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WIN

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World of Irish Nursing & Midwifery

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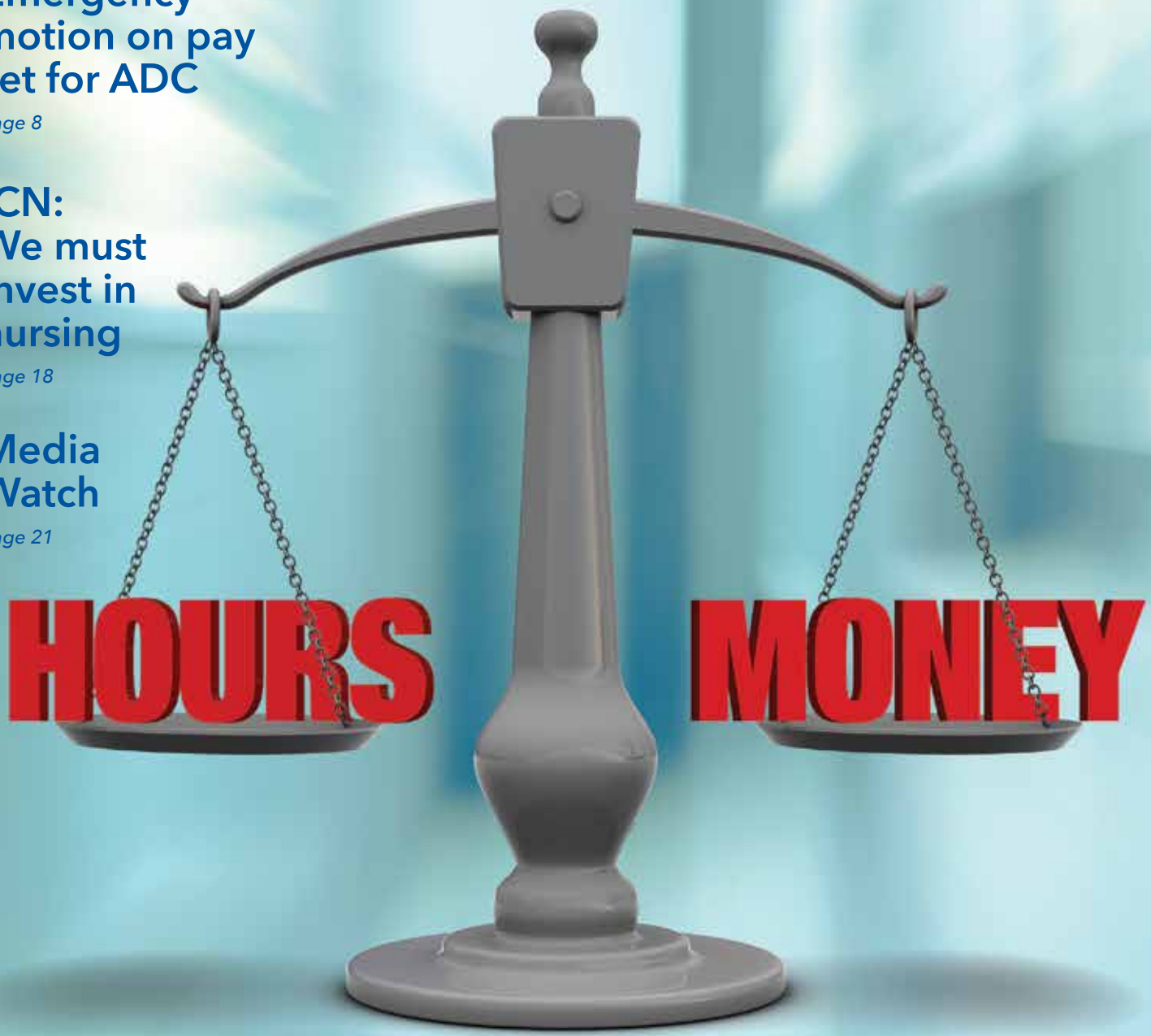

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Pay now front and centre

AS YOU receive this issue of *WIN* members are still balloting on the expanded proposals, produced on March 4, 2017, to begin addressing the staffing/recruitment/ retention difficulties facing nursing and midwifery at this time. The Executive Council, for strategic reasons, is recommending acceptance of the proposals. This is because they represent a first step in restoring staffing levels while acceptance also ensures we are actively involved in the critically important pay talks that are due to begin in May.

While the current campaign is not about pay – and this was clearly signalled to members – it is quite clear that the pay of nurses and midwives, at all levels within the professions, is now front and centre in the context of a medium-term solution to our staffing/recruitment/retention difficulties.

That is why the Executive Council, in its examination of the current proposals and the overall landscape for public service pay negotiations, is unanimously of the view that the INMO must be centrally involved, and active participants in, the pay negotiations due to begin following the report of the Public Service Pay Commission in May. It is our view that, since the last review of nursing/midwifery pay more than a decade ago, a number of critical factors have changed significantly, which must be recognised in the context of the salaries, of nurses and midwives and their value to delivering healthcare.

Over the past 10 years, every nurse and midwife, in the context of their clinical practice, has greatly enhanced their role and taken on higher levels of autonomy and responsibility in every clinical environment. This constant change process, where the role of the nurse/midwife must evolve to ensure the highest levels of patient care, must be recognised in terms of pay. It is no longer acceptable that nurses and midwives are paid more than 10% to 12% less than other degree-level health professions.

In addition to this enhanced role, we now have the stark reality that labour market challenges are seriously impeding the care of patients and the health and wellbeing of nursing and midwifery staff.

This is why the Executive Council has placed the pay of nurses and midwives front and centre as we prepare for the next round of pay negotiations. This is why the Executive Council has lodged the claim to the Public Service Pay Commission for nurses and midwives to be paid exactly the same as other degree-level health professionals and this is why the INMO will demand, when the talks begin in May, that this parity claim be addressed.

This is also why the Executive Council – in its briefing material to members as part of the ongoing ballot – has clearly indicated that if the pay talks in May do not address our substantive pay claim the Executive Council will not be recommending acceptance of any new public service pay agreement to INMO members. The INMO accepted that under LRA, with its focus on pay restoration, pay claims on behalf of individual groups could not be progressed. However, as the LRA ends and a new pay agreement is being negotiated, the pay of nurses and midwives must be front and centre as the INMO will not wait any longer, and the health service cannot wait any longer, to ensure it can recruit and retain nurses and midwives.

As we approach these discussions in May, the government has a simple choice to make; It either ignores the realities that confronts it every day with regard to the recruitment/retention difficulties for nurses and midwives, or it willingly comes to the table, sits down and acknowledges, once and for all, that the pay and working hours of nurses and midwives must be equal to all other degree-level health professionals.

Pay is now the issue. Our patience has worn out and we need to be at the table in May to pursue this legitimate claim on behalf of our overworked, undervalued and underpaid members.

Liam Doran
General Secretary, INMO

Your priorities with the president

Martina Harkin-Kelly, INMO president

A week is a long time...

WE OFTEN hear the statement 'a week is a long time in politics', well I concur and can assure you that March 1-4 was a long time for the INMO. It was during this timeframe that we re-entered talks in the WRC with the Department of Public Expenditure and Reform and the Department of Health, alongside HSE representatives. The critical issues at stake for nursing and midwifery were staffing, recruitment and retention and the renegotiation of proposals from the HSE rejected by the Executive Council on February 8.

Despite the HSE's best efforts to lift the industrial action notice served on the employer, the INMO negotiation team stood firm on keeping it in place during the talks as a measure to expedite meaningful discussion. A timeline was also at play, in that proposals that emerged from the WRC process would have to be finalised for the Executive Council meeting on Saturday, March 4 to consider.

The INMO delegation comprised a four-strong management team, the three officers and three members of the Executive Council. The opening gambit from the HSE was a clear indication that no further work had been done by the employer to revisit or develop the totally inadequate proposals since notice was served on February 13.

This was my first involvement in national negotiations and, while it was daunting, I took great succour from the many messages of support that I got from colleagues around the country and the presence of the two officers Mary Leahy and Margaret Frahill and Executive Council members Mary Gorman, Catherine Sheridan and Eileen Kelly. The management team was outstanding and instilled in me a great sense of pride and that is why, it is so important that we value and respect our Organisation. They battled to the small hours in encounters that were difficult and tense, to say the least. At first there appeared to be very little evidence of progress on many of the key issues. On behalf members, I want to thank them for their efforts, as they painstakingly made gains on our behalf. I am also aware that many of you were beavering away preparing for the commencement of industrial action on March 7 and I would like to commend and thank you for your solidarity, steadfast loyalty, commitment and time.

Care of the older person

THE annual Care of the Older Person Conference, which coincided with International Women's Day, was held in the Strand Hotel, Limerick and was attended by more than 100 delegates from across the CHO Structures and the hospital groups. The 'untapped' role of the nurse caring for our elderly citizens was very much the underpinning theme. Sessions were broad and included: Preparing for competency; The power of positive thinking; The role of the speech and language therapist; Understanding stroke care; Chronic obstructive pulmonary disease; Infection and prevention control; and Nursing documentation. In my opening address, I extended my sincere thanks to the section officers Eileen O'Keeffe, chair; Caroline Gourley, vice chair; Margot Lydon, secretary and Noreen Watts, education officer and a former Executive Council member.

For further details on the above and other events see **www.inmo.ie/President_s_Corner**

Quote of the month

"The best preparation for tomorrow, is doing your best for today"
H. Jackson Brown Jnr

Report from the Executive Council

The Executive Council met on five occasions throughout February and into early March with the campaign dominating all agendas since notice was served on the employer on February 13. These series of meetings supported the preparedness of the national campaign committees the length and breadth of the country. Derogations were considered in their hundreds, by the Executive. One such request was from the management team of a CHO area, citing that public health nursing services were designated as emergency and had to be exempted! As the rosters were returned, it was becoming obvious how the healthcare system is being plugged by nursing and midwifery goodwill, overtime and agency use. One major hospital insisted their staffing levels were 'normal' only for it to be revealed that not only were they short 50 but that a further short fall of 54 existed due to the non-replacement of staff on maternity leave. Final expanded proposals were presented to the negotiating team in the early hours of Saturday, March 4. These were considered by the Executive Council who –as ordinary nurses and midwives like you – decided to ballot all members on the expanded proposals, with a deferral placed on the planned action to facilitate this ballot.

The Executive Council also decided, for strategic reasons, to recommend that members accept the proposals as they secure immediate steps to address the staffing/recruitment/retention crisis. They also determined that the current agreement is incapable of recognising, and responding to, the extent of the difficulties facing nurses and midwives working in the health service at this time. Given that members' consistently held view was to remain in LRA, it is important that this plays out protecting our terms and conditions of employment. We will then be involved in, and contributing to, the public service pay negotiations in May. Our claim will clearly be articulated as parity with allied healthcare professionals. If this is not the end game, then we will not be re-entering another pay deal. As your President I urge you all, as members, to attend your local information/balloting meetings. Nursing and Midwifery is now at a fork in the road, we need to choose wisely as a collective, so that we are in the best possible position to determine our future!

Get in touch

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

Executive Council to table emergency motion on pay at annual conference

THE INMO Executive Council will table an emergency motion on pay at the forthcoming annual delegate conference, which takes place ahead of discussions on a new public service pay agreement with government in late May.

The decision to table this emergency motion arises from several factors including:

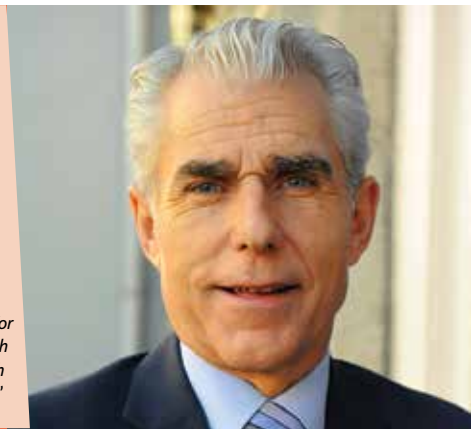
- The enhanced role of nurses and midwives in recent years
- The severe labour market challenges which are negatively impacting on recruitment and retention (it is over 10 years since nursing/midwifery pay was evaluated)
- The imminent commencement of discussions with government on a new three-year agreement
- The fact that degree-level nurses and midwives deserve equity of pay and hours with all other degree level health professionals.

The Executive Council is to ask the ADC standing orders committee to allow this motion be tabled and debated by over 300 delegates on May 4, 2017.

It is expected that this motion will build on the INMO's submission to the Public Service Pay Commission, which was made on February 7 2017.

This submission supplied tangible evidence of the relative pay levels of nurses and midwives in other countries, the purchasing power of nurses and midwives in other countries and the fact that health employers have now acknowledged, for the first time, that their inability to recruit and retain nurses/midwives is impacting on the delivery of healthcare.

The claim will demand parity in terms of pay and hours with all other level 8 degree health professionals working in the public health service. Currently, nursing and midwifery pay is 10-15% behind that of other health professionals. This, in the view of the Executive Council, can no longer be accepted and is the primary reason why Ireland is not retaining new graduates or more experienced nurses and midwives, who are paid far more attractive salaries in other jurisdictions.



INMO general secretary Liam Doran: *"The pay of nurses and midwives in Ireland is dramatically out of line… and this can only be addressed by the government, in the forthcoming pay talks, by sitting down with the INMO… and agreeing to introduce equity in terms of pay and hours for nurses and midwives with their degree-level health professional colleagues"*

The Executive Council will finalise the wording of this motion at its meeting on April 4, 2017.

INMO general secretary, Liam Doran said: "It is abundantly clear to anyone who studies the current situation, that the pay of nurses and midwives in Ireland is dramatically out of line with other health professionals, and is not competing with other common destinations abroad.

"This can only be addressed by the government, in the forthcoming pay talks, by sitting down with the INMO and, in addition to completing pay restoration and the unwinding of FEMPI, agreeing to introduce equity in terms of pay and hours for nurses and midwives with their degree-level health professional colleagues. Failure to address this core issue in any new agreement will inevitably influence the INMO's overall approach to any new agreement."

Pay Commission's first report due at end of April

The Public Service Pay Commission (PSPC), which was established in October last year, continues its deliberations with a view that its first report will be issued at the end of April.

The PSPC's remit is to advise the government on:

- The further unwinding of FEMPI legislation
- Areas within the public service facing labour market challenges
- Possible new public service pay determination processes.

The INMO, following its initial written and oral submissions made on February 7, continues to be on standby to further engage with the Commission as it moves to finalise its first report.

It is agreed that the Commission's report will inform and form a backdrop to the discussions on public service pay, which are expected to get under way between government and public service unions (including the INMO) before the end of May.

While the INMO has an active interest, like all public service unions, in the complete unwinding of FEMPI and the full restoration of pay cuts in recent years, the Organisation's interest is also focused on the issue of labour market challenges and how it is impacting on nursing and midwifery at this time.

The report of the Commission, if it is available, will also be considered as part of a special debate on nursing and midwifery pay, which will take place during the forthcoming annual delegate conference in Wexford from May 3-5, 2017.

INMO general secretary Liam Doran said: "The INMO has made a very strong written, and oral, submission to the Commission clearly identifying the very serious labour market challenges that exist for nursing and midwifery at this time. It is our expectation that the Commission, in its first report, will put forward its views on these labour market challenges, which will form part of the engagement with government on nursing and midwifery pay as part of the overall pay negotiations expected to commence in May.

"The INMO's position is clear in that we believe these labour market challenges can only be addressed by introducing parity of pay and hours with other degree-level health professionals and this matter must be progressed in the discussion in May."

Next steps – pay and parity: *More than 300 members of the INMO campaign committees from workplaces all over the country convened for special meetings to be fully briefed on the expanded proposals on staffing/recruitment/retention and why the Executive Council has recommended the strategic approach of acceptance*

Ballot on expanded WRC proposals

Executive Council recommends acceptance in a strategic approach

FOLLOWING detailed consideration of expanded proposals on the staffing/recruitment/retention crisis that emerged following late talks at the Workplace Relations Commission on Saturday March 4, the INMO Executive Council unanimously took the decision to ballot members on those proposals and defer planned industrial action, which had been due to commence on March 7.

The Executive Council also decided, for strategic reasons, to recommend that members accept the proposals to secure immediate steps to address the staffing/recruitment/retention crisis existing at this time.

In its assessment of developments arising from the late discussions, the Executive Council also determined that the current agreement is incapable of recognising, and responding, to the extent of the difficulties facing the health service at this time.

In that context, if INMO members accept these proposals, the INMO will be approaching the planned discussions on a successor to the Lansdowne Road Agreement requiring that any new agreement is constructed to ensure that the labour market challenges facing nursing/midwifery can, and will, be addressed in a manner which will resolve the recruitment/retention issue in the medium to long term.

Campaign committee members briefing

On March 14 the Executive Council convened meetings with campaign committee members, from workplaces all over the country, to discuss the proposals on staffing/recruitment/retention.

These meetings, which were attended by more than 300 campaign committee members, received full briefings, on the proposals, and the rationale behind the Executive Council's strategy towards them.

Both meetings saw very intensive discussions in relation to the proposals, which proved very beneficial as a first step in the Organisation's information meeting and balloting which concludes on April 7, 2017.

Commencing the meeting, INMO president Martina Harkin-Kelly, on behalf of the Executive Council, expressed her deep appreciation for the willingness of members to come forward in workplaces across the country to form the campaign committees.

Ms Harkin-Kelly assured them that their work, energy and activity was a vital part of this campaign, and would be even more essential in the Organisation's efforts to improve the pay conditions of employment of members in the coming months.

The Organisation has put in place information meetings and arrangements for balloting in workplaces across the country.

Please see the centre pages of this issue of *WIN* for a question and answer document which is designed to assist members in considering the proposals and understanding why the Executive Council is recommending acceptance at this time.

Members are requested to make every effort to attend an information meeting, to receive a briefing on the proposals, before casting their ballot.

Balloting is continuing during the first week of April, with the counting of ballots and the result due to be declared on Friday, April 7.

Consultation on new draft policies

CHIEF nursing officer in the Department of Health, Dr Siobhan O'Halloran, has commenced a process to consult on two new draft policies:

- *Development of Community Nursing and Midwifery Response to an Integrated Model of Care*
- *Development of Graduate, Specialist and Advance Nursing and Midwifery Practice.*

Dr O'Halloran has announced a series of consultation sessions across the country throughout March and April 2017. The April sessions are outlined in *Table 1*.

The INMO is encouraging members to make every effort to attend and actively participate in the discussions about these two draft policies.

Table 1: Consultation sessions

Date	Time	Location	Venue
April 11	2pm-5pm	Cork	Main auditorium, Cork University Hospital
April 12	10am-1pm	Tullamore	Lecture theatre 1, Scott Building, Tullamore General Hospital
April 13	10am-1pm	Dublin	Admin building, lecture theatre, Cherry Orchard Hospital
April 18	10am-1pm	Limerick	Room 4/5, Primary Care Services, Ballycummin, Raheen Business Park
April 19	10am-1pm	Letterkenny	CNME, Letterkenny hospital
April 21	10am-1pm	Waterford	CNME classroom, level 2, University Hospital, Waterford

Dr O'Halloran has asked for arrangements to be made locally to facilitate the attendance of nursing and midwifery staff. Members wishing to attend a meeting should register by email: emma_craven@health.gov.ie, stating their preferred venue.

Dr O'Halloran said: "The context of these draft policies is to support other initiatives identified in the Programme for Government (2016) and address, in part, the commitment for government strategy to deliver a sustainable and high-quality health service that addresses the challenges of hospital avoidance, early discharge, access and choice to services, patient flow and waiting lists."

Members can also participate via an online survey at **health.gov.ie/future-health/office-of-the-chief-nurse/consultations/**

The INMO Executive Council views these two draft policies as being very important in centralising the role of nursing and midwifery in community services and critically developing advanced practice. The Organisation urges full engagement during this consultation phase.

INMO ADC 2017 focuses on shaping healthcare

THE INMO's 98th annual delegate conference will be held in Clayton Whites Hotel, Wexford on Wednesday to Friday, May 3-5, 2017. The theme for this year's conference is *'Nurses and midwives – together shaping healthcare.'*

The Conference will open at 2.30pm on May 3 with a debate on Organisational motions in private session, followed by a debate on Educational and Social Policy motions. A special session will be held from 5.30-6pm to acknowledge the achievement of Annette Kennedy as president elect of the International Council of Nurses. Ms Kennedy is former director of professional development with the INMO.

Day two will commence at 9am with a debate on motions. At 12.30pm Elizabeth Adams, director of professional development, will launch the Richmond Education and Events Centre. At 2.15pm there will be an election of the standing orders committee for 2017-2019. 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.

Debate on remaining motions will commence at 9am on Friday. Dave Hughes, deputy general secretary, will present a review of the year at 1pm. Minister for Health Simon Harris will address delegates at 2.30pm, followed by a response from INMO president Martina Harkin-Kelly. The annual Gala Dinner will be held on Friday evening.

More than 60 motions will be debated over the three days covering issues such as:

- Pay restoration
- Lansdowne Road Agreement
- 35-hour week
- Work/life balance
- Staffing levels
- Supports for students
- Human rights infringements in emergency departments
- E-balloting
- A live database on vacant nursing/midwifery posts
- Repeal of the Eight Amendment
- Calls for the NMBI to progress Part 11 of the Nurses and Midwives Act 2011
- Protected time during a shift to maintain documentation
- Health and safety of members
- Implementation of the National Maternity Strategy
- Care of the elderly
- E-rostering
- Fitness to practise hearings.

Phil Ní Sheaghdha, INMO director of industrial relations,

Agreement reached on injury grant

AGREEMENT has been reached at the Workplace Relations Commission on a number of issues relating to the injury at work grant.

This followed a protracted campaign, which originated with a case taken by Mary Fogarty, INMO IRO for the Mid Western region. The campaign was then continued by a staff panel of trade union officials from the INMO, SIPTU, IMPACT, UNITE and the Voluntary Hospital Craft Unions.

Single scheme pension

It has been confirmed that injury grant benefits will apply to those in the single scheme pension. The manner of this application is currently being considered by the HSE and the Department of Health, particularly the decision relating to the requirement for amendment to the primary legislation or alternative options such as statutory instruments.

It was confirmed that the employer will incorporate all aspects of the injury grant as available heretofore, and this will receive priority attention, with a view to having draft documentation available for review by the staff panel in the short term.

Application of injury grant in HSE and voluntary services

It is confirmed that the HR division of the HSE (CERS) is in the process of developing advisory documentation, based on the Pensions Ombudsman determination ref: PO140920574, relating to a claim taken by the INMO on behalf of a nurse member.

This determination confirms that a person who is temporarily incapacitated following injury at work, and is therefore out of work, resulting in their capacity to contribute to their own support being impaired, it is inappropriate to apply a degree of impairment in these cases.

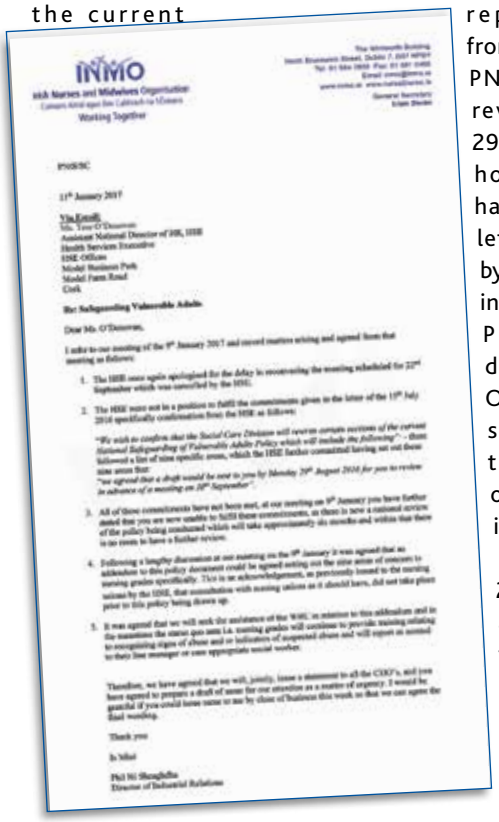
This advisory document will issue from the CERS and will confirm to all service managers, that there is no requirement for a medical assessment of a person's degree of impairment in cases of temporary incapacity of this nature.

The HSE understands, and will undertake a retrospective review of cases that were treated in a manner that varied from this judgement, and will retrospectively correct sick leave records if the individuals concerned so desire.

INMO members who were incorrectly assessed in the past should now contact jude.maher@inmo.ie for further details on how to apply for reassessment of their case.

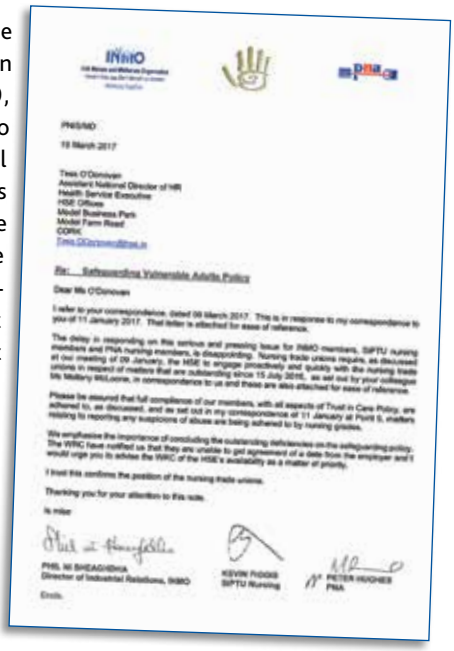
Update on safeguarding vulnerable adults policy

IN A letter dated July 15, 2016, the HSE confirmed that its Social Care Division would rewrite certain sections of the current National Safeguarding for Vulnerable Adults Policy.



It was agreed that draft wording would be sent to representatives from the INMO, the PNA and SIPTU for review by August 29, 2016. This has, however, not yet happened and two letters were issued by INMO director of industrial relations Phil Ní Sheaghdha outlining the Organisation's dissatisfaction with the HSE's lack of action on this important issue.

On January 11, 2017, the INMO again wrote to the HSE outlining the commitments agreed in 2016 that had not been met and acknowledging that the HSE had since stated in a meeting on January 9, 2017 that it would no longer be able to fulfil these commitments as a national review of the policy was taking place and would take approximately six months. It also confirmed that it was agreed in the meeting on January 9 that an addendum to the policy document outlining the nine areas of concern to nursing grades specifically could be agreed and that WRC assistance would be sought with this. No response from the HSE was given until March 9, 2017.



Ms Ní Sheaghdha again wrote to the HSE expressing the disappointment of INMO, PNA and SIPTU members at this delay.

The unions assure full compliance of all their members with all aspects of the Trust in Care Policy, emphasising the importance of concluding the outstanding deficiencies on the safeguarding policy. Ms Ní Sheaghdha urged the HSE to contact the WRC and confirm a date for further engagement on the issue.

reports on current national IR issues

INMO submission to GP out-of-hours review

THE HSE GP out-of-hours review is due to be published shortly. The INMO welcomed the opportunity to contribute to this national review. Its submission was sought in respect of particular areas of GP out-of-hours services.

The INMO submission concentrates on the nursing contribution to GP out-of-hours care, in the community and the recommendations include:

- Immediate improvement in access to diagnostics in the community
- GP practices to expand opening hours beyond 6pm, during lunchtime and before the normal working day. While this is the case in some practices, late/early/lunchtime appointments should be offered as standard practice
- Clear and frequent public information on out-of-hours services, emphasising these services are for urgent care only, and that EDs are not an alternative to them
- Promotion and consistent application of nursing triage systems nationwide, as recommended in the 2010 GP out-of-hours review
- Investment in nurse post-graduate education in this area of patient care, with a dedicated national programme, focused on appropriate training and acquisition of skills (including information technology) required, ensuring delivery of high-quality, low-risk care
- Development of clinical nurse management structures to promote and lead out on policy and procedural advancements in all aspects of care delivery, medication management and clinical practice governance within this out-of-hours setting
- Focused and immediate support for clinic-based advanced nurse practitioners and clinical nurse specialist in this area of care delivery
- Improve and expand the roll out of nurse and midwife prescribing in primary care, out-of-hours clinical settings, care of the older persons services and community intervention teams (CITs)
- Direct state employment of nurses and midwives to ensure consistent development of the employment of nurses/midwives in this area, and the expansion of their roles
- Expansion of the role of nurses in care of the older person to allow interventions within the scope of nursing practice and qualification
- Immediate discussions with the INMO regarding practice nurse employment and integration of their service into the public service nursing model
- Continued expansion of the availability of state run and governed CITs, employing nurses as public service employees.

The full submission is available from jude.maher@inmo.ie

Pressure persisting in many hospitals

Trolley/ward watch confirms overcrowding crisis continues unabated

ANALYSIS of the INMO trolley/ward watch figures for the month of February reveals overcrowding pressure persisting in hospitals throughout the country.

The figures confirm that the main acute hospitals in Cork, Limerick and Galway continue to be under unsustainable pressure, with:

- Cork University Hospital having the highest number with 720 admitted patients being cared for on trolleys during the month of February
- University Hospital Limerick recording 712 patients on trolleys
- University Hospital Galway reporting 583 patients on trolleys.

While the total of 9,020 admitted patients being cared for on trolleys nationally during February is a slight improvement on January's figures, there is a danger that reporting any improvement could be misinterpreted. It must be remembered that January was the first month ever that the number of trolleys surpassed 10,000 in a calendar month.

The INMO has stressed that the ongoing overcrowding inevitably compromises patient care and the working environment of nursing staff. The Organisation is striving to ensure that the abnormal does not become the norm by continuing to report comparative figures to illustrate that year on year the situation is showing no signs of improving.

The INMO is campaigning for hospital overcrowding to be a top priority for a government wide response throughout 2017. The problem is exacerbated by the crisis in nurse recruitment, with many EDs and inpatient wards grossly understaffed.

Table. INMO trolley and ward watch analysis (February 2006 – 2017)

Hospital	Feb 2006	Feb 2007	Feb 2008	Feb 2009	Feb 2010	Feb 2011	Feb 2012	Feb 2013	Feb 2014	Feb 2015	Feb 2016	Feb 2017
Beaumont Hospital	418	632	751	723	841	598	757	611	587	769	658	471
Connolly Hospital, Blanchardstown	264	332	204	253	165	361	375	335	496	502	239	207
Mater Misericordiae University Hospital	440	337	498	438	514	296	402	264	299	473	418	438
Naas General Hospital	425	238	231	383	348	457	310	229	245	403	445	314
St Colmcille's Hospital	277	93	45	200	178	268	284	155	n/a	n/a	n/a	n/a
St James' Hospital	456	144	293	247	244	166	178	179	204	234	139	340
St Vincent's University Hospital	369	387	452	465	460	527	382	394	145	532	705	311
Tallaght Hospital	966	437	489	500	589	685	283	250	287	433	450	383
Eastern	**3,615**	**2,600**	**2,963**	**3,209**	**3,339**	**3,358**	**2,971**	**2,417**	**2,263**	**3,346**	**3,054**	**2,464**
Bantry General Hospital	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	18	50	92	19
Cavan General Hospital	421	477	177	157	267	372	319	232	47	77	149	11
Cork University Hospital	399	338	375	324	720	710	586	328	317	410	603	720
Letterkenny General Hospital	316	292	20	26	44	31	19	65	261	527	154	384
Louth County Hospital	10	15	13	24	13	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mayo University Hospital	209	347	103	180	164	120	163	200	278	212	232	118
Mercy University Hospital, Cork	178	147	150	187	187	219	190	229	160	299	186	201
Mid Western Regional Hospital, Ennis	76	224	22	13	53	105	25	56	n/a	3	70	17
Midland Regional Hospital, Mullingar,	4	8	7	53	287	253	239	193	365	473	477	473
Midland Regional Hospital, Portlaoise,	62	28	24	19	15	179	106	14	202	214	260	406
Midland Regional Hospital, Tullamore,	1	5	2	10	27	154	197	67	251	303	359	399
Monaghan General Hospital	n/a	56	33	17	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Nenagh General Hospital	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	22	36	6
Our Lady of Lourdes Hospital, Drogheda	340	336	216	444	237	440	607	332	532	715	530	233
Our Lady's Hospital, Navan	44	101	80	78	73	160	93	71	194	100	46	278
Portiuncula Hospital	46	69	39	47	43	61	102	90	71	210	13	323
Roscommon County Hospital	29	98	79	82	99	76	n/a	n/a	n/a	n/a	n/a	n/a
Sligo Regional Hospital	64	140	89	87	218	195	110	50	249	196	191	287
South Tipperary General Hospital	75	58	107	38	109	80	161	184	267	267	303	449
St Luke's Hospital, Kilkenny	n/a	n/a	n/a	n/a	n/a	26	69	81	255	269	331	253
University Hospital Galway	198	249	285	311	445	484	585	328	441	620	583	583
University Hospital Kerry	85	79	116	38	118	48	42	82	74	121	146	146
University Hospital Limerick	163	200	115	144	389	292	367	329	534	709	630	712
University Hospital Waterford	n/a	n/a	n/a	40	89	84	145	124	388	201	354	449
Wexford General Hospital	318	183	107	24	150	282	95	38	72	313	86	89
Country total	**3,038**	**3,450**	**2,159**	**2,343**	**3,747**	**4,371**	**4,220**	**3,093**	**4,976**	**6,311**	**5,831**	**6,556**
NATIONAL TOTAL	**6,653**	**6,050**	**5,122**	**5,552**	**7,086**	**7,729**	**7,191**	**5,510**	**7,239**	**9,657**	**8,885**	**9,020**

Comparison with total figure only:

Increase between 2016 and 2017: 2%
Decrease between 2015 and 2017: -7%
Increase between 2014 and 2017: 25%
Increase between 2013 and 2017: 64%

Increase between 2012 and 2017: 25%
Increase between 2011 and 2017: 17%
Increase between 2010 and 2017: 27%
Increase between 2009 and 2017: 63%

Increase between 2008 and 2017: 76%
Increase between 2007 and 2017: 49%
Increase between 2006 and 2017: 36%

Talks continue on opening of new Limerick ED

DISCUSSIONS under an independent chair between the INMO and the HSE on the opening of the new emergency department in Limerick this year continue with no final proposal yet emerging to put to a ballot of members.

The INMO has secured some concessions that will see two shift leaders on duty during the day and a dedicated CNM2 in the paediatric ED on a Monday to Friday basis. While management is making strenuous efforts to recruit the additional 30 nursing staff needed for the department, concerns remain that this may not be achieved in advance of the current proposed opening date.

The HSE has advised that a significant cohort of the new nursing staff are being recruited from a non-English speaking European country, therefore the INMO has sought dedicated clinical/educational supports to assist in the induction process and afterwards.

At the time of going to press, the INMO was waiting on a comprehensive management proposal for the admitted patients who cannot get access to an inpatient bed at the hospital and have to wait on trolleys. This has been raised by members as a significant matter requiring a realistic workable agreement in advance of the move to the new department. The INMO, as suggested by members, has proposed that the vacated ED could be converted to a suitable location for such patients. The independent chair of the process Janet Hughes has scheduled a specific meeting on this substantial matter for April 7, 2017, at which it is hoped a revised comprehensive management proposal will emerge with merit to put to members for ballot.

– Mary Fogarty, INMO IRO

UHL Group issues referred to WRC

THE INMO has referred a number of industrial relations issues concerning the University of Limerick Hospitals Group to the conciliation and adjudication services at the Workplace Relations Commission.

The issues referred include non-implementation of the national circular relating to incremental credit for 2011-2015 nursing graduates. Despite many requests from the INMO for a payment date and a commitment that payment would be made at end of February 2017, payment to our members has not been made. "It is unacceptable that the Hospitals Group failed to apply the terms of a circular issued by the HSE at national level in November 2016," said INMO IRO Mary Fogarty.

The INMO has also referred the persistent overcrowding on the wards of University Hospital Limerick to conciliation on foot of the lack of a response to a claim lodged by the INMO in November 2016 to address nurse staffing levels and overcrowded wards.

This hospital regularly tops the daily INMO trolley watch figures with no de-escalation of the overcrowding on the wards.

INMO meets with Sinn Féin in Sligo

THE INMO met with Sinn Féin TD Louise O'Reilly on February 27, 2017 in Sligo. Issues discussed at the meeting included:

- Nurse/midwife shortages in all disciplines
- Severe shortfalls in bed capacity in the acute and care of the older person services
- Difficulties faced by RNID nurses daily
- eRostering.

INMO IRO Maura Hickey informed Ms O'Reilly that nurses/midwives are seeking to provide safe care in all services but this is very challenging with reduced numbers of staff. The lack of services in the community is one of the contributing factors to overcrowded EDs. The INMO advised of its concern at the possibility of the roll out of an expensive eRostering system to the rest of the acute hospitals when there has been no review conducted on whether it will work. Ms O'Reilly committed to raising all issues discussed at national level.

Sinn Féin TD Louise O'Reilly (left) with INMO IRO Maura Hickey

World news

Nurses and midwives in action around the world

Argentina
- Nurses initiate a 72-hour work stoppage

Australia
- Pregnant pause as Family Birth Centre at Cairns Hospital still delayed

Brazil
- Nurses' union denounces wage gap to the Labour Ministry

Canada
- Ontario registered nurses to be Canada's first to prescribe medication
- Budget: Requests for reinvestment in public services

Dominican Republic
- More nurse staffing demanded
- Retaliation against employees in nursing homes who ask for salary increases

France
- Exhausted nurses mobilise
- Thousands of nurses demonstrated in Paris

India
- 5,000 nurses at AIIMS to go on mass leave, threaten strike from March 27

Kenya
- 700 nurses on strike over 'sad state' of hospital

Malawi
- Malawai struggles to retain nurses in public hospitals

Portugal
- Lisbon nurses on strike, doctors prepare to fight

UK
- 'Lots of nurses have already left': EU workers head for exit

US
- Nurses threaten strike over pay rise proposal
- Nurses' union reports a rise in complaints of unsafe hospital practices
- Quelling a storm of violence in healthcare settings

COOP nurses gather for conference

MORE than 100 participants attended the fourth National Care of the Older Person Section conference, which took place on March 8, 2017.

The conference was opened by INMO president, Martina Harkin-Kelly, who addressed the delegates on the importance of their roles and work in an ageing society and in a changing care environment.

Following on from the presidential address, Ultan Sherman, work and organisational psychologist, University College Cork, provided a refreshing presentation on the power of positive thinking. In today's society, achieving happiness can have many barriers and a number of practical strategies were offered on how to realise and overcome these barriers.

Niamh Adams, INMO senior librarian, presented on the topic of continuing professional development, including a brief overview of the key tools such as portfolios and reflection.

Ms Adams also highlighted a collaboration between the INMO and UCD, the professional certificate in 'Enhancing Clinical Practice' – an extremely useful programme for those wishing to partake in continuing professional development.

Eavan Fitzgerald, senior speech and language therapist (SLT), addressed participants on the important role that the SLT plays in care of the older person. Ms Fitzgerald gave a detailed account of topics such as communication, swallowing and the position of the SLT in the provision of care. This session was particularly beneficial and had been requested by delegates.

Bridget Murray, nurse tutor from the Royal College of Surgeons in Ireland (RCSI), provided insight into managing COPD and the difficulties faced in care of the older person. Key statistics and definitions were outlined as well as areas such as anxiety, self-management and end of life care of a patient with COPD.

The afternoon sessions commenced with Ann O'Connor, clinical nurse specialist, Infection Prevention and Control, HSE Dublin, addressing delegates on the relevant and important topic of infection control.

This presentation identified the risks and issues surrounding healthcare infections in long-term care and offered practical solutions for prevention and control of infection.

Pictured (l-r) at the COOP Conference were: *Caroline Gourley, vice-chairperson, COOP Section; Martina Harkin-Kelly, INMO president; Ultan Sherman, work and organisational psychologist; and Eileen O'Keefe, chairperson, COOP Section*

This was followed by a presentation from Nora Cunningham, clinical nurse specialist in stroke care, University of Limerick, on understanding the needs of stroke patients. Looking at key statistics and theory around stroke, this presentation also provided a unique insight into the care provided at UL for stroke patients.

Finally, Eithne Ni Dhomhnaill, nursing consultant at Nursing Matters and Associates, presented on the ever-important topic of documentation in the care of the older person setting.

Addressing the guiding standards, documentation and legislation, this thorough overview established the key topics concerning documentation in a care of the older person setting, including confidentiality, consent and capacity.

A great number of companies attended the conference exhibition, offering their support for the day, and the Care of the Older Person Section would like to extend its thanks to those companies.

The conference came to a close with evaluations and a raffle.

Occupational health nurses conference to focus on wellbeing strategies

THIS year's Occupational Health Nurses Section conference, which will take place on May 10 in Cork, will focus on the theme of wellbeing strategies that work.

The line-up of speakers, includes Prof Jim Lucy, medical director, St Patrick's Mental Health Service, who will speak on wellbeing, and Catherine Kenneally, nutritional therapist, who will present on sugar dangers – a topic relevant to both the OHN's own health and that of their patients.

Alan Shortt, CEO of Media Skills Ireland, is also due to address the conference with a talk entitled 'Storynomics - the communication hack'. Mr Shortt's talk is aimed at eliminating the fear of public speaking – a fear that affects many people – through planning, preparation and practice.

Returning to work after a mental illness will be discussed by Deirdre Gleeson, medical director, MedWise while Sibeal Carolan and Lynda Sission, from the HSE's Workplace Health and Wellbeing unit, will present on their current project that aims to develop standards for safer, better care in occupational health services, in line with HIQA standards.

While this conference is organised by the OHN Section, it will include a variety of topics that will be of interest to nurses working in any setting.

For full programme details see page 56. Log on to **www.inmoprofessional.ie** to book a place.

Calling psychiatric nurse members

THE INMO national section network is interested in re-establishing the Psychiatric Nurses Section.

Sections allow INMO members to connect with fellow nurses and midwives and link up with like-minded colleagues across the country. There are currently 25 active sections.

Sections meet regularly for structured meetings, conferences, education days and social events. If you are interested in getting involved with a re-established Psychiatric Nurses Section, email: jean.carroll@inmo.ie

Nursing: A health policy perspective

Investment in nursing and high-quality patient care are two sides of the same coin, writes **Howard Catton**

RESEARCH into the relationship between the healthcare workforce and patient outcomes shows that a satisfied staff leads to satisfied patients. While it may sound trite, the evidence base demonstrates that when nurses feel valued and respected, have a voice in organisational decision-making and career development opportunities, the result for patients is an improvement in both outcomes and their experience of care.

Fundamentally, investing in nurses is investing in patient care and that is why the International Council of Nurses (ICN) stands at the forefront of efforts to improve the working conditions of nurses around the world. The ICN organises annual workforce forums with its member national nurses associations (NNAs) to monitor workforce developments, share the latest evidence and good practice, and consider issues common worldwide to nurses, such as shortages, migration and safe staffing levels.

In 2016 two ICN forums met. Nurse leaders from Australia, Canada, China, Denmark, Ireland, Japan, New Zealand, Sweden and the US participated in the 22nd International Workforce Forum held in Washington DC. The 17th ICN Asia Workforce Forum, convened in Beijing, was attended by nurse leaders from China, Hong Kong, Indonesia, Japan, Korea, Macau, Malaysia, Singapore, Taiwan and Thailand.

Participants at the Washington and Beijing forums authored communiqués outlining the issues they believe are critical to the delivery of high-quality patient care (available at **www.icn.ch/what-we-do/icn-workforce-forums**). The two communiqués, developed by nurses on different continents, share striking similarities.

Lack of investment

One concern is disinvestment in nursing and failure to both train a sufficient number of nurses and to retain those we have. Today's levels of migration and mobility are only a symptom of the global nursing shortage. We hear warm words of support for nurses and nursing from politicians, yet sadly this often does not translate into hard cash investments.

When digging deeper into different countries' decisions, we find a similar prevailing attitude and ethos: investment in healthcare is a cost only affordable when economies are buoyant. In tough times, such spending is subject to short-term and short-sighted cost reductions.

The ICN and its member NNAs therefore welcomed the report of the United Nations High-Level Commission on Health Employment and Economic Growth.[1] The Commission rightly called for a change in the political mindset to recognize that investment in health actually drives rather than drains economic prosperity. *More information on the Commission's report and recommendations is available at:* **www.who.int/hrh/com-heeg/en**.

Think about it for a moment – health services keep the population working and productive, support families and communities, invest enormously in educating women and young people, provide a huge market for other economic sectors' goods and services, and drive research and innovation. Cuts in health are also cuts to other sectors, creating a major impact on the economy's overall health.

Low pay and understaffing

Lack of funding for health also means that nurses' wages remain low. According to forum participants, a large gap still exists in wages and budgets for nursing compared to other healthcare professions. Many nurses do not want to talk publicly about low wages, and frequently some policymakers call nursing a vocation to subtly justify poor salaries. However, nurses need to live and survive like everyone else, and they make difficult economic choices about whether to accept or remain in a job. Nurses have market power, particularly in times of shortage. We all know that the profession is ageing, a human resource challenge in itself. If nurses also make early quit decisions, it will seriously compromise the ability to deliver many health services.

In addition to low wages, many forum participants identified low and inadequate staffing levels as the most significant challenge facing the profession in their country. The issue of staffing levels is where the rubber hits the road and the consequences of shortages impact both the workforce and patient health. Both forums emphasised that understaffing commonly leads to overworked and burnt out nurses, resulting in high sickness and turnover rates and, most significantly, increased numbers of untoward patient incidents including trips, falls and medication errors. Around the world, a wide range of attempts are underway to deliver safe staffing levels. Forum participants analysed examples from Australia, New Zealand, Japan and European countries. Safe staffing will be a major topic when thousands of nurses from around the world gather at the 2017 ICN Congress to be held in Barcelona, Spain from May 27 to June 1, 2017.

Better outcomes

Forum participants recognised that by making the right investments and actions, countries and regions will have healthier people, and healthier people translate to healthier and more sustainable economies. Financial investment is needed to scale up socially accountable education, train appropriate numbers of nurses, create decent working conditions and stimulate health sector jobs, particularly for women and youth. All forum participants agreed that tackling the complex, challenging agenda facing both the profession and healthcare requires nurses being at the heart of policy decision-making. As the saying goes, if you aren't at the table, you're likely to be on the menu. The ICN works with NNAs to develop nurses' leadership and negotiation skills, and to develop strategies.

Strategic influence

These skills empower the profession to influence national/regional health and education strategic plans and to lobby the government and others to increase workforce investment. Healthcare delivery is a complex and dynamic process, with connected and interrelated policy decisions. The workforce sits at the heart of health policy and political decision-making.

We can link nursing investment to patient outcome and safety issues and to increased access to health care. The impacts of Zika and Ebola reinforce why affordable and accessible health care must be available to all.

We can demonstrate the relationship between health and economic growth. Using research evidence, we can prove that an empowered, well-educated and appropriately remunerated nursing workforce is vital to a country or region's prosperity and security. By doing so, we cannot be dismissed as arguing purely on grounds of professional protectionism. Most importantly, it is how we will deliver change and reap the largest health gains for the patients and populations that we serve.

Howard Catton is ICN Director of Nursing and Health Policy. Previously, he was Head of Policy and International Affairs for the Royal College of Nursing in the UK.

Reference

1. World Health Organization (2016) Working for health and growth: investing in the health workforce. Report of the High-Level Commission on Health Employment and Economic Growth. Available at: http://www.who.int/hrh/com-heeg/en/ (accessed 22 December 2016)

Staffing crisis can't go on

The INMO's campaign to improve staffing levels and address retention issues has been the focus of media coverage this month. **Ann Keating** reports

FOLLOWING the rejection of proposals put forward by the HSE last month the Irish Examiner (March 2) reported **INMO agrees to enter into talks**. "The Irish Nurses and Midwives Organisation has agreed to attend talks at the Workplace Relations Commission on the dispute with management over staffing, recruitment, and staff retention. The nursing union said it was willing to begin discussions immediately. It said its Executive Council had also agreed that the outcome of the talks would be considered at a meeting of the council on Saturday afternoon. INMO members are due, next Tuesday, to begin "an immediate and continuous work to rule" involving nurses and midwives working to contract resulting in a ban on overtime, cross cover, and redeployment."

Deferral of industrial action will ease a headache for government but only for now – the pay demands will be back on the table in two months was a headline in *The Irish Times* (March 6). "The decision by nurses to defer planned industrial action will be greeted with great relief by the government…The nurses wanted government action to improve staff recruitment and retention in hospitals in the face of stiff competition, and better terms, from institutions both at home and abroad. The government agreed to take on 1,200 more nurses this year and gave greater autonomy to nursing managers to hire personnel. A special pre-retirement programme was among other initiatives offered over the weekend…The government has acknowledged that it is finding it difficult to recruit and retain nurses and the INMO is adamant the state will have to tackle this shortage by offering significant pay increases once the pay commission finishes its work." *The Irish Times* gave space to a second article on the story on March 6 – **Nurses set to seek significant pay rises – Industrial action deferred to allow for INMO ballot on revised government proposals – Members urged to back deal with pay issue deferred to next round of public sector talks**. "Nurses are expected to seek significant pay rises as part of talks in the coming months on a new public service pay deal to succeed the Lansdowne Road Agreement…INMO general secretary Liam Doran said the government had to understand that talking nicely about dealing with recruitment and retention problems and the need to address pay had to translate into definite action in improving pay and conditions for nurses and midwives…That has to start and be part of the successor to the Lansdowne Road agreement when negotiations take place."

Nurses want 12% rise on top of new pay deal was a headline in the *Irish Independent* (March 10). "The main nursing union will demand a 12pc pay rise for its 40,000 members on top of any increases won by public servants at talks on a new wage deal this year. A submission by the Irish Nurses and Midwives Organisation to the Public Service Pay Commission, seen by the *Irish Independent*, said Ireland's nursing and midwifery workforce is in crisis due to staffing shortages, and its members are being tempted abroad or to private sector employers by higher pay and big incentive packages. It said nursing shortages in the UK may already be as high as 190,000 with a million vacancies expected in the US by 2020. The submission said there is significant justification for the commission to recommend the "adjustment" to pay it is seeking. This would put nurses' wages on a par with therapeutic grades with similar education, including physiotherapists and occupational therapists. General secretary of the INMO Liam Doran warned that the manner in which the labour market challenges facing nursing and midwifery are addressed in any pay talks in May will "heavily influence the INMO's approach to any new public sector pay agreement." He said the union will seek an average 12pc increase in recognition of staff shortages and retention issues in addition to what is achieved by unions in having emergency legislation that cut their pay unwound… The union recently called off a work-to-rule but reached a deal with the HSE and Department of Health worth an estimated €10m to address the staffing shortage. It included a pilot pre-retirement scheme and restoration of allowances for new entrants, but the union will seek further measures at talks on a successor to the Lansdowne Road Agreement."

Prefabs

Now prefabs are to be used as wards in bid to ease crisis was a story in the *Irish Independent* (February 25). "Hospitals are now being told to buy prefabs to turn into wards to deal with the overcrowding crisis…INMO general secretary Liam Doran said "Any expansion is welcome for the health service, but the long term solution isn't prefabs. We're now resorting to prefabs, which is what schools did years ago when we neglected the school building programme. We're repeating the mistakes of the past because we didn't plan. There is no doubt we need extra beds and staff, but they're doing absolutely nothing to address the recruitment and retention problems."

Ann Keating is INMO media relations officer
Email: ann.keating@inmo.ie

Hive of activity

Student Officer **Liam Conway** discusses the busy schedule of events and issues affecting student and new graduate INMO members

Firstly, I would like to wish students the very best of luck in their ongoing clinical placements and internships. Nursing and midwifery forth-year students are nearing their half-way point now and I can assure you the next few months will fly by. If you have any issues or queries regarding clinical placements, please don't hesitate to contact me. I am here to assist you and provide information and advice. Keep an eye on the student E-Link for ongoing updates.

Student Section and Youth Forums

The Student Section and Youth Forums have elected their committees and have submitted motions for annual delegate conference this year. It is not too late to get involved and have your say as a student. I encourage anyone who would like to get involved to get in touch. It provides you with up-to-date information on current campaigns and affairs, a voice for you and your peers within the organisation and you can avail of representative training, which equips you with the tools and knowledge to be an active rep within your clinical area.

Members of the Youth Forums and Student Section recently took part in INMO basic rep training in Trim, Co Meath (*see photo*), with all in attendance finding the course extremely beneficial.

Workshops for students

In partnership with the INMO PDC, we are now running an *Interview Skills and tools for Safe Practice* course for nursing and midwifery students. If you and your classmates are interested, we can deliver these courses on site to our members once permission has been given locally.

To date, we have run a *Tools for Safe Practice* course in WIT, *Interview Skills* in Our Lady's of Lourdes Hospital, Drogheda and we have also planned a *Tools for Safe Practice* course for Tralee IT in July.

Members of the INMO Student Section and Youth Forums pictured in Meath at a rep training course last month with INMO deputy general secretary Dave Hughes (centre). The course was facilitated by INMO organiser Albert Murphy (left)

Preceptor of the Year Award:

Closing date for the Preceptor of the Year Award is April 7. You can submit your application online at **www.inmo.ie/PreceptorForm** or complete the hard copy application from the March issue of *WIN* and post it in to me at INMO HQ.

Survey of nursing and midwifery interns

The INMO would be grateful if you could take a couple of minutes to complete a survey to gather statistics and trends for nurses and midwives who are set to qualify in 2017. The survey has been peer reviewed and is user friendly. The results will be used to inform our ongoing recruitment and retention campaign seeking better incentives to keep graduates within the Irish public healthcare system. Your participation is a great help to us. All Interns should have received the link to the survey via email at this stage. If you have not received this link, please let me know.

Graduate increment for 2011-2015 group

The majority of members from the 2011-2015 group should have their 36-week internship incremental credit implemented at this stage. If this is not the case, please contact me immediately to resolve the situation. The HSE Circulars regarding this issue have been sent to each local HR department. Please see the Student Section on the INMO website for student and graduate updates: **www.inmo.ie/Student_Section**

Industrial campaign

The INMO pay campaign is ongoing and a link to the submission to the pay commission can be found on the homepage of **www.inmo.ie**

Student E-Link

Watch out for the student E-Link for current student issues and updates. This e-link can also be viewed online at: **www.inmo.ie/Student_Section**

Alternatively, keep an eye on your email as I often send out a new E-Link during the month.

Contact Details

If you have any issues or queries on any of the items above please contact me.

- email : liam.conway@inmo.ie
- Tel: 01 664 0628.

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Introducing Executive Council members

Eilish Fitzgerald

Public health nurse,
South Lee, Cork

I work as a PHN in child health services in Cork and this is my first term on Executive Council. I am delighted to be given this opportunity to represent all my nursing and midwifery colleagues.

I qualified as an RGN and RM in Limerick Regional Hospital and St Munchin's Maternity Hospital. I graduated with a higher diploma in public health nursing from UCC and hold a diploma in management from RCSI. I am also a moving and handling instructor.

I have been actively involved in the INMO since 1997. At branch level, I have been chairperson, vice chairperson and the education officer of the Cork HSE branch. On the PHN Section, I have been chairperson and vice chairperson. I have also been on the Standing Orders Committee at the ADC for two terms.

As a frontline worker, I am acutely aware of, and have experienced, the many challenges faced by nurses and midwives in the understaffed health services. Nurses and midwives have become demoralised trying to provide high standards of care without adequate resources while the employer demands they take on additional work while also complying with national standards. Being a member of the INMO is very important in order to be protected and represented, especially in the present unsafe working conditions.

As a member of Council, I will continue to work for:

- A safe working environment with mandatory staffing levels
- Parity in both salary and conditions for nurses and midwives in line with other allied health professionals
- To ensure that the employer provides monetary and protective time for nurses and midwives to access appropriate CPD so that competencies are achieved and maintained.

Kay Garvey

Acting manager, MiDoc,
Athlone

I am honoured and proud to represent my colleagues on the Executive Council of the INMO for a fourth term.

Nursing and midwifery has been my life for more than 40 years and I have seen many developments over the years. I started my nurse training in Jervis St Hospital, Dublin and then I went on to the The Rotunda Hospital and St Brendan's Hospital. I also worked in Texas for a few years where I continued my nursing education, which included coronary care. On return from Texas, I continued to work in coronary care in Portiuncula Hospital, Ballinasloe and Tullamore Regional Hospital. I also worked as a stress management facilitator, which included reflexology and reiki.

I am a long-time member of the INMO and was branch secretary and local chair in Tullamore. I was also strike committee chair in 1999, from which I learned a lot.

I have been a member of the Mullingar Branch and am currently the secretary of the Athlone Branch.

As part of Executive Council, I am a member of the industrial relations committee and am involved in campaign talks, which involves meeting members around the country, listening to them and trying to restore conditions and pay to pre-2008 levels including the retirement and pension initiatives.

Working for the improvement of nurses and midwives' rights and conditions has been a longstanding passion of mine and I have a particular interest in bullying in the workplace, in-service education and trying to improve salaries for staff nurses and midwives.

I am proud and excited to be part of the INMO team and with this Executive Council and management team.

Mary Gorman

CMM2, Our Lady of Lourdes
Hospital, Drogheda, Co Louth

I work in Our Lady of Lourdes Hospital, Drogheda as CMM2 for maternity/gynaecological OPD, foetal assessment and maternity day unit.

I trained as a general nurse in Beaumont Hospital, Dublin and as a midwife in Rotunda Hospital Dublin. I have a postgraduate diploma in midwifery from Trinity College, Dublin and a diploma in health service management from the Institute of Commercial Management.

I have been a member of the INMO for the last 29 years and I am an active member of the Drogheda Branch, where I have been an officer for the last number of years. I am the local midwives rep and I am a member of the hospital's representative committee.

I am actively involved in workplace issues in my local area and have been involved in a number of LRC/WRC discussions over the years as a midwife/nurse representative. This is my second term on Executive Council.

In 2015 I was appointed by the Minister for Health to the Maternity Strategy Steering Committee as a midwife representative.

As nurses and midwives we have the power to influence the future of our health services. Implementation of the Maternity Strategy is high on my list of priorities along with the continued development of the midwifery profession. In implementing the strategy, there needs to be investment in recruitment and education of midwives in undergraduate, postgraduate and continuing education programmes, allowing the midwife to work as an independent practitioner as part of the multidisciplinary team.

Irish **Nurses** and **Midwives** Organisation
Working Together

PULL OUT & KEEP

Questions and answers on negotiated proposals

INMO Campaign to Improve Staffing Levels

Q1. Why is the INMO Executive Council recommending a yes vote to these proposals?

A. The INMO Executive Council is recommending a YES vote because:

- The issues to improve staffing levels, contained in these proposals, are important steps towards correcting the reduction in Nursing and Midwifery figures since 2007
- The funded workforce plan places, for the first time, legal obligations on the HSE to recruit and report on progress to government. This is very significant as the focus of the HSE, in respect of posts that become vacant, will be subject to regular government scrutiny. The funding for this workforce plan will be committed to, in advance, and cannot be spent on any posts except the nursing and midwifery posts it is intended for
- Funded workforce plans will also be prepared, following engagement with the INMO, in November 2018 and 2019
- The Taskforce on Staffing has commenced the process of establishing a scientific method of determining staffing levels and skill mix. Expansion of this process is proposed, as part of these proposals, and commitments to continue, and fund, this method of determining nursing staffing levels is also confirmed
- They ensure all nurses/midwives on panels, and 2016 and 2017 graduates, are offered permanent, full time, posts
- Devolved authority for recruitment to nursing and midwifery managers
- Allowances removed will be restored to new entrants
- Pre-retirement initiative will, once again, be available, and this should prevent senior, experienced, nurses and midwives being forced to retire when they can work reduced hours without pension service being negatively affected
- Acceptance ensures the INMO will be central to discussions, beginning in May, which, in the context of the Public Service Pay Commission report, will lead to further restoration of pay, unwinding of FEMPI and reduction in the pension levy
- Acceptance also ensures the INMO can pursue, through direct engagement in May, our pay claim for parity of pay/hours with Allied Health Professional colleagues, which is further supported by our recruitment/retention difficulties

- In summary it is in our strategic best interest to:
  - Accept and ensure implementation of these proposals
  - Continue to secure pay restoration in line with all other public servants
  - Be present at, and active participants in, the pay talks in May arising from the Pay Commission's report
  - Allow members to decide, after these May discussions, if our key pay claim - ***parity with other health professionals*** - has been addressed.

Q2. What did we already ballot on and why do we have to vote again?

A: The INMO commenced a campaign to improve staffing levels in November 2016. To progress this members were balloted in pursuance of the following five issues:

1. Agreed staffing levels, appropriate to the need of patients, with devolved authority to nurse managers
2. Introduction of recruitment and retention incentives to recruit and retain nursing and midwifery staff
3. Adherence by employers to all existing local agreements on staffing
4. Commitment from government to fund, and implement, reports on staffing in surgical/medical wards, emergency departments and the maternity strategy; and
5. Adequate measures to protect the health, safety and welfare of nurses and midwives, at work, including a realistic timeframe for implementation of agreed staffing levels.

Following a nationwide ballot of INMO members a positive mandate was obtained on December 14, 2016. Management were put on notice that, to avoid a dispute, proactive engagement would have to commence with the INMO.

Proposals emerged following direct discussions with the employer on February 8, 2017. The INMO Executive Council felt that these proposals did not go far enough and therefore exercised the positive mandate, obtained in December 2016, by serving notice, on February 13, 2017, of intention to commence industrial action on March 7, 2017.

This led to further engagement, with the assistance of the Workplace Relations Commission, culminating in the proposals that emerged in the early hours of Saturday, March 4. The INMO Executive Council considered these proposals on Saturday, March 4, 2017.

We need to vote again because the proposals represent significant progress in relation to staffing, recruitment, and retention. The proposals also protect our rights and conditions, under the Lansdowne Road Agreement (LRA), and ensure our ability to progress our pay claims, through engagement on its successor, in May.

Q3. What about our basic pay?

A: As members were advised, at the time of the ballot, pay was NOT the subject of this ballot. This is because there already is an agreement in relation to how pay, for grades within the LRA, will be considered. This involves the following:

- The government has established an independently chaired Public Service Pay Commission (PSPC). The INMO made a comprehensive submission, and presented oral evidence, to the PSPC, on February 7, 2017. *The submission can be accessed via* **www.inmo.ie**
- This Commission has terms of reference that allows it examine basic pay with a view to recommending to government possible action where there is a recruitment and retention problem
- The INMO agreed a joint statement with the Department of Health and HSE. This confirmed that there is a shortage, in nursing and midwifery grades in the Irish public health service, and that employers are now competing in a global market, which: *'... has posed problems for Irish employers who have not been able to deliver on targets for recruitment of nurses/ midwives'* This joint statement was presented to the PSPC and must form part of its deliberations in accordance with the terms of reference governing its work
- The PSPC is due to report to government before the end of April 2017. Public service trade unions, in the context of the PSPC report, will commence discussions, on restoration of pay, the unwinding of FEMPI, and the removal of the pension levy in accordance with the Lansdowne Road Agreement in mid May 2017
- The INMO position has not changed in that nurses and midwives relative pay must be addressed as part of this process. In addition the pension levy must be removed and restoration of pay and hours of work – 37-hour week, also stand to be addressed as part of this process
- The INMO Executive Council, in recommending acceptance of these proposals, has made it very clear that any successor to LRA must address all these matters.

Q4. What do these proposals offer in the meantime?

A: There are a number of proposals, under each of the headings members were balloted on (Q2 refers), beginning with:

Staffing levels - as follows:

At present, the official number of WTE nursing and midwifery funded posts is 35,835.

This proposal requires the employer to fund, and employ, an additional 1,208 posts to increase this figure to 37,043 by December 2017. This means that every single retirement, resignation, maternity leave and long term absence must be filled, and the additional 1,208 posts recruited as well, to

get to that total number by December 2017.

This will be a funded workforce plan and therefore will not require additional sanction from a budget point of view. This removes the requirement for business cases, and senior managerial sanction to advertise, until the figure exceeds 37,043. ***This will speed up the process of recruitment considerably.***

Central to these proposals is that authority to fill these posts will be devolved to operational directors of nursing/midwifery/public health nursing. ***This should, and must, also cut out delays in filling and advertising vacant posts.***

For the first time ever, for nursing and midwifery, the Minister for Health will monitor the delivery of these posts by invoking section 10(1) of the Health Act 2004.

This monitoring, as set out in section 10(2) of the same Act, will require the HSE to provide the Oireachtas with special quarterly reports on progress on recruitment, by the end of June, end of September and end of December 2017. This report will be shared with the INMO and lodged with the Workplace Relations Commission.

For the first time this places a legal obligation on the HSE to recruit nurses and midwives, in an organised manner, and to report to government on progress.

Q5. What do these proposals offer in securing safe staffing?

A: The INMO has sought, and achieved, agreement on a scientific basis for determining, by the CNM2, ward based staffing levels. This is currently being piloted on seven medical and surgical wards, in three hospitals, and a first report is due to issue by the end of March 2017.

It is a model that can determine care improvements associated with correct staffing and skill mix.

These current proposals confirm that this initial roll out will be extended to a further ten wards. Planning for a national roll-out, to all surgical and medical wards, will be accelerated with a view to the inclusion of a multi – annual implementation plan submitted for funding to the government budgetary process in October 2017.

This means that the constant arguments, regarding correct staffing levels, should be over. This provides for an agreed, scientific, method of determining staffing requirements which government would be required to action, and fund, annually.

Q6. Will this Task Force only apply in medical and surgical wards?

A: No. The first phase is in medical and surgical wards. Phase two has commenced and is examining the basis for determining staffing levels in emergency departments (ED).

These proposals commit the Department of Health /HSE complete this work in time for the budgetary estimates in October 2017.

The Care of the Elderly area will follow. In the meantime these proposals confirm that the HSE has to maintain the staffing levels funded for care of the elderly services in December 2016 and immediately engage with the INMO in respect of same. In addition, they cannot increase service/activity levels without engaging with the INMO.

Midwifery staffing levels are determined separately, as set out in the Maternity strategy, which requires a phased increase in midwifery numbers leading to a midwife to birth ratio of: 1:29.5

These proposals also confirm the recruitment of 96 additional Midwives in 2017 to commence this process.

Q7. Will there be jobs for new graduates in 2017?

A: Yes. New graduates will all be offered permanent, full time, positions under this funded workforce plan.

Q8. Will nurses and Midwives on panels be offered posts?

A: Yes. As part of these proposals permanent contracts will also be offered to all those on recruitment panels.

Q9. Are there any new promotional posts as part of these proposals?

A. Yes.

- ***127 staff nurses on medical and surgical wards*** will be re-graded by local competition to CNM1 posts. This is to commence the return of the total numbers of CNM1 posts, on each ward, to that which was recommended by the Commission on Nursing
- ***In intellectual disability services*** these proposals confirm that the employer will immediately examine, with the INMO, areas of care where Staff Nurses are working alongside, and/or supervising, social care workers, and re-grade these staff nurse posts to CNM1
- An additional ***120 candidate ANP posts*** will be provided, service wide, during 2017, and the salary for each candidate will be at CNM3 rate. (The ANP salary on qualification is ADON band 1). Each consequential vacancy arising from this process will be back filled at the salary of the grade vacated
- The number of ***places on the higher diploma programme for PHNs will be increased***, under these proposals, from 112 in 2016, to 140 this year, 150 in 2018, and 160 in 2019.

Q10. What about the allowances removed from nursing and midwifery (new entrants) in 2012?

A. These proposals confirm that all nurse specific

allowances which have not been restored as yet. The following allowances will be positively considered, and restored, as part of the pay negotiations in May 2017.

- Midwifery qualification/child health module allowance (€2,791) per annum
- RGN in community case load management (€3,709) per annum
- Specialist co-ordinator allowance (education) (€4,319) per annum
- Nurses assigned to occupational therapy. (€3,732 - Qualified €1,702: unqualified) per annum
- Nurse co-ordinator allowance (€18.09 per shift)

Q11. Is the pre – retirement initiative restored?

A: Yes. These proposals reintroduce this scheme from July 2017.

As part of these proposals the pre-retirement initiative will be ***re-introduced from July 1, 2017***. As before there would be a limit set, on the numbers who could avail of it each year, and this limit will be 250, for the first two years, after which it will be reviewed.

The requirements, as per the suspended scheme, require the nurses/midwives to have 20 years' service and be aged 55 or over. The period of application has, under these proposals, been extended to cover those aged between 55 and 65.

This scheme allows for Staff Nurses, CNM1, CNM2 and PHN grades to job share for five years, prior to retirement, while maintaining service, at full years, for pension purposes. Superannuation benefits will be calculated on the actual service of 2.5 years plus an additional 2.5 years (Total of five years).

Q12. Are there any more student nurse training places?

A: **Yes.** This proposal offers 130 additional undergraduate places in 2017.

Q13. Any incentives to get emigrated nurses/ midwives back home?

A: **Yes.** The Bring Them Home package is to be improved as follows:

- €1,500 relocation allowance to be extended to any country and not confined to the UK
- A second payment of €1,500 will be paid, to the returning nurse/midwife, after 12 months – this is similar to the existing "Back to Nursing" financial criteria.

Q14. Pending the recruitment of additional nurses can retired nurses/ midwives be offered work?

A. Yes. Currently retired nurses/midwives can be offered work, and they are paid on the first point of the salary scale. These proposals will improve this to ensure payment reflects salary point prior to retirement.

The limitations, on hours worked, will remain as per the pension abatement rules.

Q15. Has the process of measuring working hours been agreed?

A. **Yes** - this process has now commenced and is being piloted in six locations. The data is due to be returned by end of April 2017. These proposals now confirm that, on completion of this measurement exercise, the employer puts measures in place to ensure identified issues are addressed by end of May 2017.

Q16. Do any of the proposals require the employers approach to address the health and safety concerns of nurses and midwives be improved?

A. **Yes.** The INMO was critical of the fact that very few managers had knowledge of health and safety at work, injury at work schemes, and critical illness protocols and agreed managing attendance policies. These proposal confirm that all frontline managers will be trained, in these agreed policies, with a view to ensuring members do not have unnecessary delays in obtaining their entitlements.

Workplace well-being in the HSE is changing the manner in which services will be delivered to staff. They propose that staff will have access to all services relating to occupational health, counselling, critical stress debriefing, health promotion, health and safety, and rehabilitation, prior to return to work, as part of this process nationally and that 12 service delivery units will oversee this. As some locations currently are not in receipt of services and other have long delays for appointments, these proposals also commit to address these failings.

Management, as part of these proposals, commit to working, with the INMO, to promote these improvements, for nursing and midwifery staff, and, if agreed, discussions on the practical application of these improved measures, for nurses and midwives, would commence immediately.

These proposals also provide that each workplace can immediately elect two nursing/midwifery safety reps, with full recognition under legislation. These reps will be provided with protected time, off work with pay, to undertake training. Time with pay will also be provided to allow them undertake their role, in the workplace, and they would be central to promoting improvements, in health and safety, for members in the workplace.

Nocturnal enuresis in children

In the latest clinical update in this continuing professional development series, **Nina Thirlway** and **Gerry Morrow** examine childhood bedwetting

BEDWETTING or 'nocturnal enuresis' is involuntary urinating during sleep. Bedwetting is generally considered to be normal in children younger than five years of age, but may still be a cause for concern in parents and carers of young children.[1]

Bedwetting is common and is thought to affect between 15% and 20% of children at five years of age, approximately 2% to 3% of teenagers and 0.5% to 2% of adults.[2]

Risk factors

There are many risk factors associated with bedwetting. Studies have reported a genetic link and therefore children whose parents wet the bed are more likely to experience bedwetting themselves.

Boys are more likely than girls to wet the bed, as are children who are slower to achieve daytime bladder control and children who suffer from constipation, faecal incontinence or developmental delay.

Obesity is also a risk factor with approximately 30% of obese children wetting the bed. Psychological or behavioural disorders can also have an impact.

Bedwetting occurs in 20% to 40% of children with disorders such as attention deficit hyperactivity disorder (ADHD), autism spectrum disorder, anxiety, depressive, and conduct disorders.[1, 2]

Primary bedwetting

Primary bedwetting without daytime symptoms is a term for a child who has never achieved sustained continence at night and does not have daytime symptoms. Primary bedwetting without daytime symptoms is thought to be caused by sleep arousal difficulties. This includes an inability to recognise the sensation of a full bladder or bladder contractions, polyuria and/or bladder dysfunction where the child has a small bladder capacity or an overactive bladder.[3]

Primary bedwetting with daytime symptoms is a term for a child who has never achieved sustained continence at night and has daytime symptoms such as urgency, frequency, daytime wetting, abdominal straining, or poor urinary stream, or pain passing urine.

Primary bedwetting with daytime symptoms is usually caused by disorders of the lower urinary tract such as overactive bladder, structural abnormalities of the urinary tract, neurological disorders such as cerebral palsy, chronic constipation or urinary tract infection.[3]

Secondary bedwetting

Secondary bedwetting is a term for bedwetting which occurs after the child has been dry at night for more than six months. Secondary bedwetting usually has an underlying cause, such as diabetes, urinary tract infection, constipation, or behavioural or emotional problems.[3]

Most children who wet the bed without daytime symptoms become continent by adolescence. Bedwetting resolves spontaneously in 5 to 10% of affected children each year. Spontaneous resolution is thought to be much rarer in children who wet the bed most nights and not just sporadically. About 1% of children continue to wet the bed into adulthood.[4]

Psychological implications

Bedwetting can have a deep impact on the child's emotional and social wellbeing as well as their behaviour. Children with bedwetting may feel guilt, shame, humiliation, victimisation or loss of self-esteem, and that they are different from other children. The child may avoid social activities, such as sleepovers or school trips. The child may also have higher than average levels of oppositional behaviour and conduct problems.[1]

Bedwetting can be stressful for the parents or carers of the child because of the additional work and cost of caring for a child with bedwetting. The cost of caring for a child with bedwetting can be considerable (for example the cost of extra laundry, extra bed sheets, mattress replacement, pull ups) which can have a significant effect on family finances.

Assessing a child who is bedwetting

Determine the type of bedwetting by asking if there are any daytime symptoms such as urgency, frequency (more than seven times a day), daytime wetting, abdominal straining or poor urinary stream, pain passing urine or passing urine infrequently (fewer than four times a day). Determine whether the child previously had been dry at night without assistance for six months.[1]

For children younger than five years of age, ask whether daytime toilet training has been attempted and if not determine the reason for this. Consider assessing for constipation, as undiagnosed chronic constipation is a common cause of wetting and soiling in younger children.[1]

Determine the reason for the consultation, for example ask whether short-term treatment (for a sleepover or school trip), or long-term treatment is required.

Assess the pattern of bedwetting, frequent bedwetting is less likely to resolve

spontaneously than infrequent bedwetting. Ask how many nights a week bedwetting occurs, how many times a night bedwetting occurs, if there seems to be a large amount of urine, at what times of night does the bedwetting occur and if the child wakes up after bedwetting.[1]

Assess the child's fluid intake throughout the day and ask whether the child or the parents or carers are restricting fluids. Inadequate fluid intake may mask an underlying bladder problem, such as overactive bladder disorder and may impede the development of an adequate bladder capacity.

Consider asking the parents or carer to keep a diary of the child's fluid intake, bedwetting, and toileting patterns for two weeks. This may also involve weighing nappies or pull-ups to understand how much urine the child is passing at night, compared with during the day.[1]

Assess the home situation, ask if there is easy access to the toilet at night and whether the child shares a bedroom as this may affect the decision to use an alarm. Assess whether the child and parents or carers are willing or able to take part in behavioural interventions, such as using an enuresis alarm.[1]

Ask whether the parents are finding it difficult to cope with the burden of bedwetting or if they are expressing anger, negativity or blame towards the child, in order to determine if they need support.[1]

Include the child in the assessment (where appropriate), ask whether the child thinks there is a problem, what they think the main problem is and what the child hopes the treatment will achieve.[1]

If the child is experiencing daytime problems assess the pattern of daytime symptoms including whether symptoms occur only in some situations, if the child avoids toilets at school or other settings and if the child goes to the toilet more or less frequently than their peers.[1]

If the child has been previously dry for more than six months and has then started wetting the bed ask when the wetting started, aim to determine if it could be related to a systemic illness such as a urinary tract infection or a change in circumstance such as bullying or abuse. Consider performing urinalysis if the bedwetting started in the past few weeks, the child has signs of ill health or there is a history, signs or symptoms of urinary tract infections or diabetes.[1]

Assess for any underlying cause such as constipation, diabetes, urinary tract infection, behavioural, emotional or family problems or child maltreatment. Child maltreatment should be considered if the child is reported to be deliberately bedwetting, the parents or carers are seen or reported to punish the child for bedwetting despite professional advice that the bedwetting is involuntary, and if the wetting continues despite adequate assessment and management, without an underlying medical explanation or difficult circumstance such as bereavement or parental separation.[5]

Managing bedwetting

Explain to the child and their parents or carers that bedwetting is not the child's fault and the child should not be punished. Explain that bedwetting occurs because the volume of urine produced at night exceeds the capacity of the bladder to hold it and the sensation of a full bladder does not wake the child.

Reassure the child and their parents or carers that almost all children (99%) become dry given time even without treatment and that bedwetting resolves as children get older because they develop an increased bladder capacity, and/or produce less urine at night or learn to wake to the sensation of a full bladder.[1]

Advise that during the day the child should use the toilet to pass urine at regular intervals and before sleep (between four and seven times in total). Caffeine-based drinks should be avoided before going to bed. A healthy diet should be encouraged. There should be easy access to a toilet. Waterproof mattress and duvet cover, absorbent quilted sheets, and bed pads can be helpful.

Parents and carers should take a neutral attitude to bedwetting and minimise the child's embarrassment. Older children may prefer to change their bedding themselves during the night to avoid household disruption and embarrassment.[1]

Lifting or waking the child during the night (at regular times or randomly) does not promote long-term dryness. Waking may be useful as a practical measure in the short-term only. Self-instigated waking may be useful for young people with bedwetting who have not responded to treatment.[1]

Positive reward systems may be offered to children who have some dry nights and to children using an enuresis alarm. Advise that rewards may be given for drinking recommended levels of fluid during the day, using the toilet before going to bed, engaging in management eg. taking medication or helping to change sheets. Do not recommend systems that penalise the child or remove previously gained rewards.[1]

Bedwetting alarms can be used for children who wet the bed frequently. Alarms are usually recommended for children aged over seven years, but is dependent on the individual child's level of maturity. Bedwetting alarms sense wetness using sensors which are placed either in the child's bed or underpants and wake the child when they begin to urinate. The eventual aim is for the child to wake before the alarm goes off. Alarms can take months to have an effect and do not work for all children.[1]

Where a rapid onset or short-term improvement is required, ie. for sleepovers or school trips, desmopressin can be prescribed. Desmopressin is taken at bedtime and reduces the amount of urine the body produces at night.

Many children, but not all, will experience a reduction in wetness. It is important to advise that fluid intake is restricted to sips only from one hour before taking desmopressin until eight hours afterwards – a total of one regular glass of water may be drunk in this time.

Fluid restriction is required to prevent fluid overload and hyponatraemia, which can lead to convulsions. The use of NSAIDs such as ibuprofen should also be avoided as they can also cause fluid overload.[1]

Information on sources of support should be given to parents including website **www.drydawn.ie**

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Clarity Informatics is contracted by the National Institute for Health and 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**

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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. Secondary bedwetting is when a child:

A) Is dry during the day but not at night
B) Begins to wet the bed after previously being dry for six weeks
C) Begins to wet the bet after previously being dry for six months
D) Is wet at night and has toileting problems during the day

2. Primary bedwetting without day time symptoms is usually caused by:

A) An inability to wake up to the sensation of a full bladder
B) Producing large amounts of urine
C) Small or overactive bladder
D) Urinary tract infection

3. Bedwetting alarms are generally recommended for children aged:

A) Under five years
B) Seven years and over
C) 10 years and over
D) 12 years and over

4. When taking desmopression, fluid intake should be

A) Increased
B) Regular
C) Restricted
D) Stopped

5. Underlying causes of bedwetting can include:

A) Constipation
B) Diabetes
C) Emotional problems
D) Developmental problems

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.

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

Clarity informatics

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

Reflecting through poetry

Poetry can be used to explore the vast assortment of experiences midwives encounter in their work, writes **Naomi O'Donovan**

IN THE age of science and technology where evidence trumps instinct and practice audits win over tradition, there is little interest assigned to the art of care.

The concept of art to midwifery is not a new one, it is akin to nursing in the sense that it is viewed as both an art and a science.[1] In a culture of continuous foetal monitoring, inductions and epidurals, midwives are desperately trying to maintain the normality of childbirth. Have modernity and machinery become the new midwifery? Facilitation of good birth experiences is increasingly difficult in hospitals where midwives are frustrated and disillusioned when power and politics dictate practice.[2]

The use of art in healthcare has advanced in the field of nursing, perhaps because of its therapeutic effects. Midwifery, in this area, may have fallen behind because of our view that pregnancy and birth epitomises health and wellbeing.

Written word

The written word is an integral part of care but primarily perceived as a professional duty. Training and education programmes encourage students to be imaginative and resourceful, however in practice the focus on documentation is a means of risk management. The most freedom we are afforded is the writing of reflective notes. Wright found that by giving nursing students the task of writing poems about nursing they found a better understanding of their role in nursing.[3]

A reflection is a structured methodical way of breaking down an experience to analyse it and establish meaning from its context. This, like qualitative research, can generate new ideas and improve practice. Reflection is often triggered by an uneasy feeling or sense of disquiet, working through these feelings is not a simple task. Stephen Dobyns, acclaimed poet, has succinctly described this: "A poem is a window that hangs between two or more human beings who otherwise live in a darkened room."

With woman – *a poem about midwifery*

I missed the conception – the sweet pain, the writhing, the sweat and moans and the ecstasy.
During your bearing I have not been there either.
But I am here now. I am with you.
Woman do not fear, come with me. Together we will come to a place of joy.
I will guide you through churning waters and bring you to harbour. To shore.
And when the moon calls me again I will go back out to the wild to seek another soul to bring to safety.
To Bliss. Fulfilment.
In the blue scrubs and bright lights I am with you, Woman, I am here with you.
In the flurry of injections, cord traction and machines that go beep and pip and squeak.
I am with you – stars in darkness, roiling black waters.
Sweet pain, writhing, sweat, moaning and glorious profound actualisation.
Take my hand, my heart. I am yours for as long as you need me.
So sweet woman, come to shore. To the culmination of love and hope.
Rivulets of blood and perspiration. Ruddy cheeks and eyes bright.
Days swim into night.
We are of the world and out of it.
Foreheads pressed. Whispering. Strength and gentleness meld, melt and merge.
Pushing, panting, gasping, smiling, crying, laughing, and perfect, perfect joy.
And as your needs release me I am not sure which one of us floats from the other.
Yet I will always be with you.

– Naomi O'Donovan

Poetry has also been used as a method of research to analyse midwifery experience and ways of knowing. The gentle altruistic language of poetry lends us a knowledge that cannot be weighed and measured yet is ultimately invaluable.[4] It brings us back to the balance that we must maintain for the art and science of midwifery and that balance will help us protect normal birth.

Grief

Grief is commonly expressed in poetry and midwives are privileged to be present with people both in profound joy and loss. Bridget Sheeran, a community midwife, wrote a poem entitled *Natural Causes*, which describes the anguish she experienced attending a stillbirth. It is a profound reflection of her empathy and compassion.

Midwives are deeply affected by death in our profession. Reflection through poetry provides a process of healing which can be shared with other midwives who have had similar experiences. It teaches us that we are not alone even if we cannot put pen to paper to articulate ourselves. This can provide closure and allow us to continue with our work.[5]

While poetry writing may not appeal to every midwife, the reading and interpretation of poetry is universally accessible and may be used to explore the vast assortment of experiences midwives encounter in their work.

Naomi O'Donovan is a staff midwife at Cork University Maternity Hospital

References on request by email to nursing@medmedia.ie (Quote Midwifery Matters WIN 2017 25 (3) 45

Quality & Safety

A column by Maureen Flynn

Is frailty education the key to better outcomes?

THIS month the focus is on the concept of 'frailty'. We will identify the challenge ahead and introduce an interdisciplinary education programme to equip nurses to lead in the delivery of quality care with older people, their families and carers.

Frailty

Frailty is defined as a 'clinically recognisable state of increased vulnerability resulting from an age-associated decline in reserve and function across multiple systems'.[1] Although not an inevitable part of ageing, frailty is an increasingly common condition in older people in Ireland, with 30% of people over 75 years affected.[2]

The challenge

Population ageing is occurring rapidly, and between 2015 and 2030 the number of people in the world aged 60 years or over is projected to grow by 56% and by 2050 the global population of older persons is projected to more than double in size. In Ireland, the population aged 65 years and over is projected to increase significantly from the 2011 level of 532,000 to between 850,000 and 860,700 by 2026, and to close to 1.4 million by 2046. The very old population, ie. those aged 80 years of age and over, is set to rise even more dramatically, increasing from 128,000 in 2011 to between 484,000 and 470,000 in 2046.[4]

As older people have different healthcare requirements, the Irish healthcare system needs to adapt to meet the demands associated with this demographic change. One of the greatest challenges posed by an ageing population is the ability of healthcare professionals to understand, recognise and manage frailty.

What we know

Frailty has been shown to be a strong and independent predictor of emergency department (ED) visits and hospitalisations,[5] hospital readmissions[6] and in-hospital mortality.[7] Almost 22% of all hospital ED attendees in Ireland are aged 65 and over and this age group

Word cloud depicting misconceptions of frailty

accounts for 40% of all acute emergency medical admissions and 47.3% of total hospital bed days.[8] For people with frailty even a relatively minor event such as an infection can result in a dramatic change in their health state: from independent to dependent; mobile to immobile; postural stability to falling; lucid to delirious.[9]

An individual's degree of frailty is not static. It may improve or deteriorate, and is influenced by factors, including the care received when an individual presents to a health professional. Hence, the recognition of frailty should form part of any interaction between an older person and a healthcare professional. By increasing awareness and understanding of frailty, we can improve the detection, prevention, management and therefore outcomes for these older adults and thus reduce demands on the acute hospital service.

National Frailty Education Programme

The National Clinical Programme for Older People (NCPOP) are partnering with The Irish Longitudinal Study on Aging (TILDA) and collaborating with the Office of the Nursing and Midwifery Services Director, the National Emergency Medicine Programme and the National Acute Medicine Programme in the roll out a National Frailty Education Programme.

The programme aims to provide healthcare professionals with an enhanced understanding of frailty and frailty assessments, thereby ensuring earlier recognition of frailty, improved healthcare management and better health outcomes for frail older adults. The initial programme will be rolled out across hospital groups (HG) and their corresponding community healthcare organisations (CHO). The first wave will be completed with Saolta Healthcare Group and Community Healthcare Organisations 1 and 2 (as they relate to that hospital group) and will be completed in two consecutive phases at each location (HG and CHO).

- Phase 1 – nominated trainers from HG and CHO attend TILDA to complete a one day programme, being provided between February and July 2017
- Phase 2 – nominated trainers from HG and CHO provide frailty education locally in their/across their organisation, to commence in quarter two 2017.

Future development

The WHO has identified and promoted interdisciplinary collaboration as a strategy to strengthen and optimise healthcare systems and improve patient outcomes. However, health professionals have traditionally been educated in professional 'silos'. To achieve positive outcomes, interdisciplinary education must be integrated into the education curriculum for health professionals. It is proposed to use the findings of the initial programme to inform the development of an interdisciplinary frailty education programme and to explore the development of an e-learning blended platform.

Further information

For further information on the education programme contact deirdrelang@rcsi.ie, NCPOP director of nursing, or carmel.hoey@hse.ie, NCPOP service planner.

The NCPOP webpage provides information on the developments – including CNS template job specifications – see **www.hse.ie/eng/about/Who/clinical/natclinprog/olderpeopleprogramme/about/**

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

Thank you to Deirdre Lang and Carmel Hoey for sharing this information and preparing this column

References on request by email to nursing@medmedia.ie (Quote Q&S April 2017 WIN 25(3): 46)

Long-acting reversible contraception

LARC methods have several differentiating features from other forms of contraception which can make them particularly suited to certain groups of women, **Deirdre Lundy** examines the options

Part two of a two-part series

LONG-ACTING reversible contraception (LARC) is the term used to describe types of contraception that provide protection for an extended period and involve little user effort. As a result of this lack of need for compliance, they have been shown to be the most effective options for women who want to avoid pregnancy.

The first part of this article, in the last issue of *WIN*, examined Depo-Provera, Mirena and Jaydess. Part two will discuss copper IUDs and Implanon.

Copper IUDs

Throughout the world the most popular choice of intrauterine contraception is still a coil with copper on it. For example the majority of fertile, sexually active Chinese women use a copper device.[1] In Ireland copper devices were popular until the Mirena became available. These devices are not expensive, may last up to 12 years or more and are free of hormone-related side-effects.

Copper bearing devices are the only LARC option that can be inserted as a form of emergency or post-coital contraception and are much more efficacious than either oral ulipristal acetate or levonorgestrel for this purpose. They maintain this high post-coital efficacy for more than five days after the episode of unprotected sex.

Intrauterine copper devices come in many different shapes and sizes but only the ones that are T-shaped and have 380mm² of copper on both the vertical shaft and the horizontal arms are recommended by the FSRH. The greatest amount of data exists on these devices.

The average cost is under €30 and if inserted after a woman is 40 years of age, the UK Faculty of Sexual and Reproductive Healthcare (FSRH) does not recommend routine replacement.

Copper is toxic to both ovum and sperm, `therefore a copper coil works primarily by inhibiting fertilisation.[2] In addition, the endometrial inflammatory reaction has an anti-implantation effect. The copper ions in the cervical mucus inhibit sperm penetration. The efficacy of copper devices are similar to that of Mirena and Jaydess.

The pre-insertion counselling and assessment are the same for IUCD as Mirena/Jaydess but some eligibility criteria are different. Unlike a hormone containing coil, a copper coil is recommended for use in women with current VTE (on anticoagulants), ovarian cancer, ischaemic heart disease, current or past history of breast cancer, active viral hepatitis, severe decompensated cirrhosis or liver tumours (benign or malignant).

Some women prefer a non-hormonal version of an IUD even though they have no medical reasons to avoid an IUS and that should be their choice.

Those women who should not routinely be offered a copper device (but may be offered an IUS) include those with heavy or prolonged bleeding, endometriosis; severe dysmenorrhoea or anaemias such as thalassaemia, sickle cell disease and uncorrected iron deficiency anaemia. Wilson's disease and copper allergy are also contraindications for copper devices.

Placement procedures are identical for hormone coils and copper coils but copper devices require a two-handed technique to get the device out of the insertion tube –as opposed to the innovative, one-handed 'Evo-inserter' device used with Mirena and Jaydess.

The most common side-effect of a copper coil is extra bleeding. This is occasionally a reason for discontinuation


Copper IUD

so must be addressed at counselling. Although copper IUDs do not have any effect on ovulation they can be associated with shorter luteal phases and therefore shorter cycles. Heavier or longer menstrual periods are common in the first three to six months following Cu-IUD insertion but additional dysmenorrhoea doesn't seem to be an issue.

These longer and heavier bleeding patterns are not harmful unless so severe as to cause distress or anaemia; they usually decrease with time. Discontinuation due to bleeding is similar for the different types of Cu-IUDs.[3]

Implanon NXT

Over the past 17 years, Implanon has proven to be an effective and popular LARC, particularly among younger, nulliparous women. Implanon NXT, the current version, is a 4cm radiopaque, non-biodegradable implant that contains 68mg of etonorgestrel, a progestagen.

Etonorgestrel is a strong anovulant progestagen and so its primary mode of action

is prevention of ovulation; thickening of the cervical mucus and alteration to the endometrium are also observed, adding to its contraceptive activity.[4] In the 2007 American review of contraceptive failure, the etonorgestrel implant had the lowest failure rate; as few as 0.05% pregnancies in the first year of use.[5] Despite this, the return to fertility appears to be almost immediate after removal of the implant. Etonorgestrel's suppressive action on ovulation and endometrial development gives it non contraceptive benefit for dysmenorrhoea and to some degree endometriosis.

The impact of etonorgestrel on the endometrium is variable and as a result so are the PV bleeding patterns that emerge. This may be the biggest challenge for Implanon NXT users and the doctors who care for them. On the one hand you are offering a supremely reliable and fully reversible contraceptive product, but on the other hand you have to contend with a variety of possible bleeding patterns

Approximately 25% of users will become mostly amenorrhoeic but this may take up to six months to establish. Irregular, 'unscheduled' bleeding is not uncommon immediately after insertion. For an unfortunate 33% or so of users, this troublesome bleeding won't settle on its own and may need further medication to control it.

Various treatments have been investigated for the management of bleeding problems with progestagen-only implant users. Mefenamic acid and/or the combined pill have been shown to reduce bleeding. The FSRH guidelines recommend a three-month trial of the combined pill (where not contraindicated) taken either as usual or continuously, ie. omitting the pill-free interval.[6]

Doxycycline alone or in combination with the combined pill has also been shown to be effective at resolving this spotting but it may return quickly after discontinuing the support medication.

Prof John Guillebaud has suggested trying a form of endometrial 'pre-emptive strike' by offering an injection of Depo-Provera prior to inserting the implant.[7] This often reduces the incidence of disruptive bleeding and improves user satisfaction. If the bleeding is unresponsive within three to four months, consider the possibility of an underlying pathology such as an STI, polyp, cervical carcinoma, etc.

Few conditions prevent the use of an implant as etonogestrel does not appear to have any impact on the cardiovascular system. Age is not an issue; it can be offered from menarche to menopause and can be used by smokers or women who are breastfeeding. Women who experience migraine with aura may use the implant (as they can any other non-oestrogen product) but should discontinue if the migraines worsen.

Possible reasons not to use Implanon NXT include current or recent breast cancers and serious liver disease such as severe cirrhosis, malignant hepatomata and benign hepatocellular adenomata. SLE with positive or unknown antiphospholipid antibodies is also a precaution. The most common conflict arises from the impact that liver enzyme inducers (LEI) inflict on the metabolism of Implanon NXT. Women using rifampicin, some anticonvulsants (including topiramate as used for migraine) or taking certain anti-retrovirals must avoid the implant until they are 28 days free from the LEI.

Pharmacokinetic studies of progestagen-only implants have shown an inverse relationship between body weight and etonogestrel serum levels. There are concerns about the duration for which the method is effective in 'heavier' women. Although licensed for use up to 149kg (regardless of BMI) it is advisable to change those implants earlier than the full three years. Side-effects include weight change, low mood and low libido. Acne may occur, improve or get worse. Headache has been reported as a possible side-effect.

Insertion of Implanon NXT

The device should be inserted on the inner aspect of the upper arm, 10cm proximal to the medial epicondyle; avoiding the biceps groove and the structures buried in there. A marking guide is supplied by the manufacturer to assist accurate placement. The non-dominant arm is suggested but this is a matter of patient choice.

A local anaesthetic should be applied or instilled (cryogesic spray is effective as is subcutaneous lignocaine). An aseptic but not necessarily sterile technique is required for insertion. The device should be inserted fully under the skin avoiding the structures below. When correctly placed it should be easily palpable under the dermis.

Practice under supervision is required to gain confidence and although the new insertion device is designed to minimise the risk of placing the implant too deep, this may still occur. Placement too deep in muscle or fat doesn't impair the efficacy of the hormone but it makes removal very difficult. Very deep placements have been reported and injury to the vasculature or nervous system is possible and should be

Implanon (Etonorgestrel)

counselled about. If a device is not palpable at any stage – even immediately after insertion, the patient must be put on alternative contraception until the device has been located (x-ray or ultrasound).

Removal of a device requires some expertise and should not be undertaken without experience and never in cases where a device is impalpably deep. A sterile technique must be used for removals and efforts made to minimise the size of the removal puncture wound. A new device may be inserted through the removal wound but the new device should be inserted at an angle to the tract made by the previous device. The wound can be closed with steri-strips rather than sutures to improve cosmetic outcome.

Skin atrophy has been reported after placement which may be an adverse effect of local exposure to the steroid hormone. All of this must be discussed at the pre-insertion counselling.

LARCs have been shown to be very reliable and can have other, non-contraceptive benefits. In practice we have found that suitable patients are often either unaware of these options or believe themselves (wrongly) to be unsuitable.

Deirdre Lundy is a general practitioner in Bray, Co Wicklow

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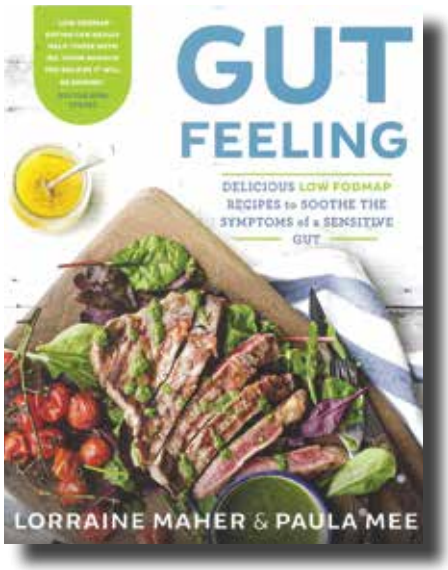
Eat well to feel well

GUT Feeling is a new book written by dietitians Lorraine Maher and Paula Mee, which contains more than 100 recipes that follow the low FODMAP diet.

FODMAP is an acronym that applies to a range of carbohydrates (Fermentable oligosaccharides diasaccharides monosaccharides and polyols) that are difficult for those with gut sensitivities to digest. Bowel conditions affect up to one in five people in Ireland, with irritable bowel syndrome (IBS) particularly common in young women in their 20s and 30s.

Research has demonstrated that the low FODMAP diet is proven to relieve the symptoms of a sensitive gut and it is increasingly recognised as a firstline management tool for IBS. It is an elimination diet that excludes the carbohydrates mentioned above.

As pointed out by Maher and Mee in the introduction, the evidence to support a low FODMAP diet is so convincing that national bodies such as the Irish Nutrition and Dietetic Institute, the British Dietetic Association and the National Institute for Clinical Excellence have all incorporated it into their evidence-based guidelines for the management of IBS. The authors, dietitians of renown and experience, have also



undertaken additional training in this area.

There are three stages to the diet; exclusion of FODMAPS, reintroduction of foods in a particular order on a phased basis, and finally the introduction of a modified diet based on tolerated foods in the reintroduction phase.

Like all exclusion diets, cutting out FODMAP ingredients can leave people at a loss as to how to eat well without using staples such as bread, pasta, dairy, onion and garlic and according to the authors this book aims to address this by presenting a wide range of recipes that use, mostly, easy to find ingredients.

The book is laid out in a very logical fashion with the first chapters focusing on the main meals – breakfast and brunch, lunch and finally dinner – followed by a chapter on stocks, dressings, dips, spreads and sauces, and then there is a chapter each for desserts, snacks and drinks.

Some sample recipes from *Gut Feeling* include buckwheat pancakes with blueberry for breakfast, tandoori chicken bites for lunch and Mexican chicken fajitas for dinner, all of which are packed with colour and flavour so even with a restricted diet there is no need to miss out on taste.

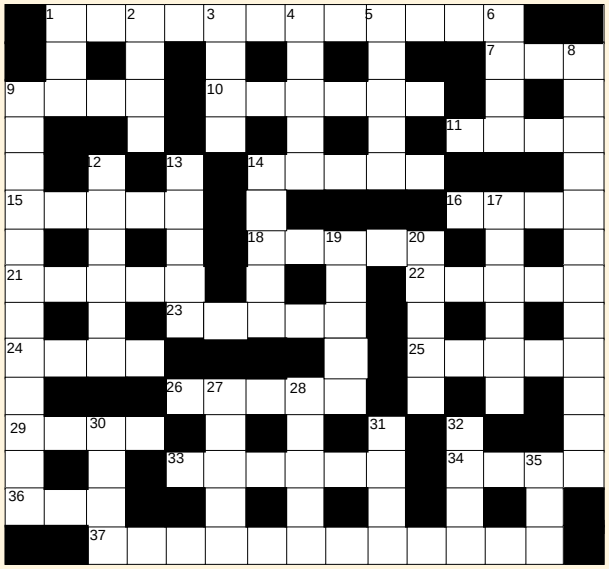
The book is beautifully photographed and presented. Each recipe is coded to let you know if it is suitable for weight management, is spicy, high carb (for sports endurance) and/or high fibre. The portion size – broken into Kcals, fat, saturated fat, carbs, sugar, fibre, protein and salt – is also detailed, alongside allergen information.

- Alison Moore

Gut Feeling by Lorraine Maher and Paula Mee is published by Gill Books. ISBN: 978-0-7171-7261-0 RRP €19.99

Crossword Competition

WIN A €30 BOOK TOKEN



Across

1 Formally credits with the rewriting of wacko legends (12)
7 Masculine pronoun (3)
9 Chime (4)
10 Tempestuous (6)
11 Insects which live in a colony (4)
14 Citrus fruit (5)
15 Type of lizard (5)
16 Eye infection encountered in frosty environs (4)
18 Manages (just about) (5)
21 It makes one red to see a rogue so confused (5)
22 Hobo (5)
23 The lowest point of the reconstructed drain (5)
24 Above being finished (4)
25 Playfully act in amorous manner (5)
26 The cost of soft cereal (5)
29 Adam and Eve's garden paradise (4)
33 Cause upset (6)
34 Connacht county (4)
36 Wood traditionally used for making hurleys (3)
37 Bone condition discovered, so root posies out (12)

Down

1 Beer (3)
2 Item of attire worn by pipers and Scotsmen (4)
3 Eject forcibly (4)
4 Unfettered (5)
5 Disney's flying elephant (5)
6 Ostracise (4)
8 Looks like mother discarded the spud to present it thus! (6,6)
9 This musical work by John Gay involves some garbage prose! (7,5)
12 Make an allegation (6)
13 Twelve (5)
14 Stiffened a drink with card in Longford (5)
17 Distressingly sad (6)
19 Money container (5)
20 Rigid (5)
27 Firearm (5)
28 Chopped peach is inexpensive (5)
30 Reverberate (4)
31 Rode around an East European river (4)
32 Little devils (4)
35 Affirmative word (3)

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

The prize will go to the first correct entry opened.
Closing date: Tuesday, April 20, 2017
Post your entry to: Crossword Competition, WIN, MedMedia Publications, 17 Adelaide Street, Dun Laoghaire, Co Dublin

Solutions to March crossword:

Across:
1. Sit 3. Benediction 8. Impede 9. Observed 10. Paste 11. Shrub 13. Fiend 15. Day ward 16. Overdue 20. Harps 21. Crows 23. Metal 24. Kangaroo 25. Arctic 26. Table tennis 27. Rap

Down
1. Slipped disc 2. Tapestry 3. Badge 4. Evolved 5. Chews 6. Invert 7. Ned 12. Baseball cap 13. Firth 14. Dives 17. Dictator 18. Dragoon 19. Hobnob 22. Slane 23. Mares 24. Kit

The winner of the March crossword is: Katie Lawler, Corrymore, Co Carlow

MONEY MATTERS

Is your life cover right for you?

Ivan Ahern outlines three key reasons why you should review your life cover today

LOVED ones come first and foremost when we think about future financial security. Your spouse and children would be most significantly affected if you were no longer there to provide for them, but anyone in your life who would face a financial challenge if you passed away would also be affected, for example by having to pay off any loans or debts that you have.

Statistics show that 25% of people with life insurance in Ireland don't know how much cover they actually have.[1] As with any insurance policy, it is important to review your life cover on a regular basis to ensure that you have the right level of protection for your changing needs as well as to see if you could save money.

There are three key reasons why you should review your life cover:

Your circumstances have changed

Buying a new home or having a child are two significant life events that require a life cover change, but there are lots of others. Variations in your personal circumstances or even your lifestyle can mean that the life insurance level that you require has changed. You should ask yourself:

Has your health status has changed?

- Have you given up smoking?
- Have you been more active and lost a significant amount of weight?
- Have you been eating healthily and lowered your blood pressure as a result?

Has your financial status changed?

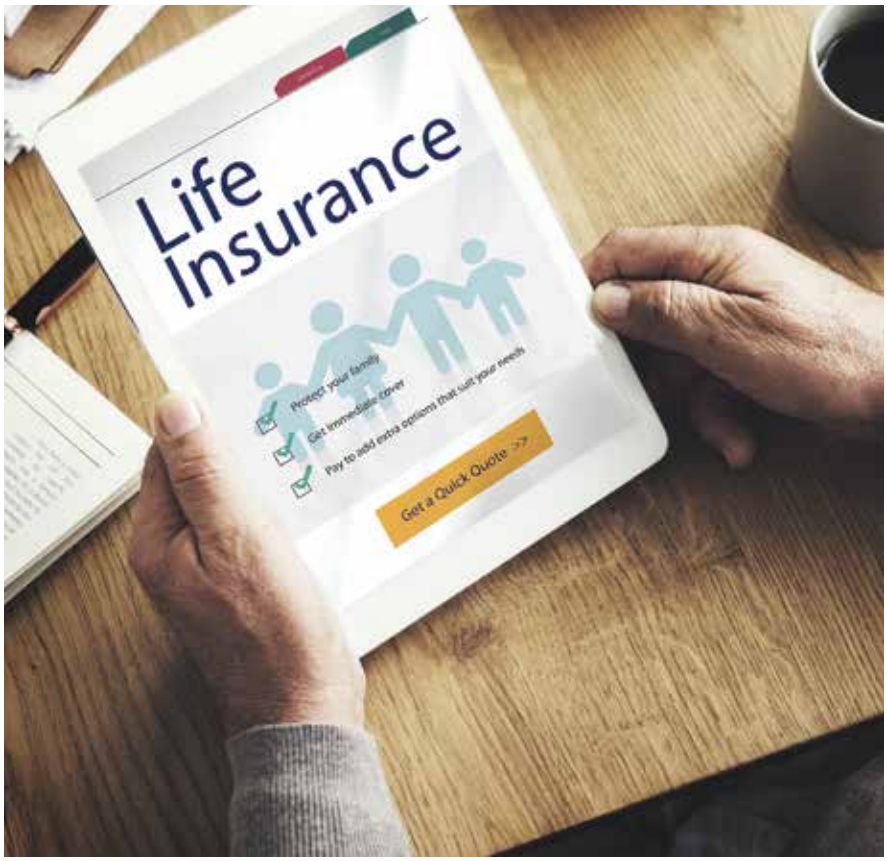
- Has your income has changed?
- Have you taken out additional loans?
- Have your children left home and no longer depend on you financially?

Has your marital status changed?

- Have you got married? If so your spouse needs to be factored into your cover
- Have you got divorced? If so the list of beneficiaries on your policy must be updated.

Have you taken out other policies?

If you or your partner has subsequently taken out other policies that include an element of life cover, you should review all policies collectively to ensure that you're not over-insured and that you're on the right policy type for your situation; for example single cover, joint cover or dual cover.



You've never reviewed your cover

If you own your own home, it's highly likely that when you took out your mortgage protection, you availed of the policy that your mortgage provider offered you. If so, you should consider the following:

- Most mortgage providers deal with only one insurance company, which may not offer the best rates or terms available on the market
- Since you took out your policy, you have paid several years off your mortgage, so the level of cover you need has naturally decreased over time.

There are better policies available

There are hundreds of life insurance policies available on the Irish market today. It can be mind boggling. However, the fact is that this is a highly competitive market and life insurance providers are constantly offering new types of cover, at ever more affordable prices. You should take advantage of what this market has to offer by reviewing your cover today. You can also avail of a free life insurance comparison with Cornmarket. For more information visit **www.cornmarket.ie** or call us at Tel: 01 4200965.

Ivan Ahern is a director at Cornmarket

1. Source: Irish Life, May 2015

Planning application for new National Maternity Hospital put forward

THE planning application for the new National Maternity Hospital was submitted in early March, following a recent determination by An Bord Pleanála that the proposed development of the new hospital on the St Vincent's campus constitutes a strategic infrastructure development.

Speaking about the new hospital Minister for Health Simon Harris said: "The lodgement of the planning application is a milestone in the development of the future infrastructure we want for our maternity services. We are going to provide women with an appropriate environment where they can deliver their babies in safety, in comfort and with their privacy respected."

The project constitutes the largest single investment ever to be made in maternity services in Ireland. The new development will cater for up to 10,000 births per annum and will include state-of-the-art obstetrics and gynaecology care facilities, including five operating theatres, 50 neonatal intensive care and special care single cot rooms, 24 delivery rooms, emergency and outpatient departments, ultrasound facilities and single inpatient rooms throughout.

The development will also include the provision of enhanced facilities for shared services for the overall campus including catering/canteen facilities, stores and waste management facilities.

Additionally, a number of displaced St Vincent's University Hospital facilities will be re-provided as part of the project.

Pictured (l-r): *Kay Connolly, chief operating officer, St Vincent's University Hospital; Minister for Health Simon Harris; and Dr Rhona Mahony, master, National Maternity Hospital. The proposed new National Maternity Hospital will include state-of -the art obstetrics and gynaecology care facilities*

NUIG world ranking

The School of Nursing and Midwifery in NUIG was ranked in the top 100 universities in the world by the subject 'nursing' in the QS World University Rankings recently. This is the first time that the NUIG School of Nursing and Midwifery has ranked in the top 100.

Other Irish institutions ranked for nursing include Trinity College Dublin, University College Cork and University College Dublin.

The QS subjects analysis is based on research papers and citations of work from individual university academics, as well as response to surveys of employers and other academics.

Pictured in the Royal Hospital Kilmainham at a major all-island conference to mark International Rare Disease Day were (l-r): *Derick Mitchell, CEO, Irish Platform for Patient Organisations, Science and Industry; Mark Pollock, inspirational adventurer, author and patient advocate; Avril Daly, vice president, EURORDIS and chair, Genetic and Rare Disorders Organisation, Ireland; and Philip Watt, chairperson, Medical Research Charities Group. The conference aimed to raise awareness of rare diseases and their impact, and was attended by many people living with rare diseases and their families*

Healthy heart information pack launch

Supporting the rehabilitation of cardiac patients post-hospital care

MSD has joined forces with Galway University Hospital's Maeve Frawley, clinical nurse manager in the coronary care unit (CCU), to launch a 'healthy heart' information pack to support the rehabilitation of cardiac patients post-hospital care.

Spearheaded by Ms Frawley, the aim of this 'one-stop-shop' information pack is to help support patients who are recovering from a heart attack, a stent or heart surgery. It also provides comprehensive information for patients after an acute coronary event.

Recovery from cardiac procedures can often take up to two months, and rehabilitation is crucial to enable healing and restoration of full health.

Part of a broader MSD patient support programme, this easy-to-read pack provides information to patients to help them take control of their health and reduce the risk of a secondary cardiac event. The pack includes tips on how to lead a healthy, active lifestyle, as well as information on cholesterol including a cholesterol record booklet. A standardised text message service is also provided, acting as a reminder to patients post-discharge to make appointments to visit their GP at 12-week and 20-week intervals.

This standardised pack is set to be distributed to post-acute coronary event patients across the country.

Pictured (l-r) at the launch of the 'healthy heart' information pack were: *Maeve Frawley, clinical nurse manager, coronary care unit, Galway; and Ruth Lynch, MSD Cardiovascular Division*

Pictured at the RCSI:
Niall Breslin, mental health advocate, musician and television presenter, was made an honorary fellow of the RCSI Faculty of Nursing and Midwifery in recognition of his contribution to mental health advocacy. Mr Breslin has campaigned to help change attitudes towards mental health issues in Ireland and advocated on the need for educational, systematic and cultural change. Honorary fellowships of the Faculty were also awarded to Emily Logan, chief commissioner of the Irish Human Rights and Equality Commission, and to John Murray, vice president of the NMBI, in recognition of their outstanding contributions to society, nursing and midwifery

Renal dietitians launch new website to coincide with World Kidney Day

TO COINCIDE with World Kidney Day on March 9, a group of registered dietitians launched a new website **www.irish-kidneydiet.ie**, which aims to highlight the critical role of diet for patients with chronic kidney disease.

The website was founded by a group of dietitians from the Renal Interest Group of the Irish Nutrition and Dietetic Institute. The vision behind it was to create a patient education website covering all aspects of the renal diet for people with chronic kidney disease and their carers.

The new website will help those interested in understanding the kidney diet better to explore new avenues with regard to cooking on a kidney diet and to improve the food choices and variety available to them. It contains over 40 recipes, a selection of daily meal plans, useful videos and FAQs to help patients with chronic kidney disease manage their diets.

All of this information can be found on **www.irishkidneydiet.ie**

Nurses helping the sick to die at home

SOME 600 people with diseases other than cancer who were approaching death last year had their wish to die at home fulfilled with the support of Nurses for Night Care.

The nationwide service, supported by the Irish Hospice Foundation through donations from the public, provides free night nursing care to people in their own home.

Marie Lynch, IHF head of healthcare programmes, said: "Three-quarters of Irish people would like to die at home, according to IHF research but only approximately one in four get to do so. Support from Nurses for Night Care enables people to die at home if that is their wish. Demand for the service grows annually. We provided 100 nights of care when we launched the service 11 years ago. That number grew to 2,027 nights in 2016, costing €649,171. Care was delivered in 26 counties across Ireland and we are so very grateful to everyone who donated to make this difference. Referrals are made to the night nurses by the specialist palliative care home care team to us and it is then arranged for a nurse to visit the home."

The Irish Hospice Foundation has an agreement with the Irish Cancer Society to provide the service.

April

Thursday 6
Retired Nurses and Midwives Section meeting. INMO HQ. From 11am. Contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details

Saturday 8
PHN Section meeting. INMO HQ. 11am-1pm. Contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details

Saturday 8
Community RGN Section meeting. INMO HQ. 11am-1pm. Contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details

Thursday 20
International Nurses Section meeting. St James's Hospital doctor's conference room. From 5pm. Contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details

May

Wednesday 10
OHN Section conference. Cork. Log on to **www.inmoprofessional.ie** or contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details

Saturday 13
School Nurses Section meeting. Portlaoise Heritage Hotel, Town Centre, Portlaoise. 10.30am. Contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details

Tuesday 16
Student Allocations Liaisons Group meeting. INMO HQ. From 12.30pm. Contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details

Saturday 27
CNM/CMM Section meeting. INMO HQ. 11am. Contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details

Tuesday 30
Telephone Triage Section meeting. Limerick. Session on pregnancy complications and mindfulness. 10am. Contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details

June

Wednesday 7
ED Nurses Section meeting. INMO Cork Office. 10am. Contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details

Saturday 10
PHN Section meeting. INMO HQ. From 11am. Contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details

Saturday 10
Community RGN Section meeting. INMO HQ. 11am-1pm. Contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details

Saturday 10
CNM/CMM Section meeting. Limerick. 11am. Contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details

Upcoming events

- The Irish Nephrology Nurses Association workshop will take place on April 28, 2017 in City North Hotel and Conference Centre, Co Meath. For further details Tel: 01 809 2513 or email: harveymcdonnell@beaumont.ie or helendunne@beaumont.ie
- The Irish Nurses and Midwives Golf Society outing will take place on May 19, 2017 in Portumna Golf Club. Cost €50. Booking from April 3, 2017, email: portumnagc@eircom.net. Bookings will only be confirmed on receipt of payment within five days to Bernie Kilmartin or Marie Kelly, Portumna Golf Club, Ennis Road, Portumna, Co Galway. For further details contact Bernie Kilmartin at Tel: 087 6787395 or Michael Ryan at Tel: 090 9741059
- The second National Paediatric Children's Nurse Specialist Seminar, entitled 'Paediatric specialist nursing – a changing landscape' will take place in AMNCH Auditorium, Tallaght Hospital on Thursday, May 25, 2017 from 8.30am to 4.30pm. Admission is free. Tel: 01 4142846, Bleep: 7186, email: patricia.gaule@amnch.ie
- Celebrating Midwifery Education Milestones in UCD, including a masterclass with Prof Ruth Deery will be held on April 27 from 2-5pm. Focus on delivering women-centred care through midwifery leadership. All midwives welcome. Visit **www.nmhs.ucd.ie** for further information

Condolences

- The INMO would like to send its deepest sympathies to IRO Mary Power and her family on the death of her mother Kathleen Swords
- The INMO offers its sincere condolences to membership officer Mary Cradden and her family on the recent deaths of her parents Frances and Martin Morahan

INMO Membership Fees 2017

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 & IT institutes)*	€116
E Associate members *Not working*	€75
F Retired associate members	€25
G Student nurse members	No Fee