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WIN

INMO
Journal of the
Irish Nurses and Midwives Organisation

World of Irish Nursing & Midwifery

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Short staffing – the perennial problem

IT IS a simple fact that Ireland is critically short of nurses and midwives in all areas of our health service. Short staffing is the first item on the agenda for every meeting of members, together with the risks in relation to safe practice and manageable workloads, now a daily reality for members across the country.

It was for this reason the INMO commenced our Safe Staffing Campaign in 2014. As a direct result, we now have active staffing initiatives for medical/surgical wards, emergency departments and midwifery services. All of these must be welcomed, but obviously they must lead to a significant increase in staffing levels in these areas and, most importantly, the maintenance of those safe, stable, staffing levels, based on patient acuity into the future. We cannot continue with a policy that sees nursing/midwifery posts as easy targets when recruitment restrictions are introduced.

A number of branches have put down motions for next month's annual delegate conference, calling for similar staffing initiatives to determine appropriate, stable and safe staffing levels in other areas, including intellectual disability nursing, public health nursing and care of the older persons services. These branches are absolutely correct in directing the Organisation to continue the Safe Staffing Campaign and to demand these staffing reviews.

We cannot and will not rest until we have proper, safe, stable and agreed staffing levels, determined by an agreed dependency tool and the professional judgement of nurses/midwives, in all areas of our services. We must continue our efforts in this area, until we secure the type of safeguard available in the classroom, through the application of a teacher/pupil ratio. While there are more variables within the health service, there is nothing to prevent the use of an evidence-based approach to staffing, which is underpinned by the unquestioned professional judgement of the unit/ward/service manager at CNM2 (or equivalent) level.

The current staffing crisis arose from the unmanaged, ill-conceived reduction in nursing/midwifery posts between 2009 and 2014. History will show that this was an appalling failure of management which undoubtedly caused patients harm, left services unsafe, and created totally unmanageable workloads for nurses and midwives. The Department of Health and the HSE, in conjunction with the INMO, must respond to these belated staffing initiatives with the introduction of a nurse/midwife manpower planning unit, within the office of the chief nurse, charged with the responsibility of ensuring safe staffing levels are maintained at all times. This requires the acceptance of evidence-based approaches and staffing numbers, and not being subject to annual budgets, service plans and political interference.

The INMO will continue our Safe Staffing Campaign until we have this service-wide approach to nurse/midwifery staffing. Safe staffing levels must be determined by nurses and midwives, using best research and their own professional judgement. This cannot be questioned by people in far removed offices, whose total fixation is on budgets and not quality of patient care, patient outcomes or acceptable working environments for frontline staff.

Lastly, there has been an 11% increase in CAO applications for nursing/midwifery undergraduate degree programmes. This increase in interest is most welcome. The State should respond, based on the current severe shortages, by increasing the number of undergraduate places and, most importantly, guaranteeing permanent posts on graduation. We must find out what we need but we must ensure that we have the available manpower to meet that need and this is where the manpower planning unit comes in. '*Safe staff equals Safe Care equals Safe Standards*' and this must be our collective goal.

Liam Doran
General Secretary, INMO

Trolley figures down in February but pressure persists in several EDs

THERE was an 8% reduction in the number of admitted patients on trolleys in February 2016 compared to February 2015, according to the INMO trolley/ward watch figures.

The figures confirm that there were 8,885 admitted patients on trolleys in February 2016, compared to 9,657 in the same month last year.

When examined on a hospital by hospital basis, the figures show a mixed picture with some hospitals seeing a reduction *(see Table 1)*, while other hospitals continuing to show a worsening situation *(see Table 2)*.

These figures confirm that the system, notwithstanding some increased bed capacity, continues to be under unsustainable pressure. The ongoing overcrowding inevitably compromises patient care and the working environment of nursing staff according to the INMO.

INMO general secretary Liam Doran said: "While this marginal reduction is welcome the figures confirm we continue to face a deep crisis with regard to ED overcrowding. The INMO continues to implement the recent agreement, brokered by the Workplace Relations Commission (WRC), which includes a system-wide escalation policy and the requirement to recruit additional staff."

The INMO convened a further national meeting of its representatives in EDs across the country on March 9, to review the local implementation of the recent agreement, ahead of the WRC review of the ED agreement. This meeting identified the following:

- An ongoing reluctance in some hospitals to react, as required, when indications of overcrowding emerge
- A failure by some consultants to engage fully in response to growing ED overcrowding
- Failure, when required and provided for in the Escalation Policy, to postpone elective admissions in the face of ED overcrowding
- The failure, in some hospitals, to have senior clinical decision makers on duty over the extended day.

Table 1: Hospital with improving trolley figures

	2015	2016
Letterkenny General Hospital	527	154
Connolly Hospital	502	239
Wexford General Hospital	313	86
Our Lady of Lourdes Hospital, Drogheda	715	530
Beaumont Hospital	769	658

Table 2: Hospitals with worsening trolley figures

	2015	2016
Cork University Hospital	410	603
St Vincent's University Hospital	532	705
Waterford University Hospital	201	354
St Luke's Hospital Kilkenny	269	331
Midland Regional Hospital Tullamore	303	359

WRC review reaffirms ED agreement

Vacant nursing posts to be advertised and filled immediately

AT THE first review of the Emergency Department Agreement under the Workplace Relations Commission (WRC), the INMO secured reaffirmation from the HSE/Department of Health that they are fully committed to implementing all strands of the agreement to ease overcrowding.

In particular, at the review, management reaffirmed:

- The need for senior management and clinicians, at hospital and group level, to meet on a weekly basis with INMO ED representatives to monitor and review the 24/7 operation of the agreement and, in particular, the Escalation Policy
- That all vacant nursing posts and other posts required to deal with admitted patients, either in EDs or on wards, will be advertised and filled as a matter of urgency
- Discussion would commence on the establishment of the Taskforce on Nurse Staffing in EDs, which, under the agreement, is to report after three months.

This first review took place in the context of a significant increase in ED overcrowding, in the previous two weeks. This resulted in an 18% rise in admitted patients on trolleys in the first two weeks of March, compared to the same period last year.

Ahead of the review the INMO consulted with its ED representatives, in all EDs across the country, and identified several issues hindering the implementation of all elements of the agreement, the most critical of which being a shortage of nursing staff. Members, in almost all EDs, said they are still working with many vacancies, resulting in the majority of shifts being left short of the agreed staffing level.

Ahead of the WRC review there were concerns that the HSE was slowing down recruitment, due to budgets being exceeded, which the INMO saw as a breach of the agreement. Therefore, securing reaffirmation of the HSE/Department of Health commitment to filling vacancies was key.

INMO general secretary Liam Doran said: "The INMO is satisfied, following this engagement under the WRC, that the HSE/Department of Health remain fully committed to implementing all aspects of the ED agreement to ease overcrowding. Concerns which had arisen, particularly with regard to senior management commitment to the agreement and, in particular, the filling of all vacant nursing posts and additional posts required to care safely for patients, have been addressed following the engagement. The INMO will now meet, directly, with the Department of Health/HSE, to finalise circulars with regard to the implementation of these critically important issues".

The WRC is to meet again with the parties (the INMO, Department of Health and HSE) on April 15, 2016 for its second review of the ongoing implementation of the ED agreement.

Protesting at St Vincent's University Hospital, Dublin: *protesting at continued overcrowding, nursing vacancies and shortage of nurses in the ED and ward areas at St Vincent's University Hospital, Dublin were: Bernadette Stenson, ED nurse (above) and other INMO members*

Overcrowding continues at SVUH

Members protest at continuing chronic shortage of nursing staff

INMO MEMBERS at St Vincent's University Hospital (SVUH), Dublin, held a lunchtime protest outside the hospital on March 2.

Members have repeatedly raised concerns with hospital management about nursing post vacancies, the shortage of nurses in the emergency department and ward areas, and the continued practice of admitting additional patients to wards despite unsafe levels of staffing.

On a daily basis, wards are operating at a reduced level of staffing. This varies between two and six nurses short of complement per ward and leaves INMO members in a position where they are struggling to provide safe levels of care.

Despite numerous requests to hospital management, services have not been curtailed. The INMO has requested that management publicly declares a state of emergency within the hospital, in order to advise the general public. The Organisation has also requested an independent review of the current staffing situation. Management has not agreed to this, despite increasingly unsafe conditions being reported daily by INMO members.

The ED remains overcrowded, the nationally agreed WRC agreement procedure is not being fully implemented and therefore, the INMO requested, at a hospital group weekly meeting, the intervention of the special delivery unit (SDU). The SDU attended SVUH recently to examine and report on the hospital's compliance with the agreed escalation policy, as set out in the WRC agreement and the Ministerial Directive of November 2015.

INMO IRO, Philip McAnenly said: "INMO members have expressed their frustration with the chronic shortage of nursing staff at St Vincent's Hospital. They are increasingly concerned at the position they find themselves in on a daily basis attempting to deliver safe care.

"Nurses call on hospital management to work with them, to immediately curtail services to a safe level and to exhaust all possible options of patient care, including referring patients to St Columcille's and St Michael's Hospitals. INMO members are extremely disappointed that they had to publicly protest on this issue less than a month after the ED agreement was brokered."

The protest was part of the commencement of a campaign to ensure that SVUH management responds to the urgent concerns of patients and staff.

Rep Training

Are you interested in representing the INMO?

A training course will be held in INMO HQ over two days as follows:

- **Thursday, April 14 to Friday, April 15, 2016** *Places available*

For all enquiries email: martina.dunne@inmo.ie

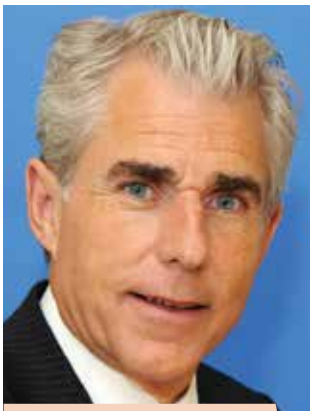
Support for INMO's longstanding call for National Health Summit welcomed

THE INMO welcomes the recent support from some general practitioners for its longstanding call for a National Health Summit, leading to consensus on the role, structure and funding of the public health service in this country.

The INMO first made a call for such a national summit in 2008 and repeated the call in 2011 (at the last general election). In recent weeks, in the context of the longstanding challenges facing the service, the Organisation renewed the call as the current situation cannot continue which sees the public health service underfunded and undersized.

The past decade has seen at least four waves of organisational reform within the Irish public health service. However, these reforms have not delivered the clarity that is necessary in terms of size, capacity, structures and, critically, funding, to allow this country plan for a health service, fit for purpose, for the next 20 years and beyond.

Throughout this decade of flawed organisational reform, there has been no debate on how we will fund, in an equitable and sustainable way, a health service universally available with need as the sole determinant of access.



***INMO general secretary Liam Doran:** "We must have an agreed national position on healthcare, rather than the confused and constantly changing picture that exists at the moment"*

In the required debate about funding, there must be a focus on the removal of any incentive within our public health service, that prioritises the needs of those who can afford to pay over those who cannot.

This summit must be fully inclusive, and not just confined to political parties, as everyone has an interest in a world class public health service and the benefits it brings. All current practices, structures and funding approaches (both public and private) must be up for considered review and informed debate. This debate will not be easy, will require discussion, but must deliver consensus as a world class public health service is an absolute necessity for any civilised society and growing economy.

The recent general election with, admittedly, an increased focus on health, has again demonstrated the absence of a clear vision, for the health service, among the political parties. While it is quite clear that all parties want improvements, there is a total lack of clarity on how such improvements will be brought about, funded and maintained in the next 10 to 20 years. No quality health service, fit for purpose, can be developed and sustained, while existing within the five year electoral cycle and in the absence of consensus. A public health service is a social good that cannot be subject to political vacillation.

The INMO therefore calls on whoever forms the next government to convene this summit, immediately, with a deadline of the end of the year for an agreed outcome.

INMO general secretary Liam Doran said: "The INMO first called for a national debate on our health service in 2008. This call was supported by the ICTU. That was in the context of the HSE being established and the increased bureaucracy which was emerging. The INMO repeated our call in 2011 in the context of the draconian cuts being imposed, with no awareness of the damage they were doing, to the public health service.

"In the run up to this general election we repeated our call for this National Health Summit, as we must have an agreed national position on healthcare, rather than the blurred, confused and constantly changing picture that exists at the moment.

"The reality is we cannot, without consensus, shape, structure and fund a public health service fit for purpose. We must have this consensus, regardless of political perspective or socio-economic status, about what is required for a world class health service".

INMO ADC 2016 set to debate key national issues

MEMBERS will be returning to the INEC Convention Centre in Killarney this year for the INMO's 97th Annual Delegate Conference, which will be held from Wednesday to Friday, May 4-6. The theme for this year's conference is *'Registered Nurses and Midwives Making the Difference – Professionals in Action'*.

Almost 70 motions are up for debate over the three days covering issues such as:

- A 37 hour week
- Recruitment and retention
- Restoration of all pay cuts
- Staffing levels in all areas
- Implementation of the National Maternity Strategy
- Restoration of the previous age entitlement to the state old age pension
- Renegotiation of revised sick leave policy
- Need for a full Cabinet Minister to implement the National Positive Ageing Strategy
- Zero tolerance for verbal or physical abuse
- Forced redeployment
- Nurses scope of practice
- A number of motions on the NMBI
- Clerical and admin support
- Full capacity protocol
- Adequate community supports to allow patients be discharged from hospital
- Workplace assaults
- Protection of the clinical learning environment
- Proper recognition and services for persons with an intellectual disability

INMO president Claire Mahon will address delegates on Thursday and the Minister for Health has been invited to address Conference on Friday.

The annual awards dinner will take place on Thursday evening at which the Gobnait O'Connell Award, the CJ Coleman Research Award and the Preceptor of the Year Award will be presented. There will be an election to the offices of President and First and Second vice Presidents on Friday, May 6.

Former INMO president for Seanad

Dave Hughes calls on members to advocate for a nurse in the Seanad

MADELINE Spiers, RGN, former INMO president, following the internal selection process within the INMO, has been nominated for a seat on the labour panel of the incoming Seanad Éireann.

The Irish Congress of Trade Unions (ICTU), along with the Irish Conference of Professional and Service Associations, can nominate up to 12 candidates for election to the labour panel of the Seanad. This panel has 11 seats and candidates are elected from two sub-panels, one coming from the nominating bodies and the other from the Óireachtas. A minimum of four senators will be elected from each panel. The only people who can vote for the labour sub-panel are the newly elected TDs to Dáil Éireann, all county and city councillors, and the members of the outgoing Seanad.

The INMO Executive Council is fully committed to working hard to garner the votes of every known elected politician who can vote for Ms Spiers in this election. The INMO is also calling on every member of the Organisation to speak to their local politicians advocating the need to put a nurse in Seanad Éireann.

Ms Spiers is the only female nominated by the ICTU and, as such, she is carrying the torch for female workers right across the economy which now, in trade union terms, outnumber men.

While the Seanad has in the past been considered to be an ineffective body, the Irish people decided to retain the Seanad following a referendum. The result of this referendum has seen elected senators perform with greater vigour and more enthusiasm for their role as overseers of legislation as it passes through the houses of the Óireachtas.

Indeed, some of the outgoing senators have been quite outstanding in promoting legislation and proposing important amendments to legislation before it went back to the Dáil. We have no doubt that Ms Spiers, as a nursing and midwifery spokesperson, will carry her extensive skills into the Seanad to the benefit of workers throughout the economy, including nurses and midwives.

Ms Spiers has a particular interest in:

- The promotion of anti-bullying strategies throughout the workforce
- The protection of the newly acquired collective bargaining rights for Irish workers
- The promotion and expansion of family friendly policies which allow for full participation in the workforce
- Comprehensive childcare at affordable rates which allow working parents affordability in a sector becoming increasingly less affordable
- Health, safety and welfare at work
- The creation of a single tier comprehensive public health service with equal access for all, based only on need.

Former INMO president and RGN, Madeline Spiers has been nominated for a seat on the labour panel of the incoming Seanad

Let's put a nurse in the Seanad and let the voice of nurses and midwives be heard in our upper house. Lobby your local politicians and ask for a number 1 for Madeline Spiers.

University seats in Seanad Éireann

The Executive Council also considered correspondence from two candidates in respect of the National University of Ireland election for a separate panel of Seanad Éireann. In both cases the Executive Council considered that the nominees are deserving of the support of graduate nurses and midwives in the university elections which are also being conducted at this time.

The two candidates are David Begg, former general secretary of the Irish Congress of Trade Unions, and also a previous chief executive officer of Concern. Mr Begg has a long record as an advocate for the less privileged in society and poverty in the Third World. He also served as general secretary of the Electricity Supply Board's Officer's Association and the Communications Workers' Union before becoming general secretary of the ICTU.

The second person considered is Dr Martin Daly, former president of the Irish Medical Organisation. Dr Daly has vowed to use his voice for a patient focused health service, significant infrastructure investment in rural Ireland, and properly resourced and supported public services.

The INMO Executive Council encourages all nurses and midwives who have graduated from either TCD or the universities under the NUI to use their vote in this Seanad election. For graduates who have not yet registered for a vote, it is too late for this election, however, they should, through the NUI and TCD websites, register for future Seanad elections, as the register is published each June.

Elections to the Seanad involve relatively small numbers of people in Ireland, and most of the population has no vote at all. Those who have a vote are privileged to do so and in this centenary year of the 1916 Rising, must appreciate the importance of exercising a democratic entitlement in preserving our hard fought for democracy in this republic of Ireland.

EDs under continuing pressure in UHW and South Tipperary General

The problem of admitted patients being boarded in the emergency departments of both University Hospital Waterford and Tipperary General Hospital continues unabated. Both hospitals have been in full capacity protocol continuously in 2016 and ongoing overcrowding is a chronic problem. ED meetings are progressing in both hospitals with good engagement of all relevant managers in Waterford, while meetings in South Tipperary General are progressing more slowly.

Meanwhile, a satisfaction survey conducted among members in Orthopaedic 1 and 2 at University Hospital Waterford highlighted issues that members sought to be addressed. Mary Power, INMO IRO for the Southern Area, along with INMO members presented the findings to management at UHW recently. A steering committee has been established and is co-chaired between hospital management and an INMO nurse representative to address the many areas of concern.

– Mary Power, INMO IRO

98% vote for work to rule at St Camillus Hospital

Members in St Camillus Hospital, Limerick concluded a ballot for industrial action following a series of meetings with the HSE to address the critical shortage of nurses. A massive 98% of nurses voted in favour of a work to rule and notice is due to be served on the HSE at the time of going press. Nurses have notified the HSE that the only solution to the current crisis is to temporarily close beds as the current staffing levels in the hospital are unsafe.

– Mary Fogarty, INMO IRO

Protest at Cregg House, Sligo:
"The HSE is failing in its duty of care to both the clients and staff by failing to conduct the staffing review (requested by HIQA in June 2015) and put in place safe staffing levels," said INMO IRO Maura Hickey

Protest at Cregg House's failure to do staffing review

INMO members working as registered nurses for intellectual disability (RNID) at Cregg House, Sligo HSE Services voted by 98% in favour of industrial action last month.

The vote arose from the failure of the management to conduct and complete the urgent staffing review requested by HIQA in June 2015. The INMO held a lunchtime protest on March 21 to highlight the situation at Cregg House to the public. The Organisation is demanding to know:

- What is the timeframe for completion of the review?
- What measurement tool is going to be used?
- Who is conducting the staffing review?

INMO IRO Maura Hickey said: "The situation that currently exists within Cregg House is unacceptable. As far back as June 2015 general management with responsibility for the facility committed to having the review 'as soon as possible'.

"Nine months later management has failed to complete the review. Our members are challenged daily to deliver safe and effective care.

"They are the frontline staff who go to work every day and, to the best of their ability, try to deliver good quality care and service to their clients. They often have to work late or through their breaks in a commitment just to deliver the service.

"The HSE is failing in its duty of care to both the clients and staff by failing to conduct this staffing review and put in place safe staffing levels."

Call to end trolleys and extra beds on already-stretched wards in UHL

AT THE time of going to press an urgent meeting with the CEO was convened in order to cease the practice of additional trolleys/beds being placed on wards at University Limerick (UHL). Medical and surgical wards at the hospital are already full, short of nurses and posing high risks in the care of high acuity patients.

A ballot for industrial action has not been ruled out by members. The INMO has also commenced an engagement process at UHL with nurse management to address the high dependency/occupancy levels and the historic low nurse to patient ratios on some wards.

At an initial meeting management acknowledged the pressures and advised that currently it is continuing to recruit to fill vacancies and that specific wards are being prioritised.

It is agreed that a review of the staffing ratios on the inpatient medical and surgical wards will now be considered. In the interim all members are strongly advised to complete a HSE clinical risk form when ward staffing levels are unsafe based on any or all of the following: patient acuity, bed occupancy, extra trolleys/beds, unfilled vacancies and ward skill mix.

It is also agreed that all time worked in excess of contracted hours (ie. delayed off duty, missed meal breaks, extended handover time) should be reimbursed. The INMO has requested a formal arrangement for recording all time owing and reimbursement of same.

To assist in addressing the concerns of members on inpatient wards, the INMO is seeking to recruit new ward-based union representatives, as many wards are without them. It is strongly advised that all nurses/midwives have local representatives to ensure good communication links with the INMO.

If any member on any ward is interested in getting involved with the INMO, please contact the INMO Limerick office at Tel: 061 308999 or email: inmolimerick@inmo.ie

– Mary Fogarty, INMO IRO

HSE withdraws High Court challenge to Injury at Work Scheme ruling

A complaint to the Pensions Ombudsman made on behalf of an INMO member and appealed by the HSE to the High Court has been settled and the case struck out.

The Pensions Ombudsman upheld a complaint submitted by the INMO that the HSE had maladministered the Injury at Work Scheme as provided for under the superannuation scheme. Under the scheme a nurse who is injured at work while discharging their duty, without fault, and the injury is solely attributable to the nature of that duty, is entitled to be paid an allowance. This allowance is based on five-sixths of salary inclusive of premia earnings, less any social welfare payments. The HSE in 2014 unilaterally changed the calculation of the allowance by making a deduction based on the degree of impairment or incapacity weighting.

The Pension Ombudsman found in favour of the INMO, concluding that: "The INMO was correct in arguing that the degree of impairment in this case was 100%" and that "the incapacity weighting should be removed from the calculations as applied to the injury grant".

The determination of the Ombudsman was received by the parties in July 2015 but the HSE then lodged an appeal to the High Court despite the Ombudsman being the authority in these cases.

INMO IRO Mary Fogarty: *"This case has enabled the INMO to preserve this entitlement for all eligible HSE employees"*

This caused a further delay for the nurse and other nurses who had their injury grants held up pending the outcome of the appeal.

Additionally, the HSE incurred legal fees and imposed same on the Ombudsman office, all of which comes from the taxpayer. On March 7 the case was struck out of the High Court with the proviso that the determination of the Ombudsman stands.

"The INMO is pleased that the Ombudsman agreed with our case which has enabled the INMO to preserve this entitlement for all eligible HSE employees. We have subsequently written to the HSE Director General under the Freedom of Information provisions seeking details of the costs incurred in the appeal, who authorised it, and what consideration the HSE gives to frontline workers who have legitimate legal entitlements when they sustain such injuries," said INMO IRO Mary Fogarty.

Spotlight on School Nurses Section

THE School Nurses Section represents 52 nurses working primarily in second level day and boarding schools, including special educational needs schools.

Working in an isolated setting, school nurses provide care for injuries and acute illnesses of students, including the management of those with special healthcare needs within the school setting. In our role, we liaise with parents and teachers, refer to GPs, emergency departments and other external agencies. We actively promote health in schools and are involved in developing and evaluating school health policies.

Since 2014, at the invitation of the Third Level Nurses Section, we have attended its annual Irish Student Health Association conferences. We have found that many of the same health problems and mental health issues present to nurses in a secondary school setting and in a third level education setting.

We hold a section meeting twice a year and these meetings are very important for networking and as an opportunity for CPD. Meetings are generally held in INMO HQ but we do vary the venue around the country to encourage members to attend by reducing travel distances.

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Vice chairperson

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Affiliation Form for INMO Section Membership

Name:_____

INMO membership No:_____

Home Address:_____

_____

_____

Tel (work):_____

Tel (home/mobile):_____

Email:_____

Place of employment:_____

Job title:_____

Second section option (to obtain information only):

_____

Forward completed form to:
Mary Cradden, membership services officer,
INMO, Whitworth Building, North Brunswick St, Dublin 7

Tick ONE relevant Section you wish to affiliate with

- ☐ Assistant Directors of Nursing/Midwifery/Public Health Nursing/Night Superintendents
- ☐ Care of the Older Person
- ☐ Clinical Placement Co-ordinators
- ☐ CNM/CMM
- ☐ CNS/CMS
- ☐ Community RGN Nurses
- ☐ Directors of Nursing/ Public Health Nursing
- ☐ Emergency Nurses
- ☐ GP Practice Nurses
- ☐ International Nurses/Midwives
- ☐ Midwives
- ☐ National Children's Nurses
- ☐ National Rehabilitation Nurses
- ☐ Nurse/Midwife Education
- ☐ Occupational Health
- ☐ Operating Department
- ☐ Orthopaedic
- ☐ PHN
- ☐ Radiology Nurses
- ☐ Retired Nurses/Midwives
- ☐ RNID
- ☐ School Nurses
- ☐ Student Allocation Liaison Officers Network
- ☐ Student Section
- ☐ Telephone Triage Nurses
- ☐ Third Level Student Health Nurses

Section roundup

Retired nurses and midwives outing

THE retired nurses and midwives' spring break is a five-day trip to Clare, staying in Falls Hotel, Ennistymon commencing on May 8, 2016. Contact Annette at JMG Travel at Tel: 074 913 5201. The summer day outings are St Enda's Park, Rathfarnham on June 16 and Dublin Castle on July 14 at 12pm.

PHN /CRGN notice

THE next meeting of the PHN and CRGN Sections will take place on April 9 from 11am in INMO HQ. As many PHNs and CRGNs as possible are asked to attend this meeting. Carmel Buckley, director of NMPDU HSE South, will attend and address both Sections on the National Metrics Project. Following that address there will be a discussion for the PHN Section with TUSLA Child and Family Agency/ the Early Years Inspectors on the proposals to broaden the eligibility criteria to include a wider range of professionals in their recruitment of early years inspectors.

CNM/CMM Section mindfulness session

THE CNM/CMM Section are running a session on 'How to become a mindful nurse leader' on May 14 from 10am in INMO HQ. All CNM/CMM members are welcome to attend.

Student allocation liaison officers

The Student Allocation Liaison Officers (SALO) networking group represents SALOs from all over Ireland. The main aim of the group is networking, education and support for one another. All SALOs are welcome and encouraged to join.

COOP conference update

THE annual national Care of the Older Person Section conference took place in Galway in early March. Over 200 delegates attended and heard speakers on a number of topics ranging from chemical restraint to wound care, nutrition and dementia.

John Farrelly, deputy chief inspector of social services with HIQA, spoke on the dementia care monitoring programme. Also welcomed back were Brian McDonald, positive behaviour support manager, and Maurice Healy, CNS in positive behaviour. They spoke about de-escalation and supporting individuals with dementia-related behavioural challenges.

One of the thoughts they left delegates with was that if they spend as much time on trying to understand behaviour as on trying to manage or control it, they might discover that what lies beneath is a genuine attempt on behalf of the older person to communicate.

The closing presentation was on compassion and 'compassion fatigue' in the caring professions and was delivered by Marianne McGiffin. The talk centred on 'what is compassion?', and 'what happens when the compassion well runs dry?' Compassion fatigue develops because we care, not because we don't care. We need to learn what helps to develop resilience and avoid compassion fatigue.

The final talk was both informative and entertaining. Delegates left on a high note. Sincere thanks to all the great speakers who contributed to making the day so successful, the delegates for attending, and industry partners for their support.

At the INMO COOP conference were planning committee: *(l-r) Noreen Watts, Eileen O'Keeffe, Caroline Gourley, Margot Lydon and Jean Carroll*

Speaking at the conference were: *(l-r) Marianne McGiffin, Brian McDonald and Maurice Healy*

Also at the conference were speakers: *(l-r) Helena Farrell and Niamh McLain*

New INMO section for clinical research nurses developed

NURSES and midwives with an interest in a career in clinical research may be interested in becoming part of a new INMO section for clinical research nurses. The section will hold an inaugural meeting at 11am on June 1, 2016 at INMO HQ in Dublin.

The Irish Research Nurses Network (IRNN) has been in place since 2008 to provide a support structure for nurses working in the area of clinical research. The main aims of IRNN are to increase awareness and visibility of this area of practice, to define the responsibilities and competencies associated with the research nurse role, and to promote the professional development of clinical research nurses.

The INMO urges all current IRNN nurse/midwife members to align to the new Clinical Research Nurses Section.

For further information, please contact: Jean Carroll, email: jean.carroll@inmo.ie

Celebrating the professions of nursing and midwifery

Elizabeth Adams discusses the International Day of the Midwife and International Nurses Day which take place in May every year

Women and newborns – the heart of midwifery

THE International Confederation of Midwives (ICM), in celebrating the International Day of the Midwife (IDM) on May 5, has launched the annual campaign to highlight the important contribution that midwives make globally. May 5 every year is dedicated to recognising that millions of women and newborns around the world are cared for by skilled midwives every day.

The Midwives Section of the INMO is a member of the ICM and works closely in collaboration and partnership with the Confederation to promote, support and drive the strategic direction of midwifery practice and celebrate the value of midwives. The ICM has been instrumental in driving the achievement of the Millennium Development Goals, in particular focusing on maternal mortality and the reduction of child mortality.

In 2016, the commencement of the Sustainable Development Goals replaced the Millennium Development Goals. The UN facilitated the global conversation on the post-2015 development agenda to end poverty by 2030 and pursue a sustainable future, and this was unanimously adopted by the 193 member states of the UN last year.

Transforming our world: the 2030 Agenda for Sustainable Development is a plan of action for people, planet and prosperity. The 17 Sustainable Development Goals and 169 targets seek to realise the human rights of all and to achieve gender equality and the empowerment of all women and girls. They are integrated and indivisible and balance the three dimensions of sustainable development: the economic, social and environmental *(see Table 1)*.

According to the ICM, only 22% of countries have enough midwives to provide the needed care and 289,000 women die from preventable causes related to pregnancy and childbirth every year. Therefore, midwives have a central role in delivering the Sustainable Development Goals and in reducing maternal and newborn mortality and ensuring universal access to healthcare services.

The International Day of the Midwife is an occasion for every individual midwife to reflect on the difference midwifery makes globally and promote new contacts within and outside midwifery.

The ICM has launched the 2016, resource pack with the theme '*Women and newborns: The heart of midwifery*' to support all midwives in planning their own IDM event. This resource pack is available on the ICM website with use and distribution encouraged. The ICM suggests that any activity celebrating the day should include one or all of the following:

- Promoting the message that midwives are crucial to reducing maternal and neonatal mortality
- Celebrating the achievements of midwives and progress made in improving maternal, neonatal care and midwifery services
- Motivating policymakers and decision makers to implement change by lobbying for adequate midwifery resources and recognition of the unique professional role of midwives.

The resource pack also provides sample objectives, activities, key messages, planning and information for working with the media. Examples of key messages include:

- Midwives care for women and newborns with skill and compassion
- The best partnership for a pregnant women is a qualified midwife
- Every woman should have access to a midwife
- Invest in improving the education and increasing the number of midwives.

In addition, there are guidelines and suggestions for use of social media such as Facebook, Twitter, Instagram, with examples of suggested social media posts and artwork. This can be accessed at **www.internationalmidwives.org/events/idotm/idm2016/**.

The ICM calls on all midwives globally to come together this year on the international day of the midwife to promote and showcase the importance of having midwives involved in the development of the new era.

Nurses: A force for change – improving health systems' resilience

Nurses worldwide will celebrate International Nurses Day on May 12 (the anniversary of Florence Nightingale's birthday), where the theme will be *'Nurses: A force for change – improving health systems resilience'*.

According to Judith Shamian, president of the ICN, and Frances Hughes, chief executive officer, the theme reflects the International Council of Nurses' commitment for action to strengthen and improve health systems around the world, which is key to realising the UN Sustainable Development Goals. It leverages the contribution that nurses can make and acknowledges that nurses are closest to those requiring health services and therefore have a significant influence on reducing health costs and increasing quality of care.

They state: "It is our duty to ensure that governments and policymakers

understand that confident, well-informed nursing leaders who understand their role in developing a workforce to meet new challenges are essential to ensure the success of the Sustainable Development Goals and to meet the health challenges of the future."

The ICN, of which the INMO has been a member since 1925, commemorates this important day every year with the circulation of the International Nurses Day kit. This year's kit provides valuable information, which according to the ICN "examines the many ways in which nurses can contribute to developing strong and resilient health systems locally, nationally and globally, and provides guidance for nurses and policy makers. The kit's tools, information and ideas for action will assist and encourage nurses and national nursing associations to become engaged in policy."

It is designed to be used by nurses around the globe throughout the year. It includes a poster image that can be downloaded for use by individual nurses, associations, health ministries and health institutions. The comprehensive publication included as part of the kit provides an overview of how nurses individually and collectively can influence and improve health systems' resilience. There are a number of examples that demonstrate nurse creativity and professional perspective to the transformation agenda.

In addition, a number of relevant ICN position statements are incorporated in the kit including:

- Health human resources development
- Publicly funded accessible health services
- Participation of nurses in health service decision making and policy development.

The ICN encourages nurses everywhere to make extended use of the *'Nurses: A force for change: Improving health systems' resilience'* publication throughout the year, through individual action and group activities. The International Nurses Day kit can be accessed at: **www.icn.ch/publications/2016-nurses-a-force-for-change-improving-health-systems-resilience**

Successful celebrations

On behalf of the Executive Council and staff of the INMO, we want to wish all our midwifery and nursing colleagues nationally and internationally every success celebrating the International Midwives Day and the International Nurses Day.

Elizabeth Adams is INMO director of professional development

Table 1: Transforming our world: the 2030 agenda for sustainable development

• Goal 1:	End poverty in all its forms everywhere
• Goal 2:	End hunger, achieve food security and improved nutrition and promote sustainable agriculture
• Goal 3:	Ensure healthy lives and promote well-being for all at all ages
• Goal 4:	Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
• Goal 5:	Achieve gender equality and empower all women and girls
• Goal 6:	Ensure availability and sustainable management of water and sanitation for all
• Goal 7:	Ensure access to affordable, reliable, sustainable and modern energy for all
• Goal 8:	Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all
• Goal 9:	Build resilient infrastructure, promote inclusive and sustainable industrialisation and foster innovation
• Goal 10:	Reduce inequality within and among countries
• Goal 11:	Make cities and human settlements inclusive, safe, resilient and sustainable
• Goal 12:	Ensure sustainable consumption and production patterns
• Goal 13:	Take urgent action to combat climate change and its impacts
• Goal 14:	Conserve and sustainably use the oceans, seas and marine resources for sustainable development
• Goal 15:	Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and biodiversity loss
• Goal 16:	Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels
• Goal 17:	Strengthen the means of implementation and revitalise the global partnership for sustainable development

Source: sustainabledevelopment.un.org/post2015/transformingourworld

Table 2: ICN – an action plan

Individual nurses

- Maintain your health and well being
- Prioritise developing your personal resilience and support the development of your co-workers' resilience
- Consider ways in which you can actively work with patients, carers and communities to improve their understanding of how to improve their abilities to self-care and influence the development of services
- Develop your skills to demonstrate the positive impact that high quality nursing has on outcomes
- Develop your health systems thinking by making strong networks across the system

Institutions/employers

- Ensure Positive Practice Environments (PPE) for healthcare staff
- Support health and well-being of health care staff
- Provide employees with learning opportunities
- Ensure a system of critical incident review is in place
- Establish place disaster plans

Policy makers

- Establish and implement legislation to protect healthcare workers and ensure PPE
- Properly plan and manage the health workforce. Establish a national HRH plan and implement it effectively
- Accelerate the move from a dominant illness-focused system to one that focuses on preventative services and health promotion
- Ensure resilience planning is part of the strategic development of the health system
- Engage nurses at policy level to ensure the optimal use of nurse skills throughout the system

Role of NNAs

- Ensure the development of effective health policy to support nurses to perform at their optimal level and to maximise the nursing contribution
- Develop nurse leaders to maximise the nursing contribution at all levels of the system

Source: International Council of Nurses (2016). Nurses: A force for change – improving health systems' resilience

Q and A Bulletin Board

With INMO director of industrial relations Phil Ní Sheaghdha

Query from member

I am currently on carer's leave from my place of work. I am unable to work at present but hope to work a few hours per week in the future.

Do I have to work at my present place of work or can I work anywhere?

Reply

Thank you for your query. You are permitted to work outside the home for not more than 15 hours per week once your net income does not exceed €332.50 net per week. The Carers Act 2015 does not state where you can work but you would need to inform your employer of your intention to work and you would also need to inform the Department of Social Protection.

Query from member

As I have been abroad over the past few weeks, I hear that there was agreement on student pay and incremental credit. What exactly does this mean for me, as I am due to graduate this year?

Reply

Thank you for your query. As you are aware the INMO, together with other nursing unions, has over the past number of months, met with the HSE and Department of Health to progress the issues set out in the chairman's note of the Lansdowne Road Agreement. The specific issues considered were student nurse/midwife pay for the 36-week work placement and reinstatement of incremental credit for this period immediately upon graduation.

On February 22, 2016 the Department of Public Expenditure and Reform advised that sanction had been given but for current fourth year student nurses and midwives, pay adjusted from March 1, 2016 only.

With regard to incremental credit, for new graduates who trained in Ireland since 2011, these proposals will involve a further review to evaluate the effect that loss of incremental credit has had on retention, due to the upward incremental adjustment now required.

What this means to current fourth year students is that those currently on placement will have the new rate applied from March 1, 2016 for the remainder of their placement.

Should you require any further information please contact our information office or see **www.inmo.ie** or INMO's social media pages. Finally, may I take this opportunity to wish you well in the remainder of your studies and in your nursing career.

Table 1. Assuming placement started in December 2015

Currently hourly rate Fourth years – Dec 2015		Proposed rate		Increase per hour
First 4 weeks Next 8 weeks	€6.49 €6.86	First 4 weeks Next 8 weeks	€6.49 €6.86	€0.00 €0.00
Second 12 weeks	€7.32	Second 12 weeks	€9.48	€2.16
Final 12 weeks	€8.24	Final 12 weeks	€9.48	€1.24
Difference for total period Incremental adjustment after 16 weeks				+ €1,590 + €2,014 + €3,604

Table 2. Benefit if placement started in January 2016

Currently hourly rate		Proposed rate		Increase
First 12 weeks	€6.86	First 12 weeks	€9.48	€2.62
Second 12 weeks	€7.32	Second 12 weeks	€9.48	€2.16
Final 12 weeks	€8.24	Final 12 weeks	€9.48	€1.24
Difference for total period				+ €2,816
Incremental credit adjustment: On qualification in 2016 starting pay: first point €27,483		Following 16 weeks in employment move to second point €29,497 Difference in pay: + €2,014 Total adjustment: €4,830		Annual increments thereafter

A column by Maureen Flynn

Quality & Safety

Quality Profiles for healthcare organisations

THIS month the focus is on Quality Profiles. The Quality Profile is timely, comprehensive, reliable information that describes the quality of care provided in a way that drives and demonstrates improvement.

Why implement a Quality Profile?

As a direct mandate from the Minister for Health and the director general of the Health Service Executive (HSE), it is now a requirement that all healthcare organisations produce formal documentation, assuring them that the care and services provided within healthcare organisations are safe and of the highest quality.

The Quality Profile will be a key document to support and inform the interaction between your organisation and the regulator (Health Information and Quality Authority or Mental Health Commission).

The key use of the Quality Profile is to provide a tool for the CEO or most senior accountable person to help answer whether high quality patient care is being provided, and if not to identify areas for quality improvement activities.

What is a Quality Profile?

- It is a tool that primarily compares your organisation/service as it is now to your service in the past. It looks at trends over time to drive and demonstrate quality improvement
- It is timely; the Quality Profile will be reviewed monthly to provide up-to-date information which assists users in correctly identifying where initiatives and interventions have resulted in improvements in the quality of care
- It is owned by the service. The service makes decisions on what specific measures will be included in the Quality Profile. It will contain local information that reflects what is important to you. It may therefore not always be possible to compare the quality of care in your service to that of other similar services
- It is an honest appraisal of the quality of care provided, highlighting areas where good quality of care is delivered to service users and their families, and the areas that require improvement. This may mean that some of the information may not be appropriate for sharing. Nevertheless, services will be encouraged to ensure that the information contained in the Quality Profile is accessible to service users and their families
- It is a tool that contains both quantitative and qualitative information
- It is a tool for helping users to identify interventions that work, facilitates services to share their learning and to learn from other services that have undertaken relevant quality improvement projects.

St Brendan's Community Nursing Unit, Loughrea, Co Galway was an early site to adopt a Quality Profile. Pictured with the Quality Profile are (l-r): Elaine Fallon, Quality Improvement Division, HSE; Bernie Austin, director of nursing, and Mary Madden, assistant director of nursing, both from St Brendan's CNU

Benefits of using a Quality Profile

The Quality Profile will provide the CEO/senior most accountable person with the most relevant evidence on the quality of care provided by their service. The service itself chooses the measures that are most relevant in understanding the quality of their services. This evidence will be presented in a way that drives and demonstrates quality improvement. Rather than looking at how a service compares to other services, the emphasis is on looking at trends over time and using run charts, Shewhart charts and other presentation tools that support quality improvement as appropriate. These tools will help the senior most accountable person to demonstrate the success of quality improvement initiatives and how these improvements have resulted in an improved quality of care for service users.

The Quality Profile is aligned to the main themes of the Safer Better Healthcare Standards *(HIQA, 2012)* and therefore will support the interaction between services and the regulator. For example, this may include forming part of the quality review that HIQA requests prior to inspections in some settings.

The Quality Profile does not replace performance and assurance systems. Rather, it complements existing systems by providing the right information for the senior most accountable person to understand the impact of quality improvement initiatives and where further improvements are required.

Opportunity to get involved

At your next meeting with your clinical nurse manager or assistant director of nursing/midwifery you might talk about how information from your unit or service would be included in the Quality Profile for your organisation. You might like to make this suggestion to your CEO/senior most accountable person.

Maureen Flynn is the director of nursing and midwifery, Quality Improvement Division lead, governance and staff engagement for quality

If you are interested in learning more about Quality Profiles, contact Michael Carton, information scientist, email: michael.carton1@hse.ie or Elaine Fallon, director of nursing and midwifery, email: elaine.fallon@hse.ie at the Information and Analysis Unit, Quality Improvement Division, HSE. Visit www.qualityprofiles.ie

Acknowledgements
Michael Carton and Elaine Fallon would like to give special thanks to Bernie Austin, director of nursing, Mary Madden, assistant director of nursing, and the staff of St Brendan's Community Nursing Unit, Loughrea, who collaborated with them and became the first early adopter site to develop and implement a Quality Profile

Eileen Dunne, RTE Newscaster, moderated the recent maternity care seminar in Ballinasloe

Dr Sam Coulter-Smith, obstetrician/gynaecologist and former master of the Rotunda Hospital

Sally Burton, lead practice educator and supervisor of midwives at the University Hospital Southhampton NHS Foundation Trust

Liam Doran, INMO general secretary

Dr Olwyn McWeeney, barrister at law

Photos: J & S Photos, Ballinasloe

Vital role of teamwork in midwifery

The recent INMO/CNME maternity care seminar highlighted the importance of good communication and teamwork in dealing with adverse outcomes, **Sinéad Makk** reports

WHILE an adverse outcome is undoubtedly distressing for midwives, such an outcome must also be viewed as an opportunity to learn and improve the quality of care provided in the future – this was a key message to emanate from the recent INMO/CNME maternity care seminar.

The seminar, which was held in Ballinasloe on February 26, came at a critical time for midwives, as the first draft of the review into the standards of maternity care in Portiuncula Hospital, Ballinasloe was due to be published the following week. The Portiuncula review, which is investigating a total of 18 births, has been a source of much media scrutiny for those in the midwifery service. The INMO/CNME seminar provided midwives with a fresh perspective into dealing with an adverse outcome and it was there to "act as a balance and a support to midwives", said Eileen Dunne, RTE newscaster, who moderated the seminar.

Clare Treacy, INMO industrial relations officer for the HSE western region, who organised the conference and has been actively involved in working with a number of midwives, recently emphasised the importance of these seminars to help support midwives who are dealing with an adverse outcome.

Opportunity to learn

Speaking at the seminar, Dr Sam Coulter-Smith, former master of the Rotunda Hospital and an obstetrician/gynaecologist, highlighted the importance of treating an adverse outcome as an opportunity to learn. "I would encourage you to use any major issue like this as an opportunity to drive change and make the changes appropriate to improve the services. It is a very important time for the hospital to grasp the changes required."

Sally Burton, lead practice educator and supervisor of midwives at the University Hospital Southampton NHS Foundation Trust, echoed this point. "The resilience to bounce back from a situation is very important – being resilient doesn't mean that there is no distress but it means that you can avoid seeing obstacles as insurmountable and keep things in perspective," she said.

"When mistakes happen they are portals of discovery," added Ms Burton.

Adverse outcome reviews

Dr Coulter-Smith outlined the evolving incident review process. When an adverse incident occurs, one or two senior clinicians carry out a desktop review. This is in addition to a monthly morbidity/mortality meeting and following these two processes, the type of review required is decided. "If we feel that there is a care or system issue, then we order a full adverse incident review and that's where the family is involved," Dr Coulter-Smith said.

He also outlined the evolving elements of a review, which include:

- New emphasis on clinical governance and accountability
- Expanded complaints office
- Active clinical risk department
- Clinical audit department.

While an adverse outcome and a review can be a negative experience, reviews also carry with them some benefits, which Dr Coulter-Smith outlined:

- There is less chance of the same thing happening again
- Family and patient satisfaction
- Leads to appropriate findings and recommendations
- The organisation as a whole and staff involved can learn from the process
- A review can also highlight the need for resources.

While reviews do have their benefits, he also said: "We are on a constant learning curve and we do need to improve and hone the review process that we put in place."

Communication and teamwork

The seminar also highlighted the importance of communication in dealing with – and possibly preventing – adverse outcomes.

"Human error is a frequent finding in adverse events; poor communication and teamwork comes up time and time again," said Ms Burton, who spoke extensively on teamwork and the positive effects good teamwork can have in a healthcare setting.

Dr Coulter-Smith also drew attention to the need for good communication: "If we do listen to our patients we will find that communication is a massive issue."

He advised that honesty and openness when dealing with patients, families and staff is the first step in breaking down the barriers to communication.

Ms Burton, as part of her presentation entitled 'Maintaining positive teamwork and communication in challenging times', discussed scenarios when poor teamwork could lead to adverse outcomes, drawing on case studies of adverse events where teamwork was an issue.

Referring to a UK study entitled 'An Investigation into the Attitude of Health Professionals into Team Working on the Delivery Suite', Ms Burton highlighted some results of the study: just 55.3% of midwives felt it was easy to ask a question; 25.2% of midwives reported difficulty speaking up; just 44.7% of midwives felt positive about their involvement in decision-making skills; and the majority of midwives felt debriefing skills need to be improved.

One particular issue that arose numerous times throughout the different case studies presented by Ms Burton was the issue of midwives being afraid to ask questions or assert their knowledge, which was particularly applicable to junior midwives. With this in mind, Ms Burton advised midwives on ways to improve teamwork, instil good communication and consequently improve outcomes:

- To give feedback and debrief on a regular basis
- Ask yourself whether you are open and approachable, particularly if you are a senior lead
- Positive communication – speak up when you feel something inappropriate is happening
- Celebration when something goes right – introduce positive feedback cards that recognise when a midwife has gone above and beyond the call of duty
- Challenge inappropriate behaviour and condemn tribalism and group think.

"Good teamwork does save lives. It does encourage approachability. It does ensure participation and openness," Ms Burton said.

Legal perspective

In the ever-changing environment of healthcare and as public regulation in midwifery care becomes more commonplace, it is important for midwives to also look at adverse outcomes from the legal perspective.

"We are now living in a new environment where patient expectations and attitudes have changed. There is a much more medico-legal focus with far more coroner's interest and Coroner's Court situations and there is a huge media focus on our service," said Dr Coulter-Smith.

INMO general secretary Liam Doran also drew attention to the increasing media scrutiny on the service. "We haven't even begun to understand how public hearings are going to be portrayed in the media."

Dr Olwyn McWeeney, barrister at law, presented on the legal perspective of adverse outcomes and referred to the general and approved practice (GAP) guidelines for healthcare professionals. "Whether healthcare professionals uphold a duty of care is based on the standard expected of that clinician according to general and approved practice."

She said independent experts (profession and specialty specific) assess whether the clinician meets the standard and gives evidence in court. GAP includes:

- Medical/nursing knowledge and training
- Clinical protocol
- Clinical algorithm
- Clinical guidelines
- Can be hospital-specific or adapted from local, national or internationally recognised sources (eg. NICE, RCM, RCOG).

Importance of clinical notes

Dr McWeeney also stressed the importance of good clinical notes in medico-legal cases:

"The law is dispassionate, objective and demands written evidence of all interactions with a patient." She pointed out that the defendant's expert opinion (representing you) may or may not support the standard of care that you delivered, and this depends on how robust a midwive's clinical notes were and whether they took appropriate action in the given clinical setting.

Clinical records are essential for numerous reasons:

- To encourage continuity of care and patient safety in a multifaceted clinical environment
- They can be used as a defence of an allegation of clinical negligence
- They can be used as a defence of a professional in the context of a fitness to practise hearing.

Many cases (98%) settle, which is sometimes due to the fact that record keeping is so poor that it is impossible to defend. The 'real' story of the patient's journey can only be correctly captured if evidenced in writing.

Disciplinary process

Dr McWeeney also outlined the disciplinary process when a complaint is made against a midwife. A disciplinary hearing involves factual witnesses – that is the complainant and the healthcare professionals involved in care – and expert witnesses; the regulator will use an expert to review the clinical episode and opine on whether the conduct amounts to poor professional performance or professional misconduct.

"The preliminary proceedings committee filters the frivolous, vexatious or unmeritorious complaints but if there is *prima facie* evidence to support the complaint, it goes forward to inquiry stage which is then referred to the fitness to practise committee," said Dr McWeeney.

INMO partnership

In the closing address, Mr Doran outlined how the INMO can support its members who are dealing with adverse outcomes and public regulation. The INMO is running a new fitness to practise workshop and the Organisation will be a partner for nurses and midwives going through a hearing.

"We have to be your support; we have to be accessible to you; we have to be very visible to you; and we have to be experts for you. That's what we are trying to do," Mr Doran concluded.

Strategic approach to antenatal education

Cathy O'Sullivan and **Rhona O'Connell** discuss the recommendations on antenatal education in the new National Maternity Strategy

THE recent launch of the National Maternity Strategy[1] is welcome and long overdue. A topic of particular interest is the recommendations on antenatal education, which is the focus of this article.

The strategy acknowledges the benefits of antenatal education to prepare women and families for childbirth. It acknowledges that antenatal education programmes are not just for childbirth, but are also important in preparing parents realistically for birth and parenthood.

While couples attend antenatal education to get ready for childbirth, the transition to parenthood is of major importance and a valued component of programmes.[2] Unfortunately, it is recognised that antenatal education programmes do not always meet parents' needs.[3,4,5] Antenatal education is about enabling women to do what feels right during labour and birth, to meet with other prospective parents and engage with the process of birth and parenting in a supportive environment.[6]

The NICE guidelines[7] recommend participant-led antenatal education and to this end, healthcare professionals must ask parents what they would like to learn at each antenatal education session provided.

The strategy states that "the transition to motherhood is an event of huge social and emotional significance"; keeping this in mind, it sets the scene for parent-centred antenatal education.

Review of antenatal education

A recent review of antenatal education programmes explored the impact of antenatal education on labour and birth.[8] Findings were mixed in relation to labour; women who had participated in antenatal education programmes had fewer false labour admissions, less anxiety and greater partner involvement. Negative effects included increased labour and birth interventions, including induction of labour and epidural use.

A systematic review found little evidence that such antenatal education is associated with a higher incidence of vaginal birth or reduction in use of epidurals.[9] It has also been argued that traditional antenatal education programmes can lead to dependency and coercion into hospital routines and procedures, reinforcing institutional policies rather than increasing women's confidence in birth.[10]

Couples attend antenatal programmes to obtain information on pregnancy and birth, learn about infant care, breastfeeding and parenting skills.[4] They may want information on pain relief and obstetric interventions and information relating to health promotion activities.[11] They also want time to practise breathing and relaxation skills and positions for birth.[12]

While there are no guarantees of a positive outcome for the mother and baby from the pregnancy and birth, focusing on complications during antenatal education can lead to increasing fear and anxiety.[13] Most discussions around birth complications can be best undertaken as part of antenatal visits with a midwife or doctor who has specific knowledge about the aspects of care most relevant to the individual woman. Where issues arise in relation to complex pregnancy, the antenatal educator must have the knowledge and skills to deal with this without increasing anxieties among the group.

Key points

- Antenatal education programmes should be women centred, focusing on health and wellbeing and normalisation of birth, even for women experiencing complex pregnancies
- A facilitative approach to learning is advocated to ensure couples' needs are central to any antenatal education session
- Antenatal education should not just focus on labour and birth and health promoting activities, but also transition to parenting and changing relationships
- Couples value learning strategies to prepare for and cope with labour and birth
- While there is no evidence on optimal class size, smaller groups enable greater opportunities for participative learning

A concern we have about the recommendations in the National Maternity Strategy is the suggestion that participation by the anaesthesia department in antenatal education is "essential for the provision of information on issues such as pain relief in labour, including the indications for, and possible complications of, the various procedures offered". These are issues that antenatal educators have the knowledge, skills and expertise to address and it is unclear as to why this is now considered part of the role of the anaesthetic department.

When focusing on pain management, antenatal educators have always worked with women to provide them with strategies to cope with labour and birth, which includes learning to work with their bodies and be active during labour and birth.[6] There is some evidence that progressive relaxation and breathing may provide benefits during labour and birth.[14] Learning breathing techniques helps women to focus on breathing during labour and to be actively involved in the birthing process by developing a pain coping mindset.[15]

Practical skills

Learning practical skills about positions and mobility during labour is also useful as it helps women develop self-aware-

ness and become attentive to bodily changes as they approach and get ready for birth.

A skill that can be learned includes exercises such as 'upright, forward and open' which helps women to recognise how their pelvis opens in an upright forward position.[16,17] There are several physiological advantages for being upright during labour and birth. These include:

- The effect of gravity on the foetus within the uterus
- Reduced risk of aorto-caval compression
- Better alignment of the foetus
- More efficient contractions
- Increased pelvic outlet when the woman is in squatting and kneeling positions.[18]

The advantages to assuming upright positions in labour and birth are well recognised[19,20,21] and if the mother is upright and mobile, the uterus can tilt forward with each contraction, applying maximum energy to opening the cervix.[17] Midwives need to be proactive in demonstrating and encouraging different positions in labour and this starts by introducing these topics in antenatal education programmes.[20,22]

Antenatal education is offered to expectant parents with the aim of providing them with strategies for dealing with childbirth and parenthood. Providing standardised education programmes can lead to a didactic approach to education which has been critiqued as not addressing women's needs.

Educators must present information in such a way that parents feel empowered to make informed decisions about their maternity care and in their role as parents.[23] To focus on the agenda of the care provider rather than the agenda of expectant parents could send this service back to a time when antenatal education was 'like school'.[24]

Asking parents what they want to learn helps them to be motivated to learn. When the agenda is set by expectant parents they have a sense of ownership and this keeps their interest high. In contrast, when educators use a directive approach, learning opportunities are lost. Antenatal educators who decide the course content for parents are teaching from an authoritative perspective. The perceived accessibility of educators regarding asking questions, the interpersonal skills and presentation skills of educators are considered important by parents.[10,25]

Teaching and learning strategies

To facilitate learning, antenatal educators need to have an understanding of group facilitation skills and theories of adult learning including an appreciation of how adults learn in group settings. Using a variety of teaching and learning strategies will inform the group and maintain their interest;[23] engaging the learners' attention is key to successful facilitation. Doing practical exercises and using effective teaching and learning aids will aid retention of learning. Working in small groups increases opportunities for interaction, engagement with the topic being discussed and the possibility that the programme will meet individual needs in a supportive environment.

The scope of antenatal education needs to be addressed, ie. the number of classes available to expectant parents and the amount of hours and the timing of classes. There is a wide variety in antenatal education provision with some areas offering classes during the week in the day time only and others providing classes at night and at the weekends. Wilson et al[26] found that the time of the week that classes were held varied and the number of classes conducted per course was between two and six sessions. Standardisation of issues such as these would be welcome.

Several studies identify that couples give positive evaluation to facilitative approaches to learning, which can only be obtained in a small class size. However, a recent systematic review identified that there is insufficient evidence for the impact of classes size on obstetric and psychosocial outcomes.[27] It is generally considered important to keep group size small; a class size of eight to 10 couples is considered ideal. This facilitates interaction, encourages sharing of information, and promotes social support, which may continue after childbirth.[23]

We welcome the National Maternity Strategy and acknowledge that antenatal education needs to be interactive and participative. For this to happen there is a need for educational preparation of all providers of antenatal education in facilitation skills and adult learning theory. It is recommended that providers of antenatal education attend education programmes to learn and develop the particular skills required to provide effective antenatal education programmes to childbearing women and their partners.

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References

1. Department of Health . Creating a Better Future Together: National Maternity Strategy 2016-2026. Department of Health: Dublin, 2016
2. Ahlden I et al. Parents' expectations about participating in antenatal parenthood education classes. J Perinatal Education 2012; 21(1):11-17
3. Svensson J, Barclay L, Cooke M. The concerns and interests of expectant and new parents: assessing learning needs. J Perinatal Education 2006; 15(4):18-27
4. Gagnon AJ, Sandall J. Individual or group antenatal education for childbirth or parenthood, or both. Cochrane Database Syst Rev 3, 2007
5. Barlow J, Coe C, Underdown A, Redshaw M. Birth and beyond: stakeholder perceptions of current antenatal education provision in England. University of Warwick University of Oxford, 2009 www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_109833
6. England P, Horowitz R. Birthing from Within: An Extraordinary Guide to Childbirth Preparation London: Souvenir Press, 2007
7. NICE. Antenatal Care: Routine care for the healthy pregnant woman. RCOG Press: London, 2008
8. Ferguson S, Davis D, Browne J. Does antenatal education affect labour and birth? A structured review of the literature. Women and Birth 2013 ; 26(1): 5-8
9. Schrader McMillan A, Barlow J, Redshaw M. Birth and beyond: a review of the evidence about antenatal education. Department of Health 2009
10. Murphy Tighe S. An exploration of the attitudes of attenders and non-attenders towards antenatal education. Midwifery 2010 ; 26(3):294-303
11. Fabian HM et al. Childbirth and parenthood education classes in Sweden. Women's opinion and possible outcomes. Acta Obstet Gynecol Scand 2005; 84
12. Nolan M. Antenatal survey (1). What do women want? Practising Midwife 2008; 11(1):26-28
13. Robertson A. The Midwife Companion: The art of support during birth. Camperdown, NSW: Ace Graphics, 2004
14. Hay-Smith EJC. Maternity exercises 75 years on: what has changed and what does experimental evidence tell us? New Zealand J Physiotherapy 2013; 41(1):16-19 4p
15. Schott J. Antenatal education: how much should we say? Practising Midwife 2002 ; 5(7):45-47
16. Fields N. Float like a butterfly, yoga and birth in Midwifery: Best Practice. Wickham S, Ed, Elsevier, 2008
17. Sutton J. Optimal fetal positioning http://optimal-foetal-positioning.co.nz/. 2014
18. Ondeck M. Healthy Birth Practice #2: Walk, Move Around, and Change Positions Throughout Labor. J Perinatal Education 2014; 23(4): 188-193
19. Bodner-Adler B et al. Women's position during labour: influence on maternal and neonatal outcome. Wien Klin Wochenschr 2003 ; 115(19-20):720-3
20. Gizzo S et al. Women's choice of positions during labour: return to the past or a modern way to give birth? A cohort study in Italy. Biomed Res Int, 2014; p 638093
21. Kemp E, Kingswood CJ, Kibuka M, Thornton JG. Position in the second stage of labour for women with epidural anaesthesia. Cochrane Database Syst Rev 2013; 1: Cd008070
22. RCM. Evidence Based Guidelines for Midwifery-Led Care in Labour: Supporting Women in Labour, RCM, Ed: London, 2012
23. O'Sullivan C et al. A Descriptive Survey of the Educational Preparation and Practices of Antenatal Educators in Ireland. J Perinatal Education 2014; 23(1):33-40
24. Cliff D, Deery R. Too much like school: social class, age, marital status and attendance/non-attendance at antenatal classes. Midwifery 1997; 13(3):139-145
25. Holroyd E, Twinn S, Ip Wan Y. Chinese women's perception of effectiveness of antenatal education. Br J Midwifery 2011; 19(2):92-98
26. Wilson J, Berlach R, Hill AM. An audit of antenatal education facilitated by physiotherapists in Western Australian public hospitals. Australian & New Zealand Continence Journal 2014 ; 20(2):44-51
27. Brixval CS, Axelsen SF, Lauemøller SG et al. The effect of antenatal education in small classes on obstetric and psycho-social outcomes: a systematic review and meta-analysis protocol. Syst Rev. 3 2014

Recruitment & retention round up

In a series on the recruitment and retention of INMO members, **Albert Murphy** highlights recent activities

THE INMO has stepped up training with its nurse and midwife representative training courses, as can be seen from the photographs on this page. This course is for new and existing INMO nurse representatives with the aim of giving them the skills, knowledge and confidence to support and organise members in the workplace.

As part of the Organisation's Strategic Plan it is recognised that to build a stronger unit we need to have more INMO representatives at local level. The Organisation recognises that our representatives in hospitals and all health settings are vital for establishing a stronger, more vibrant union at national and local levels. The feedback from participants has been hugely positive and it is great for members to have the skills and confidence to represent colleagues locally. The courses include how to negotiate with management and assist members as part of the INMO team.

"The INMO is committed to investment in the training of our representatives. They are the vital link between members and the union head office," said deputy general secretary Dave Hughes. "Members are very busy at work and in their own personal lives, so we need to establish workplace committees to show a stronger, organised presence for members."

The next training course will be held in INMO HQ, Dublin on April 14-15, 2016. If you are interested in attending a course or becoming an INMO representative contact your IRO or Martina Dunne in HQ, Email: martina.dunne@inmo.ie

At the Dublin INMO representative training course were: *Albert Murphy, INMO IRO and organiser and Karen McCann, INMO information officer with INMO reps: Abina Reilly, Veronica Farrelly, Marie Cavallari, Margaret Coone, Clodagh Cardiff, Eilish Horgan, Deborah Fitzpatrick, Mariquet Gonzales, Aoife Carr, Emma Dunne, Marie Wade, Pamela O'Brien, Annette Simpson, Carmel Hardy, Caroline Fitzpatrick and Tyrone Zabal*

At the Clonmel training course were *Dave Hughes, INMO deputy general secretary and Mary Power, IRO with reps: Liam Conway, Colette Larkin, Ann Marie Hayes, Maria Hernandez, Deborah Hadley, Regina Tampil, Josephine Keating, Jurgenne Alcesto and Tom Hefferon*

Dublin east coast reps on tour pictured *(l-r): Regina Tampil, Maria Hernandez, Jurgenne Alcesto, Liam Conway and Tom Hefferon*

Albert Murphy is INMO industrial relations officer/ organiser; Email: albert.murphy@inmo.ie

Know your rights and entitlements

The INMO Information Office offers same-day responses to all questions

Contact Information Officers Catherine Hopkins and Karen McCann at
Tel: 01 664 0610/19
Email: catherine.hopkins@inmo.ie, karen.mccann@inmo.ie
Mon to Thur 8.30am-5pm; Fri 8.30am-4.30pm

- Annual leave
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- Pay and pensions
- Flexible working
- Public holidays
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- Injury at work
- Agency workers
- Incremental credit

Zika virus

In the third clinical update in this CPD series, **Gerry Morrow** focuses on the emerging Zika virus and the role of healthcare professionals in its control

THIS month's article focuses on the emerging Zika virus.

Zika is the name for a virus which causes a flu-like illness that spreads through bites from a type of mosquito called *Aedes*. This same mosquito also causes other tropical viral illnesses, such as dengue and chikungunya.

Mosquitoes become infected through biting someone who already has Zika, and once infected mosquitoes can then spread Zika to people by biting them.

Zika can also be spread from a pregnant woman to her baby during pregnancy or shortly after birth. The virus can also be spread by sexual intercourse. This is less common than it being spread by mosquito bites.

An outbreak of Zika virus infection began in Brazil in May 2015, where it was noticed that there were more children being born with abnormally small heads (microcephaly). It is possible, but not proven, that Zika virus is linked to the problem of microcephaly.

It is not known why the possible increased problems of Zika virus infection have emerged in this recent outbreak. One theory is that it is a mutation in the RNA of the virus.

Symptoms

Most people with Zika virus infection will have no symptoms. Only about one in five people infected will be unwell, and in those, the illness is usually mild. For this reason, many people might not know that they have been infected.

The most common symptoms of Zika virus infection are fever, rash, joint pains and conjunctivitis. The illness associated with the infection usually lasts approximately seven days. Symptoms usually start two to 12 days after being bitten by an infected mosquito.

Not everyone with suspected Zika needs medical attention. If someone is not at high risk of complications from the infection and can manage their symptoms, it may not be necessary to see a doctor.

If a woman is or may be pregnant, or someone has a poorly functioning immune system or is at high risk of complications and/or their symptoms are severe, they should seek medical advice.

Differential diagnosis of Zika virus infection:

- Common cold
- Glandular fever
- Chest infection in babies and children
- Chest infection in adults
- Rubella
- Measles
- Whooping cough
- Sore throat – acute
- Meningitis (bacterial)/meningococcal septicaemia
- Malaria (in people with fever who have recently travelled to a malarial area)
- More rarely, dengue fever or chikungunya virus infections, which are common in tropical and subtropical areas of the world.

Treatment

There is no specific treatment for Zika virus infection and no vaccine for its prevention. The only management is to relieve symptoms, as follows:

- Taking paracetamol to relieve pain and high temperature
- Drinking adequate fluids to replace losses through perspiration
- Bed rest for symptoms of fatigue
- Staying off work or school – for most people, about one week will be adequate
- Avoiding further mosquito bites
- Seeking urgent medical attention if person develops shortness of breath, muscle weakness (symptoms of Guillain-Barré syndrome) or is pregnant.

People with suspected Zika virus infection should not take ibuprofen or other non-steroidal medications until dengue fever has been excluded. This is because dengue fever can cause bleeding, which can be made worse by taking NSAIDs.

Most people with Zika virus recover within one week.

Risks of contracting Zika virus

Those travelling to or living in areas where Zika virus is active are most at risk of contracting the virus, through a mosquito bite *(see Table 1)*.

Table 1. Areas affected by Zika virus

The areas affected by mosquitoes which carry the Zika virus are changing week by week. Seek the most up-to-date advice if you are pregnant and intend to travel.

As of March 2016 the most affected areas are the Caribbean, Central America, Pacific Islands and South America. The countries affected are: American Samoa, Barbados, Bolivia, Brazil, Cape Verde, Colombia, Costa Rica, Curacao, Dominican Republic, Ecuador, El Salvador, French Guiana, Guadeloupe, Guatemala, Guyana, Haiti, Honduras, Jamaica, Maldives, Martinique, Mexico, New Caledonia, Nicaragua, Panama, Paraguay, Puerto Rico, Saint Martin, Samoa, Solomon Islands, St Croix, Suriname, Thailand, Tonga, Venezuela and the US Virgin Islands

Special considerations in pregnancy

It is thought that microcephaly, a serious birth defect of the brain, may be linked to Zika virus infection. This is a condition in which a baby's head is abnormally small. Microcephaly can cause problems with brain development but the severity of the condition is variable.

Other causes of microcephaly include toxoplasmosis, rubella, herpes and HIV, severe malnutrition during foetal growth and maternal exposure to poisons such as heavy metals.

Zika virus infection has also been linked to other congenital problems such as clubfoot. While it is not yet clear whether Zika virus is the only reason for these birth defects, it is recommended that special precautions are taken during pregnancy until the causes and risks are better understood.

Pregnant women have been advised to consider postponing travel to any area where Zika virus disease is active *(see Table 1)*. If travel is essential to affected areas, then women should be advised to strictly follow steps to prevent mosquito bites.

Women who are trying to conceive and are also planning a trip to an affected area should have a pre-conception consultation

with a health professional and take specific advice on the risks of developing Zika virus infection.

Travel advice

When travelling to an area with Zika infected mosquitoes, the best way to prevent infection is to avoid mosquito bites. Ways to prevent mosquito bites include:

- Wear long-sleeved clothing and long trousers and dress children in clothing that covers their arms and legs
- Cover children's bed, stroller or baby carrier with mosquito netting
- Sleep under a mosquito net
- Stay in air conditioned buildings or use window and door screens to keep mosquitoes outside
- Use insect repellents
- Apply sunscreen, when needed, before applying insect repellent
- Insect repellents are not advised on babies younger than two months of age
- Spray clothing with permethrin – a chemical that kills mosquitoes.

Role of health professionals

At present there is no vaccine against Zika virus infection. So what can healthcare professionals do for people with suspected Zika virus infection? We can:

- Ask patients questions about symptoms, recent travel and contact with mosquitoes from an infected area
- Examine patients to rule out other causes of their symptoms
- Arrange tests to exclude Zika or similar viral diseases. Testing includes laboratory confirmation of the presence of viral RNA in blood, urine or saliva. This test involves polymerase chain reaction (PCR) and virus isolation. This diagnosis can be difficult as the virus can cross-react with other viruses, such as dengue, West Nile and yellow fever
- Provide advice to improve symptoms of Zika virus disease
- Advise pregnant women to see an obstetrician who may arrange an ultrasound scan. An ultrasound to measure the size of the foetal head is most useful at the end of the second trimester (around 28 weeks) or in the third trimester.

Possible complications

For most people, Zika virus infection will mean no symptoms or a mild flu-like illness for up to a week. For a small number of people Zika virus infection can mean more serious health problems.

There have been reports of a serious birth defect of the brain called microcephaly, which might be linked to Zika virus infection. Zika virus infections also seem to cause other problems in pregnancy such as miscarriage and other congenital abnormalities.

It is not clear if Zika virus infection is the only reason for these problems in pregnancy, further research and analysis is ongoing in the worst affected areas to provide further information.

There have also been reports of Guillain-Barré syndrome being linked to Zika virus infection. This is a rare condition of the nervous system which can occur as part of a viral illness, such as glandular fever. The symptoms of Guillain-Barré include muscle weakness and breathlessness. Most people will recover from Guillain-Barré syndrome but in a few cases the weakness has progressed over weeks to cause paralysis and then death.

It is not clear if Zika virus infection has increased the incidence of Guillain-Barré syndrome.

Practicalities to consider

If someone is at high risk of complications, contact should be avoided with other people with Zika virus infection.

It is known that Zika virus can be present in male semen. There have been two cases of Zika virus being spread by sexual intercourse. It is recommended that men who have lived in or travelled to an area with active Zika virus infection should avoid sex or use condoms for vaginal, anal and oral sex for the duration of the pregnancy.

Dr Gerry Morrow is editor and medical director at Clarity Informatics. Clarity Informatics is contracted by the National Institute for Health Care Excellence (NICE) to provide clinical content for the Clinical Knowledge Summaries service available through the Clarity Informatics Prodigy website at: **http://prodigy.clarity.co.uk**

References

1. Zika virus, CDC, Centers for Disease Control and Prevention. Available from: http://www.cdc.gov/Zika/
2. Health Protection Surveillance Centre Ireland. Available from: www.hpsc.ie/A-Z/Vectorborne/Zika/
3. UK government Zika virus guidance. Available from: https://www.gov.uk/guidance/zika-virus
4. WHO Zika virus guidance. Available from: http://www.who.int/mediacentre/factsheets/zika/en/

CPD Quiz

There may be more than one correct answer to the multiple choice questions listed here. The correct answers *(given below in the inverted text)* are those deemed most appropriate by the authors in the context of this CPD article.

1. Zika virus is spread by:
A) Aedes mosquito
B) Anopheles mosquito
C) All mosquitoes
D) Tsetse fly

2. Zika virus only causes symptoms in:
A) 5% of people who are infected
B) 20% of people who are infected
C) 30% of people who are infected
D) 50% of people who are infected

3. Zika virus infection can be treated:
A) With anti-viral medication
B) With antibiotic medication
C) With paracetamol and fluids
D) With non-steroidal anti-inflammatory medication

4. Possible complications of Zika virus infection include:
A) Congenital clubfoot
B) Microcephaly
C) Guillain-Barré syndrome
D) All of the above

5. The best way to avoid Zika virus is:
A) To avoid travel
B) To avoid travel to affected areas
C) To have a Zika virus vaccine
D) To avoid mosquito bites

After reading this article you may wish to reflect on what you have learned, how this might be applied to your own work and to make a note of this in your portfolio.

Answers for the CPD multiple choice quiz on Zika virus appear in the inverted box below.

For further information and resources: **www.clarity.co.uk**

Clarity Informatics

Answers: Question 1 = A Question 2 = B Question 3 = C Question 4 = D Question 5 = B & D

Student pay deal a major win

The need for radical change in the health service and the restoration of student pay hit the headlines this month, **Ann Keating** reports

THE *Industrial Relations News* (February 25) covered the restoration of pay for student nurses – **Unions welcome 'significant restoration' of pay in student nurses 'side deal'**. "Nursing unions have welcomed the decision by the Department of Public Expenditure & Reform to sanction an increase in pay rates for fourth-year student nurses and midwives that will bring them up to 70% of the staff nursing scale. *Industrial Relations News* understands that up to 1,400 students could benefit from the deal, which was covered in a 'chairman's note' to the Lansdowne Road Agreement (LRA). The arrangement also provides for the restoration of incremental credit, upon graduation, for what is a 36-week period, resulting in the new graduate moving to the second point of the scale (worth over €2,000) after 16 weeks." Liam Doran "welcomed this restoration as it moves some way to correct a serious wrong done to young nurses and midwives in 2011/12". But he said that the INMO "will continue to pursue this demand in the interest of recruiting and retaining these highly valued, and very scarce, registered nurses and midwives and the Irish healthcare system.

WRC review of ED agreement

The *Irish Examiner* (March 17) reported on the review of the ED agreement at the Workplace Relations Commission – **HSE assures nurses on overcrowding**. "Nurses have received an assurance from the Department of Health and the HSE on efforts to tackle hospital overcrowding. A spokesperson for the HSE said last night that the health authority remains "fully committed" to implementing the emergency department taskforce agreement. Liam Doran, the general secretary of the Irish Nurses and Midwives Organisation, said the agreement includes the filling of all vacant nursing posts and additional staff to deal with admitted patients... He said while he accepted it would take time to recruit people to permanent nursing posts, there was provision for incentivised recruitment and flexible work patterns... Mr Doran said that an extra 1,500 acute beds are needed because more frail elderly people need to be admitted.

Health service reform

Health Service Reform - A mandate for radical change was a headline over an editorial in the *Irish Times* (March 7). "The health service emerged as one of the top concerns of voters in the general election. And just as the body politic must find an innovative solution to the formation of a government, it must also acknowledge a damaging lack of vision for our health system. With a current annual spend of some €13.2 billion, the health budget has recovered from savage cuts. But the effects of indiscriminate financial surgery remain: doctors and nurses reluctant to work in a dangerously overstretched system; patients languishing on hospital trolleys and a poorly resourced primary care sector that is unable to look after a population with an increasing prevalence of chronic disease... The INMO, for its part, has reiterated a call for a national health summit, observing that no service that is fit for purpose "can be developed, and sustained while existing within the five-year electoral cycle and in the absence of consensus." It envisages such a summit being fully inclusive and not confined to political parties. The Organisation wants current practices, structures and funding reviewed and debated.

Protest at St Vincent's Hospital, Dublin

The *Irish Times* (March 3) ran a headline – **Nurses at St Vincent's protest over conditions** "Emergency departments remain under unsustainable pressure even as trolley numbers fell 8% in February over the same month last year, according to the Irish Nurses and Midwives Organisation... INMO nurses at Dublin's St Vincent's hospital, where trolley numbers have soared over the past year, staged another lunchtime protest yesterday over staffing and other issues. The union says it has repeatedly raised concerns with management over nursing vacancies, the shortage of nurses and the continued practice of admitting additional patients to wards despite unsafe levels of staffing. The union claims management has refused its demands for a publicly declared state of emergency within the hospital and an independent review of staffing. The INMO's industrial relations officer, Philip McAnenly, called on St Vincent's to immediately curtail services to a safe level and refer patients to St Columcille's Hospital in Loughlinstown and St Michael's Hospital in Dun Laoghaire.

Trolley watch

The *Irish Examiner Special Supplement* (February 29) discussed our long standing trolley watch and its impact on election candidates – **Trolley Watch injures party support**. "Fine Gael will wonder how they could manage to lose a seat when Limerick appeared to have done much better than other parts of the country with regard to employment and services. But they need look no further than the emergency department of University Hospital Limerick and the powerful nursing union the INMO for some of the answers. Over the past number of years the INMO has relentlessly hammered the government with its powerful daily bulletin, otherwise known as trolley watch. As a colleague remarked: "Sure, on a slow news day you need only click into trolley watch and you'll get a story...those trolley stories day after day were like Chinese torture. Whoever takes the reins of government, they should heed one warning: Beware of the INMO's trolley watch."

Ann Keating is the INMO media relations officer,
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On the ground with the president

COOP conference a resounding success

I HAD the pleasure of addressing the third annual Care of the Older Person Section conference recently which had an attendance of over 200. Once again it was an excellent day with very interesting topics. Sincere thanks to Eileen O'Keeffe, national chair; Caroline Gourley, vice chair; Margot Lydon, secretary and Noreen Watts, education officer for their dedication and hard work on behalf of the Section and the Organisation. Days like these take a lot of organising and we, as an Organisation, are extremely grateful to our Section committees for the trojan work they do, not only on your behalf, but ours also. A sincere thanks for the beautiful bouquet of flowers presented to me by Eileen on behalf of the Section. I wish them the very best with their future endeavours and their championing of the care of the older person within our health service.

Disability champions project initiated

AS chair of the ICTU disability committee I sit on the Implementation Group of the Comprehensive Employment Strategy for People with Disabilities 2015-2024. As part of the strategy it is recommended that disability champions are developed in order to ensure that persons with disability are facilitated and integrated into the workplace. The disability champions project is concerned with the recruitment and training of disability champions throughout the trade union movement in Ireland. It is concerned with designing best practise approaches to social inclusion in the workplace and there is an emphasis within the project on the recruitment of people with disabilities into the trade union and also the retention of current employees. The aim of this training is to build an active network of knowledge and expertise in relation to disability and employment. The disability champion's project is being run through FAS and is recognised by FETAC. The training aims to build on current policy to implement, in a practical sense, the objectives of the National Disability Strategy and other recent equality legislation.

At that meeting I outlined our Campaign For Excellence in Intellectual Disability and invited the chair, Fergus Finlay to meet with our section.

Professional competence theme at RCSI conference

I ATTENDED the 35th Annual International Nursing and Midwifery Research and Education Conference in the RCSI, Dublin. The theme for the day was 'Maintaining professional competence: continuing professional development and patient centred outcomes'. There was a very interesting line up of speakers with attendees from across the globe. At the opening ceremony honorary fellowships were awarded to Norah Casey, Dr Diane Cooney Miner and Anna Shakespeare. I would like to congratulate them on their awards.

ICTU Women's Conference

I ATTENDED the ICTU Women's Conference as part of a delegation of eight INMO members, including Executive Council members. A total of 200 delegates gathered in Mullingar for the conference which had as its theme '1916 - 2016 celebrating a century of women's struggle and history'. Delegates debated a wide range of issues regarding challenges facing us as a society, in workplaces and as a trade union movement.

International Nurses Section conference

I ALSO had the pleasure of addressing the recent very successful International Nurses Section conference. We are extremely proud of this section and the valuable work it does. The section's objective is to support the integration of international nurses into the Irish health service, thus facilitating social, cultural and political integration and to ensure equality of treatment. Sincere thanks to chairperson, Ibukun O Oyedel; vice-chairperson, Diana Malata; secretary, Grace Oduwole; and education officer/PRO, Cres Abragan for their continued hard work on behalf of the Section and the INMO.

TORL campaign

AS you know, we have actively campaigned for the past five years to bring the Sexual Offences Bill 2015 to a conclusion. It was disappointing that the outgoing government did not finalise the legislation prior to the dissolution of the Dáil. Discussions will recommence with the new government as soon as possible.

Get in touch

You can contact me at the INMO HQ at Tel: 01 6640 600,
through the president's corner on www.inmo.ie or by email to: president@inmo.ie

Claire

The key to a good handover

Dean Flanagan offers some pointers on what makes a good handover

A GOOD handover gives you the peace of mind that your patients are taken care of, but some students find it difficult when their preceptor asks them to give the handover. Here are some pointers to help you along the way.

Firstly, panic may arise at the thought of speaking to a room full of people about something you're still only learning. It can be nerve wracking and you may feel as though you've been put on the spot. However, remember that the quality of records is vital. As stated by NMBI in its professional guidance: "The quality of records maintained by nurses and midwives is a reflection of the quality of the care provided by them to patients. Nurses and midwives are professionally and legally accountable and responsible for the standard of practice which they deliver and to which they contribute."

Handovers give staff the opportunity to discuss the treatment they are giving, communicate problems and concerns and ensure everyone knows exactly what is going on. By doing this, the team can prevent jobs from being missed or repeated. As a supernumerary student or intern, you can use this opportunity to ask questions and familiarise yourself with the nursing process. If you don't understand what's going on, then no matter how hard you concentrate, the handover will be a waste of time. But getting used to abbreviations is easier said than done. The usual advice still stands (ask, ask and ask again!) but if that's not possible, there are some excellent websites, including a policy document on the HSE website. The handover of each patient is generally made up of three sections:

- *Past (historical information)* – the patient's diagnosis, anything the team needs to know about them and their treatment plan. Include whether they are, for example, nil-by-mouth or require barrier nursing, if they need help with eating or using the toilet. If they are newly admitted then it is a good idea to cover the circumstances leading to their admission
- *Present (current presentation)* – how the patient has been during this shift and any changes to their care plan. Keep in mind that significant changes might have occurred before your shift of which the new team are not aware. Include physical observations and any results from assessments or investigations
- *Future (what is still to be done)* – for lots of reasons, there can be jobs that have to be handed over to the next shift. Tasks needing to be completed at a certain time or something the team simply had not time to do.

Yes it's scary – there's no getting away from that. However, during handover it is more important than ever to speak up if you are unsure – it sounds obvious but never make up what you think is happening. If you don't know what a patient's blood pressure is, say you don't know. Remember you are there to learn so it is reasonable to ask to just handover one or two patients to build up your confidence before you handover an entire ward.

Preceptor of the Year award

The Preceptor of the Year award is now live and some great nominations for the prize have already been received. The award will be given to a member who has helped to inspire and motivate a nursing or midwifery student to reach their potential. The closing date for applications is April 8, 2016.

Restoration of undergraduate pay

The INMO has secured significant restoration of the pay of student nurses/midwives when they are undertaking a rostered placement, during which they replace staff nurses/midwives, and work the full roster. This monumental achievement would not have been reached without the hard work of all students involved in the campaign.

The revised arrangements also provide for the restoration of incremental credit upon graduation for this 36 week period, resulting in the new graduate moving to the second point of the scale (worth over €2,000) after 16 weeks. Internship nurses and midwives were getting less than the minimum wage at €6.86 per hour. The revised arrangements which came into effect on March 1, 2016, provide for the following:

- During the 36 week clinical placement the pay of the fourth year shall equal 70% of the staff nurse scale or €9.48 per hour
- Sixteen weeks after graduation the newly registered nurse/midwife will move to the second point of the scale (€29,497) which represents an increase of over €2,000
- The new arrangements also provide for a further review and discussions on the outstanding issue of granting retrospective incremental credit for the graduate classes of 2011-2015.

The INMO continues to pursue this demand in the interest of recruiting and retaining these highly valued registered nurses and midwives to the Irish healthcare system.

Dean Flanagan is INMO student and new graduate officer

Spotlight on clinical research nursing

Deirdre Hyland and **Mary Clarke Moloney** discuss the changing environment of clinical research nursing in Ireland

CLINICAL research nursing is nursing practice with a specialty focus on the care of research participants. In addition to providing and coordinating clinical care, clinical research nurses have a central role in assuring participant safety, ongoing maintenance of informed consent, integrity of protocol implementation, accuracy of data collection, data recording and follow up.[1]

Clinical research is vital to provide the evidence to support improving standards of patient care, by investigating prevention strategies, treatments and the methods of patient care delivery. It offers economic, social and direct healthcare benefits. With these benefits in mind Irish governments over the past 10 years have invested significantly in the area of clinical research in Ireland. This investment has primarily focused on the development of various dedicated clinical research facilities, located in Dublin, Cork and Galway.

These centres aim to provide facilities and human resources in the form of qualified and suitably experienced staff to support both investigator-led (academic) and industry-led clinical trials. Research funding, primarily channelled through the Health Research Board, has also supported the establishment of a number of clinical trial networks including the All Ireland Co-operative Oncology Research Group (ICORG), the Dublin Centre for Clinical research (DCCR) and the recently launched HRB Clinical Research Co-ordination Ireland (HRB-CRCI).

These investments have been successful in increasing Ireland's visibility internationally and have attracted a greater number of grant funded and industry led projects, giving patients the opportunity to engage in clinical research and in some cases access treatments that would not be available outside the clinical trial setting.

The increase in clinical research activity nationally and improved organisational structures have had a direct impact on what has been, until now, a relatively invisible area of nursing: clinical research nursing. This article puts the spotlight on clinical research nursing in Ireland, discussing the roles and responsibilities associated with that position. If Ireland is to maximise outputs from its infrastructural investment it must acknowledge the vital role clinical research nurses will play in implementing and co-ordinating clinical trials to optimise research efficiency, ensure participant safety and deliver on high quality research data.

Role of the clinical research nurse

The role of the clinical research nurse (CRN) is complex and multifaceted and, although considered integral to the clinical research team, there is no standard definition of the role. CRNs are expected to maintain the skills and professionalism they attained during nurse training and practice, and apply them in an environment that is not directly concerned with patient care or recovery, but rather with discovering improved practices or treatments to apply to large patient groups, or making new scientific discoveries. Research nurses tend to be employed outside traditional reporting structures, and may not be embedded within the nursing services of their institution.

How does one become a research nurse? Many nurses will attest that it happens more by accident than design, as there is, to date, little formal structure or career pathway for CRNs. A nurse may respond to an advertised vacancy due to general interest or curiosity, may be recruited directly from specialised practice, or may simply be in the right place at the right time when a need arises. Most CRNs 'learn on the job' and gradually acquire the knowledge and skills required. However, there is an increasing range of education programmes and resources available to help the nurse transition to this area of practice, supported by collaborative networks and groups such as the Irish Research Nurses Network (IRNN *see*: **www.irnn.ie)**.

The number of nurses working in clinical research in Ireland is an unknown entity. This is partly attributable to the lack of a defined grade or job description within health services and universities. It is further confounded by the diversity of the role, the lack of an agreed role title, variability of contracts and geographical dispersion.[2,3] Even within healthcare and academic institutions research nurses are often unaware of other nurses working in similar posts. The IRNN has established the most definitive contact list for CRNs in Ireland, but acknowledges the list is incomplete. In November 2015, there were more than 180 names on this list.

Despite aspirations to integrate research into health services,[4-7] and recommendations that research nurses should be embedded into HSE supported posts in hospitals[5] most CRN posts depend on grant and/or commercial funding. There is little formal recognition or definition of the role, and no security of tenure.

The *Report on the Role of the Nurse or Midwife in Medical-Led Clinical Research* published in 2008[2] confirmed this lack of visibility, with the role of CRN largely unknown. Responsibilities associated with the role were seen to be diverse depending on the study setting, the type and stage of studies being done, and the composition of the research team. This is not unique to Ireland, and corresponds with international literature on the CRN role.[8-10]

Since the publication of the NCNM[2] report, little has changed for CRNs at infrastructural level. While some CRN posts are located within clinical research facilities, they are associated with relatively short-term contracts and outside of such facilities there is limited job security as most CRNs are employed on a project-by-project basis.[11] However, CRN networking and education has progressed

considerably, as has collaboration between research facilities and other research sites.

Despite the contractual issues outlined above, CRNs enjoy the role and find it a good source of job satisfaction. Positive aspects of the CRN role include its location at the centre of the research continuum. CRNs continue to interact with patients and can still utilise their nurse and midwife clinical practice skills: nurses are still nurses, bringing to the role a commitment to holism and patient advocacy.[2]

CRNs enjoy the challenges and autonomy associated with the role, which, by being intellectually demanding, encourages personal development and the thirst for new knowledge. Gibbs and Lowton contend that the ultimate reward for CRNs is the knowledge that research to which they contribute may lead to improved healthcare now and in the future.[3] CRNs are also very well placed to carry out their own research, either as part of a research team or as an independent investigator.[2,9]

Responsibilities

"Clinical research nursing is nursing practice with a specialty focus on the care of research participants in which nursing care delivery parallels the process of clinical research study implementation."[12]

Clinical research projects vary in size and complexity, from simple, once only, patient encounters to complex or intensive studies lasting many years. The role assumed by the research nurse, and associated responsibilities, will vary depending on the type of study being undertaken, the structure of the study team, and the expertise the nurse can bring to the study management process. CRN responsibilities centre on providing and co-ordinating clinical care, ensuring participant safety, maintenance of informed consent, protocol implementation, and collection and storage of accurate complete data. In addition to utilising core nursing competencies the CRN must develop skills in phlebotomy, management of biological samples, data and document management, project co-ordination, and much more.

Although the principal investigator retains ultimate responsibility for any study, it is the CRN's responsibility to coordinate day-to-day study management. To fulfil this role CRNs require a comprehensive understanding of the study disease area and also an extensive knowledge of the research process and research-related legislation. Brinkman-Denney[13] believes that the collaborative competencies demonstrated by CRNs make them crucial to the management of research protocols in the clinical setting.

Core to the CRN responsibility is patient advocacy. Patient advocacy is integrated into all nurse education programmes and is reflected in the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives.[14] In addition to this core nursing responsibility, CRNs are further obligated to advocate for the research participant under the legislation that underpins clinical trials. The EU clinical trial directive (2001/20/EC) 15, transposed into Irish law as SI 190 of 2004,[16] makes guidelines for good clinical practice a legal obligation in Ireland for all trials of investigational medicinal products. ICH Good Clinical Practice[17] is an international ethical and scientific quality standard, comprising 13 core principles, for the design, conduct and recording of research involving humans.

Adherence to good clinical practice provides international assurance that:

- Rights, safety and confidentiality of participants in clinical research are respected and protected
- Data and reported results of clinical investigations are credible and accurate.

To meet the requirements each CRN must have up-to-date training and certification in good clinical practice before they can be involved in clinical research activity and also must be "qualified by education, training, and experience to perform his or her respective task(s)".[17]

Advanced areas of responsibility undertaken by research nurses include:

- Research project management
- Development of study protocol and associated study documents
- Ethics and/or regulatory submissions
- Budget assessment and negotiation
- Feasibility assessment
- Grant applications and management of funds
- Reporting studies and result dissemination
- Nurse-led research.

Future

Ireland has increased its ability to be involved in clinical research projects with the development of clinical research facilities. Once the newly funded HRB-CRCI is established it will facilitate the harmonisation of practices for the conduct of research in Ireland, which it is hoped will attract and 'home grow' a greater number of clinical research projects. This increased activity will result in a need to develop a critical mass of CRNs with the appropriate training and experience to work on delivering these projects.

This growth will offer both opportunities and challenges for clinical research nursing. Some of the challenges that need to be addressed have been mentioned in this paper. These include standardising grades, job descriptions and competencies associated with clinical research nursing, while the level of training needed and the provision of that training also require discussion.

The projected increase in clinical research activity in Ireland presents an opportunity to highlight the value nurses bring to the research team and to promote and develop this emerging nursing specialty. The biggest challenge, however, is the integration of health services research, and consequently clinical research nursing, into mainstream health service provision.

Deirdre Hyland is director of research nurse education at the Clinical Research Centre, Royal College of Surgeons in Ireland, and Mary Clarke Moloney is clinical operations manager at the Clinical Research Support Unit, Health Research Institute, University of Limerick

References

1. National Institute of Health (2010) Clinical Research Nursing: Background and Overview. Available at: http://clinicalcenter.nih.gov/nursing/crn/crn_2010.html Accessed on line 12/02/2015

2. NCNM (2008) Report on the Role of the Nurse or Midwife in Medical-led Clinical Research. National Council for the Professional Development of Nursing and Midwifery, Dublin

3. Gibbs CL, Lowton K. The role of the clinical research nurse. Nursing Standard 2012 ; 26(27):37-40

4. Forfás (2006) Towards Better Health: Achieving a Step Change in Health Research in Ireland. Government Publications Office, Dublin

5. MMI. Clinical Research: Irish Situational Analysis 2008. Molecular Medicine Ireland, Dublin, 2009

6. DOHC. Action Plan for Health Research 2009-13. Department of Health & Children, Dublin 2009

7. MMI. Clinical Research Roadmap. Molecular Medicine Ireland, Dublin, 2010

8. Mori C, Mullen N, Hill EE. Describing the role of the clinical research nurse. Research Practitioner 2007; 8:220-8

9. Bell J. Towards clarification of the role of research nurses in New Zealand: A literature review. Nursing Praxis in New Zealand 2009; 25(1): 4-16

10. Grady C, Edgerly M. Science, technology, and innovation: nursing responsibilities in clinical research. Nurs Clin North Am 2009 ; 44: 471-81. [PubMed: 19850183]

11. MRCG. The Health Research Landscape in Ireland: What Researchers Say. Medical Research charities Group, Dublin, 2014

12. Hastings CE, Fisher CA, McCabe MA. Clinical research nursing: a critical resource in the national research enterprise. Nursing Outlook 2012; 60(3): 149-156.e1-3. doi:10.1016/j.outlook.2011.10.003

13. Brinkman-Denney S. An International Comparison of the clinical trials nurse role. Nursing Management 2013; 20(8):32-40

14. NMBI. Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives. Nursing & Midwifery Board of Ireland, Dublin, 2014

15. European Union. Directive 2001/20/EC of the European Parliament and of the council of 4 April 2001 on the approximation of the laws, regulations and administrative provisions of the Member States relating to the implementation of good clinical practice in the conduct of clinical trials on medicinal products for human use. Official Journal of the European Communities, 2001 L121, 34-4

16. Govt of Ireland. S.I. No 190/2004 - European Communities (Clinical Trials on Medicinal Products For Human Use) Regulations, 2004 Available at: http://www.irishstatutebook.ie/2004/en/si/0190.html Accessed on line 12/92/2015

17. International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use (ICH). ICH Harmonised Tripartite Guideline for Good Clinical Practice International Federation for Pharmaceutical Manufacturing Association, Geneva 1996

Domestic violence: a national response

A new strategy aims to improve services for victims of domestic, sexual and gender-based violence, including prevention measures

At the launch of the Second National Strategy on Domestic, Sexual and Gender-based Violence (l-r): Garda Commissioner Nóirín O'Sullivan; Gordon Jeyes, CEO Tusla; Minister for Justice & Equality, Frances Fitzgerald; and Marion Walsh, executive director of Cosc (Photo: MerrionStreet.ie)

THE Second National Strategy on Domestic, Sexual and Gender-based Violence 2016-2021 was launched recently by Frances Fitzgerald, Minister for Justice and Equality. The strategy envisages a range of actions to be implemented by state, voluntary and community sector organisations aimed at preventing and responding to domestic, sexual and gender-based violence.

Dimensions of violence

Three different dimensions of abuse characterise domestic violence: physical, sexual and emotional. Domestic and sexual violence are major issues in Ireland. According to the 2014 pan-European study on violence against women undertaken by the European Union Agency for Fundamental Rights (FRA), 8% of Irish women surveyed experienced sexual violence by a partner or a non-partner since the age of 15. Irish female victims of domestic violence surveyed experienced a number of constituents of domestic abuse by a partner: psychological violence (31%); controlling behaviour (23%); economic violence (10%); other abusive behaviour (24%).[1]

Research shows that 29% of women and 26% of men suffer domestic violence when severe and minor incidents are combined. A total of 15% of women and 6% of men have experienced severely abusive behaviour from a partner, yet only 25% of these have reported the incident to An Garda Síochána.[2] The vast majority of the public appears to be aware of the fact that domestic violence happens. Research undertaken by Cosc – the National Office for the Prevention of Domestic, Sexual and Gender-based Violence – shows that while 70% of the Irish public believe that domestic abuse against women is common, just 38% would be willing to get involved and help a neighbour subjected to such abuse.[3] The statistics for sexual violence are also worrying with 42% of women and 28% of men experiencing some form of sexual violence in their lifetime, with only 1% of men and 8% of women reporting such incidents to the Gardaí.[4]

Development of the strategy

In developing the strategy, Cosc has engaged in consultation with a wide range of state and non-state stakeholders. Domestic, sexual and gender-based violence are crimes that occur in all social classes, all ethnic groups, all genders and all cultures, and among people of every educational background. They are often hidden crimes that can have devastating physical, emotional and financial consequences for victims as well as society as a whole.

The strategy aims to promote high quality standards in service delivery for victims and to strengthen intra- and inter-organisational co-ordination. It is intended that the strategy will be a 'living document'; additional actions aimed at preventing and responding to domestic, sexual and gender-based violence will be added during the lifetime of the strategy. It is structured around three high level goals:

- Prevention, which includes awareness raising, training and education
- Services to victims and holding perpetrators to account
- In support of these goals data gathering, monitoring and research.

Actions contained in the strategy also include:

- A national awareness raising campaign
- A range of legislative measures including the Domestic Violence Bill, the Criminal Justice (Victims of Crime) Bill and the Criminal Law (Sexual Offences) Bill
- Addressing gaps in academic and professional education for service providers in the community and voluntary sectors
- Initial training and developmental training for ongoing delivery to legal professionals by the Law Society, Bar Council and King's Inns
- The building of a new family court complex in Dublin
- The establishment of a family court system throughout the country.

National awareness raising campaign

At the launch of the strategy, Ms Fitzgerald announced funding of €950,000 for 2016 to run a new national awareness raising campaign which is a key action in the strategy. The campaign will commence this year and it is intended it will run for a period of six years. This campaign aims to bring about a change in long established societal behaviours and attitudes in relation to domestic and sexual violence, and to activate bystanders with the aim of preventing this violence. The campaign will recognise that women and men are victims of such crimes.

Ms Fitzgerald said: "My aspiration is that this campaign will have a significant impact by making a real and substantial difference to people's lives, offering hope and support to those affected by these despicable crimes, and that it will send an irrefutable message to perpetrators that this violence is totally unacceptable in Ireland and it must stop."

Domestic and sexual violence is a problem for all of society and all are affected by that violence, directly or indirectly. Each individual must play a part in building confidence among victims, so that not only will they be believed if they report the abuse but also that they will receive appropriate support and understanding of their difficult situation.

The Second National Strategy on Domestic, Sexual and Gender-based Violence 2016-2021 is available to download from **www.cosc.ie** This website also provides information on national and local services and how to recognise domestic and sexual violence and where to get help.

References

1. European Union Agency for Fundamental Rights (FRA), Violence Against Women – An EU wide Survey, 2014

2. Domestic Abuse of Women and Men in Ireland: Watson & Parsons, 2005

3. Horgan, Muhlau, McCormack, Roder. Attitudes to Domestic Abuse in Ireland: 2008

4. McGee et al. Sexual Abuse and Violence in Ireland (SAVI): 2002

Towards a pain-free life

IN DECEMBER 2013, Andrea Hayes received a life-changing phone call from her consultant. The well-known TV and radio broadcaster had been suffering for many years from constant chronic pain, but had faced much frustration and agony in her quest for an accurate diagnosis and a management plan that worked.

On that Monday, Dr Paul Murphy told Andrea she had Chiari malformation 1, a rare disorder in which a structural defect in the cerebellum forces the brain to press downwards.

The condition is sometimes asymptomatic, but it can cause neck pain, muscle weakness, numbness, dizziness, dysphagia, motor problems and other symptoms. There is no real cure; symptoms may improve with medication and/or surgery, but many sufferers must live with some level of pain.

Andrea adopted a personal wellness plan to allow her to live as full a life as possible despite her pain. This involved keeping up daily activity, finding supportive health professionals and support groups, attending a pain management course, thinking positively, and basically

finding the right mental and spiritual balance in order to not allow pain to take over her life.

She points out that the most important thing in any journey to wellness is to trust your instincts and do what is best for you medically, physically, emotionally and spiritually.

Andrea says: "I have decided to be my own 'cure'. I have taken the power back and have become an empowered patient."

The book closes with Andrea considering whether to have surgery to treat the degenerative disc disease and foraminal stenosis in her cervical spine, believed to be caused by the Chari malformation.

Included in the book is a link to a curative relaxation hypnosis to help those with chronic pain to develop a daily wellness routine and to aid self-healing.

She continues to work on her own management strategies to live a positive life as an empowered patient. Andrea was recently appointed to the governing body of the charity Chronic Pain Ireland and campaigns for better recognition for and understanding of the 'invisible illness' of chronic pain.

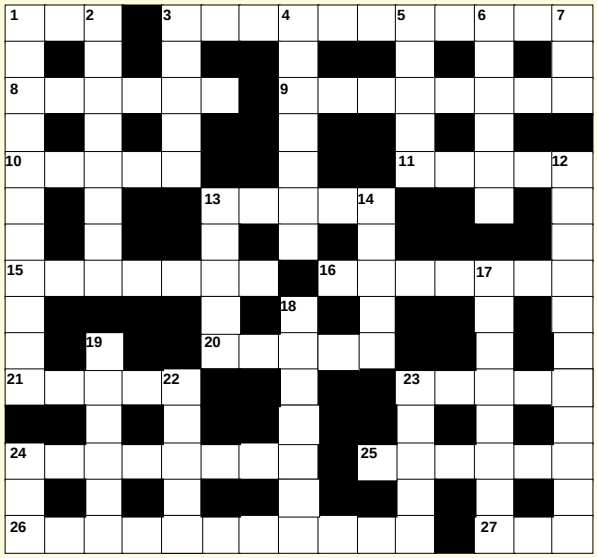
'Pain-free Life' is a well-told patient's story and is a very useful wellness guide for chronic pain patients, which should also provide enlightenment for health professionals.

– Niall Hunter

Pain-free Life: My Journey to Wellness is published by Mercier Press, price €14.99.

Crossword Competition

WIN A €30 BOOK TOKEN



Across

1. Drinking vessel (3)
3. That such cream is good for the skin might be a truism, Rosie (11)
8. Building in which one parks one's car (6)
9. Tasty item for one mad about money? (8)
10. Inactive (5)
11. Cast, fling (5)
13. Dawn (5)
15. Painstaking, prudent (7)
16. Famous for a lack of furniture (7)
20. Greenfly (5)
21. Jewelled headgear (5)
23. Tale with a moral (5)
24. Eating disorder arising from the 'Oxen' aria (8)
25. Seat placed on a horse (6)
26. Evade responsibility - but fail the doe? (4,3,4)
27. Distress signal (1.1.1.)

Down

1. As superb as one of the seven (11)
2. Horticulturist (8)
3. Power, strength (5)
4. Causes unhappiness (7)
5. Correct (5)
6. One guarding the Southern doorway (6)
7. Decompose (3)
12. Wetter mares may be used as measures of liquid consumption! (5,6)
13. Steam-bath (5)
14. Haughty (5)
17. Caribbean island country, capital Bridgetown (8)
18. Popular tart filling (7)
19. Renowned (6)
22. A chap is a spy (5)
23. How does it know what to keep hot and what to keep cold? (5)
24. Poisonous snake (3)

Solutions to March crossword:

Across:
1. Ass 3. Ultraviolet 8. Taurus 9. Allergic 10. Nobel Prize 11. Lined 13. Reads 15. Hansen's disease 20. Leave 21. Grant 23. Pasta 24. Swastika 25. Viking 26. Abide With Me 27. Eve

Down
1. Astonishing 2. Stubborn 3. Usual 4. Road tax 5. Ideal 6. Legend 7. Tic 12. Disentangle 13. Renal 14. Shine 17. Allspice 18. Gallant 19. Salami 22. Title 24. Sea

The winner of the March crossword is: Jennifer Moynihan, Knockranny, Westport, Co Mayo

Name: .....
Address: .....
.....
.....

The prize will go to the first all correct entry opened.
Closing date: Wednesday, April 20
Post your entry to: Crossword Competition, WIN, MedMedia Publications, 17 Adelaide Street, Dun Laoghaire, Co Dublin

Updated meningitis guidelines published

Prompt recognition of meningitis is essential for better outcomes

A NEW guideline for the diagnosis and treatment of meningitis and meningococcal septicaemia in adults has been published in the *Journal of Infection*.

Despite recent reductions in meningitis and meningococcal sepsis in children, the disease continues to have an impact in the adult population and has considerable mortality associated with it.

A recent study in England and Wales showed an increase in the incidence of meningitis in adults between 2004 and 2011, with an increase of 3% per year in patients over 65 years of age. The mortality rate of community acquired bacterial meningitis is high, up to 30% in some cases.

Prompt recognition and treatment are essential, as delays in recognising the disease and commencing appropriate treatment can have disastrous consequences, including amputation, hearing loss, severe mental impairment and death. The need for updated guidelines has become increasingly important.

An expert group of doctors including infection specialists, brain specialists, intensive care specialists, acute physicians, public health experts along with patient group representatives, including representatives from Meningitis Research Foundation (MRF), worked together to devise this new guideline.

They aimed to create user-friendly, comprehensive guidelines that cover the management of adults with suspected and confirmed acute meningitis and meningococcal sepsis, from pre-hospital care to post-discharge support, including clinical features, investigations, treatment, follow-up and prevention. Also included is a section on viral meningitis, which is a major cause of meningitis in the UK.

Linda Glennie, head of research and medical information at MRF, who worked on the new guidelines said: "Immunisation programmes have changed the incidence and causes of the disease in the UK; new diagnostic tests are now available; further research has been conducted into treatments and the emergence of antibiotic resistance has prompted more responsible antibiotic use. The guideline now includes several recommendations for the follow-up of patients after discharge from hospital."

Fiona McGill, research fellow at the University of Liverpool's Institute of Infection and Global Health and lead author of the guidelines, said: "Many studies have identified that delays in recognising and treating meningitis can be associated with poorer outcome, including death. We hope that this new guideline and algorithm will help staff on the front line to identify patients with possible meningitis quicker and ensure a rapid and accurate diagnosis leading to quicker treatment and better outcomes."

Call for abstracts: ICN Congress 2017

THE International Council of Nurses has released its call for abstracts for its 2017 Congress, which takes place in Barcelona from May 27 to June 1, 2017. The theme of the Congress is *'Nurses at the forefront transforming care'*.

Instructions for submitting abstracts for the scientific programme and details on the themes to be addressed can be accessed at **www.icncongress.com** Online submission of abstracts opens on May 16, 2016 and will close on October 10, 2016.

To share ideas and expertise, nurses are invited to submit an abstract for a concurrent session, a symposium or a poster.

The Council of National Nursing Association Representatives, ICN's global governing body, will also convene in Barcelona prior to the Congress, from May 26 to May 28, 2017. The election of the new ICN Board 2017-2021 will also take place.

To keep up with all the latest information on the Congress programme and related events, visit the Congress website at **www.icncongress.com**

University Hospital Galway is the first to play host to an exhibition that is touring Ireland over the coming months. 'Out the Other Side: Stories of Breast Cancer Survival' is a collection of individual stories and photographs of Irish women who have survived breast cancer. The exhibition was developed to offer encouragement to breast cancer survivors and women living with the disease in Ireland. The installation, which was developed by Roche in partnership with the Marie Keating Foundation, was launched in UHG last month. Pictured (l-r) were: Liz Yeates, Marie Keating Foundation; Margaret Flannery, Galway University Hospital Arts Trust; Rory Holohan, Roche; and Dr Silvie Blazkova

Beaumont Hospital mortuary re-opens

END of life care staff in Beaumont Hospital, Dublin officially opened their new mortuary, which has been transformed following a major refurbishment, on March 1, 2016.

The work was funded by a €300,000 grant from the Design and Dignity Grant Scheme of the Irish Hospice Foundation and HSE. Funding to complete the revamp of the mortuary, which was originally built in 1987, was also provided by Beaumont Hospital Foundation. The scheme aims to transform the way hospital spaces are designed for people at the end of their life.

Works included a total upgrade of the main mortuary area creating a bright welcoming multi/non-denominational space, the provision of a family room with kitchenette, a second smaller viewing room with facilities for ritual washing and a designated car-parking area. The upgrade also includes a garden outside. The family room is used to meet with families in relation to the post mortem process and to give information in relation to bereavement support services.

MONEY MATTERS

Life insurance – why is it needed?

Ivan Ahern discusses why it is important to review your life insurance at different stages of your life

DEPENDING on the stage of life you are at, you may feel like you don't need life insurance yet, or that there's no need to review the cover you already have.

Unlike car or home insurance which we're reminded about every year, life insurance is the type of cover that we often put on the long finger, or that we take out and then forget about for five to ten years, or more.

'Sum assured, term life policy, risk classification'... it all sounds complicated and the truth is that it can be. However, with the right advice you can easily find the best value cover for your needs. Here are some key reasons why you should consider taking out life insurance or think about reviewing your existing cover, at different life stages.

In your 20s and 30s

If you are single with no dependants, you may think that you don't need life insurance. It's worth remembering that if you have taken out any loans or have any debts that your family couldn't afford to pay off in the event of your death, then you need some form of life cover.

For married couples, there is a common misconception that there is no need for life insurance until children arrive. But if you or your spouse passed away tomorrow, could either of you continue to pay the mortgage or rent, day-to-day living expenses or debts (such as car loans) on your own?

In your 40s

If you have a young family, it is vital to ensure that you have an adequate level of cover for their needs, long into the future. Most families rely on two incomes to make ends meet, so you want to be sure that your family's standard of living would not suffer in financial terms, if you were no longer there to provide for them.

The cover that you take out should be sufficient to pay off loans or your mortgage, and to provide your family with an income for as long as they need it.

Similarly, if you have other dependants in your life, for example if a parent or other family member has fallen ill and now depends on you financially, life insurance means peace of mind that your loved ones will be taken care of if you were no longer there to provide for them.

In your 50s and 60s

Although your children may have flown the nest and no longer need you to support them financially, could your partner continue on with your mortgage repayments on their own, or maintain their standard of living, financially speaking, if something should happen to you? A suitable life insurance policy would give you both peace of mind.

If you plan to leave your estate to your children, it is very important to note that the proceeds of a life insurance policy are generally tax free and would be payable immediately. Quite often beneficiaries have to make hasty decisions with the family estate as a last resort, in order to cover funeral costs or taxes. With a life insurance policy in place, your family would not have to face this difficulty.

Why review your life insurance?

If you already have life insurance in place, a review helps you to ensure that your policy is still aligned to your specific needs. If you have not reviewed your policy for several years, there is a high possibility that your level of cover no longer matches your requirements. Here are just some of the reasons why you should review your policy:

- Is your policy type the most suitable for your specific circumstances? Eg. single cover, joint cover or dual cover
- If you have other policies that include an element of life cover, it is important to review them collectively to ensure that you are not over-insured
- If your health status has changed since you took out your policy (for example if you've stopped smoking), a reduction in your premium may be possible
- If your marital status has changed since you took out your original policy, it is imperative that you review your level of cover and your beneficiary designations
- If you took out mortgage protection when purchasing your home you should review this, as the level of cover you need should decrease as your mortgage repayments accumulate
- People are living longer and many life insurance premiums are being driven down as a result. A review will tell you if there is a better policy at a more competitive price for you.

Getting the best value for your needs

Whether you are looking for a new policy or reviewing your existing one, searching for the right life insurance shouldn't take over your life; nor should you pay more than you need to.

Cornmarket offers a free life insurance comparison service, which could save you time, hassle and most importantly money. This service compares six insurers at once and is done over the phone.

Ivan Ahern is a director of Cornmarket Group Financial Services Ltd

For a free life insurance comparison service and to receive a 5% discount call Cornmarket on Tel: 01 4200965 or visit www.cornmarket.ie/life-insurance.*

**Subject to a minimum premium of €20 per month. Lowest pricematch offered is €13.13 for mortgage protection and €15.15 for level term plans per month.*

April

Saturday 9
PHN Section meeting. 11am-1pm. INMO HQ. Contact jean.carroll@inmo.ie for further details

Saturday 9
CRGN Section meeting. 11am-1pm. INMO HQ. Contact jean.carroll@inmo.ie for further details

Tuesday 12
Telephone Triage Section meeting. Heritage Hotel, Portlaoise. Preparing for HIQA inspections. 10am-1pm followed by lunch and section meeting. Contact jean.carroll@inmo.ie for further details

Thursday 14
Assistant Directors Section
INMO HQ. 11am-1pm. Contact jean.carroll@inmo.ie for further details

Thursday 14
Conference: Non-accidental head injury, babies and parents: an opportunity for prevention in the Irish context. The Bessborough Centre, Cork. Fee: €80. Registration and booking information email: training@bessborough.ie
Call: 021 435 7730 or visit www.bessborough.ie

Friday 15 and Saturday 16
ODN Section Conference, Clarion Hotel, Liffey Valley. Log onto **www.inmoprofessional.ie** to book your place or Tel: 01 664 0641. National Section meeting and networking takes place on Friday 15 at 6pm

Saturday 16
School Nurses Section meeting. Heritage Hotel, Portlaoise. From 10am. Medication management. Contact jean.carroll@inmo.ie for further details

Wednesday 19
RNID Section meeting. INMO HQ. Clinical audit in RNID setting. 10am-1pm followed by lunch and section meeting. Booking essential on **www.inmoprofessional.ie** or Tel: 01 664 0616

Thursday 21
Retired Section meeting. INMO HQ. 11am -1pm. Session on CPR. Contact jean.carroll@inmo.ie for further details

Saturday 23
GP Practice Section meeting. INMO HQ. From 11am. Fitness to Practise session. Contact jean.carroll@inmo.ie for further details

Saturday 23
32nd Annual Ophthalmic Nursing Conference Category 1 approved by NMBI. Four continuing education units. Education and Conference Centre, Royal Victoria Eye & Ear Hospital, Adelaide Road, Dublin 2. Duration: 4 hours. For further details or to book a place contact Sabrina Kelly, nurse tutor at Tel: (01) 664 4652 or email: sabrina.kelly@rveeh.ie

May

Wednesday 4 – Friday 6
INMO Annual Delegate Conference, The INEC, Killarney Convention Centre, Killarney, Co Kerry. Contact Oona Sugrue for further details at Tel: 01 664 0636 or oona.sugrue@inmo.ie

Wednesday 11
OHN Annual Conference,
Maryborough Hotel, Douglas, Cork. Contact jean.carroll@inmo.ie for further details

Saturday 14
CNM/CMM Section meeting
INMO HQ. From 11am. Session on 'How to Become a Mindful Nurse/ Midwife Leader'. Contact jean.carroll@inmo.ie for further details

Training programme

- One-day ear irrigation training programmes with Category 1 NMBI approval and four continuing education units will be held on June 16, September 22 and November 17, 2016 in the Education and Conference Centre, Royal Victoria Eye and Ear Hospital, Adelaide Road, Dublin 2.

  For further details contact Sabrina Kelly, nurse tutor at Tel: 01 6644652 or email: sabrina.kelly@rveeh.ie

Professional Development Centre Library Opening Hours

April
Monday-Thursday:
8.30am-5pm
Friday:
8.30am-4.30pm

For further information on the library and its services, please contact:
Tel: 01-6640-625/614
Fax: 01-01 661 0466
Email: library@inmo.ie

INMO Membership Fees 2016

A Registered nurse *(Including temporary nurses in prolonged employment)*	€299
B Short-time/Relief *This fee applies only to nurses who provide very short term relief duties (ie. holiday or sick duty relief)*	€228
C Private nursing homes	€228
D Affiliate members *Working (employed in universities and IT institutes)*	€116
E Associate members *Not working*	€75
F Retired associate members	€25
G Student nurse members	No Fee

Outing

- Irish Nurses and Midwives Golf Society annual outing takes place on Friday May 6, 2016 in Mullingar Golf Club. Cost €50. Booking from March 28, 2016 on BRS at **mullingargolfclub.com** Bookings will only be confirmed on receipt of payment within five days, to Kay Browne, Treasurer, c/o Mullingar Golf Club, Belvedere, Mullingar. Queries to Kay Browne at Tel: 086 826 9932

Study day

- The Association of Lactation Consultants in Ireland's members-only Spring study day will take place on April 16 in University Maternity Hospital Limerick. Registration at: **www.alcireland.ie/join-alci**

Condolences

- The INMO would like to extend its deepest sympathies to the family of INMO member Mary Cotter, her husband Dan and her sons Paul, Alan and Declan. Mary was a midwife in Kerry General Hospital. May she rest in peace
- The INMO extends its deepest condolences to INMO information officer, Catherine Hopkins, her son John and their extended family on the death of her mother Margaret Flynn. RIP
- The INMO wishes to extend its deepest sympathies to our longstanding member Audrey Moran, in Cork, and to her family following the recent loss of her husband Martin Muldoon. May he rest in peace

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Professional DEVELOPMENT CENTRE

INMO CONFERENCES 2016

Operating Department Nurses Section

Friday 15 and Saturday 16 April 2016

Clarion Hotel, Liffey Valley, Dublin

Occupational Health Nurses Section

Wednesday, 11 May 2016

Maryborough Hotel, Cork

Telephone Triage Nurses Section

Wednesday, 28 September 2016

Castletroy Park Hotel, Limerick

All Ireland Midwifery Conference

Thursday, 13 October 2016

Crowne Plaza, Santry, Dublin

RNID Nurses Section

Tuesday, 1 November 2016

Dublin

For information on attending any of the above conferences, please contact

Jean Carroll, Section Officer, by email: jean.carroll@inmo.ie

www.inmoprofessional.ie