



Saolta Healthy Ireland Implementation Plan 2015-2017
Review of Healthy Ireland activities and staff resources
Progress report April 2015

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***This list is not exhaustive. Thanks to all staff for their participation and support.**

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Overview

Saolta University Healthcare Group is the first hospital group to develop a Healthy Ireland (HI) Implementation Plan in response to the Healthy Ireland Framework 2013-2025. The plan was launched on October 9th 2014 by Saolta, An Taoiseach and Dr. Stephanie O’Keefe, HSE National Director of Health and Wellbeing.

The plan for the Saolta University Health Care Group provides an opportunity to increase the health and wellbeing of our service users and also for the organisation to be a leader in creating a culture of health. The plan has the full support of the Saolta executive council and the board of directors.

As part of the progression of the Saolta Healthy Ireland Implementation Plan 2015-2017, a review was undertaken in Q1 2015 to map the current workforce resources (Appendix 1) and work practices (Appendix 2) relating to HI activity across the hospital group.

Additionally, standards 1.9 (Service users are supported in maintaining and improving their own health and wellbeing) and 4.1 (The health and wellbeing of service users are promoted, protected and improved) of the HIQA national standards for better safer healthcare, were collated for all Saolta hospitals as part of the review process.

Site visits took place at Saolta hospitals where key personnel met to discuss these matters and the development of Healthy Ireland implementation groups at each hospital.

The latest county health profiles (Appendix 4), published by the Department of Public Health, were presented to each hospital to provide up to date health trends and demographic information for each region and to assist with future business planning. A calendar of national health and wellbeing activities was also offered to each hospital to inform staff of various events.

The following report outlines the key findings of the above processes and the implications for the Saolta Healthy Ireland Implementation Plan. This report is intended to assist each hospital in the planning and prioritising of actions for the delivery of the Saolta HI plan.

We want to develop a culture of wellbeing across the Saolta group to achieve better health for all our service users. Staff input is vital to the sustained success of this initiative. Without our colleagues’ expertise and enthusiasm we can achieve little. By working collaboratively on this key strategy, we can improve the health of our patients, staff and communities now and in the future.

Greg Conlon
Saolta Group Lead-Health and Wellbeing

Key findings

Staff resources

Saolta Healthy Ireland (HI) Implementation Plan 2015-2017, Action point 4.1.1

‘Complete a baseline assessment of current staff resources for health and wellbeing across hospital group including staff working exclusively or non exclusively on Health and Wellbeing.’

(i) Saolta health and wellbeing/ health promotion staff overview

Location	Health and wellbeing/ health promotion staff
Letterkenny	Mary Kelly, Health Promotion Officer
Galway	Laura McHugh, Health Promotion Officer Pamela Normoyle, Health and Wellbeing Lead
Sligo	1x Health Promotion Officer (on long term sick leave)
Portlincula	0 WTE
Roscommon	0 WTE
Mayo	0 WTE

Three of the six (50%) Saolta hospitals have a dedicated resource in health and wellbeing/ health promotion. However, one post is currently not active due to long term sick leave. In practical terms, this means that two of six (33%) Saolta hospitals have an active resource in this area. Where a resource exists, hospital sites have begun the process of convening local HI implementation groups and a number of actions in the HI plan are being formalised and implemented.

Implication

- Action point 1.3 of the Saolta HI plan aims to: *‘Identify healthy Ireland leads in each hospital site.’* Hospitals will have difficulty in delivering the Saolta HI plan without the appointment of designated leads.

Recommendations

- In order for the actions of the Saolta HI plan to be achieved, a named lead should be appointed to each hospital site. This will require resource commitments from Saolta.
- If Saolta cannot provide resources for HI leads, the Saolta HI steering group will need to consider how the actions in the HI plan can be achieved across hospital sites within existing resources and structures.

(ii) Non health and wellbeing staff overview

There are a wide variety of health professionals across the Saolta group who actively assist or who could assist in the delivery of the Saolta HI plan as part of their work.

For example, clinical nurse specialists across the group incorporate health and wellbeing activities into their existing work programmes providing a variety of self care supports for patients such as cardiac rehabilitation, diabetes awareness, screening, wellness days, flu vaccination and smoking cessation programmes.

Quality and safety officers have documented the health and wellbeing activities relating to the HIQA national standards for better safer healthcare across the Saolta group.

General Managers and human resources personnel have provided staffing figures, site specific expertise and a collaborative working approach to the Saolta HI plan.

Public health specialists have provided county health profiles to inform hospitals of current health trends.

Catering staff are engaging in a process to implement healthy vending and calorie posting across Saolta restaurants and outlets.

Sports and social clubs promote staff wellbeing through activities and events for employees and their families.

In short, many staff disciplines in the Saolta group incorporate health and wellbeing activity into their existing work practices.

Separately, a number of hospitals effectively involve students to deliver health and wellbeing projects as part of their college work experience. There are a number of advantages for the Saolta group when utilising students. Costs are far less than hiring new staff; students provide expertise, enthusiasm and new ways of working.

The disadvantage is that a time commitment is required from an employee or manager to oversee the student work and to provide guidance. Garda vetting and other administration work also requires a time commitment from an employee. Placement duration for students can vary in length and once the placement ends, the work on a project can come to a standstill.

While there are positive levels of health and wellbeing delivery reported across various staff disciplines, there are specific gaps in staffing in key areas. Specifically, just two of six (33%) hospitals have a dedicated smoking cessation specialist. There are no specific alcohol liaison resources currently in post. A bariatric service to treat patients suffering from obesity exists at GUH but there are no resources in other Saolta sites.

Congruent to this thought and from discussions with the various hospitals, the participation and delivery of the Saolta HI plan are subject to adequate staffing levels, training, infrastructure, provision of equipment and effective communication methods.

Implications

- Despite the best efforts of all staff, chronic illnesses in Ireland are rising and by 2020, the number of adults with chronic diseases will increase by around 40%, with illness affecting mainly those in the older age groups. Indeed 37% of the Irish population will be over 65 years of age by 2020.
- Cardiovascular disease, respiratory diseases, cancer and diabetes currently account for 75% of all deaths in Ireland and many of these illnesses are developed directly from modifiable risk factors such as smoking, alcohol misuse and overweight/ obesity.
- The number of newly diagnosed cancers in Ireland is increasing by 6-7% annually and unless a major reversal of trends occurs in the near future, the number is likely to double in the next 20 years. This is the biggest predicted rise in the 27 EU Member States.
- Given the cost to the state in treating patients for smoking, alcohol and obesity related illnesses (€5 billion per annum, around one third of Ireland's health budget); the opportunity cost of not investing in these areas is detrimentally affecting the Saolta group's budget year on year and impacting on patient outcomes.

Recommendations

- It makes economic sense to invest in staffing resources in the areas of smoking cessation, alcohol and obesity treatments in all Saolta hospitals. Any resources allocated would not only improve patient health but also significantly reduce the financial costs to Saolta in treating chronic disease in the future. Similarly, a number of studies have shown that for every Euro spent on workplace health promotion a return in investment of between €2.50 and €4.80 occurs from savings in areas such as staff absenteeism. Such programmes could also help improve Saolta's public image and increase staff morale.
- There is scope to explore and develop partnerships with staff that actively incorporate health and wellbeing activity into their existing work practices to progress the actions of the Saolta HI plan.
- As the Saolta group structure evolves, there is potential for staff to develop networks in their profession to share health and wellbeing ideas, projects, findings and research opportunities. The names of many staff appear in Appendix 1 and this could provide a starting point for such networking opportunities.
- The Saolta HI steering group should discuss the merits of engaging with students as part of the delivery of the HI actions.

Current status of Saolta HI Implementation Plan 2015-2017

Summary

The chart in Appendix 2* contains all of the actions in the Saolta Healthy Ireland Implementation plan and their current status as of April 1st 2015. Where applicable, sections have been divided to highlight activity levels in each hospital.

There were many activities noted during the review process which were relevant to health and wellbeing but not necessarily required as a deliverable action of the HI plan. This work has been included in the 'work undertaken' section in Appendix 2.

When reading Appendix 2, the following colour scheme applies to the actions in the plan:

Legend: **Green-complete**, **blue-ongoing**, **orange-due**, **Red-overdue**

Saolta HI Implementation Plan: actions summary	
Complete	5/59 (8%)
Ongoing	40/59 (67%)
Due	5/59 (8%)
Overdue	3/59 (5%)
No activity yet	7/59 (12%)

59 actions have been summarised across the eight Saolta HI themes. As many as 34 actions (58% of all actions in the HI plan) may not reach 'complete' status as they are either continuously ongoing in the organisation or focus on sustained improvement. This means that 25 actions (42% of the HI plan) can be fully completed.

Where some actions are complete in some hospital sites but not in others, the action point is deemed as 'ongoing', except where the action is due or overdue.

The action plan appendix can be used by staff to identify examples of good practice that can be shared with colleagues across the group, leading to a standardised approach to service delivery. It can also be used to inform service needs over the course of the HI plan.

Despite the lack of dedicated resources in health and wellbeing staffing across Saolta hospitals, a positive level of activity has taken place in many areas of the plan.

(*Appendix 2 is an organic document and is subject to change at regular intervals where actions progress. Some current activities may not be reflected in the appendix as a result.)

Saolta HI implementation plan- achievements to date

- Five completed actions
 - Action point 1.1: Establishment of HI steering group
 - Action point 2.2: Publication of county health profiles
 - Action point 3.3: Establishment of PALS service at GUH
 - Action point 3.4: Establishment of Saolta patient council
 - Action point 4.1.1: Review of existing resources undertaken
- Saolta HI plan published and implementation group convened
- Two hospital leads appointed and a group lead appointed
- Commitment to convene local HI committees at all hospitals
- Activity taking place in two thirds of all actions in the HI plan
- HI abstract submitted to international health promoting hospitals conference 2015
- Active travel/mobility management plan published at GUH
- HIQA health and wellbeing standards and QIP's documented at all hospitals
- Operation transformation initiatives undertaken across sites, positive feedback noted
- Calorie posting and healthy vending policies developing
- Mindfulness and stress management sessions offered to staff
- Letterkenny reports progression in BMI recording with 48% of all patients (except maternity and paediatrics) having BMI documented
- Many baby friendly initiatives exist across the Saolta group
- Healthy Ireland incorporated into staff induction process
- Many examples of collaborative working with external partners including Croi, Gardai, Healthy Cities and traveller groups
- Delivery of several self care support programmes for patients in areas such as cardiovascular disease, respiratory diseases and diabetes
- Dedicated smoking cessation services in Sligo and Letterkenny
- Smoke free campus policies in all Saolta hospitals, with Sligo attaining ENSH silver level status
- Sligo Regional Hospital: Public hospital of the year in recognition for the achievements, innovation and efforts by all staff working in Sligo Regional Hospital in the delivery of our services
- Brief intervention training in smoking cessation offered to all staff
- Cycle to work schemes offered in hospitals
- Innovative flu vaccine campaign in Letterkenny

Areas to address

Action 1	
Governance and Policy	
1.1.1	<i>Establish steering group to oversee the Saolta University Healthcare Group Healthy Ireland Implementation Plan</i>
1.3.1	<i>Identify Healthy Ireland leads in each hospital site</i>
1.4.2	<i>Develop site specific Healthy Ireland Implementation plans</i>
1.5	<i>Produce an annual health and wellbeing progress report</i>
Context	
<ul style="list-style-type: none"> - Saolta steering group was convened in July 2014 and an implementation plan for delivering Healthy Ireland was published in October 2014. - A group was convened in January 2015 to launch the implementation phase of the Saolta plan. - Three hospitals (GUH, LGH and SRH) aim to have convened local implementation groups by Q2 2015. - Health and wellbeing leads have been assigned at GUH and LGH. - No site specific plans/actions to date have been developed as local groups have yet to be convened. - This report could be considered as the first annual health and wellbeing progress report. 	
Implications	
<ul style="list-style-type: none"> - Staff expressed a desire to have a dedicated health and wellbeing resource at each hospital to co-ordinate the delivery of the Saolta HI plan. - Some staff expressed concern regarding the potential unnecessary administration in developing additional implementation plans (potentially six local plans and one overall plan). It was felt this would delay the process of service delivery and may lead to a lack of cohesion around the outcomes in the main HI plan. - Staff highlighted that in some areas, for example tobacco control, many actions are ongoing but external factors such as the difficulty of releasing front line workers, make it difficult to deliver actions in the area of BI training/ up skilling. 	
Recommendations	
<ul style="list-style-type: none"> - As noted previously a resource commitment from Saolta may be required to achieve delivery of the actions in the HI plan. - The Saolta HI implementation group should discuss the merits of retaining one HI plan with each hospital then deciding on appropriate actions for their individual sites. 	

Action 3 Empowering people and communities	
3.3	<i>Establish Patient Advocate Liaison Service (PALS) to provide general information to patients and families in line with the implementation of the Saolta University Healthcare Group Strategic Plan for Public and Patient Involvement 2013-2015.</i>
Context	- Two PALS co-ordinators have been appointed at GUH.
Implication	- While noted in the HI plan and achieved, clarification is required regarding the status of this action in other sites.
Recommendation	- The Saolta HI implementation group should clarify if this action is to be rolled out across the other hospital sites.

3.5	<i>Expand the implementation of the 'test your care' nursing and midwifery quality care metric</i>
Context	- Progressing at GUH and RCH. - Noted as a Q4 deliverable.
Implication	- Action point is currently overdue.
Recommendation	- The status of this metric should be clarified and progressed where applicable.

Action 4 Health and Health Reform	
4.1.2	<i>Develop a Health and Wellbeing training plan for staff and build capacity of staff to implement health and wellbeing activities</i>
Context	- Staff outlined in some instances where colleagues could not be released for training due to the priority of service delivery.
Implication	- Such a scenario could impact on attendance levels at training sessions.
Recommendations	- This action can be achieved but the Saolta HI implementation group will need to discuss the merits of developing this plan if staff cannot currently get released to attend the existing training programmes on offer in brief intervention. - A suggestion was made to offer online programmes so staff can complete training in their own time.

4.1.3	<i>Complete a review of the current status of Health Promoting Health Services (HPHS) Programme across the hospital group with a view to expansion</i>
Context	<ul style="list-style-type: none"> - This action was due at the end of Q1 but we await the publication of the national HI implementation plan for the health services to progress the role of HPHS within the hospital group.
Implication	<ul style="list-style-type: none"> - This action cannot proceed at present.
Recommendation	<ul style="list-style-type: none"> - Await the publication of the national plan and proceed accordingly.

Action 4.2 Tobacco control	
Context	<ul style="list-style-type: none"> - Tobacco leads are in place at SRH and LGH. - Four hospitals do not provide smoking cessation services at present. - All Saolta hospitals operate smoke free campus policies. SRH meets ENSH silver level standards. - Brief intervention training is offered but uptake is influenced by non staff release due to service demands and staff interest levels. - A mandatory NRT pilot programme for patients is underway in SRH.
Implications	<ul style="list-style-type: none"> - Where leads are in place, smoking cessation support is available. - Brief intervention training KPI's may be difficult to achieve in some instances. - Mandatory NRT will help reduce patient nicotine withdrawal symptoms and decrease urges to smoke irrespective of quitting status.
Recommendations	<ul style="list-style-type: none"> - Tobacco leads should be appointed at all Saolta hospitals to provide dedicated smoking cessation services to patients and staff and to implement the tobacco actions in the Saolta HI plan. This will ensure better outcomes for service users and a reduction in costs to the organisation (every smoking related admission to Irish hospitals costs on average €7000 and requires ten bed days). - Online programmes could be offered in brief intervention to facilitate staff that cannot get released for training. - Mandatory NRT for smokers is a concept that should be explored by the Saolta steering group as it could impact positively on patient outcomes and improve the smoke free campus operations at all hospitals. - NRT should be offered to all Saolta staff free of charge to improve staff health, reduce absenteeism from smoking related illness and reduce costs.

Action 4.3 Nutrition and Obesity	
Context	<ul style="list-style-type: none"> - BMI not routinely recorded for patients; however LGH reports that 48% of all patients, except paediatrics and maternity patients, are screened for BMI. - Obesity is not routinely recorded in HIPE records. - All hospitals have a strong interest in promoting healthier eating and improving patient and staff nutrition. - Calorie posting launched at LGH and GUH. LGH have a report published. - Nutrition screening tools are used in some instances but not routinely.
Implications	<ul style="list-style-type: none"> - Where BMI's are not being recorded, an opportunity is lost to highlight to patients the health implications of having a BMI over 25 and to provide support to that patient in achieving a healthy BMI. - Where BMI's are not recorded in HIPE, Saolta misses out on valuable information regarding patient demographics. Additionally, the cause of death for a patient may be attributed to another factor rather than obesity. - Where nutritional screening tools are not being routinely used, patients are at risk of malnutrition. - The learning from the LGH calorie posting pilot could benefit other sites for calorie posting implementation.
Recommendations	<ul style="list-style-type: none"> - Given the prevalence of overweight and obesity in Irish society and the health and economic costs associated with treating the health related consequences (cardiovascular disease, diabetes, cancer, depression), Saolta should consider appointing staff dedicated to helping patients obtain healthy BMI's. - An audit of BMI equipment (weighing scales, height measurement) and staff competency in assessing BMI should be undertaken. - A pilot study should take place where all patients have BMI routinely recorded, brief interventions are delivered where appropriate and a support service offered. - Efforts should be made to engage with HIPE personnel regarding the coding of obesity in hospital records. - Nutritional assessment for all high risk patients should be undertaken to reduce the risk of malnutrition.

Action 4.4	
Physical activity	
4.4.1	<i>Develop an active travel/mobility management plan for staff</i>
Context	
<ul style="list-style-type: none"> - Plan has been published at GUH. 	
Implication	
<ul style="list-style-type: none"> - While noted in the HI plan and achieved, clarification is required regarding the status of this action in other sites. 	
Recommendation	
<ul style="list-style-type: none"> - The Saolta HI implementation group should clarify if this action is to be rolled out across the other hospital sites. 	

Action 4.6	
Brief interventions	
4.6.1	<i>Expand and mainstream brief intervention training for staff across a range of risk factors including nutrition, physical activity, obesity, alcohol & mental health in line with national framework</i>
4.6.2	<i>Expand number of undergraduate training programmes with standardised Brief intervention modules</i>
Context	
<ul style="list-style-type: none"> - Brief Intervention training is a time efficient, cost effective method of enabling behaviour change in patients. - Mainstream brief intervention training is offered in some hospitals in the areas of alcohol, physical activity and smoking cessation. - Brief intervention training is linked into health promotion and nursing programmes in NUIG, Sligo IT and St Angela's College. 	
Implication	
<ul style="list-style-type: none"> - Links exist that can be built upon in branching out brief intervention training. 	
Recommendations	
<ul style="list-style-type: none"> - There is scope to further expand brief intervention training into all allied health academic programmes and thus instilling a culture of wellbeing into healthcare service delivery and improving patient outcomes. - An audit of third level academic programmes should take place to ascertain the level of brief intervention delivery in such courses. 	

Action 4.7 Breastfeeding	
4.7.3	<i>Ensure adequate staffing levels and CMS lactation posts to support breastfeeding.</i>
Context <ul style="list-style-type: none"> - A staffing review was to be undertaken as part of this action and due for completion at end of Q4 2014. 	
Recommendation <ul style="list-style-type: none"> - The status of this action should be clarified and progressed where appropriate. 	

Action point 4.8 Health Protection	
4.8.4	<i>Increase influenza vaccination rates in clinical staff</i>
Context <ul style="list-style-type: none"> - Average uptake of the flu vaccine over winter 2014 across five hospitals was 19% (target 40%). - LGH achieved a 32% uptake of the vaccine with an innovative flu vaccine campaign. - Uptake is influenced by inaccurate perception of the vaccine, the health status of the individual and common misconceptions around the influenza virus. 	
Implication <ul style="list-style-type: none"> - Staff and patients are at risk if the free vaccine is not availed of. 	
Recommendation <ul style="list-style-type: none"> - The learning from the LGH flu vaccine campaign should be shared with other hospitals to increase staff uptake. 	

Action point 4.9 Positive mental health	
4.9.1	<i>Promote awareness of supports available & information on positive mental health, stress, addiction and other mental health issues for staff</i>
4.9.2	<i>Expand mindfulness & stress management training for staff</i>
Context <ul style="list-style-type: none"> - Saolta provides a number of supports for staff including counselling, stress management and mindfulness. - Staff expressed concern at the lack of action points regarding patient mental health. 	
Implication <ul style="list-style-type: none"> - The absence of actions for patient mental health is a gap in the strategy that impacts on patient care. 	
Recommendations <ul style="list-style-type: none"> - The Saolta steering group should consider including some actions around patient mental health in the HI plan. 	

<ul style="list-style-type: none"> - Saolta should continue to promote staff supports to reduce stress and improve mental health. - The Saolta steering group should consider if targeting an increase in staff numbers availing of employee supports services as a KPI is appropriate when perhaps a year on year decrease in figures would be a better indicator of improvements in staff mental health.
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Action point 6 Monitoring, reporting and evaluation	
6.2	<i>KPI's and other measurement tools to be developed to support the implementation of the plan</i>
Context <ul style="list-style-type: none"> - Many KPI's are already built into the existing actions in the Saolta HI plan. - A number of KPI's are routinely recorded and reported on, e.g. tobacco, screening, and infections. - While KPI's metrics are in place in many areas, the performance parameters of these metrics have yet to be agreed upon (green, amber, and red). 	
Implications <ul style="list-style-type: none"> - KPI development and delivery is closely linked with the establishment of local HI implementation groups. Until local groups are formed, these metrics will be difficult to address. - KPI delivery is influenced by many variables including staff levels, release of staff for training, waiting lists and technology. 	
Recommendations <ul style="list-style-type: none"> - Local implementation groups should be formed so that KPI's can be established. - The Saolta steering group should decide on group priorities for 2015. - KPI's should be formalised, implemented and monitored where appropriate. - Local KPI's should tie into group KPI's. 	

Action 7 Development of a sustainable health service	
7.2	<i>Prioritise and implement 3 key actions/goals in the plan</i>
Context <ul style="list-style-type: none"> - Staff enquired as to whether the action point was applicable to the entire Saolta group or if each individual site would decide on their own three goals. - Staff sought additional clarification on 7.2 as to whether an 'action' is deemed a full completion of one of the eight themes in the HI plan or a completion of a subset of a theme. For example, action 4 includes ten different areas. Is completion of 'physical activity' considered as one of the three key actions of 7.2 or would the ten areas need to be completed? 	

Implication

- Some confusion exists around the interpretation of the action point.

Recommendations

- The Saolta HI implementation group should clarify the meaning of action 7.2. If for example the action implies three goals for the organisation as a whole, some hospitals may not be in a position to deliver these actions due to resource issues or otherwise.
- The Saolta HI implementation group should clarify as to whether an 'action' is deemed a full completion of one of the eight themes in the HI plan or completion of a subset of a theme.

Action point 8 HIQA standards (Appendix 3)									
8.0	<i>Continue to implement quality improvement plans to improve health and wellbeing standards as outlined in the National standards for Safer Better Healthcare</i>								
<p>Context</p> <ul style="list-style-type: none"> - All Saolta hospitals have collated and returned health and wellbeing activity levels for standards 1.9 (Service users are supported in maintaining and improving their own health and wellbeing) and 4.1 (The health and wellbeing of service users are promoted, protected and improved) of the HIQA standards for better, safer healthcare. - A diverse set of examples of health and wellbeing activity is evident across all Saolta hospitals. - Quality Improvement Plan's (QIP's) are in place at hospitals. <table border="1"> <tr> <th colspan="2">QIP Status</th></tr> <tr> <td>Completed</td><td>7</td></tr> <tr> <td>Not due</td><td>5</td></tr> <tr> <td>Overdue</td><td>11</td></tr> </table> <ul style="list-style-type: none"> - A number of staff expressed concern around the administrative work of collating data for both HIQA and the Saolta HI plan. Issues cited included staff resources, time allocation and duplication of information. - One staff member felt that the Saolta plan was not needed as HIQA includes health and wellbeing activity already. 		QIP Status		Completed	7	Not due	5	Overdue	11
QIP Status									
Completed	7								
Not due	5								
Overdue	11								
<p>Implications</p> <ul style="list-style-type: none"> - The completion of the HIQA standards for health and wellbeing for Saolta hospitals demonstrates a commitment to include health and wellbeing activity as part of the organisations core business. - A number of QIP's that are overdue tie in to staff resource issues. - The potential increase in administration for staff in engaging in HIQA and HI activities are areas that the HI steering group should discuss. 									
<p>Recommendations</p> <ul style="list-style-type: none"> - HIQA health and wellbeing standards for Saolta should be monitored continuously and QIP's delivered where possible. - The Saolta steering group should consider the implication of dual administration levels regarding HIQA and HI work and how best to reduce this. - The many examples of good practice demonstrated in Appendix 3 can be shared among staff to improve and standardise services across the group. 									

APPENDIX 1: Staff resources

Occupation	GUH	Letterkenny	Mayo	Portiuncula	Roscommon	Sligo
Health and well being staff/ Health Promotion Officers	Laura McHugh (HP&I division) Pamela Normoyle	Mary Kelly	0 WTE	0 WTE	0 WTE	1x HPO (on long term sick leave)
Clinical nurse specialists	39 x CNS	35 x CNS	19 x CNS	CNS in 10 areas	CNS in 7 areas	22 x CNS
Site general manager	Ann Cosgrove	Sean Murphy	Charlie Meehan	Chris Kane	Elaine Prendergast	Grainne McCann
Quality/ safety co-ordinator	Manager post – Vacant Gemma Manning, women’s and children’s directorate Rosie O’Neill, perioperative directorate Helen Cahill, medical directorate Patricia Grealley Caroline Kearns Joe Helly	Padraig McLoone (Risk Advisor) Eileen Egan	Deirdre Walsh	Lisa Walsh	Claire Conlon (Risk Advisor)	Moya Wilson
Dietitian manager	Grainne O’Byrne	Sharron Patton	Fiona Healy	Maeve Doherty	Madeline Spellman –snr dietician	Annette Lalor

Director of nursing	Julie Nohilly	Dr Anne Flood	Catherine Donohoe	Margaret Casey	Maura Loftus	Marion Ryder (Interim)
Smoking cessation officer		Elaine Robinson				Pauline Kent
Alcohol liaison officer	Vacant – to be filled by Q2				Self harm CNS (Psych services)	
Cardiac rehab nurse	Mary Molloy	Martina McDaid	Ann Marie Brown	Anita Murray, CNS Carmel Boyle, CNS	Deidre O'Reilly & Rosemary Thorpe	Ann Mc Gowan & Maeve O'Reilly
Bariatric medicine	Dr Francis Finnucane Lena Griffen CNS					
Communication co-ordinator	Group communications dept	Group Communications Dept	Group Communications Dept	Group Communications Dept	Group Communications Dept	Group Communications Dept
Public health specialist		Dr Louise Doherty				
Clinical care programmes		Shane Neary Project Manager Mary Friel				
HR manager	Mary Hynes	Janet Doherty	Teresa Grady	Eamonn McManus	Vacant	John O'Donnell
Occupational health manager	Dr Deirdre Sugrue	Dr Eileen Canning	Marie Mahon, CNS in OH	Dr McMahon Neasa Naughton CNS	CNS in OH	
Employee support staff	Staffcare – external employee support service Lucy Dowling; stress management ward and 1:1			Lucy Dowling – external support	Access to employee support staff	

Patient advocate liaison service staff	Ellen Wiseman Olive Gallagher					
Learning and development/training officer	Denise Fahy			Incorporated into local HR Function		
Drugs officer/counsellor					Attached to psych services	Visit OPD clinic
Mental health liaison staff	Alison van Lar – ANP psychiatry liaison Alan Costello – self harm CNS	Ruth Colegate CNS			Self harm CNS	2
Midwifery and women and children's directorate	Jane Whirsky: Assistant Directory of Midwifery	Mary Murray CNS	Catherine Donohoe	Siobhan Horkan ADON	No midwifery or paediatric services	4 x CNM 2
Infection control	Judith Davitt ADON infection control Antimicrobial Stewardship team Dr. NiRian –chair	Cathy Barrett	CNS – Grainne McHale/Ramona O'Neill	Bernadette Walsh, CNS Infection Control	Catherine Carlos IPC CNS	Teresa Farrell ADON
Influenza co-ordinator		Co-ordinated via OH	Co-ordinated via OH	Co-ordinated via OH	Occ Health CNS	
Pharmacy manager	Andrew Barber	Keith Durning	Blanaid O'Connell	Geraldine Colohan	No manager 1 wte locum pharmacist, Naomi Martin	1x chief pharmacist Brian Rhattigan
IT manager	Martin Molloy	Anthony Campbell	Val Mullins	Anita Carey	No IT manager	Barry McKenna

Librarian	Denise Duffy	Pamela O'Connor	Julia Reynolds	Lorraine Moran	Vita Whelan 0.4 WTE	Helen Clarke
Physiotherapist manager	Norah Kyne Superintendant Physiotherapist Edel Callanan manager MPUH	Tommy Kerr	Fiona McGrath	Roisin O'Hanlon	Nora Kyne in GUH	2x physio manager Maurin Rooney
Speech and language therapy manager	Ger Keenan	Edel Quinn	Alanna Ni Mhiochain	Sinead Francis, sessional	Sinead Francis (0.5WTE)	
Occupational therapy manager	Pauline Burke	Catriona McIntyre	Gracia Gomez Kelly	Eileen Davis	Azhagiri Anbazhagan-Snr OT	1x OT manager
Catering manager	Mary Frain (Aramark) – UHG Mary Killeen – MPUH	Mark Duffy	Loretta Bracken	Mairead Coyne	Patricia Rogers	Shiela Fowley
Facilities/services manager	Geoff Ginnetty	Peter Byrne	Denis Mullins		Padraig Brennan	Conor McLoughlin
Breastfeeding co-ordinator	Therese Hughes	Geraldine Macgregor		Mary Mahon		
Patients services manager		Colleen Reynolds				
HIPE manager		Sinead McLaughlin				
Sports and social	Gillian Griffen	Liam Price		Caroline Cuniffe	Mary Crowley	
Associate clinical director for medical directorate	Dr Ramona McLoughlin			Dr Laura Bandut	Dr. Gerry O'Mara	

Associate clinical director for surgical directorate	Mr Jack Kelly			Mr Eddie Myers	Mr Eddie Myers	
Associate clinical director for women's and children's directorate	Dr Mary Hertiz			Dr Michael Brassil	No service	
Associate clinical director for laboratories	Dr Margaret Murray			Dr Vincent Parsons		
Associate clinical director for diagnostic directorate	Dr Claire Roche			Dr Vincent Parsons	Dr Vincent Parsons	

***This list is not exhaustive and is subject to change**

APPENDIX 2: Saolta Healthy Ireland Implementation plan: current situation April 1st 2015

Legend: **Green-complete**, **blue-ongoing**, **orange-due**, **Red-overdue**

No	Action	Measure	Target	Completion		Lead	Work undertaken
1. Governance & Policy							
1.1	Establish Steering Committee to oversee the Saolta University Health Care Group Healthy Ireland Implementation plan	Steering Committee convened representative of all relevant stakeholders	Steering Committee in place	Complete		Chair: Chief Director of Nursing & Midwifery, (CDNM), Saolta Vice Chair: Head of Planning, Performance & Programme Management, Health and Wellbeing Division	Development and publication of Saolta University Health Care Group Healthy Ireland Implementation plan (October 2014)
			Subgroups established to address key priorities	Saolta implementa tion group	Complete	Chair: Jean Kelly, CDNM, Saolta Vice Chair: John Shaughnessy, Group Director HR, Saolta Co-ordinator: Greg Conlon, Group lead, Health and Wellbeing, Saolta	Group convened January 2015 Implementation phase launched
				GUH	To convene Q2 2015	Ann Cosgrove, GM, GUH Pamela Normoyle, GUH Health and Wellbeing lead Laura McHugh, HPO, Health and Wellbeing Division, HSE	Mapping/local group formation
				Portiuncula	TBC	TBC	Activity, staff, HIQA mapping
				Mayo	TBC	TBC, HSE HPO Thelma Birrane to assist implementation group in 2016 (maternity leave)	Site visit/meetings/mapping (March 5 th 2015)
				Roscommon	TBC	Tina Vaughan, ADON	Site visit/meetings/mapping (March 10 th 2015)
				Sligo	To convene Q2 2015	Marion Ryder, DON Pauline Kent (interim), BI/Smoking cessation specialist	Site visit/meetings/mapping (Feb 23 rd 2015)
				Letterkenny	To convene Q2 2015	Dr. Anne Flood, DON Mary Kelly, HPO	Site visit/meetings/mapping (Feb 19 th 2015)

1.2	Incorporate relevant Healthy Ireland goals, actions and updates into existing Group Staff Engagement process	Further development of Group Staff Engagement and feedback process Further development of Group Newsletter	Employee Road shows undertaken in all hospital sites	Ongoing		Group Director of Human Resources, (GDHR), Saolta University Health Care Group Project co-ordinator	Staff inductions Site visits Operation transformation initiatives Saolta newsletter Employee engagement survey
1.3	Identify Healthy Ireland leads in each hospital site	No. of hospital sites which have identified a Healthy Ireland lead	All hospital sites	GUH	Pamela Normoyle	CDNM Saolta University Health Care Group/Project Co-ordinator Site managers	Lead appointed
				Portlincula	Q4 2014		
				Mayo	Q4 2014		Discussion with management (March 5 th 2015)
				Roscommon	Tina Vaughan, ADON		Discussion with management (March 10 th 2015)
				Sligo	Marion Ryder, DON Pauline Kent (interim), BI/Smk ces specialist		Discussion with management (Feb 23 rd 2015)
				Letterkenny	Dr. Anne Flood, DON Mary Kelly, HPO		Lead appointed
1.4	Develop site-specific Healthy Ireland Implementation plans	Site specific plans developed	All hospital sites with Healthy Ireland implementation plans	GUH	Q3 2015	GUH-Health Promotion Officer reports to GM and HP&I. Health and wellbeing lead reporting to CDNM	Committee will be tasked to develop site specific plan for UHG and MPUH
				Portlincula	Q3 2015		
				Mayo	Q3 2015		
				Roscommon	Q3 2015		
				Sligo	Q3 2015		

				Letterkenny	Q3 2015		
1.5	Produce an Annual Health and Wellbeing Progress Report	Parameters for Annual Progress Report agreed and implemented	Annual Progress Report produced	Q1 2015		Report to Board and Executive Council	Progress report developed

No	Action	Measure	Target	Completion	Lead	Work undertaken
2. Partnerships & Cross Sectoral Work						
2.1	Further develop partnership working and collaboration opportunities across the group with key external stakeholders such as NUIG, Local Authorities, Healthy Cities etc	Development of priorities for Partnership Group	Agreed priorities for group in place	Q4 2015	Member of Executive Council, Saolta University Health Care Group	<p>GUH- Shared staff WTE with NUIG, adjunct lecturers, GP newsletter, City council – mobility management plan, collaboration with Healthy cities & GUH alcohol strategy, volunteer service, formal collaborative working with SIMON and regional traveller health support groups, clinical service and building improvements e.g. cardiology (CROI) and CF association</p> <p>PHB- linkages with Gardai, fire services, phn, GP's, Blood Bike West, national rehab hospital, Quest, Brain injury Ireland, Arthritis Ireland, IHF, Croi, Cancer support groups, Marie Keating Foundation</p>

						<p>MGH- maternity work closely with the Mayo Traveller Support group, Fit4work is a partnership project between Health Promotion & Improvement, GMIT and Mayo Sports Partnership, Croi/Mayo Primary Care led group, Mayo Action on Heart Disease and Stroke, Befriending Mayo Service for older people, Future partnership working could take place with Mayo Co Council, GMIT and HSE staff in St Mary's in relation to a staff mobility plan</p> <p>RCH- Marie Keating Foundation, Breastcheck, Mayo/Roscommon Hospice Foundation, Croi, National rehab hospital, NUIG, GMIT</p> <p>SRH- Healthy cities, LEC plan, Sports partnership, IT Sligo, St Angela's college, CNME, CAWT, Marie Keating Foundation, established support groups such as COPD</p> <p>LGH-Peace 3, CAWT, local authorities, education</p>
2.2	Develop county profiles to summarise epidemiological and comparative information on demography, determinants of health and health conditions, inform health and wellbeing assessments, service reviews and health needs assessment	County profiles published and being used to inform service developments	6 county profiles published	Completed	Departments of Public Health HSE West (HSEW) and HSE Northwest (HSENW)	<p>All county profiles published (Dec 2014)</p> <p>Profiles distributed to sites to inform business planning (Feb/March 2015)</p> <p>Public health colleagues involved in clinical services review teams</p> <p>LGH-profile used in service planning and interagency reports</p>

No	Action	Measure	Target	Completion	Lead	Work undertaken	
3. Empowering People and Communities							
3.1	Implement the reformed clinical programmes & new integrated care programmes in line with national direction to emphasise prevention, early detection and self care	Recording of data on risk factors, early detection and behaviour change therapy given	Align to national programmes, targets and new governance structure	Q3 2015	National Clinical Advisor, Group Lead Health and Wellbeing, Clinical Strategy Programmes in partnership with CEO Saolta University Health Care Group	GUH- 22 clinical care programmes, 14 active programmes, speciality leads in place SGH- 21 active clinical care programmes, speciality co-ordinator each programme LGH- 22 clinical care programmes for patients active, 11 working groups established	
3.2	Implement self care support programmes for patients identified with cardiovascular disease, respiratory diseases and diabetes in line with national framework	Proportion of patients with these chronic diseases who have been offered or referred to a self care programme	TBC – subject to progress at national level	To commence 2016	Group Directorates	GUH	Self care support programmes in place for cardiovascular, diabetes and respiratory diseases
						PHB	Specific interventions for some chronic diseases including Acute Coronary Syndrome, diabetes, stroke support group, heart failure, cardiac rehab, discharge advice, antenatal classes, resuscitation briefings, heart safe programmes, life facilitations programme, stoma care, interpreter services, language tools
						MGH	Monitor patients for depression post stroke/DM diagnosis, stop before you op smoking cessation programme, pulmonary rehab, physio led GP exercise prescriptions, various leaflets, monitoring and communication booklet for cardiac failure, health promotion DVD’s played in all OPD waiting areas, plain English guide
						RCH	Cardiac rehab, A Fib day, heart screening, colon screening and support, care of older persons working group established, telemedicine programme for rheumatology, diabetes management (CODE), respiratory management, psychiatry, nurse prescribing, stroke, pre op assessment, falls and memory, wellness days for patients and staff bi annually run by cardiac rehab (BP checks etc), various leaflets
						SRH	Example of programmes include diabetes management, COPD, cardiac rehab, epilepsy, psoriasis, skin CA, eating disorders, stoma support, falls prevention

							LGH	Self care support programmes identified with cardiovascular disease, respiratory diseases, diabetes, falls prevention, SPARC and CAWT programmes, directory on nursing specialities published
3.3	Establish Patient Advocate Liaison Service (PALS) to provide general information to patients and families in line with the implementation of the Saolta Strategic Plan for Public and Patient Involvement 2013-2015	Establishment of Patient Advocate Liaison Service	2 PALS Co-ordinators appointed; 1 for GUH & 1 with an Emergency Department (ED) remit	Complete	CDNM	Saolta University Health Care Group	Olive Gallagher and Ellen Wiseman (CNM2's) appointed	
3.4	Establish a Patient Council that will work closely with the Group and staff to improve services for patients in line with the implementation of the Saolta Strategic Plan for Public and Patient Involvement 2013-2015	Establishment of Saolta University Health Care Group Patient Council	Patient council in place and active	Complete	CDNM	Saolta University Health Care Group	<p>Council formed November 2014 16 members of public appointed Patient forum chair elected in March 2015</p> <p>GUH-"Friends of GUH" initiative in development, biannual meetings with local counsellors in advance of Oireachtas briefings, periodic meetings with local residents regarding transport and traffic congestion adjacent to UHG</p> <p>RCH-staff training in Patient's Charter</p> <p>LGH-Patient forum in place</p>	
3.5	Expand the Implementation of 'Test your care', nursing & midwifery quality care metric	Number of sites implementing 'Test your care'	All Hospital Sites	GUH	Ongoing	CDNM Saolta University Health Care Group	Test your care implemented in ante natal and postnatal and 6 clinical areas in general hospital	
				Portlincula	Ongoing		Patient experience research in medical departments in GUH in progress in conjunction with University of Ulster and NUIG	
				Mayo	Ongoing			
				Roscommon	Ongoing			
				Sligo	Ongoing			
				Letterkenny	Ongoing			

No	Action	Measure	Target	Completion		Lead	Work undertaken
4.1 Health and health reform							
4.1.1	Complete a baseline assessment of current staff resources for health and wellbeing across hospital group including staff working exclusively or non exclusively on Health and Wellbeing	Completion of baseline assessment	Report produced defining the number of staff involved	GUH	Complete	Greg Conlon	Template formed for collating staff resources (Jan 2015) Site visits undertaken (Feb/March 2015) Report compiled March 2015
				Portiuncula	Complete		
				Mayo	Complete		
				Roscommon	Complete		
				Sligo	Complete		
				Letterkenny	Complete		
4.1.2	Develop a Health and Wellbeing training plan for staff and build capacity of staff to implement health and wellbeing activities	Training Plan devised in consultation with key stakeholders within target timescale	Training Plan developed	Q2 2015		Project Co-ordinator/Group Director of Human Resources	GUH- Brief Intervention for smoking cessation Briefings on the use of SAOR brief intervention method Stress management Mindfulness
4.1.3	Complete a review of the current status of Health Promoting Health Services (HPHS) Programme across the hospital group with a view to expansion	Review undertaken and completed within target timescale	Review completed *Await publication of National Healthy Ireland Implementation plan to progress the review of the HPHS programme	GUH	Q1 2015	Project Co-ordinator/Health Promotion & Improvement	GUH member of HPH network HP&I staff member allocated to work with GUH Current work streams are: 1. Tobacco 2. Health Literacy 3. Active travel/Mobility Management plan 4. Alcohol 5. HI implementation
				Portiuncula	Q1 2015		
				Mayo	Q1 2015		
				Roscommon	Q1 2015		
				Sligo	Q1 2015		
				Letterkenny	Q1 2015		Member of HPH. Co-ordinator and HP committee in place. Sub committees include editorial, intercultural, interfaith, annual service plan and report

No	Action	Measure	Target	Completion		Lead	Work undertaken					
4.2 Tobacco control												
4.2.1	Identify tobacco lead in each site to coordinate all tobacco actions in line with plans at national and divisional level	Tobacco lead on each site identified	Tobacco Leads in place	GUH	Q1 2015	No resource	Vacant post, awaiting confirmation by ECC regarding recruitment					
				Portiuncula	Q1 2015	No resource						
				Mayo	Q1 2015	No resource						
				Roscommon	Q1 2015	No resource						
				Sligo	Complete	Pauline Kent						
				Letterkenny	Complete	Elaine Robinson						
4.2.2	Fully implement the National Tobacco Free Campus policy in line with the European Network of Smoke Free Hospitals – Global (ENSH) standards	No. of sites achieving ‘Gold’ standard compliance with ENSH standards Compliance with National Tobacco Free Campus audit measures	All hospital sites 100% across all sites	GUH	SFC in operation	Site Managers/Tobacco Leads	Tobacco Free Campus policy in place since 2013. Observation audits completed in 2012 &2013 to evaluate implementation. Comparative Results due by Q2 2015 from public health.					
				Portiuncula	SFC in operation		Policy in place					
				Mayo	SFC in operation		Policy, audits in place					
				Roscommon	SFC in operation		Policy in place					
				Sligo	SFC in operation		ENSH Silver level, to apply for gold in 2015					
				Letterkenny	SFC in operation		Policy in place					
				4.2.3	Routinely screen all service users for tobacco use		% of records in which smoking status is recorded % of HIPE records which include smoking status	Annual increase in the % of HIPE records which include smoking status	GUH	2015/16/17	Tobacco Leads, Clinical directors, Directors of Nursing and Director of Midwifery	All nursing and care pathway documentation include Tobacco. Audits of patient documentation completed in 2012 and 2014. GUH results included in national report of the prevalence of tobacco recording on HIPE, published in 2014

				Portiuncula	2015/16/17		
				Mayo	2015/16/17		
				Roscommon	2015/16/17		
				Sligo	2015/16/17		HIPE data noted
				Letterkenny	2015/16/17		Ongoing
4.2.4	Deliver brief intervention for tobacco cessation to clients who smoke	% of inpatient and outpatient smokers (including antenatal clients) who receive brief intervention	Annual increase in the % of smokers who receive brief intervention	GUH	2015/16/17	Tobacco Leads, Clinical directors, Directors of Nursing and Director of Midwifery	Audit of patient records and interviews with patients completed in 2012 to ascertain if Brief intervention was received
				Portiuncula	2015/16/17		No service
				Mayo	2015/16/17		No service
				Roscommon	2015/16/17		No service
				Sligo	2015/16/17		Service in operation
				Letterkenny	2015/16/17		Service in operation
4.2.5	Provide smoking cessation support to patients in line with national cessation standards	% of clients who are prescribed Nicotine Replacement Therapy (NRT)/Pharmacotherapies No. of smokers engaged in an intensive cessation support treatment programme quit at 1 month	Annual increase in the % of clients who are prescribed Nicotine Replacement Therapy (NRT) / Pharmacotherapies Annual increase in the numbers of smokers engaged in an intensive cessation support treatment programme quit at 1 month	GUH	2015/16/17	Tobacco Leads, Clinical Directors, Directors of Nursing and Director of Midwifery Smoking Cessation Officers	Vacant 1:1 support service since July 2013 Presentation delivered to staff on 'how to stop smoking' (Jan 2015) NRT routinely prescribed for inpatients, pharmacy protocol in place Information on quantities of NRT dispensed to clinical areas available
				Portiuncula	2015/16/17		
				Mayo	2015/16/17		
				Roscommon	2015/16/17		Provided via cardiac rehab programme
				Sligo	2015/16/17		One to one support and group support provided

							Mandatory NRT pilot in AAA ward Smoking and mental health inequality study Smoking cessation and pregnancy support One to one support provided, NRT provided
				Letterkenny	2015/16/17		
4.2.6	Provide nationally accredited brief intervention training for staff in tobacco cessation	No. of staff trained in BI in tobacco cessation	Annual increase in the number of staff trained in BI for tobacco cessation	GUH	2015/16/17	Health Promotion & Improvement	Presentation delivered to staff on 'smoking and cancer, how you can help your patients' (Feb 2015) GUH staff targeted for 3-4 courses taking place each year, numbers of staff attending the training is a routine PI recorded monthly by H&WB division Training provided Training provided Training provided, release sanctioned, uptake poor, staff interest and patient demographics a factor Training provided Training provided, difficult for staff to get released
				Portiuncula	2015/16/17		
				Mayo	2015/16/17		
				Roscommon	2015/16/17		
				Sligo	2015/16/17		
				Letterkenny	2015/16/17		

No	Action	Measure	Target	Completion		Lead	Work Undertaken
4.3 Nutrition and obesity							
4.3.1	Introduce routine recording of Body Mass Index (BMI) for all relevant inpatients and outpatients encounters	Routine recording of BMI for all inpatients and outpatients introduced (National guidance expected in 2016)	10% annual increase in the recording of BMI	GUH	2015/16/17	Project Co-ordinator/Lead for Obesity	Some weighing scales with BMI functionality available in clinical areas
				Portiuncula	2015/16/17		BMI not routinely recorded; good practices in cardiothoracic and respiratory units
				Mayo	2015/16/17		
				Roscommon	2015/16/17		Dietetics undertake BMI for patients
				Sligo	2015/16/17		
				Letterkenny	2015/16/17		BMI undertaken for 48% of all patients except paediatrics and maternity patients
4.3.2	Improve the recording of obesity in medical records, coding of obesity in HIPE and recording of obesity in death certifications	Percentage of records in which obesity is recorded % of HIPE records which include obesity % of medical death certifications in which obesity is recorded	10% annual increase in recording of obesity in medical records and HIPE Annual increase in recording of obesity as a contributory factor in cause of death	GUH	2015/16/17	Group Directorates	Obesity recorded in certain circumstances on HIPE, e.g. gastrectomy, diabetes
				Portiuncula	2015/16/17		
				Mayo	2015/16/17		
				Roscommon	2015/16/17		Consultants advised to record in medical notes, HIPE informed and requested to code
				Sligo	2015/16/17		
				Letterkenny	2015/16/17		
4.3.3	Undertake a review of the nutritional adequacy and quality of hospital food for	Completion of review	Review completed	GUH	Q4 2015	Group Directorates	Review of nutritional content of patient menus conducted in 2013. Recommendations made in

	patients and agree nutritional standards, in line with the policy document Food and Nutritional Care in Hospitals – Guidelines for Preventing Under Nutrition in Acute Hospitals	No. of hospital sites which have implemented HSE policies/guidelines in relation to food and nutrition	All hospital sites				relation to changes in menus, modified textured diets and availability of snacks Dietician input into the specification for the catering contract Ongoing meetings between catering and dieticians
				Portiuncula	Q4 2015		Nutritional standards and menu review, roll out of nutritional standards
				Mayo	Q4 2015		Happy heart healthy eating award winners 2013, healthy diet for children
				Roscommon	Q4 2015		New patient menus prepared in Dec 2014 to be implemented, allergens to be documented
				Sligo	Q4 2015		Provision of meals for lactating mothers, healthy eating menus and information, happy hearts at work, guidelines for preventing under nutrition
				Letterkenny	Q4 2015		Health promotion committee looks at healthy sustainable food policies within the hospital, meal times have been changed, main meal now served in the evening, not lunchtime, good feedback received
4.3.4	Implement the HSE healthy vending policy and HSE calorie posting policy	No. Of hospital sites which have implemented the policies	All hospital sites	GUH	Ongoing	Group Directorates	Calorie posting launched UHG March 2015 with Aramark 1 meeting held with Catering in MPUH regarding its implementation

				Portiuncula	Q4 2015		Healthy eating menus in operation, cholesterol and healthy eating talks
				Mayo	Q4 2015		Ongoing, healthy eating promotions
				Roscommon	Q4 2015		Operation transformation initiative promoted healthy meals and calorie posting, calories posted for coffees at coffee shop, healthy eating leaflets
				Sligo	Q4 2015		Healthy eating menus and information
				Letterkenny	Ongoing		Pilot site for calorie posting, report published, healthy eating and active living guide for health professionals and catering services, patient satisfaction surveys
4.3.5	Introduce evidence based nutrition assessment for all high risk patients to target those at risk of malnutrition in a timely manner	Proportion of patients identified as high risk who have received nutrition assessment	Annual Increase in the number of assessments carried out	GUH	Q4 2015	Group Directorates	Screening tools not routinely used. Model of good practice in St. Rita's ward
				Portiuncula	Q4 2015		Priority coding in place for dietetic referrals, open referral for ICU, cardiology, radiotherapy, diabetes and cardiac rehab, referrals accepted from physicians in other areas
				Mayo	Q4 2015		
				Roscommon	Q4 2015		MUST score in place
				Sligo	Q4 2015		MNA tool used for Over 65's
				Letterkenny	Q4 2015		

No	Action	Measure	Target	Completion Date		Lead	Work Undertaken
4.4 Physical activity							
4.4.1	Develop an active travel/mobility management implementation plan for staff	Development of plan in consultation with key staff	Plan developed	GUH	Complete	Site Managers/ Group Director of HR, Saolta University Health Care Group	Mobility management implementation plan in operation in GUH since 2009 with subsequent updates Routine travel pattern surveys with staff and the public carried out since 2006
				Portiuncula			Cycle to work scheme
				Mayo			Cycle to work scheme, Sli Na Slainte
				Roscommon			Cycle to work scheme, operation transformation, sports and social club
				Sligo			Operation Transformation programme
				Letterkenny			Bicycle scheme in place, active sports and social club
4.4.2	Implement National Physical Activity Plan recommendations for staff	Awaiting publication	TBC	To commence 2015		Site Managers/Group Director of HR, Saolta University Health Care Group	GUH- Active travel work ongoing linked to Mobility management plan. Bicycle shelter parking installed in UHG, MPUH & Portiuncula Sli Na Slainte routes
							Operation Transformation
							PHB-cycle to work scheme
							RCH- Bike to work and tax saver schemes, operation transformation, sports and social club

						MGH- fit 4 work, collaboration with mayo sports partnership
						SRH- Operation Transformation, cycling scheme
						LGH- admission protocols include assessment of patient physical activity levels, Operation Transformation

No	Action	Measure	Target	Completion	Lead	Work Undertaken
4.5 Alcohol and drugs						
4.5.1	Improve linkages with community drugs and alcohol services across the group	Improved linkages established	Joint working groups established	Ongoing	Site Managers/Alcohol & Drug Services, HSE West	<p>GUH- Collaboration with drugs services HSE west regarding SAOR training, alcohol addiction counselling, HR alcohol policy development</p> <p>MGH- substance abuse leaflets provided</p> <p>LGH- MDT pregnancy and ceasing alcohol, guidelines for the management of alcohol withdrawal, referral pathway to community alcohol service, alcohol and substance misuse policy in place</p>
4.5.2	Complete appointment of Alcohol/Substance misuse liaison post in GUH	Completion of appointment	Lead appointed	Ongoing-Q2 2015	GUH General Manager/ Health Promotion & Improvement/ Drugs Services, HSE West	<p>Working group in place to oversee the establishment of the Alcohol liaison post in GUH</p> <p>RCH- self harm CNS attached to urgent care centre</p> <p>LGH-Appointment of 2x liaison nurses (self harm programme)</p>

No	Action	Measure	Target	Completion		Lead	Work Undertaken
4.6 Brief Interventions							
4.6.1	Expand and mainstream brief intervention training for staff across a range of risk factors including nutrition, physical activity, obesity, alcohol & mental health in line with national framework	No. of staff trained in BI across risk factor priorities	Annual increase in number of staff trained annually	GUH	2015/2016/2017	Project Co-ordinator/Health and Wellbeing Leads	BI training offered to staff with specialist modules for Tobacco and Alcohol
				Portiuncula	2015/2016/2017		
				Mayo	2015/2016/2017		Unlikely to be achieved in 2015 as HPO will be on maternity leave, national review of BI training taking place, there is no model to roll out this training at present
				Roscommon	2015/2016/2017		Smoking cessation training offered
				Sligo	2015/2016/2017		Online theory training then face to face
				Letterkenny	2015/2016/2017		Hospital can demonstrate that frontline staff receive BI training and patients receive BI for low physical activity levels where appropriate, evidence of feedback given, integrated support services with the community
4.6.2	Expand number of undergraduate training programmes with standardised Brief intervention modules	Number of undergraduate programmes with standardised Brief Intervention training included	Annual increase in number of programmes	2016		Chief Academic Officer, Academic Partner, Health and Wellbeing Division	GUH-HP&I staff linked with NUIG undergraduate nursing and post graduate health promotion programmes in relation to Brief intervention SRH-BI programme expanded to Sligo IT and St. Angela’s College

No	Action	Measure	Target	Completion		Lead	Work Undertaken
4.7 Breastfeeding							
4.7.1	Promote and Increase breastfeeding rates in all maternity units at Saolta University Health Care Group Continue to Implement the Infant Feeding Policy for maternity and Neonatal services in our maternity units	% of mothers who initiate Breastfeeding in hospital % of mothers feeding on Discharge (exclusive and combined) % of mothers exclusively breastfeeding on discharge	Annual increase in the % of mothers who initiate Breastfeeding Annual increase in the % of mothers feeding on Discharge (exclusive and combined) Annual increase in the % of mothers exclusively breastfeeding on discharge	GUH	2015/2016/2017	Group Director of Midwifery	% of BF rates collected and sent to ERSI and BFHI monthly and annually respectively BF Initiation rate greater than 60% and BF exclusive discharge rate approx 40% Weekly drop in clinics for mothers and monthly ante natal workshops held Collaborative work with regional Traveller support groups by outreach work and in hospital meetings Maternity unit represented on HSE Traveller Health unit
				Portiuncula	2015/2016/2017		Breastfeeding support group, feeding rooms for patients and staff
				Mayo	2015/2016/2017		Participate in BFHI, aim to increase breastfeeding rate to 80% in 2015 (currently 53%)
				Roscommon	2015/2016/2017		Lactation room provided for staff no maternity services at RCH
				Sligo	2015/2016/2017		Baby friendly hospital initiatives, ante natal courses, provision of meals for lactating mothers in paediatric dept
				Letterkenny	2015/2016/2017		Donegal breastfeeding forum established Membership of BFHI breastfeeding programme, hospital BF support group and phone line in place

4.7.2	Participate in Baby Friendly Hospital Initiative (BFHI)	Number of hospitals designated as (WHO)/ (UNICEF) Baby Friendly Hospitals	All maternity units	Ongoing	Group Director of Midwifery	GUH- UHG maternity unit is a designated baby friendly site since 2006, the last external assessment and BFHI designated award was given was in 2012
						PHB- Baby friendly hospital-re-accreditation achieved 2015
						MGH-committee, yearly report, action plan, training, breastfeeding classes, ante natal nutrition
						RCH- participate in BFHI
						SRH- participate in BFHI
						LGH- member of BFHI. HPO chair of BFHI governance committee and member of national BFHI committee
4.7.3	Ensure adequate staffing levels and CMS lactation posts to support breastfeeding	Staffing review undertaken	Review finalised	Q4 2014	Group Director of Midwifery	<p>GUH</p> <p>.5WTE in lactation consultant</p> <p>Due to retire in March 2015.</p> <p>.5 WTE for consideration at ECC meeting in March</p> <p>Approx 7 midwives qualified lactation consultants are working in the maternity unit</p>
4.7.4	Review current breastfeeding data collection systems with a view to achieving standardisation across the hospital group, in line with national recommendations	Review undertaken Standardisation process commenced	Review completed Standardisation plan in progress	Q4 2015	Group Director of Midwifery	<p>GUH- Euroking 3 IT system in use</p> <p>Clinical midwife manager for IT on national group piloting new maternity IT system</p> <p>PHB-CNS in lactation</p> <p>LGH-Breastfeeding data recorded on MIRS system</p>

4.7.5	Develop breastfeeding training plan for all staff in maternity as per BFHI guidelines	Training plan developed	Annual increase in the number of staff trained across disciplines Annual increase in the number of midwives who receive breastfeeding refresher course	2015/16/17	Group Director of Midwifery	GUH-BF Training plan in place, BF refresher course scheduled 4 times per year, medical staff receives BF training at induction twice a year, shorter ward sessions held for all staff on a monthly basis MGH-training provided, antenatal nutrition leaflets (multiple languages) LGH-Annual hospital/community training plan complete in partnership with breastfeeding forum
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No	Action	Measure	Target	Completion		Lead	Work Undertaken
4.8 Health protection							
4.8.1	Continue to implement the WHO five moments of hand hygiene throughout all facilities at Saolta	Percentage of all staff that have had hand hygiene training	95% or greater	Ongoing		Infection Control Team/Site Managers	Roscommon- 100% of all staff have been trained
4.8.2	Lead auditor for hand hygiene training and identified in each site	Number of sites with a lead auditor in place	All sites	GUH	Q4 2015	Infection Control Team/Site Managers	
				Portiuncula	Q4 2015		
				Mayo	Q4 2015		
				Roscommon	Q4 2015		Infection control CNS lead
				Sligo	Q4 2015		
				Letterkenny	Q4 2015		
4.8.3	Continue to review and update the Saolta Major Emergency Plans (MEPs) and Pandemic Plans	Annual review of MEPs undertaken Review of Pandemic Plan undertaken	Reviews completed	Ongoing		Site Managers with support from Public Health & Emergency Planning	Review of MEP in GUH currently ongoing

4.8.4	Increase influenza vaccination rates in clinical staff	Percentage uptake of flu vaccine in Health Care Workers	40% target	GUH	14%	Influenza Vaccine Co-ordinator	Vaccine provided
				Portiuncula			Vaccine provided
				Mayo	16%		Influenza vaccines and leaflets
				Roscommon	14%		Vaccine provided, poster campaign, vaccine provided at urgent care centre
				Sligo	17%		Vaccine provided
				Letterkenny	32%		Donegal staff influenza vaccination campaign
4.8.5	Promote safe sex through advice and information regarding prevention and treatment services for patients	Display information regarding sexual health prevention and treatment services for staff and for patients on each hospital site	Audit of sites	Ongoing		Project Co-ordinator	<p>GUH- GUM/STI services, contraception advice</p> <p>PHB- GUM/STI services</p> <p>RCH- no GUM/STI services</p> <p>MGH-STI services</p> <p>LGH-STI services</p>
4.8.6	Ensure good antimicrobial prescribing, consistent with local guidance	<p>% compliance with documenting indication for antimicrobial in medical notes</p> <p>Recording the duration of the antimicrobial treatment course on the drug prescription chart</p> <p>% prescriptions not consistent with local antimicrobial guidance</p> <p>EARS-Net bacteraemia</p>	100% compliance	Ongoing		Clinical Directors Pharmacy	<p>See www.hpsc.ie for detailed figures</p> <p>GUH-Routine reporting of median rates for the following indicators;</p> <ul style="list-style-type: none"> - % of patients on antimicrobials - Compliance with guidelines - Indication documented - Duration/review date <p>Documented</p> <ul style="list-style-type: none"> - % IV antibiotics - Surgical antibiotic <p>Prophylaxis ≤1 day</p> <p>Annual reports available</p>

		surveillance				RCH- Antimicrobial pharmacist provides monthly report to management
4.8.7	Reduce healthcare associated infections	Rate of MRSA bloodstream infections in acute hospital per 1,000 bed days used (Quarterly) C Difficile infection (incidence rate per 10,000 bed days used and time between event monitoring)	<0.057 <2.5	Ongoing (report quarterly)	Infection Control	See www.hpsc.ie for detailed figures
4.8.8	Monitor and control antibiotic consumption	Median hospital total antibiotic consumption rate (defined daily dose per 100 bed days) per hospital	83	Ongoing	Pharmacy	See www.hpsc.ie for detailed figures GUH-Routine reporting of the median hospital total antibiotic and antifungal consumption rates, annual reports available RCH- routinely reported to management
4.8.9	Monitor alcohol hand rub consumption	Alcohol hand rub consumption (litres per 1,000 bed days used)	25	Ongoing	Infection Control	See www.hpsc.ie for detailed figures

No	Action	Measure	Target	Completion Date		Lead	Work Undertaken
4.9 Positive mental health							
4.9.1	Promote awareness of supports available & information on positive mental health, stress, addiction and other mental health issues for staff	Number of staff availing of the Employee support service Increase in the number of hospitals sites with positive mental health information on display	Annual Increase in the number of staff availing of employee support service Annual increase in the number of hospitals with information on display	GUH	2015/16/17	Project Co-ordinator/ Health and Wellbeing Leads	Psychiatry Liaison ANP and self harm liaison nurse in ED, debriefing services available for staff Contracted employee support services
				Portiuncula	2015/16/17		Occ health, employee support, counselling, dignity at work policy, careline
				Mayo	2015/16/17		Employee assistance leaflet, employee support and counselling, personal development plans
				Roscommon	2015/16/17		Occ health services, staff wellness days, leaflets, employee support
				Sligo	2015/16/17		General staff screening day, Occ health, careline
				Letterkenny	2015/16/17		Peace 111 project- spirituality and cultural diversity, intercultural training, Occ health, careline
4.9.2	Expand mindfulness & stress management training for staff	Mindfulness & stress management training available in all sites	Annual increase in the number of staff attending mindfulness & stress management training	GUH	2015/16/17	Project Co-ordinator/ Health and Wellbeing Leads	Employee support service working with staff in relation to stress management at ward and 1:1 level Mindfulness courses delivered to various departments in UHG and shorter sessions as part of Operation transformation in Jan/Feb 2015

				Portiuncula	2015/16/17		Stress management and relaxation courses
				Mayo	2015/16/17		Stress management sessions
				Roscommon	2015/16/17		Stress management sessions x3 in 2015, business case put forward for mindfulness
				Sligo	2015/16/17		Course have taken place for stress management, business case put forward for mindfulness
				Letterkenny	2015/16/17		Stress control programme in place and mindfulness programme commenced

No	Action	Measure	Target	Completion Date	Lead	Work Undertaken
4.10 Screening						
4.10.1	Continue to support the delivery of screening programmes in conjunction with the National Screening Service population based, call-recall screening programmes. Deliver: Colposcopies (CervicalCheck) BreastCheck Surgeries (BreastCheck) Colonoscopies (BowelScreen) Diabetic RetinaScreen consultation and treatment	-Colposcopies. Urgent seen within 2 weeks High grade within 4 weeks Low grade within 8 weeks - BreastCheck Surgeries Offered surgery within 3 weeks of diagnosis - Colonoscopies Within 20 working days (when deemed clinically suitable)	100% of clients seen within indicated timeframes	Ongoing	Health & Wellbeing – National Screening Service	GUH- Numerous screening services on UHG site PHB- cervical screening, newborn congenital heart screening, newborn hearing screening programme RCH-Marie Keating Foundation information stand, Breastcheck, Diabetic Retinopathy, Bowelscreen MGH-Breastcheck, colposcopies, STI, national newborn hearing

		following preassessment) - Diabetic RetinaScreen Urgent referrals seen within 12 - 24 days Routine referrals seen within 78 and 108 working days				SRH- Cervical, colonoscopy, diabetic retinopathy, newborn hearing screening programmes, breastcheck mobile unit community LGH- Breastcheck, colposcopies, STI, national newborn hearing
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No	Action	Measure	Target	Completion		Lead	Work Undertaken
5. Research and evidence							
5.1	Ensure relevant patient documentation incorporates assessment of health determinants e.g. GMS status, ethnicity, employment	Proportion of relevant patient assessment documentation incorporating assessment of health determinants	10% annual increase in the recording of health determinants in patient documentation (in areas identified for audit)	GUH	2015/16/17	Group Directorates	Health Equity audit of OPD attendees and non attendees carried out in 2014
				Portiuncula	2015/16/17		Ethnic identifier in place in maternity and psychiatry
				Mayo	2015/16/17		Routine audits of nursing documentation completeness through practice development
				Roscommon	2015/16/17		
				Sligo	2015/16/17		Ethnicity noted in documentation, incorporated in patient satisfaction audits
				Letterkenny	2015/16/17		
5.2	Implement an evidence-based approach to service evaluation and planning	Health and wellbeing parameters	Health and wellbeing identified as a strategic research priority for the	Q1 2015		Group Academic Director	Preliminary work taking place to map existing research

	across the Saolta University Health Care Group, based on needs assessment	included in service evaluations, planning/research	Clinical Research Facility (CRF)			Operation Transformation evaluations Saolta HI Imp Plan abstract submitted to HPH conference
5.3	Ensure WNWHB Research Plan is cross referenced with Healthy Ireland research priorities	Collaborative research opportunities with Healthy Ireland identified	Saolta University Health Care Group research plan cross referenced with Healthy Ireland	Ongoing	Group Academic Director & Knowledge Management Health and Wellbeing Division	
5.4	Strengthen and identify research networks, academic collaborations, data and research groups	Greater collaboration with academic partners	Increase in research activity	Ongoing	Group Academic Director	Shared staff WTE's with NUIG Adjunct lecturer posts CRF facility on UHG site Professor Margaret Barry (health promotion) joined implementation group (Jan 2015)

No	Action	Measure	Target	Completion	Lead	Work Undertaken
6. Monitoring, Reporting and Evaluation						
6.1	Develop an outcomes framework for the hospital group, in line with National Healthy Outcomes Framework when published	Outcomes framework to be developed	Outcomes framework developed	Dec 2015	Group Academic Director/Knowledge Management Health and Wellbeing	Await publication of framework
6.2	KPIs and other measurement tools to be developed to support implementation of the plan	KPIs to be identified	All KPIs for Group Healthy Ireland implementation plan identified	Q1 2015	Steering Group	Discussed at implementation group BF and Tobacco KPI's routinely reported on

No	Action	Measure	Target	Completion		Lead	Work Undertaken
7. Development of a Sustainable Health Service							
7.1	Develop a local Steering Group to liaise with National Health Sustainability Office	Identify a named person to lead the group and communicate with the National Health Sustainability Office	Develop and communicate a 3 year plan that links into the upcoming HSE sustainability Strategy	Q3 2015		Hospital Group Nominee	GUH- Services department and maintenance staff member coordinating existing energy conservation and waste management work
7.2	Prioritise and implement 3 key actions/goals in the plan	Set targets for the 3 actions	3 actions implemented and measured	GUH	Q4 2015/16/17	Hospital Group Nominees	Local committees to formalise
				Portiuncula	Q4 2015/16/17		Local committees to formalise
				Mayo	Q4 2015/16/17		Local committees to formalise
				Roscommon	Q4 2015/16/17		Local committees to formalise
				Sligo	Q4 2015/16/17		Local committees to formalise
				Letterkenny	Q4 2015/16/17		Local committees to formalise
7.3	Review evidence in relation to sustainable health strategies in line with emerging national policy	Completion of Literature Review	Review completed	Q3 2015		National Sustainability Office, Health and Wellbeing Division	

No	Action	Measure	Target	Completion	Lead	Work Undertaken
8. HIQA standards						
8.1	Continue to implement quality improvement plans to improve health and wellbeing standards as outlined in the National standards for Safer Better Healthcare	Level of incremental improvement change	Evidence of improvement on an annual basis	Ongoing	Project Co-ordinator/ Health Promotion & Improvement/ Site Managers	HIQA health and wellbeing standards 1.9 and 4.1 and QIP's collated and reported on for Saolta hospitals (March 2015)

APPENDIX 3: HIQA Health and Wellbeing standards for better safer healthcare

HIQA standards: Galway

Standard	1.9 Service users are supported in maintaining and improving their own health and wellbeing			
Element	Enabling Better Health and Wellbeing			
Evidence	Evidence	Ref. No.	Name of Electronic Doc.	Location/Contact
	Healthy Ireland -a Framework for Improved Health and Wellbeing 2013-2015	EXT-HSE-161	Healthy Ireland -a Framework for Improved Health and Wellbeing 2013-2015. From Standards to Practice: Guidance Document for Hospitals on Health and Wellbeing Standards	Laura McHugh http://www.dohc.ie/issues/healthy_ireland/
	Health Promotion services and information widely available	ORG-HP-001	Health Promotion Policy for GUH University Hospitals	Laura McHugh
	Smoking cessation programme	ATT-HP-3 AGEN-HP-1	Performance Indicator 2014 – Brief Intervention Training in Smoking Cessation. Schedule of Brief Intervention Training Courses 2014 GMR	Laura McHugh
	Disease specific information evenings for patients facilitated by staff, Liaison with chronic disease management groups	Advertised Via Local Media	Disease specific information evenings for patients facilitated by staff, Liaison with chronic disease management groups	Medical & Nursing staff
	Local radio broadcasts , smoking, nutrition, heart health		Local radio broadcasts , smoking, nutrition, heart health,	Laura McHugh/ Aoife Morrissey
	Nursing records record patient health and wellbeing requirements	Chart	Nursing records record patient health and wellbeing requirements	Edel Mannion
	Hospital Arts Committee, Staff Arts exhibition		Hospital Arts Committee, Staff Arts exhibition	Margaret Flannery
	Hand hygiene promotion, audio visual messages	EXT/HSE-0069	Clean Hands Saves Lives information for patients, visitors and resident	J Davitt

	Falls prevention programme, Slips trips and falls awareness	ORG-QUAL-0027	GUH Falls Management policy	Elaine Dobell /Edel Mannion
	Health Equity audits - DNA	AUD-CLN-16	Health Equity Audit for Patients who do not attend outpatients appointments	Laura McHugh
	Occupational Health and Employee Support	HR-FORM-005	Criteria and Referral Form for Occupational Health	Mary Hynes
	Baby friendly initiative in Obstetrics	MIN-7	Baby Friendly Hospital Initiative Working Group 2012 & 2013 & 2014	Gemma Manning/ B O'Malley
	COPD Patient Rehabilitation		COPD Patient Rehabilitation	Nurse Specialist
	Individual Dietetic referrals, Paediatric food menu - Healthy choices for children	CLN-DIET-046	Nutrition and Dietetic Department Referral Priority Coding	G O'Byrne
	Pre-assessment - stop before you op (smoking cessation)	TOR-PAG-1	Pre-assessment Group TOR	Marie Dempsey
	Patient Care Pathways	ICP-021	Suite of Integrated Care Pathways, MDT/ evidenced based practice	Carmel Higgins
	Notice boards, audio messages and video information	Audio-video systems in Waiting areas	Notice boards, audio - video information/ messages - Information leaflets	Ann Cosgrove
	Collaboration with Children in Hospital Group, Play therapist in Paediatric Unit		Collaboration with Children in Hospital Group, Play therapist in Paediatric Unit	A Matthews
	Co-morbidity referrals between services- MDT services		Diabetes/eye clinic	Clinical Leads
	Education Programmes, e.g. Arthritis, COAD, Bone Health, Liaison and collaboration with PCCC colleagues		Education Programmes, e.g. Arthritis, COAD, Bone Health, Liaison and collaboration with PCCC colleagues	CNS/ Speciality Leads
	Ongoing development of condition specific information e.g. rheumatology, diabetes, CF etc	Q Pulse -	Ongoing development of condition specific information e.g. rheumatology, diabetes, CF etc	CNS
	Cardiac Rehabilitation Programme	CLN-CR-002	Cardiac Rehabilitation Programme, Referral Guidelines to Cardiac Rehabilitation at GUH	M Molloy

	Liaison and Collaboration with PCCC	FORM-OT-11	PCCC Community Occupational Therapy Contacts. OT Hospital & Primary Care OT Service Meeting Minutes	P Burke
	MDT clinics, Neurology, Plastics		MDT clinics, Neurology, Plastics	

Standard	4.1 The health and wellbeing of service users are promoted, protected and improved			
Element	Supporting a Culture of Better Health and Wellbeing			
Evidence	Evidence	Ref. No.	Name of Electronic Doc.	Location/Contact
	Hospital campus:	AGEN-HP-1,3	Schedule of Brief Intervention Training Courses 2014 GMR performance Indicator 2014 – Brief Intervention Training in Smoking Cessation, Smoking cessation programme for staff	Laura McHugh
	Electronic discharge – section re infection control issue – this info is communicated to GP	Observe	Electronic discharge – section re infection control issue	Judith Davitt
	Traveller Health			Laura McHugh
	National Disease awareness days - staff contribute to public information sessions via local radio, conferences held locally		List of Conference/ Information available from Nurse specialists /Medical Consultants	Laura McHugh
	Health Promotion – walks, cycles	ORG-HP-001	Staff Health Promotion activities	Laura McHugh
	Major emergency response – collaborated between relevant services	ORG-EMP-003	GUH Major Emergency Plan	Ann Cosgrove
	Patient Council		Appointment of PALS Liaison	Colette Cowan
	CF, Migraine, Parkinson's Associations for service user input		List of Conference/ Information available from Nurse specialists/ Medical Consultants	Laura McHugh /Nurse Specialists
	Breast Care Centre – talks, presentations, Community Oncology initiatives, Daffodil Centre			M Cox/ Dr R McLaughlin
	Ante-natal classes, PARENTCRAFT	CLN-OGCP-013	Antenatal Classes	Carmel Connolly
	GUH Choral Society		GUH Present and past members, meet every Tuesday and perform for the public	S Leonard

	Disease Specific Rehabilitation Programmes -Pulmonary, Cardiac, Linkages with Chronic Disease Voluntary Support Groups, CF, Migraine, Parkinson's Associations for service user input			Dr Reddan/ Nurse Specialists
	Children's outreach post - home instead of hospital - Children First		Children's outreach post - home instead of hospital - Children First	Ann Matthews
	Patient Information Leaflets, Leaflets		NALA approved leaflets	Laura McHugh
	Outpatient clinics – audit – Dr Rutherford (COPD)	AUD40	Adherence to COPD bundles in UCHG	Dr Rutherford
	Falls Prevention Programme	ORG-QUAL-0027 AUD-CLN-1	GUH Falls Management policy, Audit Falls in the Older Adult in the Acute Hospital	Edel Mannion
	Occ Health follow-ups to needle stick injuries & return to work	EXT-HSE-95	Needle stick Injuries poster, Staff awareness re Procedure to be followed	Dr Sugrue/ M Hynes
	GRUGH Board meetings open to the public - advertised	MIN-BOARD-11	Minutes Public Board Meeting 17th September 2013 WNWGH	Fiona Mc Hugh
	Art and Health Programme - Hospital Arts Director - Programme of events		Art and Health Programme - Hospital Arts Director - Programme of events, Arts Programme & Art Committee in Place in GUH	Margaret Flannery
	Occupational Health Screening, Flu vaccination, Health Information leaflets		Occupational Health Screening	Dr Sugrue
	Linkages with NUIG & UL – research		Ongoing collaboration and Integration with Nursing /Medical Faculty	
	Hand hygiene awareness programme for patients	Observe	Ongoing Programme of training sessions/ Audio visual hand washing posters, training records available	Judith Davitt/ Denise Fahy
	Health Promotion Dept	ATT-HP-3	Performance Indicator 2014 – Brief Intervention Training in Smoking Cessation	Laura McHugh
	Healthy Heart	Email to all users	Healthy Heart	Grainne O'Byrne
	Pedometer and cycle challenge		GUH Bike Festival 2013: Call for Cycling Events/ initiatives	Geoff Ginnetty / Laura Mc Hugh
	Alcohol prevention	SAOR-1	GUH Healthy Cities Alcohol Strategy	Laura McHugh

	PCCC Community Occupational Therapy Contacts	FORM-OT-12	PCCC Community Occupational Therapy Contacts	P Burke
	Brief Intervention & Smoking Cessation Training for Staff MPUH	NEWS-HR-00012	Brief Intervention & Smoking Cessation Training for Staff MPUH	Laura McHugh
	Interpretation Assignments by Language and Department	REP-HP-2	Interpretation Assignments by Language and Department	Laura Mc Hugh
Additional information	Census Data Health Inequalities Equipment Tracking Hospital to home (link with community care) - QIP Daffodil Centre Specialist Nursing Posts OPAT Programme			

Quality Improvement Plans

Person Centred Care and Support

1.9 Service users are supported in maintaining and improving their own health and wellbeing


Enabling Better Health and Wellbeing

Action	Responsible Person	Due Date	Completed Date	Status	Progress	Reason for Delay

Better Health and Wellbeing

4.1 The health and wellbeing of service users are promoted, protected and improved

Supporting a Culture of Better Health and Wellbeing

Action	Responsible Person	Due Date	Completed Date	Status	Progress	Reason for Delay
Implementation of Health Inequalities Framework at GUH in co-operation with Dept. Of Public Health	Laura McHugh	28/11/2014				

HIQA Standards: Portiuncula Hospital

Standard	1.9 Service users are supported in maintaining and improving their own health and wellbeing			
Element	Enabling Better Health and Wellbeing			
Evidence	Evidence	Ref. No.	Name of Electronic DOC.	Location/ Contact
	Nursing Assessments/Care Plans			Qpulse/Director of Nursing/NDU
	CNS care pathways protocols, specific interventions for some chronic diseases such as acute coronary syndrome, diabetes, stroke, heart failure			CNS/Director of Nursing
	Allied Health professionals - Dietetics, Physiotherapy, SALT, OT and Social Work - care plan health promoting			Qpulse
	Smoke Free Policy, brief interventions to support smoking cessation			Qpulse
	Hospital Baby Friendly Status, breast feeding, CNS lactation, skin to skin			M Mahon CNS Lactation
	Healthy Eating Menus			Dietetics/Catering
	Information Leaflets, Health Promotion Literature			F Hannon/HSCP's
	Discharge Advice			Discharge Co-ordinator/Nursing/Clinicians
	Restricted visiting during norovirus outbreaks			
	Hand Hygiene/ Infection Control Policy			Qpulse
	Roll out of Nutritional Standards			M Doherty
	Health Promotion in OPD			
	Antenatal Care/ GUM STI services			
	Lipid Clinics			
	Warfarin clinics			
	Adolescent Diabetes clinics			
Additional Information				

Standard	4.1 The health and wellbeing of service users are promoted, protected and improved			
Element	Supporting a Culture of Better Health and Wellbeing			
Evidence	Evidence	Ref. No.	Name of Electronic Doc.	Location/Contact
	Health Promotion Leaflets and posters promoting healthy eating, smoking cessation			OPD Department
	Portiuncula is part of the Health Promoting Hospitals Group Network			GM office/Fiona cuddy dietetics
	Smoke Free Policy 2013	TCF001	National Tobacco Free Campus Policy	HSE web site
	Cardiac Rehabilitation Programme			Anita Murray/Cardiac Rehabilitation
	Baby Friendly site - breast feeding support group and CNS lactation, breast feeding rooms for patients and staff			M Mahon CNS Lactation
	Occupational Health Service - vaccinations, employee support, counselling			Occupational Health Dept/HR
	Dexa scanning service			Radiology
	Stress Management and Relaxation courses			Occ Health Dept and
	Antenatal Classes			Siobhan Horkan ADON
	HSCPs health promoting roles in dietetics, physiotherapy, SALT, occupational therapy, social work			M Kelly Clinical Support Services
	Stroke Support Group			M Diskin CNS Stroke
	Cycle to Work Scheme			Qpulse HR
	Nutritional Standards and Menu Review			Maeve Darcy/M Casey/M Kelly
	Screening programmes - cervical screening, STI/GUM services			OPD Dept
	Lunchtime Talks for staff - cholesterol, healthy eating, back care			Health Promotion Committee minutes
	Dignity at Work Policy	HR-GEN-0122	Dignity at work policy	Q-pulse
	Newborn Hearing Screening Programme			
	Newborn Congenital Heart Testing			
	Critical Incident debriefing			
	Team building workshops			M Casey/Human Resources
	Resuscitation Briefings in Local Schools, Heart Safe programmes			J Fahy
	Transition Year - Life facilitations programme			Human Resources/Mary Keegan Hynes

	Reference document From Standards to Practice - Guidance Document for Hospitals on Health and Wellbeing Standards' has been uploaded to Q-Pulse and is up on the system	EXT-HSE-161	From Standards to Practice - Guidance Document for Hospitals on Health and Wellbeing Standards	Q-Pulse
Additional Information	CNM roles - supporting better health and well being, diabetes, stoma, breastfeeding, care of the elderly, stroke and cardiac rehabilitation Interpreter Services Lipid clinics Rapid Access Diabetes Clinics Language Tools/Literacy Supports Maternity information sessions for traveller women Contraceptive Advice Trust in Care Policy and Training Marie Keating Foundation visits Age Action Week Hand Hygiene Awareness Week East GUH Cancer Support Centre National Breastfeeding week Croi Happy Heart promotional materials Irish Heart Foundation Arthritis Ireland Quest, Brain Injury Ireland Collaboration with other service providers such as Gardai, ambulance, fire services, phn, GP's and Blood Bike West. National Rehabilitation Hospital linkages Critical Incident Debrief for Staff Careline - 3 free counselling sessions Catering Healthy Eating Initiatives			

HIQA Standards: Mayo

Quality level: Emerging Improvement (EI)

Evidence of compliance:

Standard	1.9 Service users are supported in maintaining and improving their own health and wellbeing			
Element	Enabling Better Health and Wellbeing			
Evidence	Evidence	Ref. No.	Name of Electronic Doc.	Location/Contact
	MGH hospital food received Happy Heart award for healthy food choices 2013	N/A	Happy Heart Healthy Eating Award Winners 2013	
	Monitor for depression post stroke.	N/A	Modified PSD Care Pathway Version 2 April 12	
	Monitor and refer to counselling for depression diabetes diagnosis	N/A	CIPC Counselling in Primary Care	
	Stop before you op participation	N/A	Stop before you op info	
	MGH participates in BFHI	N/A	Yearly report, Action plan, training	
	Antenatal nutrition/substance abuse/flu vaccine information	N/A	Leaflets	
	Training for staff in smoking cessation	N/A	Smoking Brief Intervention Flyer Mayo April 30	
	Pulmonary Rehab	N/A	Info on Pulmonary Rehab – stats –outcomes – patient info etc	
	GP exercise prescriptions from Physiotherapy	N/A	GP exercise	
	Patients given information specific to their condition to improve health		Leaflets	
	Development of monitoring and communication booklet for cardiac failure, by Group HF CNS's		My heart monitoring and communication booklet	

Quality Level: Emerging Improvement (EI)

Evidence of Compliance:



Standard	4.1 The health and wellbeing of service users are promoted, protected and improved			
Element	Supporting a Culture of Better Health and Wellbeing			
Evidence	Evidence	Ref. No.	Name of Electronic Doc.	Location/Contact
	Healthy Eating promotions	N/A	Minnie Mouse in Paeds. Display in Foyer 2014	
	MGH Smoke free campus March 2014	WHP/045/04	Smoke Free Policy MGH	
	Smoke free campus audit due 2014	N/A	Evidence of Tobacco Free Campus Audit	
	Plain English guide clearly visible on both policy sites	N/A	Plain English Guide	
	Cycle to work scheme available to staff	N/A	Cycle to Work Scheme	
	MGH in centre of Sli na slainte route	N/A	Sli na Slainte Castlebar	
	Fit 4 work, collaboration with Mayo Sports Partnership	N/A	fit4work	
	BFHI committee	N/A	BFHI committee minutes	
	Antenatal Health Information, also available in other languages	N/A	Antenatal information	
	Flu vaccine available free of charge to staff	N/A	2014 Employee assistance leaflet	
	Employee support and counselling service	N/A	Staff email briefing Stress management Feb 2014 Employee assistance leaflet	
	Policies on DNA's at OPD/Physio/Dietician		Nut 001/04 MRD 002/01 PHY 002/02	
	Personal Development Planning	N/A	Personal Development Planning	
	Support available for living with conditions	N/A		
	Public encouraged to get flu vaccine	N/A	Flu leaflet, also in Irish	
	Healthy Eating for children	N/A	Healthy diet for children	
	Stress Management sessions run for staff	N/A	Staff email briefing stress management Feb 2014	
	GP exercise prescriptions	N/A	GP exercise	
	TV's in all OPD waiting rooms, HPO DVD's	N/A	Healthy View	
	Personal Development Planning	N/A	Personal Development Planning	
	Cervical Check screening	N/A	Colposcopy clinics	
	Leaflets available in all waiting areas	N/A		
	Breast feeding classes in MGH	N/A	Breastfeeding Classes	
Additional Information				

Quality Improvement Plans

Person Centred Care and Support

1.9 Service users are supported in maintaining and improving their own health and wellbeing



Enabling Better Health and Wellbeing

Action	Responsible Person	Due Date	Completed Date	Status	Progress	Reason for Delay
Health Promotion DVD's to be played in all OPD waiting areas	Sile Gill/Justin Kerr NPD	30/06/2015			Update Oct 2014: DVD in NPD for final review	
To develop MGH as a smoke free campus	Assistant General Manager	30/03/2015			Ongoing initiative	Awaiting replacement of Assistant GM

Better Health and Wellbeing

4.1 The health and wellbeing of service users are promoted, protected and improved

Supporting a Culture of Better Health and Wellbeing

Action	Responsible Person	Due Date	Completed Date	Status	Progress	Reason for Delay
Seek on-site Health Promotion from WNWH Group	Charlie Meehan General Manager	31/12/2014	13/10/2014		To be progressed by Group, see Saolta Healthy Ireland plan	
To increase the rate of breastfeeding in MGH from 53% to approx 80%	Andrea Mc Grail	31/12/2015			Sept 2014: no nominated person re BFHI as reduced staffing at present. Dec 2014: no change	A specific Midwife with lactation course would be of benefit

HIQA Standards: Roscommon

Standard	1.9 Service users are supported in maintaining and improving their own health and wellbeing			
Element	Enabling Better Health and Wellbeing			
Evidence	Evidence	Ref. No.	Name of Electronic DOC.	Location/ Contact
	Patient information leaflet re healthy eating x 6 documents		Healthy Eating Leaflets	Quality Drive/National Standards for Safer Better Healthcare/Theme1/1.9
	Heart Failure Clinic – Written Compliments		Comp letter re heart failure clinic.pdf	Quality Drive/National Standards for Safer Better Healthcare/Theme1/1.9
	Smoking cessation		Media Release – Roscommon Hospital is now a smoke free campus-email	Quality Drive/National Standards for Safer Better Healthcare/ Theme1/1.9
	Cardiac Rehab Information Leaflets		First Visit-Phase2.doc	Quality Drive/National Standards for Safer Better Healthcare/Theme1/1.9
	Health Promotion		Healthy Eating Leaflets.pdf (6 Documents)	Quality Drive/National Standards for Safer Better Healthcare/Theme1/1.9/Healthy Eating Leaflets
	CODE – Community Oriented Diabetes Education		CODE.doc	Quality Drive/National Standards for Safer Better Healthcare/Theme1/1.9
	Lollipop Day		Lollipop Day-Thank You – Email	Quality Drive/National Standards/Theme 1/1.9
	Constipation Leaflet		Constipation1.pdf	Quality Drive/National Standards/Theme1/1.9
Additional Information	<p>The Marie Keating Foundation visited Roscommon Hospital in early 2014 and provided an information stand for staff and visitors.</p> <p>The Breast Check currently has a mobile unit on the Hospital Campus; this is in place this time for 9 months and has been on site since 2008.</p> <p>Diabetic Retinopathy is in the process of being rolled out Nationally and Roscommon Hospital will be a venue for this screening. Diabetic Retina Screen – The National Diabetic Retinal Screening Programme is a new, government funded screening programme that offers free, regular diabetic retinopathy screening to people with diabetes aged 12 years and older.</p> <p>Roscommon Hospital has Clinical Nurse Specialists in Diabetes respiratory, haemovigilance, surgical pre-operative assessment, palliative care, infection control, resuscitation, cardiac rehab, stroke/care of older person, colorectal screening, all whom provide advice to patients.</p> <p>Risk Advisor to roll out staff training in Patient's Charter during 2014.</p> <p>Endoscopy patient surveys (in other evidence).</p> <p>The Falls & Memory is a new service held weekly- patients are G.P./Consultant referred in MAU – the patients have thorough assessment.</p> <p>We have wellness for patients (and staff) where they are encouraged to have BP etc done and to pick up tips on healthy lifestyle.</p> <p>All other patient leaflets as referenced in 1.4</p>			


Standard	4.1 The health and wellbeing of service users are promoted, protected and improved			
Element	Supporting a Culture of Better Health and Wellbeing			
Evidence	Evidence	Ref. No.	Name of Electronic Doc.	Location/Contact
	Public Health Demographic		WNM Board 17 Dec 2013 Public Health. pdf.	Quality Drive/National Standards for Safer Better Healthcare/Theme4/4.1
	Occupational Health – Staff health policy e.g. flu vaccine, hepatitis uptake results			
	Return to work interview		Self certified & return to work discussion form.doc	Quality Drive/National Standards for Safer Better Healthcare/Theme 4/4.1
	Smoking Ban		Media Release – Roscommon is now a smoke free campus	Quality Drive/National Standards for Safer Better Healthcare/Theme4/4.1
	Lactation Room		Lactation Room.doc (SOP)	Quality Drive/National Standards for Safer Better Healthcare/Theme4/4.1
Additional Information	Staff and Patient wellness days are run about twice a year by Cardiac Rehabilitation. Last A Fib Day was Friday 6 th June 2014. Cardiac Rehab and Cardiac Investigations – direct GP access Direct access to Radiology			

Quality Improvement Plans

Person Centred Care and Support

1.9 Service users are supported in maintaining and improving their own health and wellbeing




Enabling Better Health and Wellbeing

Action	Responsible Person	Due Date	Completed Date	Status	Progress	Reason for Delay
Establishing a care of the older Persons working group	CNS Stroke/Care of the Older Person	01/10/2014	24/10/2014		Priority areas are management of falls, incontinence & the confused/dementia patient. It is a multidisciplinary working group that meets fortnightly and works in line with the Terms of Reference – Response from M Lawless 24.10.14	

Better Health and Wellbeing

4.1 The health and wellbeing of service users are promoted, protected and improved

Supporting a Culture of Better Health and Wellbeing

Action	Responsible Person	Due Date	Completed Date	Status	Progress	Reason for Delay
Try to Establish a link with Health Promotion	General Manager	31/12/2014			Discussion with Health Promotion in GUH on 6 th November 2014. Where appropriate RH will be included in the circulation of emails re healthy eating etc. The new Healthy Ireland Implementation Plan for the group will include RH in any developments.	Try to Establish a link with Health Promotion
Implementation of new patient menus	Catering	31/12/2014			New menus prepared but yet to be implemented.	Implementation of new patient menus
Start Programme of enhancing health awareness – A Fib Day	CNS Cardiac Rehab	02/06/2014	06/06/2014		2 cardiac rehabilitation awareness sessions were held on the 9 th June 2014 (staff & public). A Fib day, 26 th September 2014 awareness for the public on risk factors for heart disease and stroke. Schedule of awareness days to be held in the mart throughout the year.	Start Programme of enhancing health awareness – A Fib Day

HIQA Standards: Sligo

Standard	1.9 Service users are supported in maintaining and improving their own health and wellbeing			
Element	Enabling Better Health and Wellbeing			
Evidence	Evidence	Ref. No.	Name of Electronic Doc.	Location/Contact
	Integrating Health Promotion into Hospitals and Health Services: Concept, Framework and Organisations	NAT-DOC-009	Integrating Health Promotion into Hospitals and Health Services: Concept, Framework and Organisations	Q-Pulse
	SRH Tobacco Free Campus and Exemption Policy	COR-SF-007	Sligo Regional Hospital Tobacco Free Campus and Exemption Policy	Q-Pulse
	SRH Provision of Meals for Lactating Mothers in the Paediatric Department	CLN-PAED-004	SRH Provision of Meals for Lactating Mothers in the Paediatric Department	Q-Pulse
	SRH Newsletters 2012 & 2013	STAFF-INFO-0020 & STAFF-INFO-0022	SRH Newsletters 2012 & 2013	Q-Pulse
	Health Promotion Annual Report 2008 HSE West	CLN-HP-001	Health Promotion Annual Report 2008 HSE West	Q-Pulse
	Pressure Ulcer awareness day held in November 2012		How can you help to stop Pressure Ulcers?	Quality & Safety Dept Shared Drive
	Stop Pressure Ulcer - Fact Sheet	EXT-DOC-00123	Stop Pressure Ulcer - Fact Sheet	Q-Pulse
	How can you help to stop Pressure Ulcers - Information Leaflet	EXT-DOC-00122	How can you help to stop Pressure Ulcers - Information Leaflet	Q-Pulse

Standard	4.1 The health and wellbeing of service users are promoted, protected and improved			
Element	Supporting a Culture of Better Health and Wellbeing			
Evidence	Evidence	Ref. No.	Name of Electronic Doc.	Location/Contact
	SRH Tobacco Free Campus and Exemption Policy	COR-SF-007	Sligo Regional Hospital Tobacco Free Campus and Exemption Policy	Q-Pulse
	West/North West Hospital Group Employee Engagement Survey	Not Applicable	West/North West Hospital Group Employee Engagement Survey	Quality & Safety Dept Shared Drive
	SRH Volunteer Programme Policy	COR-CONS-009	SRH Volunteer Programme Policy	Q-Pulse
	SRH Volunteer Information Leaflet	COR-CONS-0017	SRH Volunteer Information Leaflet	Q-Pulse
	SRH Volunteer Information	SRH Website	SRH Volunteer Information	www.sgh.ie
	NCSS-Guidelines for Quality Assurance in Colorectal Screening	NAT-DOC-0157	NCSS-Guidelines for Quality Assurance in Colorectal Screening	Q-Pulse

SRH Endoscopy User Group Terms of Reference	COMM-TOR-035	SRH Endoscopy User Group Terms of Reference	Q-Pulse
SRH Clinical Audit Summary List 2012 & 2013	Not Applicable	Clinical Audit Summary List	Quality & Safety Dept Shared Drive
SRH Research & Education Foundation Information	Not Applicable	SRH Research & Education Foundation Information	www.ref-sligo.ie
SRH Healthy Eating (menus & information)	Not Applicable	SRH Healthy Eating (menus & information)	Sheila Fowley, A/Catering Manager
SRH Falls Prevention Policy	COR-NPDU-003	SRH Falls Prevention Policy - Guidelines for Identification, Assessment, Prevention and Management of Falls in Sligo Regional Hospital	Q-Pulse
New Born hearing screening National Guidelines	NAT-DOC-0176	National Guidelines for Diagnostic Audiology for Referrals from New Born Hearing Screening	Quality & Safety Dept Shared Drive/Q-Pulse
Local Intervention for Smoking Cessation	Not Applicable	Brief intervention for smoking cessation 16th October & 13th November	Quality & Safety Dept Shared Drive
SRH Minor Capital Projects	Not Applicable	SRH Minor Capital Projects	Grainne McCann, A/General Manager
SRH Colposcopy Screening	Not Applicable	SRH Colposcopy Screening	Quality & Safety Shared Drive, www.cervicalcheck.ie
Local Intervention for Smoking Cessation	Not Applicable	Brief Intervention for smoking cessation 16 October & 13 th November	Quality & Safety Dept Shared Drive
Staff Culture Wellbeing/Managing Stress	Not Applicable	Free Courses to Manage Stress-open to all HSE staff in Sligo & Leitrim 16 th September to 21 st Oct & 20 th September to 25 th October	Belinda Taylor, Health Promotion Dept, JFK House, Sligo
Occupational Health service/clinics	Not Applicable	SRH Hepatitis B Clinics for Staff in the HSE every Wednesday 11am to 12pm	Maria Finnegan, Occupational Health Service, JFK House, Sligo
Guidelines for Managers completing a Management Referral form to Occupational Health	EXT-DOC-00131	SRH -Guidelines for Managers completing a Management Referral form to Occupational Health	Q-Pulse
Hospice Friendly Hospitals Workshop & Documentation	Not Applicable	Hospice Friendly Hospitals Workshop	Quality & Safety Shared Drive
Pressure Ulcer Awareness Day November 2012	Not Applicable	Pressure Ulcer Awareness Day, November 2012	Quality & Safety Dept Shared Drive
National Stress Awareness Day	Not Applicable	National Stress Awareness Day 6 th November 2013	Quality & Safety Dept Shared Drive
World Diabetes Day	Not Applicable	World Diabetes Day	Quality & Safety Dept Shared Drive
Local Health Promotion Initiatives/Events		SRH Pressure Ulcer awareness day 16 th November 2012, First Time Managers programme-Sligo November 2013, Osteoporosis Service health promotion, Health and well being of service users - falls in SRH	Eileen Carolan, CNM II/ Pauline Kent, Smoking Cessation Co-ordinator
SRH Baby Friendly Hospital Initiatives	Not Applicable	WNWH Group, Nursing KPI 2013-Baby Friendly Initiatives	Quality & Safety Dept Shared Drive
SRH Ante Natal Courses		SRH Ante Natal Courses	Catriona Moriarty, Staff Nurse, Obstetrics & Gynaecology
SRH Staff Well Being Event	Not Applicable	SRH Staff Well Being Event, Managing Attendance-Feedback	Quality & Safety Dept Shared Drive
Tissue Viability Training Records		Tissue Viability Training Records	Niamh Bolas






	SRH Hand Hygiene Promotion Day, SRH Drugs & therapeutics European Antibiotic Awareness Week, SRH National Healthcare Charter Information Sessions	Not Applicable	SRH Hand Hygiene Promotion Day 28 th November 2013, SRH Drugs & therapeutics European Antibiotic Awareness Week 18 th -24 th November 2013, SRH National Healthcare Charter Information Sessions 19 th /21 st /26 th & 28 th November 2013	Quality & Safety Dept Shared Drive
Additional Information	<p>No Health Promotion co-ordinator in post since 2010.</p> <p>Current initiatives in place need to be formalised, documented & reported to designated committee. Local HP policy & info leaflets required as per local/regional service requirements.</p> <p>Current arrangements in place across SMT's/depts need to be formalised & co-ordinated/managed by a designated member of staff.</p>			

Quality Improvement Plans

Person Centred Care and Support

1.9 Service users are supported in maintaining and improving their own health and wellbeing







Enabling Better Health and Wellbeing

Action	Responsible Person	Due Date	Completed Date	Status	Progress	Reason for Delay
Action	Responsible Person	Due Date	Completed Date	Status	Progress	Reason For Delay
Compile summary list of Health Promotion events	Eileen Carolan, CNM2, Practice Development	30/04/2014	01/05/2014		Summary list of Nursing HP Events received. Ongoing HP Initiatives.	
Health literacy audits and review and evaluation of health promotion information available on campus (i.e. Quarterly review & stock up of Health Promotion Info leaflets)	G. McCann, General Manager	30/04/2014				No Health Promotion lead at SRH (HP co-ordinator post vacant due to sick leave)
Agree local Implementation plans for health promotion programmes and evaluations undertaken	G. McCann General Manager	30/04/2014				No Health Promotion lead at SRH (HP co-ordinator post vacant due to sick leave)
Evaluation of Local Health Promotion programmes	G. McCann, General Manager	30/10/2014				No Health Promotion lead at SRH (HP co-ordinator post vacant due to sick leave)
Use of media and information campaigns to support local health promotion programmes e.g. newsletters, radio and newspaper interviews	Pauline Kent, Smoking Cessation Co-ordinator	31/01/2014	30/12/2013		Ongoing Initiative	

Better Health and Wellbeing

4.1 The health and wellbeing of service users are promoted, protected and improved

Supporting a Culture of Better Health and Wellbeing

Action	Responsible Person	Due Date	Completed Date	Status	Progress	Reason for Delay
Identify Health Promotion lead for Health Promotion services at SRH	Executive Management Team	30/04/2014				No Health Promotion lead at SRH. HP Co-ordinator post vacant due to sick leave
Health Promotion Staff training and education sessions	Executive Management Team	31/12/2013	31/12/2013		Ongoing Initiatives	
Group/Hospital Health Promotion Policy	Executive Management Team	30/04/2014			Ongoing initiative in place via Directorates/SMT's. Smoking Cessation Co-ordinator is assisting in some HP initiatives locally, regionally & Nationally (representing SRH)	
Agree Health Promotion Work Programme 2014	Executive Management Team	30/04/2014				No Health Promotion lead at SRH. HP Co-ordinator post vacant due to sick leave
National Healthcare Charter Information Sessions	Ken Lillis, Consumer Affairs Area Officer	19/11/2013	19/11/2013			
Brief Intervention Training	Pauline Kent	31/07/2015				

HIQA Standards: Letterkenny

Standard	1.9 Service users are supported in maintaining and improving their own health and wellbeing			
Element	Enabling Better Health and Wellbeing			
Evidence	Evidence	Ref. No.	Name of Electronic Doc.	Location/Contact
	HSE Tobacco Free Campus Policy			
	Tobacco Control Framework			
	National Standard for Tobacco Cessation Support Programme			
	LGH Tobacco Free Campus Policy Working Group Terms of Reference, Membership, minutes of meetings			
	Tobacco Free Ireland			
	National Cardiovascular Health Policy 2010 -2019			
	Healthy Ireland: A framework for improved health and wellbeing			
	LGH Guideline for the Management of alcohol withdrawal and referral pathway to Community Alcohol Detoxification Service	ORG-GEN-008	LGH Guideline for the Management of alcohol withdrawal and referral pathway to Community Detoxification Service	QPulse
	Breastfeeding in Ireland - A Five Year Strategic Action Plan			
	HSE/BFHI Infant Feeding Policy			
	Baby Friendly Hospitals Initiative in Ireland			
	Irish Heart Foundation: Healthy Eating Award			
	Healthy Eating and Active Living for Adults, Teenagers and Children over 5 Years- A Food Guide for Health Professionals and Catering Services			
	Irish Heart Foundation: Healthy Eating Award			
	www.getireland.active.ie			
	Falls prevention policy		Falls prevention policy	Nurse Practice development unit/QPulse
	Dietetics service- healthy eating advice			Documentation examples- Dietetics department
	Cardiac rehab/ heart failure/ fracture nurse liaison and pulmonary clinical nurse specialist patient education programmes			Pulmonary, Cardiac rehab and heart Failure CNS services

Additional information	<p>TOBACCO Working group established to develop and implement HSE Tobacco Free Campus Policy in the hospital. Admission protocols include assessment of tobacco use. Training programme on brief interventions offered to staff. Appropriate pathways identified for patients who need support, including pharmacotherapy being made available for inpatients. Tobacco cessation services in the hospital setting are integrated with community based cessation services and comply with the National Standard for Tobacco Cessation Support Programme.</p> <p>Pre surgical admission protocols include assessment of tobacco use. Evidence that tobacco is treated as a care issue, with behavioural support and pharmacotherapy as appropriate documented in patient notes. Evidence of service users' feedback on brief interventions received and support given. Quit rates available through the smoking cessation services on all clients who successfully ceased smoking, in line with national standard. Recommendations from evaluations and feedback are used to inform future training and improvement plans.</p> <p>ALCOHOL AND SUBSTANCE MISUSE Policy in place. Available on Q Pulse.</p> <p>BREASTFEEDING LGH adopts and implements the HSE/BFHI Infant Feeding Policy for Maternity and Neonatal services (2012)</p> <p>OBESITY/ FOOD AND NUTRITION Health Promotion Committee looks at healthy, sustainable food policies within the hospital. The hospital meal times are decided upon in consultation with service user groups and hospital staff. The hospital works towards achieving a healthy food award, such as the Irish Health Foundation's 'Healthy Eating Award'.</p> <p>PHYSICAL ACTIVITY Admission protocols include assessment of physical activity levels, e.g. service users are asked about their physical activity as part of their care plan. The hospital can demonstrate that frontline staff receives brief intervention skills training, brief interventions are delivered to patients who have low levels of physical activity, as part of their care plan, where adequate. Evidence of the use of promotional and motivational posters to encourage patients to make more active choices. www.getireland.active.ie website is promoted. Evidence of patient feedback on brief interventions received and support given. Support services within the hospital setting are integrated with community based support services.</p> <p>HEALTH LITERACY Working Group set up to look at health literacy in the hospital and to improve access of staff and patients to evidence based health information.</p>
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Standard	4.1 The health and wellbeing of service users are promoted, protected and improved			
Element	Supporting a Culture of Better Health and Wellbeing			
Evidence	Evidence	Ref. No.	Name of Electronic Doc.	Location/Contact
	Standards for Equity in HealthCare for Migrants and other Vulnerable Groups.			Intercultural training, cultural diversity training - induction programme
	Alcohol and Pregnancy Toolkit			ADON/SM for Obstetrics
	National Strategy for Service User Involvement in The Irish Health Service			www.hse.ie
	Standards for Health Promotion in Hospitals			www.euro.who.int/ihb
	HSE: Chronic disease framework			www.hse.ie
	Health Literacy Audits			
	Baby Friendly Hospitals Initiative in Ireland			http://www.ihph.ie/babyfriendlyinitiative
	DOHC: Changing Cardiovascular Health National Cardiovascular Health Policy 2010-2019			http://www.dohc.ie/publications/pdf/
	DOHC. Breastfeeding in Ireland - A Five year Strategic Action Plan			http://www.breastfeeding.ie/policy_strategy
	DOHC "A Vision For Change" Report of the Expert Group on Mental Health Policy. 2006			http://www.dohc.ie/publications/pdf/vision_for_change.pdf
	Food Safety Authority of Ireland (2012): Healthy Eating and Active Living for Adults, Teenagers and Children over 5 Years- A Food Guide for Health Professionals and Catering Services			http://www.fsai.ie/science_and_healthy/healthy_eating.html
	DOHC (2012): Your Guide to Healthy Eating Using the Food Pyramid			http://www.dohc.ie/publications/pdf/
	DOHC Obesity - the policy challenges. The report of the National Taskforce on Obesity, 2005			http://www.dohc.ie/publications/report_taskforce_on_obesity.html
	DOHC. Healthy Ireland - A Framework for improved Health and Wellbeing 2013-2025.			http://www.dohc.ie/issues/healthy_ireland
	DOHC. Tackling Chronic Disease A Policy Framework for the Management of Chronic Disease 2008			http://www.dohc.ie/publications/tackling_chronic_disease.html
	DOHC. Tobacco Free Ireland. 2013			http://www.dohc.ie/publications/pdf/TobaccoFreeIreland.pdf?direct=1

	DOHC + HSE. The National Guidelines for Physical Activity in Ireland, 2009			http://www.getirelandactive.ie/get-info/brochures/#gia
	ENSH Global Network for Healthcare Services			http://www.ensh.eu/
	FSAI: Scientific Recommendations for Healthy Eating Guidelines in Ireland			http://www.fsai.ie/science_and_healthy_eating.html
	Health Information and Quality Authority, National Standards for Safer Better Healthcare, 2012			http://www.higa.ie/standards/health/safer-better-healthcare
	HSE. Alcohol Publications			http://www.hse.ie/eng/services/Publications/topics/
	Health and Chronic illness Framework, July 2008			http://www.hse.ie/eng/About/Who/Populations_Health/
	Health Services Executive, Infant Feeding Policy for Maternity and Neonatal Services (2012). National Breastfeeding Strategic Implementation Monitoring Committee, Health Promotion HSE.			http://www.breastfeeding.ie/policy_strategy
	LGH Volunteer Programme Policy	HR-GEN-0017	LGH Policy on Volunteers and Volunteering	Q Pulse
	LGH Tobacco free campus working group. Terms of reference and minutes of meetings			Elaine Robinson, CNS
	LGH Tobacco free campus policy compliance audit			Elaine Robinson, CNS
	Clinical guidelines for the prevention of falls in older people (NICE)	EXT-GER-003	EXT-GER-003	Q Pulse
	New born hearing screening National Guidelines			ADON/SM for Obstetrics
	Irish Heart Foundation healthy eating at work			Health Promotion Committee and Catering Manager
Additional information	<p>There is clear accountability for health promotion in the hospital from the General Manager to senior management. The hospital identifies responsibilities for the process of implementing health promotion policies and activities. Health Promotion Indicators in the National Service Plan are integrated into the hospital's operational plan.</p> <p>EQUITY</p> <p>The hospital demonstrates a commitment to improve hospital facilities, e.g. disability access/signage, as a result of service user feedback.</p> <p>The hospital demonstrates that complaints and feedback on equity issues are identified and addressed in a transparent manner. The hospital build solid relationships with community based service providers within and external to the health service, in order to deliver innovative services to disadvantaged populations. (Traveller Project, Young People, Intercultural Forum. Ethnic Minority Advisory Group, Social Inclusion Forum, Interfaith Forum, LGBT Trainers, Cross Border Peace Projects).</p> <p>Needs assessments for the catchment area carried out in partnership with Peace 111. Interfaith research and Cultural Diversity Research carried out at LGH and action plan developed.</p> <p>Involvement of Hospital in National Intercultural Health Strategy. Involved in designing training for successful working in Intercultural teams.</p>			

	<p>CARE PLANNING</p> <p>The assessment of patient health promotion needs is carried out at pre admission for surgery or otherwise at admission. The hospital has guidelines on how to identify smoking status, alcohol consumption, nutritional needs, psychosocial and economic status. The hospital has guidelines on how to identify needs for health promotion for patients with chronic disease.</p> <p>Interpreter services policy in place with evidence of its communication and its use throughout the organisation. Outcome measures for health promotion programmes are built into delivery and are regularly evaluated, e.g. Baby Friendly Hospital criteria, Smoke Free Campus Policy, Cardiac Rehabilitation. Health Promotion training programmes are regularly offered and promoted for staff to attend, e.g. Brief Intervention Training, training on the use of interpreter services, techniques to assist client to acquire skills for healthy behaviours.</p> <p>Guidelines on Plain English are available to staff to inform the development of written materials for patients. Also NALA Guidelines are available. Editorial Group in place in the hospital and guidelines for producing health information at LGH.</p> <p>The hospital ensures that written and oral information given to patients is reviewed regularly.</p> <p>The hospital can demonstrate it ensures that documentation and information is communicated to the relevant follow up/rehabilitation partners in the patient's care post discharge.</p> <p>The hospital has joint strategic plans with service providers, education bodies and local authorities for health improvement in its area.</p> <p>PROMOTING HEALTHY WORKPLACE</p> <p>The hospital can demonstrate that all staff are made aware of their roles and responsibilities in relation to workplace health, and are aware of the role of the HSE Health and Wellbeing policy for staff. Staff has access to health promotion initiatives such as smoking cessation, breastfeeding facilities.</p> <ul style="list-style-type: none"> - Irish Heart Foundation healthy eating is a sub project of HPH at LGH. - Breastfeeding mothers provided with meals while their children are in hospital. - patient satisfaction surveys (FM/CS/4/088 Rev 1 Jan 11) take place on a regular basis. Results from survey are analysed and results recorded on "Catering Survey Analysis Record" FM/CS/4/089 Rev 1 May 11). This feedback allows for staff to improve quality and service to patients. Regular meetings are held with the Dietetics Department to review and improve all dietary requirements for patients. - LGH Sports & Social Club providing a wide range of programmes in sport and leisure for staff. Cycle to work scheme. Stress management 6 week course for all staff. - Annual celebrating culture diversity of our staff. - ICS Daffodil Centre on site for staff, patients and visitors.
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Quality Improvement Plans

Person Centred Care and Support

1.9 Service users are supported in maintaining and improving their own health and wellbeing




Enabling Better Health and Wellbeing

Action	Responsible Person	Due Date	Completed Date	Status	Progress	Reason for Delay

Better Health and Wellbeing

4.1 The health and wellbeing of service users are promoted, protected and improved

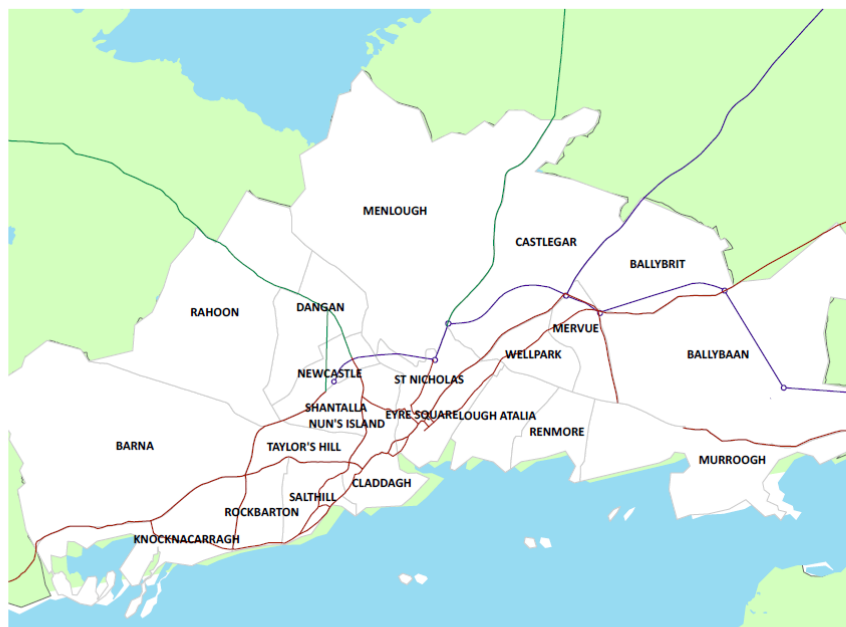
Supporting a Culture of Better Health and Wellbeing

Action	Responsible Person	Due Date	Completed Date	Status	Progress	Reason for Delay
Establish group and develop WNWHG health promotion hospital policy.	Mary Kelly, Health Promotion Co-ordinator	19/03/2015				
To provide 3 training sessions for staff on inequality audit.	Mary Kelly, Health Promotion Co-ordinator and Noreen Harley, ADON/SM	2406/2015				
HSE National Programme Brief Intervention Training in Tobacco Cessation	Elaine Robinson CNS, Smoking Cessation	17/10/2014				Training scheduled for June 30th 2014, CNME

APPENDIX 4: County Health Profile Summaries

This is Galway City

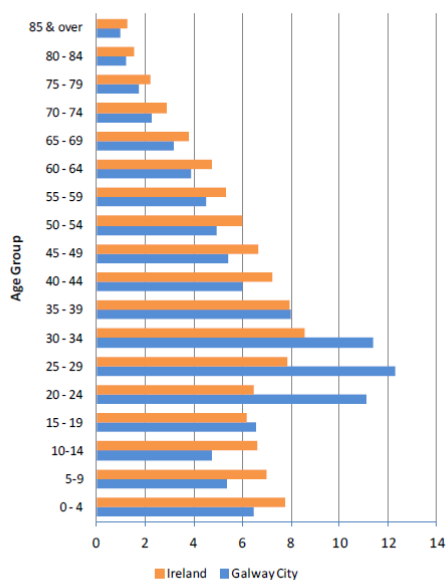
This profile gives facts on health in this area. It is intended to inform health professionals, local authorities and the general public and enable them to improve health services and reduce health inequalities. Accurate health information on smoking, obesity and chronic disease is not available at county level.



Population 2011: 75,529

Population Change Census 2006-2011: +4.3%

Age Comparison % of Population



Key Facts Galway City:

- Has the lowest dependency ratio (i.e. the number of those aged 0-14 and 65 and over as a percentage of the number of persons aged 15-64) of 34.9% (national rate 49.3%).
- Has the most ethnically diverse population with 23.8% being non white Irish. It also has the highest proportion of Travellers of 2.3% (national 0.8%).
- Is the third most affluent local authority area nationally.
- Has the second highest education attainment levels for any local authority of 45.0% (national rate 30.6%). The proportion of those with primary education only has decreased from 23.5% in 1991 to 9.9% in 2011 (national rate 16.0%).
- Is the fifth most populous area with 1,511 persons per km² (national rate 67).
- Has the highest incidence of male malignant melanoma, and slightly above average for male prostate and colorectal cancers.
- Is average or below average for the four main causes of mortality, all cause mortality and suicides.

This is Galway County

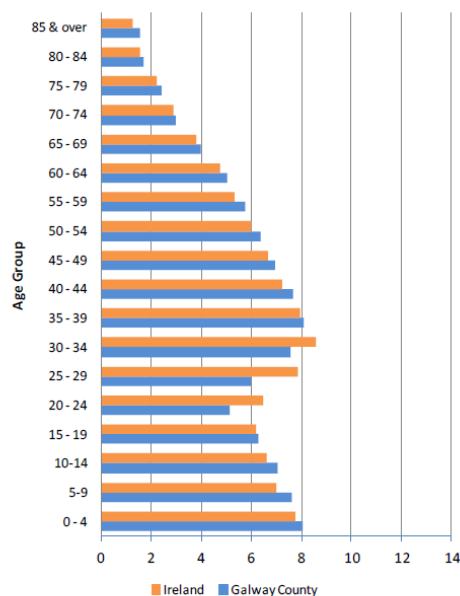
This profile gives facts on health in this area. It is intended to inform health professionals, local authorities and the general public and enable them to improve health services and reduce health inequalities. Accurate health information on smoking, obesity and chronic disease is not available at county level.



Population 2011: 175,124

Population Change Census 2006-2011: +10.0%

Age Comparison % of Population



Key Facts Galway County:

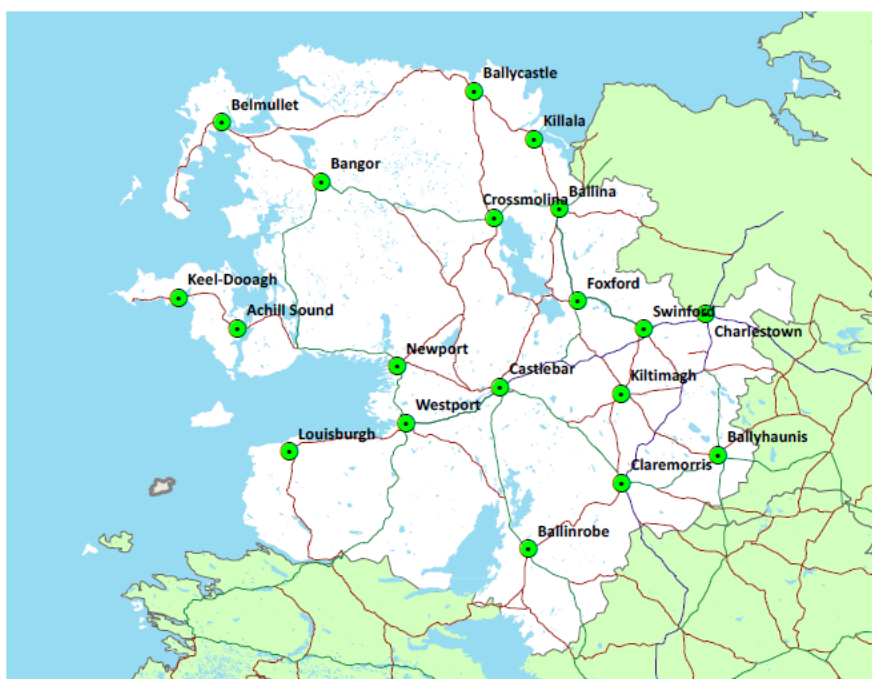
- Is the tenth most affluent local authority area nationally.
- Is the fourth least populous county with 30 persons per km² (national rate 67).
- The number of Travellers in Galway county and city increased by 1,033 since 2006 - the highest increase nationally.
- Has a low lone parent rate of 9.3% (national 10.9%).
- Has a low birth rate for mothers under 20 years of age at 7.0% (national 12.3%).
- Has the highest incidence of male malignant melanoma nationally, but is below average for female malignant melanoma, breast cancer, female colorectal cancer and male and female lung cancer.
- Has average or below average mortality for the four main causes of mortality and for all mortalities.
- Is below average for male and female deliberate self harm.

Health Profile 2014

1

This is Mayo

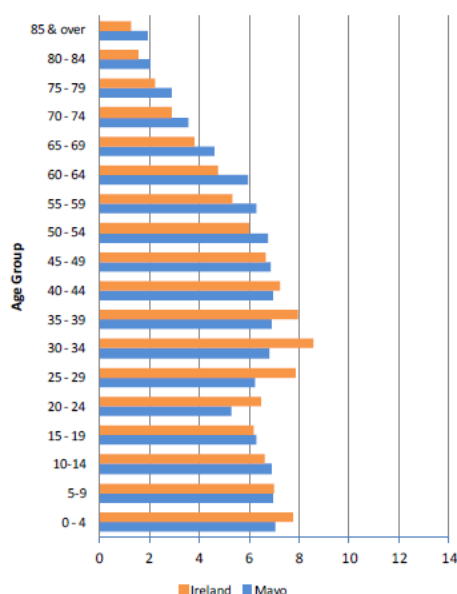
This profile gives facts on health in this area. It is intended to inform health professionals, local authorities and the general public and enable them to improve health services and reduce health inequalities. Accurate health information on smoking, obesity and chronic disease is not available at county level.



Population 2011: 130,638 (2.8% of National)

Population Change Census 2006-2011: +5.5%

Age Comparison % of Population



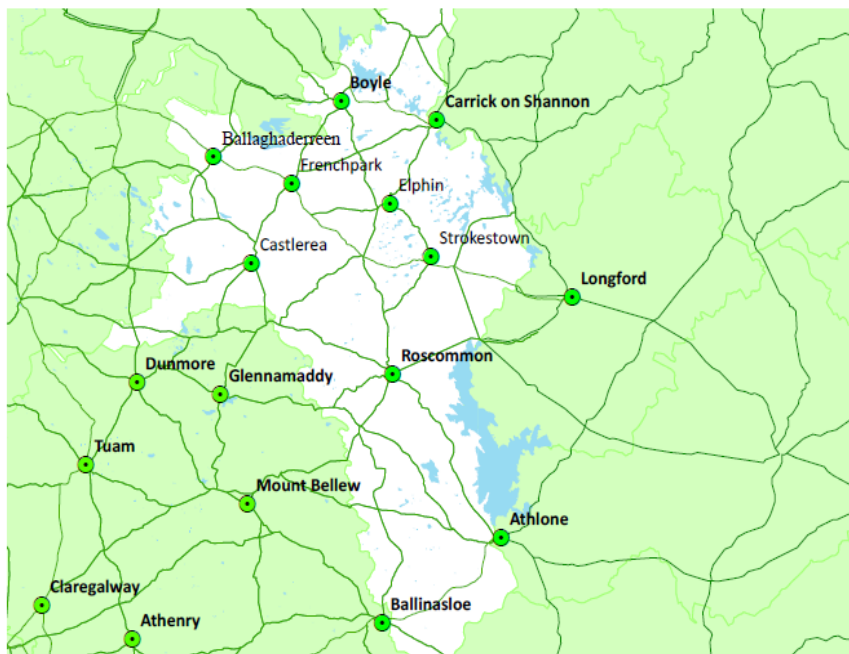
Key Facts Mayo:

- Has the third highest dependency ratio nationally of 55.9% (i.e. the number of those aged 0-14 and 65 and over as a percentage of the number of persons aged 15-64) and 15% of the population is aged over 65.
- Has high levels of people who only completed primary education at 20.5% (national rate 15.9%).
- Is the second least populous county with 24 persons per km² (national rate 67).
- Deprivation levels are high along the Western Seaboard: 70% of Mayo's population is below average affluence or disadvantaged.
- Rates of mortality from heart disease and stroke, respiratory disease, and injuries and poisonings are higher than the average for Ireland.
- For males the incidence of prostate cancer and malignant melanoma are higher than the national average.
- For females the incidence of malignant melanoma, colorectal, breast and lung cancer are lower than the national average.
- The birth rate of 13.7 per 1,000 is lower than the national rate of 15.8.

Department of Public Health - 10 March 2015

This is Roscommon

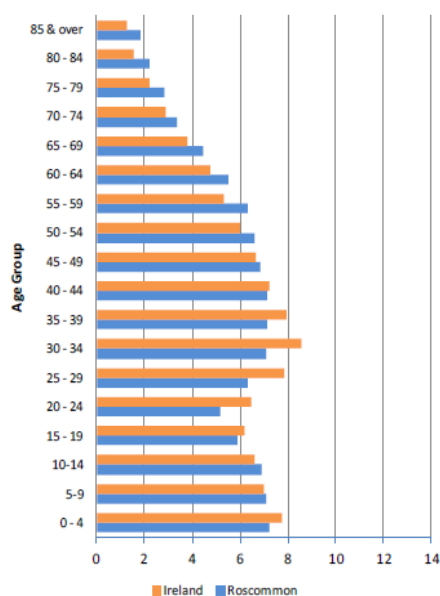
This profile gives facts on health in this area. It is intended to inform health professionals, local authorities and the general public and enable them to improve health services and reduce health inequalities. Accurate health information on smoking, obesity and chronic disease is not available at county level.



Population 2011: 64,065

Population Change Census 2006-2011: + 9.0%

Age Comparison % of Population



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Key Facts Roscommon:

- Has the fourth highest dependency ratio nationally 55.9% (i.e. the number of those aged 0-14 and 65 and over as a percentage of the number of persons aged 15-64).
- Is the third least populous county with 26 persons per km² (national rate 67).
- Has a lower than average percentage of lone parent households of 9.8% (national 10.9%).
- Has a below average rate of births at 13.5 per 1,000 population (national 15.8) and a below average rate per 1000 of births to those aged under 20 of 8.1 per 1,000 births (national 12.3).
- Has above national average incidence of male prostate cancer and the highest incidence nationally of female colorectal cancer.
- Has below average or average mortality rates for all deaths and all major causes of death, except for heart disease and stroke in those under 75 years of age.
- Has above average immunisation uptake at 24 months for third 6 in 1 of 97% and MMR1 of 94% (national 95% and 93% respectively)

Health Profile 2014

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This is Sligo

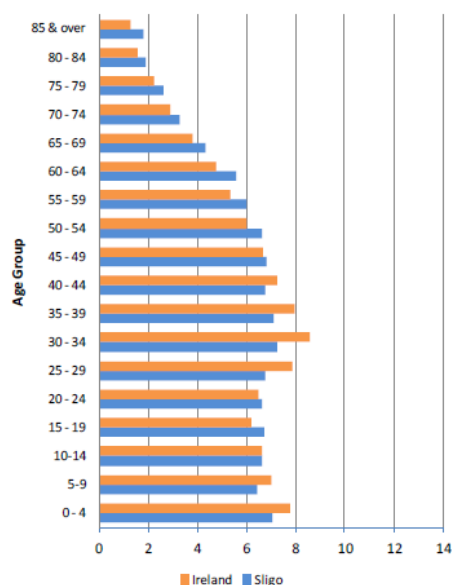
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Population 2011: 65,393

Population Change Census 2006-2011: +7.4%

Age Comparison % of Population



Department of Public Health – March 2015

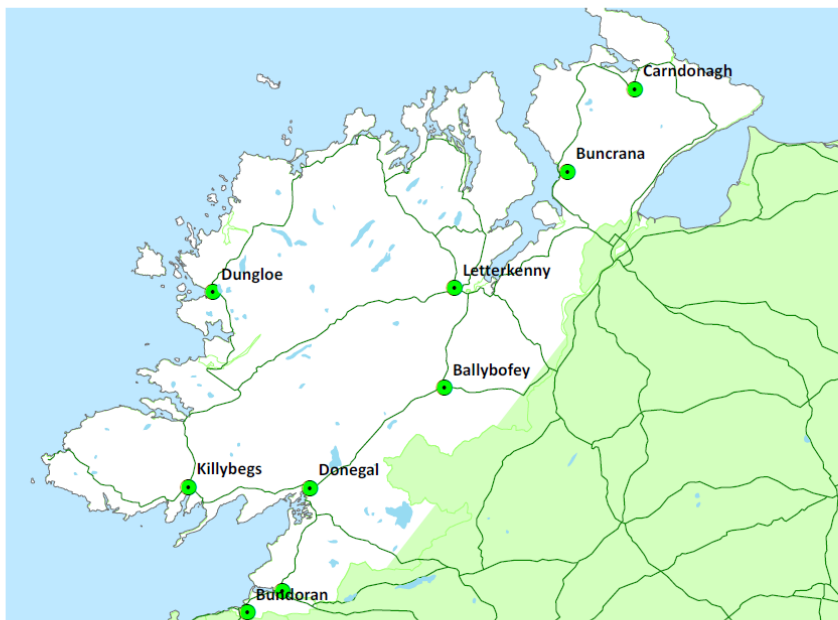
Key Facts Sligo:

- Is the twelfth most affluent local authority area in Ireland - 49% of its population were either above average level of affluence or in the affluent range.
- Has one of the lowest breast feeding rates of 33.1% (national 46.6%).
- Has the highest incidence nationally of female malignant melanoma and male prostate cancer but average or below average for all other cancers.
- Has below average mortality for all causes of death except for deaths under the age of 65 years for respiratory disease which is slightly above average.
- Has a better than average uptake for immunisation at 24 months for 3rd 6 in 1 of 96% and for MMR1 at 24 months of 94%.

Health Profile 2014

This is Donegal

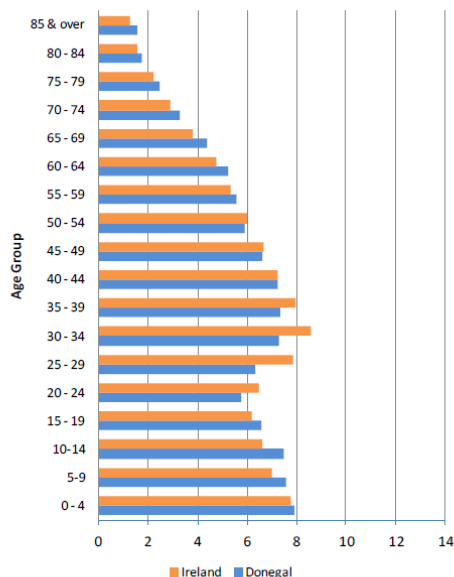
This profile gives facts on health in this area. It is intended to inform health professionals, local authorities and the general public and enable them to improve health services and reduce health inequalities. Accurate health information on smoking, obesity and chronic disease is not available at county level.



Population 2011: 161,137

Population Change Census 2006-2011: +9.4%

Age Comparison % of Population



Key Facts Donegal:

- Has the second highest dependency ratio (i.e. the number of those aged 0-14 and 65 and over as a percentage of the number of persons aged 15-64) of 56.9% (national rate of 49.3).
- Is the second most disadvantaged local authority area in Ireland, 74% of its population is either very disadvantaged, disadvantaged or marginally below affluent.
- Has the largest proportion of population with primary education only of 24.9% - (national rate 16.0%) and has one of the lowest rates of those with third level education at 23.5% (national rate 30.6%).
- Has low birth rate per 1,000 of 13.1 (national 15.8) and one of the lowest breast feeding rates of 33.3% (national rate 46.6%).
- For males and females the incidence of malignant melanoma is lower than the national average. It has the lowest national rate for male colorectal cancer but one of the highest rates for female colorectal cancer.
- Has the lowest rate of mortality for deaths due to injuries and poisoning for all ages.

