospital.

on a range of pathology based tests and investigations. The purpose of the National MedLIS project is to deliver a standardised laboratory information system that supports the delivery of laboratory medicine and meets the needs of patients and their health care providers i.e. hospital consultants, nursing staff, hospital management, general practitioners etc throughout the Irish healthcare setting.

MedLIS will allow for laboratory information to be shared with the relevant health care

providers in line with clinical need and data protection requirements. The system will also have full audit trail capability to support data breach detection.

Currently each hospital laboratory operates its own independent LIS with a standalone database and there is little or no laboratory-to-laboratory connectivity. The deployment model for the new national Medical Laboratory Information System (MedLIS) will be based on a central single instance of the software



and database. This model will facilitate the electronic patient-centred storage of complete laboratory diagnostic data and allow clinicians and other health care providers to have user friendly access to the full laboratory information on each patient on a 24/7 basis. Access to this information will be governed by a robust control system which will ensure that access is only available for legitimate reasons.

Chief Information Officer Richard Corbridge added, "The availability of the Individual Health Identifier within the laboratory system will allow the creation of a national laboratory based record for every patient in the country, this will improve patient safety and increase efficiencies in the delivery of healthcare."

He added, "It is an exciting delivery to get to this stage and allows the next national system to be deployed with the Individual Health Identifier as part of it, this adds to the journey we are on to create a digital healthcare fabric for Ireland."

The strategic goal for the MedLIS Project is to ensure Irish healthcare providers have 24-hour access to complete and up-to-date accurate laboratory data across all sites.

To achieve this goal, MedLIS will replace all the existing systems in the 43 HSE and Voluntary Laboratories with the Cerner Millennium system. All laboratory disciplines will be replaced including Biochemistry, Immunology, Endocrinology, Haematology, Microbiology, Virology, Histopathology, Cytopathology, Autopsy services, Blood Transfusion, Histocompatibility & Immunogenetics (tissue typing) and Molecular Diagnostics. It will also provide for the delivery of functional interfaces to multiple external systems, eg Order Communications Resulting and Reporting, Patient Administration Systems, Healthlink and other National Clinical Systems, eg National Renal System.

Laboratory Information Management systems play a central role in the operational management of pathology laboratory workflow as well as providing the infrastructure to facilitate the electronic communication of patient laboratory examination requests and results from/to hospital clinicians, wards, etc., and their primary care counterparts, general practitioners, and other relevant healthcare providers in fixed and mobile settings. It is imperative that the laboratory service should be supported by a modern information management system underpinned by technology to meet world-class standards in healthcare. Laboratories cannot effectively function without such systems.

The MedLIS project will deliver significant benefits to the patients, clinicians and local health care providers who use the laboratory services.

These benefits will primarily be manifested by the reduction in test duplication, the wider availability of results to healthcare providers; faster electronic accessing of these results, enhanced clinical audit, and a more comprehensive and robustly stored patient laboratory record.

Dr Miriam Griffin, Clinical Director and Project Manager, said: "The provision of high quality laboratory services is a critical component of patient care, involving diagnostic, monitoring and screening services. Laboratory services are vital for the day-to-day operation of all healthcare services; both acute and community based. The current fragmented configuration will be replaced over the next four years by a single national coordinated laboratory medicine system.

"This will contribute substantially to the development of an electronic medical record. The National Project team members have

already started contacting laboratories and there is an extensive consultation plan which will inform the first phase of the project, ie to design the standard national build.

"It is important to ensure that laboratories engage with the MedLIS project during this time so that we can achieve the best possible system based on the collective expertise. We recognise that this will be yet another call on time for already stretched laboratory staff but it is vital for the success of the project."

Amanda Green, Cerner's Regional Executive said, "The programme will deliver patient-centred electronic information flow between laboratories and their service users in community and acute care. Test requests and results will move from paper to a secure electronic environment which will improve turnaround times; increase visibility and traceability; ensure safe receipt and acknowledgement of results and facilitate timely communication and action on behalf of patients. We are glad to be able to play our part in transforming healthcare here in Ireland."

For updates on the MedLIS Project and other eHealth Strategic Programmes visit [www.ehealthireland.ie](http://www.ehealthireland.ie)

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 TOP: Fergus Murray and Michael Nerney, MedLIS Project and Nora Kinsella, Senior Medical Scientist, Haematology pictured at the Department of Laboratory Medicine, St James's Hospital. ABOVE: Pictured at the announcement were: Standing - Richard Corbridge, Chief Information Officer, HSE; Seamus Butler, HSE ICT Delivery Director for Acute Hospitals; Michael Nerney and Fergus Murray, MedLIS Project; Matthew Pickett, Commercial Director, Cerner and Dr Miriam Griffin, Project Lead, MedLIS. Sitting - Stephen Mulvany, HSE National Director of Finance and Amanda Green, Regional Executive and Managing Director, Cerner.

# Rannóg Eigeandála Emergency Department

## Emergency Department Overcrowding PLAN IN PLACE TO ADDRESS ISSUES

**I**T IS acknowledged by the HSE and the Minister for Health that Emergency Department overcrowding is unacceptable and tackling it is one of the single biggest priorities for both the health services and the Government.

The establishment of the Taskforce by the Minister in 2014 and the appointment of the HSE Director General Tony O'Brien and Liam Doran of the INMO as co-chairs of the implementation group is testament to this priority.

The most recent numbers from the INMO and SDU indicate that the number of people on trolleys is 8% lower for November 2015 than November 2014.

This reduction represents a marked improvement from the summer when the situation was between 20pc and 40pc worse than the summer 2014. However, the circumstances where the number of patients on trolleys peaks around 300, falling to 150 by evenings remains unacceptable.

The ED Taskforce was convened to provide focus and momentum in dealing with the challenges presented by ED overcrowding. It is clearly identified in the report that ED overcrowding is not just a matter of the ED performance itself, but is system-wide throughout our hospitals and social and primary care areas.

The HSE published the ED Taskforce Plan in May 2015 with a range of time-defined actions to (i) optimise existing hospital and community capacity; (ii) develop internal capability and process improvement and (iii) improve leadership, governance, planning and oversight.

The ED Taskforce Report includes measures to:

- reduce delayed discharges;
- reduce length of stay in acute hospitals in line with best practice internationally;
- develop and extend additional and alternative access routes to urgent care, thereby enabling appropriate admission avoidance;
- ensure timely and appropriate assessment, treatment and admission or discharge from ED in line with agreed HSE National Service Plan targets;
- implement targeted initiatives aimed at supporting rapid access to inpatient care and to diagnostics;
- improve access to senior decision makers to ensure appropriate admission and timely and effective management and discharge of patients;
- ensure integrated discharge planning;
- improve chronic disease management;
- ensure effective leadership and oversight in hospitals to implement and maintain sustained improvement and manage periods

of surge effectively.

During 2015, €117 million of additional funding was allocated specifically to address ED overcrowding, the ongoing recruitment of frontline staff and the phased opening of up to 301 beds under the Winter Initiative.

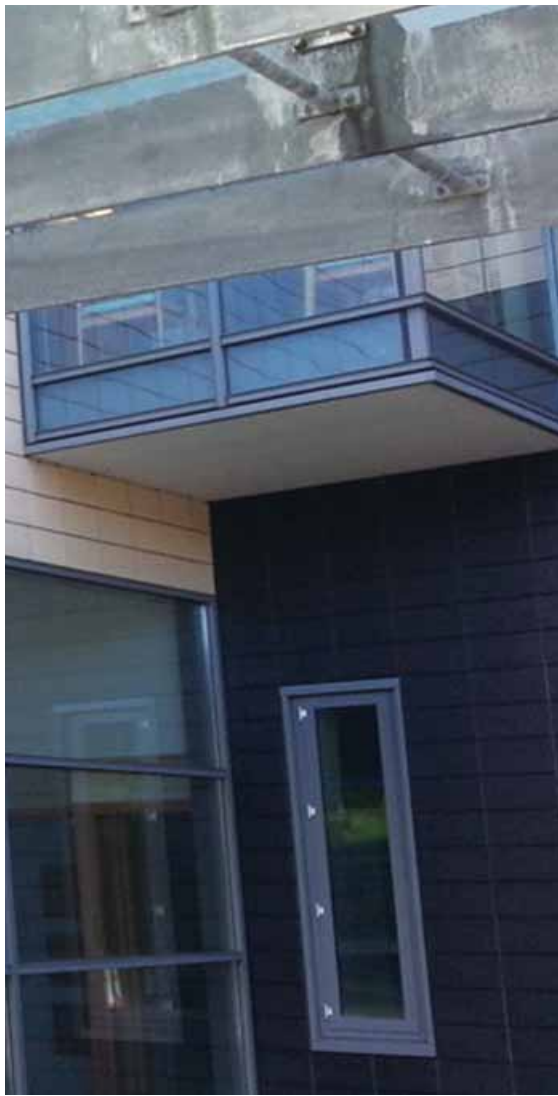
### DELAYED DISCHARGES

THE additional funding includes the provision of €74m to address delayed discharges by putting the following in place:

- Provide additional 1604 Nursing Home Support Scheme (NHSS) places – this has brought the waiting list down from 11 to 4 weeks (or less) and this reduction will be maintained to year end
- Reduce number waiting NHSS funding to below 550. Overall numbers on waiting list now on average 450 per week,
- Additional Transitional Care Placements – 670 additional patients benefitting since April
- Public Bed Commitment - Open a further 173 community beds to allow discharge from acute hospitals of those who have completed acute phase of treatment. 149 of these beds are now open and the remaining beds are all being progressed with recruitment of staff or HIQA.

### ADDITIONAL BEDS

ADDITIONAL funding for 2015 also



included provision of €8m to put in place 301 additional beds across hospitals in order to relieve pressure on the Emergency Departments during the winter period, 109 of which are currently open. There are plans in place to have a total of 286 beds open by end of December. Following review of winter plans, a further 25 beds will open to meet winter pressures and these are on schedule to open during December.

In order to optimise all available capacity, the HSE is targeting the reopening of beds and is expected to have 129 further beds by the end of the year. This will bring the overall additional beds for the winter period to 440.

These initiatives have come on top of measures already taken in Budget 2015, when the Government provided €25m to support services that provide alternatives to and relieve pressure on, the acute hospital system. This includes the recruitment of additional staff with 4,643 staff appointed between October 2014 and October 2015 (including replacement staff).

### STAFFING LEVELS

FINANCIAL constraints and the staffing moratorium have restricted the HSE in previous years but now that we are exiting a period of austerity, the HSA total of 4,643 new and replacement staff have been appointed in the 12 months between

October 2014 & October 2015. 254 of these staff appointments were specifically for Emergency Departments across the acute hospitals. This increase in staff is essential in providing sustainable services with the relevant training and expertise.

### ED DIRECTIVE

A CRITICAL success factor in achieving sustainable improvements is the development and implementation of robust whole-system escalation plans and these form an important part of the winter planning process and are a core recommendation within the ED Taskforce.

While escalation plans have been in place in all hospitals, the winter planning process is seeking to strengthen the use of these plans and to standardise these across all hospitals.

On Friday, November 27th, the Minister for Health, Director General of the HSE and the Director of Acute Hospital Services, HSE, signed a Protocol that builds on progress made in recent weeks to address Emergency Department overcrowding.

The Directive makes it compulsory for each acute hospital to take specific steps to address overcrowding. This includes additional ward rounds if trolley figures reach "red" status as set out on the daily reports from the SDU. The Directive also removes the discretion of individual hospitals

to implement their Escalation Plan and requires that each hospital regards ED congestion as a key issue for the whole hospital and for primary and community care services.

The individual escalation plans require the following steps to be taken:

- Additional ward rounds
- Postpone non-urgent elective procedures
- Full co-operation with Social Care and Primary Care services in discharging patients
- Working closely with Community Intervention Teams to provide antibiotics and other basic care in a patient's home or care facility, rather than a hospital
  - The national ambulance service must be actively engaged to assist in effective turnaround times and provision of inter hospital transfers to manage group wide capacity
  - As a last resort, extra beds to be put on wards

It is hoped that the improvements observed in November will continue through the use of the targeted funding for delayed discharges, the opening of additional beds and the full implementation of the escalation plans.

The HSE has put in place robust oversight arrangements to drive these improvements and to ensure appropriate intervention at hospital and community level.

# Building your future MED CAREERS

**H**UNDREDS of medical interns and students attended a unique careers day held at Dublin Castle recently. The 'Building your Future', was organised by the HSE in conjunction with the Irish Forum for Postgraduate Training Bodies and the Medical Council.

The Medical Careers Day was designed to highlight the range of training and career opportunities available to medical graduates in Ireland. The day-long event offered a full programme of career advice on the different medical specialties, the importance of the learning environment for trainee doctors and guidance on how to pursue a successful and long-lasting medical career.

Minister for Health Leo Varadkar was on hand to launch the event and also took the opportu-



nity to announce a new medical careers website [www.medicalcareers.ie](http://www.medicalcareers.ie), a fresh resource aimed at helping medical students and interns make informed decisions about their career choices to achieve their own professional ambitions.



## MAKING NEXUS A BETTER PLACE TO WORK

THE HSE and TUSLA staff in the Nexus building in Blanchardstown got together to form a wellbeing committee.

The aim of the group was simply to look at making Nexus a happier place to work. Most people work five days a week, eight hours a day and it was felt that it was important to enjoy your working day.

The HSE Corporate Plan and Healthy Ireland in the Health Service National Implementation Plan 2015-2017 recognise this and see the workplace as an opportunity to promote a culture of valuing staff health and wellbeing.

One of the actions of the implementation plan is to put in place specific consultations with the staff to generate bottom up ideas and to support and demonstrate commitment to this programme.

To this end, the wellbeing committee in Nexus carried out a staff survey to identify initiatives that were of interest to staff. The first event to be held was a 4th of July BBQ. This was a very enjoyable event and it was a great opportunity for healthcare staff on the three floors to meet. Many initiatives were identified in the survey and the committee ran with the top four, couch to 5k, yoga, mindfulness, and walking. Yoga, running and an exercise programme called zumba have flourished. Others were not so successful. Given the enormous success of the BBQ, the wellbeing committee is busy planning a social event for Christmas.







*Good Mental Health...*

# RECOVERY BEGINS AT HOME

**F**

OR people with particular mental health issues who need to be supported very often the only option is to move into a high support residential unit.

However, traditional service delivery is changing and there is increasing evidence and emphasis to support a move away from congregated settings into providing care in the community and enabling independent living.

The HSE Clare Mental Health Services Rehabilitation and Recovery Team embraced this initiative and set up the Recovery at Home Project in 2013. This three-year project, supported by Genio, aims to successfully relocate 16 people from a large congregated setting in Clare to domestic residential accommodation.

The Recovery at Home Project involves working closely with the 16 people to assist them in identifying the supports that are needed to carry out the activities of daily living so that they can transition from congregated care to their new homes.

The individuals are undergoing training so that they can acquire and maintain the skills needed to manage their new homes. They are also being supported in forming meaningful connections within their communities.

The Project Team is working with the individuals' wider family, peers and community groups to facilitate the evolution of non-paid community supports.

The Recovery at Home Project is in its final year and 12 people have already successfully moved to a variety of independent accommodation with some choosing to live alone while others have preferred to share.

These 12 people are already benefiting from living in modern, warm bright homes that are convenient to town and all local amenities.

It is hoped that the final four people will be

accommodated in their new homes by the end of the project.

The success of this project is due not only to the dedication of the people involved but the support of Housing associations such as Clúid and Fáilte Isteach who provide stable and secure tenancies for people with mental health issues.

People, who use mental health services can often live in poor standard accommodation in the private rented sector and can be subject to increasing rents, withholding of deposits or the termination of tenancies with little notice. Housing provided by Clúid and Fáilte Isteach are aimed at vulnerable clients ensuring that they can access stable and sustainable housing. The housing is of a high standard with residents having the option to stay at one address for a long time. This also allows people to make connections with their neighbours and with their local community.

Daniel Meehan (pictured inset), mental health services client and Clúid Tenant commented on the impact this project has had on him.

"The Recovery at Home project has provided me with great support while giving me the freedom to be independent. My key worker works alongside Clúid and I feel safe, secure and free to live my life on my own terms," he revealed.

"The partnership between the HSE Clare Mental Health Services Rehabilitation and Recovery Team, Genio and Clúid offers me, and others like me, dignity, freedom and security; all aspects of recovery that are essential to the maintenance of the positive and pro-

ductive life I now live. I am proud of my apartment. I believe a person's environment has a direct influence on their wellbeing and this is more significant for the vulnerable like those with mental illness. I am very happy in my life and I feel immensely grateful to all involved. I have a new lease of life."

For the Recovery at Home Project, Fáilte Isteach provided two three-bed apartments finished to a very high standard while Clúid housing provided four one- and two-bed units in their development in Pound Lane.

Clúid recently won an award at the 2015 Allianz Community Housing Awards under the 'Housing Management Initiative' category. The competition was organised by the Irish Council for Social Housing for their development at Pound Lane which was designed in such a way as to enable tenants to live independently in their own vibrant community.

Genio is an organisation that works to bring Government and philanthropic funders together to develop better ways to support disadvantaged people to live full lives in their communities. Since 2010, Genio has awarded funding to 227 projects nationally. Genio is currently helping to establish a Service Reform Fund to support the implementation of reforms in disability and mental health services in collaboration with the Department of Health, the Health Service Executive and The Atlantic Philanthropies.

It is only by working in partnership with such organisations that are committed to providing safe, sustainable and supportive environments for vulnerable people can the HSE maximise and support and sustain recovery for our clients.





*It's all about*

# PERSON-CENTRED, CO-ORDINATED CARE

In this feature (based on a recent interview for Eolas magazine) the National Director of Clinical Strategy and Programmes (CSPD), Dr Áine Carroll, tells us about the strategy currently in place to ensure patient-centred care remains the primary focus of Ireland's health service

## ENORMOUS CHALLENGES

DR Áine Carroll took up her role as the National Director of CSPD in late 2012, a division focused on bringing clinical leadership to the heart of the decision-making process with the ultimate aim of improving quality, access and value across the whole health and social care system. With some 33 National Clinical Programmes and nine supporting initiatives they have been one of the most significant positive developments in the Irish Health Service. They have changed, and continue to change, how care is delivered using evidence-based approaches to system reform. "All health services are facing the enormous challenge of delivering better care while controlling costs. Rethinking traditional patterns of where and how care is delivered is fundamental to addressing these challenges. The clinical programmes have made a substantial contribution to addressing these challenges," Dr Carroll acknowledged.



## INTEGRATED CARE PROGRAMMES (ICPS)

WHILE the considerable achievements are clear, the learning over the past few years has emphasised the essential need to maintain and enhance clinical leadership and develop clinical pathways that are truly patient-centred. To this end, the National Clinical Programmes (NCPs) are being restructured into integrated care programmes (ICPs). The key features of the ICPs are that they are designed by clinicians, with formal structures agreed with the Medical Colleges for input and sign-off in a collaborative partnership. Along with similar structures being developed with Nursing and Midwifery and with Health and Social Care Professionals, the programmes take a cross-organizational view – basing the models and pathways around the needs of the patient rather than organizational structures.

The Clinical Strategy and Programmes Division is currently working with the

Systems Reform Group to implement this reorganisation of the National Clinical Programmes.

The five ICPs are focused on older persons, prevention and management of chronic disease, patient flow, children's health and maternity. The goal of these programmes is to ensure that the health service is able to provide person-centred, coordinated care.

Some of the key positions have already been filled with National Clinical Advisors and Group Leads (NCAGLs) having been appointed to each of the care divisions:

Other key roles have been filled, including Senior Programme Managers for the Older Persons ICP (PJ Harnett) and the Prevention and Management of Chronic Disease ICP (Valerie Twomey).

Appointments to the position of Senior Programme Manager for the Children's Health and Patient Flow programmes are in their final stages. The ICP for maternity is still under development and will be based on the recommendations that will come from the Department of Health's Maternity Strategy to ensure complete alignment.

### PATIENT OUTCOMES

DR Carroll recognised that there are "pockets" of the health service where person-centred, coordinated care is done fantastically but claims that the challenge is ensuring that this level of coordinated care is maintained "consistently at scale". Ultimately, Dr Carroll is focused on ensuring that every patient can answer confidently these three simple questions:

Do you know who your care coordinator is?

Do you know your self-management programme?

Do you know what your care plan is?

It is the ability of the patient to answer these simple questions that will truly provide the important measure of patient outcomes and experiences to ensure the health service is as efficient and effective as it can be.

Despite the questions being posed appearing simple, Dr Carroll said she

appreciates that getting to that stage for every patient will require a major change in Ireland's health service but she is not expecting miracles and has set realistic targets for the years ahead.

"We know we can't boil the ocean," she admitted. "We need to identify priority pieces of work that we are going to absolutely commit to over the next couple of years and make sure we successfully implement right across the country."

### PIONEER SCHEMES

OVER the next year, Dr Carroll is clear that establishing the operating model for the ICPs will be her primary focus. Ensuring the plans have the appropriate support and sign off, appropriate monitoring and actually achieve their targets will prove challenging but she recognises their importance.

The Prevention and Management of Chronic Disease ICP will be tested in pioneer sites to test the proof of concept. If successful, it will be scaled up and brought to other sites in an attempt to learn as much as possible about the programme's implementation prior to a nationwide rollout.

In 2016, the ICP for Older Persons intends to select and work with at least one Integrated Care Pioneer Area to test and deploy a model of integrated care for older persons that aligns with existing improvement initiatives.

Further pioneer areas will be developed and will ultimately form an improvement network, linked with international integrated care improvement best practice.

The proof of concept workstream of the Patient Flow ICP is under way with a tender competition to identify a technical partner who will work to develop operational management and improvement capabilities within hospitals initially while HSE staff build up their own expertise and become self-sufficient in using these scientific approaches to health improvement.

More information on the Integrated Care Programmes is available on [www.hse.ie/integratedcare/](http://www.hse.ie/integratedcare/)

## HSE'S INAUGURAL CONFERENCE



### CHALLENGES

DR CARROLL believes the change of environment for clinical staff will present the biggest challenge, moving from a hospital-centric model to a community-based model of care. "Are we going to be asking specialists to think about specialism in 'out of hospital' settings? Yes we are," said Dr Carroll. "Are we seeking to have a look at the role of technology in supporting people to remain well at home? Yes we are. We need to look at ways to do that. We don't know yet how we'll be challenged. Those are the things we'll really only be able to work through by experiencing it and dealing with the issues as they crop up". It will be an iterative process.

Dr Carroll believes Ireland can become a world leader in integrated care. She recognised global movement towards integrated care at present and believes that despite the headlines, the 'fantastic, caring and compassionate' staff in Ireland's hospitals are the best she has come across. It's this high quality that fills her full of hope that the target of a person-centred, coordinated approach can become a reality. "I have no doubt we have got the experience, expertise, drive and passion as well as numerous examples across the country of where we have managed to do it, so I absolutely believe we will be able to meet our ultimate target," concluded Dr Carroll.

# The ups & downs of life... **BOUNCING AWAY**

Publishing children's own perspectives on mental health and resilience

**H**OW are children and young people affected by a depressed society? What are their coping strategies? How should they be supported to develop as resilient individuals? What structures are in place for children to talk about their responses to the world around them, and how they are affected by the ups and downs of everyday life? These are just some of the questions that provided a stimulus for the Bouncing Away book project.

The project emerged as a collaboration between Kids' Own Publishing Partnership and the HSE where a recognised need was identified for children to be included in conversations about mental health and to contribute their own perspectives as a way of supporting themselves and other children. Mental Health is now so widely acknowledged as a critical factor influencing the fabric of our society, but although mental health issues often develop in early age, children are rarely listened to, in relation to their own experiences.

Kids' Own is an organisation that supports children's right to creative expression, and

seeks to give value and status to children's voices and experiences, which are frequently silenced and ignored within our society. In partnership with the two HSE Mental Health services in Sligo – The Child & Adolescent Mental Health Service (CAMHS) and the Community Psychology Service (PCCC) – the aims of the project were identified. The principal aim was to address the gap in provision of publications about mental health that are created by children. Bouncing Away is the first such book. Other aims of the project included: to provide an opportunity for children and young people to work through a creative process with professional artists – supporting their integrity as individuals and building their self esteem; to promote and celebrate children's wellbeing and build mental health awareness at local and national level; and to give status and visibility to children's art work and writing through a new publication that would give voice to the interests, challenges and needs of children living in Ireland.



In terms of development, the project evolved over a long planning period, during which a steering group was established, funding was secured from HSE North West, an open call was issued for an artist and a writer to work with the three groups of children, and the work itself took place over 8 weeks in autumn/winter 2014. This was followed by a design process, managed by Kids' Own and overseen by the steering group. And finally – in October 2015 – the book, Bouncing Away, was published and launched with the children. The



“ Other aims of the project included: to provide an opportunity for children and young people to work through a creative process with professional artists – supporting their integrity as individuals and building their self esteem; to promote and celebrate children’s wellbeing and build mental health awareness at local and national level...

creative process was central to the project. Over 8 weeks, each group of children engaged in a range of activities alongside the artist, Vanya Lambrecht Ward, and writer, Lisa Vandegrift Davala, to give expression to their feelings and emotions, and to articulate how they cope with the ups and downs in their lives.

### OPPORTUNITIES

THE artist and writer provided opportunities for the children to talk freely and honestly, and to develop art work that was both visceral (drawing their emotions) and representational (creating images and models of items they cherish and activities that make them happy). The presence of the healthcare professionals at the sessions that were attended by children from the local HSE services, was an important factor. The workshops took place on a weekly basis in The Model, Sligo – a beautiful local gallery – but the presence of the healthcare professional provided a support structure and offered a frame of reference within the healthcare context. The work was taking place within a safe environment where both the artistic, and the emotional and developmental needs of the children were being supported. The local school children had the presence of their class teacher during the sessions and the work took place within their own school environment.

From Kids’ Own’s perspective – as a professional publishing house, and an organisation that supports and promotes professional arts practice with children – the aesthetic was an important consideration. It was paramount that Bouncing Away would give integrity and status to the children’s work as artists and writers. The book draws on the power of children’s words and artwork to speak meaningfully to others about mental health. Many of the children’s experiences some stark and strikingly reflections. Roman says: “Rubbing



people on the back cheers them up. Heartbroken means when you’re sad. I was heartbroken when the cat died. When I’m happy it just pops up in my chest – my heart glued together, not broken.”

Censorship is an issue that emerges when the content of such a project is potentially sensitive and emotive. The steering group agreed from the outset that the children’s work would be published under a pseudonym chosen by them, in order for their identity to be protected and for their work to remain largely uncensored. Our duty of care to the children was at all times a key consideration within the delivery of the project. As such, the documentation of the project was also restricted to images of the artwork and process and did not include the children’s faces.

Our vision for the book is that it will provide an inspirational guide for other children to help them through their own ups and downs. It also includes guidance note for adults – written by CAMHS and PCCC – on how the book can be used to support discussions with children about mental health and developing resilience. Overall, it provides a rich resource for children and adults, capturing the child’s unique perspective on Mental Health.

The members of the steering group for the project were: Dr. Marian Duggan, Senior Clinical Psychologist, HSE Community Psychology Service, Sligo; Sandra Gray, Psychologist,

HSE Community Psychology Service, Sligo; Elizabeth Henry, Social Care Leader/Play Therapist, HSE Child & Adolescent Mental Health Service, Sligo; Jo Holmwood, Project Manager, Kids’ Own; Orla Kenny, Creative Director, Kids’ Own; Niamh O’Connor, Co-ordinator, Arts Initiative in Mental Health; Gráinne Roche, Senior Occupational Therapist, HSE Child & Adolescent Mental Health Service, Sligo.

Bouncing Away was launched on October 29th and is available from Kids’ Own – <http://www.kidsown.ie>

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 OPPOSITE PAGE: Participating children at the Bouncing Away book launch, The Model in Sligo  
 TOP: Singer Kian Egan; Orla Kenny, Director of Kids’ Own; Mark O’Callaghan, Principal Psychologist, HSE Sligo/Leitrim; Frank Morrison, General Manager of the HSE West Community Services for Sligo, Leitrim, and West Cavan; Grainne Roche, Senior Occupational Therapist; Vanya Lambrecht Ward, project artist; Lisa Vandegrift Davala, project writer; Dr. Marian Duggan, Senior Clinical Psychologist; Elizabeth Henry, Social Care Leader/Play Therapist  
 ABOVE: Bouncing Away steering group: Grainne Roche, Senior Occupational Therapist; Niamh O’Connor, Co-ordinator, Arts Initiative in Mental Health; Orla Kenny, Director of Kids’ Own; Dr Marian Duggan, Senior Clinical Psychologist; Elizabeth Henry, Social Care Leader/Play Therapist

# The fourth NATIONAL SUMMIT

**O**NE year on from the revelations at Aras Attracta, the Social Care Division is continuing to implement the six-step change programme of measures to ensure the quality and safety of all our services and specifically those in the residential care sector, the fourth National Summit was told.

The Summit, hosted by the Division, outlined how things are different across disability services following a year-long implementation of wide programme of change.

Pat Healy, Chair of the National Implementation Task Force said, "The Summit focuses on implementing a values based approach to our work with people with a disability and their families. Participants will learn how things are changing across the sector one year on from the RTE programme on Arás Attracta," he said.

"A key challenge for the Task Force is to identify how we can build capacity together so that our organisations can respond to what each individual person wants and needs to live the life of their choosing.

"The challenge for services is to support people to choose where they live, who they live with, and ensure that they have choices around what they do every day, with tailored supports for each person.

"A lot of work has taken place to achieve this aim and we will continue to improve our

services in the months and years ahead."

Minister with Responsibility for Mental Health, Primary Care and Social Care (Disabilities and Older People) Kathleen Lynch was in attendance along with 250 delegates from statutory and voluntary service providers, service users and family members. This was the fourth in a series of summits which provide a forum for people to feedback as well as hear of progress on implementation of the six-step programme of change across our Social Care Services.

"I welcome the sustained focus we have seen throughout 2015 in using what we have learned to date to make real and tangible changes in the lives of people with a disability," said Minister Lynch.

"The National Summits have provided an important forum to share this learning and most importantly, to listen to the voices of people with a disability so that we are focused on their needs and their aspirations for a better life. It is my hope that this will inform all of our actions as we move to a new year with the resolve and determination required to continue this critical work".

Participants at the Summit heard from John

Armstrong of promoting a values-based approach to the welfare of people which reduces the potential for neglect and harm. John has worked in Australia in government, non-government, and in consultancy roles since the 1970s as a teacher, principal, adviser and team leader.



"This is a turning point in services for people with disability in Ireland. There is now the chance to actually solve the age-old problem of how to support people to have lives just like other people," Mr Armstrong told the conference.

The Summit also heard from Paddy Connolly, CEO of Inclusion Ireland, who is working closely with the Social Care Division to develop a national support mechanism which will ensure residents and their family members are consulted as partners in the reforms under way.

Commenting, Mr Connolly said, "The HSE faces significant challenges in changing the culture of how services have been delivered in the past."Part of that changed culture must involve listening to persons with a disability and family members and giving them real choice in the supports they receive."

The National Summit is a very important further step in developing this values-based approach.

## OUR VISION MAKING IT HAPPEN



# PAEDIATRIC WARD ON MOVE

Further step towards new children's unit at Cork University Hospital

THE paediatric ward at Cork University Hospital has moved into a newly built bright and spacious modular unit while the existing department is being refurbished and extended to create a new ultra-modern facility.

RoanKabin has completed a full design and build contract for a one-storey modular building at Cork University Hospital. This facility is currently being used to accommodate the paediatric department's day procedures ward, assessment unit and some inpatients while the existing department is being refurbished and extended. On completion, this new modular build will be used to accommodate other facilities as part of ongoing development in the hospital.

The paediatric unit has 51 beds including six wards each holding six beds, and a further 15 single bedrooms with ensuite facilities. It also houses a family room complete with couches, kitchen and shower facilities.

## CUTTING EDGE

The unit also includes a cutting-edge distribution system whereby doctors and nurses can place diagnostic samples (blood and urine) into a central tube and the samples are circulated immediately to the laboratory reception to be tested.

Tony McNamara, CEO, Cork University Hospital Group, said the hospital was 'very happy' with the new unit.

"We are very happy with the new unit. With limited space and a requirement to keep noise and traffic disruption to a minimum, a modular building was the ideal solution for the high-tech unit to be put in place while the existing paediatric department is being refurbished and extended. Our patients and staff were not disturbed during the build, which was a key reason we went with a modular off-site build, in that 80pc of the construction down to first fixes was completed off the hospital campus and it was then placed on top of our outpatients department," he said.

Assistant Director of Nursing, Helen Cahalane, explained that staff were big fans of the new space.

"Our staff are delighted with the bright, spacious facilities that the unit provides, which incorporates a homely design for our patients and their families with children's artwork lining the snow-white corridors.

"We were able to move right in with our existing furniture and equipment and we will be able to move back out and let the building



to the next department moving in. It was like a seamless jigsaw coming together. The CUH Paediatric department has 20,000 outpatient and day attendances yearly with 6,000 inpatient admissions," she said.

CUH commissioned RoanKabin to design and build the facility following a public tender process. The contract was worth €3.4m. Throughout construction, RoanKabin adhered to national guidelines to control the spread of dust to adjacent hospital buildings to protect patients, staff and visitors.

The building is located on top of the hospital outpatients department within a courtyard with limited road access.

Modular buildings provide the ideal solution in these scenarios as they are built to the highest building regulations and standards and come with a standard 60-year structural warranty. Construction took place off site and from start to finish took just 26 weeks.

In order to keep site construction time to a minimal, RoanKabin completed 80pc of the works required offsite. Any works completed onsite were planned in advance and co-ordinated in order to minimise any disturbance to the hospital environment which surrounded the building site.

Design features on the building ensure that both the air tightness and the DB sound rating exceed current building regulations. A 55DB sound rating provides an environment where patients have minimal noise disruption while in hospitals.

The building has a BER rating of B2, reducing future heating costs for the hospital.

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 ABOVE: CUH paediatric unit staff with Declan Duignan of RoanKabin. TOP: Baby Sean O'Sullivan from Mac-room recovering from meningitis at the new unit with (from left) nurse Deirdre White, Declan Duignan, RoanKabin, and nurse Sophie Carlin.



## Sexual Health

# ENDING THE STIGMA

**I**RELAND'S First National Sexual Health Strategy and Action Plan to raise awareness of sexual health and stem the rising incidence of sexually transmitted infections has been launched.

This is the first time that a nationally co-ordinated approach has been developed to improve the sexual health and wellbeing of the population. The Strategy will run from 2015-2020 and has three goals:

- To ensure that everyone has access to appropriate sexual health education and information;
- To ensure that high quality sexual health services are available and affordable;
- To ensure that good quality data is available to guide the service.

At the launch, Minister for Health Leo Varadkar explained that the aim was to "remove the stigma around sexual health and promote a more mature and open attitude to sexual health".

"Our goals are to expand existing services and make it easier for people to get tested, raise awareness of sexual health issues, and improve education by training teachers, youth workers and healthcare professionals," he said.

"The recent increase in sexually transmitted infections means this is a good time to publish the strategy, and we particularly want to target at-risk groups. In the past, sex and sexual health were taboo subjects. Sex is a normal part of life and is essential to our survival as a species.

"Ultimately, good sexual health is down to personal responsibility but the Government can help by educating people to make better decisions about their sexual health, understand the personal and social cost of having an STI and by improving access to affordable testing and treatment. I particularly want to thank the

many organisations who have done pioneering work in this area for many years."

Some of the key measures in the Action Plan to be delivered in the health and education sectors before the end of 2016 include:

- Allocate responsibility for the implementation of the Sexual Health Strategy to the new HSE Sexual Health and Crisis Pregnancy Programme and appoint a National Clinical Lead for Sexual Health Services to work within the Programme.
- Support and improve Relationship and Sexuality Education (RSE) in secondary schools and on the Youthreach Programme and Increase the number of schools using quality RSE resources;
- Conduct a review to inform the process of designating a National Reference Laboratory for STIs;
- The Department of Health will consider extending the HPV vaccine to adolescent boys and potential at-risk groups;
- Clinical guidance will be developed to support clinical decisions making for STI testing, screening and treatment, and on the appropriate use of antiretroviral therapy in HIV prevention.
- Conduct a mapping exercise of existing STI, contraception and STI laboratory services to identify gaps;
- Raise awareness of the risk of unprotected sex and the importance of early testing and treatment;
- Distribute new guidelines and advice for parents on sexuality and sexual development;
- Set up a national sexual health training programme under the HSE;
- Build on existing co-operation between the HSE and other organisations involved in sexual health;
- Appoint an advisory group to guide the HSE's Sexual Health & Crisis Pregnancy

Programme. Separately, €150,000 has been allocated to launch Dublin's first free Rapid HIV testing service and to support similar services in Cork and Limerick. In Dublin the Gay and Lesbian Equality Network will run a one year pilot offering a mix of on-site testing in workplaces, bars and other hubs, and a new testing centre. The funding will also support similar services already operated by the Cork Sexual Health Centre and GOSHH in Limerick. The pilot project will record and collate key data to evaluate its efficacy.

Minister for Education and Skills, Jan O'Sullivan said: "Sexual health education of children in Ireland is primarily the responsibility of parents. It is supported through Relationships and Sexuality Education (RSE) programmes in primary and post-primary schools, and by youth organisations and NGOs.

"The State has a responsibility to ensure that children and adolescents receive RSE that is comprehensive in order to help them attain the knowledge, understanding, attitudes and skills required for healthy sexual expression," she said.

"I have prioritised 'wellbeing' as a key area of learning in the new Junior Cycle. The Junior Cycle is a critical time in young people's lives. Wellbeing is about young people feeling confident, happy, healthy and connected. Their learning, through, for example, their RSE programme, will enable them to make positive, responsible decisions relating to their health and wellbeing."

Dr Fiona Lyons, National Clinical Lead for Sexual Health Services in the HSE, said: "This strategy gives us the opportunity to work together and build further on the great work already in progress towards realising the vision that everyone in Ireland experiences positive sexual health and wellbeing."



# INTERACTIVE GARDEN TO ACT AS MEETING POINT FOR RESIDENTS

A NEW Interactive Garden at houses 1 and 2, Knockamann, St Joseph's Intellectual Disability Services, Portrane, was officially opened by Emmet Daly of Special Olympics Ireland who represented his country at this year's Special Olympics in California.

The garden was built by a team undertaking the "Improving Service with Co-Operative Learning" programme in conjunction with Dublin City University (DCU). This programme brings together teams of three people to work on a service improvement or project. The team consists of three people – service user Gerry Clail, family member Bernie Pigott, and staff member Brendan Dee, Clinical Nurse Manager.

The DCU programme is facilitated through a cooperative learning team approach with supports provided by academic supervisors and service based mentors. There is equality among the team members, encouraging them to develop a collaborative attitude throughout the project. The programme teaches them how to work together as a team and research options to complete a project that will make things better in their service.

The Interactive Garden has been designed to allow service users have further opportunities to socialise with one another. The garden includes a number of features such as a sheltered picnic area, golfing green, enclosed trampoline, tactile boards, sandbox and a leaf chair. The project was designed and developed with an emphasis on the needs of the residents. A questionnaire was carried out to understand the residents likes and dislikes. Risk management, right down to the finest detail, has been integral to the projects' success, ie all the trees and shrubs planted in the garden produce edible foliage and fruit, all of which are non-toxic.

The contribution of some key people behind the success of this years' project was acknowledged at the opening ceremony namely Susan Dunne, HSE Clinical Nurse Manager and project mentor and Patsy Fitzsimons whose skilful craftwork made a huge contribution to the garden.



Speaking at the opening ceremony, the HSE Director of Nursing for St Joseph's Intellectual Disability Services, Eileen Kelly, expressed thanks and appreciation to the staff in DCU, in particular Deirdre Corby, for supporting this project, and acknowledged the valued contributions of all management, staff, service users, and their families.

The Knockamann development is a state-of-the-art customised residential development, comprising 10 bungalows, each with six individual bedrooms, and a

comprehensive Day Resource Centre, which opened in 2010. The Knockamann Day Resource Centre offers a range of social, educational, and recreational programmes which is aimed at meeting the holistic needs of individual service users.

TOP: Close up of garden ABOVE: Team members; service user Gerry Clail, family member Bernie Pigott, and staff member Brendan Dee who were responsible for developing the new garden at Knockamann. INSET: garden in situ against St Joseph's.

# GROUP TACKLES FINANCE ISSUES

THE National Finance Controls Assurance Group (NFCAG) aims to provide support, co-ordination and problem-solving expertise around a number of control and finance compliance issues. Established by the Chief Financial Officer of the HSE in March on behalf of the organisation's Senior Leadership Team, the purpose of the group is to facilitate co-ordination and collaboration

The NFCAG has a senior representative from each of the HSE Service and Support Divisions – Assistant National Director or equivalent – and is chaired by the Chief Financial Officer to highlight the support that this group has from the HSE Leadership Team. Service Division representatives are service managers with on the ground knowledge and experience, to ensure that operational challenges in implementing proposed developments are being highlighted to the Group. The NFCAG reports to the HSE National Planning Oversight Group (NPOG).

The Directorate of the HSE is ultimately responsible for the system of internal control and all national directors on the Leadership Team have full accountability for all governance and compliance matters within their own division and the establishment of the group does not change these responsibilities.

However it is intended to support the work of each division.

Stephen Mulvany, CFO said, "The initial concept of the group was to connect the notion of controls to the service providers. The Health Service is the largest organisation

in the country so naturally we deal with a whole host of financial issues and we needed to bring together senior people from service and function divisions to help balance these controls.

"We exist to provide a good service so both sides need to realise the priority of proper management. The NFCAG gives senior service operational personnel the opportunity to meet their functional counterparts; they can engage with each other and develop a positive 'best practice' approach. We've made an incredible start with this project but it will take a long time to turn around a long-term solution. And that's what we're trying to accomplish."

The key objectives of the NFCAG are to:

Facilitate better co-ordination between HSE divisions when managing identified control weaknesses, particularly between operational and support divisions;

Enable improved awareness and shared understanding of identified key control weaknesses and instances of controls non compliance. This will include raising awareness of the risks associated with such weaknesses and areas of non compliance if not managed effectively;

Adopt a problem solving approach that seeks to appropriately balance the governance and compliance objectives and how they are addressed within the realities of service provision in a significantly resource constrained environment;

Ensure appropriate metrics and performance indicators to measure the

effectiveness of NFCAG actions are agreed and monitored on an on-going basis.

Support full hand over of resolved issues to appropriate user groups and teams fully documented and with an agreed process for control monitoring and review activities.

Ensure appropriate communication of NFCAG work schedule, issues highlighted, action plan to relevant audience at all stages of the NFCAG and its subcommittees work cycles.

## NFCAG WORK PROGRAMME 2015

THE 2015 Work Programme is focusing on areas of significant risks and of known non-compliance with controls. These areas are:

- Taxation – Contractors and Fixed Travel
- Pay-Related Overpayments
- Cash Handling
- Procurement – Compliance with contracts
- Prompt Payments Interest

Sub-groups have been created to focus on each of the individual issues, above. These sub-groups include members who are not NFCAG members, but are included for their technical expertise. A five-stage delivery approach has been developed to ensure that we are addressing the proposed controls risks in a uniform, measurable and sustainable way within the sub group system.

The NFCAG met on seven occasions to date in 2015. Each of the relevant sub committees have met on a more regular basis in order to ensure engagement with the required and relevant stakeholders to each issue.

## GRADUATING WITH HONOURS



The BSc 2011 CUH General Nursing students who recently completed their four-year BSc General Nursing Programme in UCC. An Ecumenical Blessing of the Hands Ceremony took place in the CUH Chapel as part of the end of programme celebration day. The success of the BSc General Nursing four-year Programme in CUH is largely attributed to the ongoing support of students by dedicated Preceptors, CNMs and the Nurse Practice Development Unit during their clinical placements.

During their programme BSc Nursing students have been given the opportunity to work in a variety of clinical settings within the CUH group to enable them to acquire the skills necessary to practice Nursing. CUH management are delighted to announce that all the new graduates have been offered employment at the hospital. They wish their newly qualified BSc 2011 general nurses every good wish and success in their future careers.



ONE of the groups that completed their training in the Lamh manual sign system.

## LAMH SIGN SYSTEM NOW AVAILABLE

TRAINING in Lámh, a manual sign system used by children and adults who have an intellectual disability and/or communication needs in Ireland, is available for families, carers, health partners and education professionals through a variety of courses.

Lámh users may be more easily understood by their communication partners when they use signs with speech. Use of Lámh signs along with speech may reduce frustration for all communication partners as it facilitates successful interaction.

Lámh tutors are formally trained by Lámh and accredited in running courses. Mary Cullen is the Lámh Project Manager based in Carlow and her email is [info@lamh.org](mailto:info@lamh.org) if you'd like to find out information about Lámh training options.

As well as being able to attend Lámh training, families and staff members and Lámh users can access tools such as the Little Lámh app for iPad, the Lámh-a-Song nursery rhyme DVD and Lámh Signs Online to support their Lámh use.

Ciara Ni Raghallaigh is a Senior Speech and Language Therapist (SSLT) employed by the Health Service Executive in North-West Dublin. She works in the HSE Primary Care Service and provides input to Scoil Chiarain which is a special school for children who have a mild intellectual disability in Glasnevin, Dublin 11. Pupils are between 4 to 18 years of age.

The Lámh sign system was introduced into the school in 2008 with a pupil who required Lámh support.

At that time, Lámh training was provided to education staff in the special school. The school funded Ciara (SSLT), Carol Lynam and Mary Smullen (Special Needs Assistants) to complete Lámh tutor training.

Together, they have run Lámh training courses in Scoil Chiarain each year including Lámh Family Courses, Module 1 and Module 2 courses

up to 2014.

Lámh devised new training courses in 2014. Ciara (SSLT) ran these new Lámh courses in Scoil Chiarain in 2015. These included a "Little Lámh" course, a Part 2 Family Course and a Module 1 Add-On for communication partners of children. They also ran a Lámh Family Course (day and evening option provided) and three Module 1 courses.

### GRATEFUL

The collaboration between the SLT Department and the Special School has meant that over 120 people were trained in Lámh signs this year. The SLT department is very grateful to the special school for the opportunity to run day, evening and sometimes weekend courses for people who want to train in Lámh. The courses are open to people from the locality, the Dublin region and from all over Ireland to attend (if they can't source a Lámh course locally).

Further Lámh courses are planned including "Little Lámh" on 18/9/15 and more courses in 2016. Please contact [ciara.niraghallaigh@hse.ie](mailto:ciara.niraghallaigh@hse.ie)

Feedback is obtained from Lámh course participants after training. Comments include: "We are using Lámh at home and my other children are using signs to communicate with their brother who has autism and an intellectual disability" (From a family member); "The child in our pre-school is delighted I learned Lámh signs. Now we can communicate successfully" (From a school); "I use Lámh with all the junior infant class as well as the child with special needs. We all use some signs on a daily basis" (From a teacher); "I can now use Lámh signs in my clinics with children who have special needs" (From a phn); and "I understand the Lámh signs my pupils are using to communicate" (From a bus escort).

## QUALITY IMPROVEMENT PROGRAMME AWARD

THE 'Excellence in Healthcare Management' Award at this year's Irish Healthcare Awards, which took place last month, was presented to the Histopathology National Quality Improvement Programme.

The Programme, which was established in 2009 by the Faculty of Pathology at the Royal College of Physicians of Ireland and supported by the National Cancer Control Programme (NCCP) succeeded in winning this coveted award in a category with very strong competition from 17 other entrants and two commendations.

The aim of the Histopathology National Quality Improvement Programme, which is sponsored by HSE Quality Improvement Division (QID) is to standardise and improve QI activities in Irish histopathology departments nationally (both public and private). A framework was designed for implementation in histopathology departments in participating hospitals to raise their standards and improve the timeliness and accuracy of diagnoses for patients.

It is clinician-led and patient-focused and has provided national data on histopathology services in Ireland for the first time. Sister programmes also operate in GI Endoscopy and Radiology.

There are significant benefits including improved patient safety, a much greater confidence in the system for patients, their families and the general public as well as doctors and other healthcare professionals. Greater efficiencies of service also lead to economic benefits. Further details, including the two annual data reports published to date are available on [www.rcpi.ie/sqi](http://www.rcpi.ie/sqi) under Histopathology or please contact Mairead Guinan, Histopathology and GI Endoscopy National Quality Improvement Programme Manager at [mairiadguinan@rcpi.ie](mailto:mairiadguinan@rcpi.ie) or 01 8639732.



Accepting the award were Dr Niall Swan, Consultant Histopathologist and Chair of the Programme's Working Group; Aisling Gannon, Partner & Head of Healthcare, Eversheds, and Prof Conor O'Keane, Consultant Histopathologist and member of Steering Committee.



## US PSYCHIATRIST GIVES KEYNOTE SPEECH AT CONFERENCE

A MORE accountable health service is good for patients, according to New York-based psychiatrist Dr Harold Pincus, who gave the keynote address at the recent National Mental Health Conference 'Improving Mental Health'.

He noted that, although the healthcare systems in the US and Ireland were vastly different, Ireland could benefit from the twin motivators of fear and shame that drive many healthcare professionals in the US.

"The two systems are very different - US spends twice as much per person on health services but you can't argue that the system there is any better than here. But people are the same everywhere - they suffer the same types of diseases and disorders so you use the same approaches to tackling these ailments. What makes sense in the US, should make sense in Ireland," he said.

"In the US, doctors have incentives for quality and improvement - namely the fear of being sued and being shamed publicly for poor care. There are many public reporting mechanisms in the US - hospitalcompare.gov, physiciancompare.gov, where poor care is made public and it has been a major factor in ensuring proper care for patients," he said.

"There are also penalties for readmissions, among other things, and it really is a driving factor in improving care and performance across the board."

Care in the community with the back-up and support of fully trained staff is the way

forward for service users in the mental health services, he insisted.

"Staff must be helped in the move from the institutionalised mental health treatment situation to users in how to navigate the system, access care and ensure that there is ruthless follow-up so they do not become disconnected from the system," said Dr Pincus.

"There must be the capacity there to track the service users, to meet them out on their own turf in the community. Early intervention and community treatment has proven to help in the area of psychosis."

Dr Pincus, Professor and Vice Chair, Director of Quality and Outcomes Research, New York-Presbyterian Hospital, has authored or co-authored over 400 scientific publications in health services research, science policy, research career development and the diagnosis, classification and treatment of mental disorders. He has led major health policy and services research

and research training projects totalling over \$150m in external funding. Among other recent projects, he led the national evaluation of veterans' mental health services, the redesign of primary care/ behavioural health relationships in New Orleans and evaluation of major federal and state programs to integrate health and mental health care. He is a member of Columbia's faculty practice and worked one evening a week for 22 years at a public mental health clinic caring for patients with severe mental illnesses.

Other speakers on the day included Jim Ryan, Head of Operations and Service Improvement, who spoke about EXPO - Innovative ideas from across the Mental Health Division; Minister Kathleen Lynch; National Director Mental Health, Anne O'Connor; Gerry Raleigh, Director National Office for Suicide Prevention; Sarah McCormack, National Programme Lead, Health and Wellbeing Division; and Deputy Director General of the HSE, Laverne McGuinness.

### COMPLIANCE TRAINING VIDEO NOW AVAILABLE

A HELPFUL video presentation explaining the external and internal rules and regulations governing the procurement of goods and services is now available in the Procurement section of the HSE Staff Intranet.

The presentation also covers fundamental principles and best practice in this area. It is recommended that all budget holders with responsibility for non-pay expenditure should take time to view the presentation.

A series of training sessions have taken place in recent months across the HSE on the 'Rules and Regulations of EU Directives and the National Financial Regulations'. The presentations were given by Stephen Mulvany, Chief Financial Officer and John Swords, Head of Procurement.

To view the video on the HSE Intranet, visit Health Business Services and select Procurement. Click on Procurement Regulations and Policies and Procedures.

# 'ALL SYSTEMS GO' FOR NEW CAD AMBULANCE SYSTEM

THE National Ambulance Service's new Computer Aided Dispatch (CAD) system took more than 600 calls by lunchtime of the day it went live back in September and was well settled in by the time the second shift of staff at the National Emergency Operations Centre (NEOC) came on duty that day.

This successful implementation marks a significant milestone in the plan to achieve a single integrated virtual control room.

When a member of the public dials 999/112, they will be put through to the next available call taker in the NEOC in Tallaght or Ballyshannon. The call taker can swiftly pinpoint the caller's location on their screen which enables the geographical co-ordinates to be identified within the digital mapping system. The system is also configured to take the callers Eircode details. The CAD in conjunction with the Advance Medical Priority Dispatch system enables the call taker to process the call with important information for the call dispatcher.

The new CAD enables dispatchers to identify available appropriate resources (eg ambulance) to be tasked to the emergency call. In conjunction with a powerful mapping and incident location facility, dispatchers have the ability to get the appropriate resources to the patient faster than ever before. Speed and accuracy in identifying the incident's location are critical to improving response times and the new CAD System helps to achieve this.

The MIS Nexus C3 System is a state-

of-the-art CAD which allows the NEOC to dispatch the most appropriate resources for every incident across the country regardless of location. The CAD interfaces with other systems in the Emergency Management Suite including Gazetteer, Call Triage and Automated Vehicle Locator (AVL) to ensure accurate and timely response to emergency calls.

The architecture of this solution enables better, faster service with built-in resilience. A live backup system is part of the configuration thereby protecting the service from technology failure. The NEOC operates across two separate locations, which ensures that a problem at one location does not interrupt service as the other location can continue operating.

The MIS Nexus C3 product which has been supplied via Arqiva was implemented successfully as a result of an intensive implementation planning phase which involving a huge volume of work in advance of the go-live date.

This project is the result of five years of work by the National Ambulance Service and the Office of the Chief Information Officer. The collaboration of the operational requirement and the technical advice and expertise, have allowed this project to be fully implemented across both NEOC sites. This reconfiguration project is in line with the HSE's vision for enhanced patient focus, and a high performing National Ambulance Service.



"I want to thank all those involved in this project, the successful implementation of the CAD is a result of the commitment, dedication,

hard work and co-ordination of all. We can see the benefits already for patients with the integrated platform for resource deployment which enables the closest available resource to be dispatched to a call within minutes of the call being received," said Martin Dunne, National Director of the NAS.

The go-live process was a detailed and tightly managed exercise involving many people with differing skill sets: NEOC Staff, the National CAD Project team, MIS and Arqiva. Planning has already commenced for Phase II of the overall reconfiguration project. This will include the implementation of Status Plan Management and Rest Period Management modules for the CAD as well as the integration with other initiatives such as the new National Mobile Data Terminal System (MDT) and Telephony System scheduled to go live in the coming months.

The success of delivering this project on time and on budget is the result of huge effort on the part of all those involved and the collaborative implementation approach taken.

## FIRST OF 64 NEW AMBULANCES UNVEILED

THE first three of 64 ambulances being provided this year in a €9.4m investment under the fleet replacement programme have been unveiled.

The 64 vehicles will be allocated to ambulance bases across Ireland before the end of the year to replace vehicles which have reached the end of their life-cycle, and to support additional services. A Rapid Response Vehicle was also unveiled, which will allow paramedics to get to the patient and start treatment while an ambulance is in transit.

All 64 ambulances are being delivered under a contract signed earlier this year with Wilker Auto Converters of Clara, Co Offaly through the HSE fleet replacement programme. The contract is expected to deliver cost savings of about 12pc over the life of the contract.

In addition to standard equipment such as cardiac defibrillators and 12-lead ECG monitors, the vehicles are fitted with additional equipment including mechanical in-vehicle CPR. Paramedic teams have also been given direct access to cardiac catheterisation labs for patients with cardiac conditions, and will no longer have to attend the nearest ED for diagnosis.

THE NAS fleet replacement programme is part of an ongoing investment in equipment, technology and clinical standards. This includes:

- the introduction of Rapid Response Vehicles, which allow paramedics to get to the patient and start treatment while the ambulance is in transit;
- The Emergency Aeromedical helicopter service;
- The Intermediate Care Service for non-emergency patient transfer;
- And the move from regional services to a national service.

The Ambulance Service is using new technology including a single national control system, TETRA digital radio and communications, vehicle tracking and computer-aided dispatch. This means that the closest available resource is dispatched to an emergency incident.

The Service operates cardiac testing and monitoring so that patients can be triaged at the scene and brought directly to a cardiac centre if necessary. Its vehicles also carry defibrillators, as well as mechanical in-vehicle CPR devices. The community first responder capacity is constantly being expanded, where local volunteers are dispatched at the same time as an ambulance.

# TREAT INFORMATION AS A VALUABLE ASSET

THE importance of information sharing and exchange to achieving high-quality and safe healthcare is made clear by former US national co-ordinator for health information technology David Blumenthal saying, "Information is the lifeblood of modern medicine. Health information technology (HIT) is destined to be its circulatory system."

The implication is that healthcare organisations need to treat information as a valuable asset, and put in place the procedures and policies to ensure its integrity and reflect its worth.

In March 2015, the Irish Council of Clinical Information Officers (CCIO) was established to bring together practitioners who have relevant experience and expertise, and a deep understanding of the importance of information in delivering safe and efficient patient care. The CCIO group is intended to provide guidance and leadership in the Irish health service in terms of information governance and its day-to-day management.

To date, the CCIO comprises 106 members representing different regions of the country, from across the range of healthcare sectors (primary care and hospital-based services). Members come from a variety of clinical disciplines (eg radiology, dermatology, pharmacy, pathology, respiratory medicine and many more) and includes allied health professionals, nurses and doctors as well as HIT vendors and members of academia. The purpose of the CCIO is to guide the successful delivery of the HSE Knowledge and Information

Plan, and to provide direction for best-practice procurement, implementation and adoption of information systems throughout the Irish healthcare system.

For example, a project to design, develop and implement a National Electronic Health Record (EHR) is currently underway. The EHR aims to facilitate enhanced continuity of patient care as information is accessible when and where needed, and multiple clinicians (doctors, nurses, allied health professionals etc) can simultaneously access the EHR from a variety of locations. EHRs can also reduce redundancy (duplication) within the healthcare system by decreasing the number of tests/procedures that the person in receipt of care is unnecessarily put through and the EHR can also increase accountability in terms of delivery of care.

Despite the potential of EHRs, international learning shows that implementation can be challenging. The barriers are largely to do with people and process rather than technological limitations. This underlines the importance of appropriately addressing EHR governance so that rules and practices are put in place that direct the procurement, implementation and use of an EHR in a manner consistent with the delivery of safe, efficient and effective patient. The CCIO is designed to influence a cultural development within the Irish health service where information is seen as an important organizational resource and that it and the associated technological infrastructure are managed accordingly.



Speakers at the National Conference in Letterkenny on Leading Quality and Patient Safety for Nursing and Midwifery. Seated: Maureen Flynn, Director of Nursing and Midwifery, HSE Quality Improvement Division; Mandie Sunderland, Chief Nurse (UK); the Directors of Nursing and Midwifery from both the Saolta Hospital Group and the Community Healthcare Organisation. Back from left: Maria Lorden Dunphy, HSE Assistant National Director Social Care Division; Catherine Cannon, Director of the Centre of Nursing and Midwifery Education, Donegal, Patrick Glacken; Anne Gallen, Director of Nursing and Midwifery Planning and Development HSE West; and Marie Gilligan. PHOTO: CLIVE WASSON

## HEALTH MATTERS DAY AT UCC

LAUGHTER yoga, MMR and flu vaccinations, mindfulness colouring books and an outdoor Tai Chi session formed part of a programme of over 40 events and information stalls, which seeks to inform staff and students' about the work of 'Health Matters' in University College Cork.

Health Matters Day demonstrated the full spectrum of health and health related activities available to staff and students of UCC, and highlighted the benefit of educating and informing those who work, study and play within the university in making positive and affirming choices in physical and mental wellbeing.

"The wide variety of information stands and events promotes the ethos of the UCC Health Matters and captures important information about staff and student wellbeing, mental health, sexual health, nutrition, alcohol and substance abuse impacts and benefits those who engage with it," said Sylvia Curran, UCC Staff Welfare and Development Advisor and Co-coordinator of UCC Health Matters.

"The importance of the day lies in staff and students' realising that there is a collective goal of improving their health, and utilising the available resources which are open to them. Often in the university you have staff initiatives and student initiatives completely separate to one another but Health Matters truly brings those two groups together and brings about a UCC community."

The community spirit of Health Matters day, which operates thanks to the staff, students and external organisations who feel particularly passionate about promoting awareness and action in these areas, is captured by Martin Davoren, Epidemiology and Public Health/UCC Health Matters.

"UCC Health Matters is a true cross-University collaboration between students' and staff. The core aim of the project is to improve the health and wellbeing of students and staff and enable them to make changes based on the resources available. UCC Health Matters day showcases the scope of health and wellbeing projects which are taking place as part of this initiative, through a mixture of fun activities, free giveaways and interacting with the UCC community.





# HEALTHY IRELAND RESULTS

THE first ever Healthy Ireland Survey has given us the most up-to-date picture of the health of the nation in the last eight years

The survey, which includes lifestyle factors like smoking, alcohol consumption, physical activity, diet and mental wellbeing, was conducted among 7,500 people aged 15 and over.

- Fewer than one in five people now smoke
- 85pc have good health but 28pc have a long-standing condition
- Obesity levelling out but 60pc of people still overweight
- Two thirds of people not getting enough exercise
- Four out of ten people binge when drinking
- Most people eat fruit and veg daily but 26pc eat recommended five portions
- 17pc did not use any form of contraception outside of a steady relationship
- Almost half the population is in a social club or organisation
- Good levels of mental health but better among men than women
- 50pc of people know someone with dementia

Minister for Health Leo Varadkar launched the national survey and noted the positive changes.

"There have been some positive changes since the SLAN survey in 2007 including a further drop in smoking rates, and the incidence of overweight has actually levelled off, while levels of regular exercise are rising. However, we still face some serious risks to the future health of the nation including alcohol misuse or harmful drinking patterns, and the significant number of people who

still do not take enough exercise or who are overweight," he said.

"This survey gives us some really useful information and will be repeated every year. What you don't measure, you can't improve. It will feed into new policies on obesity, sexual health, and physical activity, and further legislation to control tobacco use. And we will shortly publish the Public Health Alcohol Bill. But it's important to recognise that society as a whole needs to work with the Government to address these issues. And Healthy Ireland provides the perfect framework for that task."

## KEY FINDINGS

Some of the other key findings in the Healthy Ireland Survey include:

- Daily smoking rates have fallen to 19pc with more adults now ex-smokers than current smokers
- 63pc of smokers are planning or considering quitting
- The proportion of the population which is overweight or obese has stabilised but remains high at 60pc
- Only 32pc of the population meet the national physical activity recommendations
- "Being more physically active" was the change most frequently selected by individuals for improving their health
- 39pc of drinkers binge on a typical drinking occasion
- Only 15pc of those drinking at harmful levels recognised that drinking harmed their health

Dr. Tony Holohan, Chief Medical Officer at the Department of Health, said, "The valuable data coming from this Survey will

assist us to more effectively address a range of issues such as overweight and obesity, problematic alcohol consumption, smoking, and physical inactivity."

He also explained that the Survey results would assist the Department of Health and its stakeholders to inform current policy direction and will be used to develop new policy responses from the considerable evidence about health behaviours in Ireland.

The survey has also provided evidence about issues such as social connectedness, dementia awareness and wellbeing. Interesting findings include:

- 47pc of the population participate in a social group
- 85pc of the population report their health as being good or very good but 28pc has a long-standing disease or health problem
- 50pc of the population know at least one person with dementia
- Higher levels of positive mental health were recorded among men than women
- 9pc of the population were considered to have probable mental health problems

The publication of the survey provides valuable information on the health, wellbeing and lifestyle behaviours and how these affect people living in Ireland. The survey included a module relating to awareness of dementia as a baseline measure to assist in the implementation of the National Dementia Strategy.

Minister Varadkar at the launch with Chief Medical Officer Tony Holohan, Kieran O'Leary Research Director at Ipsos MRBI and Kate O'Flaherty, Director of the Health & Wellbeing programme at the Department of Health.



#littletthings

## AN OUTDOOR CAMPAIGN

LITTLE Things, the mental health and wellbeing campaign from the HSE and over 35 partner organisations, is sharing its messages through an outdoor and commuter poster campaign.

Gerry Raleigh, Director of the HSE National Office of Suicide Prevention, said he was 'very proud' of the partnership and commitment from across the mental health sector, upon which this campaign was founded.

"By bringing the campaign messages to areas of high visibility, our aim is simple – we want people to learn about the evidence-based little things that can make a big difference to our mental health. We all experience difficult times in our lives, and when we do, there are things we can do to help our mental wellbeing. There are also supports and services we can use if we need to, and all are listed on our new [www.yourmentalhealth.ie](http://www.yourmentalhealth.ie) website," he said.

Rachel Wright, Policy and Communications Manager of Samaritans Ireland, said, "We are excited to be part of the #littletthings campaign. There is strength in numbers, and we believe that by working together with the HSE and Irish Rail and the many other organisations involved in the campaign, that we can continue to spread the message that there are things we can all do to support one another and reduce suicide in Ireland."

Iarnród Éireann's Director of Train

Operations Jim Meade said, "Positive mental health is something that is very close to our hearts at Iarnród Éireann. Every year tragedies occur on our network and we are delighted to support this campaign that encourages everyone to look after their own mental health and to be mindful of others who may be struggling."

Here are the #littletthings that can make a big difference to our mental health and our 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 7 or 8 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 see the #littletthings that work for others, and to share the little things that work for you, see the @littletthingshub on Twitter and Facebook at [www.facebook.com/littletthingshub](http://www.facebook.com/littletthingshub). It'll do you good, and could help someone else.



MAIN PIC: Jim Meade, Irish Rail; Rachel Wright, Samaritans; and Gerry Raleigh, NOSP at Connolly Station, Dublin.



# MEDICATION SAFETY REMAINS AN IMPORTANT PRIORITY ACROSS THE IRISH HEALTH SERVICES

DID you know that internationally it is estimated that one medication error occurs per hospital in-patient per day, translating to over three million medication errors in Irish public hospitals per year? A small proportion of errors result in patient harm, but all are potentially preventable.

Medication safety is an important priority for the HSE. Ciara Kirke is the Clinical Lead of the National Medication Safety Programme in the HSE Quality Improvement Division (QID) and says that Ireland is uniquely poised to bring about improved medication safety. "We have lots of examples of best practice throughout the country, dedicated professionals, a wealth of high-quality research and a will to collaborate and improve," she said.

The HSE QID was delighted to recently support a two-day Medication Safety intensive course which was delivered by the Institute for Safe Medication Practices (ISMP), a US not-for-profit organisation renowned as world experts in the field of medication safety. It is the first time that the course has been run in Europe and took place as a result of a collaboration between HSE QID, the Irish Medication Safety Network (IMSN), Rotunda Hospital and the Institute for Safe Medication Practices.

"This course and summit sought to bring about shared understanding of medication

error and harm and how to design systems and use information to minimise future risks," according to Ciara. Ciara introduced plans for acute hospitals to work in an improvement partnership with HSE QID to improve medication safety and this was very warmly welcomed by participants and the hosting partners.

The course, attended by over 100 pharmacists, nurses, doctors and risk managers from Irish acute hospitals, was followed by a one-day National Medication Safety Summit, which brought together over 200 healthcare professionals, health service leaders and representatives from bodies connected to medication safety and Irish and international speakers.

Paul Tighe, Deputy Chair of the IMSN and Chief Pharmacist at St Vincent's University Hospital, said that the IMSN is striving to improve awareness about medication safety issues and to provide guidance to healthcare staff who are working to minimise harm arising from medication errors. "We are delighted that our colleagues from the ISMP shared expertise and provided guidance on international systematic approaches to medication

safety and effective risk reduction strategies. I have no doubt Irish patients will benefit from the knowledge acquired over the past few days," he added.



Dr Allen Vaida, Executive Vice President of the ISMP, said that his organisation was delighted to share its experiences and recommendations with healthcare practitioners in Ireland to advance medication safety for patients in Ireland.

He thanked and commended IMSN, HSE, Rotunda and organisers for their collaboration and enthusiasm to make this program possible.

The IMSN aims to draw attention to the problem of medication errors and to ensure that effective risk reduction strategies are implemented to improve medication use processes, according to Dr Brian Cleary, Rotunda Hospital Chief Pharmacist and RCSI Honorary Clinical Associate Professor.

"The Irish health services need to learn from international experience and ensure that no patient is harmed by preventable medication errors.

"Effective risk reduction strategies applied at a national level will help to achieve this," he concluded.



CIARA Kirke, Deirdre Coyne, Philip Crowley and Olivia Sinclair pictured at the Medication Safety intensive course.

# PATRICK CONFIRMED AS IRELAND'S FIRST EVER GINA AMBASSADOR

DR Patrick Manning, the National Clinical Lead for Ireland's National Clinical Programme for Asthma (NCPA), has been selected as Ireland's first GINA Ambassador.

The GINA Ambassador Program was designed by the Global Initiative for Asthma (GINA) to recognize the contributions of individuals to improving asthma diagnosis, management, and control. Many clinicians and health care workers are involved in asthma management throughout the world. These individuals form a crucial network to ensure that GINA's evidence-based asthma management strategy is widely disseminated and implemented at a national and regional

level.

The GINA Ambassador program highlights individuals who are involved in taking care of asthma patients in the clinic, improving public policy around asthma care, implementing GINA management strategies in their local community, developing asthma education materials, building multidisciplinary asthma care teams, and organizing World Asthma Day activities.



Dr Manning has published many scientific papers on asthma and has been involved in national and international research collaborations.

Aside from this, Dr Manning is actively engaged in clinical work, with a post as Consultant Respiratory Physician at Mullingar Regional Hospital.

He treats adolescent and adult patients with a wide variety of respiratory and sleep-related conditions, but has a particular focus on asthma and allergy.

## 'SAVE YOUR BREATH' AWARENESS CAMPAIGN



Linda Kearns, National Programme Manager for Asthma, COPD and Cystic Fibrosis, RCSI; Jerry Buttimer TD; Prof Tim McDonnell, Consultant Respiratory Physician, St Vincent's; Anna Nolan, TV presenter; and Damien Peelo, COPD Support Ireland, at the launch of the 'Save Your Breath' campaign.

IT'S the fourth most common cause of death in Ireland after lung cancer, heart disease and stroke. An estimated 380,000 people are thought to have the condition, with numbers alarmingly on the rise. Ireland has amongst the highest rates of death from COPD, or Chronic Obstructive Pulmonary Disease, in Europe, with one person dying every five hours. Ireland also has the highest rate of avoidable hospitalisations for COPD in OECD countries. To coincide with World COPD Day recently, COPD Support Ireland undertook a 'Save Your Breath' awareness campaign to encourage people to know the 'ABC' of COPD. People worried that they may be at risk, particularly those over 35 years and who have persistent breathlessness, coughing with phlegm and chest infections, or who are current or former smokers, or have a family history of lung disease are urged to take the opportunity to avail of a free COPD spirometry breathing test.

### REMEMBER THE "ABC" OF COPD

1. Avoid the risks—don't smoke and avoid environmental toxins, fumes and dust
2. Be aware of the symptoms—watch out for persistent cough, chest infections that won't go away and shortness of breath
3. Consult your GP—ask for a spirometry COPD test, particularly if you are over 35 years and have a family history of lung conditions

Visit [www.saveyourbreath.ie](http://www.saveyourbreath.ie), where members of the public can also complete an online COPD interactive health check-in. People can also follow the campaign on Twitter @COPDSupportIre and on Facebook at [www.facebook.com/COPDSupportIreland](http://www.facebook.com/COPDSupportIreland).

# INDIVIDUAL HEALTH IDENTIFIER

NEW Individual Health Identifiers is a major aid to the HSE in patient safety, according to the HSE Chief Information Officer (CIO)

The Office of the CIO and the wider HSE has been working with its stakeholders to develop and build the Individual Health Identifier (IHI) which is one of the projects within the Health Identifiers Programme (HIDs).

Richard Corbridge, CIO HSE said, "It is an important step for the HSE to build this solution. The provision of IHIs to health service providers will enable the safe delivery of care to patients by ensuring that patients are uniquely identified and that their health records are correctly linked throughout the service."

In July 2014, the Health Identifiers Act was enacted to allow for the establishment and maintenance of national registers for:

- Individual Health Identifiers
- Health Service Provider Identifiers (Practitioners and Organisations)

In September, the first element of this act was commenced allowing the HSE to create the IHI.

The HSE have developed and built a Proof of Concept IHI register which has assigned IHIs to health service users. This has enabled the HSE to ensure that the numbers are being properly generated and assigned to unique records in accordance with the provisions of the Act and the standards as recommended by HIQA for health identifiers.

The HSE has built this proof of concept in order to comprehensively test the system. For a system of this scale and complexity, it is essential that the full volume of real data is used.

In conjunction with the on-going design and development of the Central IHI Register, a Proof of Concept (POC) workstream has been undertaken in order to:

- Produce a set of live IHI numbers for public and private health service users
- Accelerate engagement with a limited number (Three) of Consumer Systems
- Generate technical and operational learnings that can be used as an input to the design and development of the Central IHI Register

The work done to build the proof of concept IHI included the following steps:

- Import, cleanse, and store live demographic data for current service user records from the HSE Primary Care Reimbursement Service database
- Generate and allocate live IHI numbers against the data record of existing healthcare service users

Controls have been put in place to protect privacy and have been informed by the

recommendations of a Privacy Impact Assessment (PIA) that is currently being created for the delivery of the IHI, this covers a number of broader aspects of privacy assessment beyond the creation of the register.

The next stage for the IHI delivery will be to provide the IHI to nominated computer systems in line with the provision of the Health Identifiers Act once commenced. The systems concentrated on first will be the Irish Epilepsy Electronic Health Record, the Electronic Medical Record at the LauraLynn hospice and a small number of volunteer GP Practices and Primary Care Centers.

Richard went on to say, "The delivery of the IHI is one of the key elements of the eHealth Ireland Knowledge and Information plan. The availability of a digital health identity is core to the delivery of a high level of governance and standards around the access to health information. The IHI is a giant leap for Ireland in its goal of delivering a health care system supported by a digital solution."

With regard to the timescales, he added, "The eHealth Ireland programme team has worked within a plan that was created earlier this year and announced at the same time as the HIQA standards were published; in delivering the IHI solution today the team has proven the HSE's ability to deliver complex technology within the health care environment, I am very proud of the teams achievement on this piece of work."

The following is the data items that will be recorded in the IHI as set out in the Act:

- surname and forename
- date of birth
- place of birth
- sex
- all former surnames
- mother's surname at birth
- address
- nationality
- personal public service number (PPSN, if any)\* The PPSN can be used to find an IHI number but IHI number cannot be used to find PPSN
- date of death in the case of a deceased individual
- signature
- photograph
- any other particulars (excluding clinical information relating to the individual) that, in the opinion of the Minister, are relevant to identifying the individual.

For more information about this project and other eHealth Ireland initiatives visit [www.eHealthIreland.ie](http://www.eHealthIreland.ie)

## HEALTH SERVICE EXCELLENCE AWARDS 2016 – CALL FOR ENTRIES

HAVE you been involved in a project or service that has made a real and lasting impression on our health and social services?

If you have we would like to hear about it. Why not enter the Health Service Excellence Awards 2016 and tell us about the achievements of you and your team colleagues at work? This is a great opportunity to showcase your successes.

Expressions of Interest are now invited for the Health Service Excellence Awards 2016.

### CLOSING DATE

The closing date for applications is Wednesday, January 13, 2016.

### HERE'S HOW TO ENTER

Applicants are requested to fill in an Application Form on the HSE website and submit it for assessment. Visit [www.hse.ie/excellenceawards](http://www.hse.ie/excellenceawards) to access the Application Form and get more information.

Alternatively Application Forms can be requested by emailing [excellenceawards@hse.ie](mailto:excellenceawards@hse.ie) Completed forms can then be emailed back to this email address.

The Awards are open to all staff working in the public health system directly run or funded by the HSE. These may include any service provided directly to the public including clinical services, primary care or social / family support; support services including catering, portering, security, clerical and management to include people management processes, information technology or service management initiatives.

The aim of the Health Service Excellence Awards 2016 is to encourage and inspire people to develop better services that result in easier access and high quality care for patients and to promote pride among staff in relation to our services.



# BALLYSHANNON HEALTH CAMPUS OPENS ITS DOORS

A 'day of celebration' marks the opening of the new Ballyshannon Health Campus by Minister Kathleen Lynch recently

THE Ballyshannon Health Campus has been developed on the site of the former St Catherine's Convent. It is a modern centre facility for primary care services in the South Donegal area servicing a population of approx 10,000. It also brings together HSE services that were provided from a number of different locations within the town.

The Primary Care Centre became operational at the end of September and the office element of the project (former Convent) has been occupied since then, all services are now operational from the new facility. There is approximately 100 staff, comprising of both Primary Care Centre staff and HSE staff based in the building.

"Today is a day of celebration, I would like to sincerely thank the dedication and hard work of all those who have worked tirelessly over the year to make this project come to fruition," said John Hayes, Chief Officer, Community Health Organisation, Area 1, speaking at the opening.

"I look forward to continuing the good working relationship between the HSE and the Bayview Practice and wholeheartedly thank them for their cooperation and for coming on board with the project."

Minister Lynch spoke of her delight at being present for the opening. "I am delighted to be here today to officially open the new Ballyshannon Health Campus. I am very impressed with how the building has been designed to sympathetically and beautifully marry the old convent building with the new purpose-built health campus," said Minister Lynch.

"The Primary care centre part of the campus will allow the people of South Donegal and the surrounding environs to have easy access to an increased range of services based in one location. This project is part of the HSE's National Strategy to develop purpose-built primary care centres delivering primary care services to local communities."

Services provided from the new centre include General Practitioner Services (there are five GP Surgeries and a number of Practice Nurse Rooms) Public Health Nursing (including Wood Management Room), Community Physiotherapy, Occupational Therapy, Chiropody, Dietician Service, Dental services, Speech and Language Therapy,



Mental Health Services, Continence Service, Ophthalmology, Orthopaedics, Psychology, Counselling and X ray. There are also a number of Multi-Purpose rooms available for visiting clinicians and specialists.

The campus also houses a number of other HSE departments including Department of the Chief Officer for Community Health Organisation Area 1, National Appeals Office, Department of Nursing and Midwifery Development, Department of Public Health Medicine and the Department of Learning and Development etc.

Dr Eamon Stack from Primary Care Centre spoke at the opening on behalf of all at the Bayview Family Practice.

"I am delighted to welcome our move to the Health Campus in Ballyshannon. This move will enable us to provide a comprehensive service to our patients in comfortable and convenient surroundings for both patients and staff. We would like to congratulate John

Hayes and his staff for bringing this project to a conclusion."

Dr Michael Shanley also added, "In addition to preserving the built heritage of the town the new building will contribute significantly to the delivery of quality Primary Care in Donegal / Sligo / Leitrim now and in the years to come."

Minister Lynch also took time out of her busy schedule to visit the Sheil Hospital adjacent to the campus and speak to some of the residents.

While there, she also met with Director of Nursing, Donna Reid and various members of staff.

TOP: Minister Kathleen Lynch TD officially declares the new HSE Campus in Ballyshannon accompanied by John Hayes, CO, HSE, Cllr. Barry O'Neill and Deputy Tony McLaughlin. ABOVE: Minister Kathleen Lynch TD and John Hayes CO of the HSE along with their team at the opening of the new HSE Campus in Ballyshannon.



## €21M CAPITAL DEVELOPMENT AT ST LUKE'S OFFICIALLY OPEN

THE Dr Jim Mahon Library and Education Centre and the Susie Long Day Services Unit at St Luke's General Hospital Carlow-Kilkenny were officially opened recently. These are the first departments of the extensive new €21m capital development of the Hospital to be officially opened and it is planned that all services transferring will have been moved incrementally on a planned basis by the end of the year, including the Emergency Department, Acute Medical Assessment Unit, Hepatology and Oncology departments.

"This is a really welcome investment of €21m capital development for St Luke's Hospital. It was one of two large scale Capital Investments during the lifetime of this Government. I am delighted to officially open the new Susie Long Day Services Unit and the Dr Jim Mahon Library and Education Centre, proving that education and health services are synonymous with each other, ensuring a better outcomes for patients across Carlow and Kilkenny," said Minister of State with Responsibility for Rural Economic Development and Social Enterprise, Ann Phelan.

"I know first-hand from speaking with people on a daily basis that investment of this size is not lost on anyone. It is incredibly significant and will ensure that patients attending St Luke's Hospital, will continue to receive high-quality health care in a safe, respectful environment.

"Patient health and safety has always been top priority in St Luke's, regardless of what medical service is being provided or who is

receiving medical care."

The Minister concluded "I want to acknowledge the hard work of the staff and their teams and of course, the families of the late Susie Long and Dr Jim Mahon. It is fitting that the Day Services Unit and the Educational Centre will be dedicated in their memories, securing improved health outcomes for patients into the future."

Anne Slattery, General Manager at St Luke's General Hospital, which is incorporated into the Ireland East Hospital Group, said that the two new facilities will be enormously beneficial to patients.

"The Susie Long Day Services Unit and the Dr Jim Mahon Library and Education Centre are the culmination of years of planning which will be hugely beneficial to patients and staff.

"These are the first two departments in our wider €21m capital project to be officially opened and we look forward to welcoming patients to our new Susie Long Day Services Unit in the coming weeks and the transfer of the various other services over the next eight weeks."

The Dr Jim Mahon Library and Education Centre, which was part funded by the Royal College of Surgeons in Ireland (RCSI), University of Limerick (UL) and the HSE, will embrace all aspects of medical education and continuing professional development. This new library also includes the amalgamation of two smaller healthcare libraries located within the Carlow/Kilkenny area.

The Library and Education Centre is

dedicated to the late Dr Jim Mahon who was a distinguished and respected Consultant Physician in St Luke's for many years and who initially founded the small library that has been used by students and staff for their professional development and research to date.

This new educational development will support the students and staff who provide health services in ensuring that up to date information is available for research and development, which ultimately improves the quality of the service being delivered to the patients in Carlow/Kilkenny.

The Susie Long Day Services Unit is dedicated to the late Susie Long, who advocated for improved access for endoscopy procedures arising from the delay with her diagnosis and her untimely death.

This ambulatory care facility will provide accommodation for patients attending for endoscopy (including colonoscopy), day surgery (including general surgery and gynaecology), medical investigations and treatment and dental surgery.

Prof Garry Courtney, Clinical Director at St Luke's General Hospital, said that the opening of the Susie Long Day Services Unit will be of significant benefit to patients requiring diagnoses of their illness:

"We are all well aware of the long road that Susie Long and her family had to travel and it was Susie's wish that no other patient would experience similar delays in accessing treatment. It is in her name that we are opening this new facility here today which will double our day patient capacity."

# PHYSICIAN ASSOCIATES

THE RCSI has been pursuing the opportunity to introduce Physician Associates since 2006, with a conviction that this role can complement the multidisciplinary healthcare team.

More recently, Professor Arnold Hill, RCSI - Head of School of Medicine and Professor of Surgery - who worked with this profession during his time in the US, has actively pursued the opportunity to get a pilot project under way in the Surgical Directorate at Beaumont Hospital.

The pilot is confined to the breast, colorectal, vascular, and orthopaedic surgical services.

The object of the project is to test and evaluate the contribution that the role of Physician Associate can make to service delivery in four surgical units.

RCSI have recruited three qualified Physician Associates from Canada and one from the US on a two-year contract.

Qualification for this role includes a primary degree in the sciences and a postgraduate qualification.

A Physician Associate works to the medical model, to deliver holistic care and treatment within the general medical and/or general practice team under defined levels of supervision.

The main benefits of the PA role are:

- Greater continuity of care
- Stability of PA role will be an additional resource for junior doctors and nurses
- Generalist training allows for potential

contribution across different clinical areas

- Complement the existing health professionals and other services

- Improve clinical outcomes e.g. waiting times, length of stay.

- Facilitate improved access to high quality, doctor-supervised, patient-centred, effective and efficient health care

The project commenced in July this year and is expected to last two years.

As an exploratory pilot it is expected to deliver service improvements on a cost neutral basis and has the

potential to generate savings through reduced SHO overtime supporting EWTD compliance.

The introduction of the Physician Associate role, beyond the pilot project, could be coordinated with other national developments such as the roll out of the hospitals groups, the development of the ANP grade and others grades.

The PA roll compliments the already well-established multidisciplinary teams and they could play a significant role in participating in the Clinical Care programmes.

In the meantime, RCSI are offering an MSc in Physician Associate Studies, commencing January 2016, led by Prof David Kuhns. Further details are available from their website: [www.rcsi.ie/PA](http://www.rcsi.ie/PA)

INSET: Prof DAVID KUHNS PA-C, CCPA, MPH



## HEALTH PROMOTING SCHOOLS INITIATIVE



Singer Bressie pictured with local HSE staff and school pupils at the launch of the Health Promoting Schools initiative in Mullingar.

## WORLD PHYSIOTHERAPY WEEK EVENTS

A WIDE variety of events took place within Connolly Hospital, Blanchardstown recently to celebrate World Physiotherapy Day, which provides an opportunity for physiotherapists from all over the world to raise awareness about the importance of keeping fit and mobile throughout life and fulfilling the potential in their lives.

Information stands were positioned within the main hospital atrium, where physiotherapists provided information to staff and the general public alike on the benefits of being physically active. Being physical activity is beneficial at all stages of life. People who stay active are more likely to keep working, stay engaged in life without having to depend on others and promotes positive mental health. Inactivity causes disability and contributes to millions of deaths around the world every year and can lead to heart disease, stroke, diabetes and cancer. Additional information was available on heart health, pain management, respiratory care, falls prevention, mobility assistive devices and safe forms of exercise for all.

The event also aimed to highlight the importance of weight management and daily recommended exercise levels with BMI testing available and staff members competed in grip strength and pedometer challenges throughout the day.

Over 100 staff members competed in the Pedometer challenge with the winning team walking over 20,000 steps each. This was at least 10,000 steps greater than the recommended amount of 10,000 steps throughout the entire day.

A travel and exercise survey was also completed by staff members as part of the Smarter Travel Workplaces initiative of which Connolly Hospital is a member.

Prizes were awarded to the challenge winners kindly sponsored by local businesses.



PHYSIOTHERAPY staff at Connolly Hospital Blanchardstown at the information stands as part of the celebrations and events to mark World Physiotherapy Week recently.

# PRACTICE MAKES PERFECT!

ADVANCING the practice of mental health nursing is both the challenge and opportunity that face members of Mental Health Nurse Managers Ireland on a daily basis.

The opportunity to discuss and reflect on international evidence-based best practice as well as explore new developments in mental health nursing is one that is welcomed by professionals in the field.

Such an opportunity presented itself at the annual national conference of mental health nurse managers in Castletroy, Limerick recently. The theme for the 2015 conference was 'Practice makes Perfect: Advancing Mental Health Nursing Practice' and attracted speakers from both Ireland and the UK. Attended by approximately 130 delegates, the one day event focused on improving the delivery of psychiatric nursing care.

Dr Malachy Feely, Chair of Mental Health Nurse Managers Ireland gave the opening address welcoming delegates to a day of shared learning, networking and robust discussion.

Professor Len Bowers from Kings College, London who is leading research in inpatient care in the areas of conflict and containment presented Safewards, a new model for acute mental health nursing practice. This was the first time that this model was presented in Ireland. Safewards is the result an investment into research worth £4m and has quickly gained a proven international track record. The model, explained simply, is aimed at keeping everyone on the ward as safe as possible. Professor Bowers explained the concept behind the model and described the ways in which conflict can manifest itself while also presenting measures to manage or 'contain' conflict.

Leading on from this Caroline Alexander, Chief Nurse with the NHS England outlined her research into building and strengthening leadership but with compassion to the fore. Compassion in practice championed by leaders is key to developing behaviours, attributes and characteristics that create a culture of care that enable recovery. It encompasses both staff and clients as the environment affects the capacity of both to deliver and respond to care.

Six topic specific presentations were delivered as breakout sessions and these focused on Mindfulness in Mental Health Practice, Mothers and Mental Health Difficulties, Advancing Mental Health Nursing in Primary Care, Rule Breaking in Acute Mental Health, Psychosocial Interventions in Mental Health Nursing and Specialist Practice in Dementia Care. Delegates attended the topic of most interest to them and the smaller audience allowed for better discussion and sharing of



“ Leading on from this Caroline Alexander, Chief Nurse with the NHS England outlined her research into building and strengthening leadership but with compassion to the fore. Compassion in practice championed by leaders is key to developing behaviours, attributes and characteristics that create a culture of care that enable recovery.

views on these important areas.

One of the highlights of the Conference was the opportunity to hear from a client of mental health services. Daniel Meehan, who is now 36, has been in the mental health services since he was 15 years old.

Although content and happy with life now he spoke movingly and openly about his journey through mental ill health, his experience of being an inpatient and his hard fought path to recovery. Daniel outlined the various coping strategies he used, the supports that he relied upon as well as how the service, as delivered, assisted and at times hindered his recovery.

Daniel has been free from hospitalisation for two years now and has found peace of mind and wellness. He has just had his second



book published in September this year and is a trained Wellness Recovery Action Plan (WRAP) facilitator. Daniel has also published a book of poetry and he used several of these during his talk to illustrate his illness and recovery. This was exceptionally moving and emotional for him and the audience.

Daniel's story is one of triumph through 'trial and error' and although challenging and thought provoking gave nurse managers a real sense of the priorities for the service to focus on.

The Conference was chaired by Professor Denis Ryan, Foundation Professor of Counselling and Psychotherapy with the Irish College of Humanities and Applied Science in Limerick and joint Head of a Centre of Excellence in Mental Health Care in University of Applied Science, Utrecht in the Netherlands.

The closing remarks of the conference were delivered by Tomás Murphy, President of Mental Health Nurse Managers Ireland.

As president of an association that provides managerial, educational and clinical support to senior mental health nurse managers across the Irish mental health service he was delighted to be part of a day that supports practice by bringing leading research, new developments and new thinking to the heart of the profession.

He said he hoped that the concepts explored today would provide each person with a fresh perspective and greater insight so as to face the challenges and opportunities that delivering modern mental health care presented.

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ABOVE LEFT: Caroline Alexander, Chief Nurse, NHS England. ABOVE RIGHT: Prof Len Bowers, Kings College, London

# Health Service Excellence Awards 2016

A great opportunity to showcase your success.  
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**Competition  
Closing Date:**  
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January 13, 2016

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Health Service Executive



# STORIES FROM THE FRONT - A REVIEW

## One service user reviews the performance of Stories from the Front at the Royal Theatre in Castlebar

I AM one of the members who use the Cairde club here in Castlebar. I attended the play on mental health, in the Travellers Friend Hotel a few weeks ago.

I watched the play not knowing what to expect at first from it. I did not even know if it was something that I could sit and watch through to the end.

I would have, in the past, spent time in the Mental Health services and did suffer with stress-related issues. I did stay and watch the whole play and was glad that I had given myself that opportunity to see what it was like for others with greater mental health issues than my own, who spent time in the services.

Even though I now live with anxiety, and feel that from watching the play and hearing the participants stories, that there is light at the end of the tunnel, and a way forward With the right supports in place that can help you overcome the feelings and worries you may be feeling around your mental health. That one day you may even come to deal with and cope with your mental health condition without the need of medication, if that is the road you want to take.

The play helped to reinforce in me that there is life after a diagnosis in mental health difficulties. You can aspire to meeting and fulfilling your dreams. It is not impossible to do when you have the right treatments, support net-

work and encouragement from those who believe you and true friends to help you when the going is tough. The play also highlighted the changes in the services, from days of long ago, even changes to the attitudes of staff working in these services. Re-educating society and helping to stamp out the ignorance, of those who do not understand, what it is like to life with mental health difficulties, and how the person is not defined only, by the diagnoses, were all themes of the play.

That it is only a small part of who people with mental health difficulties are and it is important to remember they are still a whole person with feelings and a heart like you and me and the rest of society, So please think carefully when you judge someone with mental health difficulties, as that could be you or someone you love, that you never knew, was living with it. There are so many people living with a mental health difficulty through Ireland.

This play was a good example of showing the public audience that people with mental health difficulties are human too, with many talents and strengths, which was displayed in the exhibition in the lobby before the play started. This highlights the true reflection of people with mental health difficulties.



## WELCOME TO THE CLUBHOUSE

THE Dolmen and Cairdre clubhouse in Castlebar is a drop in centre for adults with mental health issues and is open seven days a week.

At the recent Mayo performance of Stories from the Front, the service users at the clubhouse put on a magnificent craft fair, the culmination of their hard work. They all attended the play and were very impressed.

The Cairdre clubhouses are built upon the belief that every member has the potential to sufficiently recover from the effects of their illness to lead personally satisfying life as an integrated member of society, no matter how long it takes or how difficult it is.

"Our clubhouse environment and structures are developed in a way to ensure that there is ample opportunity for human interaction and that there is more than work to do. We encourage people to drop in to the club house for a cup of tea and a chat," explained one of the staff members.

"Relationships between members and staff develop naturally as they work together side by side carrying out the daily duties of the clubhouse, which include making everyone feel welcome, preparing and sharing in meals and the hours work of the club house. Our members also do weekly classes in arts and crafts which include basket making from recycled paper, computer classes and social skill classes. Knit wear, poetry and painting and cookery demonstrations are also held each week. We regularly go out on various outings to the theatre and visit attractions that our members are interested in."

The role of the staff in the Clubhouse is not to educate or treat the members. The staff is there to engage with members as colleagues and engaging with people who might not yet believe in themselves

"The clubhouse staff see themselves as being a friend, being a listening ear being they are colleagues, and co-workers, talent scouts and cheerleaders. Our clubhouse model supports and empowers members using services to identify and achieve their goals and offer support on their journey towards recovery."

Currently have over 200 plus members who attend both clubhouses regularly.

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INSET: One of the service users of Cairdre shows off the baskets she made and displayed at the recent craft fair.



### BIRDS OF A FEATHER...

WHEN a group of HSE professionals, service users, family members and carers came together to discuss how to promote a better understanding of Mental Health through dialogue and drama, the play Stories from the Front was born. It tells an insightful story of individual engagements by service users and family members with mental health services. In a unique collaboration between a small group of service users, family members and mental health professionals, stories of engaging with mental health services and the themes emerging have been captured on film and dramatic re-enactment with a view to providing training materials 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.

# Healthy Ireland

## HEALTHY TEAMS

**T**HE Healthy Ireland (HI) Framework was adopted by the Irish Government in 2013 in response to Ireland's changing health and wellbeing profile.

HI is a Government action plan that involves every part of Irish society in improving our health and wellbeing. The HSE has published 'Healthy Ireland in the Health Services' – an implementation plan (2015 – 2017) for the Healthy Ireland Framework which specifically focuses on the HSE, our workforce, our services and the people to whom we provide services. Details of the launch were carried in the previous edition of Health Matters.

'Healthy Ireland in the Health Services' has identified three clear strategic priorities for

action, because in one way or another, every part of the health service is engaged in improving health and wellbeing. The plan outlines a sector-wide focus on

1. System Reform - ensuring that we deliver the significant reforms which are underway to support a better health system
2. Reducing Chronic Disease - the biggest risk to our population's health and our services
3. Staff Health and Wellbeing - ensuring we have a resilient and healthy workforce.

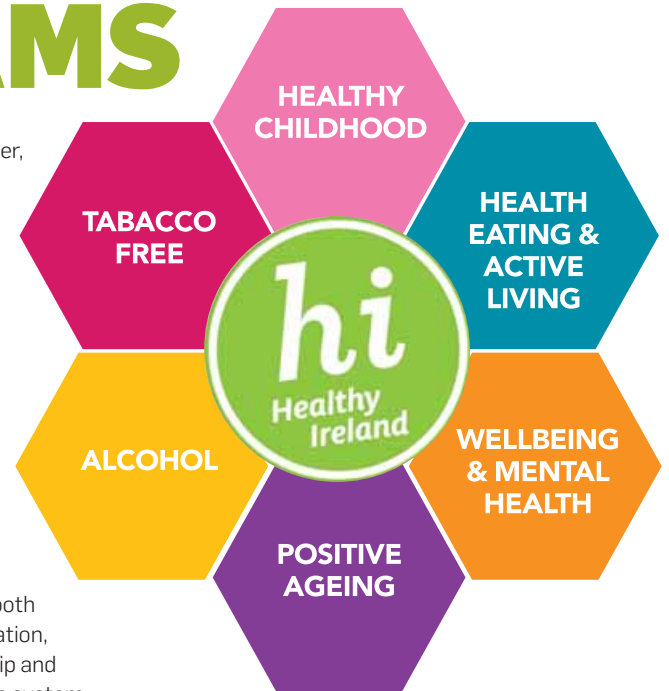
This plan is packaged to support both national and local level implementation, with 126 actions requiring leadership and commitment across all levels of the system. This plan is about all of us working together to create an environment that improves health and wellbeing.

The plan also presents six themes which the HSE has prioritised for action to reduce the burden of chronic disease and improve the health and well being of our staff.

Over the forthcoming months, Hospital Groups, CHOs and Corporate Divisions will commence the implementation of Healthy Ireland in the Health Services on a phased basis. Progress is underway with the RCSI, Ireland East and University Limerick Hospital Groups and CHO 4 (Cork and Kerry) already working in partnership with national and local Health and Wellbeing staff to develop their

response to Healthy Ireland, building on the many positive initiatives and relationships historically in place. The Saolta Hospital Group, who published their HI Saolta Implementation last year will continue their implementation across all the hospitals in the group this year.

The launch of the national HI plan seeks to capitalise on the momentum for health and wellbeing approaches and activities across the system. A number of different initiatives have commenced ranging from the implementation of calorie posting in canteens to staff organised events like Couch to 5K, choirs and exercise classes.



### COMMITTEE RULES

THE RCSI Hospital Group are delighted that the first meeting of the Healthy Ireland Steering Committee was held in October. This committee comprises of a Management Lead from each of the Hospitals in the Group, staff from the RCSI Hospital Executive Management team, Senior Health Promotion, Public Health and national Healthy Ireland staff.

Chaired by Sheila McGuinness the RCSI Hospital Group Director of Nursing and Midwifery, the committee will build on the good work currently underway in each Hospital, sharing best practice throughout all of the hospitals and oversee further action plans in each Hospital to improve the Health and Wellbeing of our patients and staff throughout the Hospital Group.



THE Healthy Ireland Executive Steering Committee

## CALORIE POSTING: NEW POLICY PUBLISHED

CALORIE posting is identified as an intervention to reduce overweight and obesity. In line with the implementation of Healthy Ireland in the Health Services the HSE Calorie Posting Policy was published recently.

This policy applies to all food and beverage outlets on HSE premises, including staff canteens, staff and visitor restaurants, coffee shops, mobile shop trolleys and vending machines and states that calories must be posted at point of choice for all food and beverages.

Posting calories on menus within the HSE seeks to influence the thousands of staff, service users and visitors who use our catering services every day to make healthier choices.

It is not applicable to food and beverages provided for in-patients.

In developing the policy calorie posting was piloted in four sites in the HSE - two in-house catering sites, Letterkenny General Hospital



Dr Stephanie O'Keeffe, Health and Wellbeing Director, and Sarah McCormack, Healthy Ireland Project

and Cherry Orchard Hospital, and two sites with Aramark external catering facilities, Galway University Hospital and Dr Steevens Hospital.

These sites have now completed the implementation and are great exemplars for all HSE catering services and they have been generous with their time and leaning.

In September, a Calorie Posting Study Day was held where the learning from the implementation in these four sites was shared with catering managers and other key partners.

The recently developed HSE Guidance for Calorie Posting was published as part of this study day.

This guidance document and other materials to support the implementation of calorie posting is available on [www.hse.ie/calorieposting](http://www.hse.ie/calorieposting).

As part of the implementation of Healthy Ireland, all hospitals are planning to commence introducing calorie posting in staff canteens to support the development of healthy workplace environments for their staff.



Catering staff at Cherry Orchard show off the new healthy menu.

## STUDY DAY TAKES PLACE AT CHERRY ORCHARD

TO facilitate roll-out of this new policy, the multidisciplinary, cross divisional HSE Expert Group on Vending and Calorie Posting held a Calorie Posting Study Day in Cherry Orchard Hospital on September 23rd, which was attended by over 90 staff and colleagues from across the health services. Presentations on the day included the learning from Letterkenny General and Cherry Orchard Hospitals with input from the Hospitals sites, the expert group, the Food Safety Authority of Ireland (FSAI), the Irish Heart Foundation (IHF) and health and wellbeing. Two Health Science and Nutrition degree students from Athlone Institute of Technology who were members of the working group fed back their experience. The FSAI gave an input on MenuCal, their free on-line calorie posting tool. The on-site learning was extended to a working lunch in Cherry Orchard restaurant where the chefs, catering staff and members of the pilot working group were on hand to answer visitor questions. Demonstrations on how they implemented calorie posting from on site customer education, promotion, standardised menus, waste reduction and behavioural change analysis were also given.

An on-line toolkit has been developed to assist with the implementation. The policy, guidance to calorie posting and other items in the toolkit can be accessed on [www.hse.ie/calorieposting](http://www.hse.ie/calorieposting).



At UHG were (left to right) Laura McHugh, Health Promotion Officer; Pamela Normoyle, Health and Wellbeing Lead, GUH and Roscommon; Jean Kelly, Group Director of Nursing; and Greg Conlon, Group Lead - Health and Wellbeing.



*Strength to strength*

# ON THE RIGHT LIFESTYLE PATH

**F**our years have passed since the Primary Care Team in Án Stáisiún Sláinte Primary Care Centre, led by Raymond Smith, Senior Physiotherapist in Primary Care, sat down together to devise ways of helping the people in Dundalk manage their health. Many years of hard work, research, pilot programmes and dedication from the staff have resulted in implementation of the weight and lifestyle management programme.

The programme is a collaboration between Physiotherapy, Dietetics, Public Health Nursing, Psychology and Occupational Therapy and has been running successfully for the last two years. Research has shown consistently that multi disciplinary education and exercise based programs have more success in achieving weight loss compared to uni-disciplinary programmes.

"The aim of the programme is to give people the tools to allow them to take control of their health and wellbeing," explained Raymond.

"The programme has three components: periodic assessments carried out by members of the team: a six week education programme lasting two hours covering topics such as; making healthy food choices,

benefits of exercise including promotion of the national guidelines on exercise, adverse health effects of being overweight and the management of emotional eating and an exercise programme developed and supervised by physiotherapists once per week for one year that the clients are encouraged to attend."

Participants must make initial contact as we only take self referral after which a client information leaflet outlining the design of the programme is sent to them. A few weeks before the programme starts a letter inviting them to contact the health centre and make an appointment for a pre-assessment is sent out.

At the pre-assessment, they meet the physiotherapist who measures fitness, the dietician who measures BMI and sets target weight loss goals and the public health nurse who measures blood sugar levels, motivation levels and blood pressure. Thus before the participants attend the information sessions, they are well aware of what is involved and the commitment needed from them before they can start making that change

The programme is run four times yearly to coincide with the school term and is advertised in local mass bulletins, local GP

practices and by word of mouth. The first programme started in September 2013 where 15 clients attended. Since then, a further eight programmes with over 170 clients attending have been commenced with the most recent starting in early September. Results to date have been positive with many achieving their goals of between 5pc and 10pc weight loss and an improvement in their physical fitness as measured by the YMCA Step test.

Raymond put the success of the programme down to effective communication. "The team are great at their job of communicating their key health message to the client, motivating them to continue down the right path and lead a healthier lifestyle into the future," he said.

Looking into the future the Primary Care Team hope to continue to provide the service to the people of North Louth and help them to make lasting changes for life.

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ONE of the participants in the Dundalk lifestyle programme has a consultation with one of the doctors.

# Caught on Camera

## HEALTHY IRELAND CORK 4-MILE RACE

1



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3



4



5



1. The Cork Local Drug & Alcohol Task Force (CLDATF) partnered with the Southern Regional Drug & Alcohol Task Force and the HSE to organise a Four-Mile Road Race on Sunday, October 25th. 2. John Paul O'Shea, Mayor of Cork County Council with Conor Wrixon carrigrohane straight and Rebecca Loughry Model Farm Road. 3. Katie and John Twomey from Ballinlough 4. Laura Desmond, John Russell, Gemma O'Leary and Frank Horgan. 5. Head of the pack as the lead runners head out. PICTURES BY GERARD MCCART.

## GETTING ACTIVE IN THE NEW YEAR

SO 2016 is almost upon us, and we are looking to start the year being more physically active and moving more throughout the day. What can we do? Where do I start? Here are five tips to get you going.

### 1. CHOOSE FUN AND ENJOYABLE ACTIVITIES.

VARIETY is key, if you get bored of one activity try a different one. All that matters is that we keep moving and staying active. Why not try walking – it is a very good activity simply because it is something that is easy to do on a continual basis. It's good to vary your walking routes, the parks/woods you visit etc. Have a look at parkrun.ie to see local opportunities to complete a 5k.

### 2. CHECK OUT WWW.GETIRELANDACTIVE.IE

LOOK for something new to try.

### 3. SET ONE MAIN GOAL FOR YOU TO ACHIEVE.

PERSONAL achievement will increase the enjoyment for you. This goal needs to be realistic such as being able to walk for a certain distance or to cycle without stopping. You will be amazed at how quickly your level of fitness improves and how quickly you can achieve these goals. Remember to progress slowly onto the next goal.

### 4. USE YOUR DIARY TO SCHEDULE YOUR DAILY EXERCISE ONTO YOUR TO DO LIST.

THINK of it as simply something you need to do as part of your day. At the beginnings of each week plan out your activity for the week. Write down when you want to be active and for how long. If you look at the diary at the end of the week it will help you identify reasons for not sticking to your proposed plan and could help you to stay motivated.

### 5. STAND AND MOVE MORE DOING THE WORK DAY.

LOOK for opportunities to stand up and move more at work. Can you take phone calls while standing? Is it possible to have a walk and talk meeting?

### HOW MUCH PHYSICAL ACTIVITY IS REQUIRED?

- Adults need at least 30 minutes a day of moderate activity five days a week. Short bouts of at least 10 minutes can be accumulated.
- Children and young people need at least 60 minutes moderate intensity activity every day of the week. All activity, no matter how short, counts.
- *Coming to Your Workplace...*A HSE Physical Activity 2016 initiative is being planned. You will be welcome to take part. More news to follow.



*Get the vaccine*

# FLU CHAMPIONS

**S**TAFF in Donegal and their 'flu champions' have been leading the charge behind the flu vaccine, taking part in their third annual staff flu vaccine campaign recently. It was jointly launched by Letterkenny General Hospital and HSE Community staff.

It was an opportunity for all HSE staff that work in Donegal both in Letterkenny General Hospital and in the community to come along and get their free flu vaccine for this year's influenza season to ensure they are protected against the virus.

In HSE Donegal, there are currently 46 'flu champions' who work in a variety of different sectors within the HSE to promote the vaccine among their colleagues and among the patients/clients whom they work with.

Donegal is the first county in Ireland to have adopted the concept of flu champions. The role of flu champions is to serve as in house advocates for the flu programme and promote it and support it to the best of their ability.

One of these flu champions is Maureen Long, a Public Health Nurse for the Ballybofey area, based in Primary Care Centre Stranorlar.

Speaking on behalf of the Public Health Nursing service, she stated, "Our role is two-fold: firstly to encourage uptake of the flu vaccine among our colleagues and secondly to promote the flu vaccine among patients in the community. Our job involves having

“ Donegal is the first county in Ireland to have adopted the concept of flu champions. The role of flu champions is to serve as in house advocates for the flu programme and promote it and support it to the best of their ability

access to older people in their homes and also having access to other people in at risk groups that require the flu vaccine such as people with diabetes and other chronic conditions. Therefore we are in an ideal position to promote the vaccine. We also work closely with GP practices on a day to day basis to encourage their patients to attend clinics to get the vaccine. I tell all staff that this is a serious condition that can affect you and your patients and by getting the vaccine, as their healthcare provider you help prevent them from getting the flu.”

Tina Duncan works as a Community Nurse Manager in Buncrana Community Hospital. She is also a designated flu champion. Tina described her role as flu champion: "I see myself as a health educator. My role is to educate people as to why they should take

the vaccine. We need to promote it so as to cut down on the level of illness due to flu. We need to get the message across to workers to take the vaccine so that they don't pass on the flu virus to clients. I promote the vaccine among the patients as well as my colleagues."

Many Donegal GPs have also voiced their support for the Donegal Staff Flu Vaccine Campaign such as Dr Paul Stewart.

In support of the HSE Donegal Staff Influenza Vaccination Campaign initiatives and in particular when speaking specifically speaking about Carers and Healthcare workers, Dr Stewart said, "All Carers should get the flu jab. It's safe, it's free and we owe it to those we care for!"

Dr Mannion also voiced his support for the campaign. "I very much support the HSE Flu vaccine campaign. It is essential in trying to keep vulnerable patients well and out of hospitals during the winter months. We follow up on non attendees to our flu vaccine clinic. It is well worth the effort as the admission of elderly patients to hospital has been consequently reduced."

.....  
MINISTER for Health Leo Varadkar TD at the Letterkenny General Hospital with Anne Flood, Sean Murphy, Laurence Thompson, Anne McAteer, Louise Doherty, Mary Mugh, Mary Kelly, Bernie McNulty, Aine Flannigan, Kathy Barrett and Paddy Rooney. PHOTO- CLIVE WASSON

# MANAGING YOUR STRESS

**T**HE HSE is supporting a two-year EU campaign called 'Healthy Workplaces Manage Stress'. The campaign runs until April 2016. It has involved hundreds of organisations from across Europe, involving a range of activities such as training sessions, conferences and workshops, poster, film and photo competitions, quizzes, suggestion schemes, advertising campaigns and press conferences.

HSE recently supported European Safety Week. The Week afforded the key specialists within the HSE an opportunity to work collaboratively. The aim was to provide a meaningful and effective campaign that would allow Managers and Employees to gain the knowledge, experience and support to deal with the important issue of unhealthy stress.

KEY contributions were made by professionals working in Health and Safety, Occupational Health, Employee Assistance, Organisational Psychology, Performance and Development, Health Promotion and Human Resources. All information relating to the campaign is available at [www.hse.ie/eng/staff/safetywellbeing](http://www.hse.ie/eng/staff/safetywellbeing).

The HSE views the campaign as a unique opportunity to focus attention on:

- The effective management of stress as an issue
- Alerting staff to the supports and services that are available
- Providing tools to managers that will enable them to support their colleagues successfully back to work

The campaign introduced the concept of the Cycle of Stress Management. Behind each stage of the cycle lay the tools and information to better equip managers and employees to deal effectively with stress.

## WHAT IS STRESS?

STRESS is a mental and physical condition which results from pressure or demands that strain or exceed your capacity to cope. The sources of such pressure or demands are called STRESSORS.

Work Related Stress (WRS) are the conditions, practices and events at work which may give rise to stress. WRS is stress caused or made worse by work.

While stress may result from different aspects of life, the main focus of this campaign is on work-related stress. Factors that are not work-related can also affect you in the workplace.

## IS ALL STRESS BAD FOR ME?

IT should be noted that work generally provides opportunities for developing and maintaining positive mental health and well-being. There is a difference between positive stress, which is associated with a sense of challenge and excitement and negative stress which is dominated by worry, anxiety and agitation. For more information please refer to the HSE's Policy on the Prevention & Management of Stress in the Workplace —A Guide for Managers, HSAG 2012/2.

## WHAT CAN I DO IF I THINK I AM TOO STRESSED?

- It is important that you raise the issue with your manager
- Together the sources of stress can be discussed and any reasonable steps to address them can be agreed
- The sooner you discuss the problem, the sooner you can identify a solution with your Manager
- Your Manager may, if you agree, refer you to a support service such as the Employee



Assistance, Staff Counselling services, Occupational Health Department and your local HR Coaching Network for professional support

- If you prefer, you may contact these support services directly. You can do this without discussing the issue with your Manager

## WHAT OTHER SUPPORTS ARE THERE FOR ME?

THE following services provide different but important supports to employees who feel they are suffering with stress: Employee Assistance Service (EAS/EAP), Performance and development (Coaching) and Occupational Health and Safety Function.

Please be aware that these support and assistance services can be accessed independently as appropriate to your requirements.

FOR support services contact details and further information please go to [www.hse.ie](http://www.hse.ie), clicking the staff and careers tab and then the safety and wellbeing tab.

## HOW DO I KNOW IF I MIGHT BE TOO STRESSED?

BEHAVIOUR you may experience	PHYSICAL Symptoms might include	MENTALLY you may	EMOTIONALLY you are likely to
FIND it hard to sleep	TIREDFNESS	BE more indecisive	GET irritable or angry
CHANGE your eating habits	INDIGESTION or nausea	FIND it hard to concentrate	BE anxious
SMOKE or drink more	HEADACHES	SUFFER poor memory	FEEL numb
AVOID friends and family	ACHING muscles	HAVE feelings of inadequacy	BE Hypersensitive
	FEEL drained and listless	FEEL low self esteem	

GOOD MOOD

## FESTIVE

FOOD



## *Spare yourself a Turkey flap...*

THERE'S something about roasting 'the bird' on December 25th that makes us more stressed than a Bake Off contestant whose Baked Alaska has melted - particularly if, like many of us, you've been too busy buying pressies, catching up with friends and recovering from your office party to plan ahead with your cooking.

But preparing your last-minute Christmas dinner needn't feel like an audition for Ramsay's Kitchen Nightmares. You can still produce a perfectly delicious turkey, minus the frazzle.

What's more, with a simple recipe like the ones below, and the odd shortcut when it comes to the trimmings, you can still find time

to unwrap presents and quaff Buck's Fizz with the rest of the family.

First things first, chose the right turkey. If you're feeding a large party and have the time (and oven space) for a big one, all well and good. It will also supply you with plenty of leftovers for turkey sandwiches.

If, on the other hand, you prefer to do things last minute and your oven is closer in size to an A4 envelope than an Aga, a turkey crown (where the wings and legs have been removed) is probably your best bet. It's also easier to carve - perfect when you have a host of hungry mouths to field. Some even come in a roasting bag, meaning you can just pop it in the oven, seal in the flavour and save yourself some

washing up.

As for the trimmings, time-saving options needn't involve sawdust-style dry stuffing and that jar of instant gravy that's been gathering dust since last December. These days, supermarkets offer plenty of pre-prepared, deluxe options if you want to wow and are happy to spend a bit more: fresh stuffing and gravy, posh cranberry sauces, vegetable selections, and potatoes already seasoned, basted, and ready for roasting.

So bung it all in the oven, put your feet up (keeping an eye on the time), and make sure you have some helpers around when it comes to plating up. Just don't forget to have a rummage in your turkey beforehand...



## HERB-BUTTERED TURKEY, ROASTIES & CRANBERRY SAUCE GRAVY

SERVES 6 | PREP: 30MINS | COOK: 2HRS

**4 garlic cloves, crushed**  
**2 handfuls of parsley leaves, finely chopped**  
**100g butter, softened**  
**3kg turkey crown**  
**11/2kg new potatoes, halved if large, quartered if huge**  
**Salt and pepper**  
**For the sauce:**  
**2tbsp plain flour**  
**3tbsp chunky cranberry sauce**  
**Splash of port**  
**600ml chicken stock**  
**1tbsp soy sauce (optional)**  
**Salt and pepper**

HEAT the oven to 200C/180C fan/gas mark 6. Tip the garlic, parsley and butter together in a bowl, season generously with black pepper and a pinch of salt, then beat with a wooden spoon or squish through your fingers until everything is combined. The butter can be prepared up to a day ahead and chilled or made two weeks ahead and frozen. Soften before using.

Place the turkey crown on a board with the thick part of the breast facing away from you. Use your hands to make two pockets between the skin

and the meat, then smear the flavoured butter beneath the skin and all over the breast, working down so that the breast is completely covered.

Tip the new potatoes into a large roasting tray. Sit the turkey on top, skin side up, then roast for 30 minutes. Remove from the oven, sit the turkey on a board and give the potatoes a good shake. Then place the turkey back in the tin, spoon over some of the buttery juices and continue to cook for another 40-50 minutes until the turkey is dark golden.



Transfer the turkey to a board to rest, loosely covered in foil, then continue to cook the potatoes for 20 minutes to brown. Use a slotted spoon to scoop the potatoes into a serving dish, reserving the buttery juices in the pan. Put the potatoes to one side and keep warm.

To make the cranberry gravy, place the roasting pan on a lowish heat and stir in the flour. Let everything sizzle and brown, then add the cranberry sauce and a splash of port. Sizzle everything for a few minutes until really sticky, then stir in the stock, bring to the boil and cook until thick or to your liking, seasoning to taste. If the gravy is on the pale side or a bit too sweet, stir in a splash of soy sauce.

## ROAST TURKEY WITH SAGE & ONION BUTTER AND MARSALA GRAVY

SERVES 8 | PREP: 20 MINS | COOK: 5HRS

**7kg fresh turkey**  
**2 onions, halved**  
**1 lemon, quartered**  
**75g soft butter**  
**3tbsp finely chopped fresh sage**  
**2tbsp plain flour**  
**200ml Marsala wine or Madeira**  
**400-500ml hot chicken stock**  
**1tbsp cranberry jelly**  
**Salt and pepper**

HEAT oven to 170C/150C fan/gas mark 3-4, and place the turkey in a large roasting tin. Tuck three of the onion halves and the lemon quarters into the cavity and season. Cover with foil, make sure there's plenty of space between the turkey and foil for the air to circulate and seal the edges tightly, so that no steam escapes. Roast for four hours.

Meanwhile, finely chop the remaining onion half, and mix with the butter and sage. Take the turkey out of the oven and raise the temp to 200C/180C fan/ gas mark 6. Brush the sage and onion butter all over the turkey and return to the oven, uncovered,

for 45 minutes until crisp and dark golden. If you're making the roasties, then start them

in the oven when the turkey goes back in, uncovered. Transfer the turkey to a warm serving plate, cover loosely with foil and leave to rest for 30 minutes. Tip the juices out of the pan into a bowl, leave for a moment to settle, then scoop the buttery oil from the surface into a separate bowl. Spoon two tablespoons of this oil back into the tin and return to the heat.

Stir the flour into the tin using a wooden spoon, scraping the residue off the bottom of the tin as you go. Cook for two minutes, then stir in the Marsala or Madeira and bring to the boil. Make the reserved turkey juices up to 500ml using hot chicken stock and pour into the tin. Bring to the boil and simmer for a few minutes, then add cranberry jelly. Keep warm until ready to serve.



## LEFTOVER TURKEY CASSEROLE

SERVES 4

**2 onions, finely chopped**  
**1 eating apple, cored and chopped**  
**2tbsp olive oil**  
**1tsp dried sage, or 5 sage leaves, chopped**  
**2tbsp plain flour**  
**300ml vegetable or chicken stock**  
**2tbsp wholegrain mustard**  
**2tbsp runny honey**  
**400g-500g leftover turkey, shredded**  
**About 350g leftover roasted vegetables like roast potatoes, parsnips, celeriacs and carrots, chunkily diced**  
**Salt and pepper**  
**Mash or jacket potatoes, to serve**

FRY the onion and apple in the oil until softened in a casserole or deep pan. Stir in the sage for one minute, then stir in the flour. Gradually stir in the stock followed by the mustard and honey.

Bring up to a simmer and stir in the turkey and roast veg. Cover and gently simmer for 15 minutes until turkey is piping hot. Season and eat with mash or jacket potatoes.

Christmas is magic in...

# VIBRANT BELFAST

**B**EFORE you start checking out the Ryanair flights to far-flung places in the hope of capturing that longed-for old-world Christmas market atmosphere, don't forget that one of Europe's top markets is a simple train journey away in the heart of stunning Belfast.

Oft-forgotten, Belfast has so many things to offer, especially if you are a weary parent looking to entertain the kids for a weekend without having to sacrifice too many things on your own wish list.

As winter made it timely arrival, we bundled up in all our warmest coats and drove just over an hour to bustling city for our two-day adventure in Belfast. The Christmas lights everywhere gave it a wonderful festive feeling and the children were particularly excited to find out that Santa Claus had already made his way to Co Antrim and would be available for a visit.

Dumping the bags in the perfectly located Jury's Inn on Great Victoria Street, it was time to have a wander around the vibrant city.

The trip was worth it for the Belfast Christmas Market at City Hall alone – and nothing says Christmas more than a piping hot mulled wine in the cold outdoors. The market has a fantastic range of authentic continental food, clothing, arts crafts and decorations from across Europe and beyond. And it would be just plain rude to leave without a few bars of homemade Belfast fudge and a huge Bratwurst in a baguette.

And could resist the lure of the massive Victoria Square shopping centre? A shopper's paradise! Although the horrendous sterling-euro exchange rate has hit visitors from the south and mainland Europe in the pocket, there are still bargains to be had. And sure it's almost Christmas after all, why not treat yourself? The kids were wowed by the stunning Christmas displays and almost forgot they were shopping. 1-0 to mammy and daddy.

People don't realise how near Belfast is and sometimes it might take you just as long to get to Dundrum Shopping Centre when the M50 turns to gridlock over the festive shopping

period. It took little over an hour and half from the north side of Dublin to the heart of Belfast.

While Belfast is seen as a stylish and trendy city, particularly when it comes to its restaurants, don't let that put you off bringing the younger members of the family out for dinner. On our stay, we ate in two top-class restaurants that welcomed children and offered more than your bog-standard (and unhealthy) chicken nuggets/sausages and chips.

First up was Home, which started life as a pop-up restaurant in an off-the-beaten track location in Belfast city centre in 2011. It is now located in Wellington Place close to the magnificent City Hall.

While the almost two-year-old scoffed the tomato, bacon and chicken pasta, her six-year-old brother opted for the pan fried hake, organic veg and mashed potato. It's a refreshing change to be in a restaurant where all the family has the option of yummy and nutritious grub.

Luckily, we had another great experience with the equally trendy 4th Wall, where children were warmly welcomed with top-class food.

Day two was all about one thing – the Titanic. The six-year-old had been counting the days down until he got to the Titanic Museum, an impressive structure in the heart of the docklands. The displays were fascinating and his favourite part was diving to the depth of the ocean to explore where RMS Titanic now rests, as part of an interactive display.

Particularly impressive was the recreation of the main hall and bedrooms of the original ship, giving visitors some idea of the size and opulence of the Titanic.

The great thing about the exhibition is that there is enough to keep the adults interested, while ensuring the kids don't get bored.

After a packed two and a half hours wandering around the museum and taking in all the displays and exhibits, we braved the cold to check out the nearby Titanic Dock and Boathouse. It is really worth making the 10-minute walk to visit it. The Thompson Dock itself is the footprint of Titanic and provides an





amazing representation of the scale of the ship – and it is truly titanic!

Also well worth a look is the SS Nomadic, right across from the Titanic museum, and the last remaining White Star Line ship in the world! Restored to her original glory and back home in Belfast's historic Hamilton Dock, visitors are allowed to go on board and have a look.

You could easily spend the full day experiencing the Titanic museum and its surroundings but we were moving on to the neighbouring W5 – WhoWhatWhereWhyWhen!, the interactive discovery centre at Odyssey in Belfast. With over 250 amazing interactive exhibits in four incredible exhibition areas, W5 really has something for kids of all ages – and even parents can enjoy the live science demonstrations!

There's lots for the younger children too, with play areas similar to the Imaginosity Children's Museum in Dublin, but on a larger scale. And be prepared for wet clothes as they launch their ships around the watery canals!

A favourite part for both children was the Climbit – flagged as an 'unusual mixture of physical fun, exploration and art'! This huge multi-storey climbing structure is a cross between a maze and a jungle gym. The first of its kind in the UK and Ireland, Climbit is a unique, visually elegant, three dimensional sculpture specially designed for climbing.

Again W5 is really a full-day of fun and instead of getting bored, you will have to drag the kids out of it at the end of the day. There are nearby restaurants that you can go to refuel during the day or enjoy a picnic in some of the designated picnic areas in the centre itself.

Our final day brought a visit to Belfast's own Willy Wonka's chocolate factory – Aunt Sandra's Candy Factory. Aunt Sandra's Candy Factory is nationally renowned as one of the finest purveyors of handmade chocolates, fudge and boiled sweets, made from 100-year-old recipes. A visit to the shop is like taking a trip back in time where visitors can look in on the whole production process and see how handmade chocolates and handmade fudge are made, most of which can be sampled as it's produced.

A viewing window into the small quaint factory allows visitors to enjoy tastes and smells of old-time candy-making. A sit down in their ice-cream parlour allows you the chance to sample even more of their yummy wares. You won't be leaving hungry, that's for sure.

Willy Wonka's cousin (!) gave the kids a great demonstration on how to make round sucky sweets and lollipops. The six-year-old even managed to win a lollipop bigger than he could ever dream of finishing, as well as making his own candy floss! A dream day for a young boy if there ever was one.

With a full belly and some famous handmade fudge for later, we made the short trip back home, resolving to not to leave it so long to return.

# Leafing through TREE CHOICE

**T**HERE'S no better time to plant trees and conifers, particularly bare-root ones, when the plants are dormant but the soil is still warm enough for the roots to become established before spring.

So if you're planting a tree during November and December, consider firstly your situation and how much space you have.

Trees can create privacy, shade, dramatic impact, colour and fruit, as well as movement and architectural form. The height and structure of the types you choose are as important in a small garden as they are in a large one.

If you have a small space, consider choosing a narrow tree with minimal spread, which will provide height and structure. Alternatively, you may prefer one landmark spreading tree with a canopy which casts dappled shade but allows for some planting underneath. Compact 'weeping' trees, such as a weeping pear (*Pyrus salicifolia*) could be used as a focal point. If your space is really limited, you could plant a carefully trimmed tree in a large pot.

Excellent trees for small gardens include *Amelanchier lamarckii*, whose graceful branches carry copper-hued new leaves in spring along with starry, white flowers. In autumn the leaves often colour brilliantly too.

If you have room for two trees, try to combine two trees which have a different season of interest, such as a photinia - an evergreen with new red growth in late spring - and sorbus, which has lovely autumn hues and dazzling berries.

If you are looking for flowers, consider one of the crab apple varieties, such as *Malus*

*floribunda*, the Japanese crab, which is adorned with blush pink and white fragrant flowers in spring and is slow growing, or the *Malus* 'Royal Beauty', which bears deep red-purple flowers and small dark red fruits.

Among the most suitable flowering trees for a confined space is the *Prunus* 'Amanogawa', an upright specimen with ascending branches which produces fragrant pink flowers in mid-spring.

If you only have room for a pot, consider a Japanese maple, which will produce fantastic foliage colour, or a trimmed bay, photinia or olive tree.

Bigger gardens offer more scope to house majestic oaks, horse chestnuts and lime trees. Just be aware of their impact on your views long-term because you don't want them to screen your vista of the countryside.

Recommended RHS AGM varieties to plant include *Photinia fraseri* 'Red Robin', *Acer freemanii* 'Autumn Blaze', *Quercus palustris*, *Malus* 'Evereste' and *Sorbus vilmorinii*.

Trees planted in the autumn will experience much less stress and will require less watering and aftercare than trees planted in spring or summer.

When planting, dig out a hole much larger than the roots, at least 30cm (1ft) wider than the rootball and 30cm (12in) deeper and mix in good garden compost and a generous sprinkling of slow-release fertiliser.

Stake your plant using a stake as long as the distance from the bottom of the hole to just below the first branch, plus 45cm (18in). It's easier to do it if the tree is removed, then once the stake has been driven in replace the tree, teasing its roots around the stake and make sure that the tree is held away from the stake with a buffer to stop it rubbing. Larger

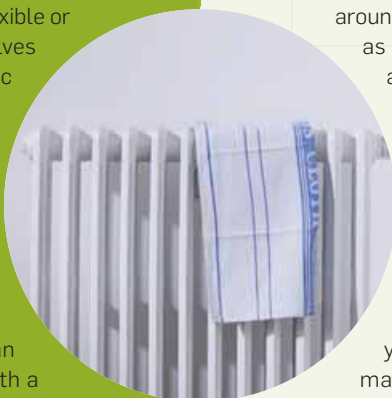
trees can be staked using three stakes in a triangle shape in the hole about 50cm (18in) from the stem of the tree.

Add compost to the soil you are going to put back around the tree, firming it against the roots, but avoid heeling in on top of the rootball or you may damage the tree. Pile the soil around the tree to create a mound, so directing the water into the rootball. a subtle colour change by mid-October and the full transformation by the end of November.



## CUTTING YOUR HEATING BILLS

**1** MANY older radiators can't be adjusted, so they're either on or off, which isn't flexible or energy efficient. Fitting adjustable valves to the radiators, preferably thermostatic radiator valves (TRVs), can give you more control over the output of each radiator. They regulate or cut off the flow of hot water to individual radiators, while the programmer and room thermostat control the heat to the whole house." There are some rooms where TRVs aren't usually fitted, including bathrooms, halls and landings - here try chrome Verona valves instead. These valves look more attractive than most, are very reasonably priced and come with a three-year guarantee.



**2** IF your central heating system hasn't been updated in years, replacing the radiators and pipework can be a good idea. Most modern radiators are more efficient than old ones, so you should be able to get smaller ones that produce more heat. "Replacing the pipework or radiators doesn't happen that often, but is, perhaps, a sensible move if the system is 30 or 40 years old, depending on the condition of the pipework and radiators," says Bridges.



**3** IT may sound obvious, but if you cover radiators with curtains or put furniture in front of them, you'll block much of the heat and stop it circulating around the room. If you can't move the furniture, consider moving or changing the radiators instead - vertical radiators are ideal when there's little free wall space.

**4** A SIMPLE, but effective way to get more out of your radiators is to fit radiator foil behind them - the foil reflects heat back into the room, so you benefit from more of it. This is an especially good idea on external walls. Also, central heating and hot water pipes that give off heat should be insulated to reduce the amount of heat loss, to save you money.



**5** DID you know that turning down your room thermostat by just 1°C could reduce your heating bills by as much as 10pc? Setting the thermostat to between 18°C and 21°C should ensure your home maintains a comfortable temperature, and your central heating system won't have to work as hard to reach the desired temperature.

## CHOOSING A BOILER

**1** A BOILER that's 15 years old or older is only around 60-70pc efficient, meaning that as much as 30-40pc of every pound spent on heating and hot water is wasted. Many older boilers also have a standing pilot light, which can cost around 100 euro a year to keep alight. Investing in a brand new A-rated condensing boiler could mean a jump to 90pc efficiency, and a heavier purse to boot.

**2** HOW much heating and hot water your household uses, will largely determine your choice of boiler. There are three main types of boiler: system, regular, and combination (or combi). Regular boilers have a cylinder (to store hot water) and often an expansion tank too. System boilers also use stored water, which allows them to feed several hot-water outlets, such as taps, at the same time.

**3** "REGULAR boilers require more space than combi or system boilers, as they often need an expansion tank in the loft, and are suitable for homes with more than two bathrooms and where hot-water usage is high but water pressure is low," said Martyn Bridges of boiler manufacturer Worcester. "System boilers have most of the major components of the heating and hot-water system built in, making them more efficient and less space consuming, as there is no need for a tank in the loft. They are connected to either a mains-pressure hot-water-storage cylinder or a more traditional low-pressure, tank-fed cylinder."

**4** COMBIS are a popular choice, but they're often not suitable for larger homes. With a combi, you only have to find room for the boiler itself - there's no hot-water cylinder or expansion tank, although some combis have built-in tanks, which can give the higher flow rates needed in bigger properties. Combis heat water on demand, so you only pay for what you use, and deliver it at mains pressure. While combis are most suitable for homes with one bathroom/shower room, they can work well in homes with two, providing they're powerful enough.

**5** IT'S good to ask a reputable heating engineer for advice about boilers, as more than one type may be suitable for your home. And remember to factor in future changes you may make, such as adding bathrooms or expanding your household - the more people there are, the more hot water you'll be using.

## First Drive!

## SEAT ALHAMBRA

## FACTS AT A GLANCE

## SEAT ALHAMBRA, FROM €38,595

**ENGINE:** 2.0-litre turbodiesel producing 181bhp and 280lb/ft

**TRANSMISSION:** Six-speed dual-clutch automatic driving the front wheels

**PERFORMANCE:** Top speed 133mph, 0-62mph in 8.9 seconds

**ECONOMY:** 53.3mpg combined

**EMISSIONS:** 139g/km of CO2

## WHAT'S NEW?

AT the risk of sounding a bit blasé, not a lot. Seat has kept much of the Alhambra's winning formula untouched, only tweaking the styling, the engines and adding the latest connectivity thanks in part to a new partnership with Samsung.

You still get seven seats, two built-in booster seats in the middle row, sliding rear doors and options for petrol, diesel, manual and automatic. If you look really (really, really) closely, you might also notice the new Seat logo.

## LOOKS AND IMAGE

THE Alhambra doesn't look all that bad for a family bus, adding a few Leon-esque touches without going too crazy. Dads will appreciate the boredom bypass but mums won't think it looks too sporty to be a good family car. It's clearly no automotive sex symbol, but it's a solid choice for looks.

As for image, the Alhambra is something of an unsung hero, derided by those who'd never buy one anyway, but loved by the people who own one. It might not be a glamorous choice (it isn't), but its owners would tell you it's a good one.

## SPACE AND PRACTICALITY

EVEN with all seven seats up and occupied there's still an impressive boot, good enough for one really large suitcase with soft bags on top, or two medium cases plus extras. Fold the back seats down - this isn't as easy or quick as you'll see in some rivals - and you're left with a cavernous boot good enough for anything a



Seat Alhambra

family might need to shove into it. The sliding doors, complete with holders for large bottles, are a huge boon in car parks and the two built-in booster seats mean that kids of around 4-11 years old can escape the need for an aftermarket unit.

To maximise passenger room, the three individual seats in row two slide forward and back. Adults approaching six-feet tall will find it a squeeze in the child-centric row three but everywhere else affords lots of head and shoulder room.

## BEHIND THE WHEEL

BELIEVE it or not (you MPV cynic, you) the Alhambra is far from terrible to drive.

Selecting Comfort mode within the adjustable damper settings rewards with an impressive ride quality you'll love, while the cringe-inducing Sport mode does at least provide a bit more straight-line urge and extra body control in the corners.

You sit high in this car; easily at compact SUV height. There's a great view of the road ahead as a result, and there's every chance that even nervous drivers would gain confidence behind the wheel.

The DSG twin-clutch automatic gearbox is a boon around town, whispering effortlessly through ratios, but it's perhaps too keen to kick down gears and bypass the meat of the diesel engines' torque. The manual gives more use-

ful control for acceleration. There are no such braking worries, as the chunky Seat stops on a sixpence.

## VALUE FOR MONEY

AH. This is where it starts to look a little worse for the Alhambra. The entry-level petrol model just about dips beneath the £25,000 mark, while the mainstream models fall roughly between the £28,000 and £33,000 marks. That's fabulously expensive for a car of this type, especially considering that the adjustable dampers aren't standard (£935) and you also have to pay more than £1,000 extra to add powered actuation to the tailgate and sliding doors on the cheaper trim grades.

## WHO WOULD BUY ONE?

FAMILIES and user-chooser company car drivers with three or more kids are the main buyers here. Seat predicts a 70/30 split towards business sales, so the typical Alhambra driver is likely to be a family man or woman with a few kids at home and a desire for both space and comfort.

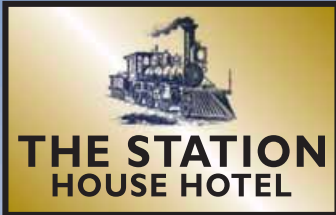
## THIS CAR SUMMED UP IN A SINGLE WORD

FRIENDLY.

## IF THIS CAR WAS A...

CHILDREN'S TV show it would be Peppa Pig. The kids love it and the parents become strangely attached.





WIN a 2 night B&B stay for 2 including dinner on one evening

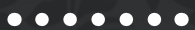
# The Station House Hotel

A gem in the heart of the Boyne Valley



What is now a state of the art conference centre -The Carriage Suite started life as the engine and goods building of Kilmessan Station. Refurbished to a very high standard using the original stone and featuring crafted timberwork, there is an abundance of natural light and original features. A dividing wall in the main conference hall makes it possible to provide for smaller meetings and allows the opportunity to avail of a dedicated private dining area. Break out rooms are also available. The facilities include: Air-conditioning, an abundance of natural light, WiFi, Video conferencing equipment, Remote controlled screen, Projector to name a few. The conference suite is separate from the hotel, guaranteeing privacy and an opportunity to concentrate on the subject in hand. It has its own kitchen, toilets and bar facilities. The Carriage Suite offers your conference delegates and guests a unique combination of comfort and professional service. The Carriage Suite accommodates meetings of 10 to 300 persons (Theatre-Style).

If you're looking for a Fairy Tale Venue for your wedding day, look no further than the Station House Hotel. The Original Turntable set amid the landscaped forest offers a unique setting for outdoor ceremonies. The stunning gardens also make a beautiful backdrop for your wedding photos. The Carriage Suite is also available for indoor ceremonies and can host up to 180 for your wedding reception. Refurbished using the original stone, crafted timberwork, and luxurious finishes; the room offers a warm and welcoming atmosphere. The Award Winning Signal Restaurant is available for more intimate gatherings and can host up to 90 people. Renowned for excellent food and friendly staff, the Station House has won many accolades and awards including Best Wedding Venue in Leinster.



For your chance to win, simply email your answer to the following question...

## What was the Station House before it was converted to a Country House Hotel?

Email your answer to [competition@celticmediagroup.com](mailto:competition@celticmediagroup.com) with 'The Station House' as the subject, along with your name, address and contact number. Competition deadline is 31st January 2016



TERMS AND CONDITIONS: Valid for 12 months from when the winner is announced. Subject to availability. Voucher can not be redeemed in part or in full cash. Voucher must be used in full and there is no exchange for services not listed in the prize details.





The Health Service Executive would like to wish all service users and staff a...



...especially those who find themselves ill and in hospital over the festive period, and the staff taking care of them.