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PART A: OUTLINE OF POLICY STEPS

Part A of this document describes the core policy steps. Please see Part B of this document for a description of how the policy was developed.

Policy Title: HSE Vending Policy 2019 (Revision 2).

2.7 Outline of policy steps:

The HSE introduced the Healthier Vending Policy in 2014 which applies to all vending machines for Cold Soft Drinks, Confectionery and Snacks on HSE premises. It was revised in 2015 with minor changes. In 2017, the Healthy Eating Active Living Policy Priority Programme undertook to assess compliance with the implementation of the policy. The National Nutrition Surveillance Centre (NNSC-UCD) was commissioned to analyse data from vending machines on health service sites for the year 2016. The ‘Healthier Vending Policy - Assessment of Compliance’ has informed the review of the Healthier Vending Policy (Revision 1 2015). This policy now replaces the 2015 revised policy.

To align with the HSE ‘Nutrition standards for food and beverage provision for staff and visitors in healthcare settings’ the classification of Better Choice & Other Choice products from the Healthier Vending Policy 2015 will be replaced with the requirements outlined below. A ‘Vending in the Health Services Toolkit’ will be developed in 2019 to support the implementation of the new policy.

What has changed?

Beverages:

- Sugar sweetened beverages, as defined in the legislation underpinning the Sugar Sweetened Drinks Tax enacted in the Finance Act 2017, will not be stocked in vending machines. The Sugar Sweetened Drinks Tax applies to water and juice based drinks which have added sugar of over 5g per 100ml.
- A minimum of 60% of beverages are required to be still water in beverage only machines.
- The remaining 40% of beverages will be non-sugar sweetened beverages e.g. diet drinks, juices, flavoured waters, carbonated waters.
- A minimum of 50% of beverages are required to be still water in combination machines.
- The remaining 50% of beverages in combination machines will be non-sugar sweetened beverages e.g. diet drinks, juices, flavoured waters, carbonated waters.

1 Due to the design of combination machines the percentage of still water stocked in them is 50% compared to 60% in beverage machines.
Snacks:

- Snacks containing more than 200kcal per packet will not be stocked in vending machines, with the exemption of three products.
- Machines that stock snack products (including combination machines) must have a minimum of 3 facings at eye level that contain some or all of the following: packets of nuts or seeds that are plain and unsalted, dried fruit, or packets containing some or all of these products. These three products will be exempt from the maximum calorie allowance of 200kcal per packet stocked in machines. This exemption does not apply to composite items that contain nuts/seeds or dried fruit as ingredients, for example, cereal bars.
- A minimum of 60% of the remaining snack products in the machine are required to be ≤ 150kcal and 40% of snack products are required to be ≤200kcal.

On Product Placement

- Plain water, packets of nuts or seeds that are plain and unsalted, dried fruit, packets containing a combination of some or all of these products and products ≤ 150kcal will be placed in prime slots. Prime slots are defined as the top two rows of the machine and not the bottom row.
- The location of prime slots may vary a little with some combination machines because of their design. In these situations, prime slots may be considered as the second and third row.

Planograms and product information

Companies are required to:

- provide standard easy to read planograms (product type with calorie count and placement) to sites.
- provide a list of products with calorie counts to sites and the Healthy Eating Active Living Programme.

This will facilitate local visual audits of machines in order to meet monitoring requirements.

Calorie Posting Pre-Purchase

All vended products should clearly display the amount of calories they contain in white writing on a black background and with a white surround. Purchasers can use this information to help them make an informed product choice.
Branding of Vending Machines and use of Key Health Messages

- In line with the HSE National Contract for Vending 2015–2020 contracted companies and any other companies with pre-existing contracts still in place must comply with the branding specifications for vending machines.
- Vending machines should only utilise the Healthy Ireland brand as determined by the HSE.
- To align with the HSE ‘Nutrition standards for food and beverage provision for staff and visitors in healthcare settings’ and changes to the policy, all messages will be removed from the machines with the exception of ‘Save your smile, drink water’. Messages will be in lime green information bubbles.
- The specifications in vending contracts in respect of branding must meet the requirements of the policy.

Food Safety

All vending of food and beverages must comply with relevant food safety legislation.
PART B: POLICY DEVELOPMENT CYCLE

1.0 INITIATION

1.1 Purpose
The purpose of the HSE Vending Policy is to contribute to creating a healthier food environment by influencing the types and range of products in cold soft drinks, confectionary and snack vending machines.

It is expected that the exclusion of sugar sweetened beverages and the calorie cap on snack products in vending machines will send a strong message to staff, visitor and patients regarding the commitment of the HSE to improve the food environment within the organisation. In addition, it is expected that these measures will reinforce one of the organisations key population nutrition messages:

   *Foods high in fat, sugar and salt are not needed for health and should be consumed in moderation, not every day, a maximum of once or twice a week.*

It is anticipated that this reviewed vending policy will lead to improved dietary choices by those who use vending machines on health service premises.

1.2 Scope
This policy applies to all vending machines that stock cold soft drinks, confectionary and snacks on HSE premises and premises of organisations that are funded by the HSE. These machines account for the majority of vending machines in the health services. The policy does not apply to refrigerated vending machines that stock produce such as fruit, milk and sandwiches. These are not currently widely used in health service facilities.

1.2.1 This policy will provide direction to health service managers, staff involved in the vending process and contracted companies when stocking vending machines on health service premises.

1.2.2 This policy will apply to staff, visitors or patients on health service premises who choose to use vending machines to purchase snacks or beverages.

1.3 Objectives
The objectives of the policy are:

- To provide staff, visitors and patients with lower calorie options when purchasing snacks or beverages from vending machines at health service premises.

1.4 Outcomes
The outcome of the policy will be that in cold soft drinks, confectionary and snack vending machines on health service premises there are:
no sugar sweetened beverages stocked.
• a minimum of 50% of beverages that are still water.
• a maximum calorie cap of 200kcal on all snacks except for packets of nuts or seeds that are plain and unsalted or dried fruit.
• three facings of packets of nuts or seeds that are plain and unsalted, dried fruit, or packets containing some or all of these products.
• a minimum of 60% of snack products that are ≤150kcal, other than packets of nuts or seeds that are plain and unsalted, dried fruit, or packets containing some or all of these products.

1.5 Policy Development Group

The Healthier Food Environment Advisory Group (HFEAG) undertook the content development within an agreed project plan under the guidance of a Project Manager and Chairperson. The HFEAG was established in January 2018 and comprises a range of stakeholders with diverse skills and knowledge in relation to the healthier food environment. Refer to Appendix II for Membership of the HFEAG. All members have completed the Conflict of Interest Form. A technical sub group of the HFEAG was established from the outset to work on the HSE Nutrition standards and to consider the nutrient profile of vending machine products.

1.6 Policy Governance Group

The Healthy Eating Active Living National Policy Priority Programme Team approved the final policy document. See Appendix IV for Membership of the Approval Governance Group.

1.7 Supporting Evidence

Legislation, regulation and publications which are relevant to healthier vending and the ‘Healthier Vending Policy - Assessment of Compliance’ report were referred to in the development of the policy. In addition, existing policies and standards were referred to and aligned to the development of the policy.

1.7.1 Relevant Legislation/PPPGs/Standards/Reports


1.7.2 Policies that are being replaced by this Policy

This policy replaces the HSE Healthier Vending Policy (Revision 1 2015).
1.7.3 Related Policies/Standards

- **Healthy Ireland in the Health Services National Implementation Plan 2015-2017**
- **HSE Calorie Posting Policy, 2015**.
- HSE Healthy Meeting Guidelines: Incorporating Health and Wellbeing into everyday work practices (2019). Produced by the Staff Health & Wellbeing Programme, HSE Strategic Planning & Transformation and adapted from the Healthy Ireland National Healthy Meeting Guidelines and in line with the World Health Organization, Planning healthy and sustainable meetings: A how-to-guide.
- **HSE National Framework for developing Policies, Procedures, Protocols and Guidelines (PPPG’s) 2016**
- Nutrition standards for food and beverage provision for staff and visitors in healthcare settings, 2019.
- Food Safety Authority of Ireland Guidance on Vending Machines [https://www.fsai.ie/faq/vending_machines.html](https://www.fsai.ie/faq/vending_machines.html)
1.8 Glossary of Terms

**Calorie Posting:** This is a type of menu labelling on food that informs the consumer of how many calories are in a product. A Kilocalorie, or Kcal in abbreviated form, is a measurement of the amount of energy in the food we eat. In common usage, consumers refer to Kilocalories as Kcals or Calories.

**Healthy Ireland:** Healthy Ireland is a Government-led initiative which aims to create an Irish society where everyone can enjoy physical and mental health, and where wellbeing is valued and supported at every level of society.

**Obesogenic environment:** This term refers to the role environmental factors may play in determining both nutrition and physical activity. Environmental factors may operate by determining the availability and consumption of different foodstuffs and the levels of physical activity undertaken by populations.

**Planograms:** A planogram is a diagram that shows how and where specific retail products should be placed on retail shelves or in vending machines in order to increase customer purchases. The planogram can show the number of "facings" a certain product should have in a vending machine and how high or low on a shelf the product should be displayed. The planogram can be printed out as a visual to be followed by the person who restocks the machine and by people who wish to audit products in the machine.

**Procurement:** The action of obtaining or buying goods and services.

**Product Placement:** This is a marketing technique whereby the positioning of a product may increase the probability of selection. We tend to select what is directly in front of us, at eye level. For this reason, we have recommended that the top two rows of the vending machines display items that contain ≤ 150kcals or water.

**Sugar sweetened beverages:** These are beverages that have sugars added during processing (excluding milk drinks). They contain sugars such as sucrose (commonly called sugar) or fructose, often in large amounts, which contribute to the overall energy density of diets. The calories provided by sugar-sweetened beverages have little nutritional value and may not provide the same feeling of fullness that solid food provides. As a result, total energy intake may increase, which can lead to unhealthy weight gain.

**Vending machines:** Vending machines are automatic devices that sell goods such as beverages and snacks without a cashier. They can be categorised into

- Cold soft drinks, confectionary and snack machines (vend products like soft drinks, crisps and chocolate).
- Chilled and fresh vending foods and drink (vend products like sandwiches, wraps, ready meals, yogurts, fruit and salad pots and milkshakes).
- Combination Vending Machine vend a combination of different items such as beverages and snacks.
2.0 DEVELOPMENT OF THE HSE VENDING POLICY

2.1 Defining the key questions to review the HSE Healthier Vending Policy (2015)

2.1.1 In 2014 the HSE developed a Healthier Vending Policy which applies to all vending machines selling Cold Soft Drinks, Confectionery and Snacks on HSE premises. Prior to this there was no policy on vending in the HSE. Some revisions were made to the policy in 2015. The 2015 policy required that all vending machines stocked, at a minimum, 60% healthier or “Better Choice” options. These products were required to adhere to a maximum calorie ceiling of 150kcal and a specified nutrient profile in relation to fats, sugar and salt. In addition, the calorie content of each item was visible, green signage marked out the healthier choices and the vending machines carried health promoting messages.

The full 2015 HSE “Healthier Vending Policy” is available [here](#).

The implementation of the 2015 Healthier Vending Policy is supported by a national procurement framework known as the Health Service Executive (HSE) National Contract for Vending 2015-2020. Two companies in Ireland are contracted until 2020 to provide the contents for vending machines in the HSE. The Health Service Executive (HSE) National Contract for Vending 2015-2020 is available from HSE Health Business Service.

In 2017, the National Nutrition Surveillance Centre (NNSC) in UCD were commissioned by the HSE to assess national compliance with this policy. The complete “Healthier Vending Policy - Assessment of Compliance” is available [here](#). The following questions were asked:

1. Are the products in vending machines that are classified as ‘Better Choice’ and ‘Other Choice’ meeting the nutrient profile as set out in the policy?
2. To what extent are ‘Better Choice’ and ‘Other Choice’ products being stocked in the ratio of 60:40 in machines as set out in the policy?
3. Are ‘Better Choice’ products being placed in prime slots in machines as set out in the policy?
4. What factors are influencing the companies and sites capacity to comply with the policy?

In addition to the above compliance examination, the following questions were posed to frame the review of the policy.

2.1.2 How many vending machines are in the HSE? Where are they? Are they being supplied by contracted companies?
2.1.3 What does the current literature tell us about vending machines in the healthcare setting? What are the HSE doing to create a healthier food environment for, patients, visitors and staff?

2.2 The strategy used to inform the policy review

2.2.1 The core evidence for this policy review was provided by the ‘Healthier Vending Policy - Assessment of Compliance’ report described in 2.1 above.

2.2.2 The Healthy Eating Active Living Programme carried out a mapping exercise to identify health service sites with vending machines and to identify the contract arrangements for those machines. Relevant staff were contacted around the county and asked to provide details of vending machines in their sites.

2.2.3 The Healthy Eating Active Living Programme reviewed recent literature on healthier vending in healthcare settings to help support decision making when reviewing the policy. A list of those relevant articles is provided at the end of this document in section 8.0.

2.3 Method of Evidence Appraisal

2.3.1 The NNSC Compliance Report provided objective information in relation to the nutritional analysis of the products stocked, the ratio of the products, compliance rates within health service sites and product placement.

2.3.2 The mapping exercise of vending machines was completed for all health service sites. A database of health service vending machines was developed.

2.3.3 Recent literature on healthier vending in healthcare settings was reviewed by members of the Healthier Food Environment Advisory Group to help support decision making when reviewing the policy. It was beyond the scope and resources of the group to conduct and document an extensive evidence review.

2.4 Process used to formulate recommendations

The recommendations in this policy review were developed by the Healthier Food Environment Advisory Group (HFEAG) by:

2.4.1 Reviewing the ‘Healthier Vending Policy - Assessment of Compliance’ report and considering the recommendations made in it.

2.4.2 Considering the results of the vending machine mapping exercise.

2.4.3 Considering the recent literature in relation to healthier vending.
2.5 Summary of the findings used to make recommendations for the revised vending policy.

2.5.1 Healthier Vending Policy - Assessment of Compliance found:

1. 100% of beverages, but only 18% of snack items stocked as ‘Better Choice’ by vending companies met the ‘Better Choice’ criteria.

2. Less than one third of all vending machines were compliant with the 60:40 ratio of ‘Better Choice’ and ‘Other Choice’ products as set out in the policy.

3. Regarding ‘Better Choice’ products being placed in prime slots in machines as set out in the policy: for one company, only the snacks machine met the product placement criteria and with the second company only the drink machines met the product placement criteria.

4. Poor availability of ‘Better Choice’ snack products in the market was cited by the companies as a serious challenge. An analysis of 244 products from the Irish and UK market indicated that the nutrient profile of the majority of snack products on the market significantly exceeded the criteria for Better Choice products as set out in the HSE Healthier Vending Policy 2014. This made it challenging for the vending companies and health service sites to fully comply with the policy. This challenge was also found in the NHS in Wales when they reviewed their vending policy in 2010.

Following on from the learning from the report, this current revision of the vending policy aims to improve the range of foods suitable by simplifying the criteria of foods stocked in the machines. No sugar sweetened beverages will be permitted. Snack products will be permissible on the basis of calories rather than on fat, sugar or salt criteria.

By placing a 200kcal limit on items in vending machines in this policy, some larger size confectionary and snack products will not now be sold. It is anticipated that the maximum calorie limit on products will encourage food manufacturers to reformulate products and produce smaller size packs. This helps to send a clear message about the importance of smaller portion sizes. Exploratory analysis from Leeds University Hospital suggests that there would be 23-35% reduction in calories, sugar, salt and saturated fat purchased if smaller pack sizes were available in vending machines.

2.5.2 A mapping of vending machines nationally shows that there are a total of 466 vending machines on 111 health service sites. These sites are spread across Hospital Groups, Community Healthcare Organisations, National and other services. Most sites use one of
the 2 companies on the HSE Framework to fill their machines. However, it was found that 11% of sites were not using these companies in 2017. Reasons for not using one of the 2 specified companies include: still on pre-existing contracts, already have contracts that are part of other catering contracts, contracts that have rolled over, sites that own their machines and self-fill and sites that have contracts with companies that are not on the framework.

All sites, regardless of who fills their machines, are required to comply with the vending policy. This contract variation poses a significant challenge in relation to compliance as it leads to inconsistencies and partial rather than full compliance.

2.5.3 By its very nature, it is challenging to provide healthier vending with machines that are designed to vend confectionary products. These machines account for the majority of vending machines in the Irish health services, and will continue to do so until a new procurement framework for vending is implemented.

Healthier vending is less challenging when using refrigerated vending machines that stock produce such as fruit, milk and sandwiches, although these machines do pose their own set of operational challenges. Much of the international research on vending in healthcare settings relates to fresh produce machines. These are not currently widely used in Irish health service facilities.

A growing body of research indicates that an increase in the consumption of sugar sweetened beverages is associated with increases in calorie intake, weight gain, type 2 diabetes, obesity and dental carries, and that the consumption of sugar sweetened beverages may influence the development of obesity in children, adolescents and adults. By removing sugar sweetened beverages and by increasing the availability of water from vending machines health can be supported while still providing a range of popular drinks.

Part of implementing ‘Healthy Ireland in the Health services’ involves the HSE using the physical environment, such as the HSE work setting, to influence which foods are available to eat. The aim is to change from the current obesogenic environment, where unhealthy foods are readily available in most places, to one that facilitates the consumption of healthier food and drink.

There is an extensive body of evidence available regarding the obesogenic environment, global rising obesity rates, the rise in chronic diseases and other problems associated with this. The most recent data from the Healthy Ireland Survey 2017 shows that 36% of people in Ireland have a normal weight, 39% are overweight and 23% are obese. Overweight and obesity are significant risk factors for many preventable chronic diseases. The burden of adult obesity in financial terms in Ireland has been estimated as €1.13 billion per annum. To address these issues, there is a wide ranging programme of initiatives in relation to food and nutrition in HSE settings that help to create a healthier food environment:
It is important that the HSE show leadership by providing healthier eating environments for their staff, visitors and patients and in so doing be an exemplar employer of good practice.

2.6 Resources necessary to implement the policy recommendations.

Vending sites: The resource implications for sites include the resource at each site to effectively manage the local contract including an annual audit of machines. This will also involve attendance at workshops if necessary on auditing and compliance with the HSE Vending Policy.

The Healthy Eating Active Living Programme: will develop and pilot a standard audit tool and maintain a record audits nationally for reporting purposes.

2.7 Outline of policy steps.

Please see Part A of this document for the HSE Vending Policy steps.
3.0 GOVERNANCE AND APPROVAL

3.1 Formal Governance Arrangements

3.1.1 Refer to Appendix IV for Membership of the Approval Governance Group.

3.2 Method for assessing the policy in meeting the standards outlined in the HSE National Framework for developing PPPGs.

This policy was developed within the template of the HSE National Framework for developing PPPGs (2016) and adhered to the standards set out in that framework. The PPPG Checklist accompanied the policy at approval stage to confirm that all the required stages in the development of the policy had been completed and met the standards of the HSE National Framework for developing Policies, Procedures, Protocols and Guidelines (PPPGs) 2016.

3.3 Copyright/permission sought

No copyright or permissions sought

3.4 Approval and Sign Off

The final policy document was submitted initially for approval to the Healthy Eating Active Living Programme Team. Following approval, it was then submitted for review to the Senior Management Team of the Assistant National Director, Office of Health and Wellbeing. It was then submitted to the National Director, Strategic Planning & Transformation for circulation to the HSE Leadership Team. The policy was accompanied by the signed PPPG Checklist to confirm that all the required stages in the development of the policy had been completed and met the standards of the HSE National Framework for developing Policies, Procedures, Protocols and Guidelines (PPPGs) 2016.

4.0 COMMUNICATION AND DISSEMINATION

4.1 Description of the communication and dissemination plan

Staff have been made aware of this policy through the Healthy Eating Active Living programme. The policy is available on https://www.hse.ie/healthyeatingactiveliving

The policy was communicated to the Hospital Group Chief Executive Officers (CEOs), Community Healthcare Organisations Chief Officers (COs) and Assistant National Directors
(ANDs) of Corporate and National Services. The policy was then cascaded to all individual managers for implementation. Managers disseminated the policy to all services and staff for information and implementation.

The ‘HSE Vending in the Health Services Toolkit’ will be developed in 2019 to support the implementation of the policy and to provide additional information on vending.

It is essential that the policy is communicated to all health service staff, including all new staff, and that staff have ready access to a copy of this policy.

5.0 IMPLEMENTATION

5.1 The implementation plan listing barriers and /or facilitators

The implementation of this policy is facilitated by a national procurement framework known as the HSE National Contract for Vending 2015 – 2020. In line with this contract, no budget holder should enter into any contractual arrangements for Vending Services with any others outside the contract holders on the framework. Pre-existing contracts should be honoured and notified to HSE Health Business Service (HBS) Procurement. Site level contracts are the responsibility of local management.

Implementation of this policy is a key action in the Healthy Ireland Implementation Plans for Hospital Groups and Community Healthcare Organisations.

The Healthy Eating Active Living Programme is responsible for monitoring compliance with the policy. This includes liaising with vending companies, supporting staff in sites responsible for implementing the policy and liaising with the National Nutrition Surveillance Centre (NNSC-UCD) who are commissioned to analyse data for the assessment of compliance.

Potential barriers to implementing the policy include lack of awareness of the policy changes by staff and resource constraints. Implementing the policy will also be dependent on the vending companies making the changes required in the revised policy by 1 March 2019.

5.2 Education/training plans required to implement the policy

The Healthy Eating Active Living Programme will facilitate workshops as necessary and develop a toolkit for staff responsible for implementing the policy. An audit tool will be developed and piloted with staff and amended based on the pilot.

The content of the toolkit will include:

- A product list of snacks with calorie counts suitable for snack vending machines.
- Vending machine planograms to sites to support audit.
- A standard audit template for staff to use locally to audit vending machines.
- A protocol for staff involved in the vending process to respond to non-compliance with
the policy and any issues that the Healthy Eating Active Living Programme needs to be aware of.

5.3 Lead persons responsible for the implementation of the policy.

The policy development group recommends that the CEO/CO/AND nominate a senior manager to lead on and be responsible for the implementation of the policy.

In addition, the group recommends that the senior manager arranges for a working group to monitor compliance with the policy. This may involve the establishment of a new working group or that a current working group would take on this responsibility. Examples of current working groups would be the Nutrition and Hydration Committee in Hospitals, the Healthy Ireland Hospital Committee or Healthy Ireland Steering Group in CHOs.

5.4 Specific roles and responsibilities.

- It is the responsibility of the senior manager nominated by the CEO/CO/AND to ensure that those involved in the contracting for vending services comply with this policy through monitoring, audit and review.

- It is the responsibility of the working group established to oversee the implementation of the policy to review the progress regularly at meetings.

- It is the responsibility of line managers to bring the policy to the attention of staff.

- Each site will conduct yearly audits of vending machines using standard audit template provided, as part of standard contract management.

- The Healthy Eating Active Living Programme will use the data analysis and local site audits to report on compliance.

- The Healthy Eating Active Living Programme will meet with the framework companies twice each year to discuss any issues arising from delivering services with the contract.

- The Programme will maintain a database of local contact people and communicate updates on vending to the contact people.

- Health Business Service (HBS) Procurement will provide support in relation to issues of compliance with the HSE National Contract for Vending 2015 – 2020.

- The public may request access to policies, procedures, protocols and guidelines (PPPG) and public bodies may be called on to publish such documents under Freedom of Information Act (1997) and appropriate legislation. It is the responsibility of the Healthy Eating Active Living Policy Priority Programme to ensure that the policy and subsequent revisions are available on the HSE website.
6.0 MONITORING, AUDIT AND EVALUATION

6.1 The Plan

The senior manager will nominate a local person to carry out the audit of the vending machine and to be responsible for managing the vending contract on each site annually. The audit will be sent to the Healthy Eating Active Living Programme annually. The Healthy Eating Active Living Programme will commission data analyses for vending machines companies nationally. The data collected through this monitoring process and the audit information will be compiled in to the ‘HSE Vending Policy - Assessment of Compliance’ report. The Health Business Service (HBS) Procurement will follow up with any issues in relation to compliance with the HSE National Contract for Vending 2015-2020.

6.1.1 Monitoring

- It is the responsibility of the person on each site nominated by the senior manager to ensure that those involved in the contracting and provision of vending services comply with this policy through monitoring, audit and review.

- Implementation and monitoring to be devised at a local level with support from the Healthy Eating Active Living Programme. An audit of at least one of each type of vending machine (snack, beverage and combination) is required per year.

- Where additional resources are required locally to comply with the policy, management can give consideration to using the income returned from vending machine sales (commission) to cover the cost of implementation and monitoring.

- The contracted companies to supply yearly data to the Healthy Eating Active Living Programme on sales revenue and products for data analyses.

6.1.2 Audit

It is the responsibility of the person on each site nominated by the senior manager to ensure that an annual visual audit is carried out using the national audit tool provided by the Healthy Eating Active Living Programme.

The Healthy Eating Active Living Programme is responsible for the national assessment of compliance by the National Nutrition Surveillance Centre (NNSC) and will publish regular ‘Assessment of Compliance Reports’.

6.1.3 Evaluation
Each service area/organisation which implements the policy must ensure robust governance and accountability processes for monitoring and evaluation are established. The Healthy Eating Active Living Programme is responsible for the evaluation of the implementation of the policy. It is recommended that formal evaluation of the policy is undertaken every three years or sooner than this if warranted.

7.0 REVISION/UPDATE

7.1 Procedure for the update of the HSE Vending Policy

This is the first version of the policy in the PPPG format. This policy will be revised three years from publication date or sooner as warranted by the Healthier Food Environment Advisory Group.

7.2 Method for amending the policy if new evidence emerges

In the event of new evidence emerging, which relates directly to the policy, the Healthier Food Environment Advisory Group will convene to revise and amend the policy if warranted.
8.0 REFERENCES


- Food Safety Authority of Ireland Guidance on Vending Machines www.fsa.ie/faq/vending_machines.html


- HSE Healthy Meeting Guidelines: Incorporating Health and Wellbeing into everyday work practices (2019). Produced by the Staff Health & Wellbeing Programme, HSE Strategic Planning & Transformation and adapted from the Healthy Ireland National Healthy Meeting Guidelines.

- ‘HSE Nutrition standards for food and beverage provision for staff and visitors in healthcare settings’ 2019.


- Hu FB (2013) ‘Pro v Con debate: role of sugar-sweetened beverages in obesity. Resolved: there is sufficient scientific evidence that decreasing sugar-sweetened beverage consumption will reduce the prevalence of obesity and obesity-related diseases’ Obesity Reviews 14, 606-619


- National Food, Nutrition and Hydration Policy for Adult Patients in Acute Hospitals and Implementation Toolkit 2019


• Vicarious Goal Fulfillment: When the Mere Presence of a Healthy Option Leads to an Ironically Indulgent Decision. KEITH WILCOX, BETH VALLEN, LAUREN BLOCK, GAVAN J. FITZSIMONS. 2009 by JOURNAL OF CONSUMER RESEARCH, Inc. Vol. 36, October 2009


9.0 APPENDICES

Appendix I   Signature Sheet

Appendix II  Membership of the Policy Development Group

Appendix III Membership of Approval Governance Group

Appendix IV  Branding Specification for Vending Machines
Appendix I:

Signature Sheet

*I have read, understand and agree to adhere to this Policy, Procedure, Protocol or Guideline:*

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Signature</th>
<th>Area of Work</th>
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</table>
Appendix II:

Membership of the Policy Development Group

Anne Bodley, Head of Catering, Catering Department, Cork University Hospital.

Rosemary Bracken, Catering Manager, Cherry Orchard Hospital, Dublin.

Gerry Brennan, Category Specialist, Health Business Service Procurement, Sourcing & Contracts.

Peter Byrne, Facilities Manager, Letterkenny General Hospital.

Joana Caldeira Fernandes da Silva, Technical Executive in Human Health and Nutrition, safefood.

Annette Collins, Catering Manager, Cork University Hospital (member up to April 2018).

Siobhan Fitzpatrick, Head Of Service Health & Wellbeing, Community Healthcare East.

Agatha Lawless, Project Manager, Healthy Eating Active Living Programme.

Adrienne Lynam, Project Manager, Staff Health and Wellbeing Programme

Fidelma Mac Hale, Healthy Ireland Project Manager, Ireland East Hospital Group.

Dr. Edel McNamara, Senior Community Dietitian, Department of Health Promotion and Improvement, HSE Dublin North East.

Dr. Bernadette O'Keefe, Specialist in Public Health Medicine, Department of Public Health, Health Service Executive North East

Margaret O Neill, Chairperson, National Dietetic Advisor, Strategic Planning and Transformation.

Michael Quirey, HSE National Health Sustainability Office.

Ana Santos, Occupational Health Advisor representing Workplace Health & Wellbeing.

Dr. Marie Tuohy, Assistant National Oral Lead/Child Health, Primary Care
Appendix III:

Membership of the Approval Governance Group – Healthy Eating Active Living Programme Team.

Dr. Catherine Hayes, Knowledge management support.

Agatha Lawless, Project Manager, Healthy Eating Active Living Programme.

Sarah O’Brien, Chairperson, National Lead: Healthy Eating Active Living Programme.

Dr Bernadette O’Keefe, Public health policy and research support.

Margaret O’Neill, Nutrition Policy and support.

Professor Donal O’Shea, Consultant Endocrinologist, Clinical Lead and support.
Appendix IV: Branding Specification for Vending Machines (as per HSE National Contract for Vending 2015-2020)

PROVISION OF VENDING SERVICES

(Supply, Installation, Operation and Management of Vending Machines/Products, as per HSE Vending Policy)

Branding Specification for Vending Machines

- Vending machines must be white in colour with a small HSE logo and Healthy Ireland (hi) logo at the bottom of the front and side panels.
- All products must have calories posted.

1 Key message in lime green bubbles:

1. Save your smile, drink water
PPPG Checklist

**HSE Vending Policy:** To be completed and removed when policy is approved

(This PPPG Checklist was developed to assist staff to meet standards when developing Non-Clinical PPPGs)

<table>
<thead>
<tr>
<th>Standards for developing Non-Clinical PPPGs</th>
<th>Checklist</th>
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<tbody>
<tr>
<td><strong>Stage 1 Initiation</strong></td>
<td></td>
</tr>
<tr>
<td>The decision making approach relating to type of PPPG guidance required (Policy, Procedure, Protocol, Guideline), coverage of the PPPG (national, regional, local) and applicable settings are described.</td>
<td>☒</td>
</tr>
<tr>
<td>Synergies/co-operations are maximised across departments/organisations Hospital/Hospital Groups/Community Healthcare Organisations (CHO)/National Ambulance Service (NAS) to avoid duplication and to optimise value for money and use of staff time and expertise.</td>
<td>☒</td>
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<tr>
<td>The scope of the PPPG is clearly described, specifying what is included and what lies outside the scope of the PPPG.</td>
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<tr>
<td>The target users and the population/patient group to whom the PPPG is meant to apply are specifically described.</td>
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<tr>
<td>The views and preferences of the target population have been sought and taken into consideration (as required).</td>
<td>☒</td>
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<tr>
<td>The overall objective(s) of the PPPGs are specifically described.</td>
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</tr>
<tr>
<td>Stakeholder identification and involvement: The PPPG Development Group includes individuals from all relevant stakeholders, staff and professional groups.</td>
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</tr>
<tr>
<td>Conflict of interest statements from all members of the PPPG Development Group are documented, with a description of mitigating actions if relevant.</td>
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<tr>
<td>The PPPG is informed by the identified needs and priorities of staff, service users and others (as appropriate).</td>
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<thead>
<tr>
<th><strong>Stage 2 Development</strong></th>
<th>Checklist</th>
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<tbody>
<tr>
<td>Systematic methods used to search for and appraise evidence are documented (for PPPGs which are adapted/adopted from international guidance, their methodology is appraised and documented as required).</td>
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<tr>
<td>There is an explicit link between the PPPG and the supporting evidence.</td>
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<tr>
<td>PPPG guidance/recommendations are specific and unambiguous.</td>
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<tr>
<td>The potential resource implications of developing and implementing the PPPG are identified e.g. education/training/information, staff time and research.</td>
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</tr>
<tr>
<td>Education and training is provided for staff on the development and implementation of evidence-based PPPG (as required).</td>
<td>N/A ☐</td>
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</table>

### Stage 3 Governance and Approval Checklist

- Formal governance arrangements for PPPGs at local, regional and national level are established and documented. ☒
- The PPPG has been reviewed by independent experts prior to publication (as required). N/A ☐
- Copyright and permissions are sought and documented (as required). N/A ☐

### Stage 4 Communication and Dissemination Checklist

- A communication plan is developed to ensure effective communication and collaboration with all stakeholders throughout all stages. ☒
- Plan and procedure for dissemination of the PPPG is described. ☒
- The PPPG is easily accessible by all users e.g. PPPG repository. ☒

### Stage 5 Implementation Checklist

- Written implementation plan is provided with timelines, identification of responsible persons/units and integration into service planning process. ☒
- Barriers and facilitators for implementation are identified, and aligned with implementation levers. ☒
- Education and training is provided for staff in the development and implementation of PPPGs. N/A ☐

### Stage 6 Monitoring, Audit, Evaluation Checklist

- Process for monitoring and continuous improvement is documented. ☒
- Audit criteria and audit process/plan are specified. ☒
- Process for evaluation of implementation and effectiveness is specified. ☒
I confirm that the above Standards have been met in developing the following:

**Title of PPPG: HSE Vending Policy 2019**

**Name of Person(s) signing off on the PPPG Checklist:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>Agatha Lawless</td>
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<td>20/2/19</td>
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<tr>
<td>Project Manager,</td>
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<td>Healthy Eating Active</td>
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<td>Living Programme.</td>
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<td>Margaret O Neill</td>
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<td>20/2/19</td>
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<tr>
<td>Chairperson</td>
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<td>National Dietetic Advisor,</td>
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<td>Strategic Planning and</td>
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<tr>
<td>Transformation.</td>
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*This signed PPPG Checklist must accompany the final PPPG document in order for the PPPG to be approved.*