



Healthy Ireland Implementation Plan 2015 - 2017





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Foreword – CEO Saolta University Health Care Group

I am delighted to introduce the Healthy Ireland Implementation Plan for the Saolta University Health Care Group.

The development of the *Healthy Ireland* Framework was a major political initiative that was completed and launched by An Taoiseach, Enda Kenny last year. This generational strategy, working across all sectors, has significant ambition to fundamentally change the health of the nation and is now being widely implemented across the health sector. I am delighted that the Saolta University Health Care Group, working in conjunction with Dr. Stephanie O’Keeffe, National Director of the Health & Wellbeing Division, has been given an opportunity to lead this process, with the implementation of this Framework across our Hospital Group. We know that this is an ambitious project. But we believe that Healthy Ireland provides a unique opportunity for us here at Saolta University Health Care Group to make a real difference to the health and wellbeing of our patients, our staff and the wider community. We are proud to be the first Hospital Group to develop a Healthy Ireland Implementation Plan, notwithstanding the challenges that it brings.

Getting it right first time isn’t easy, and we commit to ongoing review of progress across each of our Hospitals; to elicit feedback from staff and patients; to evaluate learnings and refine our approach accordingly

Each and every hospital in the Group will play a significant part in implementing this Plan and more importantly, as the Healthy Ireland Framework requires, we will work very closely with all stakeholders in primary care, secondary care, across the County Councils, with colleagues in Public Health and across Health and Wellbeing, so that together, we can make a real difference for the public and our patients.

This is a far reaching undertaking and will be delivered over a number of years, but this is the first important step in turning this Framework into operational reality.

It is rare to get so excited about plans, but this work has the full support of our Board and our Management Team, as we have a unique opportunity now to make a difference, not just for our current population, but our future population and to improve the health and wellbeing of all we serve.

Bill Maher

Group CEO
Saolta University Health Care Group



Foreword - National Director Health and Wellbeing Division



Our health and wellbeing are the most important resources that we possess; as people, as linked communities and as a nation.

From where we stand, with the increases in chronic and preventable illness among our population, Ireland's health is showing some alarming trends, and unless we make some significant changes, we are facing an unhealthy and costly future.

Healthy Ireland is a government framework that is bringing together people and organisations from the length and breadth of the country into a national movement with one aim: supporting all of us to enjoy the best possible health and wellbeing, now and for the future.

As health leaders, we are delighted to see concern and action for health and wellbeing being addressed at Government level, and throughout our wider society. However, our health services are major stakeholders in this and leadership in implementing the goals and actions of Healthy Ireland within the health system itself is an important shared responsibility for everyone working in health and social care.

We are now working to implement the Healthy Ireland Framework within our Health Services, and part of that involves creating a model for its implementation within

our emerging new health structures. By publishing and implementing this first Hospital Group Plan, the Saolta University Health Care Group is committing to playing their part in this movement and helping to lead the way. We look forward to building on the momentum and leadership shown in developing this Plan to effect real changes in the health and wellbeing of staff, patients and communities.

I would like to commend the Steering Group, the Hospital Group's Management and Board, and all of their teams, on the work done to frame this plan. I am excited to see how our teams will work together in Galway, Letterkenny, Sligo, Roscommon, Mayo and Portlaoine to bring it to life – for the benefit of everyone connected to your hospital services.

Dr Stephanie O'Keeffe

National Director
Health and Wellbeing Division
Health Service Executive



Section 1 - Healthy Ireland in Saolta



1.1 Why is Health and Wellbeing Important?

The current health status of people living in Ireland, and their lifestyle trends, are leading us toward a future that is dangerously unhealthy and very likely unaffordable. The work that is underway to build a health service that is fit-for-purpose will be futile unless we also build an environment that helps people and their families to lead healthier lifestyles

We need to support changes in how people are living, how we're eating and moving, to how we connect with each other, how we support our families, how we work and live in our communities. We need to reverse the risks that some of our choices are posing to our health. We need to change how health is promoted and cared for.

The publication of *Healthy Ireland - A Framework for Improved Health and Wellbeing 2013 - 2025 (Healthy Ireland)* is a major milestone in the future provision of health and social care in Ireland and provides the structure to enable major service change in the development,

implementation and delivery of health and social care for service users now and for future generations. The Framework has created the conditions and a governance structure at the highest level of government to facilitate cross-sectoral and cross-governmental actions to improve health and wellbeing status. In addition, *Future Health*, the framework for reforming our health services has health and Wellbeing as one of the four key pillars of reform.





1.2 Healthy Ireland Vision in Saolta

Patients are at the heart of everything we do. Our mission is to provide high quality and equitable services for all by delivering care based on excellence in clinical practice, teaching, and research, grounded in kindness, compassion and respect, whilst developing our staff and becoming a model employer.

The Saolta University Health Care Group Healthy Ireland Implementation plan aims to help our staff, our patients and their communities enjoy health and wellbeing to their full potential. Improvements in health and wellbeing will lead to better outcomes for our patients, healthier staff and communities and a reduction in healthcare costs for the group.

We are committed to the development and maintenance of a collaborative working relationship with colleagues in primary, community and social care to deliver a more integrated approach to meet the health needs of the population we serve.

The development of a 3 year Healthy Ireland Implementation Plan for the Saolta University Health Care Group provides an opportunity to increase the health and wellbeing of staff, patients and the community, and also for the organisation to be a leader in creating

a culture of health. The Group sees the opportunities therein to operationalise an implementation plan that takes on board the vision and ambition of the Group, various national & group strategies to provide excellent care as well as focusing on health promotion and disease prevention. Employees are our most valuable asset; we can only achieve our goals in implementing the healthy Ireland implementation plan through the expertise, commitment and dedication of our staff. How we attract, develop, support, performance manage, engage, communicate with and value our staff is essential to improving the quality of care all our patients receive.

Colette Cowan

Chief Director of Nursing & Midwifery



Section 2 - Overview of Group

2.1 Our Population

Summary

This profile summarises characteristics of the population in the six counties served by the Saolta University Health Care Group. Demographic data and population needs are important considerations in the planning of health services. The West-North West region is a large geographical area (32% of the geographical area of the Republic of Ireland) which is relatively sparsely populated outside the main urban centres; 15% of the total population of the state reside in the region. This poses particular challenges in the delivery of hospital services. Galway city has a younger, more ethnically diverse population compared to the rest of the region. The region includes some of the most affluent and most deprived local authority areas in Ireland.

Table 1: Population of HSE-WNW and 5-year population changes

Name	Population 2011	5 year Population Change 2006–2011 %
Galway	250,653	9.4
Mayo	130,638	5.5
Roscommon	64,065	9.0
Sligo	65,393	7.4
Donegal	161,137	9.4
Leitrim	31,798	9.8
WNW Total	703,684	8.5

Source: CSO www.cso.ie

According to Census 2011, a total of 703,684 people live in the six counties of the HSE-WNW area; 15% of the total population of the state. A further 272,173 people live in the neighbouring counties of Longford, Offaly, Westmeath and Tipperary North Riding; residents of these counties may also access hospital services within our area. There has been a 7.9% increase in the population of HSE-WNW since 2006. Galway city is the main urban centre in the HSE-WNW region, with a population

greater than that of counties Leitrim, Roscommon or Sligo. County Leitrim has the smallest population of any county in Ireland.

Population projections are produced by the CSO, based on assumptions relating to future trends in fertility, mortality, migration and labour force participation. According to the CSO, all regions in Ireland are projected to see an annual increase in population of 1% to 2.2%.

Population Density

The HSE-WNW area includes some of the most sparsely populated areas in the country. The areas of lowest population density include West County Donegal, West County Mayo, and West County Galway; - 'the western seaboard'. HSE-WNW has a large geographical area- 32% of geographical area of Ireland with Counties Galway, Mayo and Donegal ranking the 2nd, 3rd and 4th in terms of area .

The largest urban population centre in HSE-WNW is Galway City with its suburbs. Four cities and towns in the HSE-WNW area have a population of over 10,000; Galway City, Letterkenny Town, Sligo Town, and Castlebar Town. Letterkenny, Castlebar, Buncrana, Ballinasloe and Westport are also densely populated towns with population densities of greater than 500 persons per km2. Of the towns with a population greater than 5,000, Tuam has had the largest increase in population (19.7%) since the census, 2006.

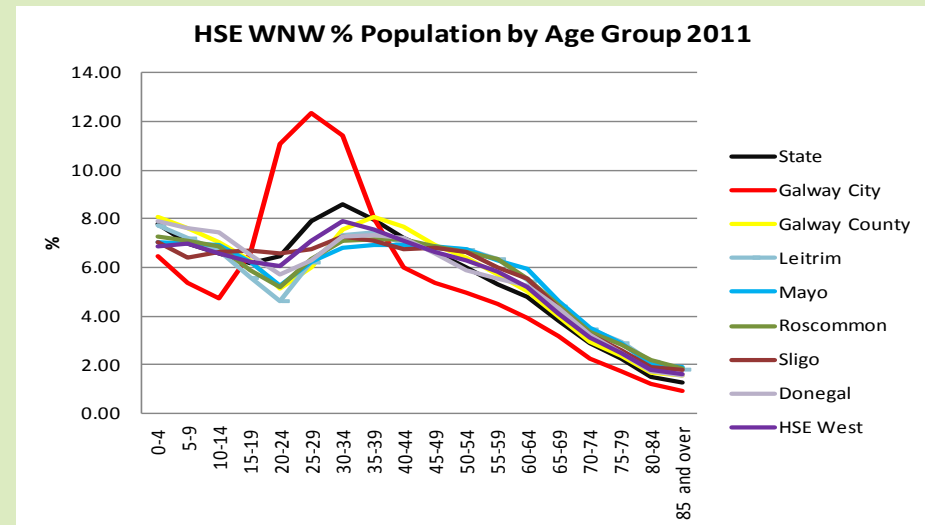
A total of 7,377 people live on Islands in HSE-WNW. Although many of these islands are connected to the mainland by land, a common feature of many of these islands can be poor road infrastructure, poor access to public transport and considerable distance from hospital services.

Age profile

Galway City has a different age structure when compared to the remainder of County Galway or the other counties in HSE-WNW; i.e. there is a larger proportion of young adults aged 20-34 years. The population profile by age for Galway City shows a higher proportion of persons between the ages of 20- 34 years and a lower proportion of persons in older age groups compared to the national average. The population profiles by age for all the counties in HSE-

WNW excluding Galway city have a lower proportion of young adults and a higher proportion of persons in older age groups compared to the national average.

Figure 1: Age profile HSE-WNW



Ethnicity

There is a lower percentage of white Irish in Galway city (71.5%) compared to the national average (83.3%). The percentage of white Irish varies from 71.5% in Galway city to 88.9% in Donegal. Galway city has a higher percentage of Travellers (2.2%) compared with the national average (0.6%).

In HSE-WNW, the percentage of the population identified as Black varies from 0.3% in Leitrim to 3.5% in Galway city. In HSE-WNW, the percentage of the population identified as Asian varies from 0.7% in Galway County to 2.7% in Galway City.



Overview of Group

Residents who are members of minority ethnic groups may experience issues in accessing health services for various reasons; e.g. they may not be registered with GPs or may experience delays in obtaining medical cards; they may attend A&E for services usually delivered in primary care; and they may experience language or communication difficulties.

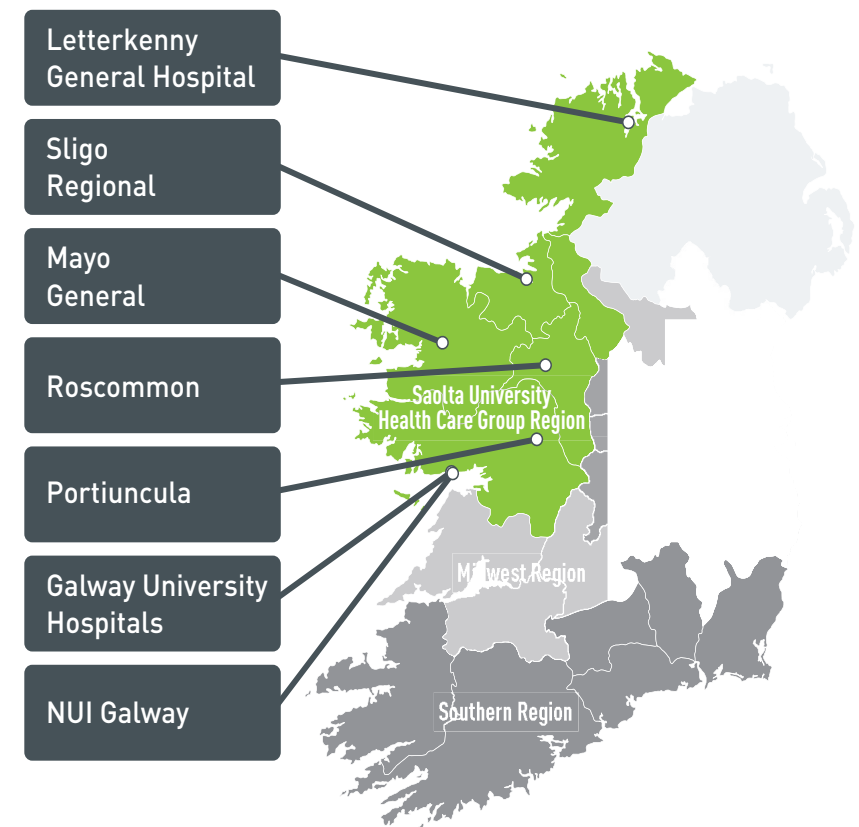
Deprivation

The Pobal HP Deprivation Index is a method of measuring the relative affluence or disadvantage of a particular geographical area using data compiled from various censuses. The index is based on 3 dimensions of affluence/disadvantage: demographic profile, social class composition and labour market situation. Galway city is ranked the 3rd most affluent area of 34 local authority areas after Dún Laoghaire/Rathdown and Dublin Fingal. County Donegal is the most deprived LA area in HSE-WNW and the second most deprived area nationally, with Limerick city ranked as the most deprived.

2.2 Our Organisation

The Saolta University Health Care Group was one of six new hospital groups announced by the Minister for Health, in May, 2013, as part of a re-organisation of public hospitals into more efficient and accountable hospital groups that will deliver improved outcomes for the patient. The Saolta University Health Care Group comprises of 7 hospitals:

- Letterkenny General Hospital
- Sligo Regional Hospital
- Mayo General Hospital
- Roscommon County Hospital
- Portiuncula Hospital Ballinasloe
- Merlin Park Hospital Galway
- University Hospital Galway



The Group has one overall Executive Management Team, one financial budget of €598.9 million and operates with 1,771 beds and 7,743 WTE (9,054 headcount - May 2014) staff.

The objectives of the group are to:

- Achieve the highest standard of quality and uniformity in care across the Group
- Deliver cost effective hospital care in a timely and sustainable manner
- Encourage and support clinical and managerial leaders
- Ensure high standards of governance, both clinical and corporate and recruit and retain high quality nurses, NCHDs, consultants, allied health professionals and administrators in all our hospitals.

There is an evolving Group governance structure with 4 Clinical Directorates which manage the clinical specialities across each site:

- Medicine
- Perioperative
- Diagnostics
- Women and Children's

Each Directorate has a set of Key Performance Indicators (KPIs) to improve quality, drive performance, and ensure efficiency.

The Group provides a range of high quality services for the catchment areas it serves and Galway University Hospital is a designated supra-regional cancer service provider meeting the needs of all the counties along Western seaboard and towards the midlands from Donegal to North Tipperary.

Vision

The formation of the hospital groups, which will transition to independent hospital trusts, will change how hospitals relate to each other and integrate with the academic sector. Over time, the Group will deliver:

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

Our Academic Partner is the National University of Ireland, Galway and we have developed partnerships in the UK with Northumbria Trust and the USA, with North Shore Long Island Jewish Health care, USA.

Planned Group Activity 2014	Group Service Plan Target
Category	2014 Target
Births	10,223
Day cases	153,288
ED Presentations	195,843
Inpatients	109,448
Outpatient	519,603
Urgent Care Centre	4,276



Section 3 - Governance Structures

3.1 Group Governance structure

Corporate Level

The Chief Director of Nursing & Midwifery is the assigned Lead for Health & Wellbeing and reports directly to the Board of the Saolta University Health Care Group on our approach and progress. A Non Executive Director of the Board will also work with the team in endorsing and activating the implementation plan

Senior Executive involvement has been endorsed by the Board to ensure the vision and mission statement of the Group is embedded in the Culture of High Quality and Excellence in Service.

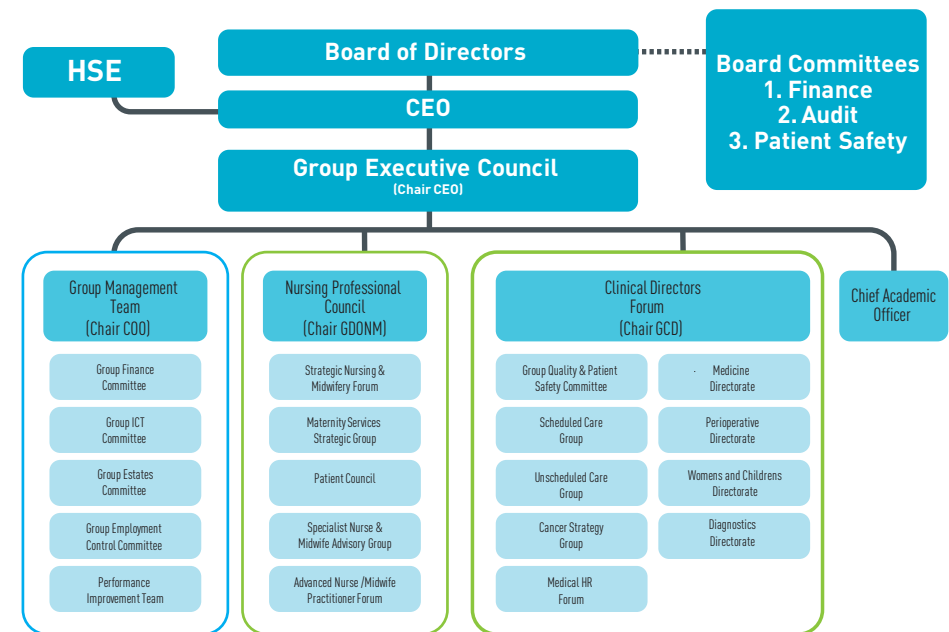
The Executive Team will be assigned as leads to specific goals to ensure leadership from the executive to frontline is visible.

Management Level

The Saolta University Health Care Group has a defined Governance structure that reports to the Board and Executive Council of the Group. Health and Wellbeing will be embedded in this Governance Model in the 4 key areas of operational management that represent the 7 Hospital sites namely the Group Management Team, Nursing & Midwifery Professional Council, Clinical Directors Forum and Chief Academic Officers Forum. These 4 Committees measure their work through KPIs which are accounted for at our Executive Council.

As part of this Implementation Plan we will as a group agree measurements for Health and Wellbeing that will become part of the monthly KPI reporting

Group Governance Structure



structure to the chair of our Executive Council namely the Group Chief Executive officer.

Operational

The Saolta University Health Care Group will identify a Group Project Lead to progress on key targets for the next 3 years as defined in this plan in collaboration with the Health & Wellbeing Division. Site Designated Leads will also be identified to work with the Project lead.

3.2 National Governance Structures Healthy Ireland

At Government / Policy Level

The implementation of Healthy Ireland at national level is overseen by the Cabinet Committee on Social Policy. A Cross-Departmental group, chaired by the Department of Health, ensures a joined up approach across Government to achieve the delivery of the Framework's goals and actions.

The role of the Healthy Ireland Council is to increase the involvement of all sectors of society in the work of Healthy Ireland and to build a coalition of support for Healthy Ireland's vision, goals and actions.

At Departmental Level

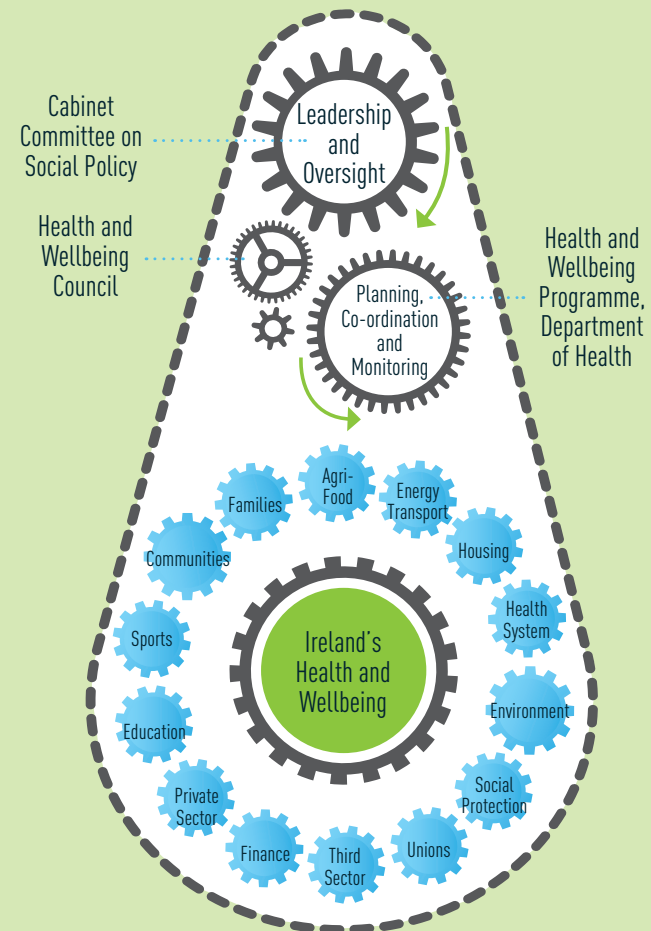
Within the Department of Health, the Health and Wellbeing Programme co-ordinates the overall implementation of Healthy Ireland.

At HSE / Operational Level

Within the HSE, the Health and Wellbeing Division co-ordinates implementation of Healthy Ireland within the health services, in partnership with other service divisions and key external partners. A Cross-Divisional Steering Group, chaired by the National Director, Health and Wellbeing is in place. Through this Steering Group, the Health and Wellbeing Division is working with all other National Divisions to develop a 3 year implementation plan for Healthy Ireland in the health service. The National Director accounts to the Director General of the HSE for the work of this Group.

This is supported by work undertaken by multi-stakeholder working groups for specific actions or pieces of work, including the work undertaken by the Saolta University Health Care Group on its implementation plan. Similar processes to the one undertaken at the Saolta University Health Care Group will be undertaken across all healthcare settings and with external partners.

HEALTHY IRELAND WORKING IN PARTNERSHIP





3.3 Terms of Reference

An overall Steering Committee has been convened, chaired by the Chief Director of Nursing and Midwifery, tasked with producing a 3 year implementation plan for Healthy Ireland across the Group.

The Steering Group includes representation from the WNW Hospital Group, colleagues from local Health and Wellbeing services in Public Health, Health Promotion and Improvement and Environmental Health services, HSE community services and the National Health and Wellbeing Division.

Its terms of reference are:

1. Roles and Responsibilities of Committee

- Develop an implementation plan in response to the Healthy Ireland Framework
- Set key priorities based on the plan
- Report to the Saolta University Health Care Group Board and National Health and Wellbeing Division quarterly.

2. Accountability and Reporting Relationships

- Report to the Executive Council and Board of the Saolta University Health Care Group
- National Health and Wellbeing Division

3. Frequency of Meetings

- Monthly

4. Reports

- The chair will report on progress to the Saolta University Health Care Group Board, Executive Council and the Health and Wellbeing Division.

3.4 Steering Group Membership

Core Members:

Ms. Colette Cowan, Chief DONM, Saolta University Health Care Group (Chair)

Mr. Barry McGinn, Head of Planning, Performance & Programme Management, Health and Wellbeing Division (Vice Chair)

Dr. Melissa Canny, Specialist in Public Health Medicine, HSE West

Ms. Priscilla Carroll, RGN, Health and Wellbeing Lead, GUH

Mr. Greg Conlon, Health Promotion Officer, St. Vincent's University Hospital

Dr. Francis Finucane, Consultant Endocrinologist/Lead for Bariatric Services, GUH

Ms Janet Gaynor, A/Functional Manager, Health Promotion & Improvement, HSE West

Ms. Mairead Gleeson, Interim Project Lead Healthy Ireland / Programme Manager, Health and Wellbeing Division/Clinical Strategy & Programmes.

Mr. Shane Keane, A/Principal Environmental Health Officer, Galway

Ms. Laura McHugh, Health Promotion Officer, Health Promotion and Improvement, HSE West

Ms. Rena Molloy, PA to Chief DONM

Dr. Maurice Mulcahy, Regional Chief Environmental Health Officer, HSE West

Ms. Pamela Normoyle, RGN, Health and Wellbeing Lead, GUH

Dr. Diarmuid O'Donovan, Director of Public Health, HSE West

Ms. Rita O'Grady, Principal Environmental Health Officer, Sligo/Leitrim/WCavan

Ms. Anne O'Neill, Business Manager, Galway/Roscommon PCCC Services.

Ms. Dearbhla Reid, Colorectal Co-ordinator & Administration Officer, National Cancer Screening Service

Mr. John Shaughnessy, Group Director of HR, Saolta University Health Care Group

Standing Member:

Mr. Bill Maher, CEO, Saolta University Health Care Group.





Section 4 - Healthy Ireland Goals

The four goals of Healthy Ireland are set out below. These four goals are interlinked, interdependent and mutually supportive. Our employees are our greatest asset and are central to the implementation plan both in terms of actions for staff, and also in its implementation to improve the quality of care delivered to patients.

	Healthy Ireland Goal	Healthy Ireland Goal	Healthy Ireland Goal	Healthy Ireland Goal
	Increase the proportion of people who are healthy at all stages of life	Reduce health inequalities	Protect the public from threats to health and wellbeing	Create an environment where every individual and sector can play their part in achieving a healthy Ireland
Staff	Saolta University Health Care Group Goal: We will support staff to improve their health and well being	Saolta University Health Care Group Goal: We will raise staff awareness of health inequalities and ensure relevant data is recorded and utilised in planning services.	Saolta University Health Care Group Goal: We will work with staff to protect staff and patients from infectious diseases and other threats.	Saolta University Health Care Group Goal: Every member of staff will understand their role in implementing the goals of healthy Ireland
Patients and Communities	Saolta University Health Care Group Goal: We will support patients to improve their health and wellbeing.	Saolta University Health Care Group Goal: We will measure and address health inequalities in our patient population.	Saolta University Health Care Group Goal: We will work with statutory agencies and communities to ensure major emergency plans are reviewed and updated.	Saolta University Health Care Group Goal: We will link with community services and work with partners in the community to implement the strategy.
Sustainability	Saolta University Health Care Group Goal: We will promote sustainability in the management and delivery of our services			

Section 5 - Implementation Plan Actions



The following section sets out the specific actions which will be undertaken to support the implementation of Healthy Ireland within the Group. These actions aim to bring about organisational change to improve the health and wellbeing of staff, visitors and service users. Approximately 60 priority actions have been identified, with implementation sequenced over the next three years. This reflects both the lead in time for some actions to deliver, the scale of what's proposed and the stage of development of the Group.

These actions include:

- A range of actions supporting the health and wellbeing of our staff including the development of an employee engagement strategy, support for healthy eating and weight management, tobacco cessation support, active travel and physical activity initiatives, the expansion of the mindfulness training, as well as supporting and developing the capacity of our workforce to make sure that 'every contact counts'.
- A range of actions aimed at improving, protecting and maintaining the health and wellbeing of our patients and service users including the continued roll-out of clinical care programmes with a particular emphasis on prevention, early detection, self-care, support and education for patients with chronic conditions and their families and the maintenance of hand hygiene standards.
- A range of actions aimed at improving the evidence base available to the hospital on the health status of its patients including broader data capture on health determinants, risk factors, behaviour change interventions, the development of an evidence based approach to service evaluation and collaboration around Healthy Ireland research priorities.

These actions will be implemented in line with the operational principles which characterise a successful approach to improving health and wellbeing;

- Better governance and leadership
- Better use of people and resources
- Better partnerships
- Better systems for healthcare

- Better use of evidence
- Better measurement and evaluation
- Better programme management

There are a number of initiatives and projects already underway within the Group aimed at improving the health and wellbeing of our staff, patients and the wider community. Some of these are site specific whilst others are Group-wide. Capitalising on these initiatives and mainstreaming them across our constituent hospitals will be a key priority for the remainder of 2014 and early 2015.

Where appropriate, specific targets for the Group have been set which will demonstrate progress in implementation. More granular, site specific targets will be set as part of the roll-out plans within the constituent hospitals, in consultation with staff.

Monitoring the Implementation Plan:

It is critical that we put in place mechanisms which will facilitate us with a clear view of how we are doing against these priorities. Our ultimate barometer of success is tangible improvement in the Health and Wellbeing of our population. However 'doing what we said we would do' is an important indicator of both our resolve and our application as a Group. It builds confidence in our capacity for implementation and strengthens our credibility as a reliable, competent delivery system.

This plan therefore will be supported by a robust monitoring framework with periodic reporting on progress in implementation. Accountability for the delivery of the actions in this plan has been assigned to leads within the Hospital Group.

Progress on implementation will be incorporated into routine reports to the Executive Council and Board.

In addition, high level reporting on a quarterly basis against implementation will be provided to the National Director, Health and Wellbeing through the project lead for Healthy Ireland. An annual report on the plans implementation will also be produced by the Group.

Progress reporting will commence on a quarterly basis from Quarter 1 2015.

Actions, Measures and Targets for Saolta University Health Care Group Plan

No	Action	Measure	Target	Completion Date	Lead
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 Subgroups established to address key priorities	Completed	Chair : Chief Director of Nursing & Midwifery, (CDNM), Saolta University Health Care Group Vice Chair: Head of Planning, Performance & Programme Management, Health and Wellbeing Division
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

No	Action	Measure	Target	Completion Date	Lead
1.3	Identify Healthy Ireland leads in each hospital site	No. of hospital sites which have identified a Healthy Ireland lead	All hospital sites	Q4 2014	CDNM Saolta University Health Care Group/Project Co-ordinator
1.4	Develop site-specific Healthy Ireland Implementation plans	Site specific plans developed	All hospital sites with Healthy Ireland implementation plans	Q3 2015	Project Co-ordinator/Site managers
1.5	Produce an Annual Health and Wellbeing Progress Report	Parameters for Annual Progress Report agreed and implemented	Annual Progress Report produced	Q1 2015/16/17	Report to Board and Executive Council
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
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	Q4 2014	Departments of Public Health HSE West (HSEW) and HSE Northwest (HSENW)

No	Action	Measure	Target	Completion Date	Lead
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
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
3.3	Establish Patient Advocate Liaison Service (PALS) to provide general information to patients and families in line with the implementation of the Saolta University Health Care Group 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	Q4 2014	CDNM Saolta University Health Care Group
3.4	Establish a Patient Council that will work closely with the Group and staff to improve services for the patients in line with the implementation of the Saolta University Health Care Group Strategic Plan for Public and Patient Involvement 2013-2015	Establishment of Saolta University Health Care Group Patient Council	Patient council in place and active	Q4 2014	CDNM Saolta University Health Care Group

No	Action	Measure	Target	Completion Date	Lead
3.5	Expand the Implementation of 'Test your care', nursing & midwifery quality care metric	Number of sites implementing "Test your care"	All Hospital Sites	Q4 2014	CDNM Saolta University Health Care Group
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.	Q1 2015	Group Director of Human Resources and assigned leads
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
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	Q1 2015	Project Co-ordinator/ Health Promotion & Improvement
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	Q1 2015	Project Co-ordinator/Site Managers
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	Ongoing Ongoing	Site Managers/ Tobacco Lead

No	Action	Measure	Target	Completion Date	Lead
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	2015/ 16/ 17	Tobacco Lead, Clinical directors, Directors of Nursing and Director of Midwifery
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	2015/ 16/ 17	Tobacco Lead, Clinical directors, Directors of Nursing and Director of Midwifery
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.	2015/ 16/ 17 2015/ 16/ 17	Tobacco Lead, Clinical Directors, Directors of Nursing and Director of Midwifery Smoking Cessation Officer
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	2015/16/17	Health Promotion & Improvement
4.3. Nutrition/Obesity					
4.3.1	Introduce routine recording of Body Mass Index (BMI) for all relevant inpatients and outpatients encounters	Routine recording for BMI for all inpatients and outpatients introduced (National guidance expected in 2016)	10% annual increase in the recording of BMI	2015/16/ 17	Project Co-ordinator/Lead for Obesity

No	Action	Measure	Target	Completion Date	Lead
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	2015/ 16/17	Group Directorates
4.3.3	Undertake a review of the nutritional adequacy and quality of hospital food for staff and 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	Completion of review No. of hospital sites which have implemented HSE policies/guidelines in relation to food and nutrition	Review completed All hospital sites	Q4 2015	Group Directorates
4.3.4	Implement the HSE Healthy Vending Policy and HSE Calorie Posting Policy	No. of hospital sites which have implemented the HSE Vending and Calorie posting policy	All hospital sites	2016	Project Co-ordinator/ Health Promotion & Improvement
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	2015/ 16/ 17	Group Directorates

No	Action	Measure	Target	Completion Date	Lead
4.4 Physical Activity					
4.4.1	Develop an active travel/mobility management implementation plan for staff, patients and visitors	Development of plan in consultation with key staff	Plan developed	Q1 2015	Site Managers/ Group Director of HR, Saolta University Health Care Group
4.4.2	Implement National Physical Activity Plan recommendations for patients and staff	Awaiting publication	TBC	To commence 2015	Site Managers/ Group Director of HR, Saolta University Health Care Group
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
4.5.2	Complete appointment of Alcohol/Substance misuse liaison post in GUH and complete evaluation of impact of appointment	Completion of appointment Completion of Evaluation	Lead appointed Evaluation completed	Q2 2015 Q4 2016	GUH General Manager/ Health Promotion & Improvement/ Drugs Services, HSE West

No	Action	Measure	Target	Completion Date	Lead
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	2015/ 2016/ 2017	Project Co-ordinator/ Health and Wellbeing Leads
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
4.7. Breastfeeding					
4.7.1	Promote and Increase breastfeeding rates in all maternity units in the 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	2015/16/17	Group Director of Midwifery
4.7.2	Participate in Baby Friendly Hospital Initiative (BFHI)	Number of hospitals designated as World Health Organisation (WHO)/ United Nations Children's Fund (UNICEF) Baby Friendly Hospitals	All maternity units	Ongoing	Group Director of Midwifery
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

No	Action	Measure	Target	Completion Date	Lead
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
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
4.8 Health Protection					
4.8.1	Continue to implement the WHO five moments of hand hygiene throughout all facilities in the Saolta University Health Care Group	Percentage of all staff that have had hand hygiene training.	95% or greater	Ongoing	Infection Control Team/Site Managers
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	Q4 2015	Infection Control Team/Site Managers
4.8.3	Continue to review and update the Saolta University Health Care Group's 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
4.8.4	Increase influenza vaccination rates in clinical staff	Percentage uptake of flu vaccine in Health Care Workers.	40% target	Q1 2015	Influenza Vaccine Co-Ordinator
4.8.5	Promote safe sex through advice and information regarding prevention and treatment services for staff and 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

No	Action	Measure	Target	Completion Date	Lead
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 surveillance (MRSA, VRE, E.Coli)</p>	100% compliance	Ongoing	Clinical Directors Pharmacy
4.8.7	Reduce healthcare associated infections	<p>Rate of MRSA bloodstream infections in acute hospital per 1,000 bed days used (Quarterly)</p> <p>C Difficile infection (incidence rate per 10,000 bed days used and time between event monitoring)</p>	<p><0.057</p> <p><2.5</p>	Ongoing (report quarterly)	Infection Control
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
4.8.9	Monitor alcohol hand rub consumption	Alcohol hand rub consumption (litres per 1,000 bed days used)	25	Ongoing	Infection Control

No	Action	Measure	Target	Completion Date	Lead
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	2015/16/17	Project Co-ordinator/ Health and Wellbeing Leads
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	2015/16/17	Project Co-ordinator/ Health and Wellbeing Leads

No	Action	Measure	Target	Completion Date	Lead
4.10. Screening					
4.10.1	<p>Continue to support the delivery of screening programmes in conjunction with the National Screening Service population based, call-recall screening programmes. Deliver:</p> <ul style="list-style-type: none"> Colposcopies (CervicalCheck) BreastCheck Surgeries (BreastCheck) Colonoscopies (BowelScreen) Diabetic RetinaScreen consultation and treatment 	<p>Colposcopies</p> <ul style="list-style-type: none"> Urgents seen within 2 weeks High grade within 4 weeks Low grade within 8 weeks <p>BreastCheck Surgeries</p> <ul style="list-style-type: none"> Offered surgery within 3 weeks of diagnosis Colonoscopies Within 20 working days (when deemed clinically suitable following preassessment) Diabetic RetinaScreen Urgent referrals seen within 12 and 24 working days Routine referrals seen within 78 and 108 working days 	100% of clients seen within indicated timeframes	Ongoing	Health & Wellbeing – National Screening Service

No	Action	Measure	Target	Completion Date	Lead
5. Research & 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)	2015/16/17	Group Directorates
5.2	Implement an evidence-based approach to service evaluation and planning across the Saolta University Health Care Group, based on needs assessment	Health and wellbeing parameters included in service evaluations, planning and research	Health and wellbeing identified as a strategic research priority for the Clinical Research Facility (CRF)	Q1 2015	Group Academic Director
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
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

No	Action	Measure	Target	Completion Date	Lead
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
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
7.2	Prioritise and implement 3 key actions/ goals in the plan	Set targets for the 3 actions	3 actions implemented and measured	Q4 2015/16/17	Hospital Group Nominee
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
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

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