



HEALTH

MATTERS



**Win a five-star
getaway**

Powerscourt Hotel competition

In the spotlight

TV cameras capture the
life of a paramedic

Upcycling success

Inside the award-winning
new CAMHS unit

**A PROBLEM
SHARED**

Inspirational trio tell their stories

FEATURES

GENERAL NEWS

YOU SECTION

LIFESTYLE

WELCOME TO THE LATEST EDITION OF HEALTH MATTERS

IT has been an inspiration speaking to the three faces behind the Little Things campaign. Alan, Gary and Robert have stepped forward from the stigma of mental health to talk about their own experiences with depression and anxiety.

The campaign itself has been a massive success, highlighting the little things that can make a real difference to how we feel. Every single one of us will experience tough times in our lives and sometimes it is the smallest of things that can get us that boost we need.

And you can get involved too. Go to yourmentalhealth.ie and share your own 'little thing' that helps you feel good, whether it's going for a cycle, meeting friends for a cuppa or reaching out for a hug from someone you love.

There you can download posters for your workplace walls. Share them with friends and family to remind them and you that it's the little things that can help lift your mood. You can also order printed poster and postcard packs at healthpromotion.ie

And there's no better way to improve your physical and mental health than exercise. If you want to get active, check out your nearest Park Run. This 5km circuit is timed and free. You can walk, run or even bring the buggy and the kids. It is a fantastic resource that more and more people around the country are taking advantage of.

In this edition, we speak to Matt Shields, who was responsible for bringing the Park Run initiative from the UK to Ireland, where it continues to thrive.

And if there isn't a Park Run near you, why not think about setting one up? Matt explains that it couldn't be simpler to secure the necessary funding now that the HSE has joined the Park Run team.

We welcome your ideas and feedback on the magazine. Drop us an email at healthmatters@hse.ie.

Again, a big thank you to all our contributors to our latest edition and I hope you find plenty of good reading in it.

Joanne Weston,
Editor



This magazine is produced by the
HSE COMMUNICATIONS DIRECTORATE

PUBLISHERS: Celtic Media Group
www.celticmediagroup.ie

FEEDBACK: Send your feedback to
healthmatters@hse.ie

CONTENTS

You Section

- 08 **LITTLE THINGS** We speak to inspirational trio who have shared their stories
- 12 **PARAMEDICS IN THE SPOTLIGHT** Staff of National Ambulance Service become TV stars
- 14 **PAEDIATRIC TEAM MAKE A DIFFERENCE** Team at Cork University Hospital change the lives of diabetes sufferers
- 17 **SURF'S UP** Physio Derek Parle tells us about his passion for the waves
- 18 **UPCYCLING PROJECT SUCCESS** CAMHS unit in Galway transformed
- 20 **MEET THE DIRECTOR** We speak to Anne O'Connor of the Mental Health Directorate



- 22 **RUGBY STAR ON THE RISE** Physio Louise Galvin called up for Irish women's rugby team
- 23 **CAMOGIE PRESIDENT** Catherine Neary congratulated
- 24 **RESULTS ARE IN** Your employee survey
- 26 **CANINE COURAGE** Marcel Steenkist talks about his work with the Laois Civil Defence
- 27 **TOP MARKS FOR DONEGAL PAIR** Palliative care nurses scoop award
- 28 **SOWING THE SEEDS EVE** Plantmarket gets great results



12 Paramedics in the spotlight

Features

- 30 **CAREER IN LAURA LYNN** Claire Quinn explains the great work done by the Irish children's hospice
- 31 **JIGSAW IN DONEGAL** John Hayes full of praise for youth mental health programme
- 32 **A DAY IN THE LIFE** BreastCheck mobile screening
- 34 **PRIMARY CARE BUILDINGS** What's in the pipeline and where
- 35 **HEALTHMAIL DELIVERS** Revolutionary new system in place
- 36 **INSPIRE HUB** Staff urged to have their say and help make improvements
- 38 **SOCIAL CARE PROGRAMME UNVEILED** Six steps to implement change
- 40 **HEALTHCARE LEADERS MASTERCLASS 2015** Richard Rumelt among keynote speakers
- 42 **KNOW YOUR MEDICINES** Latest Zero Harm initiative at Tallaght Hospital unveiled
- 43 **RAINBOW REPORT** LGBTI needs assessed
- 44 **INDUCTION** Why it is so important for new employees
- 46 **HEALTH PROCUREMENT** 'One voice' concept drives new policy document
- 47 **MEN'S HEALTH IN FOCUS** Symposium held at Dr Steevens' Hospital





General News

- 48 **MIDWIFERY DAY CELEBRATED** Events held up and down the country
- 49 **PRESSURE ULCERS TO ZERO** Initiative to treat ulcers wins prestigious prize
- 50 **CORK GOES GREEN** Hospital raises the flag for environmental award
- 51 **BREASTFEEDING.IE IS UNVEILED** Ask the Expert a fantastic new feature of relaunched site
- 51 **MODEL OF CARE FOR PAEDIATRIC Anaesthesia** – important plan is unveiled
- 52 **NURSING CONFERENCE** Quality and safety at the heart of profession
- 52 **SUPPORT FOR TEACHERS** Speech and language professionals hold programme
- 53 **TOUCHING STORIES TOLD** Minister at Transforming Lives conference
- 54 **BEREAVEMENT ROOM** Place of peace for patients and families in St Luke's Hospital
- 54 **EUROPEAN HOSPITAL MANAGERS IN CORK** Discussion held on mental health
- 55 **CONNOLLY HOSPITAL CELEBRATIONS** Tanaiste and Minister for Health join in 60th anniversary party
- 56 **WORLD HEALTH GAMES** Limerick to host upcoming event
- 57 **DONEGAL SCHOOLS PROMOTE HEALTHY COMMUNITIES** Pupils from 13 schools represented
- 57 **ST MARGARET'S SUMMER SCHOOL** Book your place now
- 58 **CHRONIC ILLNESS CONFERENCE** Patient shares their journey through ill-health
- 58 **EATING DISORDERS** Aims to transform care of illnesses
- 59 **DROGHEDA AWARD** Centre wins for stock management
- 59 **CHILDHOOD IMMUNISATION** Changes to schedule outlined for parents and healthcare workers
- 60 **BRESSIE AT CONFERENCE** Singer tells of his mental health problems
- 60 **NCHD WORKSHOP** Leaders attend first of many
- 61 **NEW IT SYSTEM FOR SHANNONDOC** Patient wait times cut as out of hours service makes change
- 61 **HEALTH AND SAFETY** More work needed to improve in the area



Lifestyle

- 62 **PARK RUN** Popular initiative leaves no excuses not to get fit
- 64 **GREY MATTERS** The role of the arts in healthcare
- 66 **SUMMER RECIPES** Keeping it light and healthy
- 68 **GADGETS GADGETS GADGETS** The latest to hit the market
- 69 **OPERATION TRANSFORMATION** Staff make extra effort to get healthy
- 69 **WALKING CHALLENGE AT ST MARY'S** Phoenix Park hospital staff get moving
- 70 **BUDGETING FOR KIDS** Teach them important lessons early on
- 71 **HUMOUR** Finian Murray tickles your funny bone
- 72 **FRENCH FANCY** Marseille in the spotlight
- 74 **UNDER THE WEATHER** Getting sick while you are on holidays
- 75 **SAY GOODBYE TO THE SNIFFLES** Tackling those summer allergies
- 76 **GRASS ALWAYS GREENER** Treat your lawn
- 77 **INTERIORS** Sanding your floors and choosing paint colours - top tips on choosing the right shade for you
- 78 **FIRST DRIVE** Behind the wheel of the Citroen C4

ONLINE

Sites we like

www.breastfeeding.ie



www.communitygames.ie



www.samaritans.org



www.undertheweather.ie



The information in Health Matters is carefully researched and believed to be accurate and authoritative, but neither the HSE nor the publisher can accept responsibility for any inaccuracies, errors or omissions. Statements and opinions expressed herein are not necessarily those of the Editor, the HSE or of the publisher.

A Message from the...

DIRECTOR GENERAL

A focus on the Corporate Plan 2015-2017 and what it means for you and our health services



Dear Colleagues

I AM taking this opportunity to share with you some of my hopes and ambitions for the health service over the next three years. We recently published a Corporate Plan for 2015-2017. To understand the ambitions for our services, I would encourage you to take a little time to read the plan.

The publication of the Corporate Plan marks a significant milestone for our health service as it sets out how we can improve over the next three years. We need first-rate health services available to people where and when they need them. This plan acknowledges the need to provide people with the best outcomes possible as this is what they expect and deserve. It is also what health service staff wish to provide.

I believe the new Corporate Plan, approved by the Minister, gives the HSE a 'license to be ambitious'. Ambition is important.

Personally, I don't want to come into work for the next three years just to keep things the way they are.

We really do need, and have the opportunity now, to build a better health service that keeps Ireland healthier and this Corporate Plan is a framework within which we can do that.

As you read the plan please reflect on the vision, mission, values, goals and service delivery model it sets out. We will be guided by these as we develop our next three annual Service Plans. The individual strategies being developed by the Hospital Groups, Community Healthcare Organisations, National Ambulance Service and other services will be anchored to the core elements of the Corporate Plan. Ultimately, this plan provides the framework within which the health service will be shaped and it allows us to say with conviction that 'we can do better, we will do better'.

The vision "A healthier Ireland with a high quality health service valued by all" states simply what we want to achieve. I recognise this is an ambitious vision. There is a gap to be bridged if we are to achieve this vision, and in reality there has to be such a gap as the plan is about what we want to achieve over the next three years and not about where we are today. I am sure we all want a healthier Ireland for our families, our communities and ourselves.

We also want a first-rate health service that is highly respected and, most of all, trusted by those who use it; and a health service we also can value and be proud of and are happy to champion to our friends and family. To achieve this, we need to rebuild relationships, truly engage in reform and service improvements, and have trust that things will get better as I believe they will. We have to demand the highest standards from each other and accept nothing less.

Accompanying the vision is a mission statement that outlines how we can accomplish our vision.

Underpinning the entire plan are the values of care, compassion, trust and learning – representing the true core of what we do – what we are about as a health service. In the plan, we do not merely reference to them as guiding values but as values to be lived when we made a commitment that: "We will try to live our values every day and will continue to develop them over the course of this plan".

To achieve the health services we want, we must all commit to the values of care, compassion, trust and learning as the most important values to us and make them non-negotiable. Each value is defined by statements that explain how we can recognise, demonstrate and live these values. It is essential we work together, determined to try our very best to live and practice our values every day.

It is important that we live these values so they are translated and observable in our behaviours, in every decision, and in every interaction with each other and with our patients, clients and service users - each and every day. Nothing less will do.

The Corporate Plan envisages significant

VALUES

CARE

- We will provide care that is of the highest quality
- We will deliver evidence based best practice
- We will listen to the views and opinions of our patients and service users and consider them in how we plan and deliver our services

COMPASSION

- We will show respect, kindness, consideration and empathy in our communication and interaction with people
- We will be courteous and open in our communication with people and recognise their fundamental worth
- We will provide services with dignity and demonstrate professionalism at all times

TRUST

- We will provide services in which people have trust & confidence
- We will be open and transparent in how we provide services
- We will show honesty, integrity, consistency and accountability in decisions and actions

LEARNING

- We will foster learning, innovation and creativity
- We will support and encourage our workforce to achieve their full potential
- We will acknowledge when something is wrong, apologise for it, take corrective action and learn from it

We will try to live our values every day and will continue to develop them over the course of this plan

changes across the health services by 2018. These changes will include:

- Creating an empowered and accountable health delivery system through the establishment of the Community Healthcare Organisations, the Hospital Groups, and the reform of the Primary Care Reimbursement Service and the National Ambulance Service
- Building and designing models of care which are patient-centred, evidence-based and clinically led across the whole service.
- Reforming the key support functions of Human Resources, Information and Communication Technology, Finance and Health Business Services (Shared Services).

A 'Centre' Transformation Programme has recently been initiated to ensure that the reforms of the delivery system (eg new Hospital Groups and Community Healthcare Organisations) are matched by a transformation of the corporate 'Centre' of the health service.

In my view, we are now entering a time of opportunity. The worst of austerity is behind us, yet we still bear the scars of severe cutbacks and arbitrary headcount control. During this time, staff have shown huge commitment to the delivery of high-quality health services in a pressurised and challenging environment.

Against this difficult backdrop and since 2011, we have not had a Corporate Plan to guide the direction of the Health Services to unite us towards achieving shared vision, mission and goals.

It is significant that we have now developed the new Corporate Plan at the request of, and with the approval of, the Minister for Health.

This appropriately ambitious Corporate Plan, which will guide all of our work over the next three years, is to be welcomed.

I ask you to please take some time to read the plan and to identify the aspects of it most relevant to you.

I believe that with the publication of the plan and also the results of the 2014 Staff Engagement Survey, we

now have clear benchmarks and are all well informed about the nature and scope of the leadership challenge we face. Everyone in healthcare has a leadership role to play.

I truly believe that together we can collectively make the service much better over the next three years.

I look forward to working with you, and to your continued hard work and dedication, as we all commit to making the vision of 'a healthier Ireland with a high quality health service valued by all' a reality.

Tony O'Brien

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



VISION

- A healthier Ireland with a high quality health service valued by all

MISSION

- People in Ireland are supported by health and social care service to achieve their full potential
- People in Ireland can access safe, compassionate and quality care when they need it
- People in Ireland can be confident that we will deliver the best outcomes and value through optimising our resources

OUR PLAN

This corporate plan sets out our 5 goals, the actions required to deliver them and how we will measure success.

our goals!

- 1** Promote health and well being as part of everything we do so that people will be healthier
- 2** Provide fair, equitable and timely access to quality, safe health services that people need
- 3** Foster a culture that is honest, compassionate, transparent and accountable
- 4** Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them
- 5** Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money.

A photograph of three men sitting on a grey sofa with a striped cushion. The man in the center is wearing a dark suit and a striped shirt, holding a large green sign that says '#littlethings'. The man on the left is wearing a dark green sweater and jeans. The man on the right is wearing a dark sweater and glasses. They are all smiling.

#littlethings

The little things that make
**THE BIGGEST
DIFFERENCE**

MAIN PHOTO:
ALAN O'Mara, Robert
Carley and Gary Seery.
PHOTO: PAUL CONNOR

What makes a person step forward out of the shadows of mental illness and shine a light on the problems by sharing their experiences with the public? We speak to three inspirational people who have done just that

MENTAL health is really just the same as dental health. You do the small maintenance things to keep yourself well and make sure you don't have to deal with bigger problems down the line."

This is the advice of Robert Carley, one of those who shared their own mental health experiences for the hugely successful Little Things campaign.

For many, opening up to somebody else about your emotional well-being can be daunting but Robert is one of four people who have shared their inner-most thoughts with the entire country.

As part of the Little Things campaign, these four generous people have shared their experience of life's storms, and what #littletings worked for them in getting through those tough times. Robert, Gary Seery, Alan O'Mara and Una-Minh Kavanagh have told their stories, which have been animated into 40-second videos and widely shared throughout the campaign.

Robert's 'little thing' is talking his problems out with friends or family. Coming from a very open and expressive family, he knows the value of talking.

"I would never be shy about speaking out about what was going on with me. As a family, we have grown up in that environment where we could tell each other anything.

"A lot of the fears around mental health come from that belief that you are on your own and that no one else could understand how you were feeling," he said.

Robert runs The Wellness Workshop, developed by Suicide or Survive, a resource to help you on your personal journey to mental health wellness.

He is also involved in the Green Ribbon campaign so it was through these links that he decided to share his own story.



Robert Carley, who suffered anxiety after being bullied at work. PHOTO: PAUL CONNOR

“As a family, we have grown up in that environment where we could tell each other anything. A lot of the fears around mental health come from the belief that you are on your own and that no one else could understand how you were feeling.

"I have seen the impact of people sharing their stories. That is what makes the real difference, the rest is just theory. If we could just tell our story, about having the good and the bad days, then others might not be as shy about sharing their own," he said.

For Robert, his mental health began to suffer when he was being bullied at work.

"I am a very outgoing, happy go lucky, confident person so people find it hard to believe that somebody like that could be bullied," he explained.

"But I had a boss who was constantly putting me down and belittling me. I used to have anxiety attacks about going to work because I felt so worthless. I just thought that was what work was supposed to be like, how you were dealt with..

"But then I spoke to my brother and told him what was going on. He reassured me that I was a fantastic son, brother and father and that they all loved me dearly. Just hearing that made everything so much better. It was so simple.

"I want to bring mental health into the every day, into the ordinary parts of our day, to get people thinking about the things they do that could that could impact positively or negatively on somebody else and how they feel."

Robert said he hopes that openness has been passed on to his children.

"This generation is far better at expressing themselves than we were back in my day.

They can turn around to me and tell me if they aren't feeling the best or if they have anything worrying them," he said.

"We lost their mum a few years back and we just had to make sure we minded each other. And the best thing you can do is teach yourself to listen. There are times when you just need to shut up and start listening.

"And as a society, we are changing. There is a huge power in vulnerability and you can be a lot stronger when you show your vulnerable side rather than putting on the tough guy act. It goes back to the bible passage, 'For when I am weak, then I am strong.'"

Comedy and religion, not the most natural of mixes, are two of the things that provide the backbone for the body of Robert's mental health.

"I have a huge Christian faith and a lot of my affirmations come from bible scripture. My favourite is 'Weeping may endure for a night, but joy cometh in the morning'. A new day will bring fresh hope and that is what I try to keep in mind when things are feeling bad.

"And I love comedy. It's my way of keeping my head clear. I love to laugh, the quirkier the joke the better."

Robert is part of a team that goes around to speak to school pupils about positive mental health.

"We try to show young people that there is nothing to be feared by sharing that you are feeling low. The message that we want everyone to take away from it is simple: 'You are lovely, you are loveable and you are loved.'"

ALAN'S STORY

AFTER one crippling bout of depression, inter-county footballer Alan O'Mara recognised the signs as he began to slip back under a cloud.

But this time, he was determined not to let the illness win. And the best way he found to fight back, was through sharing his story. A journalism graduate, he wrote a 4,000 word piece on his personal experience with depression, it was published by the Sunday Independent and the rest is history.

The Cavan footballer explained the two reasons why he took that massive step to put his mental health under the public telescope, including sharing his story for the Little Things campaign.

"The first reason was that I didn't want to have to lie about what I was feeling and what was going on with me anymore," he said.

While sitting at his desk in the Communications Department of the GAA, Alan found himself close to tears. He ran to the toilet before anyone saw him. After lying that



CAVAN footballer Alan O'Mara. INSET: Alan in action for his county.

he had just been sick, he went home.

"I was sitting on my bed and I started to get thick with myself. I had made a promise to myself that I wouldn't let depression take over again and I wouldn't lie about it. And once I opened up about it, it felt so much easier, like there was a monkey off my back. My big, dark secret was out in the open," said Alan, who now works for SpunOut.ie as Communications and Fundraising Officer.

"The second reason came when I was playing for Cavan in the National League in 2013. I was back playing again when I broke my arm. I had invested a lot of time and energy in getting back and it was a killer blow for me. I fell into a deep depression. During that spell, I started reading things that I had written after I had come out of a previous depression. It really turned things around for me," he said.

"And I saw that if I had read something like that the first time around, it would have made all the difference. I knew I had to share my story, to let people know that they weren't alone, that there are people out there that understand what it's like to feel low."

After his story went national, Alan was inundated with messages of support.

“ As sportspeople, we have a huge reach and can have a positive effect on people's lives. I wanted to add depression to the conversation. So many suffer from it but it simply wasn't spoken about. But I wanted to show that it was okay to say you were depressed, it wasn't a sign of weakness.



PHOTOS taken at the National Leprechaun Museum, Jervis Street, Dublin 1, a keen supporter of the Little Things campaign #nlm

"I didn't get one negative comment. I suppose I was the first sportsperson to come forward and say they have had mental health problems. A lot of people have spoken about issues with alcohol or gambling but nobody had spoken about depression. And I wasn't sure how it would be received," said Alan.

"As sportspeople, we have a huge reach and can have a positive effect on people's lives. I wanted to add depression to the conversation. So many suffer from it but it simply wasn't spoken about. But I wanted to show that it was okay to say you were depressed, it wasn't a sign of weakness."

These days, Alan's little thing is cycling, a love that grew after he completed the Cycle Against Suicide.

"If I have had a rough day, I just get on the bike and it clears the head. I can't remember one time that I have gone on a cycle and regretted it," he said.

Going to the cinema and chatting with friends also provides a mental health boost to the 24-year-old.

"I have learned that you don't have to drink a rake of pints to have a good time. I enjoy meaningful conversation with my friends now, not just chit chat. Irish men have a unique way of saying a lot without actually saying anything," he added.

GARY'S STORY

FOR your average person, running a marathon is a massive achievement. But your average 26.2-mile course wasn't extreme enough for Gary Seery.

The latest person to share his story in the Little Things campaign, Gary is fresh from successfully completing the North Pole Marathon – the world's coldest, run on Arctic ice floes, with six to 12 feet separating the participants from 12,000 feet of Arctic Ocean.

You might think he is mad even considering it but his passion for running comes from the benefits it has brought to his mental health.

"If I didn't run, I'd be dead. It is as simple as that. I got severely depressed in 2008. When I was ill, I was enclosed in my head. I didn't even want to go outside. But I realised that I needed to get my life back on track and running has helped me do that," he explained.

"I had run the Dublin Marathon before and hated it. I had drunkenly said that I was going to do it one New Year's Eve. Once I did it, I never wanted to run again. But then when I got ill, I decided that I was going to give it another go.

"The benefits are just incredible. I immediately felt a million times better, mentally and physically, and it all snowballed from there."

To date, he has completed over 50 marathons, including ultra-marathons the longest of which was 100km. Supported by his

wife and three kids, Gary took on potentially the most gruelling challenge any runner can.

Preparation was key for the marathon training. Gary found that running on a beach and in a giant fridge were the nearest he could come to replicating the Arctic conditions.

"Preparing my body for running in such a cold climate has been the biggest challenge by far. Helpfully, I do have the use of a freezer that I can run in thanks to Pro Freight in Dublin and they allow me to try and experience some of the cold as it gets down to -15C in there.

"The important thing though is that it gave me the chance to wear the full gear I would have on during the race. You've to wear layers of clothing which is something you have to get used to after years of running in shorts and vests."

So after a flight from Norway on a Russian cargo plane, landing on a large sheet of ice, it was time for the marathon itself. And it wasn't just the cold Gary and his fellow competitors had to worry about. With armed guards keeping

watch for polar bears, the race is run over very short loops to ensure the safety of competitors.

Despite a nasty case of frostbite during the race, Gary completed the marathon in 18th place in a time of 7.59.17.

"It is something I wanted to achieve so it felt fantastic to actually finish it. It is a great sense of achievement."

He said he would advise anyone he meets to take up running or some form of exercise, seeing the transformation it has brought to his life and his illness.

"Exercise has helped me keep my mental illness under control and it has transformed all aspects of my life. I was smoking and drinking too much and that is not conducive to good running.

"So when I am running, I am drinking more water, eating healthier, it's a package deal. The healthy lifestyle comes with it," he said.

"But running has made me better in all areas. I have more time to think therefore I have time to sort out my issues, improving my family, my work, and making me a better all-rounder."



Gary Seery. INSET: Gary completing the North Pole Marathon. PHOTO: PAUL CONNOR

Paramedics attend
to an accident.

In the spotlight PARAMEDICS GO LIVE

SO USED to being the unsung heroes, the brave men and women of the HSE's National Ambulance Service have been enjoying a place in the media spotlight recently as stars of TV3's six-part documentary series *Paramedics*.

Winning universal praise, *Paramedics* revealed the intense and emotional work of the people for whom responding to emergencies is a way of life.

A common theme that ran through the programme as all of the featured paramedics spoke about the draining and often harrowing aspects of their job, was the support networks provided by their colleagues at the NAS.

"We are all of the same mindset so it is easy to talk to somebody when something is bugging you, we all know what it feels like, so if it means staying in work a half an hour longer just to have a chat and weed it out. Absolutely there are days when you do just need a hug," explained Advanced Paramedic Andy O'Toole, based in Loughlinstown, Co Dublin and with the NAS seven years.

"There's a great support system among colleagues and friends. We all know when somebody has had a bad call and it is up to ourselves to look after each other. You may not have realised how much it has affected you but

your colleagues would see it, and they will step in to help you through it."

Tony Kelly, from the motorcycle response unit team, admitted that some calls are harder than others.

"We are professionals, our job is to treat and care for the patients. For me the hardest thing is when you see a car pulling in and you know this is the parents of these teenage people that have been killed. I may not be the person giving the news but you know what they are going into be told. You say to yourself that you never want to be in that position, and you wonder how the parents are going to cope," he said.

Based in Cherry Orchard, Tony is with the National Ambulance Service almost 40 years.

"At the other end, the National Ambulance Service has counselling and has peer support and they have a good service if people need to go. You develop techniques to deal with things, the best is when you get back to the base and you talk to people there who have gone through something similar. It is a release, they understand, they have had to deal with it. You will start to talk about the calls and it really helps.

"Calls about teenagers and children are the hardest ones to deal with. One of my first calls was a 12-year-old, one of the ones that sticks in my brain, only a few weeks in the job. Even

“ Calls about teenagers and children are the hardest ones to deal with. One of my first calls was a 12-year-old, one of the ones that sticks in my brain, only a few weeks in the job. Even with all the time in the job, if I had to deal with a fatality involving a 12-year-old, I would feel the same way that I did that time 40 years ago.



Andy O'Toole.



Jim O'Gorman and Alison Smith.



Katrina Sheerin.



Peter Delea.



Sandra Barrett.

with all the time in the job, if I had to deal with a fatality involving a 12-year-old, I would feel the same way that I did that time 40 years ago."

Paramedic Katrina Sheerin added, "It is quite emotional. But within the station that you are in, you have a great support network. We would all sit around and talk to each other and if you have a bad call, you would just sit down and talk about it, talk to the partner that you had been with that day. You talk through all of the steps you have just done and once you can say you did all that you could have done for that person and given them the best treatment they deserved, then you are okay."

"Not one person in the service that will ever turn away from you and tell you that they can't talk to you today. If you go to anybody, they will sit down with you and have a cup of tea and chat it out with you."

Emergency Dispatcher Sandra Barrett is the first voice that somebody will hear once they get through to the ambulance control centre and she explained how unpredictable and emotional her job can be even though she is not on the scene of the accident.

"You really don't know what you're going to get when you pick up the phone. It could be anything from someone who has had a fall, to someone in cardiac arrest, to a child in

respiratory arrest. It is like any other job, there are days that you go home more stressed than others. I think with what we are dealing with, it can be very emotional and we are trained to deal with that, to keep callers calm and we use various techniques such as using the caller's name to make it more personal. When that works it is definitely a lot less emotional and draining," she said.

Sandra is based in the National Emergency Operations Centre (NEOC), in Tallaght which has recently been accredited a centre of excellence by the International Academies of Emergency Medical Dispatch.

Dealing with aggression from people is an unfortunate thing that paramedics have to deal with regularly. An Advanced Paramedic in Cork, 18-year NAS veteran Peter Delea was seen on screen trying to cope with a man who became angered after they helped him following a heroin overdose.

"It's rare you get a really bad reaction from someone. They might be upset and they might give out to you a little bit but it's rare they get upset and violent and jump up and get aggressive with you, but that's what happened with this chap. He jumped up, he started to get aggressive, he pulled out the IV we had on his arm," he said afterwards.

Of course, being a paramedic has plenty of

rewarding moments and all professed to loving their chosen profession.

Katrina, who is five years in the job, said she has lovely memories of the three babies that she has delivered during her time as a paramedic.

"The babies are something you always remember," she said.

Tony said that he arrived in an ambulance to a woman in the late stages of labour once and was greeted at the door of the house by the woman's mother – who happily informed him that he had actually delivered her herself 18 years before.

With seven babies delivered in seven years, Andy said he was becoming used to them.

"I've delivered nearly one a year at this stage," he laughed.

"I think it's a brilliantly chosen job. It doesn't matter how stressful it is, you will always come out afterwards and say that I still love my job."

Sandra reiterated the point. "I love my job. It is amazing - we get to go in every day and help people and it is a brilliant place to work. Every call is different - we have doctors ringing in on behalf of patients, panicked people on the streets, to family members, a carer finding a person that has had a fall, or a parent who has seen a child have an accident. No two days are ever the same."

Meet the team

TRANSFORMING YOUNG LIVES

In recent months, the paediatric unit in Cork has made a massive difference to the everyday lives of four local youngsters suffering with Type 1 diabetes

AVA JOYCE, from Douglas in Cork, is just 22 months old and has reached all her developmental milestones – despite the odds set against her. Ava was diagnosed at birth in August 2013 with permanent neonatal diabetes a rare genetic condition, which affects one in 200,000 babies.

A huge battle fought by herself, her mother and the doctors, nurses, dietitians, pharmacist, biochemists, social workers and other staff at CUH has resulted in Ava growing and developing as she should for her age.

According to Dr Susan O'Connell, Consultant Paediatric Endocrinologist, "This was multi-disciplinary team work at its best. Due to recent improvements in paediatric diabetes services at Cork University Hospital, we successfully treated Ava, despite her having an extremely rare and challenging

condition. Fortunately we were in a position to provide all her treatment in Cork so she didn't have to travel elsewhere."

Mum Maeve explained how the staff at the hospital worked with her from when she felt something wasn't right.

"I felt there was something wrong during the pregnancy as I wasn't growing as big as I thought I should be. I shared my concerns with the ante-natal team at Cork University Maternity Hospital. They listened to me and sent me to the Fetal Assessment Unit and monitored me closely from then on during the rest of the pregnancy. Four days after I gave birth to Ava, she tested positive for diabetes."

A few days later, she was transferred to the high dependency unit in the children's ward at CUH for one-on-one intensive nursing care to stabilise her condition and give her the necessary treatment. "With huge support from a team of junior doctors, nurses, dietitians, pharmacists, biochemists,

and other staff at Cork University Hospital we eventually got Ava's blood sugar under reasonable control over the first three weeks of life," said Dr O'Connell.

Meanwhile because of age of presentation, Dr O'Connell had recognised immediately that Ava's type of diabetes was a rare genetic form of diabetes, neonatal diabetes. She had experience of a similar case in Australia. Together, with fellow Consultant Paediatric Endocrinologist Dr Stephen O'Riordan, they made contact with Exeter Genetic Services, an internationally recognised centre of expertise based at the University of Exeter, to determine the exact nature of Ava's diabetes.

When the genetic test results came back they confirmed neonatal diabetes. However it was a particular type which had never been diagnosed before. It was therefore impossible to predict if this would turn out to be a transient or permanent form, and whether or not she would respond to treatment. This was





“ The consultants, specialist nurses, ward nurses and their wider team kept in close contact with Exeter Genetic Services as they relentlessly trialled a different diabetic medication to try and wean Ava off insulin

a major challenge for the paediatric diabetes team and Ladybird ward staff at Cork University Hospital.

By October 2013, the medication wasn't yet working so the team put her on an insulin pump, which is a mini-computerised device that continually infuses insulin under the skin and optimises the blood glucose control. Ava was the smallest and youngest child by far to go on a pump which brought numerous practical challenges. Staff members and mum Maeve had to quickly learn how to use it safely. Eventually, the insulin pump allowed Ava to go home but as she was so small her blood sugar had to be checked every two hours in case it went dangerously high or low.

“The HSE's Community Services team came on board and provided some home nursing care at night, which provided a reprieve from the two-hourly wake up call to check the pump. This was invaluable,” revealed mum Maeve.

Meanwhile, Dr O'Connell and her colleagues were not satisfied with the pump as a long-term solution for Ava so behind the scenes they tirelessly researched why the medication hadn't worked. With the assistance of colleagues in Exeter and also Oxford University Hospital, they eventually came up with the winning formulation for Ava in May 2014. She was admitted for the last time that month and she was taken off the pump for the final time and discharged from hospital permanently two months later. She now takes an oral medication thrice daily. She has not had to be admitted to hospital since as her diabetes is now completely under control.

Maeve was full of praise for the “support and even friendship” that all the staff provided.

“I wouldn't have got through it only for them. The entire team treating Ava made huge efforts with her care and other staff including portering and housekeeping would ask about her on a daily basis. That all meant so much to me. CUH saved her life, she is thriving thanks to the staff for finding the right combination and to Susan's continuous research on it.” ▶

TOP: Back l-r: Norma O'Toole, Paediatric Diabetes CNS, Anna Beausang, CNM1 and Anne Bradfield, Paediatric Diabetes CNS. Front l-r: Dr Susan O'Connell, Consultant Paediatric Endocrinologist; Maeve and Ava Joyce and Eric Manipon, Staff Nurse; MIDDLE: Ava Joyce; BOTTOM: l-r: Anne Bradfield, Paediatric Diabetes CNS, Dr Susan O'Connell, Denise O'Sullivan, Health Care Assistant; Maeve and Ava Joyce. OPPOSITE: l-r: Anne Bradfield, Clinical Nurse Specialist in Paediatric Diabetes; Conor Cronin, Clinical Nurse Specialist in Paediatric Diabetes, Sophie Carlin Registered Childrens Nurse, Dr Stephen O'Riordan, Consultant Paediatric Endocrinologist; Ava and Maeve Joyce; Dr Susan O'Connell and Norma O'Toole.



A PHONE CALL FROM DIABETES NURSE SPECIALIST NORMA O'TOOLE COMPLETELY CHANGED THE LIVES OF THE THREE RYAN CHILDREN FROM CO. TIPPERARY

MUM Jane had been administering 15 daily injections to her three children, who all suffer with Type 1 diabetes.

"Norma told me that the team was ready to offer insulin pumps to the three children, which meant the injections could stop," she said.

Norma explained the reason why the Ryans were chosen. "It's the positive, can-do attitude of the Ryan's that resulted in the children being candidates for the pumps and that enabled all three children to start on pump therapy together."

An insulin pump is a mini-computerised device, which continually infuses insulin under the skin and optimises the blood glucose control. The pump is a small device about the size of a small mobile phone and is attached to the child via plastic tubing just under the skin. The pump delivers a continuous amount of insulin, 24 hours a day, based on the requirements of the child and the amount of insulin delivered can be changed by the child (or their parent).

At the age of two, Ben was diagnosed with type 1 diabetes at South Tipperary General Hospital, following a viral illness. Over the years, she became very familiar with managing his condition, recognising his symptoms and treating them. So when his siblings Emily Mai and Harry were ill, she used to check their blood sugar levels - "just to rule it out", said mum Jane. One day when Emily Mai was four she drank a lot and when Jane checked her blood glucose levels they were quite high so she took her to South Tipperary General Hospital. There Emily Mai was also diagnosed with type 1 diabetes. Harry's diagnosis followed when he was just two years old.

By 2011, all three children were on insulin injections twice daily and "diabetes was controlling their lives", according to Jane. They had wonderful special needs assistants at the school but Jane still had to go to the school and play school daily to inject the three children. They couldn't go on play dates or to birthday parties without Jane as she had to keep a watchful eye on what and when they ate as she was trying to match their food intake and their insulin dosage.

The children were referred to Dr O'Riordan



Jane and Richie Ryan with their children Ben, Emily Mai and Harry.

and Dr O'Connell. This team includes: diabetes nurse specialists Norma O'Toole, Conor Cronin, Anne Bradfield and Maura Bradley, dietitians Shirley Beattie and Jennifer Wilkinson and administrators Annemarie Byrne and Susan Crinion who all contribute to providing diabetes care that has quality and excellence at the core for all children with type 1 diabetes.

"In modern day diabetes care, the specialised staff in the diabetes team are essential to assist the families commence on insulin pump therapy. Managing type 1 diabetes is best delivered by a multi-disciplinary team and the team is the key to success with all our children," said Dr O'Riordan.

Initially, the team at CUH increased the insulin injections to five times daily, which gave them more independence over when and what they could eat. Dad Richie also went to "FABB school", (Flexible Adjustment for Basal Bolus), run by the team at CUH to learn how to count carbohydrates and read food labels to allow the parents and children better manage their diets.

Paediatric Diabetes Dietitian Shirley Beattie said, "As both parents couldn't attend FABB school together given the amount of care the children needed, I gave Jane an individual training session on carbohydrate counting. Together at home, Jane and Richie put their counting skills to practise and were extremely fast learners at the skills needed to measure and count all carbohydrates eaten. They have always been incredibly positive and very open

“ In modern day diabetes care, the specialised staff in the diabetes team are essential to assist the families commence on insulin pump therapy. Managing type 1 diabetes is best delivered by a multi-disciplinary team and the team is the key to success with all our children

to learning about the food in order to improve the daily management of type 1 diabetes."

"We are now controlling the diabetes rather than the diabetes managing the children's lives," said Jane.

"The support from the staff at both South Tipperary General Hospital and at Cork University Hospital has always been marvellous. When you have a query or concern, I can just pick up the phone and call one of the diabetes nurse specialists or the dietitian and they help me immediately. None of the children has been admitted to hospital since starting on the pumps."



surf's up...

PHYSIO SHARES HIS PASSION FOR THE WAVES

HAVING spent his life between the beaches of Australia and the rugged coastline of Sligo, it is hardly a surprise when physiotherapist Derek Parle became bitten by the surfing bug.

Born in Sligo, Derek, his parents and three brothers emigrated to Australia when he was nine. They initially lived for two years in the beautiful Sydney beach suburb of Manly, with its famous strands, and, according to Derek, the surf seed was sown.

"We then moved to Perth, where we lived close to the beach and it encouraged the everyday activities of swimming, surfing, bodysurfing, and surf lifesaving. My father is a marine engineer, as well as a keen all-rounder in and above the water so there was always some way to be out there."

After finishing school and later graduating as a physiotherapist, he travelled extensively surfing in Europe and Indonesia. In 2001, he returned to Sligo to visit his parents who had returned to Ireland and hasn't had cause to leave since! He has set up his physiotherapy practice in the Strandhill peninsula just outside Sligo town and is raising his young family, as well as fitting in time to hit the waves.

"I've been surfing for 32 years recreationally but have competed a small amount,

representing Ireland in Eurosurf 1989 which was in Northern Portugal. When Eurosurf came to Bundoran in 2011, I was overseeing the physiotherapy service we ran at the event. More recently in 2013, I won an Irish National title in the Over-35 division and am president of the Co Sligo Surf Club, in Strandhill."



It is through this position that he tries to promote the sport to the younger generation.

"Our goal is to make going surfing easy for all our young members, with lots of

experienced older surfer showing the kids how to tackle the waves with confidence and safety," explained Derek.

"I think the local surf schools and surf clubs are a great starting point for surfing novices. It's great for core muscle strength and a good postural antidote for the sedentary type of worker who sits frequently. Skateboards are also a good alternative to surfing when the waves are flat. Surf lifesaving is also becoming popular as a sport and develops a great skill set for ocean users. Sailing, boating, windsurfing and kitesurfing are also really great complimentary activities," he added.

"Surfing would seem to carry benefit in both a physical and mental sense. It's a great form of hidden exercise, where the fun and concentration of chasing waves makes you oblivious to the physical exertion. Some

surfers like the competitive element, trying to improve their technique or ride bigger waves. Strength, controlled mobility, aerobic fitness, breathing control and balance are all key benefits," he said. "Other surfers find it brings them great peace and simplifies their thoughts - but they can get a bit grumpy if they dry out for too long without a surf! As a chartered physiotherapist, I'd recommend the ocean as the best gym there is!"

Derek, the HSE Senior Physiotherapist in Primary Care, North Sligo Area, hopes to instill the same passion for surfing and physical exercise in his three children.

"My oldest son is eight and my daughter is five, and we have a newborn baby boy now too. They have certainly had a taste of surfing from as young as three so as time passes, we will see if they catch the bug like I did. I hope so, surfing has given me so much enjoyment."

He is also hopeful of surfing developing strongly in the future in Ireland.

"Developing tourism along the Wild Atlantic Way needs a strong vision of physical activity and developing a marine culture. We are currently working to develop a surfing centre of excellence at my own beach in Strandhill for both local and overseas talent to develop their skills in a top-class facility," said Derek.

"It will also give all the local kids a place to nurture their surfing growth. In Ireland, the ocean provides us with the most amazing health resource if we use it, and take good care of it. I'll see you out there!"



Teens show talents TRASH TO TREASURES AT GALWAY UNIT

WITH a pile of unloved 'junk', the vision of some HSE staff members and the creative zest of a group of teenagers, the CAMHS unit at Merlin Park

Hospital, Galway has been transformed into the ultimate hangout zone.

In October 2013, a group of highly creative teenagers attending the South Galway Child and Adolescent Mental Health Services (CAMHS) accepted the daunting upcycling challenge, guided by the artist talents of occupational therapist Niamh Morrin.

The new space is aimed at teenagers attending the Galway Roscommon CAMHS and provides a new day programme offering support and therapy as part of developing and integrating mental health services into normal living.

Niamh explained that the space was originally very drab and institutional, not at all suitable for the teenagers who would be using it.

"Our brief was simple - find as much unloved, disused HSE furniture as we could, spend many hours on YouTube and Pinterest, invest heavily in blackboard paint and wallpaper, then let the newly established Upcycling Group loose with brushes and paste," she said.

"We got the bulk of the stuff from HSE stores and we went up and down every floor in the hospital looking for unwanted and unloved furniture. People were delighted to see us coming to remove all their junk but we were

only too happy to take it. It's all about seeing the potential in everything."

The Upcycling Group met every Wednesday and during school holidays.

"While making a spectacular mess, our shared vision began to take shape. We began in the hall with a large wall we painted black while steadfastly ignoring the repeated refrain of 'you're not really painting that wall black'. This is our quote wall and everyone who has worked on the project has written a quote in chalk pen, which makes for an interesting and entertaining read."

Having continued the black and white theme throughout the hall and toilets, it was time to

tackle the Jelly Bean Room.

"This idea had been floated from the start but quickly dismissed as being beyond our paint and paste skills," said Niamh. "Then we happened upon bags and bags of plastic ball. Those had been in a large ball pond in St Anne's Children's Centre and were obviously just waiting to become jelly beans. We discovered our talents extended to adhesive as we painstakingly stuck on each ball and the Jelly Bean Room was created."

Meanwhile, desks, filing cabinets, a dresser, sideboard, benches and even chairs were painted, wall-papered and varnished so they no longer resembled their original selves and





could never be mistaken for office furniture again

"The large box bookcase took four of the team at least four evenings to complete and after such loving labour, was promoted to showpiece status. With the help of Galway Windscreen Centre and carpenters Noel and Michael's careful measurements, the perspex was cut, delivered and glued to make our giant coffee table," she said.

Along with the rehoused HSE furniture, they accepted all donations and were delighted to receive two suits, used tyres and a pallet. The tyres were enthusiastically transformed into seats, stuffed with old duvets and new Penney's cushions and the pallet became a mobile coffee table complete with retired hospital bed wheels.

Crucial to everything they did in the space, according to Niamh, was consensus.

"I was insistent that we didn't do anything without the teens' approval. It was their space. I'm a middle-aged woman so I have my own taste and it is probably not the same as a teenagers! We were lucky that we had pretty much free rein to do as we wished in the unit because there was no huge amount of money involved. So the kids were able to come up with an idea and give it a go. They could afford to get creative and make mistakes along the way."

There was a core group of six to eight teenagers involved in the project, with others coming and going during the process.

"Our target is teens who are feeling isolated, anxious or depressed. They all got really invested in this project and did magnificent work. It gave them a real sense of ownership and belonging. They also felt their opinions were important and were being honoured," said Niamh.

"Talking with a lot of the teens, they said it inspired them to be creative and they loved that creative process. It is truly a fantastic place to be now."

The new day hospital even received an award at the Irish Healthcare Centre Awards ceremony 2015 under the category of 'Mental Health Centre of the Year'. These awards showcase and celebrate achievements in Irish healthcare and promotes innovation and excellence.

Minister for State for Primary Care, Social Care and Mental Health Kathleen Lynch officially opened the new CAMHS Day Hospital back in October. For the opening, the teens themselves did the presentation, writing and performing the speeches and making the movie shown. They also did an interview with Galway Bay FM.

"The really outdid themselves on the day. You couldn't help but be impressed by them," added Niamh.

Dr Cara Prior, Child and Adolescent Psychiatrist, South Galway CAMHS, said, "What is different about this project is that the adolescents themselves transformed the space as part of therapeutic groups. Young

people have been involved in all aspects of setting up this service. In addition to creating this space young people are active on the steering group for the setting up of this service and they continue to be involved in all areas of the day hospital development."

Catherine Cunningham, Area Manager, Galway and Roscommon, PCCC Services explained with the new Day Hospital will provide for the teens.

"The Day Hospital will cater for adolescents 12-18 years of age with severe and/or complex mental health difficulties from the Galway/Roscommon CAMHS. This is a programme for those who require intensive, Multidisciplinary treatment but do not require inpatient hospitalisation. Treatment will include intensive group, family and individual therapies but most importantly will allow the young person to remain at home with their family and remain within their community."

 MAIN PHOTO: Pictured at the official opening of the new Day Hospital were Dr Amanda Burke, Executive Clinical Director, Galway Roscommon Mental Health Services; Catherine Cunningham, Area Manager, Galway Roscommon PCCC Services; Minister Kathleen Lynch; and Dr Cara Prior, Consultant Child & Adolescent Psychiatrist, South Galway CAMHS. OPPOSITE PAGE: Dr Amanda Burke, Catherine Cunningham and Dr Cara Prior with Minister Kathleen Lynch. THIS PAGE, CLOCKWISE FROM LEFT: The newly transformed space for teenagers attending Galway Roscommon Child & Adolescent Mental Health Services. PHOTOS COURTESY OF UPSTAIRS DOWNSTAIRS MAGAZINE.

Meet the Director

ANNE O'CONNOR

AS SOMEBODY who spent many years on the front line of mental health services in this country and the UK, having to power to affect change for service users is an exciting prospect for Anne O'Connor.

The National Director for Mental Health, who took up office in 2014, worked for many years as an occupational therapist and said that experience has given her a greater insight into the needs and challenges of people accessing the mental health services.

"My favourite part of this job is the fact that I am in a position to affect real change and make a meaningful difference to people's lives," she explained. "With my clinical background, I have a lot of experience working with service users and their families and have some understanding of what their needs are and how the system can work better for them."

Anne said her prime goal was about delivering a service that is easy to access for those most in need of it.

"For me in this role, in terms of driving the mental health services and working with the national management team and all of the services around the country, we need to look at how we can delivery services in a way that makes sense to people. At the end of the day, nobody really cares if you are a doctor or a nurse or an OT, what they want is somebody that will listen to them and try to meet their needs, whatever they are," she said.

She stressed that opening up and eliminating the stigma of mental health was as much a part of the directorate's goals as anything.

"We have to look outside of the health services too. We want to promote good mental health, and not just when things get bad and people have to engage with our services.

"The Little Things campaign has really opened up the conversation and showed people that it really is good to talk, to reach out to other people and ask for help with your mental health. This is the first generation that is really getting the message. For years, Ireland never talked about it, people were just sent to institutions, to the 'mad house' or the 'looney bin,'" said Anne.

"My 14-year-old has a far greater language around the issue of mental health than we did back when I was a teenager. They are far more aware of mental health issues and the need to talk. Primary school children are learning about their feelings and that



“ For me in this role, in terms of driving the mental health services and working with the national management team and all of the services around the country, we need to look at how we can do this in a way that makes sense to people. At the end of the day, nobody really cares if you are a doctor or a nurse or an OT, what they want is somebody that will listen to them and try to meet their needs, whatever they are

sometimes it is okay not to feel okay.”

Anne started off her career by training and then working as an occupational therapist in the UK, working mainly in mental health. She travelled around, working briefly in India and Australia, before finally returning to Ireland in 1995. It was then that she took up a position as an OT in Dublin. She was then a project manager, developing primary care services in Dublin's south inner-city before becoming a local health manager and ISA manager on the northside of the city. She took up a role with the National Mental Health Division in 2013.

Turning off when she goes home is surprisingly easy for Anne, despite the demanding job. She explained that having three children that aren't interested in hearing about your work is a great start!

"I just go home and immediately get into their world. Three children, a dog, a rabbit and a goldfish can prove a massive distraction. You get thoroughly immersed in their activities. I become a real tiger mum on the camogie pitch sidelines," she joked.

Exercise also plays a key role in her own positive mental health. "I run and do other types of exercise a few times a week. It's fantastic for giving you a bit of head space and unwinding after a stressful day."



Meet the Team
WAIT TIMES TARGETED

SIGNIFICANT progress has been made in reducing outpatient waiting times across the UL Hospitals Group following the introduction of a single, centralised booking system.

It was in 2013 that the then Minister for Health Dr James Reilly launched a national initiative to reduce waiting times for outpatients. As part of this initiative – the National Outpatients Performance Improvement Programme – Dr Reilly directed that each hospital establish a centralised booking system for outpatients.

The UL Hospitals Group took up the challenge and, with a dedicated team of 10 people headed up by Julia Cotter, has established the Central Referrals Office located at University Hospital Limerick. The new service coordinates outpatients referrals for five of the six hospitals within the group (UHL, Ennis Hospital, Nenagh Hospital, Croom Hospital and St John's Hospital). This strategy has proven to be successful and has pitched UL Hospitals as one of the top performing hospital groups in the country in this regard.

Historically, the practice was that patients were referred to individual consultants at a particular hospital - usually the nearest to their home and regardless of the wait time involved. Under the new system operated by the Central Referrals Office, patients who are referred for outpatient consultation are allocated the next available appointment with the next available consultant, ensuring the shortest possible wait.

"It is a new concept but it makes sense for it to be done this way. There might be a consultant that has a huge patient load with a long wait time, while there is a new consultant looking to build up their workload and has more appointments," explains Julia.

"You could have three consultants in a specialty, with 50 patients on one list, 100 on the second and 150 on the third. Before centralisation, waiting lists were allocated to consultants. Now, by agreement where possible, patients are added to specialty waiting lists, with appointments being allocated to patients at the next available clinic within the specialty thereby making the wait time equal."

Patients retain the option of being able to request a particular consultant if that is their preference. The new outpatient booking system is also much more patient-friendly when it comes to appointment times and dates. "We write to patients and tell them that they are on a particular waiting list. And when an appointment becomes available, we write to them six weeks before, asking them to contact us to make the appointment. Because they are agreeing a date and time, there are far less incidences of missed appointments."

A triage system also remains in place when it comes to booking appointments, with a target for urgent cases to be seen within one month.

Specialties are being centralised on a phased basis across the group. Currently being managed centrally are general surgery, urology, dermatology, neurology,

gastroenterology, vascular surgery and pain management. A plan is in place so that all disciplines will meet the 18-month wait time target by June 30.

Julia and her team work within the hospital management structure and with the four clinical directorates – medical, surgical, child and maternal health and diagnostics. At monthly care meetings, they discuss the wait times and look at demand and capacity.

"We constantly monitor the waiting lists and work very closely with the consultants and their teams to maximise efficiencies throughout the service. Our goal is to provide a service that ensures minimal variability in the manner in which Outpatient referrals are received, processed and managed across all specialities.

"This model of centrally managing outpatient waiting lists is a relatively new concept and while we have had some initial teething problems, I firmly believe that in our short term in existence we have done much to improve patients access to outpatient services."

Julia puts much of the success of this project down to teamwork: "I have a great team who are fastidious in their work and who are committed and dedicated to improving the patient journey. We work very well together and without their commitment and attention to detail, we could not operate this service. Effective communication is also key to success. All members of my team liaise closely with the consultants and their teams with the best outcome for patients the primary objective."

Louise Galvin

READY TO LIVE HER DREAM

P HYSIOTHERAPIST Louise Galvin has been selected to train with the Irish Women's 7s Rugby Team. Louise, who currently works as

a Senior Physiotherapist with Adult Cystic Fibrosis patients at University Hospital Limerick is taking a career break to pursue a long-held dream.

Centre-wing Louise joined the UL Bohs for the 2013/2014 season and was soon spotted by the training team for her talent with the oval ball.

"I moved to Limerick in 2009 to study with UL and have played in a variety of teams and sports including Basketball with the UL Huskies before joining UL Bohs," she explained.

Louise, a dedicated sports fan, also played inter-county football with her native Kerry team.

Louise said she was delighted with the opportunity to join the Women's 7s camp.

"I attended the Easter training camp with the Canadian national team, held in Victoria in Canada and this gave me a real insight into what the intensity of a full-time training camp would be like," said Louise.

"It will be physically challenging as there will be daily strength and fitness training in the gym along with on the pitch training sessions, but it's something I'm very much looking forward to," she added.

Training camp started last month and Louise shares the team ambitions of success in the European Championships later this month, followed by Olympic Qualifiers in July, and the World Cup to finish off what will be a very exciting year.

"Obviously I will have to prove myself from the beginning and earn my place in the team, but I'm up for the challenge and am delighted to have been given the opportunity to play

with such a great team and to represent my country," she revealed.

A native of Kerry, Louise has always been interested in sports and puts this down to her family and the influence of her parents



who encouraged the whole family to take part in sport. Louise first took to football for the local GAA team before trying out a few different sporting activities.

It was after her move to Limerick to study Physiotherapy in UL that the love of rugby started to grow. "UL is such a sporting campus and the rugby culture here is so strong that you have a great choice of teams to join," added Louise.

Following her qualification from UL as a Physiotherapist in 2008, Louise joined the Physiotherapy Department in University Hospital Limerick in 2009. Louise has spent time in the University Maternity Hospital and Croom Hospital before joining the Cystic Fibrosis unit in 2012 where she supports adult CF patients.

"Exercise is such a critical element for CF patients to be able to manage their condition and symptoms; it helps to improve their quality of life and has physical as well as mental benefits. As a keen sports participant I feel it helps when I'm demonstrating exercises that I know from doing them myself how easy or difficult they are."

Louise enjoys the variety that her role offers, no two days are the same.

"The structure of my day is really dictated by my patients. I could spend an hour with a very well patient with maintenance exercises or multiples of that with patients who have very severe symptoms," explained Louise.

"I'm really looking forward to joining camp and getting involved in the training but it will be difficult to leave my colleagues and patients. My colleagues, manager Jean Quinn-McDonagh and CEO, Professor Colette Cowan have given me great support and

MAIN PHOTO: Louise Galvin at work in University Hospital Limerick. INSET: On the pitch for Kerry ladies football team





encouragement to allow me to take up this fantastic opportunity," she added.

Jean Quinn-McDonagh, Physiotherapy Department, UHL commented, "Louise is an exceptional physiotherapist and superb athlete. Her outgoing personality, enthusiasm and her 'can do' ethos brings a positive dynamic to our team here at UHL.

"She has revolutionised the way in which our adult CF patients are managed by promoting increased physical activity and leading this change by example.

"We are thrilled that she is being given this well deserved opportunity to wear the green jersey and we very much look forward to cheering her on in Rio in 2016."

PRESIDENT CATHERINE

UNIVERSITY Hospital Waterford has extended its congratulations to Catherine Neary on the occasion of her installation as Camogie Association president. Her election took place at the association's Annual Congress in Croke Park. Catherine will hold this prestigious position for a period of three years.

Catherine is currently Head of Human Resources in the hospital.

"We wish her all success in leading the Camogie Association over the coming years," said a hospital spokesperson.

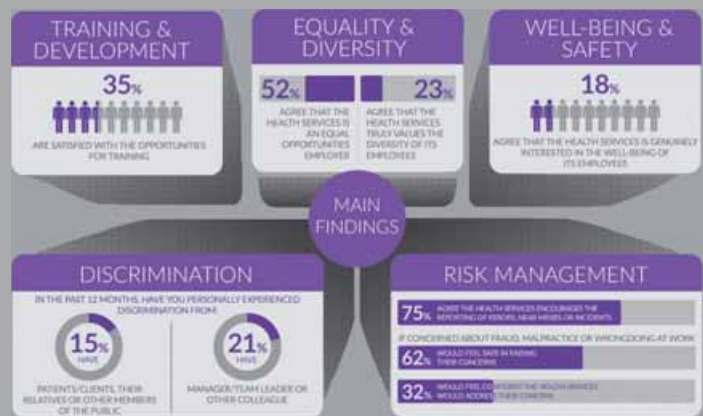
Catherine defeated Kathleen Woods of Armagh by one vote in the association's election at the Camogie Association Congress in the Armagh City Hotel.

A native of Kilkenny, she won on a count of 56 votes to 55 and will assume office at Congress 2015. A former Leinster and Kilkenny Camogie Chairperson, Catherine currently sits on the Association's National Competitions Management Fixtures Committee and Leinster Fixtures Committee.

Catherine is an aunt of current Kilkenny player Aoife Neary, and her brother Paddy was a member of the Black and Amber panel that achieved an All-Ireland and League double in 1982 and 1983.



Catherine Neary, from Kilkenny, the new President-elect of the Camogie Association. PHOTO: CAROLINE QUINN



RECOMMENDED AREAS OF IMPROVEMENT

- ADDRESS UNCERTAINTY**
There is pessimism among some staff about what the future holds and a lack of clarity on the Health Services' strategy and direction.
- RECONNECT WITH LEADERSHIP**
Most staff do not have confidence in Senior Management in terms of their decisions, communications and change management.
- IMPROVE POOR ADVOCACY**
Some staff feel that care of patients is not the top priority of the Health Services, making them less likely to recommend it, either as an employer or its services.
- ENHANCE COMMUNICATION**
Despite having many channels for internal communication, many of these are not meeting staff needs.
- DEMONSTRATE STAFF VALUE**
Many staff do not feel their work is valued or acknowledged by managers and the organisation as a whole, with a lack of recognition and respect in evidence.
- MAXIMISE POTENTIAL**
Staff want more involvement in decisions that affect them and greater opportunities for training, development and career progression.
- RECOGNISE DIVERSITY**
Many do not believe that the diversity of staff is valued, with some discrimination also in evidence.

The

RESULTS

Speak for themselves

AN Action Plan for Employee Engagement is being developed by the HSE for the health service following the publication of the first health sector wide

Employee Engagement Survey in April.

The survey found that 53pc of staff feel proud to work for the Health Services, 55pc are happy in their job and 50pc look forward to going to work.

In relation to teamwork, 80pc said team members had a set of shared objectives, 61pc said communication was good in their teams and 62pc said their unit's or department's objectives were clear.

COMMON CULTURE

IAN Tegerdine, HSE National Director of Human Resources, said he wished to thank all staff who completed the survey.

"We took the significant step of asking employees across the entire Irish public health services what their experience is like working in the health services. This was a first step in a process of listening to the views and opinions of our staff, giving them the opportunity to tell us what it's like for them, so that we can use this information to improve the working lives of staff ultimately leading to better care for our patients. The feedback will also be used to form part of our health service wide approach to the development of our 'People Strategy', organisational values and culture, with the objective of making the health services a better place to work.

Mr Tegerdine said there was a growing body of evidence from research that linked employee engagement to employee wellbeing, patient satisfaction and clinical outcomes. Such evidence showed that an engaged workforce and positive patient outcomes were inextricably linked.

"We have a unique opportunity during this period of health reform to create a common culture across the entire health system that seeks to improve our health services and the

data generated from our Employee Survey will provide us with a benchmark from which we can build on."

MOTIVATED WORKFORCE

THE survey shows that the health service has a motivated and enthusiastic workforce, who have reasonable satisfaction levels with their job but that some are lacking optimism about their own future in the health services. The majority of employees feel they make a difference to patient care but they are concerned that the overall service being provided is deteriorating. The majority of staff intend to be still working with the health service in the future.

Despite this positive focus, nearly half of staff believe that the care of patients/clients is not prioritised.

Advocacy levels are also low with less than half of staff respondents happy with the standard of care provided if a friend or relative needed treatment compared to 65pc of NHS staff, and a little over one third of staff willing to recommend the health services to a friend or family member as a place to work.

Perceptions of leadership are poor, with only 12pc showing confidence in the decisions made by senior management and 63pc lacking confidence. Change management and communication between senior management and staff also requires attention.

However, nearly half of all employees feel their line manager takes a positive interest in their health and well-being and in excess of half agree that their line manager is fair and equitable, which is slightly above benchmarking norms.

One of the findings of the survey was that the quality of internal communications requires significant improvement and this is a priority for the organisation going forward.

While risk management practices appear to be working well, feedback on resulting changes could be improved as only one third of staff feel confident that the concern they raise

would be addressed.

Mr Tegerdine said that while the results were disappointing in some areas, in some ways they were not hugely surprising given that the health service had come through an incredibly challenging few years when there was unprecedented cuts in budgets and staff numbers and large scale change. This would naturally have a big impact on staff working in the services, who work under enormous pressure to deliver a quality service to our patients despite the challenges.

ACTION PLAN

FOLLOWING a series of Focus Groups in the Community Healthcare Organisations, Hospital Groups, National Ambulance Service and Corporate Services, a series of initiatives will combine to feed into an overall Action Plan for Employee Engagement. Key to the success of the Staff Engagement Improvement Plans will be keeping employees updated on the progress of initiatives agreed and implemented. Preliminary work will commence later this year on a second Employee Engagement Survey due to be conducted in 2016.

The full findings of the Survey are available on www.hse.ie

CORPORATE PLAN

THE HSE Corporate Plan, published in April, sets out five goals. Goal 4 is:

"Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them.

"Our staff are at the core of the delivery of healthcare services – working within and across all care settings, in communities, hospitals and healthcare offices."

The Plan contains a commitment to develop a People Strategy to support wider health reform and to carry out a staff survey every year.

One of the measurements for success is an improvement in the staff engagement score year on year in respect of staff surveys.

K9 UNIT *Victim Recovery*

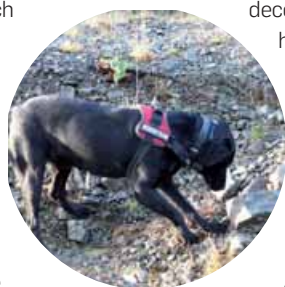
Marcel Steenkist, a Cognitive Behavioural Psychotherapist in Laois/ Offaly, runs a volunteer Search and Victim Recovery K9 Unit. Here he explains its importance.

IN 2006 I was working as a Community Mental Health Nurse with the Laois / Offaly Mental Health Services (Psychiatry of Later Life). I was involved in a high-profile search for a missing school boy in Co Cork; and noted the absence of trained dogs which I believe would have assisted operations.

Encouraged and assisted by Liam Preston, Civil Defence Officer in Laois, we set up the first dedicated (Human Remains Detection-Victim Recovery) K9 Unit, in the history of Irish Civil Defence. The Civil Defence Board and Laois Local Authority approved the setting up of this unit which was announced by the Director General of Civil Defence at the Civil Defence National Competitions hosted by Laois in May 2005.

I travelled home to Holland, completed a dog handler's and trainers course and sourced Rex, my first detection dog, a German Shepherd. Rex sadly passed away in 2010.

My current dog is Nero, a black Labrador and trained by me from the age of eight months. He is now four and a half years of age and lives as part of my family. My wife, Johanna Mc Donald, a CNS in Liaison Psychiatry (Laois - Offaly Mental Health Services) assists me in his care.



Our lives revolve around him and his routine, he is maintained at peak fitness and we are on constant standby to respond to calls for assistance from the gardai or other emergency services. Nero is a Human Remains Detection- Victim Recovery Dog (VR K9) and specifically trained to detect decomposition odour. To date, Nero

has been involved in a number of high-profile searches and disappearances in Ireland.

The gardai may request the use of such a dog if they are looking for a missing person often presumed deceased after a crime or suicide.

All requests by statutory first line services are coordinated and processed through Laois Civil Defence. The service is not available for non government agencies. Protocols have been put in place with regards to the management and responsibilities within a national search and rescue/recovery framework.

Nero is trained in such a way that he does not interfere with a possible crime scene; the trained alert (behaviour the dog shows when he finds something) can be a sit down, bark or a down.

Labradors, German Shepherds and spaniels, in particular, have amazing olfactory abilities, a huge part of the canines brain is dedicated to smell. The square area of olfactory

receptor cells in the human nasal chambers is tiny. In the human nose, this area is about the size of a postage stamp compared to about one square yard in a German Shepherd dog or Labrador. The human olfactory receptor site contains approximately five million cells where the German Shepherd dog and Labrador has approximately 220 million olfactory cells.

In plain English, this means if we smell a curry, a dog will smell all the individual herbs, spices and other ingredients.

We call this scent discrimination and we use this in the detection of various substances. In human remains detection, the dog has to be able to discriminate between animal remains and human remains.

The scent profile released upon decomposition after death is a complex one, containing up to 30-40 volatile chemical compounds available for to the canine to discriminate against.

We now have a small network of Civil Defence K9 units in other counties sharing knowledge and meeting for training.

I hope Nero and I have brought some closure to families and communities grieving a loved one and provided the emergency services with a valuable resource in their quest to recover those missing and lost.

MAIN PHOTO: Marcel and Nero. INSET: Marcel's canine colleague in action on the job.

Donegal Award

TOP MARKS FOR PAIR

DESPITE juggling busy full-time jobs and young families, two staff nurses at Donegal Hospice graduated from University College Dublin with the top academic marks in the country.

Not only were Susan McCarroll and Liam Patton awarded a graduate diploma in palliative care nursing, they were also awarded the Sr Francis Rose O'Flynn OHL Medal for acquiring the top marks.

Lucy McGettigan, Clinical Nurse Manager at Donegal Hospice, spoke of her enormous pride in the two staff members.

"It is with great pride that we congratulate our two staff nurses Susan McCarroll and Liam Patton on their recent award at University College Dublin. Singularly to achieve this award is remarkable but for both to achieve it from the same unit is outstanding and as their mentor and line manager I can speak on behalf of all the management and staff at the Hospice to say we are very proud indeed," said Lucy.

The course was a Level 9 graduate diploma in palliative care in UCD in affiliation with Our Lady's Hospice Harold's Cross. The Sr Francis Rose O'Flynn OHL Medal is awarded to the graduate with the highest grades overall in the palliative care modules. This year was the first time it was a joint award.

"It's a great privilege to work in palliative care and I have always had a special interest in palliative care nursing. Therefore it was right to further my studies in this area," said Liam.

"The course was intense but extremely rewarding with great support from my wife and family, my mentor Lucy McGettigan, my workplace and Dr Donal Martin's support and, of course, the college itself - all which made it more manageable.

"I feel humbled to receive this medal for my academic efforts. My challenge now as a nurse is to contribute to providing excellent standards of palliative care by putting what I have learned into practice."

Susan, who has worked in the Donegal Hospice for almost 11 years, was also full of praise for the support she received.

"I am passionate about palliative care and cannot imagine working in any other area of nursing. The organisation and support from the college and tutors was amazing. As well as gaining new knowledge and insights, it was great to see that our work practices at the Donegal Hospice are very much on a par with



Lucy McGettigan, Liam Patton, Susan McCarroll and Dr Donal Martin.



Susan McCarroll and Liam Patton pictured with Clinical Nurse Manager Lucy McGettigan (centre).

other specialist palliative care units throughout the country," she said.

"It was very educational carrying out placements in Sligo Hospice and Our Lady's Hospice in Harold's Cross in Dublin. Personally, I could not have done any of this without the support my family, friends, Lucy McGettigan and my colleagues at the hospice.

"That I received the Sr Francis Rose O'Flynn medal for academic achievement jointly with my colleague Liam was an honour and the icing on the cake. Completion of this course has affirmed my passion for my chosen area of nursing and has provided me with increased knowledge and confidence in carrying out this very privileged role."

The course required them to attend college in Dublin one day per week for the academic year

and in their own time to secure placements in various work areas, to add to their experience. This is not an easy task while continuing to work full time and both having young families.

The graduates now have a specialist palliative care qualification which makes it extremely relevant for practice in the Donegal Hospice which is a specialist palliative care unit.

Dr Donal Martin, Medical Director at the Hospice added, "We are indeed very proud of our two staff who achieved this academic success. The fact that this is the first time ever that two staff from one unit were awarded jointly makes their achievement even more remarkable. I am delighted to support these staff in their education and hopefully support other staff who may now decide to apply to undertake further education."



Plantmarket at work

CENTRE SOWS SEEDS FOR WAY FORWARD

FOR people who suffer with their mental health, getting back into the workforce or the community at large can be a daunting experience. But EVE Plantmarket has been providing a helping hand to service users in the north Dublin area for many years.

EVE is a programme within the HSE, whose primary ethos is to provide community-based recovery-orientated programmes for adults who experience mental health difficulties, intellectual difficulties, Asperger's Syndrome, and Physical and Sensory disabilities.

EVE Plantmarket is one of its training centres, where they offer to each learner a choice of three vocational programmes. All programmes are FETAC accredited.

To achieve this, they facilitate 12 weekly reviews on a one to one basis with the learner offering guidance and support which enables the learner to achieve their desired outcome. This ensures that the learner is in full control of managing their own progress.

With students ranging in age from 18 to 60, many are referred to Plantmarket through the HSE, a local social worker, the Central Mental Hospital or St Michael's House, or simply because they have heard of the course through word of mouth.

At the recent open day, a large crowd attended the centre in Blake's Cross in North County Dublin to find out more about the programmes on offer and take a walk around

the impressive facilities.

It was hard not to be impressed by the enthusiasm the present students had for the courses, with many enjoying the time spent working on canteen duty or with their hands in the soil out in the centre's many allotment areas.

Although horticulture is a clear focus here, the three courses on offer provide key skills for anybody looking to return or join the workforce.

The FETAC Level 3 course offered at Plantmarket is Employability Skills, an 18-month full-time FETAC-accredited program that provides trainees with an opportunity to develop their career skills. Trainees build personal confidence, develop social/listening skills and acquire a wide range of other skills to enhance their prospects in the employment market.

Subjects covered are communication, computer literacy, career preparation, basic maths skills, health-related fitness, personal effectiveness and plant propagation.

This module encompasses sowing seeds, plant maintenance, cuttings, watering and more.

Cathy Forde, who runs the Level 3 course, said the personal effectiveness is a key module for all course participants, particularly when it comes to personal advocacy, communication and confidence.

"The level 3 course is really the first step on the ladder for people who have fallen by

“ Some of our students might end up in a local horticulture centre, or even the National Botanic Gardens or in the Parks Department. We have a broad spectrum of students so after they complete this course, some have gone on to do a diploma in horticulture or manage a garden centre themselves

MAIN PHOTO: Some of the Horticulture students hard at work. OPPOSITE PAGE clockwise from left: Horticulture student Michael on canteen duty; the exterior of the computer room; students at work; the interior of the computer room at the Blake's Cross facility.



the wayside, whether through a negative experience with education, or through an addiction," she said.

"This course really opens up doors and opens up horizons for these people. Many would have very low self-confidence coming in but through the personal effectiveness module, we would notice huge improvements in levels of confidence and assertiveness and that is something that can help them in every aspect of their lives, not just employment."

She explained that there was no formal exam in the level 3 course, with it being portfolio-based.

"We are very relaxed with the students and we ensure they aren't put under any stress and that they enjoy the course.

"We have constant intake of people here, so you don't have to wait for a course to begin, you can join in at any time," said Cathy.

One of the Level 3 course participants, Imelda, explained that she has noticed a huge improvement in her own assertiveness since beginning the programme.

"I got a lot out of the communication module. I would have struggled before when it came to communicating with people but I am a lot less nervous and more assertive. I find it brilliant, I am really enjoying doing the course here," said Imelda.

Many students who complete the Level 3 course, will move on to the Level 4 course in Horticulture.

This is a two-year programme and a continuous assessment procedure. All modules involve a mixture of horticultural practical and theory applications. Portfolios are used, leading to an ongoing collection of work.

During this programme, students are sent on work experience placements, usually arranged by the student themselves in areas of interest. This two-week block is a great first step out into the workplace, explained Linda McCabe, who runs the course.

"Some of our students might end up in a local horticulture centre, or even the National Botanic Gardens or in the Parks Department. We have a broad spectrum of students so after they complete this course, some have gone on to do a diploma in horticulture or manage a garden centre themselves," she said.

"You can see the enjoyment that they get out of the horticulture end of things. They can get outside and get their hands dirty in the garden. With the plant propagation module, they can see the work that is involved in planting, from seeds to flowering. They love to see the fruits of their labour when their plants grow and being outside in the fresh air brings its own rewards."

Michael, who started the Level 4 course last September, was full of praise of the programme and the staff. He was busy serving tea and biscuits to the visitors of the

canteen. Each student gets a stint working in the canteen, where they learn vital life skills like preparing and serving food.

"It has been great so far. I am loving it. I'm learning so much and I look forward to the rest of the course," he said.

The Level 5 course in Retail Practice is a major step-up for most students and many will not progress that far, explained Michael Conroy. The two-year programme involves a mixture of retail practical and theory applications and is far more challenging.

"There is a lot of independent research and work needed for the Level 5 programme. There is research to be done in the library, interviewing and talking to store managers and it all needs a lot of self-motivation. But the students have always shown themselves to be extremely capable," he said.

"While students might naturally progress from Level 3 to the bigger challenge of Level 4, many will not be cut out for the Level 5. It is a fantastic course and really prepares people for a career in retail. Our graduates will be better trained than a lot of people out there."

The staff insisted that they welcome feedback on the course and training, and frequently discuss any issues that arise.

"It is very important that they feel they have a voice here," said Linda.

For more information on the courses, see www.plantmarket.ie

HOSPICE CREATES UNIQUE CAREER

A CHALLENGING but highly rewarding career awaits at the Irish children's hospice LauraLynn, promises its Head of Clinical Education and Research.

Claire Quinn insisted that LauraLynn helps its staff members become the best that they can be through a range of training courses, with the aim of producing the most competent, educated and skilled workforce possible providing children's palliative care and the organisation

"We are always anxious to attract the right type of staff because it is very tough work. But we are really careful at the recruitment phase and look for somebody who is hard working and committed. It is a huge benefit if the person has worked in this area before and appreciates the demands it brings," said Claire.

"Once we have recruited somebody, we can then design a learning programme specifically for them. There are so many learning opportunities with us and we make sure people can become the best that they can be with a whole range of training programmes to help them in their work.

To help achieve this, LauraLynn set up its Clinical Education and Research Department in 2013 with the remit to become a centre of excellence in relation to clinical education, skills training and research in Children's Palliative Care (CPC).

The department aims to provide all standards of education for health and social care professionals with the ultimate goal of improving care for children with palliative care needs and life-limiting conditions and their families.

"The hospice opened in 2012 and after six or seven months, the board and CEO felt there was a need for the education and research department and I was asked to head it up. I was tasked with looking after the training needs of staff specifically in children's palliative care," said Claire.

"Children's palliative care is different to adult palliative care and we wanted to look at the training of staff to underpin the services



Claire Quinn, Head of Clinical Education and Research at LauraLynn. PHOTO: CONOR MCCABE PHOTOGRAPHY.

provided. Making the shift to hospice care can be very challenging for staff. We send staff on various training programmes and there is a post-graduate diploma in palliative care that they can choose to do. There are many training opportunities available."

LauraLynn is Ireland's only children's hospice and services are provided free to families through HSE funding and fundraising efforts. They provide respite, transitional and crisis care for children with life-limiting conditions in the family home or in LauraLynn House, and work closely with healthcare colleagues in the hospitals and communities. The organisation provides end-of-life care where necessary with ongoing support for the family following the death of their child.

Children's palliative care is relatively new to Ireland and many families aren't aware of what it is.

"Families of children with life-limiting conditions need support straightaway and an assessment of their care needs," said Claire.

"We adopt very much a holistic approach to children's palliative care, involving the whole family, right from the point that a child is born with a life-limiting illness and parents are given a diagnosis. Our philosophy is about living life, enhancing life and ensuring a good quality of life."

She explained that working in a children's hospice requires a certain type of skill set.

"You need very good communication skills as you are dealing with parents in anticipatory grief. You need to become adept at assessing the various symptoms, particularly spasms, and the use of different positioning and muscle therapies to help, and, on the pharmaceutical end of things, giving the appropriate medication for the child and managing a complicated drug regime," said Claire.

"And when it comes to the end of life, it is very much about pain management and giving the child a dignified and peaceful end. You don't get another chance, you must get it right.

"End-of-life care is very much about the choice of the individual family and we cater to their preferences. For some, there is no place like home and in that case, we provide homecare. Others like to be in the hospital and have the support of the high-tech machines and staff."

And she urged people engage with the training programmes it provides for healthcare workers, such as public health nurses.

"Many public health nurses wouldn't have formal training in managing children with artificial feeding, for example, and that can be very challenging. We want to support them and we offer training to help them in dealing with these unique challenges."

Me and My Job

JIGSAW MAKING A REAL DIFFERENCE

“I M A MANAGER at heart. I am not a clinician,” insists John Hayes, Chief Officer, North Western Area of the HSE, as he explains why he backed the Jigsaw Model for Co Donegal and why all these years later when he sees the vision and collaboration of so many partners come to life, everyone can be justifiably proud.

Success has many fathers but that's not a problem for John.

Anne Sheridan, his colleague in Mental Health Promotion, said he actually likes when people speak with pride about 'our Jigsaw service'.

“That community ownership is a fundamental building block to why the model works so well,” she said. “And we couldn't have got Jigsaw Donegal up and running so effectively if our local people and partners weren't 100pc behind us.”

Jigsaw is a network of programmes across Ireland designed to make sure every young person has somewhere to turn to and someone to talk to. It is run by Headstrong, a non-profit organisation supporting young people's mental health.

John outlined the history to Jigsaw Donegal.

“In the HSE, we had just been through a development phase in Mental Health Services. We closed Saint Conal's Psychiatric Hospital and built a new state-of-the-art Acute Psychiatric Unit at Letterkenny General Hospital. We were co-locating with Primary Care and shifted the emphasis to enhancing recovery and rehabilitation. When all this change was in train we were looking at the next step,” he said.

“We needed a pillar of services built outside the traditional medical model. 'Strengthening Families' a partnership with the Alcohol Forum/Tusla the new Child and Family Agency and CIPC a counselling service in Primary Care commenced.

“Jigsaw was next. And we absolutely saw it as a service that could bridge the gap between Primary Care and the specialists. Our Principal Clinical Psychologist, Kieran

Woods was committed to early intervention. And his vision meant that by releasing Dr Maura Finnegan from his team to Jigsaw we could then plan for a clinically sound service. It also helped that Maura had been a HSE psychologist – she knew her way around our existing services.

“We were drawn to the non-medical, youth friendly and accessible nature of its design. All of us were sold on the idea and we felt that our young people would buy into it,” he added. “I linked in with Dr Tony Bates.” John Hayes smiled as he remembers how persuasive Tony was. But as a HSE man, it mattered that Headstrong brought a direct commitment as well as the thinking and systems underneath the Jigsaw model.

“What I really wanted was to keep the energy that builds around Jigsaw. We had lots of trial and error in getting it ready for lift off,” he said.

The change management specialist in John knew enough to know that trying to infiltrate the existing system was not an option.

“I didn't think that the culture could be changed. So the complementary nature of Jigsaw worked better for us. Jigsaw provides us with a strong parallel pillar which is separate but complementary to our existing range of services. In fact our specialist medical personnel are very supportive of Jigsaw.”

“Jigsaw works,” he said. “It operates well in the county. Most importantly, at the end of all our planning and work, we know that it does what it says on the tin and young people are voting for the service with their feet.”

It would never have happened, the diffident Kilfinane, Limerick man said, without partnership and trust. “I see huge personal commitment from everyone who touches off Jigsaw. They all go over and beyond the call of

duty and when we have an issue there is a great commitment to work it through.”

John summed it all up with clarity. “Our job now is to help Jigsaw Donegal retain its uniqueness and make it sustainable without losing that fresh and energetic feel.

“I see that energy in the Youth Advisory Panel, the Management Group and the Jigsaw team. They have hope and I find that inspires everyone when we get in early and make a real difference to the mental health of young people across the county.

“Jigsaw works and we're all proud of it in Donegal.”



A day in the life of...

BREASTCHECK CENTRE

B

REAST CANCER is the second most common cancer for women in Ireland after skin cancer. Every year, around 2,700 women are diagnosed with breast cancer and 790 women die from the disease. One in 11 women in Ireland will get breast cancer at some stage in their lives.

The good news however, is that earlier detection and better treatments mean more and more women are living long and full lives after breast cancer. But the number of cases is rising. That's why it's so important to get regularly checked and that's where BreastCheck comes in. Since it began in 2000, BreastCheck has provided mammograms to over 450,000 women and detected over 7,400 cancers. Most women screened by BreastCheck are given the all-clear, with less than one per cent diagnosed with breast cancer.

The risk of breast cancer increases with

age, with most breast cancers happening in women aged over 50. BreastCheck offers free mammograms to women aged 50-64 every two years. The aim of BreastCheck is to detect breast cancer as early as possible.

Breast screening can show breast cancers at an early stage, when they are too small to see or feel. At this stage, breast cancer is easier to treat and there is a higher chance of a good recovery. However, the numbers of women attending for their free mammogram are dropping. A BreastCheck appointment only takes about half an hour in total and the mammogram itself only takes minutes.

BreastCheck screens women aged 50-64 every two years at one of its four static units (the Eccles and Merrion units in Dublin, the Southern Unit in Cork and the Western Unit in Galway) or 16 mobile screening units.

Once a woman is on the BreastCheck register, she will automatically be contacted by post when BreastCheck is screening in her area.

ARRANGING APPOINTMENTS FOR 140,000+ WOMEN PER YEAR

A SPECIAL register contains the details of all women aged 50-64 who are eligible for screening. A team maintains the register to make sure details are as accurate as possible to ensure eligible women are invited. A scheduler has the task of organising which women, in which areas are going to be screened at which mobile or static unit. The scheduler considers the location of the woman and arranges her appointment at the nearest possible location. If an appointment time or date doesn't suit a woman, it can be rearranged. A separate team is responsible for issuing letters to women, inviting them for a mammogram and sending reminders to those who don't attend.

HAVING A MAMMOGRAM

WHEN a woman arrives on the day of her



appointment, she is met by her radiographer. From reception, she will be taken to a changing room and then to the screening room. The radiographer answers any questions, explains what will happen and carries out the mammogram. The dose of radiation used is very small and within recommended limits.

Every effort is made to ensure that a woman is made to feel as comfortable as possible during her mammogram and feedback from women screened by BreastCheck is consistently positive about the staff. During a mammogram, each breast is placed in turn between two plates and compressed to get the best possible image. This may feel uncomfortable but shouldn't be painful and only lasts a few moments. To see exactly what happens at a BreastCheck appointment, visit www.breastcheck.ie to watch a video or hear what other women have to say about their mammogram experience.

RESULTS

EVERY mammogram is examined by two consultant radiologists and the results are sent to the woman's home and her GP within three weeks. The vast majority of women screened by BreastCheck are given the all clear and are re-called for their next mammogram two years later. About one in 20 women are re-called for more tests and assessment.

ASSESSMENT

AN assessment clinic takes place at the nearest screening unit (Eccles, Merrion, Southern or Western unit) to the woman. The re-call may be for something as simple as a technical issue – where the image of the first mammogram just wasn't clear enough. Assessment clinics are carried out by a multidisciplinary team that includes a breast surgeon, breast radiologist and breast pathologist. Most women are given normal results following this second visit. A small number of women (less than 1pc) will have a breast cancer detected.

WHAT IF CANCER IS FOUND?

IF a woman is found to have cancer, a consultant surgeon will discuss her diagnosis and the treatment options available. This is essential before making any decisions on surgery. A BreastCheck nurse will be by her side to give advice and guide her every step of the way through investigations, diagnosis and treatment.

TREATMENT

THIS usually involves some form of surgery, followed by radiotherapy, chemotherapy, or hormone therapy – or a mixture of these. The exact course of treatment depends on the type of cancer found and the woman.



The BreastCheck Southern Unit in Cork.

BEHIND THE SCENES OF SCREENING

THERE is so much more to BreastCheck than just front-line screening. A team of physicists continually monitors and assesses the performance of equipment making sure it runs at optimum level. Each time a mobile unit is moved, the physicists run a series of tests on location, to make sure nothing has been compromised by the move. Quality assurance (QA) is the foundation on which an effective screening programme is built and a BreastCheck QA committee continually assesses and evaluates the programme, screening methods and any new or emerging evidence.

All mammograms taken are digital and BreastCheck was the first screening programme in the world to introduce a fully digital service. A picture archiving and communications system (PACS) team keeps the flow of mammogram images running between mobile and screening units. A mammogram taken at any mobile unit can be read at any screening unit by any consultant radiologist.

The evaluation unit continually monitors the performance of the programme and highlights areas with particularly low levels of participation. A screening promotion team works on the ground, particularly in lower uptake areas, working with marginalised groups or women who are considered harder-to-reach, to inform them about the benefits of screening and encourage them to attend their appointment. All BreastCheck units are fully accessible and a dedicated access officer is available to help any woman with a disability

IGNORING APPOINTMENTS

NOT all women aged 50-64 are going for their

mammogram when invited and the numbers attending are dropping every year. BreastCheck is urging women aged 50 to 64 to join the nearly 500,000 women in Ireland who have already had a free mammogram. In particular, women in their early 50s are ignoring appointments.

Dr Ann O'Doherty, Lead Clinical Director, said: "Most women in the age range in Ireland are taking part and we need these women to encourage their friends and family to attend their free screening appointments, when invited. We've seen a drop of 6pc cent in women attending over the past four years, which is worrying as we need to maintain a minimum of 70pc attendance to deliver the most benefit to the women screened. An appointment only takes half an hour. It's quick, it's easy, it's free and it might save your life."

AGE EXTENSION

BREASTCHECK is being extended to include women aged 65 to 69. The number of women eligible for BreastCheck will increase by 40pc to 540,000. By the end of 2021, all women aged 65-69 will be invited for free.

QUICK INFO/STATS BOX

Since 2000, BreastCheck has:

- Provided over 1.2 million mammograms to
- Over 450,000 women and
- Detected over 7,400 cancers
- Freephone number receives over 15,500 calls per year
- Website has almost 83,500 users
- Newly launched Facebook page has over 2,500 friends

For more info: www.breastcheck.ie
Freephone 1800 45 45 55 or visit our Facebook page.

Athenry Primary Care Centre was delivered via operational lease and opened in Autumn 2013.



Primary care centres

DELIVERING TO THE COMMUNITIES

THE development of Primary Care Centres to accommodate HSE primary care teams and GPs in the one location is a key enabler for the delivery of primary care services.

The methods currently being used for the development of these centres are Exchequer Funded Development, Public Private Partnership and Operational Lease arrangements. To date, there are 87 primary care centres in operation and over 50 more are at an advanced stage of delivery and due to come into operation over the next few years. Fifteen exchequer funded developments are listed for the HSE 2015 Capital Plan and another 14 sites are due to be developed as part of the Private Public Partnership Programme.

THE 15 EXCHEQUER FUNDED DEVELOPMENTS ARE LOCATED IN THE FOLLOWING AREAS

- Edgeworthstown, Co Longford
- Rowlagh, Dublin
- Finglas, Dublin
- Grangegorman, Dublin
- Corduff, Dublin
- Laytown/Bettystown, Co Meath
- Monaghan, Co Monaghan

- Tullow/Rathvilly/Hacketstown, Co Carlow
- K'heeny/Fairhill/Gurranebraher, Cork
- Inisboffin, Co Galway
- Sligo, Co Sligo
- Drumcliffe, Co Sligo
- Ballyshannon, Co Donegal
- N'cunningham/Lagan Valley, Co Donegal
- Borrisakane, Co Tipperary

14 SITES TO BE DEVELOPED AS PART OF THE PRIVATE PUBLIC PARTNERSHIP PROGRAMME ARE IN THE FOLLOWING AREAS

- Ballymote, Co Sligo
- Westport, Co Mayo
- Claremorris, Co Mayo
- Tuam, Co Galway
- Limerick City
- Boyle, Co Roscommon
- Ballinrobe, Co Mayo
- Wexford
- Waterford City
- Dungarvan, Co Waterford
- Carrick-on-Suir, Co Tipperary
- Kilcock, Co Kildare
- Coolock / Darndale, Dublin
- Summerhill, Dublin

OPERATIONAL LEASE

THE operational lease method of delivery

of Primary Care Centres was approved by the HSE in 2007. This was envisaged to be the main method of delivery as HSE capital funding was not available to develop the number of Centres required. To date 44 Centres have been developed by way of operational lease. The HSE has entered into Agreement for Lease in respect of 25 locations of which four are under construction and two are constructed and currently being equipped.

THE FOUR PRIMARY CARE CENTRES UNDER CONSTRUCTION ARE LOCATED IN THE FOLLOWING AREAS

- South Wicklow/Carnew
- Kildare Town
- Kells, Co Meath
- Blessington, Co Wicklow

THE two which have been constructed and are currently being equipped are located in Rathangan, Co Kildare and in the Ashtown/Navan Road/Cabra West area of Dublin. In November 2014, the HSE advertised 73 locations to be delivered by using the operational lease mechanism.

Expressions of interest received are currently being assessed and evaluated in order to determine which are suitable to progress to the next stage.

Revolutionary new system

10 MILLION MESSAGES SENT BY HEALTHLINK

THE National Healthlink Project sent its 10 millionth message in 2014, a record for one year. Over 50 million messages have been delivered by Healthlink since the project initially commenced in the Mater Hospital in 1995.

The 10 millionth message was a laboratory report sent from St James's Hospital to the Iveagh Medical Clinic, Dublin 12.

HSE Chief Information Officer Richard Corbridge explained the importance of Healthlink.

"The clinical system without HealthLink is akin to a letter sent via chain mail from one clinical setting to another. Healthlink facilitates a different world that can be described as a shared white board of clinical information placed in a secure place that clinicians involved in healthcare can view. Healthlink facilitates making the most of clinical capability in each setting for patient safety and clinical efficiency.

"HealthLink enables the equivalent of the post-it note stuck to the patient's forehead detailing what happened last time they were in a care setting. 10 million post-it notes last year!"

The National Healthlink Project has a proven track record in delivering IT solutions to GPs and hospitals and is the natural means by which the HSE chose to extend its communications with GPs when introducing new IT systems. Healthlink has been the cornerstone for many of the HSE ICT initiatives over recent years.

In 2014, Healthlink was involved in enabling the transfer of electronic correspondence to and from GPs for the National Electronic General Referral Pilot, the National Integrated Medical Imaging System (NIMIS) project, the National Cancer Control Programme (NCCP) initiatives and the National Cancer Screening Programme.

Healthlink is also involved in the planning stages with the National Medical Laboratory Information System project and the National Maternity and Newborn System.

Technology has an impact on General Practice as it does in all other areas of healthcare. Healthlink services bring significant



Pat O'Dowd, Chair HSE National Messaging Board; Gemma Garvan, Healthlink Project Manager; and Richard Corbridge HSE CIO with Minister Kathleen Lynch (2nd from left).

benefits and efficiencies to the day-to-day work of GPs, creating a noticeable difference to administration as well as significantly improving communication with local hospitals.

Over the years, the range of messages sent to GPs has been expanded, though laboratory, radiology and discharge summary reports remain the most popular.

Healthlink also sends death notifications, OPD appointment updates, waiting list updates, A&E attendance notifications, outpatient clinic letters, inpatient admissions and out of hours co-op messages.

Healthlink has a key role in the National Electronic General Referral project which enables GPs to refer patients for general outpatient hospital appointments. The system improves the overall patient experience by providing quicker access to outpatient appointments plus reduced duplication and delays as electronic referrals are transmitted

to the hospital faster and safer.

There are also benefits for GPs using the system – a centralised referral department to send all electronic appointments, an integrated form that auto-populates patient data plus an immediate acknowledgement of the referral.

Healthlink's work on the General Referral Project mirrored that of the NCCP Electronic Cancer Referral Project. The development of electronic referrals for Breast, Lung, Prostate and most recently, Pigmented Lesion Cancer has been a huge success. Healthlink has delivered over 50,000 cancer referrals since 2009. Currently nearly 40pc of all breast, prostate and lung cancer referrals are sent electronically.

Healthlink works with 61 hospitals and clinical centres around the country. There are 3,400 GPs and 1,402 practices currently using the service.



Inspire Others and BE INSPIRED TO MAKE CHANGES

THE inSpire Hub is a web-based resource available on HSELand.ie which allows health service staff to easily make suggestions about how to improve our services.

The Director General of the Health Service, Tony O'Brien, is encouraging all staff with ideas for improvements to use the inSpire Hub to communicate with his office so that these ideas can be captured and shared.

"Sharing your suggestions and ideas on inSpire will help others working to deal with the same challenges you may have already overcome. Each suggestion received in my office will be sent to the Leadership Teams at National, Hospital Group or Community Healthcare Organisation level to see if the idea can be adopted locally or nationally," Mr O'Brien says.

"I hope you find inSpire useful - that you are inspired and your ideas inspire others," he added. "I would like inSpire to be the place where staff awareness is increased and where good ideas grow and get the support they deserve."

The inSpire Hub was created after the Director General was heartened to receive some great suggestions for improvements to our services over the past year from staff around the country.

"Your responses to my calls to come forward with suggestions have been so significant that we have now created the online suggestions for improvements Hub called inSpire."

The Hub is hosted on HSELand, the HSE's Learning and Development website which is open to all who work in the health services in Ireland. If you are not already registered for HSELand you can register now at www.hseland.ie You will find the inSpire Hub located in the 'Practice Development Hubs' section of

HSELand.

Simply click on the 'make a suggestion' link and give your feedback to a short number of prompts to help us better understand your suggestion for improvement.

You will be asked:

1. What is your suggestion for improvement,
2. What needs to happen to improve the situation, and
3. Who needs to be involved in delivering this improvement idea/innovation

When you use inSpire, you can track the status of your suggestion, check for any feedback/comment from the a National Division, Hospital Group or CHO lead; review other staff suggestions for improvement and become part of a discussion forum on specific topics. There is also a Case Studies section on inSpire showcasing some of the simple but effective suggestions already taking place and demonstrating that no suggestion for improvement is too big or too small.

When launching inSpire, the Director General took the opportunity to thank the staff who had already submitted suggestions for improvement. He also thanked them for their commitment to delivering and promoting a high quality service, noting that without staff engagement, no improvements can happen.

In time, it is hoped to develop the inSpire Hub further and staff will be updated on developments.

If you have any comments or queries, please do not hesitate to email the Hub Administrator at: SuggestionsToDG@hse.ie

Here are two case studies from the inSpire

Hub. Please visit the Case Studies section on inSpire to view more case studies or see these case studies in full.

CASE STUDY - RED APRON

ONE of the case studies featured on the inSpire Hub is the 'Red Apron' project at Midland Regional Hospital, Mullingar, Co Westmeath.

The Red Apron initiative was initially piloted in the Maternity Unit by Katherine Kenny, Divisional Nurse Manager, to prevent interruptions during drug rounds. The so-called 'red apron' alerts visitors and other staff that the nurse is engaged on a medicines

round and should not be disturbed. Medication errors can be caused by interruptions during drug rounds. Studies on the impact of drug round tabards (red aprons) found that when introduced as part of a multi-factorial approach, the red aprons are successful in reducing the interruption/

distraction rate.

The aim of this project is to reduce the incidence of errors and 'near-misses' in medicines management. The result has been less distraction for the nurse and a greater awareness of the importance of the medicines round.

Katherine spoke to inSpire about starting the 'Red Apron' initiative and productive ward project she and her team were involved in.

"The focus is on the drugs rounds that happen several times a day... Historically in Mullingar, we were looking our incidences of reported near misses in relation to medication management. It would have included things like patients perhaps getting a wrong dose of medication, wrong time of administration,



wrong dose to wrong patient. There was a concern by the senior nurse management team and the Director of Nursing asked us to sit down and brainstorm what we could do around our work practices to improve patient safety," she explained.

You can read the case study summary or view a video interview with Katherine in the Case Studies section of inSpire.

Further information in relation to this initiative can be viewed by logging onto the IQX Hub on HSE LanD.

CASE STUDY - SOWING SEEDS IN SCHOOLS WITH "MOTOR SKILLS UNITED"

AN Occupational Therapy Programme colour-coded and fun-filled to integrate and develop motor and perceptual skills which impacts on learning and handwriting from the Louth Meath Area.

Motor Skills United is an occupational therapy programme concentrating on gross and fine motor skills and perceptual skills for children, written for schools.

INTERVENTION

SCHOOLS were approached to participate in a Motor Skills United pilot. Therapists worked with teachers to identify children suitable for participation. Parent consent was obtained and pre-group standardised testing, handwriting and drawing analysis and feelings checklists were completed. Therapists and school staff jointly ran Motor Skills United groups weekly for six weeks, with children grouped by age: 6-8 and 8-10 years. Post-group, testing, analysis and checklists were repeated.

OUTCOMES

PARTICIPANTS' gross and fine motor skills measurably improved as did pencil grasp pattern, sizing, spacing and line orientation. Handwriting speed did not improve. Participants' confidence, attention and ability to follow instructions improved. School staff reported improved ability to identify gross and fine motor difficulties and developed a bank of activities to use with children experiencing these difficulties.

IMPLICATIONS

SCHOOL staff knowledge about motor difficulties has increased. They are empowered to implement motor activities and know when to refer for more specialist attention earlier which leads to earlier diagnoses.

Children from underprivileged backgrounds who may not have been otherwise referred received intervention. Schools have incorporated this group into the children's education plans and are still running these groups.

INSPIRED SUGGESTIONS

VISIT 'PUBLISHED SUGGESTIONS' ON THE INSPIRE HUB TO VIEW MORE

SUGGESTION: STAFF CHOIR

THE 'Tullamore Hospital Staff Choir' was first suggested in November 2014 as one of the initiatives for the hospital's new Health and Wellbeing Group. Opportunities for staff engagement and creating team spirit are beneficial to the workplace and may also assist in stress reduction. Creating opportunities for employees to socialise can also be beneficial to an employer.

A retired member of staff was approached and agreed to be the Choir Master with the view to performing a Christmas concert. Word spread quickly about the choir and at their first rehearsal, they had to change venue from one of the meeting rooms to the physiotherapy gym as the numbers were too big to accommodate! Approximately 30 members of staff from all areas of the hospital were represented in the choir, housekeeping, consultants, administration, catering, management, laboratory, physiotherapy, mortuary, medical records, portering, nursing etc.

"One member turned to me at the end of rehearsal and said 'this is the best thing that has happened in the hospital in ages'. The choir generated great team spirit and people were happy to attend during lunchtime, even on their days off," she said.

What needs to happen in order to improve the current situation?

- A willing choir master - internal or external.
- A suitable rehearsal space, lots of enthusiasm and a planned performance.

Who needs to be involved in delivering this innovation?

- As many as possible - from a wide variety of backgrounds.
- Leaders will emerge - maybe from unusual or unexpected sources.
- Needs management support.

STATUS Adopted locally

FURTHER INFORMATION This suggestion was shared with the National Director for Health and Wellbeing who is very supportive that the suggestion is pursued to support and improve staff health and wellbeing. Implementation will be supported in Divisions, Community Healthcare Organisation and Hospital Groups.

SUGGESTION: IMPROVE GP ACCESS TO ACUTE HOSPITAL SERVICES

DIRECT access to diagnostics and fast tracking of patients to rapid access outpatient clinics would decrease the number of patients presenting at the acute services for admission.

What needs to happen in order to improve the current situation?

- GP Access to diagnostics with clear protocols to guide practice.
- Rapid access to outpatient clinics or to consultant advice.

Who needs to be involved in delivering this innovation?

Services need to be reconfigured and both GPs and Acute Services need to be engaged.

STATUS This suggestion is under review

FURTHER INFORMATION

Enablers being developed include:

- Improving GP access to diagnostic tests is also part of the National Service Plan 2015.
- Rapid Access clinics are being developed in many areas e.g. Prostate and Lung Cancer in cancer care centres as part of the National Cancer Control Programme.
- Healthmail, formally launched in April 2015, improves electronic communication within the health care community in a private and secure manner for the benefit of patients and clinicians. More information on Healthmail is available at: www.healthmail.ie / www.icgp.ie/healthmail

SUGGESTION: PATIENT SAFETY FLOW MEETINGS/SAFETY PAUSE (MAYO GENERAL HOSPITAL)

SETTING up multidisciplinary patient safety flow management (safety pause) meeting in the hospital, addressing general safety issues, staffing issues, critical care beds & issues, patient or staff complaints, incidents, delayed discharges to PCCC and Districts, overall hospital activity and any other issues.

What needs to happen in order to improve the current situation?

- Patient Safety Meetings; Nights - Days. These meeting take place 5 times daily.

Who needs to be involved in delivering this innovation?

- All hospital management.
- All staff need to participate in the feedback loop.

STATUS Adopted locally

FURTHER INFORMATION

Also of relevance to staff engagement, patient safety improving patient experience and outcomes are initiatives such as: Patient Safety Walkarounds, Schwartz Rounds, Ballint Groups, Productive Ward; Staff Listening Sessions; Have Your Say Staff Survey, new People Strategy. Visit Quality & Patient Safety on hse.ie or IQX Hub on HSE LanD for further information.

Six-step programme unveiled

HSE TO KEEP SERVICE USER AT HEART OF ALL IT DOES

Empowering and Safeguarding Vulnerable People in Residential Centres - Implementing the System-wide Programme of Change across our Social Care Services



A full assurance review has been commissioned of all of the Units in the Áras Attracta facility under the independent chairmanship of Dr Kevin McCoy.

A

THE HSE continues to implement the six-step change programme of measures to ensure the quality and safety

of all our services and specifically those in residential care, it is vital that it keeps the service user at the heart of all it does, according to Pat Healy, National Director of Social Care and Chair of the National Implementation Task Force.

'Safeguarding Vulnerable Persons at Risk of Abuse', the new policy launched in December, now provides one overarching policy to which all Social Care Services, including those provided directly or funded by the HSE, will subscribe and will implement in their place of work ensuring:

- a consistent approach to protecting vulnerable people from abuse and neglect,
- that all services have a publicly declared 'No Tolerance' approach to any form of abuse, and that
- a culture which supports this ethos is promoted.

The policy builds on, and incorporates, existing policies in HSE Disability and Elder Abuse services. "Our plan is for people with disabilities to be supported to live ordinary lives, in ordinary places doing ordinary things. We want to ensure that people with disabilities are safe and empowered to maximise their potential, through respect and understanding," said Mr Healy.

"To enable this approach, we have a responsibility to change how we do things. We need to empower service users and their families, as well as our staff, to be vigilant and to have the confidence to speak out when the need

arises, certain in the fact that they will be heard. People can speak up in many ways, for example, through local or national management, the HSE's complaint's process Your Service - Your Say, HIQA, the Ombudsman and, more recently, through our confidential recipient Leigh Gath.

"This is a change of culture which has already begun – but it will require ongoing reinforcement from all of us, returning again and again to our plan for success to inform our work. Improvement is a continuous process, and we will continue in our efforts, responding to the needs of service users, their families and staff in order to improve what we do, and to facilitate and support meaningful changes in the provision of services to people with disabilities in residential centres in Ireland."

To implement the change programme, a six-step plan has been initiated.

1. NATIONAL IMPLEMENTATION TASKFORCE

THE HSE has established a National Implementation Task Force for Residential Services to ensure that the system-wide programme of change, which has been put in place, improves the quality and safety of residential services for people with disabilities. This programme is focused on the 90 service providers who deliver residential services in over 900 designated residential centres regulated by HIQA.

Firstly, it will aim to provide the necessary leadership and oversight, at national level, to drive the implementation of the six-step programme. Secondly, the National Implementation Task Force will provide a

mechanism for communication and engagement with, and input from, all stakeholders around this change programme.

Stakeholders include: people with disabilities, Their families and/or carers, advocates, service providers, academics, staff and other interested parties.

A multi-agency National Implementation Task Force, led by Pat Healy, National Director Social Care will drive the implementation of the six step programme.

The other members of the task force are: Marion Meany, Head of Operations and Service Improvement; Gerry Clerkin, Quality and Safety Lead Social Care; Maria Lordan Dunphy, Quality Improvement Division; Paschal Moynihan, National Office Safeguarding Vulnerable Persons at Risk of Abuse; Martin Naughton, Service User Representative; John Hayes, Chief Officer Area 1; Bernard Gloster, Chief Officer Area 3 & Interim Chief Officer Area 2; Ger Reaney, Chief Officer Area 4; Martina Queally, Chief Officer Area 6; David Walsh, Chief Officer Area 7 & Interim Chief Officer Area 5; Gerry O'Neill, Chief Officer Area 9; Pat Bennett, Chief Officer Area 8; John Hannigan, National Federation of Voluntary Bodies; Brian O'Donnell, National Federation of Voluntary Bodies; Joanne McCarthy, Disability Federation of Ireland; Mark Blake-Knox, Not for Profit Business Association; Paddy Connolly, Inclusion Ireland; Children and Family Services Representative; Siobhan Barron, National Disability Authority.

2. NATIONAL POLICY AND PROCEDURES IMPLEMENTATION

THIS new policy, which is for all Social Care

Services staff, applies where any concerns arise of abuse or neglect of vulnerable adults. It builds on and incorporates existing policies in HSE Disability and Elder Abuse services and in a range of other Disability Service providers. A National Safeguarding Office has been established; the main functions of which are to:

- Ensure implementation of the policy,
- Collect and collate data on referrals of abuse and neglect,
- Support the recruitment of additional social worker posts,
- Support the establishment of Safeguarding and Protection Teams in each Community Healthcare Organisation,
- Develop staff training programmes in relation to the policy.

Nine Safeguarding and Protection Teams are currently being developed. Each team, one per Community Healthcare Organisation, will be led by a Principal Social Worker and supported by social work team leaders and social workers. Recruitment is already under way, with 20 additional social worker posts being recruited to the Safeguarding and Protection Teams. Every unit/ group home will identify a Designated Officer assigned as the go-to person to deal with all complaints and allegations of abuse.

3. QUALITY IMPROVEMENT ENABLEMENT PROGRAMME

THE implementation of a Quality Improvement Enablement Programme in disability residential centres will involve undertaking an evaluation of the transfer of HIQA Standards of Care into practice in services provided by approximately 90 service providers who deliver residential

services in over 900 designated residential centres regulated by HIQA.

The HSE's Quality Improvement Division and Social Care Division will work together to form interdisciplinary Quality Improvement Enablement Project Teams. These teams will combine extensive knowledge and competencies in the areas of audit and evaluation, quality improvement, disability services, and clinical expertise across two key phases of implementation of the quality improvement programme

4. NATIONAL VOLUNTEER ADVOCACY PROGRAMME

THE HSE is working in partnership with key internal and external stakeholders, families and service users to develop and implement a Volunteer Advocacy Programme, drawing on experience of other models of advocacy currently in use by Disability Groups, Older Persons Groups and others. We will support the development of service user / family councils that focus on the welfare of all residents and will seek to protect residents' rights and to enable them to participate in matters that affect their daily lives. These councils will be independently chaired and will empower service users and their families and will focus on quality development based on service user needs.

The first resident's council is being established in Áras Attracta, which will play an important part in the advocacy support for residents and families.

The council will be independently chaired by a family member and will be empowered to raise any concerns with local management, HSE

national management, HIQA, the Ombudsman, or the confidential recipient.

5. ASSURANCE REVIEW

A FULL assurance review has been commissioned of all of the Units in the Áras Attracta facility under the independent chairmanship of Dr Kevin McCoy, assisted by three experts within the field and independent of the HSE. In addition to recommending specific plans for each unit in Áras Attracta, the output from the Review Team will help to inform a system-wide programme of improvement and assurance for all the residential centres for people with intellectual disabilities across the country.

The group is currently engaging with residents, family members, staff and management, and are designing a Consultation Document for all external parties and for the wider system / services providers as well as academics and interest groups.

This document will be used to develop and enhance disability services in line with best practice for the future.

The work of the review group will support service providers in ensuring that recommendations are in place and that the service has absorbed them, as well as ensuring that there is safe, standardised best practice guidance for Áras Attracta and the wider disability services.

Recommendations within a range of reports both internally and externally are being reviewed; the April Summit will hear feedback from Dr McCoy on some of the emerging themes and learnings to date.



Healthcare Leaders Masterclass 2015

STRATEGY IS THE KEY TO SUCCESS

WE can't make people live forever so we have to make them happy with their experience and show them that the health system cares," those assembled at the Healthcare Leaders Masterclass at the Convention Centre, Dublin were told by lauded strategist Professor Richard Rumelt.

Prof Rumelt, a sought-after speaker who works with numerous corporations and other organisations around the world, explained that strategy was the key to success in Irish healthcare as in business.

"Bad strategy really is the lack of a strategy. Bad strategy is when organisations claim they have a strategy but they don't. A real strategy is problem solving, it's the focus of energy on attacking your most fundamental problems - or the most fundamental problems that you can actually attack. So bad strategy is when you don't do that. When you have goals, when you have values, when you have statements of purpose, but none of those are actually problem-solving," he said.

"Strategy is when you have a difficulty to overcome so bad strategy is when you are not focusing your energies on overcoming that difficulty. So in those cases, if you are a business organisation, you can go out of business, you can disappear. If you are a government agency or an arm of a

government, you rarely disappear, you just end up asking for more money. But you don't accomplish a mission. You don't accomplish what you set out to accomplish. So strategy is an important discipline.

"It's not everything, there's leadership, there's management, there's other things that go on but strategy, the focusing of energy on critical issues is particularly important in times of change and when there's a challenge

to be overcome, and sometimes a challenge is positive, it's an opportunity to be grasped."

He explained, "People need to know that somebody cares. We can't make people live forever so we have to make them happy with their experience and show them that the health system cares. That is the priority in national healthcare," he said.

Prof Rumelt was just one of the speakers at the Masterclass, hosted by the Director General of the HSE, Tony O'Brien, for senior managers and leaders in the Irish health system. Joe Flower, US-based Healthcare Futurist, presented on how to rebuild a healthcare system to provide more and better care for less.

The Masterclass was attended by delegates from professional bodies, public, private, government and business sectors. This year's theme was 'Better Strategy, Better Leadership, Better Healthcare'.

Delegates congregated to learn, be

challenged and be inspired by international business and healthcare experts in the areas of strategy, healthcare delivery and leadership.

Other keynote presentations explained how to implement transformations whether through mega-project management (Professor Naomi Brookes), better information (Dr Robert Wah) Better Communication Leadership (John Mahony), Patient Reported Health Outcomes (Brenda Dooley and Prof Frank Sullivan).

Also speaking at the two-day event were Timothy J Redmond and Todd Manning, who spoke about delivering science with remarkable patient impact.

The HSE Director General Mr O'Brien, who made the opening address, also sat down for an interview with Dr Sara Burke, health policy analyst, on a range of health-related topics including a quick round question session.

LESSONS TO BE LEARNED IN DELIVERY OF HEALTH MEGAPROJECTS

THE delivery of huge healthcare projects can learn lessons from fields as diverse as power plants and transport systems, according to megaproject expert Naomi Brooks.

Ms Brooks, has a global reputation in understanding the management of large infrastructure projects. She is a Professor of Complex Project Management at the University of Leeds in the UK and she is also the Chair of the MEGAPROJECT European research network which brings together over 80 researchers from 24 countries to



understand the design and delivery of major projects.

"It is really important to acknowledge that because there is a huge amount of learning that can come from those areas. When we look at our Megaprojects megaprojects cases we involve, we find that you can learn lessons from fields as diverse as power plants, ocean-going liners, transport systems, and they provide a fantastic way to learn how to deliver healthcare infrastructure more effectively," she explained.

SMALL INCREASE IN FUNDING CAN 'TRANSFORM IRISH HEALTHCARE'

WITH just a small increase in funding, the Irish healthcare system can deliver massive improvements to its patients, it has been claimed. With over 30 years' experience, Joe Flower has emerged as a premier observer and thought leader on the deep forces changing healthcare in the United States and around the world. He explained to the assembled Masterclass that while Ireland was used to doing more with less, it is now doing less with less.

"There are total opposite problems in the US and Ireland. In the US, we spend obscene amounts of money on healthcare. We have the largest military in the history of the world; we spend more on our military than the rest of the world combined, and we spend five times that much on healthcare in the United States and we still don't cover everyone. We still can't take care of old people," said Joe.

"In Ireland, on the other hand, the amount of GDP that it spends is a bit below average for OECD countries. If we were to go to an idealised healthcare system, the place we could go to in the US would be spending half the amount that it does. But in Ireland, I think you would actually be spending more than you do now but you would be getting massively more and

better healthcare.

"Ireland is in a place now where it was learning to do more with less but now it is doing less with less. Look at the statistics, people showing up at A&E, the demands on the system, it's clear you are doing less with less and you are actually doing way less than you need to do for the good of the citizens.

"So we if we were able to pay for healthcare in different and better ways, and the healthcare institutions responded to that, I think we would be paying more for healthcare but it would be very palpable to the citizens that we are getting much better care than we were before."

As a healthcare speaker, writer, and consultant, he has explored the future of healthcare with clients ranging from the World Health Organisation, the Global Business Network, and the NHS, to the majority of state hospital associations in the US, as well as many of the provincial associations and ministries in Canada, and an extraordinary variety of other players across healthcare – professional associations, pharmaceutical companies, device manufacturers, health plans, physician groups, and numerous hospitals. He has been a consultant on change and the future with the US Department of Defense, Airbus and ArianeSpace, and a number of governments in China.

Joe insisted that healthcare would improve if more power was given to the patients.

"If we shift to a different kind of funding, in which both the patients and the patients' caregivers and family and intermediate organisations of various kinds, become customers of the healthcare system, then they can buy healthcare in different ways rather than 'I'm going to go to the doctor and do what the doctor says'.

Healthcare could become much more attuned to the needs of the patients it serves if you give that population and the people representing that population more power to make actual choices," he said.

BREAKTHROUGH IN PROSTATE CANCER TREATMENTS

HIS experience in the collection of health outcomes in a cohort of men receiving treatment for prostate cancer over the last eight years was described to those in attendance by Professor Frank Sullivan, Clinical Director of Radiation Oncology at Galway University Hospital (GUH).

In particular, the focus was on patients at GUH who have undergone brachytherapy, a treatment for localised prostate cancer. Patients completed questionnaires, validated to measure the Health Related Quality of Life of prostate cancer patients over time, both pre and post treatment. The results of the data analysis, including Patient Reported Outcome Measures (PROMs), were presented. Frank also spoke to the use of activity-based costings in GUH, which he has applied to derive a cost for brachytherapy. Finally, Prof Sullivan reflected on the impact of these initiatives.

Health Economist Brenda Dooley, Managing Director, AXIS Healthcare Consulting Ltd, then spoke on the significance of health outcomes within the context of a healthcare system that is value based, focusing on the instruments which are used for measuring health-related quality of life in patients who have Prostate Cancer. Her session examined how other countries have incorporated patient reported outcomes into their healthcare systems.

The Galway PROMs Project was an audit of Clinical Practice within Radiation Oncology Clinics in two hospital settings utilising two methods of questionnaire completion. Patient Reported Outcome Measure (PROMs) Questionnaires were collected as part of routine clinical practice at patient appointments and by direct mail contact with the patients. Returned questionnaires were scanned onto electronic patient file platforms as PDFs. The aim of this project was to collect the data within the PROMs questionnaires to allow for analysis and interpretation of value.

The PROMs assess the quality of care delivered to patients from the patients' perspective. They are a measure of health status or health-related quality of life at a single time point and are collected through short, self-completed questionnaires. This information is typically collected before and after a procedure and provides an indication of the outcomes or quality of care delivered to patients.

Frank is also Professor of Radiation Oncology, NUI Galway and Director of the Prostate Cancer Institute (PCI), NUI Galway. He is highly active in the treatment of prostate cancer and personally treats over 400 patients per year with various radiation techniques. Brenda has over 15 years' experience in the



HSE Director General Tony O'Brien speaking at the Masterclass.



KNOW YOUR MEDICINE AND CUT YOUR RISKS

Initiative aims to reduce medication-related harm through use of technology, healthcare professional education and patient engagement



R EDUCING preventable harm related to medicines through innovation and public information was the focus of the second of Tallaght Hospital's patient safety initiatives in the Zero Harm series.

Medication has been found to cause serious adverse reactions in 4pc of patients and can lead to profound and devastating effects on patients and their carers, in addition to prolonged and more resource intensive hospital care. Tallaght Hospital is tackling this by focusing on a series of initiatives to help improve medication safety.

The Tallaght Hospital Adult Medicines Guide, first published in hardback in 2000, available in app format since October 2013, has been upgraded. Launched last month, the app enhances the existing app already being used by 500 healthcare staff in the hospital as an in-house, evidence-based source of medicines information and prescribing protocols.

Most drug related harm occurs within a limited group of medications and drug classes ie anticoagulants, opioids, antimicrobials, insulin and diuretics. These medications and classes, along with general information on understanding and avoiding medication error

are the focus of an e-learning program 'Drug Safety - High Risk Medications'. As part of the Zero Harm initiative, healthcare professionals who prescribe, administer, dispense or monitor medication therapy in the hospital are being encouraged to complete the e-Learning program.

The Zero Harm initiative is also working with patients, families and parents through the introduction of a 'My Medicines' leaflet in which they can document a list of their current medicines, to help hospital staff treat them safely in the hospital. Zero Harm messages which act as a prompt to patients and their carers to bring their medicines list to appointments and when being admitted are also being incorporated into Out Patient / Elective admissions communications.

By including the prompt into hospital communications, they will be reminded of the importance of knowing their medicines and working with hospital staff to improve safety.

"The Zero Harm initiative is a series of patient safety initiatives built on the expert clinical resources we have in Tallaght Hospital. Our Pharmacy Department is at the forefront of innovation in its field and this initiative puts their knowledge at the fingertips of our healthcare staff 24/7," said



ES

the Tallaght Hospital CEO David Stevin.

Tallaght Hospital's Head of Pharmacy, Tim Delaney said that as almost all patients use medication during their hospital stay, it is vital that they equip prescribers with access to up-to-date expert information on medications in real time, when they are making decisions.

The clinical pharmacy service at Tallaght Hospital has a track record of innovation in relation to medication and is currently rolling out a new model of care called PACT (Collaborative Pharmaceutical Care at Tallaght). The PACT model has reduced potentially serious adverse medication events at discharge from 6pc to zero – demonstrating the capacity for innovation to influence health outcomes.

The project team for this initiative which was led by Sarah McMickan Deputy CEO of Tallaght Hospital included staff members from the pharmacy team, nursing and communications.

MAIN PHOTO: Pictured at the launch of Zero Harm - Know Your Medicines, the second patient safety initiative in the Zero Harm series in Tallaght Hospital, were Clinical Placement Co-Ordinators, Louise O'Regan, Fiona Hennessy, Christina Lydon and Finola Power. Zero Harm - Know Your Medicines aims to reduce medication-related harm through use of technology and patient engagement. PHOTO: TOMMY WALSH

RAINBOW REPORT

THE HSE's Social Inclusion Unit in the South East, in partnership with Primary Care in the South East, commissioned 'The Rainbow Report – the health needs, experiences and health sector responses in the case of LGBTI'.

The Report was commissioned in order to better understand the experiences of Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) people of the health services in the region and to better support health professionals to respond effectively to the needs of LGBTI clients.

Deputy Jerry Buttimer and Senator Katherine Zappone welcomed the publication of the Report and were joined by a number of representatives from the HSE and organisations supporting LGBTI initiatives.

BASED ON FEEDBACK FROM LGBTI PEOPLE AND HEALTH PROFESSIONALS IN THE REGION, THE REPORT OUTLINES A NUMBER OF FINDINGS INCLUDING:

- When LGBTI people felt they were treated well, it was due to health service staff not working under a presumption of heterosexuality. The research for the Report established that this, for the most part, was how lesbian, gay and bisexual interviewees experienced HSE services.
- A lack of knowledge among health professionals on LGBTI issues such as the impact of minority stress.
- In the case of trans service users and their families, the report recommends increased training and development of knowledge and skills within HSE hospital and community services to ensure appropriate, timely and professional access and delivery of health services in a society embracing change and difference. The Report recommends the prominent display of "LGBTI friendly" stickers in health service delivery locations, as part of developing good-practice responses to the findings of the research.
- Failure to create a welcoming environment for the diversity of sexual and gender identities through the use of inclusive signage and literature.

The research for the Report was conducted independently by Niall Crowley, Independent Equality Expert.

THE REPORT ALSO IDENTIFIED SOME ELEMENTS FOR GOOD PRACTICE BY HEALTH PROFESSIONALS:

- Public profile and communication that the service provider is LGBTI friendly.
- Practice policy that includes an equality and diversity policy setting standards for service provision.
- Professional development and training to equip staff to engage effectively and appropriately with LGBTI clients.
- Development of health programmes by taking steps to engage with the LGBTI community and target their specific needs.

The HSE will develop an integrated plan that will address the recommendations of the Report for the South East Community Health Organisation area (ie counties Carlow, Kilkenny, South Tipperary, Waterford and Wexford).

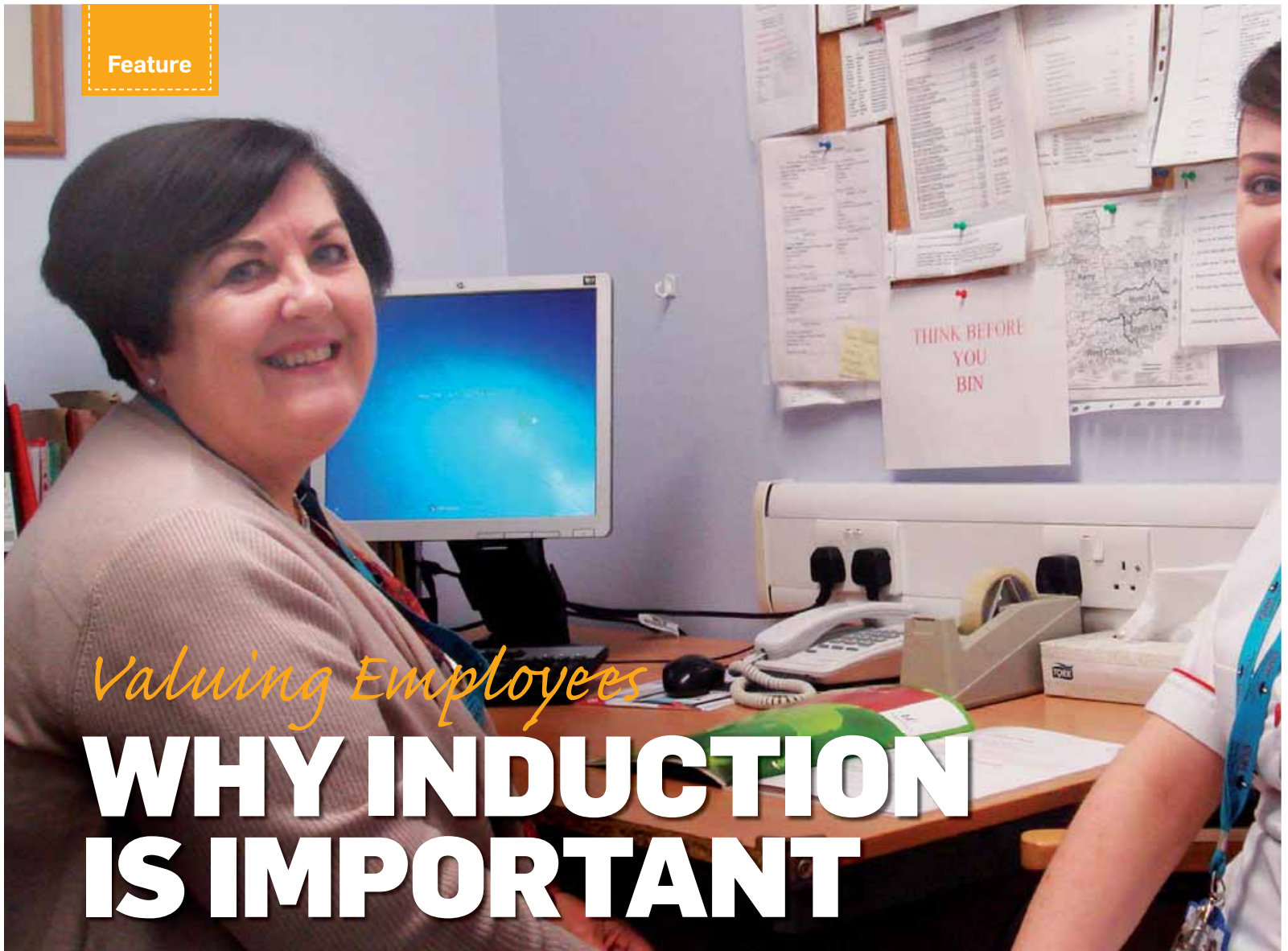
Niall Crowley, Independent Equality Expert said, "Difference can be misunderstood. The challenge is to recognise difference, identify the practical implications of difference, and make adjustments in service provision to take account of these practical implications."

At the launch, the Rainbow Report was also welcomed by the organisations who support LGBTI people including the South/South West Hospitals Group, TENI and Ferns Diocesan Youth Service.

www.hse.ie/eng/services/publications/SocialInclusion/rainbowreport.pdf



BACK ROW (L-R) Gerard O'Callaghan, Chief Operations Officer – South/South West Hospitals Group; Vanessa Lacey – Health & Education Manager with TENI (Transgender Equality Network Ireland); and David Clark, LGBT Youth Worker, FDYS, Wexford. Front row: Anna-Marie Lanigan, Area Manager HSE South East; Primary, Community and Continuing Care, Dr Philip Crowley, HSE National Director, Quality & Improvement Division; Senator Katherine Zappone; Niall Crowley, Independent Equality Expert and author; Jerry Buttimer TD, Chairperson of the Oireachtas Joint Committee on Health and Children; and Dr Derval Howley, Regional Co-Ordinator for Social Inclusion and Substance Misuse South East at the report launch. PHOTO: PAT MOORE



Valuing Employees

WHY INDUCTION IS IMPORTANT

INDUCTION, or onboarding as it is also known, is a process where employees are received and welcomed to an organisation. It is a method of formally introducing the employee to their work location and colleagues.

A clear understanding of the employee's job, role and responsibilities and the mission and values of the wider organisation is provided at this time. An effective Induction process will ensure that the employee is supported in achieving expected performance levels. It will also ensure that the new employee is aware of the importance of team-working within the HSE and their role within the team.

A broad range of learning resources to support induction are available @ www.hseland.ie, the Health Service eLearning and development portal.

To support staff in a meaningful way from their first day in their new position, there needs to be an organisational wide focus on ensuring the HSE has a comprehensive Induction Policy in place, with the primary objective of ensuring all existing staff are aware of the importance of valuing a new member of staff and preparing for their first day.

Preparation should begin well in advance and before new employees arrive with the Pre-Induction checklist. It is important to make a meaningful first impression to an eager new member of staff. Induction is a great starting point for managers and members of staff working together in a supportive, open and respectful way.

The process can be a big help to new members of staff and people taking on new roles, assisting them to settle into a new organisation, department, service or hospital.

We need to ask ourselves, how do we support our colleagues settle in on their first day, first weeks, months etc. What was your first day at work like? If it was positive, can we mirror that experience with our newer colleagues? If not, how can we use this experience to learn best practice around Induction?

Recently the HSE Human Resources Division facilitated a workshop for managers in the Cork University Hospital Group which focused exclusively on the value of Induction. This article gives a short synopsis of how that went.

The aim of the workshop was to support managers in their role around Induction and in commencing a process of open

“ We need to ask ourselves, how do we support our colleagues settle in on their first day, first weeks, months etc. What was your first day at work like? If it was positive, can we mirror that experience with our newer colleagues? If not, how can we use this experience to learn best practice around Induction?



WHAT INDUCTION MEANS TO ME

INDUCTION is a process starting with Pre-induction. It gives me and the new member of staff the opportunity to spend some time together in a structured way. It is the beginning of what I believe and hope will be the start of an open respectful, professional relationship which offers both my new colleague and I the opportunity to get to know one another.

It is an opportunity to say welcome and begin the 'fitting in' process. The Pre-induction period and Induction process enables the new member of staff to learn about the Department and the organisation and become familiar with the peculiarities of their new work environment. It is an opportunity to set the scene, to talk about the hospital's expectations, my expectations and to learn about each other.

Our team works across the life span of acute care in a large academic teaching hospital from caring for new borns to rehabilitation in later life and end of life care. Such diversity demands a lot from us as therapists and also as people.

I want to ensure that the new team member knows the location of the Department, is aware of the dress code, has a locker on her/his first morning and has a proper work space. It is also an opportunity for me to review the new staff member's CV so that we can have a meaningful and focused conversation.

I never ask a colleague to start unless I can be there. To me this is critical as I want to be able to welcome the new person to the Department and the hospital. I need to tell him or her that as a team we are looking forward to working with them and that I hope they will be happy with us.

To me the time spent on Induction is very well spent. It is an opportunity to begin an open supportive relationship, where expectations are discussed and where it's made clear that there are consequences for failing to adhere to standards. My Induction booklet contains general and Department specific areas to be covered. I have found the HSE checklists invaluable at Pre-induction stage and the list of Policies, Procedures and Guidelines keeps me, I hope, on the right road.

One thing I have learned is never to make assumptions. Just because someone has spent years in college doesn't mean that for example, they really understand the necessity for professionalism and confidentiality. Experience has taught me that these areas need to be covered. I always remind people that Ireland is small, Cork even smaller and people have the most amazing ways of asking questions to get information that they have no right or need to have!

I always do a 'walk and talk' tour of the hospital. Not only does it mean that a colleague becomes familiar with the actual structure of the hospital but it is also an informal way of learning what makes people tick, what areas of specific interest they have and it allows them to learn about me.

For me a golden rule is to be kind, be courteous and friendly. I remind my colleagues that we are people who are providing care for other people at a difficult time in their lives. We need to be respectful and mindful of this at all times.

Tricia Diamond, Speech and Language Therapy Manager, Cork University Hospital

*Tricia Diamond and her team provide care on a number of different sites in the Cork area including Cork University Hospital and Cork University Maternity Hospital, St Finbarrs Hospital (Care of the Elderly Service), Mallow General Hospital and the Mercy University Hospital



communication and feedback with their staff. The event was organised by HR's Performance and Development function in HSE South.

The Workshop in CUH featured a talk by Tony McNamara, Chief Executive Officer, on Hospital Governance.

Mary Mills, Director of Nursing, CUH, also spoke about the Behaviours and Values expected of staff and why these are important. A representative of the Employee Assistance Programme gave a presentation on the service the Programme provides.

Margaret Stone, HR Performance and Development, conducted a session on Induction Policy and the importance of making the induction process meaningful.

This session included information on Induction Policy and Procedure, Stages of Induction and Checklists.

The Performance and Development department also provides further support to Managers throughout the Induction Process, including a First-Time Managers Programme. Information is also available on People Management, a Legal Framework, Coaching Skills for Managers and Improving Service User Experience (People Caring for People), a support programme for any new member of staff.



Cork University Hospital



PROCUREMENT - WAYS OF WORKING

A NEW model, based on the concept, 'One Voice for Health Procurement', now applies across all government departments and agencies. The HSE Director General Tony O'Brien launched this model when speaking at a briefing, held for Procurement managers in Castletown House, Leixlip, Co Kildare in March. HSE Procurement is leading out on the development of the concept with the strategy 'One Voice for Health Procurement- Ways of Working'.

HSE Procurement is now part of Health Business Services (HBS), the business division of the HSE.

The implementation of the new Government Procurement model has presented a significant challenge for HBS Procurement. A new operating model was required for Health Procurement which most effectively used the available resources across the Health sector, and a plan was required to transition the resources and skills to focus specifically on the healthcare categories, while at the same time ensuring that all of the healthcare agencies

Procurement needs in the other categories were effectively met.

Speaking at the event, Jane Carolan, National Director of HBS, said "shared services have to be flexible and adaptable. The new division will provide high quality business services to the Irish health sector".

The HBS strategy envisages increasing joint working between the voluntary and statutory services within the health environment across a range of areas of service provision. HBS customers include all publicly funded public and voluntary health care agencies.

John Swords, HSE Head of Procurement, said, "The One Voice for Health Procurement model will have a single integrated approach for health procurement serving all HBS customers in delivery sourcing requirements for all procurement categories."

He said he looked forward to working in a collaborative way with all agencies in the health sector to deliver significant value.

Over time the One Voice for Health Procurement concept would include sourcing, logistics, business support and programme management.

“ The One Voice for Health Procurement model will have a single integrated approach for health procurement serving all HBS customers in delivery sourcing requirements for all procurement categories

 Attending a briefing on the strategy 'One Voice for Health Procurement – Ways of Working' were: Front row (l-r) Brendan White, Siobhan Dunphy, Brian Long, all HSE Procurement; Tony O'Brien, HSE Director General; John Swords, Head of Procurement ; Jane Carolan, National Director, Health Business Services. Back row: Eddie Hogan; Martin Quinlivan; Patricia Thornton; Gerry McMahon, Vincent O'Sullivan, Brendan Shovlin, Fra Mollen; Stephen Lynch; Joe Redmond; Shane Carr; Michael Driscoll, all HSE Procurement.

Engaging Men...

AS PARTNERS AND PARTICIPANTS

AT THE recent Men's Health Symposium, held in Dr Steevens Hospital on 15 April 2015, a new toolkit for supporting community initiatives aimed at improving men's health was launched by Minister Kevin Humphries.

The toolkit has emerged from the long-standing Men's Health and Wellbeing Programme run by the Larkin Unemployed Centre in the Ballybough area of Dublin. The programme, funded by the HSE, is based on the Wellman Programme associated with Celtic FC foundation. It has been running for the last six years.

The toolkit brings together the experiential learnings from the programme with academic evidence to provide a set of guiding principles, strategies and perspectives that will support the development of health promotion and community initiatives both nationally and internationally aimed at improving men's health.

The particular strength of this toolkit is that it captures the relevance of partnership, cross-sectoral approaches and creative

delivery methods as key pillars of health and wellbeing programmes for men. In this way, the toolkit reaches out to a wide target audience and challenges them to seek out opportunities to promote men's health in more non-traditional settings.

The toolkit provides a valuable roadmap for practitioners everywhere on how to effectively engage with so-called hard to reach groups of men.

Speaking at the Symposium, Dr Noel Richardson – HSE Men's Health Policy Advisor, commented, "There is no prescription for working with all men in all communities. And in our work with the Larkin Centre and the Men's Health and Wellbeing Programme we found that there was a lack of evidence based resources to guide health promotion and community initiatives working with men.

"In this toolkit we aim to share the 'how' and 'why' in a manner that provides skills for and encourages innovative thinking around working with men in our communities," he added.

The toolkit can be accessed at <http://www.itcarlow.ie>

“ There is no prescription for working with all men in all communities. And in our work with the Larkin Centre and the Men's Health and Wellbeing Programme we found that there was a lack of evidence based resources to guide health promotion and community initiatives working with men.

Maria Tyrell, Larkin Centre; Biddu O'Neill, HSE; Kate O'Flaherty, Department of Health; Minister Kevin Humphries; Anne Flannery, Larkin Centre; Cate Hargetigan, HSE; Karen O'Keefe, Pfizer; Noel Richardson, Carlow IT, at the Men's Health Symposium.



MIDWIFERY HIGHLIGHTED ACROSS COUNTRY WITH SERIES OF EVENTS

INTERNATIONAL Day of the Midwife was highlighted by midwives from all over the country and they used the opportunity of hosting a number of national events which were spread out over the whole week. Midwives' Day is also celebrated all over the world and this year's theme was "Midwives for a better tomorrow".

The Nursing and Midwifery Board of Ireland (NMBI), the statutory regulator for the nursing and midwifery professions, launched new practice standards for midwives that will ensure safe and high-quality midwifery care for mothers and their babies in Ireland. With approximately 2,500 midwives in practice in Ireland, the new standards, approved by the NMBI Board as required under the Nurses and Midwives Act 2011, follow a wide consultation process and survey of stakeholders that took place in 2014, as well as literature scoping and international review of best practice.

The new Practice Standards for Midwives 2015, are to replace the 2010 standards and will facilitate the skill set development of midwives in Ireland and ensure competencies are based on best-evidence and service need.

They follow a report last year by Dr Tony Holohan, Chief Medical Officer at the Department of Health, called 'HSE Midland Regional Hospital, Portlaoise Perinatal deaths (2006 - date)', and a call in the aftermath of this report by the then Minister for Health, James Reilly, for the regulator to explore how to improve competency and the development of skills in midwifery.

The Chief Nursing Officer at the Department of Health, Dr Siobhan O'Halloran, launched the Standards and said they were an extremely positive development for the profession of midwifery. "The new standards will support excellence in midwifery and the development of the highest standards of practice. It is a notable and timely development for the health services. These practice standards will provide further reassurance to the public of a safe standard of practice of our midwives."

Dr Maura Pidgeon, NMBI CEO, said the standards "outline clearly the scope of midwifery practice and core midwifery skills required in Ireland to ensure safe and high-quality care for mothers and their babies".

Elsewhere, as part of the celebrations, St Munchin's Maternity Hospital Limerick held a Career Fair and information session in the Hospital about the profession of Midwifery. It was attended by secondary school students from the area. They spoke with midwifery



The midwives who took part in the debate last month as part of Midwives Day, pictured with guest of honour, Minister for Health Leo Varadkar.

staff, midwifery students and others who provided them with an insight into the midwifery profession. Feedback from the schoolgoers was very positive.

In Our Lady of Lourdes Hospital, Drogheda (LOL), midwives and hospital colleagues embraced the hugely successful NHS campaign, '#HELLO MY NAME IS'.

This campaign originated in the UK to highlight the importance of staff involving patients in their care by using simple gestures like personally introducing themselves to patients. Midwives and staff will show their support for this campaign by displaying a 'meet the staff' collage in the hospital's main entrance hall. This collage housed individual and group photos of staff holding the '#HELLO MY NAME IS' page identifying who they are and what they do. Staff also wore campaign badges throughout the week to highlight their identity.

Colette McCann, the Manager for Women and Children's Services, spoke about the commitment to this campaign.

"As midwives, we continuously strive to keep the compassion in our care and understand that it is often the little gestures in life that can make all the difference to patients," she said.

LOL also opened a new room for women and families who were experiencing difficult times.

This was thanks to the very generous support from the members of the Co Louth Golf Club. Midwives Week in Our Lady of Lourdes concluded with a charity fundraiser aid of the Women's and Children's Refuge in Drogheda.

On May 6, the National Maternity Hospital



National Maternity Hospital, Dublin

hosted a National Midwifery Student Debate. BSc student midwives (4th Year) from each of the six universities educating student midwives (Dundalk Institute of Technology (DKIT), University College Cork (UCC), University College Dublin (UCD), NUI Galway (NUIG), University Limerick (UL), Trinity College Dublin (TCD) participated in a debate on the motion "Models of Maternity Care in Ireland offer Women Choice".

Three students proposed the motion as follows: Leah Branigan- Murphy DKIT, Laura O Shea, UL and Siobhan Wilcock, NUI Galway, whilst the motion was refuted by Jennifer Chaney, UCD, Gillian Doyle TCD and Nally Silva UCC.

The debate was chaired by our Chief Nurse, Siobhan O'Halloran. Minister for Health Leo Varadkar attended as guest of honour.

Over 100 midwives, students, lecturers attended the event and many colleges and hospitals across the country accessed the debate via live streaming on the internet.



(L-R) Dr Mary Browne, National Quality Improvement Programme (NQIP) (HSE/RCPI) and HSE Quality Improvement Division; Vicky Taylor, Executive Officer NQIP (HSE/RCPI), Geraldine Craig, TVN, OLOL hospital, Drogheda, Co Louth; Kathy O Sullivan, Director of Nursing, Cappagh Hospital; Tony O'Brien, HSE Director General (designate); Patricia McKiernan, TVN, Howth/Sutton Primary Care team, Dublin; Dr Philip Crowley, National Director HSE Quality Improvement Division; Eileen O Donovan, CNM2, Services for Older Persons, Virginia, Co Cavan; Mary C O Reilly, Acting PIC, Services for Older Persons, Virginia, Co Cavan; Orla Mulally, Programme Manager NQIP- Pressure Ulcers to Zero Collaborative HSE/RCPI; Teresa O'Callaghan, National Quality Improvement Advisor, HSE Quality Improvement Division.

TOP AWARD FOR ULCER TREATMENT PROGRAMME

A HSE/ Royal College of Physicians of Ireland (RCPI) healthcare initiative aimed at tackling pressure ulcers has won a prestigious international award from the Journal of Wound Care.

Commenting on the award, HSE National Director for Quality Improvement, Dr Philip Crowley said the fact that the initiative had reduced pressure ulcers by 73pc was a phenomenal achievement and was worthy of winning the award.

"Pressure Ulcers to Zero, a healthcare initiative in collaboration with RCPI, aimed at tackling pressure ulcers, began in February 2014 and ran until September 2014, in partnership with clinical teams from acute and primary care, community and private nursing homes in the Dublin North East region," he said.

"The primary aim was to reduce the number of avoidable pressure ulcers and to increase the capacity and capability of frontline clinical teams to improve the care they deliver. The collaborative focused on the SSKIN Bundle of care (Skin inspection, Surface, Keep your patients moving, Incontinence/moisture and Nutrition/hydration) and produced a short educational video. It was the first large scale improvement collaborative to take place in Ireland and was supported by the HSE Quality Improvement Division and the RCPI, through the National Quality Improvement Programme.

"Following the very successful programme run by the team in Dublin North East, the initiative will be rolled out on a phased basis across the health system in collaboration with hospital groups and Community Health organisations.

"Sometimes known as bedsores or pressure sores, pressure ulcers are a type of injury that affects areas of the skin and underlying tissue. They are an increasing problem that affect thousands of people unnecessarily every year and are painful, debilitating and can be life threatening. Around one in 20 people who are admitted to hospital with an acute (sudden) illness will develop a pressure ulcer; with people over 70 being particularly vulnerable. It is estimated that it could cost €250m per annum to manage pressure ulcers across all care settings in Ireland.

"Pressure Ulcers to Zero followed the collaborative learning model developed by the Institute for Health Improvement (IHI), Boston, USA which is designed to bring together groups of individuals from different organisations to focus on a specific topic. Learning sessions were held for teams to work together on a particular problem in their own organisation. While the subject for this collaborative was pressure ulcers, the methodology can and hopefully will be used in the future to implement change in other areas.

EUROPEAN ACCREDITATION FOR DEPARTMENT

THE Echocardiography Department in the Cardiac Diagnostics Department at the Midland Regional Hospital at Portlaoise has been successful in receiving EACVI (European Association of Cardiovascular Imaging) Laboratory Accreditation – for five years - from the European Society of Cardiology.

The EACVI provides the foremost individual certification and laboratory accreditation programmes for professional excellence in Europe and formal acknowledgement from a scientific society. The aim is to raise quality standards of practice and equipment across Europe in a uniform manner.

The Association offers a standard across 52 European Society of Cardiology member countries to which individual laboratories can benchmark themselves.

It provides a set of standards which are used to determine whether a department meets criteria recognised by EACVI as being consistent with producing a good standard of echocardiography.

In order to achieve accreditation, the hospital had to prove to the Association that it met the relevant criteria as a laboratory. Two of the Cardiac Technicians maintain their own individual accreditations which was an important factor in succeeding with departmental accreditation.

MRHP and the Adelaide Meath National Children's Hospital in Tallaght are the only two hospitals in the country to have achieved this accreditation. The diploma will be represented this year at the EuroEcho-Imaging 2015 inaugural ceremony.



Kathleen Morris, Senior Clinical Physiologist; Nancy Hiney, Clinical Physiologist; Niamh Harding, Chief Clinical Physiologist and Una Pigott, Clinical Physiologist.

WINNER ALRIGHT!

THE lucky winner of our competition for a two-night stay in the luxury Annebrook Hotel in Mullingar was Paula Crowley, an Environmental Health Officer based in the Child & Family Centre, Dublin Road, Portlaoise, Co Laois. Congratulations to Paula.

See page 79 for our latest competition, where you can win a stay in the five-star Powerscourt Hotel in Co Wicklow.



CUH Staff and students and partners in sustainability celebrate the Green Flag being raised on the CUH campus.

CORK GOES GREEN AS HOSPITAL SCOOPS ENVIRONMENTAL AWARD

CORK University Hospital (CUH and CUMH) officially celebrated becoming the first hospital in the world to be awarded the prestigious Green Flag by An Taisce's Green Campus programme on behalf of the international Foundation for Environmental Education (FEE) for its achievements around waste and energy management recently.

In 2010, University College Cork were pioneers in gaining the world's first Green Flag for a third level education institute. As an acute teaching hospital and an academic partner with a Green Flag university, CUH was eligible to work towards gaining Green Flag certification and was formally assessed by an An Taisce and FEE last September.

The hospital's environmental campaign began as a small recycling initiative in the operating theatre complex in 2008 but rapidly grew to become something much more elaborate and extensive. The CUH Sustainable Healthcare/ Environment Steering Group was established in April 2013. It is chaired by the CUH Group CEO, Tony McNamara, and contains representatives from HSE estates, nursing management, medicine, maintenance, finance, ICT, biomedical engineering, security and support services. The CUH 'Green Charter' was developed by this group and revolves around the fundamental idea that efficient waste and energy practices are embedded into the culture of CUH: that waste recycling, minimisation and segregation and smart energy use are simply 'the way we do things'.

In partnership with CIT, a unique brand identity was developed for the CUH environmental campaign which is now recognised on the

hospital campus as the SEECO programme. SEECO stands for lasting social, environmental and economic sustainable change. It is about changing practices around waste generation and energy use in order to achieve a more sustainable model of healthcare. SEECO seeks to inform and inspire staff to become more waste and energy efficient and promotes a low carbon lifestyle, both at work and in the home.

The hospital has established a network of over 120 'Green Advocates' who act as the 'eyes and ears' of the SEECO project on the ground. These committed staff are vital in gathering and relating information and ideas for improvement through a live register of opportunities and informal drop-in forums.

In 2013 and 2014, CUH has achieved a 205 tonne reduction in the amount of waste that is sent to landfill; a 21 tonne decrease in the

volume of clinical waste sent for treatment and a 77 tonne increase in the amount of waste segregated for recycling. The hospital now has an average monthly recycling rate of 65pc. CUH has also demonstrated a 1,185 MWhr decrease in electricity consumption, an 860 MWhr decrease in gas consumption and a 9,500m³ reduction in water consumption. All of this amounts to a 785 tonne decrease in the hospital's carbon footprint.

The Green Flag award does not mark the end of the hospital's environmental journey. On the contrary, it is merely the beginning and CUH plans to continue working hard for environmental initiatives long into the future. CUH is working in partnership with the National Health Sustainability Office, which is developing the management of energy, waste and water resources for the HSE.



The Green Flag is raised at CUH. (l-r) Tony McNamara, CEO CUH Group; Minister Kathleen Lynch; Patricia Oliver, Director Education Unit, An Taisce; Gerry O'Dwyer, CEO SSW Hospital Group; José Archer, Director ABAAE - FEE Portugal. PHOTO: GERARD MCCARTHY

EXPERT ON HAND TO PROVIDE HELP TO BREASTFEEDING MUMS

THE early days of breastfeeding can be tough on Mums as they and baby find their feet but they now have access to the support they need whenever and wherever they need it – thanks to the HSE’s exciting new website, breastfeeding.ie.

The updated site features an Ask Our Expert online service. The Ask Our Expert lactation consultant is a qualified clinician, available to women to answer their specific queries, give reassurance or advise them of further supports. Dr Stephanie O’Keeffe, HSE National Director for Health and Wellbeing, said, “More and more mothers in Ireland are breastfeeding their babies. However, the evidence is that in the first few days and weeks at home mothers face many challenges which often prompt them to stop breastfeeding unnecessarily.

“Our goal in the HSE is to provide the right support, at the right time, in the right place through readily accessible online resources.”

Siobhan Hourigan, National Breastfeeding Lead, said, “We have updated and launched the new look website www.breastfeeding.ie with innovative resources and introduced an exciting new service, Ask Our Expert. This is a professional, clinical service that Mums can access from their computer, smart phones or tablet when they want it, no matter where they are – at home, at work, on the train.”

The team behind www.breastfeeding.ie includes a qualified and accredited lactation consultant who will answer queries and give professional information and support to Mums.

“We aim to answer all queries within 48



Siobhan Hourigan, HSE National Breastfeeding Lead; Hannah Rothwell, Dublin 8; and Dr Stephanie O’Keeffe, HSE National Director for Health and Wellbeing, pictured at the launch of the HSE’s Ask Our Expert Service and new-look website breastfeeding.ie. INSET: Six-month-old Hannah at the launch. PHOTOS: MARC O’SULLIVAN

hours. We’ve trialled the service quietly in the last couple of weeks, and the feedback from Mums has been very positive, all would use the service again and would recommend www.breastfeeding.ie to a friend,” explained Siobhan.

All of the clinical and psychological evidence is there to show that breastfeeding is the ideal and natural start for babies; the goodness of breastfeeding will last both Mum and baby a lifetime, it’s probably one of the single most important things mothers can do for themselves and their baby’s health.

The newly updated www.breastfeeding.ie website is so easy to access and use whether you are on a computer, tablet or smart phone.

It provides Mums, Dads and anyone involved in supporting a breastfeeding Mum with:

- Access to evidence based answers to common questions on breastfeeding
- Videos on breastfeeding techniques and supports
- Evidence based information on managing some problems Mums may experience
- Contact details and information on local breastfeeding support groups and volunteers in every county

But the support is not just for new Mums or the first few weeks of breastfeeding. The website provides invaluable information and advice on returning to work while you are breastfeeding, introducing solid food at the six-month mark and even if you are pregnant and just thinking about breastfeeding.

Visit www.breastfeeding.ie

MODEL OF CARE FOR PAEDIATRIC ANAESTHESIA

THE HSE has just published the Model of Care for Paediatric Anaesthesia, developed by the National Clinical Programme for Anaesthesia led by Dr Bairbre Golden in consultation with doctors, nurses and health and social care providers nationwide.

The Model of Care for Paediatric Anaesthesia is an important document as it will form part of the Model of Care for Paediatrics when that is completed.

This model of care describes what is required in order to establish a network which delivers safe anaesthesia to Irish children.

Dr Bairbre Golden, outgoing National Clinical Lead, National Clinical Programme for Anaesthesia, said the model of care for paediatric anaesthesia was an important document for the health care system as well

as for children who receive care. “This model sets out how care should be delivered and when implemented will ensure standardised care for all children irrespective of the care setting,” she said.

Dr Jeremy Smith, who recently took up the role of National Clinical Lead, National Clinical Programme for Anaesthesia, also welcomed this Model of Care.

Ms Eilish Hardiman, CEO, Children’s Hospital Group, said this Model of Care would be of great benefit to patients, families, hospitals and staff for the management of children who require paediatric anaesthesia.

For more information on the work of the National Clinical Programme for Anaesthesia and for the Model of Care for Paediatric Anaesthesia, please visit www.hse.ie/anaesthesia

'CARE, COMPASSION AND COMPETENCE'

A RECENT summit provided a wonderful opportunity for nurses and midwives to share experiences of their contribution to leadership and innovation in their current roles.

The National Leadership and Innovation Centre for Nursing and Midwifery, hosted the Leadership and Innovation Summit 'People Purpose Passion' in Dublin Castle. National and international speakers presented to nurses and midwives from all areas of healthcare on many aspects of leadership, healthcare improvement, innovation and well being.

Dr Michael Shannon, Director of Nursing and Midwifery Services, HSE, said the summit "offers a great opportunity for nurses and midwives to come together and celebrate International Nurses Day and showcase leadership and quality improvement in their services".

Dr Aine Carroll, National Director Clinical Strategy and Programmes Division, complimented the content of the summit and added, "Quality and safe service provision is at the heart of nursing and midwifery and plays a key role in ensuring services are safe and continually driven by quality care for patients and their families."

Tony O'Brien, Director General, HSE speaking at the conference said, "I appreciate the opportunity to join with nurses and midwives from across our diverse health services to celebrate nursing and midwifery on International Nurses Day. Health Services are going through a period of restructuring and redefinition.

"It is opportune that we take time to reflect on the contribution of nursing and midwifery to healthcare. The long and rich history of nursing and midwifery is based on caring, compassion and competence, and in its contribution to

healthcare past, present and future - and in particular to patient care cannot be overstated. Care, compassion and competence which are so deeply reflected in nursing and midwifery are also the underpinning values of our recently published Corporate Plan - where we have agreed 'to try and live our values of Care Compassion Trust and Learning every day in all that we do'. In addressing nurses and midwives today, I hope to contribute to the conference aims of recognising and building People Purpose and Passion in nursing and midwifery."

A number of resources were launched at the event which includes:

- Clinical Leadership Competency ePortfolio: The National Leadership and Innovation Centre in partnership with many stakeholders have developed the Clinical Leadership Competency ePortfolio (CLCeP), consisting of 7 core competencies. The CLCeP is available and accessible to every nurse and midwife via www.hseland.ie.

- Nursing and Midwifery Quality Care-Metrics: a national nursing and midwifery care quality improvement initiative supported by Dr Michael Shannon. Quality Care-Metrics are a measure of the quality of nursing and midwifery clinical care processes in healthcare settings in Ireland, aligned to evidenced based standards and agreed through national consensus. The National Lead for this initiative is Anne Gallen (M) 0872221682 (email anne.gallen@hse.ie).

For more information on this summit visit: <http://www.hse.ie/eng/about/Who/ONMSD/leadershipinnovationsummit/>



SUPPORT FOR TEACHERS IN AREA OF SPEECH AND LANGUAGE THERAPY

THE Galway PCCC Speech and Language Therapy Department have recently begun to roll out a series of training programs for resource teachers working in Galway with children who present with speech and language therapy needs.

The first of these is the Elklan programme 'Speech & Language Support for five to 11 year olds' (www.elklan.co.uk), which was run from December to March, by Aisling O'Brien and Caoimhe O'Flaherty, Speech and Language Therapists with Galway PCCC.

The course is designed to be run over a series of weekly two-hour sessions, or can be run as an intensive three-day programme.

The Elklan 5-11s programme aims to provide strategies to develop the communication skills of all children, but especially those with speech, language and communication needs.

This is the first time this training has been implemented in Galway, and the response from teachers who attended this first series of training sessions has been overwhelmingly positive.

"Speech and language is such a huge, complex area, and teachers generally don't receive enough training or guidance in this. The Elklan course certainly changes this. I have been using a lot of the work already with specific children, and the improvement is already noticeable," said Claire O'Donovan, from Brierhill National School in Ballybrit said following the training.

Olive O'Loughlin from Tirellan NS, Headford Road, commented that the SLT facilitators were "very warm, friendly, and open".

"I really enjoyed the speech and language therapists input coming from their own experience, and their genuine concern for children with speech and language difficulties".

The Speech and Language Therapy department will continue to deliver Elklan training programmes across the county over the coming years, including 'Language Support for 5-11s', as well as training programmes for teachers and SNAs working with children who have complex needs.



At the nursing and midwifery conference were Tony O'Brien, Director General, HSE; Mary MacMahon, Deputy Director, National Leadership and Innovation Centre, Office for the Nursing and Midwifery Service; Leo Varadkar, Minister for Health; and Dr Michael Shannon, Director, Office for the Nursing and Midwifery Services, HSE. PHOTO: CONOR MCCABE

INTELLECTUAL DISABILITY 'SHOULD BE NO BARRIER TO HAVING VOICE HEARD'

THE touching stories of the lives of service users with an intellectual disability who have successfully moved from a congregated setting to community housing were told at a recent conference in Sligo.

'Transforming Lives Present and Participating in My Community' was a wonderful day of celebration, with approximately 240 in attendance. Included were the stories of hosts Ann Marie Duffy, Shared Voices Advocacy Group and service user, and Kathleen McTigue, conference chairperson and service user.

Speakers on the day included Dr Andy McDonnell, Consultant Clinical Psychologist, CEO of Studio 111, Siobhan O'Doherty from Maynooth University, and Maria Walls, National Manager of the National Advocacy Service for People with Disabilities.

The conference was opened by Minister Kathleen Lynch, Minister of State with responsibility for Disability, Older People, Equality and Mental Health. In her opening address, she encouraged all people with an intellectual disability to live ordinary lives in their own communities. She spoke about the important things for service users which are the little things we all take for granted such as having a voice and making choices about their own lives.

There were emotional stories from family members: Kathleen Keaveney who told her



ABOVE: The conference organising committee: (l-r) Orla White, Sheila McPartland, Anne Marie Duffy, Anne McDermott, Ann McCabe, Winnie Connolly, Kathleen McTigue, Teresa Dykes, Elizabeth Bracken and Mary Hogan.

sister Josie's story of self determination and Catherine Finneran who gave us an insight into self-directed living of her son Keith.

The conference was closed to great fanfare by the National Learning Network (NLN) Manorhamilton and The Resource Centre Choral Ensemble.

The conference was organised by persons with a disability assisted by with support from their families, the HSE Disability Services, RehabCare; National Learning Network, The National Advocacy Service, St Angela's College Sligo, Trinity College Dublin, Sligo Leader Partnership.



Stephen Gallagher, service user, presenting Minister Kathleen Lynch with the gift of a picture designed by New Haven Enterprises.

NURSING UNIT REFURBISHMENT

ALCON, Medical Devices based in Cork worked with Farranlea Community Nursing unit to create a new family room, paint and decorate other rooms and hallways around the unit and sponsor some much-needed equipment for the art therapy room.

Over 50 employees of the global company descended on the community nursing unit on last month as part of the company's 'Community Partnership Day'.

Staff from Alcon worked alongside other volunteers and HSE staff to create some very beautiful spaces within the unit. New softer colours were used in the hallways, murals were painted inside the entrance hall and furniture and other comforts were installed in the new family room for relatives of residents who may have to or wish to stay overnight in Farranlea Road.

Barbara Ryan, Director of Nursing, said, "We are delighted that Alcon have supported us in our efforts to make this nursing unit more attractive to all our residents.

"The Art therapy room is a huge addition to us and the family room will be a great comfort for relatives. It was wonderful to see Alcon employees working alongside our own staff painting, cleaning and enjoying themselves to create something really special and we look forward to working with them again in the future."



One of the Alcon staff members helps with the painting.

SOLACE ROOM WILL PROVIDE A PLACE OF PEACE FOR PATIENTS

A NEW counselling and bereavement room for families using the maternity services at St Luke's General Hospital has been unveiled.

The Solace Room was funded under the Design and Dignity Grants scheme, operated and co-funded by the Irish Hospice Foundation, (IHF) and the Health Service Executive, (HSE). A grant of €48,240 was awarded for the project.

The scheme aims to transform the way hospital spaces are designed for people at the end of life, and to set the standard for other hospitals to follow.

The room provides a dedicated space for bereaved parents following the loss of a baby prematurely or the sudden death of a full term child. It also serves as a private space where bad news can be broken, for example in the event of a baby being diagnosed with a congenital abnormality.

Prior to the creation of the room, bad news relating to a foetal abnormality or pregnancy loss was broken to patients in an office or the room where the ultrasound was carried out.

Professor Ray O'Sullivan, Consultant Obstetrician/Gynaecologist at St Luke's General Hospital welcomed the development: "Thousands of women and their families endure the heartbreak of miscarriage,

stillbirth and neonatal death every year in Ireland. The grief and trauma of these unexpected events often happen in very public locations. St Luke's Hospital in Kilkenny is pleased to announce the opening of the Solace Room - a location away from the normal business of the hospital. It is a purpose designed room where women and their families can begin to grieve for the little life that has been lost."

The idea for the Solace Room came from the management and staff in the Maternity Department.

On behalf of the midwifery staff working at St Luke's General Hospital, Anne Flynn and Patricia Wogan said that they were pleased that families could benefit from the special room: "This room is for parents and their families who receive sad news or loss during their pregnancy or around the time of birth. The Solace Room will now give our women a place in which to be given sad news, and to sit and have as much time as needed to understand and receive the appropriate information and support in a nice, non-medical environment."

The new room is part of the ongoing partnership between St Luke's General Hospital Carlow- Kilkenny and the Irish

Hospice Foundation. The hospital's End of Life Care Committee has been working on a number of initiatives to improve services and support care for people at the end of life throughout the hospital.

To date, 11 projects have been funded across the country under the Design and Dignity scheme at a cost of €1.5m. A further nine hospitals around Ireland will benefit from grants totalling €500,000 this year, which will help transform older/dated spaces including family rooms, gardens and mortuaries.

Sharon Foley, CEO of the Irish Hospice Foundation said, "This project in St Luke's is an excellent example of how a peaceful environment can be created in a busy maternity facility. Losing a child is one of the most traumatic experiences a parent can go through, but having the appropriate space and time to digest the news is crucial.

"Our congratulations are extended to all who worked on this project and especially to the staff of St Luke's General Hospital for their drive and commitment to providing this space for their patients. It is wonderful to see it come to fruition and I'm sure the facility will be a source of some comfort for bereaved parents at a terribly distressing time in their lives."

EUROPEAN HOSPITAL MANAGERS DISCUSS MENTAL HEALTH

A GROUP of delegates from the European Association of Hospital Managers (EAHM) were in Cork recently to discuss experiences in and share learnings of the mental health services.

During their four-day visit the delegation travelling from Germany, France, Belgium, Switzerland, Norway, the United Kingdom, Croatia and Denmark met Kathleen Lynch Minister of State at the Department of Health. They also met with members of the Cork mental health teams (those working on the very successful stress control public sessions being run by the HSE and the GAA) and service users. Assistant Garda Commissioner, Kieran Kenny gave a presentation on how the European police

forces, An Garda Síochána and the mental health services are working together to ensure the best care, treatment and outcomes can be provided for patients and clients. Gerry O'Dwyer, CEO of the HSE South/South West Hospital Group and first ever Irish President of the EAHM said, "I am delighted to host this European-wide gathering of hospital managers who have travelled to Cork to get a first hand insight into mental health services and to share with us the experiences they encounter in their countries. We all take away something from this inspiring educational visit."

EAHM was founded in 1972 based in Brussels and represents over 17,000 hospital managers from 28 European countries.



Kathleen Lynch, Minister of State at the Department of Health; Gerry O'Dwyer, first ever Irish President of the European Association of Hospital Managers (EAHM); and Professor Geraldine McCarthy, Chair HSE South/South West Hospital Group, with a group of delegates from the EAHM who were in Cork recently travelling from Germany, France, Belgium, Switzerland, Norway, the United Kingdom, Croatia and Denmark to discuss experiences in and share learnings of the mental health services. PHOTO: GERARD MCCARTHY



CONNOLLY HOSPITAL MARKS 60 YEARS

CONNOLLY Hospital Blanchardstown marked its recent 60th anniversary with a special event attended by Tánaiste and Minister for Social Protection Joan Burton and Minister for Health Leo Varadkar.

Formerly a junior doctor at the hospital, Minister Varadkar paid tribute to the staff at the hospital.

"This is a very special occasion to pay tribute to all of the men and women who have worked here over the past 60 years, the 900 staff working here today and the thousands who went before us, the medical staff, the porters and cleaners, medical scientists, management, nurses, therapists and all the support staff. I have very happy memories of working here myself back in 2004 and 2005."

"Connolly Hospital now forms part of the RCSI Hospital Group and there are major developments underway. In three months' time, the planning application for the three-storey Children's Unit will be lodged with An Bord Pleanála. It will include a walk-in Children's Emergency Department or Urgent Care Centre, paediatric out-patient department and children's dentistry. I also think there is enormous potential for the RCSI Group to exploit Connolly's land bank and location to develop a major healthcare campus here for the Group combining medical and academic facilities with industry, research and life sciences."

A number of major developments have been completed at the hospital in recent years, including the opening of the Endoscopy

Unit in 2011 and the refurbishment of the Acute Medical Assessment Unit (AMAU) and opening of the new MRI facility in 2014. Work is also currently underway to provide additional services at the hospital. These include: a urology service, a new radiology unit and the scoping of a 100-bed Community Nursing Unit. Connolly Hospital is also one of the sites selected for the development of the new National Children's Hospital Satellite Centre.

Mairead Lyons, Hospital Manager said: "Connolly Hospital is committed to the strategic and operational revision of patient centred quality care, delivered with compassion and professionalism by a valued and dedicated staff, whilst ensuring

excellence, equity and accountability. Our core value is to put patients at the heart of what we do and how we do it."

A number of staff events have been planned as part of the overall birthday celebrations. There was a music night at which Connolly Sounds will perform. Connolly Sounds are a group of musicians who are all staff from the hospital that have been brought together to perform at the music night. The Castleknock 5km run which takes place in June, will be in aid of the Blanchardstown Hospital Society. In June/July, there will be a further musical event at which Blanchardstown Brass Band will perform and plans are being put in place to hold a 'Hospital History Show' in November.



(L-R) Front row: Judy McEntee, Director of Nursing; Joan Burton, Tánaiste and Minister for Social Protection; Leo Varadkar, Minister for Health; Louise Collins, Director of Clinical Services. Middle row: Mairead Lyons, Hospital Manager; Prof Eamon Leen, Clinical Director; Anne Maher, Chairperson, RCSI Hospitals Group; Bill Maher, CEO RCSI Hospitals Group; Rachel Saunders, HR Manager. Back row: Shona Schneemann, Deputy Hospital Manager; Caroline Stratton, Finance Manager; Doreen Powell, Risk Manager, at the anniversary celebrations in Connolly Hospital Blanchardstown.

WORLD HEALTH GAMES ON WAY TO LIMERICK

HSE staff are being urged to participate in the 36th World Medical and Health Games when they return to Limerick in July, 20 years after they were first held there.

With an expected attendance of up to 1500 participants from Europe, Canada, the US, Morocco and Japan, the event, being held in the University of Limerick from July 18 to 25, will include triathlons, half marathons, a 100km road cycle race, as well as golf, tennis, swimming and volleyball.

Established in France by Corporate Sports Organisation Paris, under its CEO Pierre Lusinchi, the games will bring together people of all ages who work in medical and health settings. A promotional campaign is under way to encourage HSE staff in Ireland to participate in the Games as a way of meeting their peers worldwide.

Mr Lusinchi said he recognises Ireland as a country easily capable of hosting major international events and is keen to encourage Irish participation in the Games, hoping in particular that the triathlon, half marathon, cycling, soccer and tag rugby will attract Irish competitors. A special registration fee of €50

is available to Irish participants (overseas registration is usually €250).

For the first time in its history the World Medical and Health Games will this year also include a Kiddy Games to attract family participation. UL Sports Director David Mahedy said, "While the University of Limerick campus is the main venue for the Games, there is huge enthusiasm locally, with several key events taking place with the support of other clubs and venues throughout the city and county, including the Limerick Cycling Club, Triathlon Club, Limerick Lawn Tennis Club and Ballyneety and Castletroy Golf Clubs.

"The great advantage the University of Limerick has in hosting an event of this scale is that apart from the sports facilities, participants can avail of many of UL's amenities including its attractive ensuite residences and the wonderful atmosphere in our great value bar restaurants and cafés dotted across the campus."

UL's Graduate Medical School is hosting a two-day international symposium during the Games, on the importance of health in sport.

LEADERSHIP PROGRAMME

THE HSE received 'Outstanding Achievement Status' under the category Best Leadership Initiative at the recent Irish Institution of Training and Development National Training Award. The leadership development programme submitted for the award was the Pilot Multidisciplinary Leadership Development Programme with the HSCP group.

Adopting an organisational development approach, the programme was co-designed with a group of potential participants to establish their 'priority-needs'. These were anchored against behaviours and competencies identified for HSE senior executive leaders. A workshop was arranged to identify these needs, followed by a validation and proofing exercise which informed the design, programme duration and selection criteria. A section of learning methodologies were adopted which included project work, seminars, action learning sets, coaching, reflective log, pre- and post-programme 360 degree assessment and development of a post-programme personal leadership development plan. The programme was designed to be challenging and intended to stretch participants outside their comfort zone to promote new leadership learning and leadership competency development.

USI SHAGWEEK LAUNCH



Pictured at the launch of USI Sexual Health Advice and Guidance (SHAG) campaign in February was DIT students; Greg O'Donoghue, USI; Roisin Guiry, HSE Crisis Pregnancy Programme; and Ciaran Collins, MSD. The Union of Students in Ireland (USI) launched its Sexual Health Awareness and Guidance (SHAG) campaign in collaboration with the HSE Crisis Pregnancy Programme, Durex, MSD Ireland and a broad range of organisations working in the area of sexual health. Irish research has found that 80pc of young people use contraception every single time they have sex. That means 20pc – or one in five – take risks from time to time and can end up contracting an STI or having an unplanned pregnancy. We also know that in 2013 three-quarters of chlamydia cases were reported in people aged less than 30 years, with the largest proportion aged 20-24 years (42.2pc). The USI SHAG campaign is intended to raise awareness of sexual health among students in the hope that those who are sexually active will have enjoyable, consensual, safer sex and will get tested regularly for STIs. PHOTO: CONOR MCCABE PHOTOGRAPHY.

DONEGAL SCHOOLS PROMOTE HEALTHY COMMUNITIES

THIRTEEN post-primary schools in Donegal were represented at the Health Promoting School Learning Event in the Regional Cultural Centre, Letterkenny. In addition to students and staff from the schools, others who work within and link to the education sector in Donegal were present on the day to view the work that the schools seeking national Health Promoting Schools recognition are completing.

Activities in the schools address various aspects of health and the work presented included displays, consultation results, portfolios, and presentations and focused on both the physical and mental health of the whole school community.

Organisations supporting health and wellbeing in schools in Donegal were also available to discuss how they might link with the work the schools are addressing as their Health Promoting School theme. This allowed the schools present to consider how they might forge partnerships with organisations in their local community.

Schools displayed the work they have completed and were on hand to inform those attending about the impact their specific theme was having on the whole school community. Inputs on the day were provided by student members of the Health Promoting School Team from Gairm Scoil Chú Uladh, Sheila Coyne, one of the coordinating teachers from Colaiste Cholmcille and Principal of St Eunan's College, Chris Darby. Chris said the school's involvement in the process had influenced the staff and students in the school and concluded that from a Principal's perspective involvement in this initiative was a 'no brainer'. "The students lead the project and are supported by the Link Teacher and their work is respected by



ABOVE: Leanne Wray, Health Promoting School Coordinating Teacher (standing on left), with members of the Health Promoting School Team from Errigal College, Letterkenny at their display during the Health Promoting School Learning Event in the Regional Cultural Centre, Letterkenny. BELOW LEFT: Helen Moore (on left) and Aoife Nash from Gairmscoil Chú Uladh, Ballinamore with members of the school's Health Promoting School Team. BELOW RIGHT: Mary Bourke, Health Promoting School Coordinating Teacher (standing on left), with members of the Health Promoting School Team from St Eunan's College, Letterkenny,



all in the school community." These inputs provided a great opportunity for new schools in the county who are interested in working to become a Health Promoting School to hear about the process from those currently involved.

The Health Promoting School Process is managed by Health Promotion and



Improvement, HSE West. There are currently limited spaces available for new schools to become involved in the process in the 2015/16 academic year. Any school that is interested should contact Sarah by telephone on (074) 9109112 or by e-mail at Sarah.A.Thompson@hse.ie to arrange a meeting to discuss the process in more detail.

ST MARGARET'S SERVICE HOST INAUGURAL SUMMER COLLEGE

ST MARGARET'S Service is a community-based, not for profit organisation that supports people who have intellectual disabilities, based in Donnybrook, Dublin 4.

For a number of years, St Margaret's service has been establishing itself as specialists in supported self-directed living.

They are honoured to host their inaugural Summer College reflecting what they have learnt and continue to learn through their Good Life Programme and the national decongregation policy in their shared journey with people who choose to use the service.

"Topics included in the College Programme are social role valorisation, choice, relationships, meaningful day, supporting behaviour to communicate, supported employment, systematic learning, inclusive lifestyles, partnership of family and service workers, all to the benefit of what we all want and deserve - a Good Life," said a spokesperson for St Margaret's Service.

The programmes are facilitated over five weeks: four this summer from June -August and the fifth in October 2015.

Week One - Monday, June 22 to Thursday,

June 25: The Foundations of a Good Life
 Week Two - Monday, June 29 to Thursday, July 2: The Practicalities of a Good Life
 Week Three - Monday, July 6 to Thursday, July 9: The Good Life
 Week Four - Tuesday, August 25 to Friday, August 28: Celebration of a Good Life
 Week Five - Friday, October 23 to Sunday, October 25: A Good Life in Action

To make an enquiry regarding this or to request more details on the workshops and/or a booking form please email karen.devane@stmargaretsdonnybrook.ie

PATIENT SHARES POIGNANT STORY

THE in-depth and poignant account of one patient's journey through chronic illness was presented during a half-day conference for healthcare professionals entitled 'Supporting Patients with Chronic Illness'. The event was hosted by the Medical Social Work Department at Our Lady of Lourdes Hospital in Drogheda, in conjunction with the Psychology Department of Beaumont Hospital.

The lady, who attended the Oncology Unit at Our Lady of Lourdes Hospital, shared her private thoughts and feelings about undergoing treatment for breast cancer.

Speaking about the daily challenges of being on chemotherapy and how she coped with the overwhelming feelings of loss, fear and anxiety. The lady spoke candidly about the aspects of her care that greatly helped her and about the importance of having trust in the medical team, having expert clinical care and continuity of care and equally important, being treated as a person not a disease. Having access to accurate high quality information, understanding how the process works, helped her feel safe and cared for along her journey.

The aim of the conference was to give staff a greater understanding of the psychological impact on patients living with a chronic illness and how to assist them to manage their condition better.

Speakers included Dr Jennifer Wilson O'Reilly and Dr Sarah Clarke, senior clinical psychologists at Beaumont Hospital, and Eimear Black, medical social worker and Barry Mathews, staff nurse at Our Lady of



(l-r) Dr Sarah Clarke and Dr Jennifer Wilson O'Raghallaigh, Senior Clinical Psychologists, Beaumont Hospital; Barry Mathews, Staff Nurse, Oncology Unit; Blathnaid McCabe, Senior Medical Social Worker; and Eimear Black, Medical Social Worker, Oncology Unit, Our Lady of Lourdes Hospital at the conference.

Lourdes Hospital.

The main themes and presentations included the psychological cost of chronic illness, encompassing the themes; the prevalence of chronic illness, cost to the health care system and society, and the physical and psychological burden the individual has to bear. The types of illness described included COPD, diabetes, cardiovascular disease and cancer.

Self-management and stress reduction were outlined and discussed, and the 'Better Health, Better Living' programme, a treatment approach to managing chronic illness currently being used by healthcare professionals in Beaumont Hospital and in use in other parts of the country was discussed; including the

benefits to the patient and the health sector. Speaking about the conference, chief organiser and senior medical social worker at Our Lady of Lourdes Hospital, Blathnaid McCabe said the feedback on the day was 'very positive'.

"Delegates were very enthusiastic about the subjects and eager to understand in greater depth the challenges facing patients who experience chronic illness. Overall it was a great learning opportunity for staff and we hope to run a further conference again next year," said Blathnaid.

The conference which was attended by a cross section of staff from both the hospital and community setting in Louth and Meath was held in the Drogheda – Clinical Education Centre at Our Lady of Lourdes Hospital.

PLAN AIMS TO TRANSFORM CARE OF EATING DISORDERS

SLIGO/LEITRIM Community Mental Health Service (MHS) has been actively working to develop and establish a specialised Eating Disorders Service as part of ongoing intensive evidence-based service development plan, focusing on transforming and improving care.

The main aims of the service are to provide a suite of evidence based therapies and interventions targeted to address eating disorders.

A Clinical Nurse Specialist, Mary Harron, is now working as an Eating Disorders Practitioner as part of the service.

"I am delighted to be taking up this important role and looking forward to working as part of the wider team to address the complex needs of individuals, carers and families whose lives are adversely affected by eating disorders," said Mary.

Speaking at the launch, Tomas Murphy, Area Director of Mental Health Nursing Mental Health Service Sligo/Leitrim, said, "We are delighted to be launching this service to the population of Sligo/Leitrim. The establishment of a specialised Eating Disorders Service will result in a comprehensive response to this illness and will ensure that our clients get the help and support that they need."

The Sligo/Leitrim Community MHS will accept referrals from General Practitioners in Sligo/Leitrim West Cavan and South Donegal for Adults Aged 18-65 years. For further information, please contact Mary Harron, Eating Disorders Practitioner on 071-9155120.



Tomas Murphy, Area Director of Nursing; Dr Owen Mulligan, Sligo Mental Health Services; Mary Harron, Eating Disorders Practitioner; Dr Ed O'Mahoney, Sligo Mental Health Services; and Carmel Loughlin, Assistant Director Nursing, Co Sligo, at the launch of Sligo/Leitrim Mental Health Services, Eating Disorders Service, at Sligo Regional Hospital. PHOTO: JAMES CONNOLLY

STOCK MANAGEMENT EARNS CENTRE AWARD

BALLSGROVE Health Centre in Drogheda won the 'Primary Care – Patient Safety Initiative' category at the recent CMG Irish Healthcare Centre Awards for their improved approach to stock management.

The annual Irish Healthcare Centre Awards recognise excellence in the healthcare sector, and celebrate the incredible work being done by healthcare professionals throughout the country.

Ballsgrrove Health Centre's winning initiative, 'Adopting a Lean Approach to Stores Supply in a Primary Health Care Centre' was a pilot project centred on improving the stock system in the health centre for wound care supplies.

A 'Dragon's Den' component on a regional senior nursing Leadership and Management Programme in March 2014 led Dolores Donegan, assistant director of nursing, Midwifery Planning and Development Unit, and Siobhan McElearney, assistant director public health nursing, Louth Primary Care, to develop the idea for this project. Success in the Dragon's Den project fuelled their ambition to implement the idea and Ballsgrrove Health Centre was chosen as the pilot site.

Speaking about the rationale for the initiative, Siobhan said: "The existing process

for the supply, delivery and transportation of wound care products was time consuming, the ordering system was complicated and stock control and storage systems were inefficient."

By improving the stock control and storage system and simplifying the ordering process, Ballsgrrove Health Centre Client seen a decrease in excess stores ordering by 28pc. This equates to a saving of €164,000 per year for the Louth Primary Care Area. This has also had a positive knock-on effect on patient care, as staff can now readily access the wound care products they require. It has also resulted in improving the work environment for primary care staff as ordering is now simpler and less time-consuming.

Thanking all those involved in bringing the initiative to fruition, Dolores said, "Collaboration with all stakeholders was essential to the success of this project. These included David Gordon, Catherine Smyth and the Ballsgrrove Health Centre team, Barbara Kelly from Regional Procurement and Mary Mc Kiernan from the Louth PCCC Finance department."

The new supply process has been implemented at Ballsgrrove Health Centre and will be rolled out throughout the Louth PCCC sites through 2015.

CHILDHOOD IMMUNISATION

CHANGES to the childhood immunisation schedule are being introduced for babies born on or after July 1 2015.

From then onwards babies will need just one dose of meningococcal (MenC) vaccine at 4 months instead of two doses at 4, and 6 months. This is because it is now known that one MenC dose provides protection in the first year of life. The timing of the rest of the primary childhood schedule will remain the same. MenC disease is a serious bacterial infection that can cause septicaemia and meningitis. MenC vaccine was introduced in Ireland in October 2000 and since then the number of cases of MenC disease has fallen by almost 90pc. There is also evidence that the protection developed after the 13 months MenC vaccine reduces over time so from January 2015 children in 1st year of second level schools are being given a booster dose of MenC vaccine to give them better protection against MenC disease as adolescents and adults.

This booster vaccine is given as part of the HSE school immunisation programme.

The National Immunisation Office (NIO) is producing information materials on the new schedule. Information materials for parents will be available. Updated clinical guidelines, posters and information materials for healthcare professionals will also be available.

More information is available at www.immunisation.ie

FUTURE TECH



Health tech startup Cortechs has been named winner of the FutureHealth programme in NDRC by Minister for Communications, Energy and Natural Resources Alex White. The early stage venture which has developed a wearable brainwave platform that helps children with ADHD focus on tasks more effectively, was set up by Aine Behan. It was one of 10 startups that took part in the eight-week FutureHealth programme, the aim of which was to find and support potential new ventures in the rapidly growing digital health sector and help build their commercial proposition. The winning team will now receive €15,000 worth of mentorship services from EY across a range of business services. Developed by NDRC, with partner UCD and supported by ICON, EY and Enterprise Ireland FutureHealth is the first pre-accelerator programme focused on health tech in Ireland. Pictured l-r: Ben Hurley, chief executive, NDRC; winner Aine Behan, Cortechs; Dr Helen McBreen, NDRC; and Minister Alex White.



At the conference were (l-r) Margo Wrigley, National Clinical Lead, Mental Health Directorate; Anne O'Connor, National Director, Mental Health Services; Rory Woods, service user; Ivan Yates, broadcaster, entrepreneur and former politician; Eithne Cusack, Director of Nursing and Midwifery Planning and Development, Dublin North; Niall Breslin, TV presenter and songwriter; Ann McGilloway, family member; and Dr Michael Shannon, Office of Nursing and Midwifery Services Director ONMSD.

BRESSIE SHARES STORY WITH CONFERENCE

THEMED 'From Diagnosis to Dialogue', the Office of the Nursing and Midwifery Services Directorate (ONMSD) in the HSE hosted a national mental health nursing conference in Dublin Castle, where a number of inspirational speakers shared their stories.

This event was attended by 400 delegates from a variety of backgrounds, including healthcare professionals, service users, family members, carers, advocates, peer workers, and community organisations. Key speakers included Professor Agnes Higgins, Trinity College Dublin; Professor Martin Knapp, London School of Economics; Professor Marius Romme; and Niall Breslin, better known to most as singer Bressie.

Kathleen Lynch Minister of State for Primary Care, Social Care and Mental Health opened the conference and officially launched a number of HSE publications including:

- A Clinical Supervision Framework for Nurses Working in Mental Health Services
- Risk Assessment and Safety Management Planning in Mental Health Nursing Services
- Best Practice Principles for Risk Assessment and Safety Planning for Nurses Working in Mental Health Services
- An Education and Training Review of Nurses Working in Child and Adolescent Mental Health Services

The conference was a collaborative event which provided opportunities for families, service users and advocates to present personal stories and experiences of their

mental health experiences to reduce stigma and promote mental health and well being.

Bressie shared his compelling story of incredible bouts of anxiety/panic attacks and endless nights of insomnia. It began as a child in Israel, where his dad was as Irish Army UN peacekeeper. The noise of night shelling terrorised him.

Later in his adolescent and adult years, these concealed fears haunted him. Bressie spoke honestly of the challenges these fears caused him and described how he broke his own arm in a bid to alleviate his distress.

Rory from west Cork now works with the mental health services. He had 20 admissions to psychiatric services. He gave us a unique insight into mental anguishes. His recovery, to progress as a happily married man, father of four and an employee of mental health services, was inspirational.

A mother, Ann, narrated her family's experience with their daughter Yvonne, explaining the mistakes parents can make in early stages through ignorance and without diagnosis.

Ivan Yates facilitated a panel discussion which highlighted the benefits for improved outcomes when service users are involved in the design, delivery and development of mental health service provision in collaboration with families and healthcare professionals. Documents that were launched by Minister Kathleen Lynch are available on www.nmpdu.ie

LEAD NCHD ROLE TO IMPROVE COMMUNICATIONS

THE HSE recently hosted an Inaugural Lead NCHD workshop at Dr Steevens' Hospital, Dublin 8.

The Lead NCHD is a recently created role in the Irish Health Service. The idea of a trainee as a leader is new to the Irish Health system. The Lead NCHD role was piloted in six hospitals during 2014 these were CUH, Mercy, Tallaght, UCHG, Mater and the Midland Regional Hospital, Mullingar. The initiative proved to be successful and was rolled out nationally in January.

Dr Colm Henry, HSE National Clinical Advisor, Acute Hospitals welcoming this new role commented, "This new post should enhance communication between hospital management and NCHDs. For too long, this communication could be haphazard and inconsistent. As a result NCHDs had little input into decisions that affected their work and training and hospitals did not access the knowledge and experience of a large component of their frontline clinical staff. This new post allows for a more structured link that aims to enhance the way our hospitals are run and benefit NCHDs and patients."

To support the newly appointed Lead NCHDs in taking on this role, a Lead NCHD Workshop was devised jointly by National Doctors Training and Planning and the Clinical Director Programme of the HSE. The Education Workshop for Lead NCHDs was attended by 33 Lead NCHDs.

Speaking about the workshop Prof Eilis McGovern, Director, HSE National Doctors Training and Planning said, "It was obvious that this is an energetic, highly motivated group of Doctors which has the ability to expand and enhance this role.

"The Lead NCHD role was a key recommendation of the MacCraith report and allows appointees to be advocate for their fellow NCHD colleagues.

"In addition the role is also very relevant in the context of the recent medical council 'your training counts' report. It is hoped that new and emerging developments initiated by Lead NCHDs in hospitals throughout the country will have a very positive impact on both the medical workforce and service delivery in the near future."

Other contributors to the workshop included Tony O'Brien, Director General Health Services, Dr Conor Malone, former Chief Resident – Beacon Hospital, and Dr Paul Kavanagh, Irish Medical Council.

It is the HSE's plan to hold two Lead NCHDs workshops each year.

NEW IT SYSTEM AT SHANNONDOC CUTS PATIENT WAIT TIMES

A NEW IT system has revolutionised the out of hours service offered by Shannondoc, a GP co-operative, funded by the HSE providing an out of hours medical service to the population in the Mid West region since 2002.

The implementation of the bespoke patient management system has enabled Shannondoc to offer patients a superior experience with minimal wait times and effective treatment and management of symptoms either at home or in a nearby Centre. The service can respond to 91pc of all patient calls, with only 9pc needing onward referral to accident and emergency, a result warmly welcomed by the HSE.

Patient contacts are seamlessly processed electronically through the service from early triage to onward treatment in a designated centre or home visit. Patient profile, current symptoms and medical history are securely stored and can be instantly fed to a doctor's mobile device improving treatment decisions and consequently patient outcomes. Additionally, all patient contacts are automatically sent to their specific GP and not the Practice, ensuring that records are up to date and providing for continuity of care as well as protecting patient data and confidentiality.

The new patient management system has

attracted international attention with GP delegates travelling from New Zealand to see the system in operation.

The call centre, which is based at St Camillus' Hospital campus, processes all patient calls and provides a nurse led triage service with onward appointment, where necessary, to a GP at a treatment centre or at the patient's home.

Increasing demand for the service had presented challenges on how to efficiently manage the expanding number of patient contacts while better coordinating the services to maximise patient flow.

Mike Finucane was appointed as General manager of Shannondoc in 2012 and, having previous experience in IT management systems, immediately saw the potential for a more robust, flexible and dynamic IT system to deliver greater efficiencies and greater business visibility to allow for real time planning and resourcing.

Mr Finucane, on behalf of Shannondoc, partnered with the GP co-operative, Southdoc, to scope out the IT project and develop the technical requirements for a bespoke system. This is the first system developed specifically for out-of-hours healthcare services. The system became fully operational across the Mid West in August 2014.

NEED FOR REFORM IN HEALTH AND SAFETY

THE HSE has invested considerable time and resources in Occupational Safety and Health (OSH), with undoubtedly positive results. However, when data on reported incidents is examined from a national perspective, it becomes apparent that the number of occurrences remains unacceptably high. Approximately 10,000 non-clinical incidents were reported in 2014, with stand-out incident types including behavioural (eg violence, harassment, physical (eg manual handling and slips, trips and falls) and biological (eg exposure to bodily fluids and needle injuries). A recent review of OSH management within the HSE identified the need for reform in the way that support is delivered. This has led to:

- The centralisation of responsibility for support within HSE Corporate HR
- The establishment of a national Health and Safety Management Advisory Committee, which brings together the key stakeholders involved in the provision of OSH support
- The appointment of a national lead for OSH support and the establishment of a national health and safety Function

The National Health and Safety Function falls under Employee Relations Advisory Services (ERAS), within Corporate HR. It has been established to provide effective, consistent, high-quality and readily accessible support. The Head of the Function, Nick Parkinson, is supported by four National Health and Safety Managers: Des Pearson (Training Team), Margo Leddy (Policy Team), Mary Kelly (Inspection and Audit Team) and Emer Carroll (Information and Advisory Team).

The Function brings about a number of important innovations and a change in emphasis in the way support is delivered:

- The establishment of an OSH Helpdesk as a single point of contact for all support requests. This will allow the tracking of emerging issues and key risk areas.
- The promotion of the concept of self-help for front-line duty-holders and the development of a tool-kit of reliable and consistent information, alerts, templates and guidance documents.
- A reduced emphasis on classroom-based face-to-face training in favour of a national blended learning strategy
- The introduction of best practice based OSH policy development and approval processes.
- An increased emphasis on assurance, benchmarking and quality improvement, through Key Performance Indicators and the introduction of a structured audit and inspection programme.

STOP SMOKING GUIDE



The Tobacco Control Programme and the National Cancer Control Programme launched a new 30 Second QUIT Smoking Guide for Health Professionals recently. The guide is a simple A4 card, which is to be used by hospital and health care teams when they are caring for someone who is a smoker. The aim is to ensure that all patients are asked if they smoke, and if they do, they are offered support to quit, and prescribed medication to help them. The 30 Second QUIT Guide will be distributed to all hospitals and also will be available to order on www.healthpromotion.ie. At the launch were Dr Fenton Howell, National Tobacco Control Adviser, Dept of Health; Dr Marie Laffoy and Pauline O'Reilly, National Cancer Control Programme; Dr Stephanie O'Keeffe, National Director of Health and Wellbeing, Dr Jerome Coffey, Director of the National Cancer Control Programme, and Dave Molloy, HSE National Tobacco Control Lead.

Hand in hand through their PARK LIFE

THE huge growth in interest in the simple concept of Park Run continues at a pace and every Saturday morning you will see hundreds of walkers, joggers and runners arriving at venues around the country to complete the 5km course.

New locations continue to pop up, almost three years after the first one opened in the grounds of Malahide Castle in Co Dublin, now supported by HSE funding.

Colm Casey, HSE Physical Activity Coordinator, explains that Park Run offers physical activity mass participation events on a weekly basis for free in their local communities.

"As a Park Run participant I can really see the mixed demographic of participants, from the club runners to the first timer, and from runners to walkers. What particularly enthuses me is that the local events are run and owed by volunteers and this really creates a special non-competitive supportive environment for physical activity. The level of social support from participants and volunteers is amazing."

We speak to Matt Shields who first brought the concept to Ireland and continues to be a driving force behind the Park Run events.

THERE HAS BEEN AN EXPLOSION OF INTEREST THIS YEAR IN PARK RUN IN IRELAND. CAN YOU GIVE ME A LITTLE BIT OF BACKGROUND ON HOW ALL THIS STARTED?

THE concept started just over 10 years ago in Bushy Park London where an injured runner, Paul Sinton-Hewitt, wanted to stay involved so he organised a weekly time trial for his mates. Over the weeks, the original 13 runners started to swell to the point that it was getting crowded so a second event in Wimbledon was mentioned. It was felt that both events should offer the same experience and so the Park Run principles were agreed which apply to this day to all Park Runs.

HOW MANY PARK RUNS ARE NOW IN OPERATION AND WHAT DO THE EVENTS OFFER TO RUNNERS?

THE first ROI event was Malahide in November 2012. We now have 45 events in the whole of Ireland running around 4500 people weekly. What do we offer? We offer an opportunity to get involved in a great community and to encourage this we remove as many barriers as possible. Events are free, they are in local parks and spaces close to populated areas where possible, they are welcoming as you can walk, run, jog, push a buggy or walk the dog. They are friendly and sociable.

HOW ARE THE EVENTS FUNDED – IS PARK RUN A FRANCHISE?

NEW events all source funds towards the start-up costs and then Park Run insure and support the event for free and for as long as the community wants it to continue. In 2013/2014 to encourage growth, the HSE (Getirelandactive.ie) supported new events by contributing towards the set-up costs on the communities' behalf. The remaining funding then typically has come from councils, local sports partnership, community development associations and various commercial supporters. In 2015, we signed an agreement with the HSE/Department of Health to encourage further growth of Park Run under the banner of Healthy Ireland. It basically allows us to go full-time promoting Park Run.

THERE IS ALWAYS A GREAT TURNOUT OF VOLUNTEERS TO ACT AS STEWARDS AT THE PARK RUN EVENTS. HOW DO YOU RECRUIT THESE STEWARDS - AND HOLD ON TO THEM?

EVERY event is owned and maintained by the community, we just support them to deliver their weekly event, so, when people volunteer at Park Run, it's as a part of their community who have taken ownership for their event and all the associated community health benefits that come with it. It is a form of self-empowerment and a wonderful experience as well



If you're interested then contact us at this link.
www.parkrun.com/about/start-your-own-event

DO YOU HAVE ANY STATISTICS ON HOW MANY NEW PEOPLE HAVE TAKEN PART SO FAR THIS YEAR?

IT'S growing every week and the growth is accelerating too but at present we have around 65,000 Irish registrations of whom around 25,000 unique participants have taken part.

YOU HAVE SECURED HELP FROM THE HSE AND HEALTHY IRELAND TO PROMOTE PARK RUNS. CAN YOU TELL ME ABOUT THE SUPPORT THAT YOU HAVE HARNESSSED?

THE HSE came up with capital funding specifically for the expansion of events. This reduced the amount of funding burden that was required to be raised locally and helped to accelerate the rollout. We expanded by approximately 20 events. In 2015, the HSE and the Department of Health under the Healthy Ireland banner have backed us with capital for continued rollout of events in local communities and with assistance for administration of the increased number of events. We are also supported by the physical activity coordinators all over the country in assisting with the

logistics, networking and problem solving. They also help to identify potential new events.

WHAT IS THE FORMULA FOR SETTING UP A PARKRUN IN YOUR LOCAL AREA?

YOU need a start-up team of around 10-12 people and someone to act as event director. You need a safe traffic free course, any surface, one, two, three or four laps have all worked elsewhere. You need the funding though the HSE will contribute and we have never failed to deliver an event due to funding so don't be put off.

HSE STAFF GET THEIR RUNNERS ON TO SUPPORT GALWAY 5KM RUN SERIES

HEALTH Promotion and Improvement, HSE has been supporting the development and growth of the Galway 5km run series, which encourages runners of all levels and abilities to take part.

The series, which was set up in 2006, involves six local athletic clubs rotating the hosting of a 5km event over six weeks that is all organised and hosted by volunteers within these athletic clubs. It provides a weekly opportunity to run a set distance and maintains motivation to train and complete the specified distance.

In 2006, there were 40 runners; this is now up to 850 runners, with places gone within 10 minutes. Any funds remaining after the event are distributed amongst all the athletic clubs for development of athletics for young people in the local areas.

"Health Promotion and Improvement (HSE) are delighted to be involved in such a great community event supported by local athletic clubs. The 5km series is a great example of the increasingly popular trend whereby runners and joggers of all abilities are provided with an opportunity to meet up and engage in a sociable and enjoyable health enhancing activity. The provision of opportunities and support for communities to enhance and improve wellbeing, is core part of Healthy Ireland, the National Health and Wellbeing Strategy," said Paul Gillen, Health Promotion and Improvement. "

Mick Rice, Series Co-ordinator, explained that the involvement of Health Promotion and Improvement (HSE) as a partner over the past four years has contributed to the development and growth of the Galway 5km Series.

"Our aims are similar in terms of providing an opportunity for people to become more physically active and improve their health and wellbeing," said Mick.



HSE staff members leading by example taking part in the 5km series: Laura Darby, Orthodontics; Fiona Kelly, Pre-School Services; Shane Keane, Environmental Health; Lorraine Keane, Human Resources; Francis Finucane, Endocrinology; and Fiona Donovan, Health Promotion and Improvement.

MAIN PHOTO: Participants at the Park Run in the Battle of the Boyne centre at Oldbridge near Drogheda.

Art inclusion

GREY MATTERS

Caroline Peppard explains the role of the arts in the delivery of 'Healthy Ireland'

OUR health is our wealth! It may be a cliché but one which rings true particularly in the light of the massive social and economic changes that we have seen in Ireland in recent times. It is timely then that our government has recognised the resource that is health through the publication of 'Healthy Ireland 2013 – 2025 – a Framework for Improved Health and Wellbeing'.

This is the first Irish departmental framework of its kind and as such is much welcomed.

The strategy, which was developed in partnership with statutory and voluntary sectors is about creating 'a healthy Ireland, where everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone's responsibility'. In other words, we are all in this together!

From a health promotion perspective, we know that health is created and maintained by factors external to the individual and outside of the scope of a health system.

Social factors such as income, education

status and housing all influence physical and mental health.

Furthermore, there is evidence to say that a person's health is influenced by his / her perception of it.

Social factors such as income, education status and housing all influence physical and mental health. Furthermore, there is evidence to say that a person's health is influenced by his/her perception of it. The factors that can shape a person's self-image can be difficult to articulate and measure within traditional healthcare systems and can be seen as too soft or 'grey' to consider when formulating policy and practice.

One of the ways of working in health promotion is to develop people's personal skills to make informed choices about their health. This depends on a shared understanding of health and the factors that influence it.

Often, assumptions are made about how individuals interpret and understand information and health messages in this regard.

The type of language that is used can be an important factor in imparting information about health and it depends on the level of comprehension and literacy of the person receiving the information.

There are alternative means of imparting information and the use of non-threatening

and inclusive methods and approaches, such as the arts, is well documented.

Reducing health inequalities is a fundamental goal of public health.

In order to achieve this, it is essential that people and communities are empowered and supported to take responsibility for their own health and wellbeing.

François Matarasso reported that art projects with vulnerable groups showed improvement in self-perception of physical and mental health and

improved health outcomes which were attributed to improved self-confidence, activity and social contact. People voluntarily become involved in arts initiatives as a means of personal expression and social interaction.

Engaging in arts experiences is a good forum for exploring health-related ideas in accessible, safe and non-prescriptive ways. Social engagement is in itself an important health predictor – socially engaged individuals are better disposed to understanding and to taking on board health information.

Healthy Ireland aims to '...remove barriers to participation and to provide more opportunities for the involvement of older people in all aspects of cultural, economic and social life in their communities'. There are many initiatives for older people to engage in arts experiences, for example, through the national Bealtaine Festival. Healthy Ireland recognises that health is socially produced





I believe that there is an opportunity to include a more humanistic viewpoint which encompasses all of the determinants of health and wellbeing including the social, spiritual and psychological and this is where art has a role to play.

and that all sectors of society have a role to play in promoting health and wellbeing.

Working together in partnership is the most effective way to harness resources and support for work in arts and health.

Local structures and partnership are in place which seek to do this, such as the Arts for Health initiative in West Cork. These partnerships could be used as models of good practice 'to promote and foster advocates for health and wellbeing in all sectors of society'.

In order to be sustainable and for the value of art and its impact on health and wellbeing to be fully recognised and integrated into health care, policy is needed in this area.

The Arts Council of Ireland developed its Arts and Health Policy and Strategy in 2010 which was endorsed by the HSE, but was never formally incorporated into health policy or practice.

One of the key themes in Healthy Ireland is the reform of the health system and this sets the stage for the integration of arts and health as a standard in health care. There is a commitment to the implementation of health and wellbeing quality and performance standards for health care staff.

There's also a commitment to training and continual professional development of staff and this could include, for example the roll out of a high quality sustainable national care staff training programme in the arts which could be based on best practice in this area in Ireland and the UK.

As a public health policy document, Healthy Ireland is exciting in that, for the first time there is official acknowledgement that

health and wellbeing is a human right and there is a government commitment to creating the best possible conditions for health to flourish.

Of course, the implementation of policy must be based on both need and best evidence.

Healthy Ireland recommends that a research plan be developed which will inform future policy, practice and service development. One hopes that the research plan can include other paradigms beyond the scientific. Other countries have managed to do this, Australia, for example, and so there are models to follow.

Caroline Peppard works as a Senior Health Promotion Officer in the HSE. She is interested in ways to engage difficult to reach groups in conversations about health and wellbeing and she sees the potential for using art to achieve this. She is also interested in social and health policy and how this can influence arts and health. 'This article was first commissioned by artsandhealth.ie. To read the full article and more arts and health perspectives see www.artsandhealth.ie/perspectives.'



MENU OF POETRY BRINGS ART RIGHT TO YOUR BEDSIDE

PATIENTS In hospitals around the country had a side order of poetry with their meals recently.

The menu was produced by Galway University Hospitals Arts Trust in collaboration with the Arts and Health Co-ordinators Ireland (AHCi) and Poetry Ireland and was circulated to over 9,000 patients, visitors and staff in a range of healthcare settings in Ireland. It included poems by Noel Crook, Suheir Hammad and also a Cork poet called Leanne O'Sullivan.

WHAT (Waterford Healing Arts Trust) circulated 'Flow – a Menu of Poems' to all patients in University Hospital Waterford hospital in celebration of Poetry Day. With the kind support of the Catering Department, inpatients received the Menu of Poems on their breakfast meal trays.

Since its conception in 2009, Menu of Poems has been a positive development in the lives of both patients and those who work in healthcare settings across Ireland. The poetry is circulated on meal trays in hospitals and participating healthcare providers organised readings and workshops for Poetry Day.

"We are delighted that once again the Catering Department at CUH are helping to distribute the Menu of Poems to patients via the Catering staff, as they have for the last number of years. It is a wonderfully uplifting occasion for both patients and staff and helps patients distress while in hospital and leads to positive engagement between all involved," said an organiser at CUH.

Margaret Flannery, Arts Director at Galway University Hospitals Arts Trust, said: "It's been a pleasure to work with Naomi Shihab Nye on Flow, Menu of Poems this year and I hope the collection brings pause for reflection or offers a moment of escape or comfort to our patients and staff throughout Ireland on Poetry Day."

Maureen Kennelly, Director of Poetry Ireland, said: "Poetry Ireland is delighted to support this imaginative initiative. Our mission is to connect people with poetry and this project ensures that we make poetry even more a part of the everyday lives of Irish people on Poetry Day Ireland."

The following hospitals and centres took part: Galway University Hospitals Arts Trust and all hospitals in the Saolta University Health Care Group; Waterford Healing Arts Trust; Twilight Programme, St Patrick's Mental Health Services; Naas Hospital Arts Committee; Arts in Health at Cork UH; St Luke's General Hospital, Kilkenny; Wexford General Hospital; Arts Initiative in Mental Health Sligo Leitrim; West Cork Mental Health Services Arts and Health Programme; Arts for Health, West Cork; South Tipperary General Hospital and South Tipperary Mental Health Services; the Kildare Arts and Wellbeing Specialist; and University Hospital Limerick.

SEASONAL VEG

SUMMER

SIZZLERS

WITH summer upon us, we hope the sun will be out long enough to see an outing for the barbecue and its meat-centric offerings. But at this time of year we should also remember the joy of cooking with fresh seasonal vegetables

Wild Mushroom Lasagne (Serves 8)

4tbsp butter
2tbsp olive oil
1 large white onion, sliced
2 garlic cloves, chopped
2 bay leaves
1kg wild mushrooms, sliced
250 ml vegetable stock
1tbsp tomato paste/purée
375g fresh lasagne sheets

300g fontina cheese, grated
50g Parmesan cheese, finely grated
Sea salt and freshly ground black pepper
For the béchamel sauce:
4tbsp/50 g butter
2tbsp all-purpose/plain flour
1/4tsp freshly grated nutmeg
750ml whole milk

TO make the béchamel sauce, put the butter in a medium saucepan set over medium heat. When the butter sizzles, stir in the flour and nutmeg and cook for 1 minute, stirring

constantly. Remove from the heat and pour the milk into the pan, whisking constantly. Return the pan to low heat and cook for 5 minutes, stirring constantly, until the sauce is smooth and creamy.

Preheat the oven to 180C/Gas 4 and oil a baking dish with half the oil. Put the butter and the remaining oil in a skillet set over high heat and add the onion, garlic, and bay leaves. Cook for 5 minutes until the onion has softened and turned translucent.

Add the mushrooms, reduce the heat to medium, and cook for 15 minutes, stirring ▶

occasionally, until the mushrooms are evenly cooked. Add the stock and tomato paste/purée and increase the heat to high. Simmer rapidly until the liquid has reduced by half. Season well with salt and pepper.

Line the bottom of the oiled baking dish with lasagne sheets. Spread over a third of the sauce. Add one-third each of the mushrooms and grated fontina cheese. Repeat the process and finish with a sheet of lasagne. Spoon over the remaining sauce and sprinkle with Parmesan. Bake in the preheated oven for 45 minutes, until golden brown and bubbling.

Leave to rest for 10 minutes before serving.

Asparagus & Goat Cheese Tart (Serves 4-6)

2 x 375g sheets ready-rolled puff pastry, defrosted if frozen

1 egg, lightly beaten and mixed with 2tsp water

2tbsp butter

2tbsp light olive oil

2 bunches thin asparagus, woody ends trimmed

150g soft goat cheese

Sea salt and freshly ground black pepper

Lightly dressed salad leaves, to serve (optional)

2 baking sheets, lined with baking parchment

PREHEAT the oven to 220C/Gas 7. Cut the sheets of pastry to make two rectangles 24 x 12cm and place each one on a prepared baking sheet. Cut 1cm wide strips from the remaining pastry. Brush around the edges of the pastry rectangles and place the strips on the edges to form a border. Prick each pastry sheet all over with a fork and brush the beaten egg over it. Cook in the preheated oven for 15 minutes, until pale golden and puffed.

Put the butter and olive oil in a skillet set over high heat and cook the asparagus for 2-3 minutes, turning often, until just beginning to soften. Season well with salt and pepper and set aside. Crumble the goat cheese over the pastry, being careful to stay within the borders. Top with the asparagus and cook in the preheated oven for a further 10 minutes, until the pastry is golden. Serve warm with lightly dressed salad greens, if liked.

Feta, Cucumber, & Mint Spring Salad (Serves 2)

2 mini cucumbers

6 radishes

2 good handfuls of arugula/rocket

A small handful of fresh mint leaves

150g feta cheese, broken into small pieces

10-15 small black olives

Ciabatta or other crusty bread

3tbsp extra virgin olive oil

1tbsp red wine vinegar

A good squeeze of lemon juice

Sea salt and freshly ground black pepper

TO make the dressing, whisk or shake the ingredients together in a lidded jar.

Cut the cucumbers in half lengthwise and scoop out the seeds with the tip of a teaspoon. Slice lengthwise using a mandoline or vegetable peeler to make wafer-thin slices. Trim the radishes and thinly slice on the diagonal.

Put the arugula/rocket, mint, cucumber, and radishes in a bowl and toss together with the dressing. Add the crumbled feta and toss lightly again, then scatter over the olives. Divide the ingredients equally between 2 plates, piling them up in a mound. Serve with ciabatta or other crusty bread.

Ravishing Risotto With Lemon Thyme Tomatoes (Serves 4)

(Serves 4)

1 litre vegetable stock

250ml Sparkling white wine, such as cava or prosecco

3tbsp butter

1 leek, thinly sliced

1 garlic clove, finely chopped

330g arborio (risotto) rice

50g Parmesan cheese, finely grated

1tbsp light olive oil

16-20 small yellow tomatoes

2 sprigs fresh lemon thyme

Sea salt and freshly ground black pepper

Parmesan shavings, to serve

PUT the stock and sparkling wine in a saucepan over medium heat and gently simmer.

Set a heavy-based saucepan over medium heat and add 2 tablespoons of the butter. When the butter is sizzling, add the leek and garlic to the pan and cook for 4-5 minutes, until the leek has softened but not browned.

Add the rice and cook for 1 minute, stirring well. Add a small ladle of the hot stock mixture to the pan and stir for a few minutes, until almost all the stock has been absorbed. Repeat until all the stock has been added and the rice is soft but still firm to the bite, adding a little extra water if necessary. Stir in the remaining butter and the Parmesan and cover the pan until needed.

Put the olive oil in a skillet over medium heat. Add the tomatoes, thyme sprigs, sea salt, and black pepper and cook for 3-4 minutes, shaking the skillet, until the tomatoes have softened and are just starting to split.

Serve the risotto in bowls with the tomatoes on top and offer Parmesan shavings on the side for sprinkling.



Six of the best SMART HOME APPLIANCES



BOILING UP

iKETTLE (1)

€129.99 • www.currys.ie

Set this one to alarm function and it'll wake you via your smartphone telling you it's all boiled and ready to pour. It also has several heat settings to create the ideal temperature for your chosen brew and can be set so it's ready when you walk in the door. A superb bean-to-cup coffee maker is also available from this brand.

KNOWS BEST



MOTHER (2)

€200 • sen.se

Looking like a plain Russian doll, this multi-tasking gadget tracks your family's daily life: it's a fitness tracker, statistics keeper, security system and life coach all rolled into one. By capturing individual movements and actions of each person, this data is fed back to the main unit and is all visible on the smartphone app. From reminding someone to take medicine and visualising your night's sleep to protecting your home from intruders, this is one very smart piece of kit.



SWITCHED ON

BELKIN WEMO INSIGHT SWITCH (3) €73.78 • dabs.ie

Control just about any piece of electrical equipment in your home with this gadget that also allows you to monitor your energy consumption. Turn plugged in devices on and off remotely, set schedules based on your routine or set the timer to sunrise/sunset. The WeMo app is both iOS and Android compatible, will tell you if you've left something on for a while and, by setting up notification levels on the app, will let you know the device's energy consumption and what it's costing you.



LAUNDRY TIME

SAMSUNG WW10H9600EW FREESTANDING WASHING MACHINE (4)

€1,799 • harveynorman.ie

With a decent sized 10KG load, outstanding energy efficiency rating and looks that'll deter you from making this an integrated unit in your home, the Samsung washing machine is in a class of its own. A touchscreen control unit lets you pick from a plethora of programmes including six extra special care settings and you load this machine with up to a month's worth of detergent and it dispenses it intelligently. Add to this spec sheet its ability to be controlled and this really is one mean machine.



system creates a personalised schedule for your home and eliminates the need for a programmer. It also gives you the tools you need to save energy and, by learning from your schedule and programming itself, turns down the heat when you're away. The app lets you control your heating remotely and shows you how much heat you've used over the last 10 days and sends a monthly report to track energy use.

TOTAL CONTROL

LOGITECH HARMONY ULTIMATE SMART UNIVERSAL REMOTE CONTROL (6)

€128.99 • richersounds.ie

With multiple entertainment devices at home comes one perennial pain - losing any of their remote controllers. This touchscreen device offers access to up to 15 of your devices, controlling them all, whether behind a cupboard door or out on display. Download the Harmony app and select from 50 icons on your smartphone screen to take further control of your gadgetry.



TEMPERATURE CONTROL

NEST BATTERY & MAINS POWERED LEARNING THERMOSTAT (5)

€219 • nest.com/ie

Time to rethink your home heating, this Nest

OPERATION TRANSFORMATION-ATHLONE STYLE

IT WAS a cold winter's morning in mid January, tears were still being dried up from the end of Christmas holidays, New Year's resolutions were still fresh in the minds and festive tummies still clear to the eye. No better time for the staff at the Athlone Primary Care Clonbrusk centre to run an Operation Transformation-style intervention.

With issues such as being overweight and lack of physical activity being linked to numerous diseases and programmes such as Operation Transformation bringing these issues to the public eye, the time for changing bad lifestyle habits is now.

So the innovative physiotherapists and dietitians at the Athlone primary care centre, who are no strangers to these issues, developed a six-week intervention which all staff were very welcome to join in.

People from all different professional backgrounds and fitness levels signed up. The OT style intervention consisted of a well laid out six-week plan: Lunchtimes on Monday through to Thursday each week had a different activity everyday for the staff to take part.

Activities ranged from walking to Pilates and dance classes to mindfulness, with professionals both in-house and outside providing course inputs.

Also in conjunction with these activities, informational talks were held by the dietitians and topics such as the food pyramid, portion sizes and fat content were covered.

Up to 34 staff members participated in the different activities at one time over the six weeks, and also 65pc reported that after the intervention had finished they continued to

take part in at least one activity. Momentum in the programme was driven by weekly motivational emails and posters setting weekly goals. Participants also reported that taking part had a positive impact on the social aspect of work.

They enjoyed meeting new people and staff morale was high. It was also beneficial for the staff of the primary care centre to in a sense 'Practice what they preach' and set a good example within the community.

The primary care centre is only a new building - only open over a year - so it was a great way of getting people to know and support one another. A staff members said, "I think it was a great programme both for the health benefits and bring together members of staff" and "I really enjoyed it and found it nice to meet new colleagues."

Responses like these suggest the intervention was a worthwhile one. Staff members expressed an interest in taking part in future health promotion programmes.

With such a positive response shown from the intervention it is clear to see the benefits which can be gained from a workplace health intervention. Interventions like these show the power of team work and a positive attitude in the workplace.

Aoife Flynn, Placement student with Community Nutrition and Dietetics Services, HSE (Midlands)



INSET: Veron Tavey and Ann Gallagher, who organised the walking challenge at St Mary's Hospital, Phoenix Park. ABOVE: Dancing the lunchtime away at Athlone Primary Care Centre.

WALKING CHALLENGE

WITH almost 800,000 steps walked in one month, Lilly Errity was the overall winner in the 30-day walking challenge at St Mary's Hospital, Phoenix Park.

The initiative was the brainchild of Ann Gallagher and Veron Tavey from the Healthy Ageing Clinic. They provide a DXA scan service in a nurse led clinic with a huge emphasis on bone health, exercise and diet.

"We decided to organise a 30-day walking challenge for all the staff to emphasise the importance of walking," explained Ann, with pedometers provided by the Health Promotion Unit of the HSE.

The staff who took part thanked the organisers Ann and Veron for all their hard work and effort.

"We will definitely run the challenge again next year, with some changes. It was only our first year and we have learned a lot. We will run more events and put out a newsletter to get more people involved. It's been very much a learning curve," said Ann.

"We were blown away by the enthusiasm of the participants and recognise the effort that everybody who took part showed."

Veron gave a warm thanks to the initiative's many sponsors, who donated prizes for the winners.

As well as having a highest total, Lilly had the highest number of steps walked on any one day - an incredible 39,201. It was certainly a family affair at the prizegiving - with Lilly's husband Anthony winning a dinner in the Castleknock Hotel for his efforts.

Gardener Hillary Delaney won an Elvery's voucher for managing to consistently hit 23,000 steps each day.

The group award when to the St Mary's Devils, a team of physiotherapists, who hit two million steps together. They received the Perpetual Cup.

Other prizewinners included: Betty - Angler's Rest voucher; Sandra Duffy - Nudie Food basket; Bernie - Voucher for Muligan's grocery; Jimmy and Tom - Green Spot whiskey; Sandra Nugent - three-month gym management; Mary Mahon - lunch in the visitors' centre; Diane Deag - Local Kitchen brunch; Fats and Furious (best team name) - lotto tickets; Danny and Denise Ryan; Team Mount Etna - Lotto vouchers; Angels X-Ray - perfume and body lotion.

A big well done to all the participants.

Learning tools

BUDGETING FOR KIDS

S

UMMER holidays means spending more time with the kids, which could also mean time to spend talking to them about money.

It might not sound all that fun, but it's crucial you crack on with it.

Research suggests that children's money habits start early - as young as seven - with parents being a strong influence, and yet nearly half of parents don't regularly talk to their children at all about finances, according to a new survey, only 52pc of parents it surveyed said they have regular money chats with their children.

The main reasons we feel uncomfortable talking to our children about money are a general sense of awkwardness, because we didn't have those kinds of conversations with our parents when we were children, and a feeling that children shouldn't have to worry about money.

But perhaps it's time to think of money conversations less as burdening our youngsters with money troubles and more as a way of arming them with key skills for financial survival.

So how should you go about it?

Firstly, by starting young. Of the 2,000 parents surveyed, the age when they first started talking to their child about money was most commonly eight years old, the age that they start receiving pocket money. But previous research in the UK by the Money Advice Service, an independent body set up by the government to offer money tips, has found that children start to form their money habits at around seven.

It also appears there's something to be said for giving your child pocket money regularly, rather than 10 one week and nothing the next.

A lack of consistency over pocket money could make it harder for children to understand how to manage money and stick to a budget, according to the findings.

Giving parents some encouragement, child psychologist Elizabeth Kilbey says: "Having tough conversations with your children is part and parcel of being a parent and money can be a subject many find particularly hard to cover, especially if it is an area which they struggle with themselves.

"One of the key reasons for many parents is that they feel children shouldn't be burdened with adult responsibilities, like worries about



“ One of the key reasons for many parents is that they feel children shouldn't be burdened with adult responsibilities, like worries about money. But it can in fact be very empowering to give your children skills and confidence with money

money. But it can in fact be very empowering to give your children skills and confidence with money.”

SO HOW CAN WE BE BETTER AT TALKING TO OUR CHILDREN ABOUT MONEY?

Here are Dr Kilbey's tips:

- Subtly integrate money. You don't need a big money chat to raise the idea of good money management. When you go shopping, encourage your child to choose between two items so they understand they can't have it all.
- It's never too young to start. Children shouldn't have to worry about the family finances but they can still be helped to understand about money without needing to know about this.
- Be confident. Help your children to develop positive, beneficial financial habits.
- Have a go. You may not be a maths whizz yourself, but money is a very hands-on, practical subject. Encourage your child to handle money, such as when you give them pocket money. Younger children can also benefit from "playing shop".
- It's fine to make a few mistakes. It is far better to allow children to make mistakes with small amounts of cash now than have them facing bigger money problems when they are older.

There will be talk

FUNNY YOU SHOULD SAY THAT

PARALLEL lines never meet, which is a shame because they have so much in common.

Our attitude towards money is formed when we are 10 years old. June 21 is the longest day of the year. None of this has anything to do with this article but it just goes to show how your mind can wander when you are nervous.

Most of you would by now have heard of motivational interviewing/ brief intervention. Some of you might even have attended or delivered the training. The definition of motivational interviewing is: 'A directive, client-centred counselling style for eliciting behaviour change by helping clients to explore and resolve their ambivalence.' If it's any consolation, I haven't a clue either.

I did learn that Motivational Interviewing practitioners are concerned with two types of client speech - 'resistance talk' and 'change talk' (rumour has it that Lyons Tea is planning to adopt these concepts for the new adverts in their 'All-Talk' campaign).

Apparently, the key is that if a practitioner can moderate 'resistance talk' and amplify 'change talk', the probability of change in the client may be increased.' In the example below, guess which is which.

'Smoking helps me to concentrate and calm down but I'd really like to stop it because I'm always coughing.'

You're right. The first part of the sentence is 'resistance talk' whereas the second part is 'change talk.'

The only problem I can see, from the point of view of someone trying to write an amusing column, is that most humour falls into the category of 'resistance talk.' Take this quote from Kingsley Amis, 'No pleasure

is worth giving up for the sake of two more years in a geriatric home in Weston-super-Mare.' You guessed it. This is undoubtedly 'resistance talk' but also very funny.



Another example is the famous cartoon showing Andy Capp talking to his doctor, who says, 'Andy, the best thing you can do is give up smoking, drinking and fried foods' Andy replies, 'What's the second best?'

The fictional character Ross O'Carroll-Kelly (in conversation with Paul Howard) illustrates this further. In a discussion about misuse of alcohol, Ross says, 'Know the one that's one too many, and make it a double' - definitely 'resistance talk' and hilarious. The good news is that 'resistance talk' does not have the monopoly on humour. An argument can be made for using humour in delivering health messages. Jokes can be found on

the 'change talk' side of the equation. The Irish comedian Dave Allen once quipped, 'I quit smoking. The cost had a lot to do with it. I got tired of paying others to kill me.'

In fact it was a joke that motivated me to give up cigarettes 18 years ago. At the time, I told my brother I was thinking of quitting. He said, 'We'll all know about the day you give up cigarettes, your name will be in the newspapers.' He meant my obituary, giving me a new urgent reason to quit.

In fairness to Ross O'Carroll-Kelly, he can produce jokes on the 'change talk' side as well. Here is a quote encouraging his wife Sorcha to engage in more physical activity, 'There's like, tonnes of spaces by the way, but she always insists on finding one that's as close as possible to the entrance to the actual store. Five nights a week, you'll find her walking the roads of South Dublin, swinging her arms like a lunatic, to try to lose weight. But when it comes to, like, shopping centres, she'll spend an hour driving around to save herself a 10-second walk.'

Other examples of humour that promote healthy behaviour include:

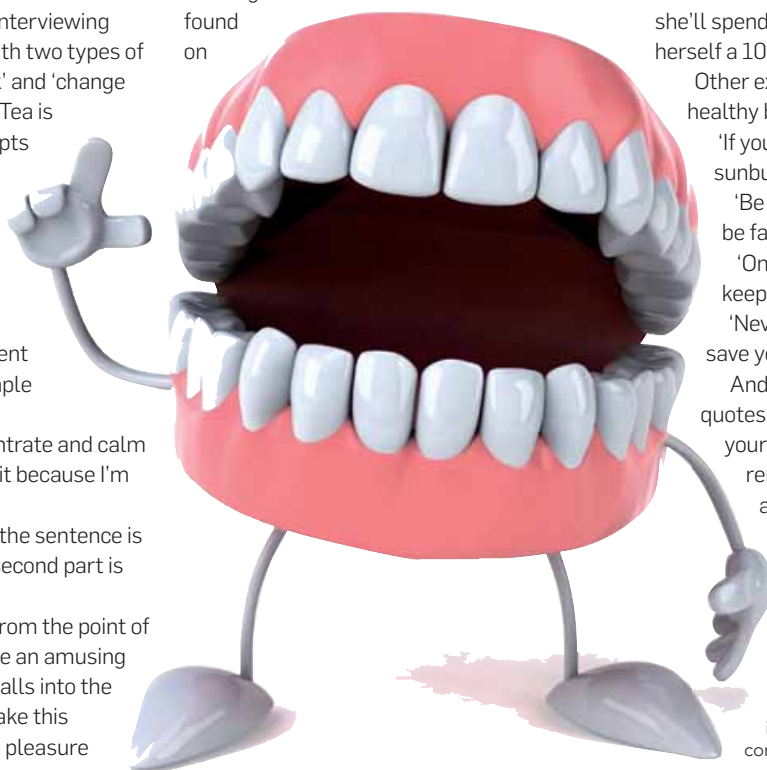
'If your shadow is shorter than you, it's sunburn time'

'Be true to your teeth and they won't be false to you'

'Only wash the teeth you want to keep'

'Never smoking in the first place will save you years of trying to quit'

And then there are the ambiguous quotes, which leave you scratching your head. Bob Rubin famously once remarked, 'I'm not saying condoms are completely safe. My friend was wearing one and got hit by a bus.'



INSET: Finian Murray is Men's Health Development Officer with HSE Dublin North East. His hobbies include reading, walking and performing stand-up comedy.

A French fancy IN THE BEAUTIFUL SOUTH

SEEN as the cooler, hipper, younger sister of Paris, Marseille is the second largest city in France and has serious culture and sports credentials - it was named the European Capital of Culture in 2013, and will host the UEFA Euro Cup in 2016.

While culture vultures and foodies will find something to love in Marseille, from the Philippe Starck-designed Mama Shelter hotel and Zaha Hadid's CMA CGM headquarters skyscraper, to the fougasse (a flat bread filled with olives, cheese or anchovies), the heart of Marseille remains the main port and the Mediterranean sea.

A daily market, often packed with shouting vendors and customers, sells fresh fish and seafood, and regattas and competitions take place during the summer months.

We come to shore after a two-hour-long boat ride, exploring the nooks and crannies around the coast with skipper Yannick Long, a former doctor of genetics who swapped the science

lab for the sea in 2004. Dressed in the typically Breton uniform of striped jumper, white shorts and boat shoes, accompanied by deeply tanned skin and perfectly windswept hair, he decided to train as a marine captain, after being around boats his whole life.

"Having a boat and being at sea keeps me young," he says, joking that he's 75 (he looks at least 20 years younger). "I've now become a pirate - I grow my hair long, and my uniform is shorts, jumper and shoes."

A small wooden boat can be hired from €300 for a day, skippers included, while a bigger boat would cost around €1,500. During the summer, the Calanques National Park is a popular attraction, with its hiking trails and diving spots, and tourists falling in love with these stunning rocky 'fjords'.

The city received a facelift for its 2013 accolade, and these new additions, including the pedestrianised Old Port, the Musée d'Histoire (History Museum), contemporary art museum FRAC PACA (Fonds Régional d'Art





Contemporain Provence-Alpes-Cote d'Azur) and Les Terrasses du Port shopping centre sit happily beside the older buildings like the Fort Saint-Jean, the pink stone Saint-Laurent church and the City Hall.

There is enough to keep you occupied in Marseille, but for those who crave a bit of peace and calm, just a 45-minute train ride away from the city (and one stop on the Eurostar), is the historical city of Avignon.

Referred to as the Pope's Palace, the Palais des Papes was listed as a UNESCO World Heritage Site in 1995. One of the largest and most important medieval Gothic buildings in Europe, the papal residence - which frames the town's main square - was the seat of Western Christianity and was home to seven popes during the 14th century, between 1307 and 1377.

Today, it is home to the International Centre of Congress and is mostly used as an exhibition and convention centre, with shows and the annual arts event, Festival d'Avignon, taking place in its gardens.

For a lovely spot of RnR, you can't get more restful than La Bastide de Marie, which lies on the outskirts of Menerbes. A 45-minute drive from Avignon, this converted 18th century farmhouse is in the heart of the Luberon National Park and vineyards.

A family-owned boutique hotel, which also includes a six-sleeper villa and a gypsy-chic caravan for the true romantics, it's ideally located for relaxing bicycle rides or languid walks across the rolling countryside, with lavender fields, river and mountain backdrops, around the picturesque hilltop villages such as Bonnieux, Lacoste and Goult.

It's easy to forget about the rest of the world when you're at La Bastide, with its rustically French interior and exposed brickwork and beams, especially when you climb into the clawed roll-top bath adorned with Pure Altitude beauty products or tuck into the freshly cooked dishes.

With an abundance of culture, culinary delights and character in Provence, there's never been a better time to visit.

TRAVEL FACTS

At Mama Shelter Marseille, rooms with free WiFi start at €79 per night. For more information, visit www.mamashelter.com

La Bastide de Marie in Menerbes is open from April 3 to November 15 and prices start from €380 per night, based on two guests sharing a classic room including bed, breakfast and dinner. Visit www.labastidedemarie.com for further information. **Aer Lingus fly into Marseille between May 27 and September 12 on Tuesdays, Wednesdays, Thursdays and Saturdays.**

UNDER THE WEATHER ON HOLIDAYS

BY NOW most of us are counting the days until our summer holiday – feeling more than ready for rest and relaxation in the sun. However, many of us have gone on holidays only to end up with some sort of holiday health woe. Don't worry help is at hand - we've some smart tips for treating some common holiday ailments.

DIARRHOEA

IT'S estimated that around 30-50pc of people travelling from a developed country to a developing country will experience an incident of travellers' diarrhoea. Travellers' diarrhoea is usually mild, but it is unpleasant and can ruin a holiday. It often clears up without treatment, but it is essential to drink plenty of fluid. Most cases of travellers' diarrhoea happens when someone does not wash their hands after going to the toilet and then handles food that is eaten by travellers.

TREATMENT

THERE is no specific cure and you need to let the illness run its course. Keep hydrated by drinking plenty of clear fluid like flat white lemonade, sports drinks or oral rehydration solutions available without prescription in pharmacies. You can continue to eat with diarrhoea but stick to starchy foods like toast, pasta, rice, chicken or fish. Avoid dairy, fruit and vegetables until the diarrhoea has stopped. Avoid taking antidiarrhoeal medicines unless you need to travel urgently as while they stop the symptoms they may prolong the duration of the illness. Contact your doctor if the diarrhoea persists for more than 48 hours, you notice blood in the diarrhoea, you have bad tummy pains or if you are worried. Antibiotics are rarely used in the treatment of diarrhoea.

EAR INFECTION

THERE are a number of common reasons why you have ear ache. These include glue ear, which is a build-up of fluid deep inside the ear (behind the eardrum) and mainly affects children, an inner ear infection, a blockage

caused by a plug of ear wax, or a throat infection which can affect the ear. The main symptoms include severe ear ache (caused by the pressure of mucus on the eardrum), a high temperature and slight deafness. Some 75pc of simple ear infections occur in children under 10 years of age.

TREATMENT

"MOST ear aches are caused by viral infection and will clear up of their own accord after a few days", explains Kerry GP Dr Eamonn Shanahan. "Antibiotics will not usually take away the pain of earaches, the most important thing is to take adequate quantities of paracetamol or ibuprofen."

SORE THROATS

SOME of us experience a tickly throat after a long-haul flights and air-conditioning. Most sore throats are usually a symptom of a viral infection. "Sore throats are common and are not serious and will clear up in three to four days," explained Dr Shanahan.

It may occur on its own or with other symptoms such as runny nose, sneezing, fever and a tickly cough.

TREATMENT

OVER-the-counter painkillers like paracetamol and ibuprofen and local anaesthetic sprays can usually relieve the symptoms of a sore throat. It is important to rest and avoid exercise to allow your own body defences to help you get better.

Avoid food or drink that is too hot and could irritate your throat. Eat cool, soft food and drink cool or warm liquids. Adults and older children can suck lozenges, hard sweets, ice cubes or ice lollies.

If you feel very unwell as well as having a sore throat, then you should also see a doctor, as this may be a sign of an infection like strep throat or tonsillitis.

Get Advice and Get Better at undertheweather.ie



EIGHT FIRST AID KIT ESSENTIALS

THE last thing you want to do on holiday is hunt for a pharmacy when you're under the weather. Here's our helpful list:-

- Thermometer
- Plasters - take a waterproof assortment of sizes
- Painkillers Including liquid paracetamol for children.
- Antihistamines - to reduce itching and inflammation caused by allergies and insect bites.
- Rehydration salts - to keep you hydrated if you have a tummy upset Antiseptic cream – for use on broken skin, bites and stings.
- Anti-diarrhoea tablets
- Tweezers – handy for removing small pieces of wood, metal or glass.
- Support bandages -for strains and sprains.





Have yourself a SNEEZE-FREE SUMMER

THE evenings are getting longer and the sun maybe shining but not everyone will be having fun outside. If you are one of the 20% of Irish people affected by allergic rhinitis – to give hay fever its official name – you probably associate the warmer weather with symptoms like sneezing, itchy eyes and a runny nose.

We know that the best way to control most allergies is to avoid the trigger substance. However, as hay fever is a type of allergic rhinitis caused by pollen from trees, grass, plants or spores released from moulds, it's a bit hard to avoid them. The symptoms of hay fever include runny nose, itchy eyes and sneezing. It's very difficult to completely avoid pollen or spores. However, reducing your exposure to the substances that trigger your hay fever should ease the severity of your symptoms.



HOW TO AVOID HAYFEVER

- First, you should try and **AVOID POLLENS** easier said than done, but small steps such as avoiding playing or walking in grassy areas and staying inside when the pollen count is high can help. Hay fever is a good excuse not to cut the grass!
- Wear a pair of wrap-around sunglasses when you are out and **CHANGE YOUR CLOTHES** and shower when you get home to remove any pollen.
- Keep your **WINDOWS AND DOOR SHUT**
- **VACUUM REGULARLY** ideally using a machine with a HEPA (high – efficiency particulate air) filter.
- Dust with a **WET CLOTH** rather than a dry one, to collect the dust and stop any pollen from being spread around.
- Keep **PETS OUT OF THE HOUSE** during the hay fever season. If your pet does come indoors, wash it regularly to remove any pollen from its fur.
- **DO NOT SMOKE** or let other people smoke in your house. Smoking and breathing in other people's smoke will irritate the lining of your nose, eyes, throat and airways, and can make your symptoms worse.
- Keep car windows closed. You can buy a **POLLEN FILTER** for the air vents in your car. This will need to be changed every time the car is serviced.
- If possible, **AVOID DRYING CLOTHES OUTSIDE** This will help prevent bringing pollen into your house
- There are a number of **TREATMENTS** available to relieve the symptoms. These include antihistamine tablets, nasal (nose) sprays and eye drops. Some can only be prescribed by a GP, but many are available over-the-counter (OTC) in pharmacies.

For more information on hay fever and 600 other health conditions and treatments check out our Health A-Z on hse.ie.

Green Fingers

LOVE YOUR LAWN

AS THE weather warms up, the grass will be growing - so you need to get rid of lumps, bumps and bald patches to ensure you have a carpet of green velvet in the months ahead.

A good-looking, healthy lawn not only makes the whole garden look tidy and provides a wonderful framework for colourful beds and borders, but it also helps encourage wildlife into the garden.

You should already have begun work on drainage and oxygenation, but it's still not too late to scarify the lawn with a springtine rake to remove thatch - dead grass that mats beneath growing grass - and moss. For larger lawns, it's worth renting a petrol driven lawn scarifier to do the same job.

If you have loads of moss, apply a moss killer before you scarify and wait a few days before raking it up, following instructions carefully.

Next, you need to improve badly draining soil by aerating the lawn, driving a garden fork into the ground all over the lawn when it is moist, making holes to a depth of 10-15cm (4-6in).

Others use hollow-tine lawn aerators which remove plugs of soil from the ground, but they are hard work and aren't very good on stony soils or heavy, dry soils.

The holes you make allow air and water to get into the grass roots and should then be filled with a mixture of sharp sand and organic soil conditioner to stop the holes from closing up.

Feed the grass with lawn fertiliser available at most garden centres. This can be done by hand, applying approximately two

grams per square metre, and water it in.

All lawns need good drainage and oxygenation. Some lawn dressings incorporate a slow-release fertiliser but if this isn't the case, add a little amount of general lawn fertiliser (not containing weed or moss killer) before applying it. Make sure you brush it evenly over the area or it will become patchy when the fertiliser kicks in.

A few weeks later, if your lawn is still patchy, oversow it lightly with a quality lawn seed.

Bumps in a lawn are a common problem. They'll be regularly scalped by the mower and tend to become bare. To correct this, you may need to cut the turf at the area of the bump with a spade or an edging iron, peeling back the turf carefully and removing or adding soil as necessary to level the turf.

If the bump is prominent, you may need to remove some subsoil and replace topsoil, treading down the disturbed soil before firming back down the rolled-back turf after checking that the area is level, and filling the cracks with sifted soil.

You may feel your lawn is beyond repair if it's weed and moss-ridden or full of bald patches. If two-thirds of the area is moss and weeds you may be better off starting again, turfing or seeding a new lawn.

But if you do decide that it's worth saving, first cut it with the blades set quite high. If your grass is already long, give it a few cuts over a number of weeks, lowering the blades a little at a time, so that you cut the grass length down gradually.

By summer, you should be mowing weekly, stepping up to twice a week when necessary, but don't mow the grass shorter than

2.5cm (1in) high and keep on top of weeds in the lawn. Annual weeds which emerge in any bare patches will be removed by mowing.

Feeding should continue monthly through the summer, and in the autumn a high-potash fertiliser should be applied to keep grass luxuriant over the winter.

In dry weather, leave the clippings to shower and cool the surface, or a mulching mower can be used, which chops the cuttings up very finely and forces them back into the lawn where they provide valuable nutrients and help to prevent the turf drying out.

If it becomes necessary to water the lawn, avoid evaporation by watering in the early morning, late evening or using a timer at night. And even if watering does have to stop completely for a while and the lawn goes brown, it will recover once the rain comes.



SANDING FLOOR BOARDS

1 START by clearing the room and finding all the protruding nails in the floorboards. Bang in these with a nail punch (and hammer) so you don't damage the boards. If you leave any nails sticking up, they will break the sanding sheets, which is annoying, time-consuming and expensive because you usually pay for each sheet you use.

2 AS well as hiring an industrial floor sander to sand the main part of the floor, you'll need an edger to sand right up to the skirting boards - the two sanders can usually be hired as a package. Before using the machines, put on a dust mask and goggles, open the window and close the door, as there will be a lot of dust.

3 TO start sanding, lift the drum of the industrial floor sander off the floor and turn on the machine. This avoids damaging the boards and letting the sander get away with you - it's powerful, so be careful. Walk the sander steadily across the floor in a diagonal direction, but don't linger in one spot because you'll create ridges in the boards. When you turn off the sander, make sure the drum has stopped before putting it down. The edger is more straightforward to use, but back-breaking to operate after a while.

4 THE coarseness of the sanding sheets you use will be determined by the state of the floorboards. If they're black, use coarse sheets first, but be prepared to get through quite a few because they'll clog up quickly. If the boards are in better condition, try starting with a medium-grade sheet, and end with fine for a smooth finish.

5 YOU won't be able to get into the corners of the room with the edger because its sanding sheets are round, so use sandpaper or an electric detail sander. Getting the corners looking as good as the rest of the floor isn't always easy, but is worth the effort.



CHOOSING PAINT COLOUR

1 IT'S not advisable to use a paint colour you don't know without trying it first - don't rely on printed colour cards, colours on computer screens, the colour on the tin, or the colour of the wet paint, as these can be misleading. Occasionally, colour cards are painted and these are, of course, more reliable than printed ones.

2 THE only way to get a really accurate idea of what a particular colour will look like in a particular room is to paint a little on the wall, preferably all the walls, and let it dry. Then live with it for at least a few days so you can see it in different lights and at different times of the day. A colour can look different in natural light and artificial light, and even in different types of artificial light.

3 BE careful when buying white emulsions, as some pure brilliant whites are more cream than white. Again, it's advisable to try a little first because there's no way of knowing which pure brilliant whites aren't very white, unless you're familiar with them. If a paint is just called 'white', it's probably cream, but this isn't always the case.

4 YOU may want to take account of the way a room faces when choosing paint colours. North-facing rooms can be a challenge because the light is cold - steer clear of colours with a grey or green base and consider yellows and creamy neutrals for a lighter, cheerier feel. Sunny south-facing rooms are much easier, as most colours work well. Rooms that face west are also easy to decorate - whites work particularly well - whereas east-facing rooms suit blues and greens best.

5 OTHER things can affect your choice of wall colour, such as the colour of the flooring, window treatments, furniture and accessories, if you predominantly use the room at a certain time of day, and whether you want to create a dark and moody or light and airy feel, or something in between. If you're not sure what you want, feature walls are a good way to enjoy a limited amount of colour in a room and aren't difficult to repaint if you change your mind.



First Drive!

CITROEN C4

FACTS AT A GLANCE

CITROEN C4 1.2 PURETECH 130 FLAIR, FROM €24,645

ENGINE: TURBOCHARGED THREE-CYLINDER PETROL PRODUCING 128BHP AND 170LB/FT

TRANSMISSION: SIX-SPEED MANUAL DRIVING THE FRONT WHEELS

PERFORMANCE: TOP SPEED 124MPH, 0-62MPH IN 10.8 SECONDS

FUEL ECONOMY: 58.9MPG (16" WHEELS)

EMISSIONS: 110G/KM (16" WHEELS)

WHAT'S NEW?

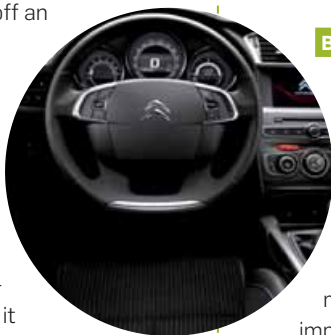
THE C4 has a lot going for it, but upgrades were needed for it to stay with the pack. Tweaks to the headlights and styling details are more or less the extent of the exterior changes, but quality is on an upward trend with new technology and media interface options.

Citroen is quickly rejuvenating an identity: comfort. The press release accompanying the car's launch is crammed full of the word. Citroen is really beginning to feel like a different brand from its sister company Peugeot - and that's good news for both.

LOOKS AND IMAGE

THE C4 has what you'd call an aggressively French front end. Steeply angled headlight clusters give off an angry vibe, but the rest of the shape is pretty warm and fuzzy. It's a good-looking car but you'd have a tough time arguing that it matches class leaders for image.

On the other hand, Citroen is doing everything it can to make its brand identity synonymous with comfort. Soon enough the French firm hopes that anyone looking for a comfortable everyday car will make Citroen their first stop.



SPACE AND PRACTICALITY

YOU can't argue with the numbers: the C4 has comfortably the biggest boot among its direct rivals at 408 litres. That's 7pc or 28 litres bigger than a Volkswagen Golf's. The Skoda Octavia's is bigger again, but that's a



much longer car.

In the front door pockets you'll find space for those chunky 1.5-litre drinks bottles you find at motorway service stations and takeaways. The glove box can fit many gloves in it, too, and the only real oversight is that when you pull the floor-mounted luggage net in the boot upwards, it can bring the whole floor with it.

BEHIND THE WHEEL

THE petrol and diesel models are surprisingly different to drive.

The lighter petrol engine links to an over-light, elastic-feeling steering set-up that doesn't inspire confidence, but the diesel's calibration is more linear, more predictable and gives you the impression of more feel.

In total opposition to Peugeot's approach with the 308, the C4's steering is snail-slow. It takes more turning action to get this car turned in - an impression exaggerated by the huge steering wheel.

The new automated manual gearbox is, thankfully, a vast improvement over previous units. You'd seriously consider buying one, now.

This C4 rides very well, too, especially over smoothly undulating folds in the road. Flex in the suspension means that sharper bumps

can knock it slightly off its line, especially in corners, but not by an exceptional amount. The C4 is a decently refined cruiser, especially for such a relatively reasonable asking price.

VALUE FOR MONEY

RIVALS cost significantly more and you'd argue that there's not much about the C4, in high-end Flair trim at least, that feels particularly cheap. You get a lot of space for your euro too, and especially in the case of the diesel, you get super-low running costs.

WHO WOULD BUY ONE?

A FAMILY that prioritises comfort and budget would love the C4. Five useful seats, lots of standard safety equipment and even more on the options list make it a very handy family bus. But it's also a confident cruiser and will return decent fuel economy if driven steadily, so company car buyers might want to take a look.

THIS CAR SUMMED UP IN A SINGLE WORD

SANGUINE.

IF THIS CAR WAS...

A CONTESTANT on Countdown, it wouldn't worry itself about not winning the words rounds because it would do so well with the numbers.



POWERSCOURT
HOTEL RESORT SPA



COMPETITION

...

Win a luxurious getaway at Powerscourt Hotel Resort & Spa

....

Are you in need of some relaxation and rejuvenation?
Why not enter this fabulous competition to win a grown up
getaway at the stunning Powerscourt Hotel Resort & Spa.

The prize includes a luxurious two night stay for you and a guest with breakfast each morning
and a sumptuous dinner for two in Sika restaurant on the evening of your choice. Also
included in the prize is a choice of two 50 minute spa treatments in the award-winning ESPA
or a round of golf for two at Powerscourt Golf Club, voted Best Parkland Venue 2014.

Just 30 minutes from the city centre, the Powerscourt Hotel Resort & Spa offers the
perfect indulgence on Dublin's doorstep.

.....
To enter simply answer the following question:

What is the name of the restaurant in Powerscourt Hotel?

a) Sika b) Stag c) Deer

Please send entries to competition@celticmediagroup.com

Competition deadline: 31st July 2015

t: +353 1 274 8888 e: info@powerscourthotel.com

www.powerscourthotel.com



AUTOGRAPH
COLLECTION®
HOTELS

Terms and conditions: Valid for 12 months from when winner is announced. Subject to availability. Voucher not valid from 24th December 2015
– 1st January 2016. Voucher is valid for midweek stays only (Sunday-Thursday). Voucher not valid in conjunction with any other offer. Voucher
cannot be redeemed in part or in full for cash. Voucher must be used in full, and there is no exchange for services not listed in the prize details.

IF A FRIEND SEEMS DISTANT CATCH UP WITH THEM

Being in touch and connecting with other people is proven to have a positive impact on how we feel.



Little things can make a big difference.

Find the #littlethings that work for you.

yourmentalhealth.ie



☎ 116 123

