STAFF MAGAZINE OF **THE IRISH HEALTH SERVICE**

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HEALTH MATTERS

LGBTI Network

Supporting all our staff

Values in Action

Six months on

VOICES OF SUPPORT

Dublin Parkinson's group

FEATURES | GENERAL NEWS | YOU SECTION | LIFESTYLE

WELCOME TO THE LATEST EDITION OF HEALTH MATTERS

THIS edition we mark the establishment of a new channel on the HSE website, called Our Health Service. It is a news and features channel, created as part of the ongoing work to highlight the changes under way in all parts of the organisation to build a better health service.

This new section of HSE.ie will showcase real stories of the extraordinary day-to-day work and the improvement being delivered by staff every day in our health service.

Every member of staff can play their part. The site has a social wall where tweets from **@HSELive**, **@HSEValues** and HSE Youtube videos, as well as tweets containing #ourhealthservice, will appear. Use the hashtag when you are tweeting about a service or activity that is helping our health service - a great way to highlight all the different activities.

We also chat to the HSE's Grainne Leach who shared her amazing story of battling adversity after the loss of her arm 33 years ago with the nation, as she joined Ryan Tubridy on his radio show. Grainne was a promising basketball player when she smashed her arm in a freak accident and she relayed how the birth of her first child finally caused her to deal with the emotional pain that she had been bottling up for 10 years.

There's plenty more to read about inside – including a report from the launch of the health service's new support network for employees – the HSE LGBTI and Allies Network. The new Network will enhance the HSE's commitment to creating an inclusive workplace, welcoming and supportive of all of its employees.

As always, a big thank you to all our contributors and we hope you enjoy reading this latest edition of Health Matters.

Joanne Weston

Joanne Weston,
Editor

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Sites we like

AskAboutAlcohol.ie

Malehealth.ie

transplantteamireland.ie

hse.ie/sustainability

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Building a Better Health Service

CARE · COMPASSION · TRUST · LEARNING

HEALTH SERVICE EXCELLENCE AWARDS 2017

THE Health Service Excellence Awards 2017 were launched recently with a call for entries made to health staff around the country.

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

A National Recognition Event will take place in December 2017. Finalists will be invited to attend this event.

One of the areas of action in the HSE People Strategy 2015 – 2018 Leaders in People Services is Staff Engagement.

It is our organisation's ambition for staff to have a strong sense of connection to our service, take personal responsibility for achieving better outcomes, and support their team colleagues to deliver results.

"It is important that we provide opportunities to recognise and celebrate the commitment and outstanding contribution of health and

social care staff across the organisation," said Rosarii Mannion, National Director of HR.

In September, the applications received will be forwarded to the awards co-ordinators for shortlisting.

The shortlisted projects will be asked to make a presentation to the Selection Panel which will meet in October.

A number of projects will then be further shortlisted to qualify for the Health Service Excellence Awards Final 2017 where the overall winner will be announced.

In addition, there will be a Popular Choice Award which will be decided by a special online voting poll and the Best Team Project Award.

Staff will be encouraged to vote for the project of their choice via the HSE website.

The closing date for applications is Friday, September 15th, 2017 so there are still a few days to go before the competition closes.

The organisers are looking for projects or services that have made a real and lasting impression on our health and social services.

The awards are open to all staff working in the publicly funded health system.

More information and an online entry form is available on the HSE website **www.hse.ie/excellenceawards**

Application forms can also be requested by emailing **excellenceawards@hse.ie**

#HSEexcellence17

THE COURT YARD GARDENER

Gardener Billy Burke tending the new scented flower bed in the court yard at Dr Steevens' Hospital, which includes David Austin roses, English lavender, freesia, dianthus and scented lilies to provide colour and scent from spring to autumn.

NEW CHANNEL SHINES A LIGHT ON THE GREAT WORK OF STAFF

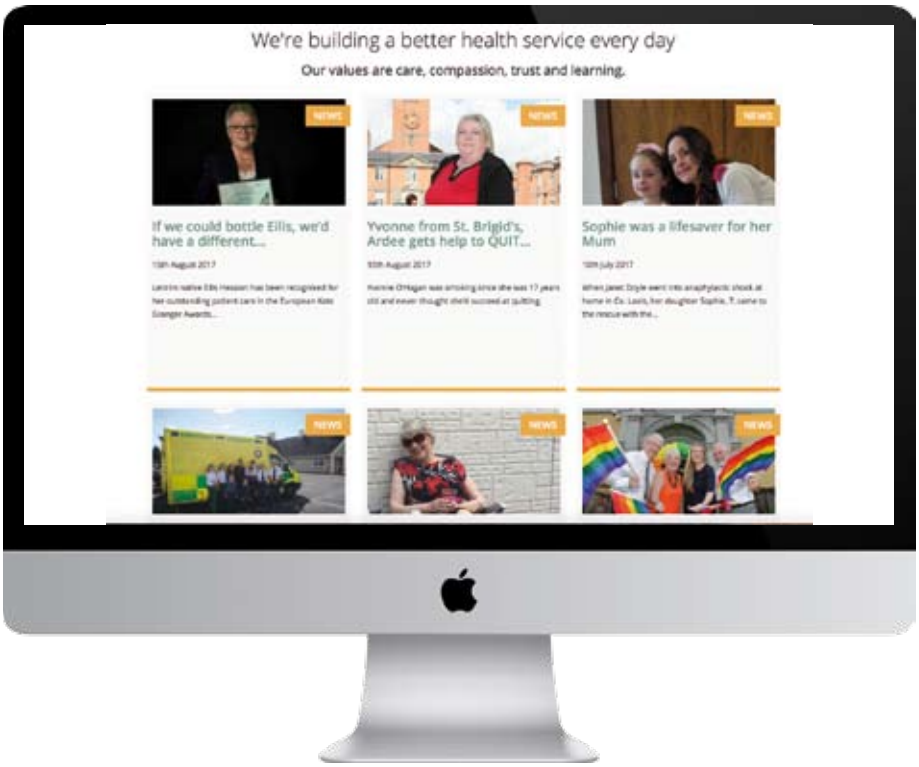
EVERY minute of the day across our health services, staff are doing extraordinary things as part of their ordinary working days, going that extra mile to help a patient or aid a colleague. Shining a light on that often unseen work is a new channel on the HSE website, called Our Health Service.

This is a news and features channel, created as part of our ongoing work to highlight the changes under way, in all parts of the organisation, to build a better health service.

This new section of **HSE.ie** will showcase real stories of the extraordinary day-to-day work and the improvement being delivered by staff every day in our health service.

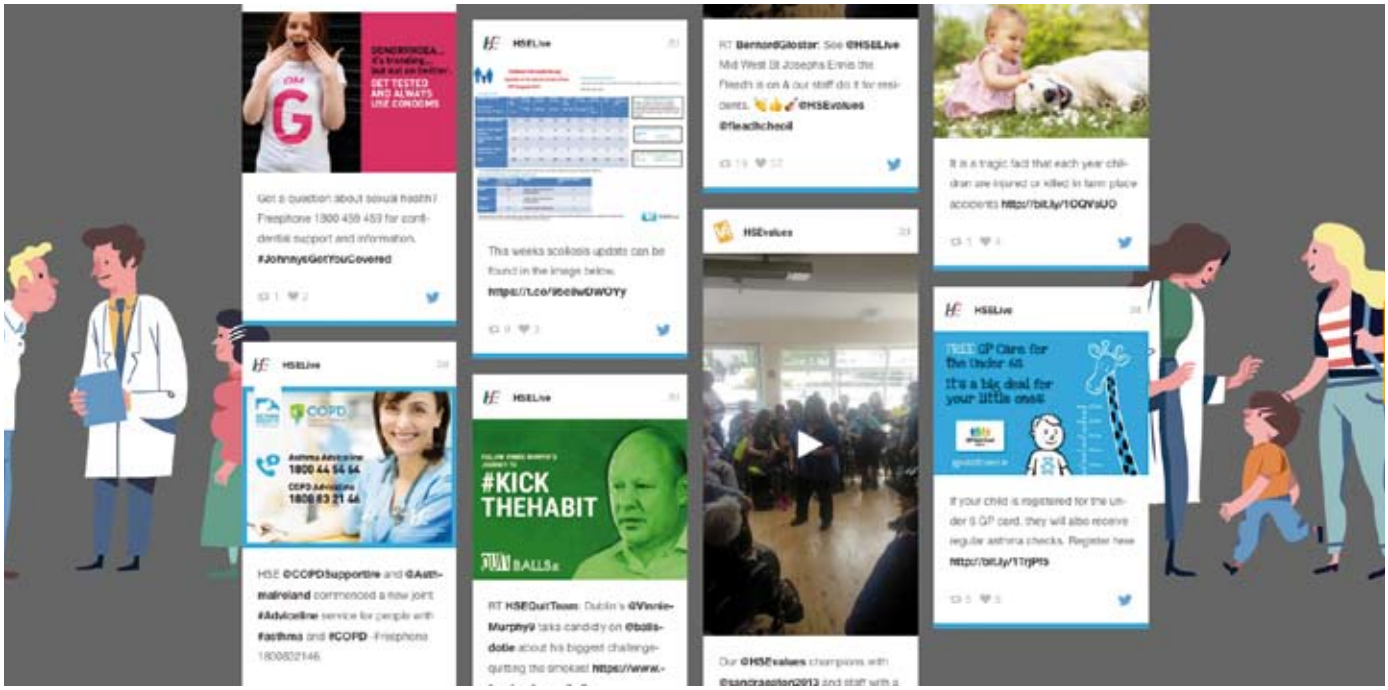
You can view the site at **www.hse.ie/ourhealthservice** and connect on social media using #ourhealthservice. The site has been developed by our Communications Division in partnership with the Programme for Health Service Improvement, and we will be using the **@HSELive** Twitter account to share news features as they are published on a weekly basis, connected by the #ourhealthservice hashtag. Staff are being asked to help to amplify these stories as they appear by sharing and retweeting them.

The site has a social wall where tweets from **@HSELive**, **@HSEValues** and HSE Youtube videos, as well as tweets containing #ourhealthservice, will appear. We suggest that this hashtag is used when you are tweeting about a service or activity that is contributing towards Building a Better Health Service.



This is a great way to highlight all the different activities that are contributing towards improving our health service, and reminds all of us of the fundamental value of our work to everyone living in Ireland.

If you would just like to share how you or members of your team are improving the health services, please contact our Communications Division who will support you in developing your story. Please get in touch with your local Communications Manager, your Division's Communications Client Director or any of the HSE's Communications Teams on **www.hse.ie/communications** to find out more.



AMAZING GROUP STEPS INTO #OUR HEALTH SERVICE LIMELIGHT

EVERY month, a group of 12 or so people assemble in a meeting room on the Navan Road in Dublin. While they look like a bunch of friends discussing the latest news, this simple gathering has been helping to transform the lives of those in attendance.

This is the voice and support group for people living with Parkinson's Disease, set up last year as part of the HSE Speech and Language Therapy Services in Dublin North City.

They have been sharing their stories and the invaluable services provided by the support group and the HSE speech and language therapists on the new Our Health Service website.

The group meets every second Thursday of the month in Centric Health on the Navan Road. It focuses on different areas: continuing voice exercises to help maintain a loud, clear voice, and to give time to practice using a louder voice in group conversation. Providing education and guidance on living well with Parkinson's Disease, there's an emphasis on close collaboration with fellow professionals in the HSE, such as physiotherapists, occupational therapists, dieticians, psychologists, and clinical nurse specialists. Other speakers from voluntary organisations and acute care settings have also contributed to the education sessions.

The group also provides a regular positive, supportive environment for people to share stories and experiences about living with the disease. As an evidence-based care pathway, this group is meeting the needs of clients living with chronic conditions and is an example of the values of Building a Better Health Service – care compassion, trust, and learning – in action.

Bill Hughes from Cabra, who has had Parkinson's Disease for four years, revealed that the group is one of the few outlets he has.

"Some days are good, some days are bad. I look forward to coming here every month. This is the only outlet I have, and fishing," he said.

Gary Boyle, a fellow group member, agreed.

"I was diagnosed in September 2009. I was 44 at the time and I was devastated. I was lucky at the time to be referred to speech and language therapy and I did a very intensive course with Ruth, which we have all done. The name that we came up with for the group was very important too - 'Can you hear me now?' It really fits with what is going on here," said Gary.

Aideen Lawlor and Margaret Creevey are the Speech and Language Therapy Managers in Dublin North City Area and the two Speech and Language Therapists involved in running this PD group are Caoimhe McDermott and Ruth Talbot.

Aideen explained that there are over 12,000 people living with Parkinson's Disease in Ireland and the vast majority of these people are going to have problems with their voice at some stage.

The earlier you intervene the better so we identified a list of people on our case load who needed intensive speech and languge therapy and that involves 16 sessions in four weeks

"The earlier you intervene the better so we identified a list of people on our case load who needed intensive speech and languge therapy and that involves 16 sessions in four weeks. It was best practice then to offer a top up service so they maintain the skills they have learned in the session and the people who attended the individual therapy session all identified that they would like to do this in a group setting," said Aideen.

"It's a progressive disease and things can change. Because they see them every month, it's very easy then for the speech and language therapist to act as a gate keeper and as a support for them to say 'well why don't you contact such a service, maybe the physio, maybe you need to go and see your GP'."

Through inclusion of other medical professionals in managing these conditions, an evidence-based care pathway has been developed that's seeing real improvement for patients, who are finding it helpful to be able to talk to people in similar circumstances, learn new things, share ideas and experiences, and know that they're not alone in their diagnosis.

In typical treatment for individuals, there is an absence of the peer and social supports which is known to have such a positive impact on the person's health and overall well-being. Providing this support reinforces the need for a holistic approach to the treatment of chronic diseases such as Parkinson's.

Senior Speech and Language Therapist Ruth was full of praise for the service users who are attending regularly.

"We did always say that we wanted it to be their group and we wanted them to take ownership of it. And they have done just that in a way we could never have expected. It's just this really safe space where they are all very comfortable with each other. They are very open and they can get great support from each other. They can talk and get comfort in a way that family members or people who don't have Parkinson's or a similar condition wouldn't be able to."

Declan Moriarty explained the challenges that people with Parkinson's Disease face.

"I find that people don't understand

Parkinson's and think that you are drunk. You are unbalanced, your speech is slurred. My fingers are stiff, my feet won't move sometimes. On a bad day, I am a wreck. On a good day, you wouldn't know I had it. That's the stressful thing, you don't know what's coming your way that day," he said.

Alma Keating revealed that things have been getting worse for her lately and the group has provided great support in the bad days.

"I've been going grand for 10 years but now all of a sudden I'm falling, my swallow is getting narrow and I can't eat. I'm only 46 and for me, that is a big thing. Telling my kids that I had Parkinson's was very hard. I find coming here is very beneficial. It's helping me and I'm learning more. People are different, we all have different ways of dealing with Parkinson's. I don't normally talk in groups either. I don't shut up now," said Alma.

Chris Rogers urged fellow Parkinson's Disease sufferers to join a group near to them.

"At times you get very down and get very depressed but then you get up and you have a good day and you are back on your feet again. And then you come into this group and you get a bit of slagging. There's no respect for age at all. It's a great group, they are friends, they are colleagues. I look forward to coming to the group and I am very grateful to be allowed to join the group," said Chris.

"If you have a group like this in the locality, I would say join up. It's the only way you are able to vent some of the frustrations that you have. Join up. Even two people in a group having a chat for an hour once a week or once a month is beneficial. It worked for me."

ABOVE: Speech Therapists Ruth Talbot, Caoimhe McDermott and Lorraine Ryan. FAR LEFT: Speech Therapist Lorraine Ryan assisting people with Parkinson's Disease. TOP OF PAGE: Participants in the speech therapy group. LEFT: Speech Therapist Ruth Talbot assisting people with Parkinson's Disease.

The group meets on the second Thursday of every month from 10am to 12pm in the Navan Road Primary Care Centre, Navan Road, Dublin 7. The group can be accessed through referral into Speech and Language Therapy services within Dublin North City area and the clients have all attended for individual therapy within the service previously.

Individual outcomes of client's participation in the group are positive with self-reports of clients being able to communicate more effectively in their home environment with increased confidence and insight into how to manage life with Parkinson's Disease. It is hoped that it'll be possible to set up further groups in the area due to the high demand from clients on the Speech and Language Therapy caseloads requesting this group.

WHAT A DIFFERENCE SIX MONTHS CAN MAKE

VALUES IN ACTION BEHAVIOURS ARE SPREADING

Results of the Values in Action six-month 'pulse' survey in the Mid West show 83pc of champions surveyed are already seeing changes in their workplace. Nearly all (98pc) of champions surveyed say they have had informal conversations with colleagues about Values in Action 90pc of respondents said they are sharing stories about the behaviours with their colleagues

EARLIER this year marked six months since Values in Action went live across the Mid West in UL Hospitals Group and Mid West Community Healthcare. To mark this milestone the project team surveyed the Values in Action champions across the Mid West to find out about their experience and what differences they have noticed in their workplaces since becoming a champion.

The results show that over 80pc of champions are already noticing positive differences in their workplace since Values in Action began. This is as a result of the trojan efforts by champions to spread the nine behaviours that underpin Values in Action as part of leading a movement for culture change in their workplaces.

Values in Action is about all of us, irrespective of role or grade, working together to change our workplaces for the better; for ourselves and for patients and users of our services. Values in Action is based on nine behaviours (see graphic on next page) that reflect our values of care, compassion, trust and learning, combined with a ground up approach to spreading change which is being led by the champions.

Values in Action kicked off in the Mid West in October 2016 with a bootcamp event, attended by over 180 champions who had been nominated by their peers. Since then the champions have been taking action in their workplace to make the behaviours more visible and to grow the community of champions by getting their colleagues involved. There are now over 400 champions in the Mid West creating a bottom-up, grassroot movement that is spreading throughout the health services.

When asked if they noticed the nine behaviours becoming more visible in their workplace since Values in Action started last October, 80pc of champions said they see 'mild to moderate' changes in their workplace as the behaviours become more visible and are practiced by staff.

Conversations about culture

THE Values in Action champions are talking to their colleagues about the importance of spreading a positive culture in a way that will make the health service a better place to work and give patients and service users a better experience when using our services. The survey results show that champions are engaging in conversations about the behaviours in both formal and informal settings. They are engaging in informal conversations as part of their working day with nearly all champions surveyed (98pc) saying they have had informal chats with colleagues about Values in Action. Some 70pc had reached staff beyond their own department or unit. 18pc of champions said these chats were 'very well received' while 69pc said they were 'mostly well received'. Champions are looking to engage with colleagues to find ways to put the nine behaviours into practice in workplaces throughout the Mid West.

Over 87pc of champions have had up to five formal engagements with colleagues on Values in Action. A lot of champions have Values in Action down as an agenda item at meetings (74pc) while others have posters up on walls in their buildings to help start conversations and raise awareness. Many champions have also been involved in local launches of Values in Action within their service areas.

Values in Action champions are also sharing

STORIES OF VALUES IN ACTION

OVERHEARD IN THE MID WEST – THE IMPACT OF OUR BEHAVIOURS

"MY 76-year-old mother was in hospital recently for an Endoscopy. She was admitted at 9am and ready for discharge at 1pm. As we were about to leave the nurse asked where was I parked. When I told her where, she said that would be too far for my mother to walk so she asked an attendant to bring a wheelchair for her.

"The attendant said it would be very cold for my mother to travel that distance and suggested I drive the car around to the OPD entrance and he would bring her down there, which he did and then helped her into the car. It was a very positive experience for my mother and myself." ***Jacqueline***

"I WAS under pressure with a deadline and couldn't get the people I needed on the phone. I finally spoke with a colleague but, as time went by, my stress was rising.

"I looked at the behaviours poster on the wall beside my desk and my heart sank when I realised how rude I had been to my colleague during our call. I knew this was unfair and that my colleague happened to be the person to bear the brunt of my stress. I decided to call my colleague back and apologise. My colleague said she understood, was glad it was nothing more serious and that she appreciated the call back." ***Denise***

"ON the first day I started work in the health service I ended up going to the canteen on my own for lunch as there wasn't many people on the team I was working with. One person in that busy canteen saw me on my own and invited me to join their table. I appreciated that simple gesture so much." ***Sandra***

"I WAS covering reception one day as someone

The launch of Values in Action at St Joseph's campus, Limerick.

stories about the 9 behaviours and the impact we have on staff and patients/service users when we put these behaviours into practice. When asked how they are sharing stories about the difference the behaviours can make 90% of champions said they are informally sharing stories about the behaviours with colleagues and 30% said they are sharing stories at team meetings.

Ongoing support of champions

CHAMPIONS were asked about the supports they need to continue to spread Values in Action – 28pc said they need peer support, 28pc need management support, 17pc need time and 27pc need co-ordinator support. The Project Team is now focusing on using this feedback in order to better support our champions to continue their journey as leaders of culture change in the health service.

Are the behaviours becoming more visible in the workplace??

The Mid West Values in Action Project Team is made up of staff from across the UL Hospital Group and Mid West Community Health organisation supported by colleagues from National Communications, HR, Quality and Patient Safety and the Programme for Service Improvement.

Follow the team's progress on Twitter **@HSEvalues** or see **hse.ie/valuesinaction** for further information.

was out sick. This woman rang who was very distressed as she was currently in a nursing home suffering from MS and wanted to go home. She was very upset as her family didn't live in Limerick and she didn't see many people. I listened to her and helped in any way I could and passed on her information to the relevant persons. She rang back a few minutes later to thank me as she was so grateful that someone listened to her and that there was somebody at the other end of the phone." ***Anon***

"I HEARD a lovely story yesterday in Raheen Community Hospital. A member of staff described that she was very stressed one day and was having a really bad day. One of her colleagues recognised this, went to the shop and brought her back a cream bun. She described this as one of the best things that anyone had done for her. How thoughtful!" ***Sheila***

"A COLLEAGUE wanted to access a service for an elderly relative and contacted the local health centre for information. When she rang, the receptionist answered the phone with "Hello and how can I help you?" My colleague explained what she needed in relation to access for the elderly relative. Without any more prompting, the receptionist told my colleague how the relative could be referred to the service via a primary care team member, advised that the service was free of charge, explained how the service was prioritised, what the wait time was for access, and how more staff were due to start shortly so the wait time would be less in the future.

"My colleague was very impressed and said that "the receptionist was very helpful during the course of her enquiry, providing very useful information and suggested if I had any further queries to contact her again." ***Anon***

INDIVIDUAL

Am I putting myself in other people's shoes?

Am I being fair to my colleagues? Can I see the challenges that others have and would I change my attitude or what I do as a result?

Am I aware that my actions can impact on how patients feel?

Am I aware of how I am heard and seen? Am I a good example?

Am I aware of my own stress and how I deal with it?

Am I dealing with stress appropriately, for myself and others? Should I ask for help or support? Am I doing things that can help relieve stress at work?

COLLEAGUE

Acknowledge the work of your colleagues

Always say thanks and acknowledge the efforts of team members and colleagues. Treat everybody as equal, regardless of hierarchy or role within the organisation

Ask your colleagues how you could help them

Ask how you can help or offer advice to try to guide the way. Share your knowledge and experience with others.

Challenge toxic attitudes

Challenge toxic negativity, defeatism and cynicism. Address unacceptable behaviours (abuse, hostility, etc.) where a person is not being treated with respect

PATIENT

Use my name and/or your name

Introduce yourself and outline your role – similar to #hellomynameis. Human-to-Human: turn towards the patient, make eye contact, smile, low and calm tone of voice

Keep patients informed – explain the now and the next

Give information to the patient/service user on what you are doing now and what the next step will be. Reduce uncertainty as much as you can. Explain the known and unknowns in no rush.

Do an extra, kind thing

Provide small acts of kindness. The small, unexpected 'extra thing' is very human and powerful

The nine behaviours are spreading... Values in Action is based on nine behaviours, that reflect our values of care, compassion, trust and learning, combined with a ground up approach to spreading change. Behaviours are something people do, they are concrete and visible. People understand what is meant by them and everyone can adopt them. The nine behaviours reflect the three key dimensions in our working lives. They are practical, very do-able and cost us nothing. Practicing them will help to close the gap that sometimes exists between our behaviours and our values

Nation hears amazing life story

CHANCE MEETING PAYS OFF FOR GRAINNE

A CHANCE encounter on Dun Laoghaire pier brought one of the HSE's most popular figures to the national airways recently.

Gráinne Leach, Chief Officer of the National Haemophilia Council and a member of the staff engagement forum, happened to meet RTE TV and radio presenter Ryan Tubridy while out walking. The pair got chatting and Ryan invited Gráinne on his morning radio show to share her amazing story.

An accident exactly 33 years to the day before their meeting, when Gráinne was just 22 and a talented basketball player, left her with a fractured pelvis and a broken shoulder and leg, amongst many other injuries, but most significantly, it shattered her arm beneath the elbow.

She explained that life was great and she was having lots of fun playing her beloved basketball. She was playing for St Louis, having previously lined out for Meteors. Basketball, she said, was her drug.

"I was really good at it and I loved it. The day before the accident, I had been at a tournament in Killarney and had a great weekend. We came back on the Sunday night and went to a disco in town, as you do when you are 22. We were all off work on the Monday so we decided to go to Brittas for a day trip," said Gráinne.

"I got up that morning, all excited about brilliant weather and chilling out with my friends. I went out to get a few bits to go to the beach and I borrowed a bike from the house and went down the road. I pulled the brakes at the bottom of the road but, unknown to me, they were broken so I shot in under a bus.

"I don't remember the impact of the bus hitting me but I remember when everything stopped. I was in under the bus, everything splattered. But I didn't realise what it was because I was in shock. But the thing that saved my life was that I was so fit. The bus man had to reverse off my arm so it was pretty traumatic. I very visually remember it, but don't remember pain – I was in shock. I remember people talking to me, amazing people."

Gráinne's naturally positive disposition helped her cope in the initial aftermath of losing her arm, and she continued to go out with friends and live a life as close as possible to the one she had before the accident, but she says she was only really dulling the pain and the grief with activity and distraction.

> "I pulled the brakes at the bottom of the road but, unknown to me, they were broken so I shot in under a bus. I don't remember the impact of the bus hitting me but I remember when everything stopped. I was in under the bus, everything splattered. But I didn't realise what it was because I was in shock.

After the first of her four children was born 23 years ago, Gráinne suffered from postnatal depression and things came to a head. "I had let it go too long," she said she now realises. "It was the mental tiredness of putting on the brave face when really deep down I was sad about losing my arm.

"I have an amazing husband and four amazing kids - Mark, David, Sarah and Jack. It really only hit me about a year and a half after I gave birth to my first, Mark, 23 years ago, and postnatal depression compounded it.

"I got really really sick in the Beaumont where I worked. I was hospitalised there for three weeks with really bad headaches and got Bell's Palsy while there. I thought I was having a brain haemorrhage," she revealed.

She knew something had to change and embarked on a journey of personal development and counselling.

"I had to do it for myself and for my children. I didn't want my children growing up with a sad mum for the rest of their lives. I wanted them to grow up confident, being able to go out into the world and feeling that they can do anything. I hope that's my legacy to them."

While Gráinne has come through the other side of adversity, it certainly hasn't been an easy ride and despite valiant efforts, she wasn't able to find her way back to the basketball court.

However, she has channelled her love of sport into many other areas instead, taking an active role in her children's sporting endeavours, working for the IRFU and managing the Irish Under 18s Ladies Touch Rugby Team, who competed recently in the European Touch Rugby Championships at DCU.

"My girlfriends were great. I tried to practice with them, tried to get back playing again but I just couldn't. Then the kids got involved in sport and it got me back mixing back with sport again, feeling feel engaged and part of it again. I met people who were involved with touch rugby, did some event management – while doing my personal development at same time, and volunteered part time with IRFU. I have a huge love of sport, it's always been part of my life, and it has always helped me cope with anything life can throw at me," added Gráinne.

Grainne Leach pictured in the RTE studios with Ryan Tubridy.

WATERFORD PAIR EARN PRESTIGIOUS AWARD FOR THEIR STUDY

TWO nurses at University Hospital Waterford (UHW) received a prestigious international Award for Excellence in Cardiovascular Care 2017 for their case study on the risks of using protein supplements, last month at the international EuroHeartCare conference in Sweden.

Shortlisted from over 250 entries from hospitals around the world, UHW cardiology nurses Norma Caples and Edel Cronin travelled to Jonkoping, Sweden where they presented their case study on a 32 year-old body builder to a panel of cardiovascular experts. The nurses were then selected as the ultimate winners of the award, presented by the European Society of Cardiology (ESC) Council on Cardiovascular Nursing and Allied Professions.

The case study examined the effects of protein supplements on the cardiovascular system by observing a patient who initially presented at the Cardiac Unit of University Hospital Waterford for an ECG. A comprehensive health history of the 32-year-old body builder was carried out, which revealed his daily habitual usage of protein supplements. Despite education and consequently deteriorating health, it took over 12 months for the patient to accept the dangers of protein supplements. This patient now has end stage renal disease and requires dialysis four times a week.

The award recognises nurses who have demonstrated excellence and innovation in providing heart and cardiovascular treatments. It is the first time UHW has received an international award for this speciality. The international judging panel was appointed by the Council on Cardiovascular Nursing and Allied Professions (CCNAP) and European Society of Cardiology (ESC).

Norma Caples, Clinical Nurse Specialist/ Registered Nurse Prescriber, UHW Heart Failure Unit, explained that they had no idea of their victory until their names were called out.

"It was such a privilege to be chosen as the overall winner of excellence in practice in cardiovascular care. Both myself and Edel have always put a lot of work in to improving our practice in cardiovascular care to ensure patients receive high standards of treatment so it means a lot to be awarded for that," said Norma.

Edel Cronin, Clinical Nurse Manager CNM2/Registered Nurse Prescriber, UHW Cardiac Catheterisation Laboratory, said: "I was so delighted that we were invited to present our abstract as one of the eight finalists but to be awarded the overall winner was overwhelming. This is such a prestigious award and to be the receiver of it reflects our hard work and dedication."

Claire Tully, UHW Director of Nursing, paid tribute to the pair, saying, "Edel and Norma are outstanding nurses who are most deserving of the recognition they've received and the honour that has been bestowed on them. The contributions they make to nursing and patient care are an inspiration to their colleagues and co-workers, and they are true gems in our profession."

Left to right: Nurse Norma Caples, Claire Tully, Director of Nursing, University Hospital Waterford and nurse Edel Cronin. PICTURE:NOEL BROWNE.

ACHIEVEMENT 'AN ENDORSEMENT OF STAFF EXPERTISE'

NURSES in cardiology from Tallaght Hospital and Naas General Hospital have won a bursary award for their service innovation at a recent nursing and midwifery conference.

The conference, which showcased nursing and midwifery values in practice in Ireland, was held at Dublin Castle and was hosted collectively by the Chief Nursing Officers at the Department of Health; The Office of the Nursing & Midwifery Service Director, Health Service Executive; and the President of the Nursing and Midwifery Board of Ireland.

At the conference, the Nursing and Midwifery Values in Practice: Bursary was awarded to Registered Advanced Nurse Practitioners (RANP) in cardiology from Tallaght Hospital and Naas General Hospital for their service innovation entitled: 'Connecting cardiology services through advanced nursing practice: nursing values in action'.

The service innovations, which were developed between the two hospitals by the RANPs, provide expert assessment and accelerated access to the most appropriate cardiac investigations in a timely manner. It has led to more equitable patient care despite geographical considerations and utilises the strengths of the RANPs in the Dublin Midlands Hospital Group.

Speaking about the award, Alice Kinsella, General Manager, Naas General Hospital said: "This is a fantastic achievement for Naas General Hospital and for our patients; moreover, it is a wonderful endorsement of the quality and expertise of our staff."

Jacqueline O'Toole, RANP nurse at Naas General Hospital, said: "We are delighted to have our collaborative work recognised nationally. We are determined to ensure that our patients receive the best possible care. We will continue to work with our colleagues at Tallaght Hospital to strengthen the collaborative nature of our work."

The nursing team presented with the award included Jacqueline O'Toole, RANP Cardiology Naas General Hospital, Shirley Ingram RANP and Niamh Kelly RANP in the Cardiology Department at Tallaght Hospital.

Seamus Woods is a Projects Director with the Programme for Health Service Improvement. He has worked as a project manager for over 25 years and now runs a Programme Office in the Mid West CHO. He tells us about being an effective project manager.

A DAY IN THE LIFE

THERE is a lot of change going on and staff and managers on the frontline have to pursue that change, while at the same time dealing with significant operational issues and this is a real challenge.

A key significant role for me is helping the local teams get consensus on what projects will have the greatest impact in the midst of all demands coming at them to deliver on service improvements. People have only so much time to give and whilst all the suggested projects have good intentions, it is important that we identify the projects that will have the greatest benefit for the public.

I think one of our other biggest challenges is around change management. Everyone will react differently to change. In the work we're involved with as project managers with the Programme for Health Service Improvement, it can be very challenging trying to get people to buy into change so they, whether they are managers or frontline staff, can see real value from the perspective of delivering the service on the ground. A person is likely to go that extra mile if they have a belief in what is proposed and we, as project managers, need to harness that belief.

I always say to our project managers that it's about building relationships, understanding people, and working well with people. As well as the technical skills, a project manager with the Programme for Health Service Improvement needs that ability to work with all stakeholders. We need to get buy-in so our project managers need to negotiate in terms of making changes. They need to be that independent voice both for the service, across services and for the people using our services. Ultimately this is about improving services on the ground and we need to be able to give confidence to local teams that we can help them achieve that

Project management is about solving problems and working with people to solve these problems. There's a start and a finish and you can actually see the outcomes of what you are trying to achieve. It's about finding new ways of working and measuring how we are successful.

I don't have an average working day as such – every day is different but some aspects are consistent. A lot of my time is taken up running workshops for project managers to look at new initiatives and improvements to services. Part of my job is working out what a project is really about and what we are trying to achieve. The key thing with any project is to work out what's the problem that we're trying to solve, looking at the options, coming up with a plan and similar to a pilot with a flight plan, have some touch points to review how you are getting on. I spend a lot of time running workshops with new project managers because a lot of the project managers in the health services do a day job as well as doing a project manager role. They are learning a new skill-set.

I also spend a lot of my time doing strategic workshops for managers and their teams. We look at where their service is going, what improvement is expected through the Programme for Health Service Improvement, what will have the biggest impact on services and how we can measure success.

PROJECT MANAGEMENT

I HAVE over 25 years' experience in project management. As a programme manager, I was involved in setting up the Child and Family agency Tusla and, with limited transition funding, this was a significant achievement by a highly committed team in the HSE.

In my working life, one of the projects that gave me the most satisfaction was setting up and delivering on a homeless strategy. This was a number of years ago. I was working for the Mid West Health Board and we were the first health board to set up a 'wet house' where homeless people who had chronic alcoholic problems could go in and have somewhere to stay. It was also about helping people to then try and move on in their lives and deal with their addictions. Overall, it was a very successful project because we worked with some of the key stakeholders such as the three County Councils in terms of getting agreements on joint plans. It was very satisfying and was down to the belief of committed staff that they could bring about change.

More recently, I ran a programme of work to look at where we are going to put Community Health Networks across the country. It meant getting stakeholder engagement across all of the nine Community Health Organisations. We met over 500 stakeholders across the nine CHOs in terms of getting agreement of what has the potential to have the most profound impact in terms of community services going forward.

We engaged with the key managers working across all the care services, including older persons, disability, mental health, primary care and health and wellbeing but the object here is that all professionals would work for the same community. Currently, a lot of our primary care and community specialist teams work across different boundaries so these changes will have a real impact in terms of improving access hugely for the public, building professional relationships and doing 'joined up work' with the community in relation to health and wellbeing.

I think it could have significant impact on integrated care and it's about a way of working. It's not about new resources; it's about working together. This work is on-going. There's agreement now on where those networks should go but the next phase is about implementing that. It may take time and will have its challenges but, ultimately, we will have a situation where local populations have local teams working for them across a range of services. When we achieve that, we will have done a huge service.

Over the past two and a half years, the Programme for Health Service Improvement has implemented a strategic approach to delivering tangible change across the health service.

Extra bit of encouragement

'I TRIED TO QUIT THREE OR FOUR TIMES'

PSYCHIATRIC nurse Andrew Philips finally got some not so gentle encouragement from his kids Ciaran (9) and Millie (6) to QUIT for good.

"I work for the HSE, I am a psychiatric nurse based in Galway. My job entails looking after patients, advocating for them and working as part of the multi-disciplinary team.

I started smoking as a young fella at school. There were four or five of us and we'd buy a pack of cigarettes each day between us and smoke them behind the school shed.

Back then, you could buy a pack of cigarettes for £1 and loose cigarettes for 10p. I'd cut grass and do a bit of gardening to get the money together.

I found it hard to give up with work as a lot of patients smoked and I used it as an excuse to keep smoking. I tried to give up three or four times in the past before Ciaran and Millie came along but I failed miserably. I also think I got complacent. I would go out for a few drinks with friends and I'd start smoking again. The longest I QUIT before was a year but I knew my heart wasn't in it.

TURNING POINT

THE kids were always nagging me to QUIT. Ciaran had learnt all about how bad cigarettes at school and both of them would be saying to me that I was killing myself each time they saw me smoking. I knew my smoking really upset them.

The turning point came when I saw my young son Ciaran mimicking me smoking. I looked out the window and saw that he had his fingers up to his mouth. I knew then I had to stop.

I noticed also finding it harder to keep up with my kids and to play uninterrupted with them without going for a cigarette.

QUIT WITH HELP

THIS time I was determined to get the help I needed. In September 2016, I logged onto quit.ie and signed up for a QUIT plan. Before my QUIT date, my advisor Niamh from the QUIT Team rang me and we went through my plan in detail. I followed Niamh's advice and cleared away the lighters, ash trays and cigarettes from the house before my QUIT date.

READY TO QUIT?

Freephone the QUIT Team on **1800 201 203** or log onto **www.quit.ie** and create your own personalised QUIT plan.

The last time I quit I just used the Nicotine Replacement Therapy (NRT) patches. But I realise now that I wasn't using them properly.

This time Niamh explained how to use the patches and recommended that I use an NRT spray as well to get that instantaneous nicotine boost and keep me comfortable when quitting. I also got advice on the 4 Ds – delay, distract, deep breath and drink water to help manage the cravings. Niamh was very good, any questions I had she was able to answer them, she really knew her stuff.

Niamh rang me each week but I also rang the QUIT Team and spoke to Niamh whenever I needed the extra bit of encouragement. It was great to have that free support from the QUIT Team. It was like having a crutch. I also went online to QUIT.ie and the You Can QUIT Facebook page if I needed a distraction.

My family and friend were a great support but you don't always want to be talking to your family. It is brilliant to be able to talk to someone like Niamh who is there to help you each step along the way.

ACHIEVEMENT

I MAY have QUIT smoking but I've gained so much more. Since I QUIT smoking I've actually changed my whole lifestyle.

When I was smoking I used to stay at home watching TV and smoke. Now I feel so much fitter and I find I have lots more energy.

I'm running around with the kids much more and I don't have to stop for a cigarette. I cycle 15 miles in and out of work four days a week.

I'm going out now for lots of walks and I've started running again, small distances but I'm hoping to build on it over time.

I know I still have a lot of work to do. I don't drink anymore so if I do go out with the lads and

#HURLTHEHABIT

HSE AND CROKE PARK PROMOTE SMOKE-FREE STADIUM FOR ALL-IRELAND HURLING SEMI-FINAL

ON a day that demonstrated Waterford's breath-taking displays of sporting prowess against Cork, Croke Park partnered with the HSE's Quit Team to encourage any smokers in the crowd at the All-Ireland hurling semi-final to #hurlthehabit. With six out of every 10 smokers in Ireland wanting to QUIT smoking, the partnership aims to let GAA fans know that free QUIT smoking services are available to them online, over the phone and in person around the country.

Campaign Ambassador Micheál Ó Muircheartaigh said: "I smoked during an era when the health ramifications weren't widely known. It wasn't unusual to see players smoking in the changing rooms, at half time and even on the sidelines of Croke Park. Quitting many years ago was one of the best decisions of my life and I'm delighted to support this initiative."

If you want to #HurltheHabit talk to our expert advisors about quitting, call the QUIT Team on 1800 201 203 or FREETEXT 'QUIT' to 50100. Over on **www.QUIT.ie** there are quit tips, live chat and the chance to create your own personalised QUITplan, or find us on Facebook - there's never been a better time to #hurlthehabit for good.

TOP OF PAGE: Volunteers at Croke Park from the 25 GAA Healthy Ireland clubs around Ireland that are now tobacco-free zones. PHOTO: SPORTSFILE. ABOVE: Former Cork hurler Joe Deane, left, and former Waterford hurler Tony Browne at the match. PHOTO: BRENDAN MORAN/SPORTSFILE

have a craving I just head off home. I'm so busy now volunteering as an assistant soccer coach and staying active with the kids that it's a good reason not to have a drink.

FUTURE

IN the past I always blamed the stress of the job but the stress is still there but my mindset has changed. At work I believe I am more focused as I don't have cravings to distract me. I'm also able discuss giving up smoking with patients as I believe I have some experience in the area!

I'm afraid of complacency though and so I keep myself grounded and say to myself I'm not smoking at this moment in time.

I'm lucky I have a lot of support from my family and friends and I know that the QUIT Team are available whenever I need them.

My goal was to stop smoking and my two kids are my reason to keep going. Once I have Ciaran and Millie with me, I know I'll stay QUIT.

I would never advise others what to do but what I will say is that if you do decide to quit you will never regret it.

Looking to QUIT? We'll help double your chances

Visit quit.ie. Call the HSE QUIT team on 1800 201 203 or FREETEXT QUIT to 50100

QUIT

Serena back in control

LIFE REVOLVED AROUND CIGARETTES

SERENA Gallagher from Pettigo in Donegal received her one-year certificate from the HSE Donegal Smoking Cessation Service for quitting smoking and she is delighted to be back in control of her life. How did she manage to do it? Here she shares her story.

When I look back my life revolved around smoking. I got up before the rest of the family so that I could smoke. I used to be spraying perfume and rubbing on hand cream so that I didn't have the horrible smell of smoke.

Cigarettes owned me – after I made the beds I smoked, after I did the hovering I smoked, after the children went to bed I smoked.

My husband Charlie used to get onto me about smoking and the more he went on about it the more I kept smoking.

Once I made the decision I went to see my GP and she recommended that I get support from Fiona Boyle from the HSE Smoking Cessation Service in Killybegs Community Hospital and I agreed to go along and see what it was all about.

> "I now have more belief in myself and I feel that I can achieve anything; it was hard but worth it.

GETTING HELP

WHEN I got there I was pleasantly surprised that I wasn't being forced to stop smoking. Using the Smoking Cessation Service was the right way for me to do it as I was able to make an informed decision. Fiona provided me with the information in a non-judgmental way. I wanted to stop and got the information on all the treatments available and the ones most suitable for me. I decided to try the tablet Champix and I found that they were really helpful and made quitting easier for me.

Also getting my Carbon Monoxide level tested each time I went to the clinic helped to motivate me.

TOUGH TIMES

ABOUT two weeks after I quit smoking, one of my children broke their elbow. In the past I would have automatically had a cigarette but I remember thinking at the time, if I have a cigarette the elbow is still going to be broken, so what's the point.

SUCCESS SINCE QUITTING

I WORKED it out and I have not spent €3942 in the year since I quit smoking. We bought a new car and I have had some dental work done.

There is no 'poor me' this time which caused me to relapse in the past. My attitude changed this time and I found the 5Ds (delay, distraction, drink water, deep breathe and don't dwell on it) worked particularly well for me. I don't miss them at all and I am very happy, content and more relaxed than I ever was as a smoker.

I would like to think that I will never smoke again. I can go on holidays and to GAA matches and it's great that I don't have to have a cigarette. I am back in control and it feels good.

QUIT SERVICES FOR HEALTHCARE WORKERS

HSE Donegal Smoking Cessation Service – call Fiona Boyle 087 2514790 and Catherine Coleman 086 0492465

To find your local face to face service freephone QUIT on 1800 201 203 or log onto **www.quit.ie** to sign up for your own personalised QUITplan.

Serena Gallagher with her HSE Smoking Cessation Advisor Fiona Boyle receiving her certificate after quitting smoking for one year.

PALLIATIVE CARE HOLDS NO FEAR

'MY first reaction was, 'OK, I'm gone'." That was the experience of John Joyce from Co Mayo when first introduced to the palliative care team.

However, he revealed that his perception of palliative care has since changed.

"The palliative care team complement your treatment. I would have been afraid of palliative care at the start. Now I have no fear," explained John.

When the palliative care nurse contacted Evelyn Wakefield, from Co Offaly, Evelyn (pictured) initially didn't want to see her. But, as Evelyn said, "We talked and I was surprised because she had so many suggestions of ways to give me back my quality of life. I had the most normal day I'd had maybe in a year and a half, where I could look after my kids and take them to their activities. It absolutely blew my mind how successful we were."

Claire and Kris Gray, from Co Down, were devastated when told the news that their daughter Matilda had the life-limiting condition, Edwards' Syndrome, Trisomy 18. Claire and Kris were able to take Matilda home to celebrate her two-week birthday because of the palliative care team.

"We took Matilda home on her two-week birthday," said Claire. "She had lots and lots of adventures and hospice at home made a lot of them possible. They made her life more lovely."

Sheilagh Reaper Reynolds, HSE Lead for Palliative Care, explained that palliative care services aim to meet the physical, social, emotional and spiritual needs of patients and carers facing progressive illness that may limit or shorten their lives.

"People can sometimes have a fear of palliative care and the Palliative Care Week helps us to explain how palliative services can improve a person's quality of life throughout the course of their illness. Our goal is to offer people of all ages a support system which will help them live as full a life as possible," she said.

Palliative Care Week, taking place this month, is the fourth year of the All Ireland Institute of Hospice and Palliative Care (AIIHPC) palliative care awareness week.

The theme for this year's campaign is the question 'Palliative Care - What have you heard?' AIIHPC wants people to question their understanding of palliative care and to encourage them to find out more. This year's campaign, supported by the HSE, includes real-life stories of individuals who have experienced palliative care.

Karen Charnley, AIIHPC Head of Institute, said, "There's still important work to be done to create greater awareness and understanding of palliative care. An all-island survey commissioned by AIIHPC in 2016 found that more than half of adults throughout the island of Ireland have just basic understanding of what palliative care is."

Palliative care focuses on helping people of all ages to live well with an illness that's life-limiting and achieve the best quality of life as their illness progresses. It involves not only the management of pain and other symptoms but offers social, emotional and spiritual support too.

"People tend to associate palliative care as something for people with advanced cancer, but it's equally important if you're living with advanced heart or lung disease, kidney failure and other conditions such as motor neurone disease or dementia. Also people can move in and out of palliative care services as their needs change, whether they're at home, in a nursing home, hospital or hospice," according to Karen.

To find out more about Palliative Care Week, visit www.thepalliativehub.com or contact AIIHPC on 01 4912948 or **kcharnley@aiihpc.org**

SHOW OF APPRECIATION FOR VOLUNTEER AT ST JOHN'S HOSPITAL

AN event was held at St John's Hospital Sligo recently to show the appreciation of the residents and staff for the commitment of a - tanding volunteer Eileen Higgins.

Eileen has been visiting St John's for 21 years along with her dogs. Eileen provides an invaluable service to the residents on all the units, her visits are completely of her own time and she is punctual and dedicated to improving the quality of life of the residents. She achieves this through enhancing the socialisation of residents with her dog and her good news stories along with her vibrant personality. Her current dog is called Poppy and is 10 next month.

One of the residents revealed, "I really look forward to Eileen visits and seeing her along with her dog always brightens my day."

Eileen graciously accepted a bouquet of flowers and gifts as a token of appreciation from the residents and staff. She thanked all present for their kind gesture stating, "Thank you to everyone for taking time out to show your appreciation. Myself and my dogs really enjoy vising the residents here at St John's and I am thrilled to hear that they get as much joy and satisfaction from the visits as we do!"

St John's Community Hospital Sligo provides long-term care to 95 residents and short term care to 37 residents in total.

Nuala Gallagher, Assistant Director of Nursing at St John's Community Hospital, along with staff and residents presenting Eileen Higgins and her dog Poppy with their gifts.

Team delivers new programme

LIMERICK SHARES ITS SKILLS WITH GHANA

A TEAM from UL Hospitals Group and the University of Limerick has delivered a programme in Pre-Hospital Emergency Care to 80 health workers in the remote Upper West Region of Ghana.

The programme was one of the first objectives of Friends of Ghana, an NGO formed last year by UL Hospitals Group and its academic partner. Friends of Ghana work with the national health service in the west African nation and with Ghana Medical Help, a Canadian charity founded by UL GEMS student Kelly Hadfield.

Following an initial visit in 2016, Friends of Ghana and its local partners agreed to focus on minimising preventable deaths by providing health workers with basic lifesaving skills.

"Working with the Ministry of Health in Northern Ghana, we identified the training needs for the region and we were able to have a team from Limerick trained to deliver the programme developed by the Paramedic School in UL," explained Katie Sheehan, ADON, Croom Orthopaedic Hospital. "With the assistance of Ghana Medical Help, we trained 24 staff from eight hospitals and 56 nurses from the CHPS (Community-Based Health and Planning Services) facilities in the region."

A booklet had been distributed in advance to all staff attending the training; a number of video supports were developed by the team at the Paramedic School and emergency kits were distributed to all participants to bring back to their local centres.

Dr Khalifa Elmusharaf, Senior Lecturer in Public Health at UL, is conducting research on the training and its impact on care delivery over the next four years.

The 12-member team included five staff from UL Hospitals: Katie Sheehan; Dr Joe Kelly, Consultant in Emergency Medicine; Suzanne Dunne, Head of Strategy; Mary Hannon, CNM2, Post-Operative Care Unit, UHL; and Rosalie Stack, Senior Physiotherapist, Croom Orthopaedic Hospital.

The UL contingent consisted of Mark Dixon, Course Director, BSc Paramedic Studies; Frank Keane, Senior Fellow, Paramedic Studies; Dr Khalifa Elmusharaf; Kelly Hadfield and fellow medical/paramedic students Lauren Mullins, Sally Fawkes and Sarah Dixon.

This training programme was generously supported by UL Hospitals staff at a number of fundraising events in recent months including 'A Gúna For Ghana' sale at UHL (€1600); cake sales at UHL (€1400) and Croom (€580) and the 5km Walk at Nenagh Hospital (€520).

Further fundraising events will be announced in due course and anybody interested in getting involved in future training events or supporting Friends of Ghana more generally can contact Katie Sheehan.

CYCLE AGAINST SUICIDE

Over 30 staff from UHL, UMHL and Croom Hospitals took part in one leg of the Cycle Against Suicide over the summer. They cycled 80kms from Ennistymon to Limerick. The main aim of this event is to spread the key message: 'It's OK not to be OK and it's absolutely OK to ask for help'. They were joined for a photo at the halfway point in Ennis by broadcaster Marty Morrissey.

PROFESSOR CYCLES AROUND IRELAND FOR CHOLESTEROL AWARENESS

THE cycling bug is catching on in Tallaght Hospital! Professor Vincent Maher, one of the consultant cardiologists, embarked on an exciting adventure during the summer – cycling the length and breadth of Ireland.

Prof Maher and a number of his colleagues set off on an inaugural 10-day cycle around Ireland to raise awareness about cholesterol and why people need to know their cholesterol 'numbers' and raise funds to develop a cholesterol management centre at Tallaght Hospital.

The cycle, which began in Malin Head, Co Donegal on June 30th and ended in Dillon Park, Dalkey, Co Dublin on July 9th, aimed to raise awareness about cholesterol and raised money for the establishment of the Advanced Lipid Management and Research (ALMAR) Centre at Tallaght Hospital.

The issue of high cholesterol is very prevalent in Ireland and can increase the risk of heart disease and stroke, especially among those who smoke, have diabetes, obesity or high blood pressure. If the Irish population is similar to that of England, then one in 12 people have markedly high cholesterol levels, one in nine people have low HDL cholesterol levels, which normally protect against heart disease, and genetic disorders of 'bad' cholesterol occur in approximately one in every 200 people. Overall, approximately 80pc of individuals are unaware of their cholesterol problems and many are diagnosed only after a heart attack or stroke.

Ireland lacks accurate information on the extent of its cholesterol related problems. There is no national screening strategy or dedicated resources in hospitals, primary care or the community to diagnose and treat cholesterol-related disorders effectively so as to reduce cardiovascular risk. It is hoped that a dedicated and adequately resourced centre such as the proposed ALMAR Centre, will provide support to patients with challenging cholesterol disorders, facilitate family screening and help refine patients' diagnoses with the use of more specialised investigations.

Commenting on the cycle Professor Vincent Maher commented, "As my first major cycle I am approaching this challenge with some trepidation but also a lot of determination. Irish society is facing an enormous challenge to raise awareness of cholesterol and the health threats it presents for many people. Put quite simply, many people who are at risk are unaware of their situation.

"This is why it is important to educate people about their health and how to look after themselves. On this cycle, we will be visiting all corners of Ireland to meet the general public and also to raise money for a dedicated research centre at Tallaght Hospital. It is hoped that we in Ireland can replicate the extensive national research studies that have been done in places such as England in order to better inform us about the health challenges we face."

The cross-country cycle took in Enniskillen, Athlone and Mallow before reaching Mizen Head at the end of day five July 4th where there was be a rest period. The second leg of the cycle deparated on July 7th from Dooagh on Achill Island, travelling to Claremorris, Castlerea, Mullingar and Kilcock, before finishing in Dalkey, 10 days after it began. In addition to cycling, the team stopped at various points around the country for a "Cholesterol Happens – Know Your Number" event, where they invited members of the public to have their cholesterol tested and to discover their cholesterol numbers.

Donations can be made through **https://www.idonate.ie/fundraiser/11364406_almar-centre-fundraising-page.html**

Professor Maher pictured ahead of his round Ireland cycle tour.

CHARITY CYCLE RAISES FUNDS FOR TALLAGHT HOSPITAL ICU

ANOTHER hugely successful Tallaght Hospital Charity Cycle took place over the summer, raising vital funds for the Intensive Care Unit (ICU) at Tallaght Hospital.

Funds raised by the Summer 99 – 2017 charity cycle will be used to purchase Advanced Haemodynamic Monitoring equipment for the ICU. This equipment will enable doctors and nurses to accurately assess and manage a patient's heart and cardiovascular functions during a critical illness. This will give a better and quicker indication of whether an illness is critical or life-threatening. After the success of last year's cycle in support of renal services, it is hoped that this year's event will help to support a vital part of the hospital's work.

Professor Gerry Fitzpatrick, an anaesthesia and intensive care Consultant at Tallaght Hospital said, "The Tallaght Hospital Charity Cycle has become a key part of our calendar in the Hospital and has over the last few years, raised much-needed funds."

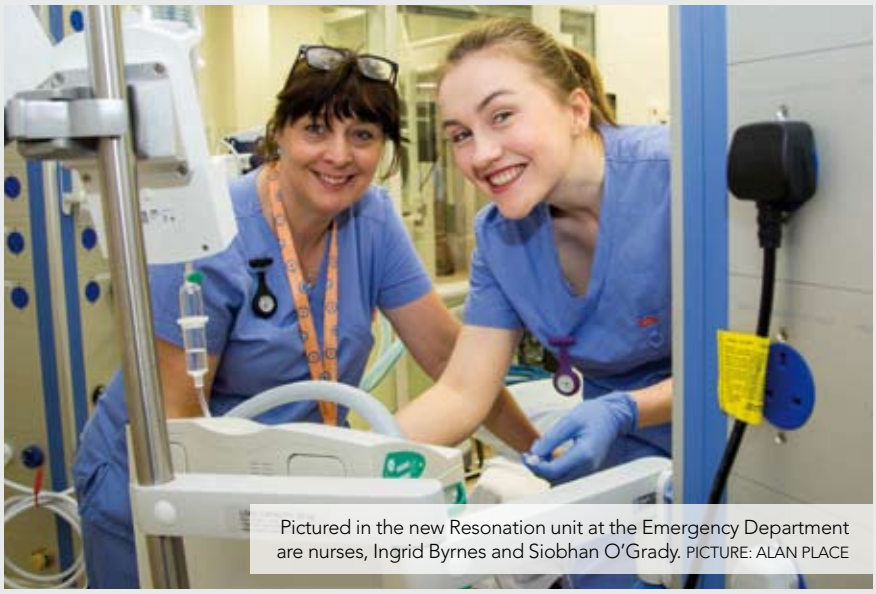
NEW LIMERICK ED IS 'MOST MODERN IN EUROPE'

IRELAND'S largest and most advanced Emergency Department has opened at University Hospital Limerick.

A €24m project (development and equipment costs), the ED spans 3,850 square metres of floor space, over three times the size of the old department. In 2016, UHL had the busiest ED in the country, with over 64,000 attendances.

Almost 100 additional staff have been recruited to work in the ED, which has increased capacity for patients and has been designed with the input of senior clinicians to improve patient flow, reduce patient experience times (PET) and improve outcomes for the sickest patients.

The new ED features the most advanced diagnostic equipment of any such facility in Ireland or the UK, including a c. €1m, 128-slice CT scanner which is mounted on a track to minimise the movement of the sickest patients in resuscitation, allowing for earlier diagnosis and treatment of stroke, trauma patients etc.



Pictured in the new Resonation unit at the Emergency Department are nurses, Ingrid Byrnes and Siobhan O'Grady. PICTURE: ALAN PLACE

Speaking as the new ED opened, Prof Colette Cowan, CEO, UL Hospitals Group, said: "We are delighted to open the most modern ED in Europe. It is something our patients and our staff have been waiting a long time for and we thank the HSE and the Department of Health for their support in delivering an ED the whole country can be proud of.

"We know from our patients that many of the problems associated with the old ED were environmental. The department was simply too small to treat patients with the dignity and privacy they deserve at such a vulnerable time. The new department will return that dignity and privacy to them; it will help us minimise the risk of infection for our patients; it will allow for more prompt investigations, earlier treatments and better outcomes and it is designed very much with patient comfort in mind. Small design details stand out everywhere you look, for example with non-slip floors, better signage and handrails to allow elderly patients better navigate the department."

The new ED has been funded by the HSE and occupies the ground floor of both the €40m Critical Care Block which opened in late 2014 and the more recently constructed extension to it which also includes a new dialysis unit at first floor level.

"We would also not be here today were it not for the support of the HSE and the Director General Tony O'Brien, in particular the Acute Hospitals Division, its National Director Liam Woods, and of the Department of Health, Minister Simon Harris and his predecessors," said Prof Cowan.

She also paid tribute to the tremendous effort of staff across all disciplines that ensured the delivery of this state-of-the-art facility for people of the Midwest.

Staff at the opening of the new ED in Limerick. PICTURE: ALAN PLACE

THE PROGRAMME FOR HEALTH SERVICE IMPROVEMENT AT WORK

HSE Project Manager with the UL Hospital Group, Breda Duggan, describes the role of the Programme Management Office (PMO) in the opening of the new University of Limerick Hospital Group Emergency Department.

Breda Duggan at her desk.

I work as a project manager in ULHG with the Programme for Health Service Improvement. We had set up a Project Management Office in the UL Hospital Group and Hospital Group CEO Professor Colette Cowan quickly identified a number of priority areas. One of the main projects was the opening of a new Emergency Department. This was the biggest hospital project in the country so it was a really exciting and challenging project to work on.

Our Chief Operations Officer, Noreen Spillane, was the Chairperson of the Steering Group and she was also the executive lead for the project.

We then set up four working groups who reported into the Steering Group, a People Change and Communication working group; a Facilities Working group; a Commissioning, Equipping and IT working group and a Patient Flow working group. Initially, the sub-groups met fortnightly and then weekly and the chairperson of each working group sat on the overall Steering Group.

As the PMO we created Terms of Reference for each working group and worked with the groups to put together their work plan and we put timelines and a robust governance structure in place. This type of governance is vital for a project of this size. It's really important to know who's responsible for which actions. It can't be underestimated how important that is. The PMO brings that robust governance and accountability to projects.

The People, Change and Communications working group were responsible for recruiting almost 100 staff across all grades. There was a huge recruitment drive, nationally and internationally, particularly for nurses. We created a recruitment tracker document and used it to keep the process on track.

This new ED was the biggest change for staff in recent years. To assist with the change we worked with each of the Directorate Managers to identify manage and assist with the needs of their staff around the change.

The Commissioning, Equipping and IT working group had to commission €4m of new equipment for the new ED including a 128 slice CT Scanner which is the only one of its kind in Ireland and the UK.

The Facilities group had to ensure adequate cleaning, catering, portering and security staff and systems were in place for the new department. A lot of details had to be worked out by this group to ensure that all processes regarding the above areas were in place.

The Patient Flow sub-group was set up to ensure there would be effective management of the Patient Flow into, out of and within the new ED. That group looked at Patient Flow and different pathways for patients and some of this work is ongoing

Our Project Lead attended all of the working group meetings. On a weekly basis we prepared a one-page Status Report for the Steering Group setting out the key aspects of the project. This showed the updates from each working group and we rag rated them in a traffic light system. We highlighted the priorities and what needed to be escalated from the working groups to the Steering Group. It was really important to have this escalation mechanism to ensure issues were resolved as quickly as possible. Risks to the project were also highlighted. The status report was a very effective warning system. Our intention, and my personal focus, was always about ensuring that this project opened on May 29th 2017.

The PMO played a lead role in keeping this project really focused. We had a 'dry run' on May 17th, the first of its kind in the group prior to an opening. We had 43 'patients' who were our hospital volunteers, Members of staff, the civil defence and our colleagues from the ambulance service participated, approximately 100 in total. We simulated a morning's work in the ED department and we tested various scenarios. Our goal was to test the capability of the new ED so there would be no surprises on opening day.

We captured the feedback and within 48 hours we collated and presented hard information to the Steering Group. We wanted to make sure that everything would work the way it was supposed to. We tested equipment and the processes. Nothing was left to chance. We timed all the routes to the main hospital. We tested how long it would take to get to a ward, to the blood bank, to medical records if you needed a chart.

I was very passionate about this project because it became my life for so many months. On opening day I felt a massive sense of achievement as did other members of my team. So many people worked tirelessly to ensure the opening happened as scheduled, we have fantastic staff here in ULHG. They are our greatest asset. The entire weekend before the opening, staff were in on their own time checking everything possible, simple things like making sure the phones were working and you could dial out, it was all hands on deck, the Chief Operations Officer, Noreen Spillane, the Group Director of HR, Josephine Hynes, the Project Lead Declan McNamara and I were there on the Sunday evening prior doing a lot of final checks.

Personally I'm in the organisation 17 years, and I have built up strong relationships both internally and externally over the years. They are very important in Project Management . The role of the PMO is to support colleagues in delivering significant programmes of work across the hospital groups using approaches, tools and ways of working that reflect good project management. We define and maintain project management standards, tools and templates. Our role is to deliver projects on time, within budgets and to ensure good governance.

It's really important for a PMO to have strong leadership from the top. In the New ED Project we had that with support from both our own CEO Professor Colette Cowan and the Programme for Health Service Improvement.

REPORT INTO FIRST PRIMARY CARE EYE REVIEW PUBLISHED

A REPORT into the first ever national review of Primary Care Eye Services undertaken in Ireland has been published by the HSE.

The report, carried out by the Primary Care Eye Services Review Group (PCESRG), sets out the current levels of service, models of service provision and the consultation process undertaken with patients and advocates, ophthalmic staff and representative bodies.

It highlights the limitations of the current model of delivery and sets out the way forward for a significant amount of eye services to be delivered in a Primary Care setting.

A large proportion of acute hospital services and consequent waiting lists are taken up by patients who could be seen, diagnosed and treated in the community. The report estimates that 60pc of existing outpatient activity could be moved to the community. Moving appropriate hospital services and waiting lists to Primary Care services will provide quicker access for patients and will ensure that hospital services are focused on patients who require more specialist diagnostics or treatments.

This review is part of the wider programme of continuous improvement currently being undertaken by the Primary Care Division.

It is estimated that there are currently 225,000 people with low vision and sight loss in Ireland and approximately 13,000 blind people living in Ireland today. These numbers are expected to grow in the coming years as the population grows and ages.

A significant proportion of the older population in Ireland experience sight loss which is to a large extent, preventable. Blindness and vision impairment can dramatically reduce quality of life by affecting physical, functional, emotional and social wellbeing. All of this translates into a significant economic and social impact on individuals, families, society and the state. The review report sets out the models of care that will enable the HSE to focus on improving outcomes for all patients who require eye care services.

Brian Murphy, Head of Planning, Performance & Programme Management, Primary Care Division, Chairman of the Review Group, said, "People need to avail of eye care services locally and for these to be provided in a timely and safe manner. We need to reorganise our services to be able to meet our patients' needs and put in place new models of working.

"The Review Group has undertaken an in-depth analysis of the existing services in place across the country and has set out models of care and care pathways for the management of most eye conditions. This has been done in consultation with services users, clinical staff and HSE services. I would like to thank the Review Group members for all of their work and analysis and I want to thank everyone who took part in the consultation process and all stakeholders who contributed, it very much informed our work."

Billy Power, Consultant Ophthalmologist and national clinical lead for the ophthalmology programme, added, "We know we can deliver safe, timely, high-quality services by moving low-risk and diagnostic eye services out of our hospitals and into local primary care settings. We need to provide services to patients that are safe, accessible and of high quality and to deliver them in more practical ways.

"For example, in our current services we know highly trained hospital consultants are reviewing patients who can be more effectively seen in local eye clinics. By transferring services to the local eye clinics in the community we will be enabling our acute eye services to focus on more urgent cases."

The report and the appendices document is available on **http://www.hse.ie/eng/services/publications**

EQUALS Initiative

HOSPITAL EQUIPMENT MAKES WAY TO ZAMBIA

REUSABLE medical equipment from Ireland has been donated to hospitals in Zambia in response to local need, as part of an innovative scheme to improve healthcare and training.

Ultrasound machines, in-patient beds, labour and delivery ward beds, infant incubators, an ENT microscope and fetal monitors were among the large shipment that departd Dublin Port for Zambia at the end of July, as part of the EQUALS Initiative.

"Hospitals have a plan to replace equipment after a certain amount of time so it's not going to be used any longer by the hospital, even though it has a good life left. Where that equipment is of a good quality and appropriate, we saw the opportunity to donate them to less developed countries like Zambia," explained Dr David Weakliam, HSE Global Health Lead.

Karl Bergin, a Coombe Hospital Clinical Engineer, explained that the initiative started four years ago with a request from a doctor there.

"It allows them to treat patients in a better, safer environment, and to treat more patients than they might have done in the past so there are significant benefits for the equipment going over. While it is used equipment from Irish hospitals, it is verified by us before it is shipped that it is working, that it is in good condition. Typically it may only be five, six or seven years old so whilst it is being replaced here, it is still of great use to them," he said.

The EQUALS Initiative was jointly founded in 2013 by the Royal College of Physicians of Ireland and the Health Service Executive, and it aims to provide medical equipment and quality support through partnerships in healthcare to less developed countries. Now, the Irish Medical and Surgical Trade Association (IMSTA) has become an official collaborator on the project.

Four hospitals and a training institute in Zambia will benefit from this year's shipment. The equipment will go to institutions where the EQUALS Initiative can make an impact in terms of training.

Included in the shipment will be 50 in-patient beds, 20 labour and delivery ward beds, and 10 ultrasound machines. Pieces of equipment donated are items that are being replaced or no longer required by Irish hospitals but are still fully functioning, and meet the international criteria for equipment donations.

Dr Weakliam added: "This is an exciting development for the EQUALS Initiative. We put a lot of effort into training health professionals but this is only effective if they have functioning equipment where they work. We look forward to collaborating with IMSTA members to increase the provision of much needed medical equipment to hospitals in Zambia and other less developed countries. This will lead to better quality of care and improved outcomes for patients."

For more information contact **globalhealth@hse.ie**

Children First

PROTECTING OUR CHI AND THEIR WELFARE:

THE Children First Act 2015 when fully enacted will replace the Children First Guidelines 2011 as it places most of these guidelines on a statutory footing. This Act obliges defined categories of persons (mandated persons) to report child protection concerns that reach a defined threshold. Most professionals in the HSE are defined as mandated persons; the Act allows for the imposition of penalties for those who fail to report.

The Act places a statutory requirement on certain agencies providing services to children and families to keep children safe and to develop and display a Child Safeguarding Statement. This statement should include an assessment of potential risks to children which are specific to that service and the procedures, structures and protocols in place to prevent these risks. It is expected that mandatory reporting will be introduced in December 2017 and there is then a statutory obligation on relevant services to develop and display a Safeguarding Statement within three months of the enactment of this legislation.

Putting children first means in practice that we must put their protection before any of our concerns as to how this will impact on our relationship with their parents or guardians. Putting children first means that however busy a day we are having that signs of neglect or abuse of children require us to take time to investigate, reflect and if necessary report our concerns. Putting children first means that we as HSE staff must own and act on our responsibility as individuals, adults and professionals to ensure that children availing of our services are protected.

Above all, putting children first places a duty on each and everyone of us; the Director General, porters, catering staff, medics, nursing, allied health professionals, administrative staff, receptionists, home care assistants etc to equip ourselves with the knowledge necessary to recognise the signs of child abuse and neglect, to assess if our concerns require a report to the Child and Family Agency and to file such a report. This duty is not confined to social workers either within the HSE or the Child and Family Agency.

> “We as HSE staff must own and act on our responsibility as individuals, adults and professionals to ensure that children availing of our services are protected

WHAT YOU NEED TO KNOW TO PROTECT CHILDREN IN HSE SERVICES OR PREMISES

EVERYTHING that you need to know as a staff member is available on the Children First Website www.hse.ie/childrenfirst. A National Children First Office (CFNO) was established in 2014 to assist staff in fulfilling their obligations under the Children First Guidelines 2011 and other legislation concerning child protection. This office is headed up by Mary Kenny, Children First Lead (Interim) and by 15 training officers who are all qualified social workers.

THE KEY ISSUES THAT STAFF NEED TO BE AWARE OF ARE:

1. How do I recognise the signs of abuse or neglect?
2. Who can I go to for advice and information as to whether these concerns are serious enough to warrant making a report?
3. Do I have to tell the parents or guardians that I am making a report? If I must tell the parents how can I conduct this conversation with sensitivity and respect for all whilst fulfilling my duty to the child?
4. If a mother presents to my service with serious signs of domestic abuse what possible risks should I consider in relation to her children? What should I do if I have concerns?
5. How do I make a report?
6. How do I follow up on what the response to my report is?

The information on **www.hse.ie/childrenfirst** addresses all of these questions and more. The website will act as the main information, training and briefing hub for staff on all matters relating to child protection legislation, policy and procedures. It currently contains the national HSE Child Protection and

Welfare Policy, information in relation to the obligations of line managers and Designated Liaison Officers and information on how to make a report of a child protection concern amongst other briefing and information items. The website will include three training videos which are interactive with the viewer and which cover the following topics:-

- What is considered to be reasonable grounds in terms of making a report in relation to the abuse/ neglect of a child?
- How to make an effective report.
- How domestic violence can have neglect/ abuse implications for children and how to identify and address same.

The next video that the team intends to develop will address the challenges of informing parents/ guardians that a report is being made in relation to their child.

There is also a list of Frequently Asked Questions on the website with accompanying responses that addresses real child protection concerns and situations that staff have encountered in the course of conducting their duties.

LDREN
IT'S YOUR DUTY

The contact details and areas of responsibility of the Children First Training and Development Officers are also available on the website.

BRIEFING AND TRAINING SUPPORT FOR STAFF – MANDATORY ELEARNING

THERE is an elearning programme available on HSEland **http://childrenfirst.hseland.ie/** which is mandatory for all HSE staff to complete. The elearning programme takes approximately 90 minutes to complete and can be done over several time slots. The programme assists participating staff to identify, address and report child protection issues. Staff who successfully complete the programme are awarded a certificate and it is essential that this certificate is forwarded to your line manager as proof of completion of the mandatory training.

There are instructions on the Children First website as to how to access this programme on HSEland. This training programme is interactive and will require your input in order to assist you in making decisions in your operational practice. The CFNO has begun to collect and circulate uptake of elearning from staff in CHOs and hospital groups. It is intended to develop a Key Performance Indicator in relation to uptake and to collect and distribute these statistics as part of the performance management process. All managers are responsible for ensuring that their staff complete the elearning training programme.

LIVE BRIEFING PROGRAMMES FOR LINE MANAGERS AND DESIGNATED LIAISON PERSONS

THE CFNO has completed a briefing package for line managers and Designated Liaison Persons in relation to their role and responsibilities under current guidelines and also in line with mandatory reporting under the Children First Act 2015. These briefings will commence in September and will be provided as live training. These briefing presentations and packages for line managers and D.L.P.s will also be available on the Children First website.

THE INTRODUCTION OF MANDATORY REPORTING

THE Children First Guidelines (first issued in 1999 and revised in 2011) set out two key messages in relation to the duty to protect children:-

- That safety and welfare of children is everyone's responsibility.
- It is imperative that people who work with children across a range of services understand their responsibility to identify and report child protection and welfare concerns and are informed of the procedures for doing so.

The Guidelines emphasise the significant role health professionals play in identifying and reporting child abuse and neglect.

Currently, the Children First National Office is developing guidance and templates to assist the relevant HSE services to develop their Safeguarding Statements. If you have any comments or queries, please do not hesitate to contact Ms Mary Kenny, National Lead (Interim), National Children First Office at **Kenny.mary@hse.ie** or **childrenfirst@hse.ie**

The Programme and a range of additional resources are available at **www.hse.ie/childrenfirst** and the generic programme can be accessed at **http://childrenfirst.hseland.ie/**

MAKING EVERY CONTACT COUNT PROGRAMME

WE are facing a significant challenge in the Irish health service in managing the increasing incidence of chronic disease. Some 80pc of GP consultations and 60pc of hospital bed days occupancy related to chronic diseases. A key priority for the Healthy Ireland in the Health Service National Implementation Plan 2015 -2017 is concerned with reducing the burden of chronic disease for patients and on the health service.

Over the coming months and years, the 'Making Every Contact Count' programme will place a great emphasis on the prevention and management of chronic disease through promoting and supporting lifestyle behaviour change.

At the official launch of Making Every Contact Count framework document at the Integrated Care Conference, UCD, Dublin were Dr Stephanie O'Keeffe, National Director, Health & Wellbeing; Dr Orlaith O'Reilly, National Clinical Advisor and Programme Lead, Health and Wellbeing; and Dr Aine Carroll, National Director, Clinical Programmes.

What is the 'Making Every Contact Count' programme?

The 'Making Every Contact Count' programme aims to capitalise on the opportunities that occur every day for every health professional to support patients to make a lifestyle change through a brief intervention.

A key objective of the programme is to enable health professionals to recognise the role and opportunities that they have through their daily interactions with patients in supporting them to make lifestyle choices.

Implementing this programme will result in patients being routinely asked about the main lifestyle risk factors for chronic disease – (tobacco use, alcohol and substance use, physical inactivity, unhealthy eating) and receiving a brief intervention from their healthcare professional to support them to make a change if necessary.

The development of the 'Making Every Contact Count' framework by Dr Orlaith O' Reilly, National Clinical Advisor and Programme Lead, Health and Wellbeing Division and her team, is the beginning of the implementation of the 'Making Every Contact Count' programme in the Irish health service.

The first milestone of the 'Making Every Contact Count' programme came in May this year, when the framework and implementation plan was launched at the 17th International Integrated Care Conference held in Dublin. The framework and implementation plan was launched by Dr Stephanie O' Keeffe, National Director, Health and Wellbeing Division and Dr Aine Carroll, National Director of Clinical Strategy and Programmes.

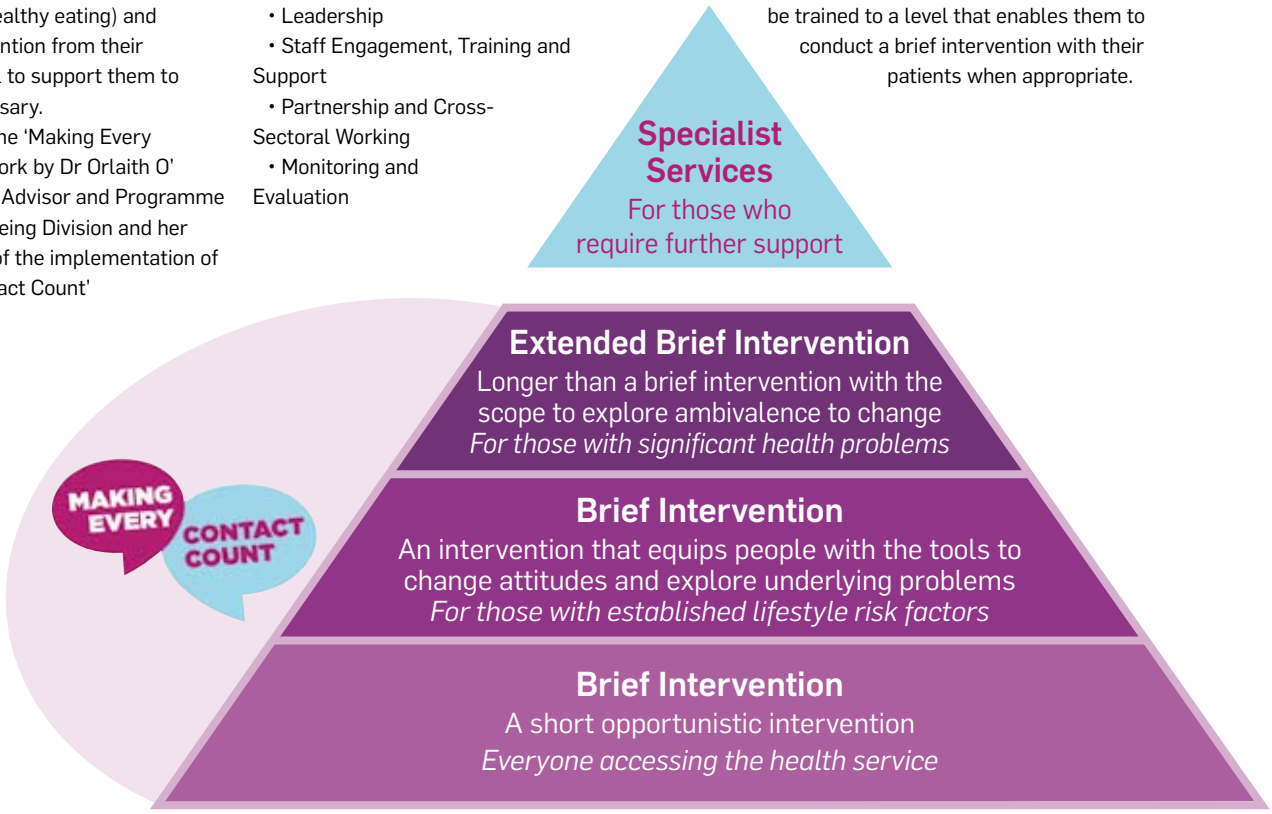
Framework and Implementation Plan

The framework includes a model for health behaviour change and a three-year implementation plan with 23 high level actions that will be implemented at a strategic and operational levels under the following areas:

- Leadership
- Staff Engagement, Training and Support
- Partnership and Cross-Sectoral Working
- Monitoring and Evaluation

Model for Health Behaviour Change

The model for 'Making Every Contact Count' is presented as a pyramid with different levels. Each level represents an intervention of increasing intensity with the low intensity interventions at the bottom of the pyramid and the specialised services at the top. Implementing the 'Making Every Contact Count' approach seeks to begin the process at the basic level of brief advice and brief intervention. In practice, this will mean that all health professionals and healthcare assistants will be trained to a level that enables them to conduct a brief intervention with their patients when appropriate.



At the launch of the Making Every Contact Count framework document were (left to right): Mairead Gleeson, National Group Programme Manager Health & Wellbeing and Clinical Programmes; Aileen Scott, Senior Health Promotion Officer for Making Every Contact Count Programme; Dr Stephanie O'Keeffe, National Director, Health & Wellbeing Division; Dr Orlaith O Reilly, National Clinical Advisor and Programme Lead Health and Wellbeing; Dr Aine Carroll, National Director, Clinical Programmes; Dr Maria O'Brien, Project Manager, Making Every Contact Count programme; Dr Siobhan Jennings, Public Health specialist.

What difference will 'Making Every Contact Count' make?

• Health professionals using their routine consultations to empower and support people to make healthier choices to achieve positive health outcomes.

• Enable health professionals to recognise their role and opportunities they have through their daily interactions with patients to support them to make and sustain health behaviour changes.

• To do this, the health service needs to build a culture and operating environment that supports continuous health improvement through the contacts that it has with individuals.

• In the future the Making Every Contact Count model will be an integral part of the clinical care pathway for patients.

• Central to all of this is improving the health of each patient who accesses our health service on a daily basis.

• Successful implementation will result in patients expecting their health professional to ask them about their lifestyle behaviour and feeling genuinely supported by him/her to make changes that will improve their health.

Key developments to date and future plans

The launch of the 'Making Every Contact Count' framework and implementation plan marked the beginning of the story for the project team.

• Key actions have been included for the 'Making Every Contact Count' programme in Health and Wellbeing plans for each hospital group and are included in the National Suite of Healthy Ireland actions for CHO's.

• A blended learning training programme (consisting of elearning modules and a face-to-face master class) to support the implementation of the programme is currently being developed and will be available to staff by the end of year.

• A risk factor recording dataset has been developed for use in patient records to record information on lifestyle risk factors and brief interventions.

• As the training programme is rolled out across the Health Service you will see the levels of activities and communications around 'Making Every Contact Count' being scaled up.

• The development of a National Standard Undergraduate Curriculum for all health professionals in Health Behaviour change and chronic disease prevention has commenced and implementation across all Higher Education Institutions in undergraduate training programmes for healthcare professionals will commence from September.

MAKING EVERY CONTACT COUNT

FURTHER INFORMATION

For further information and updates on the 'Making Every Contact Count' programme will be available on following link:
www.hse.ie/makeeverycontactcount

CONTACT

Making Every Contact Count Project Team
Contact Details:
Dr Maria O' Brien, Project Manager,
Making Every Contact Count
maria.obrien@hse.ie
Aileen Scott, Snr Health Promotion Officer,
Making Every Contact Count
aileen.scott@hse.ie

What can you do to support 'Making Every Contact Count'?

Prevention is everybody's business and all health service managers, health professionals, support staff and funders need to play their part if we are to successfully address the challenge of chronic disease. Clinical leadership will be essential in demonstrating support for 'Making Every Contact Count'. By adopting and implementing this framework, we are supporting people who access our health service to be healthier and helping to reduce the burden of chronic disease.

Your buy-in and support with the rollout of this key programme is critical in making it a success. We will be communicating with colleagues throughout the process and will keep you informed of our progress and how you can get involved.

THE HSE ANNUAL REPORT AND FINANCIAL STATEMENTS 2016

THE HSE Annual Report and Financial Statements 2016, published in June, sets out what we have achieved in 2016, while meeting our objectives against our Corporate Plan 2015-2017 and the National Service Plan 2016. It also reports on progress made in relation to our capital plans and in relation to complaints, and through the Annual Financial Statements provides detailed financial information about our organisation.

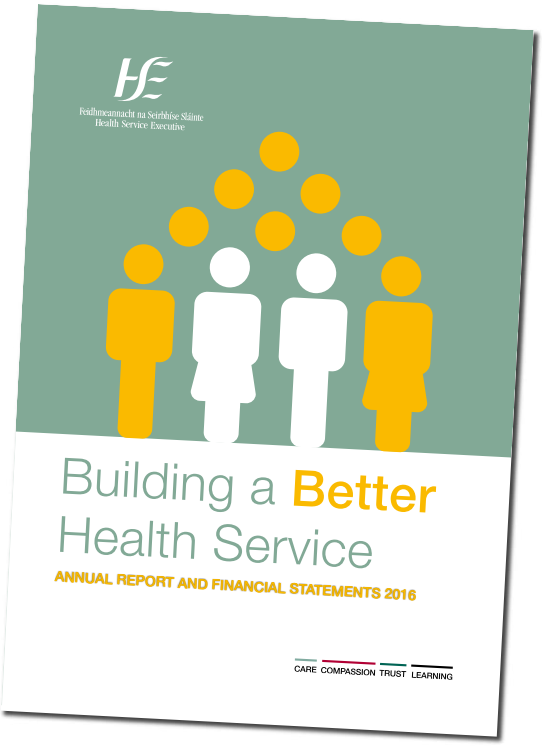
In his Statement, the Director General Tony O'Brien acknowledged and thanked staff 'for their commitment in delivering quality health services to those who need them'. He stated that 'their resilience and perseverance is exemplary and deserves recognition'.

The report celebrates our workforce of over 107,000, who bring to life our values of Care, Compassion, Trust and Learning, delivering a better experience for both patients and service users as well as providing a better workforce for our staff. A peer to peer approach to effect this culture change has begun called Values in Action based on translating our values into actions and behaviours which are evident every day in every workplace.

Demand for health and personal social care services continues to grow each year. Today our population is older and it is expected that the number of people over 65 years of age will increase by nearly 110,000 people in the next five years. This is great news and is due in no small way to significant improvements in treatment and care provided by the health service. Unfortunately, a large proportion of this age group is living with two or more chronic conditions which make many of our older people more vulnerable.

As the needs of the population change and demand for health services grows, introducing innovation and better ways of working is an important step towards ensuring we can meet those needs into the future. Excellence and innovation were celebrated at the Health Service Excellence Awards 2016. There were 426 entrants for the Awards, showing the enthusiasm and appetite across the health services for new ways of working that can lead to real improvements for patients / service users and the public as a whole. The awards are not simply about project winners and finalists, but above all about recognising the contribution by our staff to the continuous improvement of health and social care services.

Demand for health and personal social care services continues to grow each year. Today our population is older and it is expected that the number of people over 65 years of age will increase by nearly 110,000 people in the next five years



Service user and staff engagement was at the centre of service delivery in 2016, with Listening Sessions being held for both Services for Older People and for Mental Health. A National Patient Survey has been developed with the Department of Health and the Health Information and Quality Authority. It will be implemented across acute services by mid 2017. A second National Staff Engagement Survey "Your Opinion Counts" was carried out and the guide Communicating Clearly with Patients and Service Users was developed to support everyone in the health services in ensuring our written and spoken communication is clearly understood.

Another key initiative is Healthy Ireland in the Health Services Implementation Plan 2015 – 2017 which is implementing programmes across three priority areas: Health Service Reform, Reducing Chronic Disease, and Staff Health and Wellbeing. This includes initiatives such as the Making Every Contact Count Framework, where health professionals use routine consultations to empower and support people to make healthier choices, and 145 groups across the country registered for the Operation Transformation website as part of the Healthy Ireland Activity Challenge.

The Programme for Health Service Improvement is enabling and supporting the delivery system to increase access, quality and integration of care through supporting and strengthening both the seven Hospital Groups and the nine Community Healthcare Organisations. Improvements are also being made in national services including the development of the Individual Health Identifier and service developments in the National Ambulance Service.

Progress is also underway in reforming our

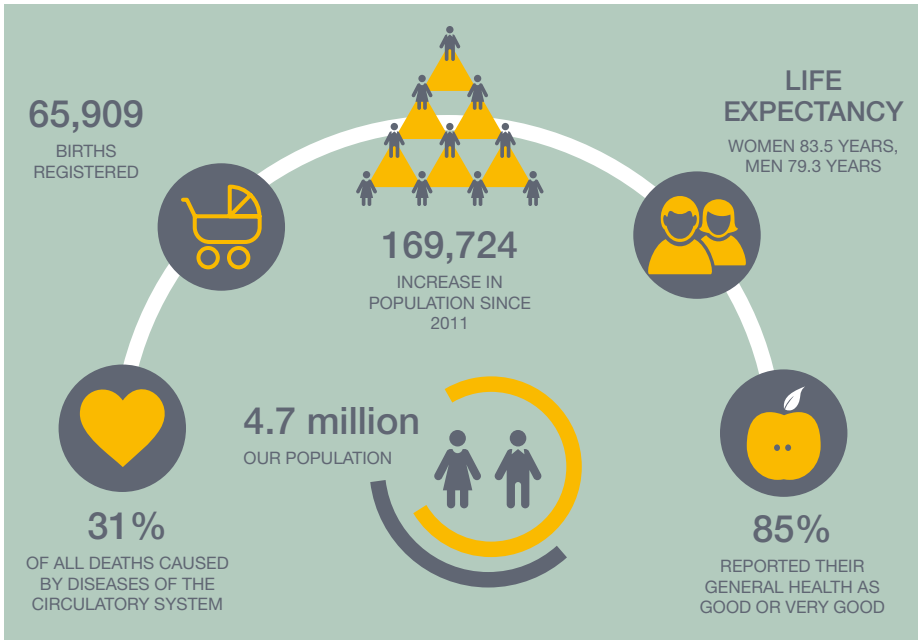
141,879
WOMEN HAD A MAMMOGRAM

98%
NEWBORN BABIES VISITED BY A PUBLIC HEALTH NURSE WITHIN 72 HOURS

95%
OF CHILDREN AGED 24 MONTHS RECEIVED 3 DOSES OF THE 6 IN 1 VACCINE

14,475
SMOKERS RECEIVED INTENSIVE CESSATION SUPPORT

12,386
CHILDREN/ADOLESCENTS SEEN BY CAMHS



FURTHER READING

Corporate Plan
http://www.hse.ie/eng/services/publications/corporate/corporateplan15-17.pdf

Healthy Ireland
http://www.hse.ie/eng/health/hl/hi/

National Service Plan 2017
http://www.hse.ie/eng/services/publications/serviceplans/Service-Plan-2017/2017-National-Service-Plan.pdf

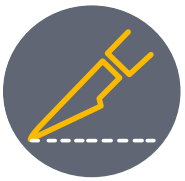
CHO Operational Plans 2017 / Hospital Group Operational Plans 2017
http://www.hse.ie/eng/services/publications/

capital infrastructure including major projects such as the National Children's Hospital, the National Forensic Mental Health Services Hospital and the National Rehabilitation Hospital.

If you would like further information on the Annual Report, please contact the team in the Planning Unit, Planning and Business Information at planning.ddg@hse.ie or telephone 021 4923549. The Annual Report is available at **http://www.hse.ie/eng/services/publications/corporate/Annual-Report-and-Annual-Financial-Statements-2016.pdf**

ON ANY DAY

12,700
PEOPLE ATTENDED HOSPITAL OUTPATIENT DEPARTMENTS



4,000
PEOPLE RECEIVED DAY CASE TREATMENT

3,400
PEOPLE ATTENDED AN ED

175
BABIES BORN

27,633
REFERRALS TO COMMUNITY INTERVENTION TEAMS

1,090,348
CONTACTS WITH GP OUT-OF-HOURS

13,734
PATIENTS RECEIVED AN ULTRASOUND IN PRIMARY CARE SETTINGS

530
PATIENTS RECEIVED TREATMENT AS PART OF THE HEPATITIS C TREATMENT PROGRAMME

474
PAEDIATRIC HOMECARE PACKAGES PROVIDED

29,235
ADULTS SEEN BY MENTAL HEALTH SERVICES

1.5M
PERSONAL ASSISTANT HOURS PROVIDED

OVER 173,000
RESPITE OVERNIGHTS PROVIDED

10.5M
HOME HELP HOURS DELIVERED TO ALMOST 47,000 PEOPLE

OVER 16,300
PEOPLE IN RECEIPT OF HOME CARE PACKAGES

Tackling bullying behaviour

RESPECT CHARTER A MAJOR MILESTONE

WCAMPAIGN led by the Irish Medical Organisation to proactively deal with the problem of bullying and undermining behaviour being experienced by young doctors reached a significant milestone in April with the signing of a new 'Respect Charter' by the IMO, the Irish Postgraduate Training Forum and the HSE.

Research shows that a third of trainee doctors say they have experienced some form of bullying or undermining behaviour in their training with over half of trainee doctors having witnessed someone else being bullied at work. Trainees who were bullied were also more likely than those who were not to say they were leaving medical practice in Ireland.

Dr John Duddy, President of the IMO, said "we are delighted that the Postgraduate Training Forum and the HSE have committed to the principles of the Charter in working with us and other stakeholders to address what is a serious issue for the profession.

"Being subjected to unacceptable behaviour can lead to problems such as stress, anxiety and erosion of self-esteem. We must ensure that our trainees work in a respectful and safe environment that allows them to achieve their full potential as doctors.

"This Respect Charter clearly demonstrates that we all recognise there is a problem and working together we are determined to change the culture and improve the experience of our trainees.

There are inherent pressures and stresses in training to be a doctor but unacceptable behaviour need not be one of them."

Practical ways in which the three stakeholders to the Charter have committed to stamping out unacceptable behaviours include:- Working with others, including statutory bodies, training bodies, and all relevant organisations to build and foster relationships of trust, confidence and cooperation through education, professionalism, leadership and mentoring.

Creating an environment that builds and consolidates professionalism, which includes - fostering respect and good behaviour; challenging bad behaviour; and cherishing resilience through appropriate codes of conduct, policies and procedures to address bullying and harassment.

Committing to participating in a working group of associated bodies to identify the type of bullying and harassment experienced by doctors, effective strategies to address poor behaviour and reduce barriers to reporting.

Pictured from left: Prof Ellen O' Sullivan, Chair of Irish Postgraduate Training Bodies; Dr John Duddy, President, Irish Medical Organisation; and Rosarii Mannion, National Director of Human Resources, HSE.

NEW INDUCTION GUIDELINES AND CHECKLISTS LAUNCHED

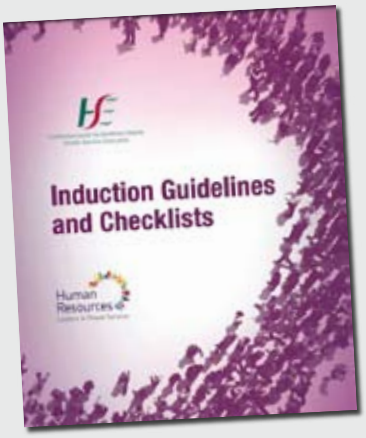
HR - Leadership, Education and Talent Development is delighted to announce the launch of the new Induction Guidelines and Checklists. These guidelines and checklists have been developed to assist managers to plan and deliver effective early induction of new staff into the workplace. They guide the manager through the Pre-employment Induction as they prepare for the arrival of the new staff member.

This is followed by the Departmental Induction, Site Induction and Corporate Induction. It is essential that all our staff feel welcome and included from day one and have access to the information they need to become a productive team member as soon as possible. Ensuring that new staff get a 'good start' begins with a well thought out induction programme.

Many colleagues contributed to the development of the new Induction Guidelines and Checklists and we'd like to thank them all for their input.

We hope you'll find the guidelines and checklists useful and we'd ask all managers to use them when new members join their teams and departments.

The guidelines can be downloaded at: **http://www.hse.ie/eng/staff/Resources/Employee_Resource_Pack/hse_induction_guidelines.pdf**



HBS SUPPORTING DEVELOPMENT OF FUTURE LEADERS

HEALTH Business Services (HBS), the business division of the HSE, recently benefitted from participation in a Future Leaders Development Programme.

The development of a plan for people management is one of the key actions set out in the Health Business Services Strategy 2017-2019. The implementation of this plan places a collective focus on improving the work experience and capabilities of HBS staff which will support the services the division provides.

Against this background HBS was delighted to be afforded the opportunity of working with the RCSI team, and to benefit from the Executive Development expertise they provide through the HSE Future Leaders Programme.

The programme is designed to enhance the performance in the system for managers in current and possible future roles recognising the need for strong leadership at all levels in all disciplines.

"The primary goal of the HSE HBS Future Leaders Development Programme is to develop the leadership capabilities of senior Business Services Managers across the services in accordance with the HBS Strategy and HSE People's Strategy," said Professor Ciarán O'Boyle, RCSI Institute of Leadership.

The programme is sponsored by the National Director of HR, Rosarii Mannion, and Assistant National Director for Leadership, Education & Development, Pat O'Boyle.

Speaking about the programme, Deputy Director of HBS, John Smith said, "HBS is very proud of the two groups of HBS senior leaders who completed this challenging programme so successfully. The professional approach, commitment and enthusiasm each of these leaders demonstrated throughout the programme was energising. We are confident the learning achieved during this programme will enhance the collective leadership capacity of HBS as we continue to succeed as the Global Business Service provider for the Irish Health Services."

HBS would like to express a special word of thanks to Professor Ciarán O'Boyle and the team in the RCSI Institute of Leadership for delivering this very successful programme, and for the support of their colleagues in HSE HR Leadership, Education and Talent Development for their on-going commitment to HBS as they seek to deliver on their promise to support Our People.

HBS Health Business Services
The business division of the HSE

It's all about HIM

MEN'S FORUM SEES SU ENGAGEMENT BY HSE S

THIS year marked the eighteenth celebration of Men's Health Week (MHW) in Ireland. The week was co-ordinated by the Men's Health Forum in Ireland, a charity which works on an all-island basis to enhance the health of men and boys and which is supported by HSE Health Promotion & Improvement.

Irish men still experience higher death rates than women for all the leading causes of death and die, on average, four and a half years younger. Initiatives such as Men's Health Week are vital in raising awareness and engagement among the male population to think about their lifestyle.

HSE Health Promotion & Improvement has developed a strong partnership with the Men's Health Forum, led by Fergal Fox, Acting General Manager, Health Promotion and Improvement.

Speaking about the initiative, Fergal said, "Supporting men's health and wellbeing is a part of our work under our plan to implement the 'Healthy Ireland' framework. HSE Health Promotion & Improvement worked with our internal partners (Mental Health, Tobacco, Alcohol, Healthy Eating & Active Living, Screening and Sexual Health) across the HSE to highlight the services we provide in order to inform and encourage men and boys of all ages to make healthier lifestyle choices."

This year's MHW focus is 'It's all about HIM' (ie the recently launched Healthy Ireland Men's Action Plan) and the need to make men's health issues a priority in Ireland.

Over 75 partner organisations worked together to promote different topics during the week. The topic areas included mental fitness, physical activity, smoking, alcohol, cancer and sexual health, all aimed to support and encourage the early detection and treatment of health issues facing men.

This year saw a surge in participation and engagement from the HSE staff. Colin Fowler, Men's Health Forum said, "We were delighted with the significant increase in engagement from the HSE, with staff from across the country requesting posters, booklets and literature in order to promote the week in their areas and to get involved."

HSE activity focused on delivering a co-ordinated social media campaign, as well as internal messaging across the Service informing staff about how they could avail of the literature and promotional materials. Another aspect of the internal messaging this year focused on highlighting existing services to HSE staff, which received very positive feedback.

To support Men's Health Week 2017, the Men's Health Forum in Ireland produced a free 32-page Man Manual. Titled 'Challenges and Choices', the publication

RGE IN STAFF

poses practical challenges and encourages men to make simple lifestyle changes.

Over 12,000 man manuals were distributed, with over 6,000 posters and 10,000 postcards also distributed across the country to help spread the word.

Overall, the week generated a lot of interest from the media, with Finian Murray, HSE Men's Health Development Officer and a member of the Men's Health Forum in Ireland, being interviewed on the Saturday breakfast show on TV3. Finian also participated in a number of radio and press interviews during the week.

If you would like any further information in relation to the Men's Health Forum or Men's Health Week please visit **http://www.mhfi.org**

Here's hoping for an even bigger event next year.

LEFT: At the launch of Men's Health Week were, left to right: Finian Murray, Men's Health Development Officer;,HSE Health Promotion and Improvement, Dublin North East; Lorcan Brennan, Men's Health Coordinator, Men's Development Network; Marcella Corcoran Kennedy TD (former) Minister of State for Health Promotion; Fergal Fox, Acting General Manager, HSE Health Promotion and Improvement; and Michael McKeon, Nursing Lecturer, School of Nursing in Dublin City University.

BOTTOM OF PAGE: Some of representatives of the 70 organisations who took part in Men's Health Week 2017 at the launch outside Government Buildings.

IRISH MEN'S SHEDS LAUNCHES NEW MEN'S HEALTH WEBSITE

THE Irish Men's Sheds Association (IMSA) hosted a launch event at Dublin City Hall recently to mark the official launch of their new dedicated men's health website, malehealth.ie. The launch was attended by a number of colleagues from the HSE Health and Wellbeing Division.

Malehealth.ie aims to set men of all ages on the road to better health by signposting them to a wide range of health information and resources from over 40 leading Irish health organisations.

Based on the hugely successful Australian Men's Sheds Association website 'Spanner in the Works', which has an average 50,000 views per month, www.malehealth.ie offers key health information for men in a practical, relatable form.

The website is designed to be user-friendly for men of all ages, and its interface is based on the familiar shape of a typical car, as a direct comparison to the male body. Users first enter their age category, and can then browse by body part for ailments and conditions that might affect them. Depending on the specific health topic selected, the website directs them to relevant health information from a leading health body. A wealth of organisations are currently signposted on the site, covering a wide range of health topics such as diabetes, joint health and testicular cancer.

Barry Sheridan, Chief Executive of the Irish Men's Sheds Association commented, "It is very fitting that the Irish Men's Sheds Association should be the driving force behind this new website. Men's Sheds have been at the forefront of a revolution in men's health in Ireland in recent years, and malehealth.ie is another innovative way of encouraging men to take control of their health and wellbeing.

"We know from academic research that 91pc of men feel that belonging to a shed has improved their wellbeing. The website will now allow us to spread those health benefits beyond our 400 sheds and 10,000 weekly attendees. Our aim is to empower men to take control of their own health, by showing them how to get the right advice and support from the right people at the right time."

In addition to signposting users towards key health services, malehealth.ie contains lifestyle advice as well as information and resources on social outlets and the physical changes and risk factors which affect men as they age.

Fergal Fox from the HSE's Health Promotion and Improvement Programme added, "Supporting Men's health and wellbeing is core to the work of the HSE, under both our plan to implement Healthy Ireland and within the Connecting for Life Suicide Strategy.

"By working with organisations like the Men's Sheds, our objective is to encourage and engage with men to think about and be mindful of their health and wellbeing. A key part of the information available on this new website are the links provided to a range of health and wellbeing topics, from healthy eating, alcohol, mental health, active living and quit smoking services to cancer screening."

TOP OF PAGE: Launching malehealth.ie at Dublin City Hall were, left to right: Edel Byrne, Health & Wellbeing Coordinator, Irish Men's Sheds Association; Marty Morrissey, RTE and supporter of Men's Sheds; TP O'Gorman, Kilbeggan Men's Shed member; Barry Sheridan, Chief Executive Officer, Irish Men's Sheds Association; and Fergal Fox, Acting General Manager, HSE Health Promotion and Improvement.

SHEDS FOR LIFE MEETING MEN'S NEEDS

BELMONT Men's Shed, Co Offaly is based in an old 18th-century water mill complex located on the Brosna. Converted into artists' studios in 2002, the shed moved in about 18 months ago. In May, the venue took centre stage for the launch of the Sheds for Life initiative. Sheds for Life, which focuses on improving the health and wellbeing of members of Ireland's 365 Men's Sheds, is core-funded by the HSE.

The Irish Men's Sheds Association was founded in 2011, based on a concept originally pioneered in Australia in the 1990s. Men's Sheds are autonomous, member-run spaces in which men can share and learn skills, socialise with other men and carry out projects and programmes for their local communities. There are currently 383 men's sheds in Ireland, covering all 32 counties, with an estimated total membership of 10,000 shedders.

Sheds for Life is a three-year initiative designed to respond to the needs and wishes of men's sheds members throughout the country. The IMSA hopes that the knock-on benefits will ripple out from sheds to families and communities throughout Ireland. As part of the initiative, a new dedicated male health website entitled 'Spanner in the Works' was launched in July to provide men with a first port of call for information on a variety of illnesses and conditions. The main Sheds for Life website can be accessed at http://www.menssheds.ie/shedsforlife.

IMSA Health & Wellbeing Coordinator Edel Byrne, who has overall responsibility for Sheds for Life, welcomed the HSE's support for the new initiative.

"We know from academic studies, as well as our own shedders' experiences, that men's sheds naturally promote better mental and physical health. The support of the HSE and our other partners will allow us to take things to the next level. Through Sheds for Life, we can offer our sheds tailored programmes, resources and information that fits their needs. The initiative will be developed in full partnership with the sheds themselves. There are men's sheds all over the world, but this level of government support makes Ireland a world leader in delivering better health outcomes for men through the medium of sheds."

Fergal Fox, General Manager, HSE, Health Promotion and Improvement, DML, who represented the HSE at the launch, welcomed the initiative as a major leap forward for men's health in Ireland.

"The HSE has worked with Men's Sheds for a number of years. Supporting Men's Health and Well Being is a part of our work under both our plan to implement 'Healthy Ireland' and within the 'Connecting for Life' Suicide Strategy. HSE Health Promotion & Improvement are working on many initiatives targeting men's health and this partnership with the IMSA supports real engagement of men at community level," he said.

TOP OF PAGE: Pictured at the launch of Sheds for Life, Belmont Men's Shed, Co Offaly were, left to right: Fergal Fox, Acting General Manager, HSE Health Promotion and Improvement; Marcella Corcoran Kennedy TD, (former) Minister of State for Health Promotion; Barry Sheridan, Chief Executive Officer, Irish Men's Sheds Association; Dr Noel Richardson, Director, Centre for Men's Health IT Carlow; and Edel Byrne, Health & Wellbeing Coordinator, Irish Men's Sheds Association.

BELOW: Fiona Treacy, Health Promotion Officer, National Screening Service, promoting BowelScreen with members of the New Ross Men's Shed.

OPENING OF NEW KERRY MENTAL HEALTH FACILITY A HUGE STEP FORWARD

THE €13m Deer Lodge mental health facility opened in Killarney in July, marking a huge step forward in the care provided for those using services in Kerry.

Head of Mental Health Services with Cork Kerry Community Healthcare Sinead Glennon said that the move was 'good news for all of Kerry and should be celebrated by the entire community'.

"This was a very significant day for mental health services in Kerry and represents a huge step forward in the care we can provide. All of Kerry can be very proud of this fantastic €13m facility, and of the very high level of care which will be provided there," she said.

"In particular, it was an important day for the people who moved out of the outdated and entirely unsuitable O'Connor Unit. Thanks to the investment in Deer Lodge, we can now offer improved services and therapeutic intervention in rehabilitative and older persons' mental health."

The management of Cork Kerry Community Healthcare paid tribute to the contribution and commitment of all staff involved in the project, from the design stage to completion. This new facility will transform the lives of the many residents who will use the 40-bed facility in the years ahead.

"Many of the residents and staff at Deer Lodge put a lot of work into the planning process around this opening. I'd like to thank them for their hard work and dedication," Ms Glennon added.

The mental health recovery unit for adults and older people has been built to a very high standard, and will provide a much improved environment for the residents, their families and the staff working with them.

The building is in four "households", all connected through a central module that features a communal area, therapy areas, entrance, foyer, prayer room and other facilities.

Each household has access to an internal landscaped garden area, and each resident has their own bedroom with en-suite facilities.

Care at Deer Lodge will ensure that residents have maximum involvement in their own recovery process and can move towards more independent living.

A community-based recovery team will work with Deer Lodge residents as part of the individual care planning process.

Cork Kerry Community Healthcare acknowledges the commitment and work of all those involved with Deer Lodge, which has resulted in a modern, state-of-the-art facility of which Kerry Mental Health Services is very proud. This facility will provide the footprint on which future service delivery is shaped and enable the delivery of a safe, effective, quality service in a therapeutic environment for both staff and service users.

The opening of Deer Lodge means that there is an overall increase of eight beds in Mental Health Services in Kerry.

An official opening of the facility will take place in the coming months.

HSE LAUNCHES LGBTI AND ALLIES NETWORK

THE HSE recently launched a new support network for employees – the HSE LGBTI and Allies Network. The new Network will enhance the HSE's commitment to creating an inclusive workplace, welcoming and supportive of all of its employees.

The event was launched in June by the Director General Tony O' Brien, with closing remarks by Rosarii Mannion, National Director of HR. Patrick Lynch, National Director, QAV, chaired the event. Management commitment and support was pledged at the event, together with a commitment to further develop an inclusive workplace, welcoming and supportive of all employees.

Speakers who made presentations on the day included Bernie O'Connor, ESB and Bernadine Quinn, Dundalk Outcomers.

More than 60 HSE employees attended the launch and participated in discussions regarding the role and function of the Network, challenges that may need to be overcome, and actions and activities for the future. Each and every contribution was valued and is incorporated in feedback from the day, which was circulated to all in attendance. Some of those in attendance expressed an interest in joining the Network, or acting as Allies. A Network Steering Committee is now established and some initial goals and objectives have now been defined.

The purpose of the Network, following initial consultations at the launch, is:

- To provide visibility and a voice for the LGBTI community in the health services
- To establish networks of support, either face to-face or harnessing social media technology or both.
- To develop support processes for LGBTI employees through the development of the 'Ally' role.
- To send positive messages to existing staff, service-users and prospective employees that the HSE welcomes and supports all employees

The formation of the Network was identified as a key priority for the HSE in 2017, and is included in the People Strategy and the Diversity, Equality and Inclusion Unit (HR Division) Strategic Plan for 2015 – 2018. The launch of the Network is also fully supported by HSE management, which is committed to identifying and removing any barriers to full engagement or participation, for both employees and service users, and embraces fully the principles of the equality legislation. Two of the initial responses that will be happening this autumn are to:

- Form a LGBTI Steering Group, with representation from all areas of the country, staff groupings, and service areas and hold the first meeting. This group will be key in forming and supporting the agenda for the LGBTI Network in the coming years.
- Deliver LGBTI Allies training for a pilot group of 20 employees, with representation from all geographical areas. Following on from the training, a promotional campaign will follow, outlining the role of the LGBTI Ally and contact details.

Information regarding the activities of the Network, and other related issues, is available on the HSE website. Contact from employees interested in any aspect of the Network is welcome. Please contact us on **LGBTI@hse.ie**

SENIOR MANAGEMENT SHOW THEIR SUPPORT FOR NETWORK

THE presence of senior HSE management, including the Director General Tony O'Brien, at the Network launch showed the value being placed on the new initiative at the highest level.

Patrick Lynch, National Director of the QAV Division, who chaired the launch, said it was important that all HSE management put their weight behind it from the very start.

"I think it is something that we haven't given a lot of visibility to at a leadership level. There have been various initiatives over the years in relation to LGBTI staff but nothing that has been received sponsorship at a senior level, from senior management," said Patrick.

"There are still issues to be addressed, and it is important that we have a clear plan to do this. You look at big corporate bodies, like US multinationals, that have a very vibrant approach to diversity that shows how much they value all of their staff. We don't have this level of visibility in the HSE. Hopefully this new Network will give us that," he said.

"Some people view corporate support for issues of diversity in a cynical way or that support for LGBT issues is tokenism or wanting to piggy back Pride events for commercial reasons. The reality is that for groups who feel marginalised, organisational support and visibility for them can be very important and powerful and helps them contribute more effectively to the organisation when they are supported in their workplace at the highest level.

"We heard on the day that there are parts of the health service that are still deeply homophobic, so don't underestimate the importance of letting staff know that the HSE is committed to providing a safe and positive work environment regardless of sexual orientation."

The QAV Division's National Director said that while there was a great buzz on the day, it will take a while for it to have an effect in workplaces around the health service.

"It was very visible here in Dr Steevens' Hospital during the launch and there was a lot of colour. Feedback on the day was very positive and people said it was one of the most positive events they have ever attended at the HSE. There was a great energy on the day," he said.

"But beyond that, I don't think it has really registered with staff across the health service and it won't until we have an established network and programme of work." He stressed that it was important that the Network be seen as a health service network rather than just in the HSE. "Our voluntary sector play a significant part in the delivery of our service and it is important that all sectors of the health service are involved," he added.

IHI KEY TO SUCCESS OF SAFE, INTEGRATED HEALTH CARE

THE HSE and eHealth Ireland have welcomed the commencement order for the Individual Health Identifier (IHI), signed by Minister for Health Simon Harris. This order now allows for the operational use of the IHI throughout the Irish healthcare system, in line with the terms of the Health Identifier Act 2014.

The IHI is a number that uniquely and safely identifies patients and their health information when they use a health service in Ireland. Patients do not need to remember it to use our health services. The IHI will improve patient safety by identifying patients, and will last for the person's lifetime. Many countries and health services around the world have an IHI like Ireland's.

In June, the IHI number was made available in eReferrals. This did not impact upon hospital patient administration systems or GP practice systems. GP practices continued to send electronic referrals, as normal, via the eReferrals service provided by the Access to Information (A2I) division of eHealth Ireland (Healthlink). The eReferral went to the intended destination as normal and within the normal timeframe. The IHI was placed on the referral though a Healthlink interface with the IHI register. The number of routine daily searches made on the IHI register by HealthLink is currently around 500 per day.

This means that the IHI is being associated with referred patients at a rate of around 15,000 patients per month – the approximate equivalent every two months of the average population per TD.

A central IHI Register in the HSE contains records of every individual who has used or is using a health or social care service in Ireland. The IHI Register has been populated with 6.2 million records from a trusted data source and a unique identifier (IHI) has been generated and associated with each record. The IHI roll-out involves a phased programme to integrate the IHI system with Health Service Provider systems, so that Ireland's health and social care services can begin to leverage the benefits of the IHI.

The IHI team have also been working with a number of volunteer GP practices to provide IHI numbers for their GMS clients to test the technical functionality of storing and displaying IHI numbers in their local practice management systems. This is in advance of a future operational roll-out to GPs across Ireland, which will take some time. At this stage, the IHI number is not used in any documentation or communication with patients or other health service providers. The pilot verified that the four popular GP practice management systems were capable of storing and displaying IHI numbers. The IHI Project went to some lengths to ensure that everyone involved was aware of their obligations under Data Protection legislation.

The IHI Project would like to extend their thanks to the volunteer GP practices and the team at the Access to Information (A2I) division of eHealth Ireland (Healthlink), as well as the many other projects with whom work is currently underway to extend the IHI throughout Ireland's health and social care services.

The IHI is a key to the success of safe, integrated health and social care for our health service.

For more information on the IHI project visit **www.ehealthireland.ie/IH**I
If you have any questions you can email **ihi@ehealthireland.ie**

The IHI is part of a programme of investment in healthcare technology from eHealth Ireland and the HSE.

The IHI is a number that uniquely and safely identifies patients and their health information when they use a health service in Ireland. Patients do not need to remember it to use our health services. The IHI will improve patient safety by identifying patients, and will last for the person's lifetime. Many countries and health services around the world have an IHI like Ireland's

ACHIEVING IMPROVED SUSTAINABILITY AND A GREEN CAMPUS FLAG IN SLIGO

SLIGO University Hospital (SUH) is bidding to become the next HSE hospital to achieve a Green Campus Flag from An Taisce, the charity that works to preserve and protect Ireland's natural and built heritage.

Members of the Sligo hospital campus community are engaging to enhance the sustainability of their campus. The An Taisce Green Campus programme is designed to reward long term commitment to continuous improvement in sustainability.

SUH applied to join the An Taisce Green Campus Programme in December 2016. Affiliated with National University of Ireland Galway (NUIG), SUH features a new NUIG Medical Academy and a dedicated Green-Campus Committee to take on the Green Campus programme.

Health Business Services (HBS) teams from within HBS Estates North West and the National Health Sustainability Office (NHSO), have been providing advice on energy efficiency, waste reduction and water conservation to SUH to support its bid to achieve the green flag status.

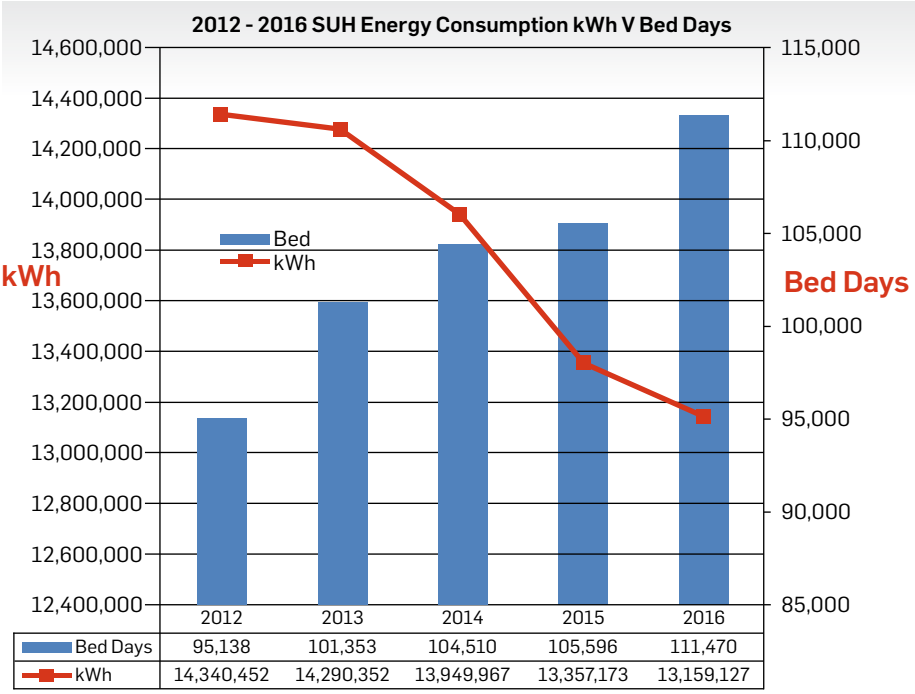
ENERGY MANAGEMENT

IN 2016 SUH consumed over 13 million kWh of energy at a cost of over €1m. However there has been an 8pc decrease in energy consumption despite inpatient activity (and floor area) at the hospital increasing by 14pc as outlined in the graph below.

Published in 2012, the SUH Energy Management Team operates an Energy Management Action Plan developed with the Sustainable Energy Authority of Ireland (SEAI). This Energy MAP team is supported by SUH senior management with representatives from all hospital departments and ongoing advice provided by HBS Estates North West. An Energy Support Officer was engaged in 2014 to assist the Energy MAP team. The Energy MAP team endeavours to ensure that all activities within the Hospital are conducted in an Energy efficient manner, and that all future actions take cognisance of Energy management. A number of Energy awareness days have been organised with the latest event being the Green team Sustainability Awareness day in May.

The Energy MAP team at SUH developed and maintains a Register of Energy-Saving Opportunities (ROO) for the Hospital. The Register of Energy Saving Opportunities defines a programme of works and schemes that drive energy savings for the hospital. Examples of projects completed to date that previously have been derived from the register include the following:

- Upgrade of lighting with motion and day-light detectors across the hospital
- Upgrade of hospital insulation and windows in the 1940s and 1960s sections of the Hospital
- Metering of utilities and sub metering of electrical usage by hospital departments
- Rationalisation upgrade and replacement of Vending machines with more energy efficient A-rated vending machines
- Computer Optimisation programme with 457 computers in non-clinical areas of the hospital going to "Sleep" mode after 20 minutes of inactivity



Future energy-saving projects to be managed by HBS Estates include:

- Upgrade of main boiler heating plant and change to Liquefied Petroleum Gas (LPG).
- Upgrade of the Building Energy Management System (BMS).
- Installation of an air source heat pump for the new Acute Psychiatric Unit.
- Upgrade of Lights to LED fittings.
- Upgrade of heating circulation pumps to variable speed drive models

WASTE MANAGEMENT

IN 2016, SUH produced more than 700 tonnes of waste at a cost of over €300,000. A total of 66 tonnes of food waste was composted. In addition, 86 tonnes of packaging, 8 tonnes of used cooking oil and 3 tonnes of electrical waste were recycled. SUH has been successful in managing and reducing waste through enhanced segregation of waste streams and education programmes to new staff members.

A recent hospital wide de-cluttering programme, organised by the Green Campus team resulted in:

- Obsolete electrical equipment being recycled
- Confidential paper shredded and recycled
- Surplus stationary from offices was sent back to stores and redistributed
- Printer cartridges recycled

Future initiatives that the Green Campus team are organising include:

- Coffee grounds recycled as fertilisers
- Trial of compostable/recyclable coffee cups
- Participation in the EQUALS Initiative donation of unwanted medical equipment to Zambia

A Sustainability Seminar was hosted by the hospital in September 2017, in collaboration with the Institute of Technology Sligo. Speakers at the event included Jim Murphy, National Health Sustainable Office (NHSO), HBS Estates; Deirdre O'Carroll, An Taisce Green Campus Programme; Aoife O'Connell, Cork University Hospital, Sustainability Officer; Michelle O'Dowd Lohan, NUIG Sustainable Engagement Associate; Edel Wyse of the Carbon Energy Trust.

Local sustainable health care and diagnostic companies were invited to exhibit at the event.

Further information on sustainability in the HSE can be found on the NHSO website: **www.hse.ie/sustainability**

Support and advocacy services of Sage

NOTHING ABOUT YOU WITHOUT YOU

SAGE is working to expand access to support and advocacy services in all care settings, in the community and wherever ageing poses a challenge for individuals.

Ireland is ageing and more people are living longer and better lives. However, a minority of older people - probably one in five of the 535,000 people aged 65 years and over - require some form of support.

Older people prefer to live, and to die, in their own home. However, many face challenges to their independence due to illness, disability, lack of family and community supports or an inability to access public services that meet their needs.

In circumstances where people have to depend on others, there is a need to ensure that the rights, freedoms and dignity of older people are promoted and protected. Through support and advocacy, the wishes and preferences of the older person can be heard and facilitated - independent of family, service provider or systems interests.

Sage is committed to addressing individual and systemic issues and to the development of Quality Standards for support and advocacy for older people through public consultation.

NATIONAL SAFEGUARDING COMMITTEE

THE National Safeguarding Committee (NSC) is a multi-agency and inter-sectoral body with an independent chair. It was established by the HSE in December 2014 in recognition of the fact that safeguarding vulnerable people from abuse is a matter that cannot be addressed by any one agency working in isolation, but rather by a number of agencies and individuals working collaboratively with a common goal. The NSC brings together key players in public services, legal and financial services, the health and social care professions, regulatory authorities and NGOs representing older people, people with disabilities and carers. All have come together with one objective in mind – to ensure that adults who may be vulnerable are safeguarded.

The NSC will lead on encouraging an organisational and societal culture which promotes the rights of adults who may be vulnerable and it insists on zero tolerance for abuse. It will provide strategic guidance to the Government, the HSE, and other national stakeholders. Since establishment the NSC has developed a Strategic Plan 2017 – 2021 which was launched on December 20th 2016.

Sage is one of the agencies working collaboratively to represent older people, people with disabilities and carers.

> “Through support and advocacy the wishes and preferences of the older person can be heard and facilitated - independent of family, service provider or systems interests

SUPPORT AND ADVOCACY

SAGE provides support and advocacy services for older people who may experience challenges in their lives due to ageing. If you are an older person seeking support or you are a staff member of a nursing home or hospital seeking urgent support on behalf of a resident or patient you can call the Sage team on 01 536 7330. For out of hours contact our Helpline: 1850 719 400

Sage has identified the following issues that older people may have (either as individuals or in groups of older people in the same location) where it can offer its services:

- Activities of daily living (for example, food, bill paying etc)
- More complex or multi-dimensional issues (for example, family conflict)
- Where a person is in a process of transition (for example, between care settings)
- Where there are issues about a person's rights

Sage advocacy services and/or support will be provided as required once consent to receive such services is received from the person concerned.

Sage services have been established in priority areas and Sage Development Workers exist in:

- Dublin North
- Dublin South-West & Kildare
- Dublin South-East & Wicklow
- North East
- Cork & the South West
- Galway & the West
- Mid-West
- South East
- Laois, Offaly & Westmeath
- North-West

Sage's National Advisory Committee (NAC) provides specialist assistance for complex issues. In addition, specific groups, such as the Legal and Financial Support Group have been appointed to Sage to cover any area where information and assistance may be needed. Support in the use of the 'Think Ahead' resource for registering wishes and preferences in the event of an emergency, serious illness or death.

Educational and personal development opportunities to potential leaders in care services who see the expression of resident's opinions and concerns as a means of improving the quality of their services.

Where urgent support is needed Sage Representatives can be available nationwide within.

ADVOCACY

THE word advocacy comes from the latin 'ad vocare' which means "towards a voice."

Sage sees advocacy as the empowerment of people to ensure that they can articulate their needs and have their voices heard, either through themselves, or by someone else on their behalf. Support can involve building a relationship of trust and friendship. It can also involve organising services and Circles of Support.

THE WORK OF SAGE

TO illustrate the work of Sage during the establishment phase a number of scenarios are listed below. These scenarios are informed by and are typical of the cases and issues which Sage engages with.Scenario 1 - A Country Gentleman

SCENARIO 1
- A COUNTRY GENTLEMAN

Fred is a 72-year-old gentleman who worked up until 65 years and intended to rear horses on his land in his retirement. He owns a property elsewhere which he had rented out for many years. Someone had moved into this rented house and was not paying any rent although a rent had been agreed. He has since asked this someone to leave as he wishes to sell the property.

Since retirement, Fred has been subject to both financial and verbal abuse by a family member and this individual has requested money from him on many occasions. Fred contacted SAGE with his concerns and when his Development Worker asked how he would like to manage his concerns he firstly decided that he would like to have a full medical check-up as a relative was suggesting that he had dementia.

He had this assessment and was given a clean bill of health, a copy of which was sent to his GP. Fred also decided that he would like to change his solicitor and his bank manager as his relative had influenced both of those individuals into thinking that Fred was suffering with dementia and was unable to manage his own affairs. A conversation had (on the golf course) by the above people was relayed to Fred inadvertently and he was furious.

The Development Worker agreed to support Fred and he signed an Authority to Act form which allowed the Development Worker to set up meetings for him with a potential new solicitor and bank. He subsequently did this and transferred all his assets into the new bank. It is interesting to note that both his new solicitor, his bank and his GP have all been harassed by the relative concerned and in fact the GP has been somewhat threatened in his care of Fred.

The most recent interaction has been that Fred went to sell his property and his relative has blocked the sale with the property agent citing the fact that Fred suffers from dementia and is not of sound mind in which to sell his property. To date, he has lost two sales for this reason. In the interim, Fred has been diagnosed with Parkinson's disease and his mobility issues have become quite poor over the past year. He has recently had a further assessment with the same Geriatrician who once again has given him an all clear in relation to Dementia. Fred has made his will and has also set up an Enduring Power of Attorney should it ever be needed and has named two very helpful neighbours to be his power of attorney.

The Development Worker is anxious that Fred continues to be harassed by his relative at every opportunity and appears to obstruct him in every way. The Development Worker continues to work with Fred on an intermittent basis and when he requires support.

SCENARIO 2
- HEADING HOME

John is a citizen of another EU country but has lived in Ireland for over a decade working in construction. As a result of alcohol abuse, he sustained a catastrophic brain injury and currently has no capacity. He was being cared for in an older persons' unit which was highly unsuitable for his needs. SAGE was invited to represent him as many of his colleagues reneged on him following his injury.

The Development Worker with SAGE met with John and assessed his needs. He was not in a position to sign an Authority to Act form and so the Development Worker agreed to work in a non-instructed way with the client.

The Development Worker firstly identified that John had a son living in another Country and made contact with him. He subsequently made contact with his other relatives who said they would like John to be returned home. They do understand his needs, and are trying to identify a suitable care home for him in his home country. The Development Worker organised that John might have a full assessment in the National Rehabilitation Hospital in Dún Laoghaire so that both his physical and mental capacity might be assessed pending any return home.

The Development Worker has also been investigating the possibility of accessing the any Department of Social Protection arrears on behalf of this man as there is one full year of disability pension available to him. However the difficulty is that no one has agreed to take this responsibility on for John so the Development Worker is considering the position of becoming an agent for the man but this would require Sage to lodge this money on his behalf to cover the partial cost of his returning home. This case is currently ongoing.

Feature

SUPERVISED INJECTING FACILITIES WILL OPEN

LEGISLATION has been enacted recently to allow for the opening of a Supervised Injecting Facility (SIF) in Ireland following the President of Ireland signing the Misuse of Drugs (Supervised Injecting Facilities) Act 2017.

The Act will:

- Provide an exemption for licensed providers whereby it is currently an offence to permit the preparation or possession of a controlled substance in premises;
- Exempt authorised users from the offence of possession of controlled drugs under certain conditions, when in the facility and with the permission of the licence holder;
- Enable the Minister to consult with the HSE, An Garda Síochána, or others on matters relating to a supervised injecting facility, including its establishment, on-going monitoring and review.

The Act does not set out a specific location for a supervised injecting facility, but a pilot facility is planned for Dublin city centre.

Supervised Injecting Facilities are healthcare facilities that provide a hygienic and supervised space for people who inject drugs (PWID) to inject illicitly obtained drugs. The aim is to reduce or eliminate public injecting and the adverse consequences this has on the health of the individual, the environment and businesses. Evidence does not support concerns that injecting facilities encourage drug use, delay treatment entry or aggravate problems associated with local drug markets. Instead, they facilitate safer drug use, increase access to Health and Social Services and reduce public drug use and associated nuisance.

All of the benefits, concerns and latest evidence are contained in the recently developed SIF frequently asked questions document that has been published on a new webpage http://www.hse.ie/supervisedinjecting

SIF WORKING GROUP

IN preparation for the establishment of a SIF in Ireland, the HSE has convened a working group comprising representatives from the HSE, An Garda Siochana, the Department of Health, UISCE (national service user representative organisation) and Dublin City Council.

WORKING GROUP TERMS OF REFERENCE

THE purpose of the HSE-led SIF Working Group is to make recommendations on program design and governance structures to the HSE Social Inclusion Governance Group (SIGG) to inform an appropriate procurement process.

- Support the implementation of the Misuse of Drugs (Supervised Injecting Facilities) legislation
- Consider the recommendations of people who use drugs in practical operations
- Identify the practical difficulties attached to establishing such a facility
- Make recommendations in relation to programme design
- Make recommendations on an appropriate governance structure
- Develop an operating model based on best practice for the facility
- Make recommendations on a monitoring (including advisory group) and evaluation process
- Be fair and impartial supporting all views
- Discussions within group to be treated confidentially
- Agree steps to progress opening of Facility

The group has met on seven occasions from December 2016 to June 2017 and has carried out work to progress the agreed terms of reference. The Working Group has undertaken a number of initiatives to inform and guide the process to establish a pilot programme for an SIF based in Dublin. The information and evidence gathering process included:

- Review of existing literature in relation to SIF worldwide
- A survey of 93 Street Injectors
- Mapping Drug Related Deaths in Dublin 2012-2014
- Mapping National Ambulance Service call out for overdose 2016-17
- Mapping Dublin Fire Brigade ambulance call outs for attempted suicide
- Identifying Drug Related Litter Hotspots
- Obtaining Needle exchange data from Service providers
- Liaison with SIF service providers in Denmark, France and Spain
- Developing a monitoring template to allow pilot phase evaluation

Based on the evidence and information gathering the Working Group has identified inner city centre Dublin as an appropriate location for a SIF.

The Working Group has drafted a report to provide the HSE Social Inclusion Governance Group (SIGG) with the information required for a procurement process to be undertaken.

Watch out for further updates in Health Matters or check out **www.hse.ie/supervisedingejting.ie**

VOLUNTEERS OF BEFRIENDING SERVICE TRANSFORM LIVES OF MANY

THE Waterford Befriending Service is a Waterford Mental Health Association initiative which is voluntary based. It was set up, in May 2015, to help people over the age of 18 who are linked in with the Adult Mental Health Services (HSE). The aim is to support people who are recovering from mental health issues/difficulties. The Service hopes to foster independence, empowerment and reduce social isolation in the community.

WHAT IS BEFRIENDING?

BEFRIENDING is a relationship between a volunteer and a befriendee which operates within a structured framework. It is usually a time-limited relationship which assists people to widen their own social network, increase independence and make informed choices hopefully enabling them to take better control of their day-to-day lives. Waterford Befriending meets the needs of people with mental health issues/difficulties by:

- Supporting people to achieve their own personal aims or goals
- Provides opportunities for the befriendee to have support in participating and developing their own interests and hobbies
- Supporting the befriendee to access community resources such as local groups and educational services
- Provide the Wellness Recovery Action Plan (WRAP) Level 1 to befriendees

RIGHT:
Joanne Walsh (Volunteer) and Helen O' Neill (Co-ordinator) completing a skydive for the Waterford Befriending Service.

ONE PERSON SHARED HER EXPERIENCE OF THE SERVICE

"I truly appreciate that I was involved in the Befriending programme," she said.

"When I started eight months ago I was really anxious, deeply depressed, lonely and isolated. I didn't want to go anywhere outside of my home. Befriending had a good influence on me. Gradually I started to enjoy weekly activities with my new friend such as walking on the beach, having lunch together, visiting the theatre for shows and aqua aerobic classes. All this lifted my spirit, reduced my social isolation and helped me to get better control of my day-to-day living.

"I really had quality time with the volunteer. She is such a great listener, very nice and a very friendly young lady. I got her support anytime when I did need it.

"Many thanks for everything especially to the befriending co-ordinator Helen O'Neill for her professional effort."

Volunteers are interviewed, Garda vetted and given comprehensive training on topics such as mental health, self-awareness, confidentiality and listening skills. Ongoing training, support and supervision is provided and is seen as an essential part of the service.

The Waterford Befriending Service was originally set up in 2004 but unfortunately became dormant. Helen O'Neill, Befriending Co-ordinator, Social Care Worker in Adult Mental Health Services, with the help of Waterford Mental Health Association, reestabished the service in 2015.

The Service has 20 befriendees and 12 volunteers. The service is funded through the proceeds acquired from various fundraising events. All proceeds raised go directly back into the service.

They are always looking to recruit volunteers for the befriending service and people who might like to help with fundraising.

If you would like to volunteer or would like more information on the service, please feel free to contact Helen by phone on: 086-0218881 or by email: **helenma.oneill@hse.ie**

• First year data on safeguarding concerns reported to the HSE via safeguarding teams

• 7,884 safeguarding concerns managed by safeguarding teams nationally

• 13,499 people in HSE and HSE funded agencies trained in safeguarding in 2016

Safeguarding report

PROTECTING NEEDS OF THE VULNERABLE

THE HSE's National Safeguarding Office published safeguarding data reported to the Safeguarding and Protection Teams (SPTs) in each of the nine Community Healthcare Organisations (CHOs) for the first time. These teams are tasked with managing safeguarding concerns relating primarily to persons with a disability and people over 65 years who are deemed vulnerable. The publication of the figures coincided with the National Safeguarding Committee's Safeguarding Awareness Campaign which ran in June and will run again in September – details at www.safeguardingcommittee.ie

The data shows that there were a total of 7,884 safeguarding concerns managed by the SPTs; 4,749 relate to adults aged 18-64 years, 3,029 relate to adults over 65 years and of these 1,221 were over 80 years.

• For those aged 18-64, the three main alleged abuse categories were; physical 48pc, psychological 24pc and sexual 11pc.

• For those over 65, the dominant categories were; alleged psychological 27pc, physical and financial 22pc abuse.

KEY TRENDS INCLUDED:

• Alleged physical abuse is highest in males aged 18-64

• Alleged sexual abuse is highest in females 18-64 but also represents an issue for younger males

• Alleged financial abuse is highest for males across all age categories with the highest level in those over 80 years

• Alleged neglect increases with age with the highest level reported in females over 80

• Where alleged institutional abuse was reported it was highest in younger males

KEY MESSAGES FROM THE DATA REPORT:

• The figures show a clear framework in the past two years to support staff in recognising and responding appropriately to concerns of abuse.

• The report provides strong evidence that having a 'Designated Officer' within service settings, and the setting up of the HSE safeguarding Teams, has provided a more consistent method of communicating and co-coordinating the management of concerns between the HSE and HSE funded services.

• Training is a core component of the work the HSE's National Safeguarding Office and this is facilitated across the public, voluntary and private sector. In total, there were 13,499 people trained in safeguarding in 2016, far exceeding the 8,000 target set.

• It is evident that there is a strong association between training and reporting which is serving to enshrine a positive, open culture where a zero tolerance approach to abuse is promoted.

• Concerns came from a wide variety of sources with voluntary agencies (38%) included in over 400 services reporting safeguarding concerns in 2016.

• The system of recognising, responding and reporting concerns of abuse towards vulnerable adults does not have a legislative basis in this jurisdiction. Whilst the HSE is currently reviewing the policy to consider areas for improvement it is clear from operational feedback that there are limitations and challenges to work effectively in this area without a legislative basis and framework. The HSE welcomes recent developments to enact legislation in the safeguarding field.

The full report can be found at **www.hse.ie/safeguarding**

Commenting on the figures, Tim Hanly, General Manager, HSE National Safeguarding Office, said, "The publication of these figures shows the development of a strong process to recognise and report abuse and to promote a zero tolerance approach to abuse which has made a positive difference. These overall figures may appear to be high but the key issue is that we have appropriate systems in place to prevent abuse in the first place and people are supported when they raise concerns."

Most vulnerable adults do not experience abuse. For those who do, it can manifest in different ways. Abuse can take place in any context. It may occur if a person lives alone or with a relative, it may occur within residential or day care settings, in hospitals, home support services and other places assumed to be safe, or in public places. If a person is being abused, or if someone is concerned about abuse or suspect that someone they know is being abused, they can contact a health professional such as a GP, public health nurse or social worker in a safeguarding team or bring their concern to the Designated Officer within a service. Contact details here: **www.hse.ie/safeguarding**

All safeguarding concerns are treated in confidence and, as much as possible, handled in a way that respects the wishes of the person at risk. The service is focused on the client, aimed at the safety and well-being of the person at risk while providing support to stop the abusive behaviour.

National Social Inclusion Office

SECOND EDITION OF SAOR TRAINING LAUNCHES

THE HSE National Social Inclusion Office has launched the second edition of SAOR which provides a framework for the delivery of screening and brief interventions (SBI) for problem alcohol and substance use.

SAOR, the Irish word for 'free', is used as an acronym to highlight the four principle aspects of the intervention: Support, Ask and assess, Offer assistance and Refer. The first edition of SAOR provided a structured model across the HSE and, externally since 2009, helped address the complexity of alcohol and other substance presentations.

Since 2012, the SBI project has coordinated the national roll out of a one-day SAOR SBI training programme for alcohol and substance use in partnership with the National Addiction Training Programme (NATP). To date, approximately 3,500 service providers across all tiers have been trained and a SAOR 'train the trainer' programme has provided over 100 trainers nationally since 2013.

The roll-out of the SAOR 'train the trainer' programmes and training are supported by partners from local drug and alcohol services, drug and alcohol task forces, the community and voluntary sector and, in some areas, by health promotion and improvement staff, centres of nursing and midwifery education and other statutory health services.

SAOR II builds on the original framework: it develops on the learning and understanding from delivering interventions and training workers in a diverse range of settings including: acute care settings, mental health services, child and family, community based drugs services, homeless agencies, primary care services, third level colleges, criminal justice, youth and sporting organisations.

Working and training with a variety of health and social care workers with differing skills and competency levels has enabled us to refine the model to ensure its applicability in a range of not only health and social care settings, but also social and recreational ones. The publication draws from and adds to the significant evidence and policy base that exists for screening and brief intervention.

SAOR II offers a step-by-step guide for practice, to guide workers in using a person-centred approach throughout their conversation, encounter or engagement with a service user. SAOR II supports workers from their first point of contact with a service user to enable them to deliver brief interventions and to facilitate those presenting with more complex needs with entry into treatment programmes as per the NDRF National Protocols and Common Assessment Guidelines (2011).

The publication is now available on the hse website along with a range of publications and resources. If you have any queries on the publication or on SAOR training please contact Nicola Corrigan, National Social Inclusion Office, **nicola.corrigan@hse.ie**

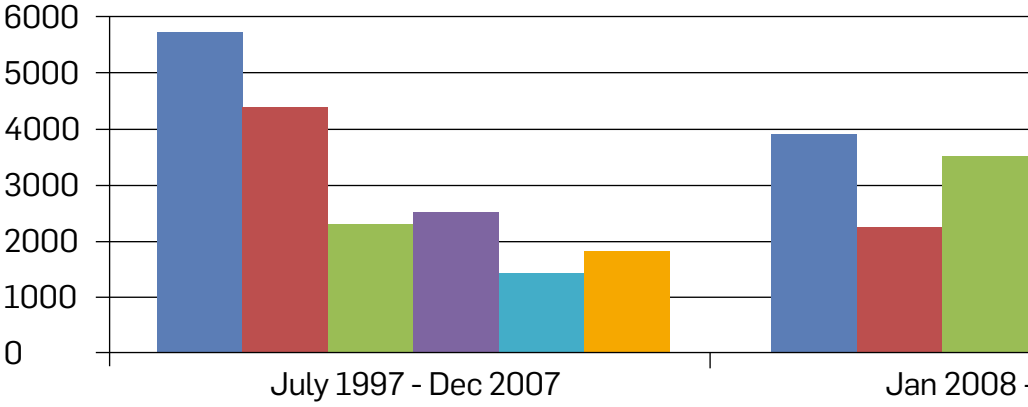
Dr Eamon Keenan, National Clinical Lead-HSE Addiction Services; Paul Goff, HSE Social Inclusion CHO 5; Ruth Armstrong, HSE National Social Inclusion Office; Minister Catherine Byrne, TD; Dr Ide Delargy, ICGP Substance Misuse Programme; Jim O'Shea, Office of Nursing and Midwifery Services Director launching the new SAOR II document.

Drugs/HIV support line set up in 1997

VITAL HELPLINE CELEB

IT was 20 years ago that Drugs/HIV Helpline was set up. On July 21st 1997, the first calls were taken, beginning a two-decade long journey of providing support to the public and professionals on the subject of drugs and alcohol and also HIV and sexual health.

The early calls were almost all about drugs, largely from parents seeking advice and support around a son or daughter's drug or alcohol use. The call takers don't 'take sides' but offer them space to talk through their concerns and to look towards a plan to improve things in the home, and this type of non-judgemental, non-directive support was welcomed.



"We don't hand callers a list of things to do to help their situation, but work with them to identify what they want, what their resources are and what the next step is for them. At the start we had printed lists and directories to pluck services details from, but now we have a database of over 400 services nationwide to refer to," explained one of the call takers.

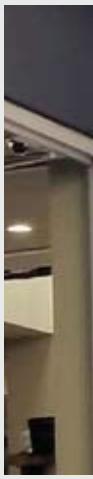
Now, in 2017, there are two services being offered: the Drugs and Alcohol Helpline and email support service as well as the HIV and Sexual Health Helpline and email support service.

The Drug and Alcohol Helpline deals with queries and concerns in relation to all drugs and alcohol, from those using them and the people close to them. It offers confidential and free support, information, guidance and referral to all callers and emailers.

The HIV and Sexual Health Helpline deals mostly with queries about sexual health and testing, but that can also include queries about hepatitis and contraception. Though not a medical service, it can offer information and support around most queries but are also clear about when to refer people to a doctor too.

"We consistently hear from people concerned about encounters that they have had, who are considering testing or awaiting test results. Thankfully, things have changed greatly in our 20 years, with more sophisticated tests and the development of Anti-HIV medications that now have people who are HIV Undetectable.

AILEEN DOOLEY: A DAY IN THE LIFE OF A HELPLINE MANAGER



A TYPICAL day at the helpline starts with my arrival at the Helpline Office in Cherry Orchard Hospital. Once I've opened up and logged in, I check the calls and emails from the previous day to see if there are any things that need following up. It could be that we need to contact a service to update the information that we have on them; we need to find out more about services for a young person in a certain area or that we need to research a new drug or new issue of concern. Once that work has been started, a plan is set in place for the morning.

At this point I check in with the Helpline team, going through any challenging calls that they may have had recently. If necessary, we can have a full debriefing session to talk through any impact from the call, any learning or whether a guiding policy for future calls needs to be drafted for a caller.

After this, I check the Helpline Email Support Service inbox. We now get emails from all over the world. We set up the email support service back in 2011 as a way to increase the accessibility of the Helpline to those who prefer to communicate through email. The numbers have steadily increased and now we rarely have a day without at least one email in the inbox.

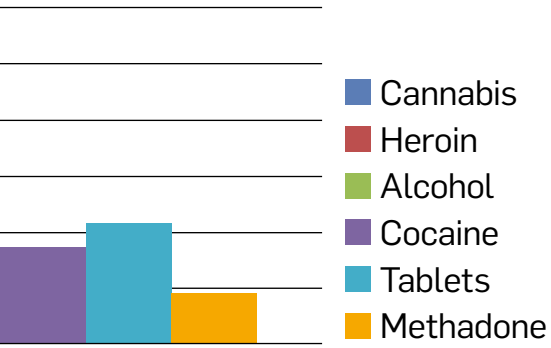
This morning, one email is from an Irish person returning home from working abroad for some time. He is HIV+ and is asking how he can access treatment here without a break in his medication. Another email is from a woman who is looking for advice on how to deal with her mother's drinking. No two contacts to the Helpline are the same but there are themes and trends and we find that there has been a definite rise in alcohol-related calls and email in recent years. We double check all email responses so I will either draft a response or double check on a response my team has drafted, before it is sent back to the caller.

Next, I might have some project work to do. I am currently working on an EU funded Key Action 2 learning and exchange partnership project with similar services from Bulgaria, Belgium, Cyprus, Norway, The Netherlands, Germany, Portugal and the UK. We are currently preparing for a meeting where we will exchange what we know on New Psychoactive Substances and how best to deal with queries to our Helplines on that topic. Another project that I am currently working on is one that is providing access to the Helpline to prisoners detained at Mountjoy prison. Today I'm working on a report on this project and looking at how we can improve how we promote this service within the prison and how we could extend the projects reach.

One call is from a parent who has just discovered evidence of drug use and also drug dealing in her son's bedroom. I help her to look at how she is feeling about this and we look at the fact that she does not have to have all of the answers or a plan ready today. We gently talk through what outcome she wants from this call and she comes up with a plan for who she wants to talk with about this and what resources she can tap into to help her over the few days. I invite her to callback. Another call is from a middle-aged woman who is trying to reduce her Nurofen Plus use. She finds it difficult to leave the house without it and finds it near impossible to pass her local pharmacy without buying some. Today she is feeling anxious and is once more considering making an appointment to speak with a counsellor about what's happening to her.

I log some non-identifying details from these calls into our database

BRATES 20TH BIRTHDAY



- July 2017

Also Hepatitis C is now treatable in many cases. The safe sex message continues of course as it remains important to encourage condom use and testing, but it's a much more hopeful vista than before," said the call taker.

The Helpline was established in 1997 at the time the goal was to create a portal to support and refer those using drugs and their families to services and to give information on HIV as it related to drug use. The Helpline fulfilled this purpose but over the years it has adapted to new ways of communicating, new drugs and new patterns of using drugs etc.

In the early years of the service, the main drugs being discussed were heroin, cannabis and methadone. In more recent years, the picture is much changed as the most discussed drugs are alcohol, cannabis and tablets (benzodiazepines, anti-depressants, anti-psychotics and hypnotics).

The Helpline offers a unique perspective in that very often we talk with people prior to seeking treatment or help. Callers can be as honest as possible about what they are using as they know that our service is confidential and anonymous. Therefore the data from calls is different from other data from treatment.

At the Helpline's inception, HIV was included in the name to cover the need for drug users to get information and support around HIV risks; etc. But as soon as the service became known, calls started to come in from people concerned about sexual encounters, seeking information on testing centres nationwide and looking to express their thoughts and sometimes their anxieties about HIV.

"One aspect that has remained consistent in the 20 years of serving the public has been the Helpline's commitment to offering non-directive, non-judgmental support, where callers/ emailers are given information without judgment or prejudice and the time that they need to talk through their concerns, stresses, joys or heartbreaks without fear or favour. Though years have passed, perhaps the greatest asset remains the helplines commitment to deal with each caller or emailer with respect, professionalism and compassion," explained the Helpline call taker.

MORE INFORMATION

You may have patient, service user or family member who might benefit from calling the service. If you have any questions or concerns related to the Helpline or its work, please feel free to get in to contact on **1800 459 459** or Admin : **076-6955083** or **helpline@hse.ie** The service is available from Mondays to Fridays, from 9.30am to 5.30pm.

Information is also available on **Askaboutalcohol.ie**, **Drugs.ie**

Aileen Dooley (black top and glasses on the left) pictured at a recent partnership meeting in Sofia, Bulgaria. Partners were there representing drug helplines from Portugal, Cyprus, Germany, Belgium, the Netherlands, Norway and a training organisation in the UK.

highlighting the process of the call; whether the call is about drug or alcohol use; HIV and sexual health or another topic such as gambling. I note what substances if any, were discussed and what referral numbers were shared. This information helps inform our service policy and training, but also is shared with HSE Addiction service management, so that they can also get a sense of the people who may not yet be engaged in treatment but who nonetheless are contacting the HSE for help.

In the afternoon, I provide call supervision for one of my team. We do live supervision, which means that I listen in silently while they deal with a couple of calls and afterwards we sit together and reflect on what went well and if there was anything that could be improved upon. In order to stay sharp on our need to use active listening skills well and to keep how we personally process our work healthy, we need to have regular supervision.

As the day draws to a close, I gather up some statistics on calls for a piece that I am preparing for the Health Matters magazine. I pause for a moment to consider the 77,000 calls and emails that we have dealt with in the 20 years since the Helpline first opened in July 1997. I think of the other Helpline workers who have taken those calls and how like me, they gave their best but were doubly gifted back by the conversations that we have on the phone every day.

After that I log-off and head home.

MAKING SUSTAINABLE CHANGE THAT WILL LAST

IMPLEMENTING change and making things happen – it is a bold statement but that is exactly why the HSE Mental Health Division and the Centre for Effective Services (CES) joined forces back in 2015. The partnership is implementing the mental health service improvement programme of change.

Together, the HSE Mental Health Division and CES established the Strategic Portfolio and Programme Management Office (SPPMO) located in the former St. Loman's Hospital site at Palmerstown. The SPPMO team has subject matter and clinical expertise as well as project management and change management skills.

CES has a track record in working alongside government and agencies supporting the development of effective services. They are supporting the HSE to implement the Nurture Programme, a new initiative which is changing how universal services are delivered for infants and their families.

FACING CHALLENGES HEAD ON

IT is challenging for health services to implement change, but even more so to make change sustainable. CES is working with the MHD to support change at all levels of the organisation to improve services, but also to ensure that any changes made will last in the long term. Everyone in the organisation has a part to play in service improvement. Using evidence, and learning from approaches such as change management and implementation can help by introducing new ways of working which support change and make it sustainable.

Evidence suggests a number of elements that are critical to implementing change. Firstly, the service user is at the heart of service design and implementation. Good communication across the MHD and the HSE is vital to delivering successful change. Communication is particularly important as the MHD establishes new roles, structures and processes. Good governance is a feature of successful change initiatives. A new Mental Health Change Board has been established, which introduces a collaborative approach involving key decision makers. The SPPMO is working with the MHD to develop service user engagement, enhance communication across the organisation and to support the development of good governance.

The Mental Health Division Service Improvement Leads provide the project management and implementation role and in partnership with the SPPMO they deliver service improvement projects.

HOW DOES IT WORK?

THE team works together with management and plans how to make the strategy a reality. The team supports the prioritisation of projects which will best achieve the strategic goals while providing practical support to staff to manage their projects.

The team recognised the need for strong project management skills. They developed the MHD project management methodology, and provides training and ongoing support for staff so that they can plan, implement and close their projects.

The SPPMO knows that complex change is challenging and that it requires a significant shift in how we work, the common language we speak and to the relationships we need to support sustainability.

CES as implementation partner has a strong background in supporting service providers, practitioners and policy makers to deal with these challenges, while focusing on improved outcomes for people using services.

WHAT'S UP AND RUNNING

THE SPPMO is currently providing support to twenty-nine live projects in the MHD. The diagram (below) shows a flavour of some of the projects currently underway.

WHAT HAS BEEN ACHIEVED SO FAR?

IT has been a busy year so far and already we have successfully completed a number of projects.

The HSE Best Practice Guidance for Mental Health Services framework was launched in Dublin Castle in April 2017. This framework was developed through a 12 month National project and involved engagement and consultation with a broad range of stakeholders throughout the country, including Service Users, HSE Staff, Non-Government Organisations (NGOs) and various Statutory Agencies to name but a few.

The Best Practice Guidance has been designed to support staff and users of service to self-evaluate and ensure continuous quality improvement.

A project to develop a Training Programme to support the implementation of the Best Practice Guidance was also delivered successfully. A module introducing the Guidance is now available for all on HSEland.

Caroline Byrne, Florina Rizoaica, Jonathan Barrett, Annemarie Dooley, Colum Bracken, Grainne Clarke and Karen O'Mahony.

MAKING CHANGE LAST

OUR approach is to continuously look for ways to improve how we work to implement change, build capacity and support sustainable improvement to services.

If you would like more information about what we do and how we can support you, visit the MHD SPPMO page on the HSE Intranet or send us an email at **mhd.sppmo@hse.ie**. We would love to hear your feedback or offer any assistance we can.

For further information on CES visit **www.effectiveservices.org**

RECOMMEND THE HPV VACCINE AND HELP US TO SAVE LIVES

THE HSE school immunisation teams will be offering Human Papillomavirus (HPV) vaccine to all first year second level school girls from September and the head of the HSE National Immunisation Office, Dr Brenda Corcoran, is asking all healthcare workers to help us to save lives by recommending the vaccine to those who seek our opinions.

"As healthcare workers, friends, neighbours and colleagues often ask our advice around medical and vaccine issues, this is a chance for all of us to help save lives by promoting this life-saving and perfectly safe vaccine," she said.

The HSE has just launched a major information campaign to support parents considering HPV vaccination to protect their daughters' future as we want people to get information from a reputable source and make an informed decision.

All of this information is available at www.hpv.ie which contains a wide range of information, including videos and fact sheets about the vaccine, how it saves lives and its excellent safety record. It also includes new videos of ordinary girls who have got the vaccine and ordinary mums who have had cervical cancer. It is a great source of information and is very comprehensive. It would be fantastic if we could recommend it to parents who are seeking information and advice on HPV vaccination.

ALL NATIONAL AND INTERNATIONAL SCIENTIFIC AND REGULATORY BODIES RECOMMEND HPV VACCINE

THESE include:

- World Health Organisation (WHO)
- Centers for Disease Control and Prevention (CDC) in the US
- European Centre for Disease Control and Prevention (ECDC)
- International Federation of Obstetricians and Gynaecologists (FIGO)
- American Society for Clinical Oncology
- CervicalCheck in Ireland

THE VACCINE IS ALREADY KNOWN TO REDUCE CERVICAL CANCER RATES

AUSTRALIA was one of the first countries to introduce HPV vaccine in 2007. Their vaccine uptake is over 80pc and they have seen a decrease of more than 50pc in rates of pre cancer of the cervix over the last 10 years. Similar results have been reported from other countries with high uptake such as Sweden and Scotland.

In Ireland, uptake has dropped from 87pc to 50pc in two years due to unsubstantiated safety concerns.

HPV VACCINE IS SAFE

OVER 220,000 girls in Ireland have safely received the HPV vaccine, along with over 100 million people worldwide in countries like the United States, Canada, Australia and New Zealand. Not one of these people anywhere in the world has been medically proven to have had a long-term side effect from getting the vaccine. Many parents are genuinely afraid to consent to HPV vaccination because of the stories they have heard about its safety.

Despite the scare stories, there are no 'alternative facts' that stand up to even the most basic medical or scientific scrutiny. Unfortunately, there are some naturally occurring conditions that can make teenage girls unwell, but WHO and every national regulatory body in the world have said that the HPV vaccine does not cause any of the alleged side effects. In fact, international studies have found that these conditions are just as common in people who have never received the HPV vaccine at all.

The vaccine is known to be most effective when given to girls aged 12 to 13 years.

"Like Ireland, every one of the many countries implementing HPV vaccination programmes are doing so in the best interest of their citizens, to maximise health, prevent disease and prolong life," said Dr Corcoran.

Mosquito surveillance programme

EHS MONITORS ZIKA VIRUS CARRIERS

BY May of this year, Ireland had a total of 17 imported Zika virus cases identified since the onset of this international health event in 2015. In addition to the imported cases of Zika monitored by the Health Protection and Surveillance Centre (HPSC), the HSE Environmental Health Service (EHS) is also monitoring for vectors (or carriers) of the disease itself.

In these times of climate and environmental change, the potential for an increase in vector populations is ever more likely. In 2016 the World Health Organisation declared a "public health emergency of international concern" due to the clusters of microcephaly and other neurological abnormalities that may be caused by the Zika virus.

Zika is a viral infection that usually causes a mild illness which typically lasts between two to seven. 80pc of people who become infected by Zika virus have no symptoms, however symptoms can include fever, rash, joint pain or eye inflammation. In Brazil, infection with Zika virus was strongly linked with a serious birth condition called microcephaly. The Zika virus is mainly spread when an infected mosquito of the Aedes aegypti or possibly albopictus type bites a person.

According to Dr Maurice Mulcahy, Regional Chief Environmental Health Officer, "One of the key goals of Healthy Ireland is to protect the public from threats to health and wellbeing. With this in mind, we in the EHS had previously developed a surveillance programme as far back as 2009 for the data collection and monitoring of invasive and indigenous mosquitoes species in Ireland.

"This was based on guidance from the European Centre for Disease Prevention and Control (ECDC). The baseline data from these studies indicated that up to 2015, no invasive species had been identified in Ireland. Following the Zika health event, the EHS in 2016 further developed this programme to determine both the type and incidence of mosquitoes, and particularly the incidence of invasive mosquito species at Irish ports as a precautionary surveillance initiative."

The Ades mosquito which is associated with the spread of Zika virus is generally not thought to be present in Ireland as the Irish climate temperature is not consistently high enough for it to breed. This is not to say that invasive species may not enter the country through vessels, aircraft, cargo or vehicles arriving into Irish ports.

At present, a number of ships arrive into Ireland having come from ports that have or are experiencing outbreaks of the Zika virus, including from Brazil, Colombia, Costa Rica, Guyana, Mexico and Panama.

Surveillance at the sites of Cork Seaport, Limerick/Foynes Port and Shannon Airport consisted of larval traps (gravid traps) to attract the laying of eggs of those likely to maintain the growth of larvae in stagnant water. Adult traps (Mosquito Magnets and the BioGent (BG) Sentinal Traps) were used at the sites in Dublin Seaport and Airport.

All mosquito species require a body of water for their development (sometimes as little as a tablespoon). The collection sites were chosen based on established research, habitat assessment, and the EHS were partnered by University College Cork (UCC) Entomology Department in this regard. Traps were sited at pre-approved locations in habitats known to attract mosquitoes including under bushes and near trees, away from heavily trafficked areas and in shaded places.

Sites were monitored to agreed frequencies depending on trap location. Generally, mosquito larvae develop once the water/ground temperatures are consistently above 10 degrees, and monitoring usually commences in early April and finishes by late October.

RESULTS

A TOTAL of 54 identifiable mosquito species were found in the traps during the surveillance period. Several more non-target species and target species that were damaged, and therefore unidentifiable, were also found. On several occasions no specimens were found in the traps, especially at the start and end of the season. Species from three genera were recovered including Culex, Anopheles and Culiseta. No invasive Aedes species (vector for Zika) were found in any of the sampling sites. The vast majority of mosquito species identified were Culex pipiens which is the most common Irish species and larvae can be found in almost all aquatic habitats both natural and artificial.

While the surveillance programme did not discover invasive species, Dr Mulcahy said, "It did provide a valuable base line of data upon which to build. The Mosquito Monitoring Programme recommenced in April 2017 to continue to monitor for invasive and indigenous species and further work is being carried out on developing the surveillance plan. In addition, the EHS is continuing to engage with all stakeholders to develop an effective and robust prevention and control strategy for invasive species of mosquitoes."

INTEGRATED CARE CONFERENCE A SUCCESS

HAVING championed the integrated care cause in Ireland for a number of years, Dr Áine Carroll, National Director for the HSE's Clinical Strategy and Programmes Division, was hugely instrumental in bringing the International Conference on Integrated Care (ICIC17) to Ireland in May.

The HSE in partnership with the International Foundation of Integrated Care (IFIC) presented the 17th International conference on Integrated Care "Building a platform for integrated care: delivering change that matters to people" in Dublin, incorporating the 5th World Congress on Integrated Care (WCIC5).

The ICIC17 brought together researchers, clinicians and managers from around the world who are engaged in the design and delivery of integrated health and social care.

PATIENT INVOLVEMENT

THIS year's conference was unique in that, for the first time ever, the event was awarded Patients Included Charter Status, having fulfilled all obligations around accessibility, patient involvement and virtual participation. Indeed the voice of patients and service users was a strong theme and reverberated throughout the three-day event, with patients and patient advocates playing a key role in plenary sessions and workshops.

The patient voice was further emphasised by the launch of the first phase of the HSE's Patient Narrative Project, carried out in collaboration with Irish Platform for Patient Organisations, Science & Industry (IPPOSI) after the first plenary session of the conference. This brought the service user to the centre of the conference right from its commencement.

The first phase of the project has delivered the definition of integrated care developed by the Irish service user:

"Person centred co-ordinated care provides me with access to and continuity in the services I need when and where I need them. It is underpinned by a complete assessment of my life and my world combined with the information and support I need. It respects my choices, building care around me and those involved in my care."

The keynote address delivered by Michael Brophy, Chairperson HSE National Patient and Service User Forum, brought home the importance of service user and service giver relationship. In his address, Michael said both need to work cooperatively and treat each other with respect and dignity, build a relationship through conversation thus making difficult care easier for both parties. Sharing his family's experience as service users, he was able to relate to the situations of everyone in the audience, providing food for thought for service designers, care givers and service users alike. He summed up the core of the new ways of working as compassionate treatment of self and others.

INTEGRATED CARE: THE IRISH JOURNEY

DR Carroll gave her keynote address during the second plenary session of the event which was co-chaired by Jim Breslin, Secretary General, Department of Health and Nick Goodwin, CEO IFIC.

In her address, she gave an overview of the Irish integrated care journey, from the inception of the National Clinical Programmes in 2010 to the current work of the Integrated Care Programmes, giving examples of some of the improvement brought about through these programmes. She recognised the challenges faced by healthcare in Ireland but also mentioned the many enablers, one of which is the readiness and willingness of our healthcare staff. She also noted that change has to be achieved at all levels ie macro (policy), meso (management) and micro (delivery).

Dr Carroll was very realistic about change and quality improvement, emphasising how easy it was to talk about change in terms of frameworks and strategies, but noting that it was a completely different challenge to actually translate these into services on the ground and thus better outcomes for patients. But if we use science and proven methodologies, she noted, if we use support and facilitation and a toolkit to implement, then she said she believed we would be able to continue to harness the really fantastic ideas and enthusiasm of our staff and our patients to improve outcomes, from prevention right through to end-of-life care.

Dr Carroll's presentation closed with a video montage of real life patients who benefit today from integrated care, and emphasised the fact that although a lot has already been achieved, the journey has only just begun.

FURTHER HIGHLIGHTS

OVER the course of the three days, there were many renowned national and international speakers including Bev Johnson, President and CEO of The Institute for Patient and Family Centred Care, Dr Gary Belkin, Executive Deputy Commissioner, New York City Department of Health and Mental Hygiene; Professor Rafa Bengoa, Director, Institute for Health & Strategy; Peter Lachman, CEO, ISQua; and Helen McEntee, then Minister of State for Mental Health and Older People, Ireland.

1,200 people attended ICIC17, representing 54 countries, with a high percentage of Irish attendees, a higher local representation than typically seen at ICIC conferences, highlighting the great enthusiasm in Ireland for Integrated Care. There were over 400 presentations which includes 5 plenary sessions, 95 breakout and workshop sessions, 100 oral poster presentations and 240 posters, out of which 188 were Irish!

There were 3,500 unique online viewers over 3 days, twitter engagement through #ICIC17 recorded 8,369 tweets with 1,685 participants averaging 77 tweets/hour and 16 million twitter impressions worldwide.

The Edward Worth Library in Dr Steevens' Hospital hosted an open day for delegates who remained in Dublin after the conference.

An evening of traditional music and dancing at Trinity College entranced both national and international delegates.

The conference closed on a high note with Tony O'Brien, HSE Director General, thanking all delegates for being part of our person centred coordinated care journey and Dr Carroll sharing a traditional Irish blessing.

The ICIC train rolled out of Dublin following a very successful event and its next stop is the Netherlands in May 2018. The energy and commitment towards Integrated Care that was seen at this event will serve us well as we continue our journey towards greater integration in the Irish health service.

MORE INFORMATION

You can view highlights and plenary presentations of the ICIC17 at **https://vimeo.com/album/4605021**

IMPROVING PEOPLE'S LIVES AS THEY AGE A KEY AIM OF RESEARCH STRATEGY

THE 'Healthy and Positive Ageing for All' Research Strategy 2015-2019 was recently published on June 1st. The purpose of the Research Strategy is to support and promote research that aims to improve people's lives as they age.

The National Positive Ageing Strategy which is being implemented under the broader Healthy Ireland Framework has a stated goal to support and use research about people as they age to better inform policy responses to population ageing in Ireland.

To fulfil the objectives of this national goal, the Healthy and Positive Ageing Initiative (HaPAI) has been established. The HaPAI is a collaborative partnership involving the HSE Health and Wellbeing Division, the Department of Health, The Atlantic Philanthropies and Age Friendly Ireland, with all partners recognising the value of undertaking research to improve and maintain the health and wellbeing of older people.

As part of this initiative a €500,000 Research Fund and Awards Call has been announced for 2017 under the theme of 'Health Inequities and Inequalities as we Age in Ireland'.

It is intended that outputs from the research awards will help to inform policy and practice in order to improve people's lives as they age.

Speaking about the initiative, Dr Stephanie O'Keeffe, HSE National Director, Health and Wellbeing said: "Tapping into the wealth of knowledge and experience of this key demographic is vital as we aim to put in place services that will efficiently meet the needs of our changing population in the future. With the number of those aged 65 and over projected to increase by 167pc to 1.42 million people by 2046, this demographic is growing by approximately 20,000 a year and will have increased by 111,200 people in 2022. It is vital we engage and capture their views and experiences.

"However, while an increasing and older population brings with it so much opportunities, equally, within an ageing population comes increased prevalence in chronic disease and disabilities.

"As people grow older, additional challenges relating to housing, employment and financial security also exist. It is vitally important to understand these issues so that we can take action now to better support people to age well," added Dr O'Keeffe.

Pictured at the launch of the Positive Ageing Report and Research Fund & Awards Call were, left to right, Dr Stephanie O'Keeffe, National Director, Health & Wellbeing Division; Sinead Shannon, Project Manager, HaPAI, Dept of Health; Carmel Murray, Positive Ageing Advocate; Helen McEntee T.D., (former) Minister of State for Mental Health & Older People; and Dr Breda Smyth, HSE Lead, HaPAI.

PUBLIC CONSULTATION ON HOME CARE SERVICES – HAVE YOUR SAY

MINISTER for Health, Simon Harris, TD, and Minister of State for Mental Health and Older People, Jim Daly, TD, announced a public consultation process on home care services. This process will help inform the development of a new statutory scheme and system of regulation for home care services in Ireland. Details can be found on www.**health.gov.ie/blog/press-release**

The consultation paper is particularly aimed at people who use home care services, their families and the general public. However, everyone with an interest including health and social care providers; health and social care workers; advocacy groups; those providing complementary services (such as meals-on-wheels and social activities); and representative organisations is welcome to participate. If you would like to contribute to this public consultation process you will find the consultation paper online at **http://health.gov.ie/consultations**

The closing date for submissions has been extended until 2nd October 2017.

This consultation paper is the start of a broader consultation process on home care.

The Department will also be consulting by:

- Meeting with individuals and groups to find out directly what they think;
- Meeting with home care service provider organisations and other organisations that represent people who use home care services so they have the opportunity to put forward their views; and
- Asking everyone with an interest in home care services what they think of the plans when they are developed.

A report of the findings of the consultation process will be published.

AGEING POPULATION BRINGS OPPORTUNITIES AS WELL AS CHALLENGES, ASSEMBLY TOLD

AS part of its programme of work to consider some of the most important issues facing Ireland's future, the Citizens' Assembly recently convened meetings in June and July to discuss how we, as a society, best respond to the opportunities and challenges of an ageing population.

The subject was discussed at the Citizen Assembly meetings over four days in June and July. Following deliberation by the Assembly members, their conclusions on each topic will form the basis of individual reports that will be submitted to the Houses of the Oireachtas for further debate by our elected representatives.

Members of the Assembly heard from older people and their personal experiences of continuing to live at home and living in residential care. They also heard presentations from medical, statistical and social care practitioners, including Dr Diarmuid O'Shea, Consultant Physician in Geriatric Medicine, St Vincent's Hospital and Dr Michael Browne, Research Consultant, SAGE.

Pat Healy, HSE National Director Social Care addressed the Assembly and focussed on the current practices in Ireland and how citizens can access the system through services provided by the HSE or its funded agencies. Topics included the continuum of care to support people through their life cycle, integrated care, community services, primary care teams and networks and facilitating independent living.

Mr Healy said; "I was delighted to have the opportunity to speak at the Assembly in June. In Ireland, as in many other countries, we are now living longer and better lives. This means we have to make changes now to ensure we can provide well-planned, well-co-ordinated care for older people when and where they need it. If Ireland is to create the conditions to support our citizens in a way which facilitates independent living, this will require a cross-sectoral, community based approach to support the predominant choice of older people to live their lives in their own homes and communities."

REGULATOR CORU LAUNCH FIVE-YEAR STRATEGY

CORU have launched their five-year strategy to deliver a sustainable model of regulation for health and social care professionals. It currently regulates over 9,000 professionals.

This is expected to grow to over 30,000 professionals over the next five years when all 15 designated professions are regulated, making CORU will be the second largest regulator of healthcare professionals in Ireland.

At the launch, Minister Simon Harris said; "My Department is strongly committed to patient safety through the provision of robust, independent, statutory regulation. I will continue to develop regulatory policy and legislation to ensure a comprehensive system of regulation for health and social care professions so that all patients can have confidence in the quality of care they receive. CORU is playing an important role in protecting the public by setting up and maintaining new regulatory machinery for the State's health and social care professions, and this work is greatly valued."

Over the next five years CORU anticipates that the complexity of its Registers will increase, reflecting both the increase in registrants and increased labour mobility resulting in more applications to CORU from professionals with international qualifications. It also expects the number of Fitness to Practice Hearings to increase in line with the increase in professionals being regulated.

HSE FOOTBALLERS HEAD TO AUSTRIA

The football squad who voluntarily represented the HSE in the recent European Health Services Workers Football competition, pictured as they headed from Dublin on a flight to Vienna for the event. To find out how they got on, see the winter edition of Health Matters.

IRISH PIONEERING 'HANDOVER BAG' INITIATIVE INSPIRES AUSTRALIAN CARE

THE ground-breaking hospital 'handover bag' initiative is being copied in Australia to improve care provided to patients at end of life and their bereaved families and friends.

The handover bag concept was first introduced in Irish hospitals as part of the Irish Hospice Foundation's pioneering Hospice Friendly Hospitals Programme (HFH) which is marking its tenth anniversary this year.

Marie Lynch, Irish Hospice Foundation (IHF) Head of Healthcare Programmes said: "The principle of the family handover bag is to promote a dignified and sensitive way of returning the deceased patient's personal belongings to the family.

"A high quality bag should be used in place of a plastic bag.

"It's one of the initiatives introduced by HFH in Irish hospitals over the past decade in partnership with the HSE to bring hospice principles into hospital settings.

"Since its inception in 2007, the Hospice Friendly Hospitals programme has grown tremendously and this is down to individuals across Ireland who have worked tirelessly to raise awareness and improve the quality of end-of-life care. "

The specially designed handover bags carry the end-of-life symbol which was introduced to hospital settings as part of the HFH programme.

Healthcare professionals in Queensland, Australia have now followed Ireland's lead and developed their own end-of-life symbol and handover bag.

Wendy Pearse from Sunshine Coast Hospital and Health Service's (SCHHS) End–of-Life Care Committee said she learned about HFH on social media.

Ms Pearse said hospitals can do better "than plastic bags" when returning patient possessions to bereaved relatives and friends.

She said: "After being inspired by the Irish programme we developed an Australian take on handover bags and a few other resources. The aim of the handover bags is to convey to the family and staff that whilst the person was a patient with us, we cared for them and respected them.

"We will treat their belongings with the same care and dignity that we showed to the person who died."

HFH was introduced to bring hospice principles into hospital settings. An average 30,000 deaths occur in Ireland every year. Approximately 48pc of those people will die in an acute hospital.

The tenth anniversary of the HFH programme was marked recently at an HFH Acute Hospital Network meeting in Cork. Leaders in end-of-life care from more than 40 hospitals linked to the HFH are members of this network which meets on a regular basis throughout the year.

Mary Casey, Clinical Nurse Manager, St James' Hospital, pictured with the bag.

> "Since its inception in 2007, the Hospice Friendly Hospitals programme has grown tremendously and this is down to individuals across Ireland who have worked tirelessly to raise awareness and improve the quality of end-of-life care

The HSE and IHF announced a Joint Oversight Group of the Hospice Friendly Hospitals Programme earlier this year.

It was formed to further embed the Hospice Friendly Hospital Programme within HSE structures. It is also examining ways to expand and develop the programme across the hospital system where possible.

Dr Ciarán Browne, HSE Acute Hospital Division said: "We are very pleased to continue and extend our close working relationship with the Irish Hospice Foundation on the Hospice Friendly Hospital Programme.

"We recognise the importance of this work to patients, their families and staff. The HFH Programme supports our goal of creating a caring and compassionate environment across our hospital system."

For further information contact: Jane Flynn **jane.flynn@hospicefoundation** 087-2356801 or Petrina Vousden at **petrina.vousden@hospicefoundation.ie**

HEALTHY EATING INITIATIVES EARNS ST LOUIS SCHOOL A NATIONAL AWARD

ST Louis Community School, Kiltimagh, Co Mayo, won the National Award at the recent Eco-UNESCO event held in Dublin recently.

Over 650 young people from across Ireland and Northern Ireland were honoured at the 18th annual ECO-UNESCO Young Environmentalist Awards Showcase and Awards Ceremony at the Round Room of the Mansion House, Dublin.

The event is Ireland's largest celebration of youth ECO-action and is held to recognise and reward the hard work of young people island-wide for their hard work protecting and conserving their local environment. The St Louis entry focused on showcasing all the 'Healthy Eating' initiatives that they carried out within their school.

St Louis CS has been engaging with the Health Promotion School (HPS) Project with Health Promotion and Improvement Services, HSE over the past number of years. The Healthy Ireland Health Promoting Schools (HPS) Flag was presented to the school in September 2016 as an acknowledgement of all their work in promoting Healthy Eating in their school. To achieve this accolade, schools follow a process whereby the whole school community (parents, staff and students) work together to their priority area, Healthy Eating in this case, across four pillars; the environment (social and physical), the curriculum, policies and partnerships.

The HPS liaison contact in the school is the Home Economics teacher Regina Anderson. Regina co-ordinated and supervised the various projects and activities carried out by the school HPS committee, across four key pillars, mentioned above. Having achieved great success within the school, Regina entered their school into the ECO-UNESCO School competition. Hundreds of post primary schools entered the completion initially, which was whittled down to 84 finalists.

Over the past number of months thousands of young people have been working tirelessly carrying out action projects, implementing innovative, creative and inspiring solutions to local and global environmental issues.

St Louis took home one of the prestigious prizes, winning the Eco Health and Wellbeing section.

Paul Gillen, Health Promotion and Improvement stated that, "Winning this award is a fitting recognition of all the fantastic work that Regina and her HPS committee carried out within the school.

"Not only will it lead to sustainable positive health behaviours among the pupils of St Louis community school but it is now a beacon for other schools to emulate."

SUNDAY'S WELL REBELS TRAVEL TO SPAIN WITH CHO'S SUPPORT

CORK Kerry Community Healthcare is delighted to have supported The Sunday's Well Rebels, the country's only mixed ability rugby team.

The Sunday's Well Rebels travelled to Spain in August for the International Mixed Ability Rugby Tournament as they bid to hold a World Title they won in 2015.

Cork Kerry Community Healthcare's Health and Wellbeing division backed the team and Head of Health and Wellbeing Priscilla Lynch met with the team to wish them luck.

"Cork Kerry Community Healthcare's Health and Wellbeing division was delighted to support the Sunday's Well Rebels as they prepare to travel to Spain to defend their World Cup title," she said.

"This mixed ability team allows players to play together at competitive level. They spread a very important message that everyone can get involved in sport or exercise, and that they can have fun doing so," she added.

Mixed Ability Rugby is a full contact game played with teams made of players with and without intellectual disabilities and difficulties to play together to the same full-contact, competitive, 15-a-side game governed by World Rugby's rules.

ABOVE: Priscilla Lynch, Head of Health and Wellbeing, Cork Kerry Community Healthcare, hands a cheque over to Alan Craughwell, founder member of the Sunday's Well Rebels.

LEFT: Padraig Sisk; Joe McCarthy, captain; Priscilla Lynch, HSE; Alan Craughwell and James Healy of the Sunday's Well Rebels.
PHOTOS: GERARD MCCARTHY

STAFF AND PUBLIC BOOSTED BY INTEGRATION

MEMBERS of the public and staff will benefit from an interagency project between our Primary Care Reimbursement Service (specifically the National Medical Card Unit (NMCU)) and the Department of Social Protection (DSP) with the delivery of advances in integration of the organisations' computer systems.

The project has just gone live at the NMCU after 18 months of work. The new integrated computer systems provide information from DSP in real time to the National Medical Card Unit in relation to payments by the DSP to individuals. This enables more accurate and efficient processing and integration of services across Government Departments.

All of the information is secure, protected and processed in accordance with the Data Protection Regulations: it will only be used as part of the assessment process. All information will continue to be stored confidentially and securely with access limited to staff who assess eligibility for medical cards.

For anyone applying for a medical card who is already in receipt of a DSP payment, the new system reduces the amount of information they have to provide to the NMCU. The information is used by the NMCU to assess a person's eligibility for a medical card or doctor visit card. It will result in accurate eligibility decisions based on real time information and will speed up the process for the applicant and the staff working to process the applications. The integrated systems replace access to the previous system made available by DSP known as Infosys.

The project team included senior officials from the DSP in addition to staff and senior management from the NMCU, the Processing Teams, Information Management Team, and ICT Department. The project was delivered in 'sprints' throughout 2016 with the integrated system launched in October, followed by user acceptance testing and later by parallel testing.

Welcoming the new development, Anne Marie Hoey, AND Primary Care Schemes and Eligibility, said, "This interface has been a really positive example of cooperation between agencies. The integrated system will enable the NMCU to reduce the amount of information that previously was sought directly from members of the public, in addition to the benefit of improving our processing time for applications."

LATEST PROJECT SEARCH INTERNS GRADUATE AT NAAS HOSPITAL

NAAS General Hospital recently held a graduation ceremony for the Project SEARCH interns who had completed the programme at the hospital. This is a programme that Naas General Hospital has supported and participated in since 2012.

Developed originally in Cincinnati Children's Medical Centre, Ohio, Massachusetts, Project SEARCH is a business-led initiative aiming to transform the lives of young people with intellectual disabilities through internship programmes and employment opportunities in the community.

Speaking at the graduation, Hospital Manager Alice Kinsella said:"We are delighted to have Project SEARCH interns at Naas General Hospital and we are especially thrilled to see our interns graduate from the programme. We will continue to support this wonderful programme that plays a hugely positive role for the participants and for our hospital."

Rosarii Mannion, National Director, Human Resources, HSE, said: "It was brilliant to attend the Project SEARCH intern graduation ceremony, it is a programme that is full of benefits for both the participants and the host organisation."

ABOVE: Rosarii Mannion, National Director of Human Resources, HSE; Christy Lynch, CEO, KARE; Alice Kinsella, General Manager, Naas General Hospital; Sonia Casey, Director of Human Resources Dublin/ Midlands Hospital Group, HSE. BELOW: Brendan Connolly, Project SEARCH intern; Peter Furlong, Operations Manager, KARE; Trish Cribbin, Project SEARCH Coordinator, KARE; Annie Power, Project SEARCH Coordinator, KARE; Alice Kinsella, General Manager, NGH; Rosarii Mannion, National Director of Human Resources, HSE; Christy Lynch, CEO, KARE; Sonia Casey, Director of Human Resources Dublin/ Midlands Hospital Group, HSE; Peter Nolan, Project SEARCH intern; Fionán Malone, Project SEARCH intern; Ricky O'Neill, Project SEARCH intern; Cian Brennan, Project SEARCH intern; Project SEARCH intern; Dillon Harmon Dunne, Project SEARCH intern; Kim O'Kelly, Project SEARCH intern; Aisling Coyle, Project SEARCH intern; Teresa Reilly, Project SEARCH intern.

HEALTH AND WELLBEING THE PRIORITY OF NEXT 100 YEARS

AN initiative which aims to boost the national movement for health and wellbeing was recently launched by Healthy Ireland Council Chair Keith Wood.

The first phase of the new Healthy Ireland Network has been established by the Council to get all types of organisations across the country to sign-up to combined efforts to improve health and wellbeing.

The event in Dublin Castle was attended by members of the Healthy Ireland Council and representatives from a wide range of organisations around the country.

Minister for Health Simon Harris said the Healthy Ireland Framework provided a blueprint for maintaining a healthy population and shifting the focus more towards preventing ill health and promoting wellbeing.

"The Healthy Ireland Framework sets out a blueprint for how we go about addressing the many public health challenges we have such as the rise in chronic diseases. These are challenges not just for the health services but for the government and country as a whole. We have made a good start in implementing Healthy Ireland and I wish to publicly acknowledge the commitment and contribution of other Ministers and their Departments to this agenda.

"However all parts of society need to be involved for health and wellbeing policies to have maximum impact and to reduce health inequalities. The Healthy Ireland Council and Network are so important to this. This new Network will help create a critical mass to generate a fundamental shift in how we think and act on health and wellbeing, and the many factors that can impact on people's quality of life."

Keith Wood, Chair of the Healthy Ireland Council, said: "The establishment of the Healthy Ireland Network was partly inspired by the dialogue we had as a country in 2016 when we asked people what they thought our priority should be for the next 100 years. The answer was, without a doubt, the health and wellbeing of the people living in Ireland. The Healthy Ireland Framework provides us with an opportunity to embrace that challenge and foster a culture where health and wellbeing is prioritised for all, by all. We look forward to working with the wider Network to bring Healthy Ireland to life in every corner of the country."

The event was concluded by Keith inviting everyone present to sign up to a Healthy Ireland Network 'Charter' to visibly demonstrate their support for the vision, values and aims of the Network.

The initial membership of the Healthy Ireland Network was nominated by the Healthy Ireland Council and includes a wide range of organisations including those representing Local Authorities, Government Departments, sports bodies, voluntary, community and charity sector organisations, cancer support organisations, Traveller support organisations, advocacy groups for older people, healthcare professional bodies, unions and professional representative bodies, business groups, educational institutions and private sector companies.

The event also included a 'showcase' of various campaigns and initiatives supported by or partnering with Healthy Ireland. These included: HSE National Cancer Screening Services, HSE campaigns (QUIT, Little Things, Dementia UnderstandTogether, ask about alcohol, Get Ireland Active, healthy eating), Sport Ireland, GAA Healthy Clubs, parkrun, Get Ireland Walking, Sport Ireland, Active School Flag, Spun Out, safefood, Healthy Cities and Counties.

QUALITY ASSURANCE AND VERIFICATION DIVISION WINS AWARD

AT the Enterprise Risk Network Conference on June 8th 2017, in the National Botanical Gardens, the State Claims Agency (SCA) presented awards to a number of Delegated State Authorities (DSA) to acknowledge their work in enterprise risk management and commend the continuous improvement of working together to manage risk across the State sector.

The Quality Assurance and Verification Division, on behalf of the HSE, was successful for its outstanding engagement with the State Claims Agency on the implantation of National Incident Management System (NIMS).

Brid Ann O'Shea, Business Manager for the QAV Division, receives the award from Chief Executive of the NTMA, Conor O'Kelly, and retired rugby international, Alan Quinlan.

'TOO MANY LIVES HAVE BEEN LOST BY PEOPLE HAVING TO BE TOO STRONG FOR TOO LONG'

CONNECTING for Life Cavan and Monaghan Suicide Prevention Action Plan 2017 -2020 was launched by TD Helen McEntee in Cavan Institute recently. This local action plan is based on the same vision, goals, objectives and measurable outcomes as outlined in Connecting for Life, Ireland's National Strategy to Reduce Suicide 2015 – 2020.

Connecting for Life sets out a vision where fewer lives are lost through suicide, and where communities and individuals are empowered to improve their mental health and wellbeing.

Alison O' Reilly, service user and consumer panel member, speaking at the launch, insisted that 'too many lives have been lost by people having to be too strong for too long'.

"I believe that this action plan has the potential to help individuals avail of effective preventative measures that will save lives."

Padraig O'Beirne, Area Director of Nursing and Chair of the Cavan Monaghan Suicide Prevention Steering Group, said, "The community were consulted through a variety of methods including public meetings, focus groups, facilitated workshops and postcard and online survey submissions. The broad selection of mechanisms employed to engage with the general public and with specific target groups led to over 1,100 persons participating in the process representing a wide cross-section of the community."

Feargal Leonard, Acting Executive Clinical Director of Cavan Monaghan Mental Health Service said, "Connecting for Life Cavan and Monaghan has 62 distinct actions based on the National Strategic Goals and Objectives. These actions will ensure that the people of Cavan and Monaghan have a better understanding of suicidal behaviour, that communities are supported to respond to and prevent suicidal behaviour, that there are targeted approaches for people that are more vulnerable, that access to and consistency of services are improved and that these services are safe and of high quality."

There have been significant developments in Cavan and Monaghan in the area of suicide prevention over the past two years. During 2016, a range of suicide prevention training programmes were delivered resulting in 450 people receiving training in safeTALK (suicide alertness training) and 131 people trained in ASIST (Applied Suicide Intervention Skills Training). Further staff have been trained locally to increase capacity to deliver these courses to those who need them.

Other recent developments include the employment of a Clinical Nurse Specialist, specifically for Self Harm presentations in the Emergency Department of Cavan General Hospital. The Mental Health Service has also developed a Psychiatric Liaison Team, initially comprising of a consultant psychiatrist and two clinical nurse specialists. This team is operating from within Cavan General Hospital.

In launching Connecting for Life Cavan and Monaghan, Helen McEntee thanked all those involved. "The Cavan Monaghan Suicide Prevention Steering Group was established in June 2016 with the aim of developing an integrated action plan to assist in the prevention of suicide and self-harm and the promotion of positive mental health in Cavan and Monaghan. The plan launched today is the result of the hard work of a large number of individuals, community groups, statutory and non-government agencies, working together to promote positive mental health. I congratulate all involved in the creation of this plan."

ABOVE: Speakers at the 'Connecting for Life' Suicide Prevention Action Plan 2017 - 2020 which was launched in Cavan Institute. From left: Emer Mulligan, Suicide Resource Officer; Gerry Raleigh, Director of NSOP; Helen McEntee TD; Alison O'Reilly, consumer panel member; Fergal Leonard, Acting Executive Clinical Director of Mental Heath Services Cavan/Monaghan; Padraig O'Beirne, Director of Nursing, Mental Health Cavan/Monaghan. TOP OF PAGE: Helen McEntee with some local students.

MORE INFORMATION

For more information on Connecting for Life Cavan and Monaghan and to access the full document, go to **www.connectingforlifecavanmonaghan.ie**

If you, or someone you know needs support, you can find information on **www.yourmentalhealth.ie** or Freecall Samaritans on **116 123** for a listening ear.

She concluded, "This Cavan Monaghan suicide prevention plan sets out a roadmap to address suicide and self-harm. It is important that we all continue to work together, at all levels, to identify people at risk and to ensure that appropriate services are in place to provide the help and support needed. If we do this, I believe that we will achieve our goal of fewer lives lost to suicide."

Patient Paul Herriott, centre, with Prof Niall O'Higgins, Chairman, UL Hospitals Group, and Jim Canny, Chairman, MidWestern Hospitals Development Trust at the opening of the Charles Centre for Dermatology at UHL.

SPECIALISED DERMATOLOGY SERVICES ARRIVE AS €2.2M LIMERICK CENTRE OPENS

THE new home of specialist dermatological services at University Hospital Limerick provides new treatments, added capacity and a much improved environment for patients with skin conditions and cancers from all over the MidWest.

It is the first time the people in the region have received specialist dermatological services in a purpose-built department in UHL, where dermatology until recently operated from a single dedicated room.

The Charles Centre for Dermatology, which occupies the entire fifth floor of the Leben Building, was developed by the Mid-Western Hospitals Development Trust. With construction costs of approximately €2.2 million, the new unit was made possible through the generous funding of the JP McManus Invitational Pro-Am.

In addition, the Mid-Western Hospitals Development Trust supported the purchase of a Reflectance Confocal Microscope (RCM) at a cost of €150,000 in 2011. This was the first RCM to be available for full-time use in a dermatology department in Britain and Ireland. It enables a virtual non-invasive biopsy of the skin and enhances diagnosis of skin cancers.

Janice Hehir, a patient from Corbally, said: "I have psoriasis and I have been attending the dermatology services in Limerick for many years. There is no comparison between the old and new environment. Before you would wait on what could be any old outpatients corridor whereas now you are in a proper self-contained clinic with separate waiting, consultation and treatment areas. Whereas before you would have to roam around the hospital between the waiting area and the light therapy room, now everything is all under one roof. It is bright, it is spacious and you don't feel as cramped or rushed. For patients, things like that can make an enormous difference."

BELOW: Dr Bart Ramsay, Consultant Dermatologist, UL Hospitals Group, talks CEO Prof Colette Cowan through the finer points of confocal microscopy at the official opening of the Charles Centre for Dermatology at UHL.

LONG-TERM ILLNESS SCHEME

THE Long-Term Illness (LTI) scheme is a community health scheme that has been in existence for many years. It supports people who are diagnosed with a specified long-term disease or disability to access a range of medicines from their community pharmacy free of charge.

The HSE has recently updated the application form and developed a new easy to read information leaflet for applicants. Both the form and leaflet have been approved by NALA the national adult literacy association.

As a HSE staff member you may have services users and patients who might qualify for the LTI scheme. Applicants must first establish that they qualify for this scheme by submitting the Long-Term Illness Application Form to their local HSE Community Health Organisation.

The following diseases and disabilities are covered by the LTI scheme

- Intellectual disability (this is described in legislation as 'mental handicap'.)
- Hydrocephalus.
- Cerebral palsy.
- Muscular dystrophy.
- Haemophilia.
- Diabetes mellitus.
- Diabetes insipidus.
- Epilepsy.
- Multiple sclerosis.
- Parkinsonism.
- Cystic fibrosis.
- Phenylketonuria (PKU).
- Acute leukaemia.
- Spina bifida.
- Mental Illness – only for people under the age of 16 years.
- Thalidomide – for conditions arising from the use of this drug.

Further information is available on the HSE website at **www.hse.ie/LTI**

SUAIMHNEAS CLUBHOUSE MEMBERS TAKE 'EXCITING VOYAGE OF DISCOVERY'

MEMBERS of Suaimhneas Clubhouse HSE/EVE were recently awarded certificates by Sean Haughey TD for their participation in self-advocacy training, delivered by The Irish Advocacy Network.

14 members of the clubhouse successfully completed the training - the objective of which was to develop the learners' skills, confidence and self-awareness to enable them to speak for themselves. The course also encouraged learners to consider options and make decisions about their future. The course was run over eight days, with a certification ceremony taking place in the Darndale Belcamp Village Centre Conference Room.

Staff and members attended the ceremony, which was opened by Suaimhneas member Liam Fitzgerald. Family, friends and special guests from a number of local agencies and organisations including the HSE Mental Health Engagement Office were also in attendance.

Participants Thomas Crosby and John Hughes delivered speeches about their experience on the course, what they learned and how they felt it helped them. Liam Fitzgerald also spoke about how the 14 members were taken on a "most exciting voyage of discovery, learning how to empower ourselves to seek to cultivate an independent, fulfilled, happy life."

Manager of Suaimhneas Claire Brennan addressed everyone in attendance and explained how the self-advocacy training was part of the clubhouse's development programme for 2017, with one of the key objectives being "to enhance the skills, talents and abilities of its members, enabling them to further connect to the community and achieve active citizenship". Claire also spoke about how Suaimhneas members are intricately involved in all aspects of Clubhouse operation and promoting the rights of those who experience mental health difficulties.

Suaimhneas Clubhouse is an innovative, member-led community based model for people with mental health difficulties. Clubhouse offers life-long membership and is built on the belief that every member can sufficiently recover from the effects of mental ill health and lead a personally satisfying life.

For more information about Suaimhneas Clubhouse, contact them on **087-0579105**

Email: **suaimhneasclubhouse@eve.ie**

Web: **https://suaimhneasclubhouse.wordpress.com**

NEW OUTPATIENT FACILITIES IN PORTLAOISE WILL REDUCE OVERCROWDING

NEW outpatient facilities have been officially opened at Midlands Regional Hospital Portlaoise. These works commenced last year with the refurbishment of office accommodation on the campus and were funded under the minor capital works.

The space on the campus became available due to the relocation of the Department of Child Psychiatry at the hospital to the St Fintans Campus last year. The refurbishment works that were just recently completed comprises of the development of nine consulting rooms; a waiting area; reception and associated service facilities.

An additional €350,000 has been approved under the minor capital works for 2017 that will further advance the programme of works currently underway in the hospital.

Hospital Manager Michael Knowles said, "This new development is a positive development for the hospital and will, in the medium term assist the hospital reduce overcrowding in the existing outpatient facilities. The hospital is estimating that in 2017 we will treat over 40,000 outpatients, this underpins the importance of these new facilities opening at the hospital.

"The new facility accommodates a range of services including paediatric outpatient services, ophthalmology outpatient services and new-born hearing screening services. The consulting rooms are designed to be utilised by other outpatient specialties if required.

He concluded by saying, "The new outpatient facilities became fully operational at the beginning of the March and we are delighted with the impact it has had in its first few weeks. We are committed to developing sustainable services at Portlaoise Hospital that will deliver best outcomes for patients and the additional €350,000 approved for 2017 will assist us in achieving this."

INTERCULTURAL PROJECTS AIM TO IMPROVE HEALTH OUTCOMES FOR MINORITIES

THE HSE's social inclusion services in the south east have launched four reports focused on intercultural health care work.

The HSE's Community Healthcare Organisation Area 5 (South East), as part of the National Intercultural Health Care Strategy, are aiming to improve the health outcomes for minority and vulnerable communities.

In the south east, a number of creative and innovative models of working have been developed that support both service user and service provider and that are designed to address the gaps and barriers preventing equitable health outcomes.

Hosted at the Edmund Rice Cultural Centre in Waterford, the official launch also featured the presentation of certificates to community knowledge workers and peer health advocates in the asylum seeker, and Roma communities who were participants in an intercultural healthcare pilot project.

Diane Nurse, the HSE's National Lead in Social Inclusion, launched four reports:

The Intercultural Healthcare Pilot Project Report: A partnership pilot project between the HSE and the Integration and Support Unit (ISU) to develop model of intercultural healthcare with and for Asylum Seekers. The ISU at Mount Sion was established by The Edmund Rice International Heritage Centres (ERIHC) in 2006, to respond to the needs of refugees, asylum seekers and immigrants in the Waterford area.

Towards Care, Compassion, Trust and Learning: Evaluation for the HSE (CHO 5, the South East) Social Inclusion Dept. on health care and promotion work with the Roma Communities in counties Waterford and Wexford.

The Atelier Roma Men's Programme: Evaluation of a workshop/skills based, developmental programme with primary health care and English language module for Roma men.

Intercultural Awareness and Practice in Health and Social Care: Guide to a model of training developed in HSE (CHO 5, the South East) Social Inclusion Dept to support staff in service delivery on a "Train the Trainer" basis.

Speaking at the launch, Ms. Nurse said: "The HSE's National Office for Social Inclusion supports equal access to health services for people from vulnerable groups and it's clear that Community Healthcare Organisation Area 5 (the South East) has been very active in progressing this important work. The broadening of diversity resulting from the rich mix of cultures within Ireland has significantly enriched the fabric of social, economic and cultural life in Ireland. At the same time, this emerging diversity presents challenges for health services when responding to the needs of people from diverse ethnic and cultural backgrounds."

"It is acknowledged that people from minority ethnic groups are at increased risk of poverty and social exclusion. Irish Travellers, asylum seekers and refugees are especially vulnerable – as instanced in the HSE's National Intercultural Health Strategy, which has provided the framework within which the health and support needs of people from diverse ethnic and cultural backgrounds are being addressed. As reflected at the launch here in Waterford, the certificates being presented and the reports being launched are an indication of work being done by the HSE, in co-operation with other agencies and with members of the community themselves in addressing some of those challenges."

Jeanne Hendrick, General Manager, Social Inclusion/Community Healthcare Organisation Area 5, the South East, chaired the occasion at the Edmund Rice Cultural Centre. Anne Nolan, Project Co-ordinator, the Integration and Support Unit, helped to present the Certificates. As part of illustrating the reports launched, the occasion was also addressed by Victoria Kalimo Rosette, Health Outreach Worker, the Integration and Support Unit; Tony Quilty, Social Inclusion Specialist, HSE Mid-West and National Intercultural Health Lead; and Alex Petrovics, Roma Health Advocate, Ferns Diocesan Youth Services.

ABOVE: At the presentation of certificates to Community Knowledge Workers who participated in the Intercultural Health Pilot Project, are pictured from left: Funmi Ganiyu, Resettlement Volunteer; Osas Iyamu Usideme, South Tipperary New Communities Health Worker; Tony Quilty, Social Inclusion Specialist HSE Mid West & National Intercultural Health Lead; Diane Nurse, HSE National Lead Social Inclusion; Olesugan Sunday Olaleye, Health Support Worker Clonea EROC; Victoria Kalimo Rosette, Health Outreach Worker ISU; Mirela Vlasceanu, Roma Health Outreach ISU and Jeanne Hendrick, GM HSE Social Inclusion CHO 5. BELOW: Members off the Roma Community of Wexford and Waterford pictured at the Intercultural Reports Launch at the Edmund Rice Heritage Centre. Also included are Kieran Donoghue, FDYS; Suzanne Nolan, HSE Social Inclusion; Garda Finbar O'Sullivan; Jim Dempsey, tutor; Jim Bruton, Roma Co-ordinator and Stephen Plunkett, Manager, Ucasadh.

'EFFECTIVE REPRESENTATION PROGRAMME' COMPLETED BY 12 PARTICIPANTS

TWELVE health and social care professionals (HSCPs) recently completed a new programme designed to support them when taking up roles on national groups and committees with maximum effect.

The 'Effective Representation Programme' was developed as a result of a collaboration between the National Health and Social Care Professionals (HPSC) Office of the National Human Resources Division and Professional Bodies along with internal Organisational Design support from Human Resources.

Key priorities of the National HSCP Office and the HSCP Education and Development Strategy are to ensure the full potential of Health and Social Care Professions is realised in the design, planning, management and delivery of services.

The programme was designed to provide knowledge, skills and support for effective representation and build on participants' existing expertise, experience and skills.

Each programme was tailored to the participant's own development needs and the needs of the group with each participant developing their own personal development plan.

It was also designed to provide opportunities to the participants be connected to a wider network of peers for support and sharing learning and to influence outside their usual clinical sphere.

The programme was divided into three modules which covered the challenges and competencies required, working with committees and networks, personal learning and preparing for handovers.

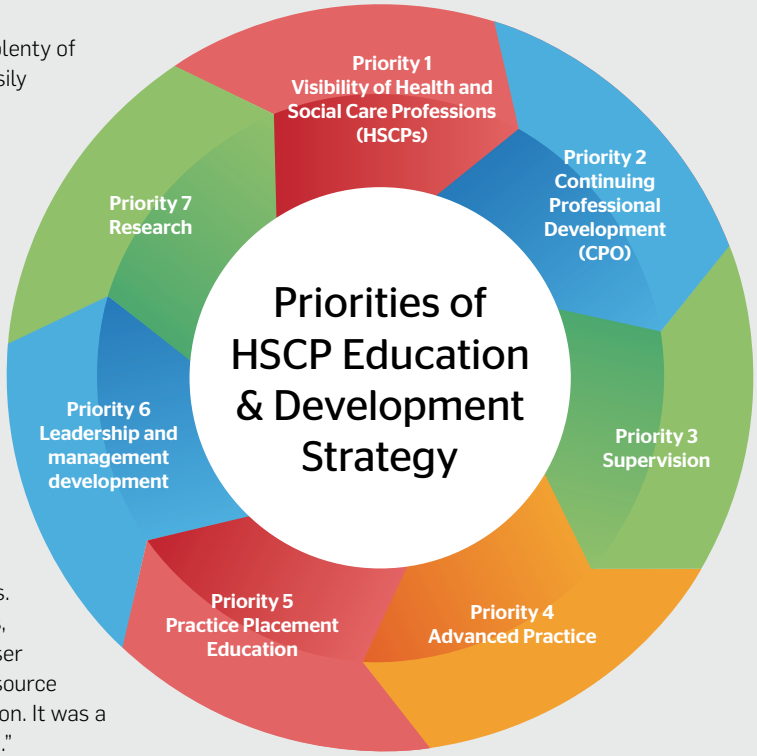
The 12 participants were selected from an extensive number of applicants, having regard to a mix of professions, groups, service and geographic spread.

The materials generated by the programme are being are being collated into a toolkit which will be made available on the HSCP hub on **www.hseland.ie**

The group is planning to stay in contact and form a wider support network. It is planned to run a second programme this year and others in 2018 further evaluation of the programme.

Here is some feedback from participants who completed the first programme:

"It was well paced with clear learning outcomes, there was plenty of group work and we easily became immersed in each topic. We were encouraged to think and work in new ways, the experience was sometimes challenging and sometimes enlightening. Overall, I found the experience extremely valuable on a personal and professional level, and it was a great way to connect with a wider network of peers. Over the three months, the group became closer and became a valued source of support and validation. It was a pleasure to participate."



"A course that I feel personally will hugely influence my current role, how I approach my day to day work and has given me much food for thought with regard to my future career direction. I can already on a daily basis see how the ripple effect of the course is having positive influence across a wide breath of health service engagements, way over and above national committee representation."

"The course, I have to say, exceeded my expectations, not only by directly influencing my practice on national bodies, but also in my normal working practice. Since the course ended, I have had a number of opportunities to engage with my group and with my wider Network and I really feel that I have become more effective with my work and the input I can make. I think I am only scratching the surface of my ability and how I can effectively influence change. Thank you for the opportunity to participate on the course and I hope that others get to experience the growth and development that I have."

ADVANCING RECOVERY TARGETS CULTURAL CHANGE IN MENTAL HEALTH SERVICES

ALMOST 300 people from across the nine CHOs and the National Forensic Service attended the Recovery Fair 2017—Collaboration, Partnership and Co-Production, which took place in Kilkenny. The aim for the day was to demonstrate in action the Collaboration, Partnership and Co-Production happening right across all mental health services and to share and to learn from each other. Together we are stronger; together we can achieve more recovery-oriented services.

The programme was very full, with six themed workshops facilitated by experts in the areas of Recovery. Participants heard about Recovery Education from a whole systems approach, Recovery Colleges, the integration of the lived experience into the services, Involvement Centres, the Recovery Framework, and Co Production. These workshops allowed for participants to learn more about and share information and experiences with the goal of developing these initiatives in their own areas.

The Brag and Steal exhibition space was a hive of activity with lots of sharing and learning going on all day. This space allowed for gathering information to help to replicate the recovery initiatives that are working in other mental health services. The evaluation cited the 'energy, enthusiasm, networking and topics' as highlights from the day.

The success of the event would not have been possible without the speakers, workshop facilitators, participants and volunteers. A key event on the day was the formal launch of the Recovery College South East, providing recovery education for counties Kilkenny, Carlow, South Tipperary, Waterford and Wexford.

Advancing recovery in Ireland is one of the HSE national initiatives aimed at bringing about the organisational and cultural change in mental health services necessary to support our services in becoming more "recovery-oriented".

"We have a small but close knit national team," said Catherine Brogan, ARI's Managing Partner alongside Gina Delaney. The team is also made up of Aisling Duffy, National Development Officer with responsibility for developing a Recovery Education framework, evaluation and communications, and Jackie Farrell who provides administration support.

"Gina and I work closely to support the 19 Recovery Committees throughout the 9 CHOs, including the Central Mental Hospital, as they advance recovery in practice in their local mental health services."

Catherine brings extensive mental health nursing, management and NGO experience and Gina 's expertise includes the lived experience of supporting a parent with mental health difficulties and management within the NGO sector.

"Working together we are expert by experience and expert by profession ensuring a collaborative approach to recovery across mental health services in Ireland," said Gina.

With the continued expansion of ARI, the future Learning sets will be regionalised (grouping CHOs).This will allow the opportunity for more people to contribute and shape the Learning Sets relevant to their CHO needs.

To find out more about advancing recovery in your area please email **jackie.farrell@hse.ie** or visit **www. hse.ie/advancingrecoveryireland**

HEART FAILURE AWARENESS DAY AT NENAGH HOSPITAL

OVER 50 people attended a Heart Failure Awareness Event in Nenagh Hospital and heard first-hand from patients about their experiences in the heart failure clinic and in cardiac rehab.

There was plenty of information and advice around heart health from specialist nurses, dietitians and physiotherapists during an event that coincided with International Heart Failure Awareness Week.

Nenagh Hospital runs a specialist nurse-led heart failure clinic for outpatients and also runs cardiac rehabilitation classes for around 80 patients per year.

Cardiac rehabilitation helps you to recover when you have a heart condition. It empowers participants to make changes in their lifestyle to improve their health and wellbeing.

Cardiac rehabilitation helps you recover if:

- You have had a heart attack
- You have had angioplasty and stent inserted
- You have Stable Heart Failure
- You have had Coronary Artery Bypass Grafting (CABG)
- You have had Surgery for a Heart Valve
- You have had an Automated Implantable Cardiac Defibrillator (AICD) inserted

The Nenagh event was promoted in advance through local media and was attended by members of the public as well as staff.

Patients spoke of their appreciation for having access to specialist services in their local hospital, including Peter Thornton, from Nenagh, who said, "After nearly three years of heart difficulties, I ensure that I attend regular clinics here in OPD in Nenagh and have never cancelled any appointment or failed to fulfil one."

MAYO STARS MAKE HOSPITAL VISIT

Members of the Mayo football team with hospital staff during a visit to Sacred Heart Hospital, Castlebar.

AMBULANCE SERVICE GOES LIVE WITH ELECTRONIC PATIENT CARE REPORT SYSTEM

THE HSE National Ambulance Service (NAS) and eHealth Ireland are delighted to announce the 'go live' of the Electronic Patient Care Report (ePCR) system within the NAS.

The ePCR will allow the collection of patient data on a handheld computer (tablet), where patient information will be entered into the ePCR by a paramedic touching the screen and selecting various options available to them in response to the questions they ask and the care they provide.

This system replaces the paper system currently used and will help the National Ambulance Service (NAS) to deliver high quality patient centred care. ePCR will initially operate from two ambulances in the South region.

Speaking about the ePCR, Prof Cathal O'Donnell, Medical Director of NAS, said, "Your ePCR will form part of your health record. It lasts for your lifetime. Your record will not be stored on the tablet, but it will be stored confidentially, securely and will only be used by your healthcare professionals. We introduced this technology in two ambulances earlier this month in Cork, and we will roll this solution out to all ambulances within the next 18 months or so."

Martin Dunne, Director of the HSE National Ambulance Service added, "Using the ePCR will become the standard way that Paramedics within the National Ambulance Service document the care they provide. It will help to identify you and your medical records, while also allowing us to transfer some of your health information, such as your pulse rate, blood pressure, SpO2%and ECG readings to the receiving hospital before the ambulance arrives. It will also allow us the opportunity to analyse illness and injury patterns which will help with health service planning into the future. This is an important step within NAS and for the patients we care for, while working towards building a better, safer health service."

Richard Corbridge, Chief Information Officer, HSE and Chief Officer of eHealth Ireland, said, "This is another step along the journey of delivering eHealth solutions for the Irish healthcare system. ePCR will offer benefits to patients and staff alike through a secure digital platform."

For more information on ePCR visit **www.nationalambulanceservice.ie/ePCR**

ASTHMA BRINGS SOMEONE TO AN ED EVERY 26 MINUTES

A SEMINAR took place at Midlands Regional Hospital Portlaoise (MRHP) to promote and improve awareness of asthma. The seminar was well attended and saw contributions from Michael Knowles, Hospital Manager, MRHP; Dr Tariq Muhammad, Consultant Paediatrician with respiratory and allergy interest; and the Asthma Society of Ireland.

Every 26 minutes someone visits an Emergency Department in Ireland because of asthma. Ireland has the fourth highest prevalence of asthma in the world with 9.8pc of the population suffering from the condition.

Speaking at the event Dr Tariq Muhammad said: "It is extremely important that we continue to highlight the condition of asthma so that patients and families know how to react in case of an attack. You are four times more likely to go to hospital with asthma if you don't have an asthma action plan. I would encourage all patients with asthma to ensure that they follow the simple five-point process if an attack occurs:

1. Take two puffs of your reliever inhaler immediately;
2. Sit up and stay calm;
3. Take slow and steady breaths;
4. Take one puff of your reliever inhaler every minute;
   a. For adults and children over six years of age – up to 10 puffs per 10 minutes;
   b. For children under six years of age – six puffs in 10 minutes;
5. Call 999 or 112 if symptoms do not improve after 10 minutes or you are worried.

Dr Muhammad said: "Patients who have completed this five stage process should repeat step four if an ambulance does not arrive within 10 minutes of them calling one."

Obesity levels stabilising but serious

AT LEAST ONE IN FIVE CHILDREN OVERWEIGHT

CHILDHOOD obesity levels are stabilising but remain an issue in Ireland, according to a new report.

The HSE, in conjunction with the National Nutrition Surveillance Centre in UCD, published the Childhood Obesity Surveillance Initiative (COSI) in the Republic of Ireland.

While the latest results show that levels of excess weight in children are stabilising, they also indicate that:

- at least one in five children are overweight or obese;
- more girls than boys are overweight or obese across all ages; and
- those attending DEIS schools tend to have higher levels of overweight and obesity and the gap becomes wider as children get older.

ABOVE: At the launch of The Childhood Obesity Surveillance Initiative and report were Celine Murrin, UCD; Dr Miriam Heinen, UCD; Dr Cecily Kelleher, UCD; Marcella Corcoran Kennedy TD; Sarah O'Brien HSE; and Dr Silvia Bel-Serrat.

The Childhood Obesity Surveillance Initiative is a core tool to help us monitor our progress towards achieving the targets set out in The Healthy Weight for Ireland: Obesity Policy and Action Plan 2016-2025. The plan sets a short-term target for a sustained downward trend in levels of excess weight in children and a reduction in the gap in obesity levels between the highest and lowest socio-economic groups by 10pc. The unfortunate truth is that we are on course to become the most obese nation in Europe, unless we take action now.

The report provides a picture of the height, weight and BMI in primary school aged children in Ireland currently as well as the trends over time since 2008. It will be repeated at intervals over the lifetime of the policy and will provide valuable information to policymakers and practitioners.

Sarah O'Brien, HSE National Lead for the Healthy Eating Active Living Programme, who together with a wider team worked on the report, commented: "While it is positive that the levels of excess weight in children appears to be levelling off over time, it remains at quite a high level – with at least one in five children carrying excess weight that will damage their health both now and into the future.

"The findings indicate that we still have a significant way to go in creating environments in our homes, schools and communities where every child has the potential to grow and develop healthily from birth into adulthood.

> "These are the critical habits that will help those children who are a healthy weight now stay a healthy weight and those who are overweight or obese achieve a healthier weight as they grow and develop

HEALTHY HABITS

The key healthy habits are:
reduce portion sizes
manage treat foods – not every day
replace sugary drinks with water
make being active fun – everyday
have less screen-time
encourage more sleep

"The 10 steps forward in the Healthy Weight for Ireland: Obesity Policy and Action Plan require action across a multiple sectors including actions such as reformulation of food products to reduce sugar, fat and salt levels, reducing exposure to marketing and promotion of foods high in fat, salt and sugar, fiscal measures such as the proposed sugar tax and increasing access to free drinking water in schools."

"In addition to these, what we do in our homes, schools and communities to help build healthy habits for all children and families is vital to our efforts to prevent childhood obesity. These are the critical habits that will help those children who are a healthy weight now stay a healthy weight and those who are overweight or obese achieve a healthier weight as they grow and develop."

The National Nutrition Surveillance Centre presented the findings at the Association for the Study of Obesity on the Island Ireland (ASOI – www.ASOI.ie) annual conference. "We now have over seventeen thousand examinations from children over four rounds, carried out in the same schools" said Professor Cecily Kelleher, Director of the National Nutrition Surveillance Centre. She added "These findings highlight the need to address the gap between better off and less advantaged children and to focus on interventions that appeal to both girls and boys."

Over 4,900 children across 138 schools participated in the 2015 survey.

Every step makes a difference

585 MILLION STEPS A IN THE HSE STEPS TO

AFTER five weeks of pounding the pavements, taking the long route and countless other creative ways to up the game, the HSE Steps to Health Challenge is over for another year. With over 5,500 participants and 585,000,000 steps recorded in the first week alone, it is safe to say the challenge really got people moving!

Each week, participants were kept on track with challenges from the Steps to Health Team. St Luke's Skywalkers were the deserving winner of Best Team Name, Team MRH Portlaoise won Best Photo with their hilarious snap, TEAM RCNME warmed our hearts with their What I Saw on my Walk Today entry, and the Best Limerick was won by Primary Care Peanut Addicts. The winner of Week 1 Steps Prize was Maura Harrington in CHO7, and the winner of Week 5 Steps Prize was Allison Dunne in University Hospital Galway.

The Steps to Health Team would like to give a big thank you to all of the 426 team co-ordinators for keeping their teams organised and motivated. The winner of the Team Co-Ordinator Prize was Lynn Swan in University Hospital Kerry.

It was great to hear that teams from all over the country were feeling the benefits of the challenge. John Walsh from the Walk a Mile in my Shoes team in Letterkenny said, "Myself and the clients found it brilliant and very rewarding and are looking forward to the next one." Niamh Melvin from Motivated Ramblers and Hikers team in Portlaoise was delighted to report that her team "had a blast and many team members are continuing their walks and counting".

Karen Gallen, University Hospital Galway, one of the highly motivated Steps to Health Challenge leaders picks up a €50 voucher for her efforts.

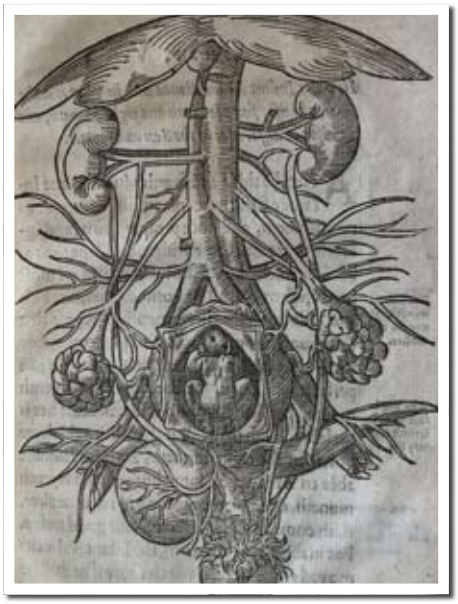
Thanks to everyone for your entries and for sharing your progress on social media. Take a look at some of the pictures here, and do keep them coming with #HSEStepsChallenge on the Get Ireland Active facebook, twitter or Instagram accounts.

Remember every single step makes a difference. Taking 10,000 steps each day will burn about 500 calories, as well as reducing your risk of heart disease by 50pc, lowering your risk of strokes and some cancers, particularly colon and breast cancer.

So don't stop now... keep on stepping!

WEEK RECORDED HEALTH CHALLENGE!

NEW EXHIBITION DRAWS CROWDS AT LIBRARY



A NEW exhibition was launched at the Edward Worth Library in Dr Steevens' Hospital recently. Curated by Mallory McFall, a third-year student of the University of Kansas, it focuses on some of Edward Worth's books on obstetrics.

Edward Worth (1676-1733) was an early eighteenth-century Dublin physician who had been educated at Oxford and Leiden before returning home to Dublin to set up a medical practice in Werburgh Street. A friend of the Steevens' family, he became a Trustee of Dr Steevens' Hospital. In 1723 he decided to leave his collection of some 4,400 volumes to the hospital and the books arrived ten years later, a few months after Worth's death and just before the Hospital opened its doors in July 1733.

Worth's medical collection demonstrates the importance of European trends in medicine. The exhibition includes books printed in England, French and Latin. Two of his earliest texts, Jakob Rüff's The Expert Midwife (London, 1637) and Hugh Chamberlen's translation of François Mauriceau's Diseases of Women with Child (London, 1683), had previously belonged to his father, John Worth (1648-1688), Dean of St. Patrick's, Dublin. As the Worth Family Bible makes clear, a number of Worth's siblings had died just after childbirth so it is no surprise that his father was collecting vernacular texts on the subject.

Though heavily influenced by Dutch anatomy and physiology, Edward Worth's books on obstetrics point to new trends developing in later seventeenth and early eighteenth-century France. He possessed copies of books by two of the leading French accouchers of the period, François Mauriceau (1637-1709) and Pierre Dionis (1643-1718), and it is during this period that we can witness the rise of the 'man-midwifery'. His books include images of stages of gestation, types of instruments used, and the much-talked about 'birthing chair', which was advocated by physicians such as Jakob Rüff and Henrik van Deventer (1651-1724), but fell out of favour later.

To find out more see Mallory's online exhibition 'Early Modern Obstetrics at the Edward Worth Library' at the 'Smaller Exhibitions' tab of www.edwardworthlibrary.ie Worth's phenomenal collection of books remain in Dr. Steevens' Hospital in their purpose-built bookcases.

To book a tour simply phone **01 635 2215** or e-mail **info@edwardworthlibrary.ie**

To mark Mallory McFall's exhibition, an Open Day was held in the library. The Librarian of the Worth Library, Elizabethanne Boran, and Mallory gave tours of both the library and the exhibition.

TOUR INFORMATION

Please note that tours are also available by prior arrangement – just phone **01 635 2215** or e-mail **info@edwardworthlibrary.ie** to arrange a tour and see the wonderful Worth Library!

RACHEL ALLEN OPENS NEW SENSORY GARDEN

CELEBRITY chef Rachel Allen launched a new sensory area in the grounds of the Glen Resource Centre this summer.

This is the final phase of the development of a much-praised community garden at the site, which began in 2009 and which has been constantly improved and enlarged since.

The Glen Community Garden project, which is a true community initiative and which has received ongoing support and funding from the HSE through Cork Kerry Community Healthcare, also features sustainable rain harvesting and waste management initiatives.

The new area which Ms Allen officially opened includes a new drainage system with paving and seated area which has wheelchair accessible pathway running through its centre.

A Meitheal Mara canoe has been turned into a large flower bed and sits next to an existing vegetable area which also includes raised beds used by adjoining pre-school.

Flowers and plants in this area will be chosen over time for their foliage, colour and scent.

The garden itself is open seven days of the week and caters for visits from other community based groups including schools, disability groups and mental health services.

The group behind the community garden project is made up of volunteers with additional members being referred from mental health services, community and voluntary sector, as well as engaging with both TUS and Jobridge initiatives. Funding for the project initially came from a joint partnership between the HSE Health Action Zone and NICHE. The project is now funded by The Glen Health Action Zone (HAZ); by the Cork Kerry Community Healthcare Community work department and Cork City Council through its Local Environment grant scheme.

The group meets regularly on Wednesday mornings throughout the year from 11am to 1pm with horticulturist advice provided by Pat Sheehan in partnership with ETB Cork. The group also engages with the nearby St. Marks boys primary school using two new raised beds built in 2012. The group also facilitates requests from groups/schools and organisations voluntary and statutory for tours of the garden area at varying times during the year, as well as regularly participating in City of Cork Lifelong Learning festival.

TEAM IRELAND TAKE HOME 32 MEDALS IN TRANSPLANT GAMES

THE 27 members of Transplant Team Ireland can take pride in their performances at the 21st World Transplant Games in Malaga both on and off the competitive field as they returned home to an informal homecoming reception greeted by a large gathering of family, friends and supporters at Dublin Airport.

The Irish team won a total of 32 medals while at the same time demonstrating their zest for life, team spirit, sportsmanship and infectious goodwill while honouring their organ donors. The Irish team's impressive medals haul includes 14 Gold, 7 Silver and 11 Bronze from various sporting events.

Dubliner Deirdre Faul, a liver transplant recipient, managed to break two world records in the swimming pool on her way to winning 4 gold medals, including her sixth world title in squash.

The main objective for Team Ireland members, who range in age from 30 to 79, when taking part in the Games is to embrace life and promote organ donation. The team includes four liver transplant recipients and 23 kidney transplant recipients.

Four newcomers joined the Irish team for the games and Michelle Reinhardt McCabe, a kidney transplant recipient from Smithboro, Co Monaghan, won two gold medals in athletics at her first ever transplant games. Galway native Sinead McGowan travelled from Australia, where she now lives, to join the team and put in outstanding performances in track and field events clinching two gold and two silver medals.

The 21st World Transplant Games involved 1000 competitors from 51 countries and every athlete who competed will have received a kidney, liver, heart, lung, pancreas or bone marrow transplant.

With a number of personal bests achieved across a variety of events, the team showed their mettle. Darts featured in the Games for the first time and Cobh man Charlie Ryan added a world title to his five European titles and took home with him two gold medals as well as a bronze which he won along with Dubliner Lenny Ryan and fellow Cork man Mike Keohane in the Darts triples event.

Mike also won two silver medals for the Discus and 5k race walk event. Wicklow man Garry Campbell won two gold for golf singles as well as in the golf pair's event with Dubliner Michael Dwyer.

Marie O'Connor from Lahinch in Clare also won a gold medal for golf along with a bronze medal for Petanque. The oldest member of the team John McAleer, aged 79, from Antrim, also won a medal in in golf, a bronze, and the youngest member of the team Rachel Eagleton (30) from Bettystown, Co Meath won a silver medal in tennis.

The Irish Kidney Association is responsible for coordinating and managing Transplant Team Ireland's participation at European and World Transplant Games events.

Colin White, Ireland Team manager, said, "Team members, competitors and supporters alike, should be proud of their performance. Our athletes are truly inspirational as they show others affected by organ failure what can be achieved post-transplant."

ABOVE: Michael Dwyer hugging John McAleer after the golf singles event at the WTG 17 in Malaga TOP OF PAGE: With their medals before flying home from WTG 17 Team Ireland's Michelle Reinhardt McCabe, Sinead McGowan and Deirdre Faul. BELOW: In celebratory form Transplant Team Ireland after the World Transplant Games on morning of their return journey home.

MORE INFORMATION

For more information on World Transplant Games and the Irish athletes, visit the Irish team blog **www.transplantteamireland.ie**

Inaugural Summer Games

MID WEST STAFF GET MOVING AND HAVE FUN

THE inaugural HSE Midwest Staff Summer Games, involving HSE Midwest Community Healthcare and UL Hospitals Group, were held at the UL Arena during the summer and were led by a committee of staff from across both divisions, chaired by Maria Bridgeman, Head of Service.

The Games, first proposed by Mairead Cowan, Directorate Nurse Manager, Medicine Directorate to the Health and Wellbeing Steering Committee, supported the Healthy Ireland objective of promoting health and wellbeing in the workforce, as set out in the Healthy Ireland Implementation Plan.

Great fun was had by all with tag rugby, five-a-side soccer and tug of war for the adults and indoor soccer, bouncy castles, face painting, relay races, and novelty races for the kids.

Thanks to all who took part in the team events from the departments of Dietetics, Physiotherapy, Radiology, Anaesthetics, Portering and Loughmore at UL Hospitals and from Catherine Street and St Joseph's Hospital on the Midwest Community Healthcare side.

1. Some of the tag rugby action. **2.** Laura Tobin, Breda Duggan and other members of staff from UL Hospitals in the tug of war. **3.** Jonathan Hayes, captain of the winning tug of war team, receives his trophy. **4.** The winning five-a-side soccer team, the Gas Men (Anaesthetics Team, UHL): Back (l-r) Felicia Margineanu, Tim Keady, David Power, James Close, Shane O'sullivan Seosamh O'Riain, Elis Ivcevic; Front (l-r): Jemima Nilan, Donagh Healy, Colum Rushe, Joao Marques Vinagre and Sean Mooney.

5.Back row: Laura Tobin, Shane Gloster, Mike Aherne, Michelle Ryan and Bernard Gloster; Front row: Shay Aherne (6), Emma Ryan (7), Katelyn Ryan (4) and Matthew Tobin (2). **6.**Eva Casserly, aged 10, at the Midwest Games. **7.**TJ Quigley, aged 8, from Nenagh. **8.** John Doyle, Health & Safety Manager UL Hospitals, and Games Committee Member. **9.** The winning Tag Rugby Team (Physiotherapy, UHL). Paddy Julian, Niamh O'Doherty, Edel Hennessy, Maria Linden, Gordon Cagney, Amy Hayes, Stephen White, Niamh Julian, Harry (3) and Rocco (6) Julian and Maria Bridgeman, Head of Service, Health & Wellbeing, Midwest Community Healthcare. **10.** Maria Bridgeman, Head of Service, Health & Wellbeing, Midwest Community Healthcare and Games Committee Chair, at the games. PHOTOS: BRIAN ARTHUR PHOTO

Healthy Ireland

CHO8 STAFF GET BEHIND IMPLEMENTATION PLAN

CHO 8 Health & Wellbeing Division are currently in the process of developing a Healthy Ireland Implementation Plan focusing on three priority areas:

- Health service reform
  - our greatest opportunity
- Reducing the burden of chronic disease
  - our greatest challenge
- Improving staff health and wellbeing
  - our greatest asset

As part of the development process, they invited staff from all disciplines across CHO8 to attend Staff Consultation Days with the objective of listening and getting their input in the development of a plan and actions for the next three to five years

A total of six sessions were held in venues in Louth, Meath, Mullingar and Tullamore. A total of 345 staff attended these sessions which lasted for approximately three hours.

Pat Bennett, Chief Officer, attended all six consultation sessions. Pat presented on the challenges for the CHO and gave key information on the health profile of each of the counties.

Sarah McCormack, the national lead for Healthy Ireland, gave an overview of Healthy Ireland, outlining the key chronic illness statistics, and what national actions have been agreed to support the reversal of these trends.

Bridget Clarke, the Healthy Ireland Project Manager for the RCSI hospital group, presented on the process of engaging patients in health behaviour change and some practical examples of Healthy Ireland in action.

In addition to the presentations, the Health Promotion and Improvement Teams from both the North East and the Midlands Health Promotion and Improvement Teams provided information stands on the topics outlined below which generated lots of interest and discussion.

- National alcohol campaign
  - Askabout alcohol.ie
- Men's health
- Healthy eating
- Smoking Cessation with the opportunity to have carbon monoxide testing at this stand and information and resources to help smokers quit
- Get Ireland Active - opportunities for physical activity
- Little Things campaign together with youth mental health
- Health Promotion resources to advise you on how you can access health promotion materials.

The presentations were followed by workshop sessions, facilitated by the Health Promotion and Improvement team members with three questions posed to each table.

They are currently reviewing all feedback and evaluation forms but a preliminary scan of the evaluation forms indicates positive feedback and at the events, face-to- face feedback from a small number of people indicated that they were very pleased to attend an event that accentuates a positive message.

Feedback from the evaluation will be completed shortly and will be circulated to senior managers and all who attended.

219 SCHOOLS RECEIVE SMART START AWARD

THE second annual Healthy Ireland Smart Start Awards took place in Athlone Institute of Technology. The Award recognises pre-schools across Ireland who have participated and achieved Healthy Ireland status.

This year 219 pre-school services received their Healthy Ireland Award from the Health Service Executive (HSE). There are currently more additional pre-school services undergoing training to deliver the programme. Healthy Ireland Status is awarded to a pre-school when they have participated in the training programme and achieved over 80pc of criteria following assessment.

Development and delivery of the programme has been a collaborative effort between HSE Health Promotion and Improvement and the National Childhood Network (NCN) (formerly Border Counties Childhood Network). The programme, built upon the Healthy Ireland Framework, is funded by the HSE and supported by the Department of Children & Youth Affairs and the Department of Education & Skills.

Emer Smyth, Head of Health Promotion and Improvement, HSE Dublin North East said, "The HSE Health Promotion and Improvement Division are delighted to continue to support this wonderful initiative. The awards recognise the important role pre-school's play by ensuring the promotion and protection of children's physical and emotional health across the country. Encouraging healthy habits among children in the early years of their lives will positively impact their attitudes towards adopting healthier lifestyles in the future."

The programme is open to all pre-school providers; private or community, sessional or full day care, regardless of size or location. Registered childminders are also welcome to participate in the training.

A pre-school provider can retain the Healthy Ireland Smart Start award for three years upon completing an annual assessment process. This assessment helps to ensure that the programme is incorporated into daily activities in the pre-school practice.

Denise McCormilla, CEO, NCN said, "The preschool sector has such an important role to play in promoting our children's health and wellbeing and the Healthy Ireland Smart Start programme provides them with the know-how and resources to be able to do so very effectively. Through Healthy Ireland Smart Start we will continue to equip more and more pre-schools around the country in a consistent, sustainable and efficient manner with the tools that they need to nourish our children's overall health and well-being. The programme delivers year on year - once staff members are trained they can continue to deliver each year to new cohorts of children."

NATIONAL LEARNING NETWORK TAKE HOME BASKETBALL TROPHY AGAIN

The HSE Sligo Leitrim Personal Support and Training Services in Sligo, in partnership with Sligo Sport and Recreation, held its annual inter-agency Basketball Tournament in the Knocknarea Arena IT Sligo, recently during which an energetic and enthusiastic challenge was put forward by all players.

The agencies, including the HSE Ballytivnan Training Centre, Rehabcare, and National Learning Network, played their very best to create an exciting and entertaining competition in the Knocknarea Arena.

Up to 50 players participated in the fun event, and there was great excitement when the National Learning Network and Rehabcare made it to the final. After a great battle, National Learning Network won the tournament to take the cup for the third year in a row. One player remarked, "It was really fast but the best and greatest won the game."

The HSE Ballytivnan and SSRP would like to thank all the agencies involved for their participation and collaboration and, in particular, would like to thank the players for making the day a memorable one.

A special thanks to referee Aaron Costello and the Knocknarea arena staff for their organisation and continuing support.

The flu vaccine

PROTECT YOURSELF, YOUR FAMILY AND YOUR PATIENTS

"FLU is a highly infectious viral illness that occurs every winter. Every year 200-500 people die from flu and outbreaks occur in hospitals and long term care facilities," said the head of the HSE National Immunisation Office, Dr Brenda Corcoran.

"As a healthcare worker you are 10 times more likely to get the flu, which you are very likely to spread to others including vulnerable patients, your family and friends.

"The best way to prevent flu is by getting the flu vaccine which will allow you to become a lifesaver as vulnerable patients and the elderly are more likely to develop serious and potentially fatal complications of flu."

Flu vaccine is recommended for health care workers as well as people aged 65 and older, all pregnant women and people with long-term medical conditions.

"The flu virus changes every year so you need to have this season's vaccine which will give about 60pc protection against the flu viruses circulating this winter. Flu vaccine is safe. It does not contain live flu virus so it cannot give you the flu. The vaccine is recommended for all pregnant women at any stage of pregnancy (including health care workers). The vaccine also protects the baby," said Brenda.

"Flu can be fatal for your high-risk patients. Elderly and at-risk patients respond less well to the flu vaccine so they rely on the immunity of those who care for them to keep them safe. Vaccinated healthcare workers protect vulnerable patients which can lead to a 40pc reduction in patient deaths."

The Medical Council and Nursing and Midwifery Board and other expert bodies strongly recommend flu vaccine for health care workers every year as the best protection against flu.

The flu vaccine and more information is available from your occupational health department or from your GP or pharmacist. Visit **www.immunisation.ie** for more information on flu vaccination.

TOP TIPS FOR EYE HEALTH

NO matter what your level of vision, it is important to look after your eye health and protect whatever sight you do have. Below are some tips that can help avoid or reduce effects of some serious eye conditions.

HAVE REGULAR EYE TESTS

It is recommended that people have an eye test every two years. A regular eye test can identify any early indications of diseases, some of which are treatable if caught early. A regular eye test can identify any early indications of diseases such as cataract, glaucoma and age-related macular degeneration (AMD). An eye test can also identify other problems such as diabetes and high blood pressure for which the optometrist can refer you back to a GP.

DON'T SMOKE

Your eye is a complex organ that needs oxygen to survive; smoking reduces the amount of oxygen in your bloodstream, so less oxygen reaches the eye. This causes oxidative stress and damages the retina and also causes cell death to retinal pigment epithelium (RPE) cells. Smoking is a risk factor for developing AMD and diabetic retinopathy.

EAT THE RIGHT FOOD

Some foods can help protect against certain eye conditions; like cataracts and AMD due to the specific nutrients they contain. These nutrients are found in many fruits and vegetables including mango, squash, broccoli, green beans, and spinach.

WEAR SUNGLASSES

Ultraviolet (UV) light from the sun's rays can cause damage to your eyes. To reduce risks always wear sunglasses when in the sun. Check your shades have a UV factor rating and block 100 per cent of UV rays. Your sunglasses should carry the CE mark, which indicates that they meet European safety standards.

TAKE REGULAR SCREEN BREAKS

If you use a computer, take frequent breaks from your screen – at least one an hour. Resting your eyes can avoid headaches, eyestrain, soreness and double vision.

KNOW YOUR FAMILY EYE HISTORY

Many conditions causing sight loss are hereditary. It is important that if there is a history of sight loss in your family, you get assessed and checked.
If you are clinically diagnosed with a genetic retinal condition you can have a genetic test through Target 5000 to try and establish the gene or genes responsible. For more information about Target 5000 visit **www.FightingBlindness.ie** or to register your interest, telephone **01 6789 004** or email **target5000@fightingblindness.ie**

MORE INFORMATION

Fighting Blindness is an Irish patient-led charity working to cure, support and empower people affected by sight loss.
For more information about Fighting Blindness events and services, please call **01 6789 004** or visit **www.FightingBlindness.ie.**

** If you are worried about your eye health, we strongly advise that you discuss all concerns and potential treatments with your doctor.*

Top 5 Interior Tips...

CHOOSING PAINT COLOURS

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, but even this isn't foolproof, as a small patch can look different to a whole wall in the same colour. Ideally, you need to live with a colour 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. There are lots of different shades of white, and most pure brilliant white emulsions are, in fact, off-white. Again, it's advisable to try a little first because there's no way of knowing which shade of white you're getting unless you're familiar with the paint. If a paint is just called 'white', it's often cream.

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 and blue, so you should 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, but the natural light can be very bright on a sunny day, so bear this in mind. 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, 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 airyfeel, or something in between. If you're not sure what you want, painted feature walls are a great way to enjoy a limited amount ofcolour in a room and aren't difficult to repaint if you change your mind.

FEATURE WALLS

1. You can create a feature wall with colour and/or a pattern, even texture, in pretty much any room - chimney breasts, alcoves and walls behind beds, dining tables and sofas usually work well - but not all rooms have a suitable wall. If not, you can create a horizontal feature on all four walls by using wallpaper or a different colour paint between a room's picture rail and cornicing, between the picture rail and dado rail, or between the dado rail and skirting board.

2. Painted stripes look fab on a feature wall, but are fiddly, time-consuming and often frustrating to do properly. You'll need to use low-tack masking tape for adjoining stripes, and try a tester piece of tape first in case it's not as low tack as it claims to be. Alternatively, do freehand 'rough' stripes with a paintbrush or roller and no tape - it's much easier, but more of an acquired taste.

3. Wallpaper is popular for feature walls - if you want stripes the easy way, buy a striped design. A feature wall enables you to enjoy patterned wallpaper without it overpowering the room or making it look too busy. It works best if you tie one or more of the colours in the wallpaper in to the rest of room. So, for example, if the other walls are white, a wallpaper on the feature wall with white in it should bring the look together. Murals are similar to wallpaper, but usually depict a scene (a beach, cityscape, mountains, etc) or a large-scale design, such as a map, rather than a more conventional pattern. Unlike wallpaper, which can be hung on as many or few walls as you like, a mural is usually designed to be used on just one feature wall.

4. Feature walls can be practical as well as pretty. You could have a tiled feature wall in a bathroom or shower room (using mosaic or glass tiles, for example) and a chalkboard feature wall in a kitchen or playroom. Chalkboard paints are available in different colours, so the wall doesn't have to be black. If you'd prefer something less permanent, how about a chalkboard sticker? Wall stickers in general are fantastic for feature walls because they come in lots of different designs, colours and sizes.

5. You can also create a feature wall outdoors. Masonry paint comes in a wide range of colours, so why not do something creative if you have a wall or walls in your garden?

TOYOTA YARIS 1.5 VVT-I 6MT

First Drive!

FACTS AT A GLANCE

ENGINE TESTED: 1.5-litre Dual VVT-I petrol
STARTING PRICE: €15,950
POWER: 110bhp TORQUE: 136Nm
MAX SPEED: 109mph 0-60MPH: 11.0s
MPG: 58.9 (combined cycle)
EMISSIONS: 109g/km

WHAT'S NEW?

THE third generation Yaris has been around for some time now – long enough in fact to have been subjected to no less than two facelifts since it was first introduced in 2011. With this latest refresh, Toyota has dropped its 1.33-litre engine in favour of a new 1.5-litre power plant that is both more powerful and more efficient than its predecessor.

Toyota has also really stepped its game up as far as standard safety equipment is concerned - a factor that will no doubt appeal to family buyers. Even the entry-level Active models come equipped with the Toyota Safety Sense system, which includes a plethora of alerts and warning systems, including lane departure alert and autonomous emergency braking.

LOOKS AND IMAGE

TO the untrained eye, the changes to the Yaris' appearance might go unnoticed. The new front end has been styled to imitate a catamaran ship - with a wide, angular grille dominating proceedings and giving the Yaris a slightly more aggressive demeanour.

Round the back of the car is where the most noticeable changes have been implemented. Toyota has completely redesigned the shape of the tail-lights, which supposedly echo those found on larger, more premium models.

Customers also have the choice of opting for the new Bi-tone specification, which adds a contrasting roof and pillars for an even more striking appearance - particularly when paired with the bold new Tokyo Red and Nebula Blue exterior colours.

While Toyota seems to have done a good job of freshening up the little Yaris' exterior, the cabin unfortunately lets the side down somewhat. The dark plastics used on the mid-range models make the interior feel rather gloomy indeed, and feel rough and scratchy to the touch. That said though, while the materials used in the cabin might not win any awards for their aesthetic appeal, in true Toyota fashion they feel as though they will certainly stand the test of time.

SPACE AND PRACTICALITY

HAVING sat in the back seat of a three-door, first-generation Yaris recently, we were rather surprised to find the new five-door only model felt as though it had less headroom and less legroom in the rear.

Sat behind a six-foot driver and front passengers, taller adults in the back of the new Yaris will find their knees brush against the seats in front of them, while their heads might narrowly avoid touching the roof.

There's certainly not an abundance of room in the back of the car, but two adults should be able to travel reasonable distances without getting too uncomfortable. Squeezing a third adult passenger in the middle seat would certainly make things unpleasant, although a trio of small children should fit just fine.

As far as boot space is concerned, the Yaris offers up 286 litres of storage capacity. While this figure might not be class-leading by any means, it should meet the requirements of most family buyers.

BEHIND THE WHEEL

OUR experience of the Yaris was mostly limited to low-speed, urban driving, which it handled amicably. The controls were light and easy to operate, meaning the little Toyota was incredibly easy to place exactly where you wanted it - a factor that will no doubt appeal to those who will buy one of these for almost exclusive city use.

Motorways didn't really cause it to flinch, either, with the Yaris remaining planted and confident throughout. Where it did fall down, however, was in the engine refinement department, with the 1.0-litre engine in particular making itself heard at cruising speed. There was a good deal of wind noise whipped up by the Yaris' door mirrors, too.

Unfortunately, we didn't get a chance to put the Yaris' handling abilities to the test, as the Dutch roads that made up our test route were all arrow straight and silky smooth and didn't cause the supermini to break a sweat.

WHO WOULD BUY ONE?

TOYOTA is primarily targeting young families with the latest Yaris – and its strong focus on safety equipment should help strengthen its appeal with buyers in this demographic.

That said, families aren't the only people who will look to the Yaris as a means of getting on the road - the 1.0-litre versions should hold some sway with younger buyers as they won't cost an arm and a leg to insure.

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ANSWER: _____

NAME: _____ PHONE: _____

To enter, please email the correct answer with subject "Bloomfield House Hotel Competition" to competition@celticmediagroup.com by 31st October 2017

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