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WIN

INMO
Journal of the
Irish **Nurses** and
Midwives Organisation

World of Irish Nursing & Midwifery

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Cover image *pictured (l-r) on this month's WIN cover are: Roisín Smith, Ruth Schwarz and Julie Heslin*

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Investing in nurses and midwives

THE campaign for better pay, staffing and conditions is intensifying as we approach the end of 2018. Our aim is to ensure that salaries reflect the value we bring to the health service as graduate professionals – 24/7, 365 days a year.

We are down the equivalent of 1,650 nurses and midwives since 2007. With more activity in the health service, it is no surprise that our workplaces are busier, conditions more acute and staff under pressure.

Improving pay and conditions for nurses and midwives will help recruit and retain more of us and is an investment that will benefit patients. We are not alone in that belief, several reports in the past year have made this point.

In May, for example, the International Centre on Nurse Migration looked at the pay and migration of nine million nurses across 18 countries between 2006 and 2016. Outside of Asia, nurses in all countries recovered their purchasing power faster than Ireland. The recovery of nurses' salaries fell behind others such as teachers, accountants, police and medical staff. Nurse turnover and migration rates increased. The UN estimates that there is a worldwide shortage of nine million nurses, creating intense competition between countries for staff.

The overall conclusion of the report is clear: there is an urgent need to improve pay and working conditions for nurses to attract and retain staff. But the report also makes clear that political decisions determine our pay globally, advising that "all governments have a responsibility to ensure safety and security of their citizens and this includes having enough healthcare professionals, because the consequences of not are detrimental to human health and mortality".

Another report, from the 2018 World Innovation Summit for Health, demonstrates how far our professions have come and how much we have to offer to health services. Many nurses and midwives are already practising at advanced levels, but their potential is being limited by inadequate resources, insufficient support and poor conditions. The report describes this as an "extraordinary waste of talent and resources", finding that "countries that invest in and develop their nursing and midwifery workforce can achieve a rapid, cost-effective expansion of high-quality universal health coverage".

INMO members are ready, willing and able to lead on innovative care models that will add huge value to the health service, improving patient care and outcomes, and living up to Sláintecare's vision of universal access to quality healthcare.

The Irish government could learn a lot from these two reports. Our country has a major advantage when it comes to nurses and midwives: we can train 1,700 each year. But the challenge is to recruit and retain them.

Pay simply must be part of the solution. The current Public Service Stability Agreement is the only collective bargaining mechanism available and it can be used to resolve the issues we face. Clause 3 of the agreement allows pay changes to combat recruitment and retention.

But the government has not taken this opportunity and we are unfortunately forced to ballot for strike. We will not be bullied by threats to withhold pay restoration or increments. It is still not too late for the government. They should engage with the INMO and all parties must honour the recruitment and retention clause of the agreement.

It is not in the public interest to ignore the advice of international experts and the clear evidence of staff shortages. As the director general of the World Health Organization said in the innovation report: "Invest in nurses and midwives to strengthen person-centred care, create opportunities for women and achieve universal health coverage".

Phil Ní Sheaghdha
General Secretary, INMO

Your priorities with the president

Martina Harkin-Kelly, INMO president

A new year

I WISH all of you and your families a merry Christmas and a happy new year. In particular, I want to pay tribute to the thousands of nurses and midwives working throughout the break, delivering lifesaving care under near-impossible conditions.

There's a lot of spin about the health service, with near-daily sound bites launched. But the simple fact is that, following hospital admission, over 100,000 men, women and children were forced to languish on chairs and trolleys across Ireland this year, without proper beds. By standing together, we can use this next year to make our workplaces safer and better for patients, nurses and midwives alike.

Gender-proofing the budget

BUDGETS by their very nature have a massive impact on our lives. The figures often balance on paper, but the reality is often different. We know that women can be disproportionately affected by budget changes, so I was glad to represent the INMO at the National Women's Council of Ireland event looking at how financial policy affects women. Budget 2019, we were told, sadly, did not feature a gender impact statement, which would have told us how women were most affected by changes. However, it appears change is on the way, as indicated by a speaker from the Department of Public Expenditure and Reform. The government is piloting six gender impact assessments in areas such as childcare, smoking, the arts, apprenticeships and sports. They have plans to widen that to another 20 areas. More than 90% of nurses and midwives are women, so we know all too well that professions that are perceived to be female are often valued less.

Joint Midwifery Conference

I WAS honoured to open the All Ireland Midwifery Conference, which marked 100 years since the Midwives Act (Ireland) of 1918. The Act required only qualified midwives to attend births, setting in train the birth of a regulated, high-skill profession. This year's event attracted a large attendance from across the island. Members joined sessions heavily focused on evidence-based practice, but heard that many midwives are forced to work in health services that focus more on targets and bypass education. At the heart of this are numbers. It is widely accepted that there should be at least one midwife for every 29.5 births – a figure which the government's own National Midwifery Strategy uses. Yet any midwife will tell you that reality does not match up. The conference also paid tribute to Breedagh Hughes – the former director of Royal College of Midwives Northern Ireland – who retired recently. I know that we will all wish her health and happiness in her retirement. As ever, I would like to thank the INMO and RCM organising committee, along with all the staff who worked so hard to make this event a success.

Europe's occupational health nurses

THE INMO was delighted to host the Federation of Occupational Health Nurses within the European Union at our headquarters. It was a great opportunity to meet with OHNs from across the continent and discuss the issues we all face. In my address, I gave an overview of the struggles nurses and midwives in Ireland have had, particularly on the effect of the recent recession on our professions. I reiterated how occupational health has a key role in preventing work-related illnesses and in promoting good health.

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

Thought of the month

If I go alone, I may go faster. If we go together, we'll go further

Africa proverb

Report from the Executive Council

WHAT a month it has been. In October, 94% of members voted to reject the government's proposals. The Executive then decided to ask members to vote on whether to go on strike to secure a better deal.

Balloting began on November 19, with results due to be announced on December 14. A national strike is a big step – one that we have taken only once before in our history. For that reason, we are seeking a mandate where at least two-thirds of voters support industrial action.

If we collectively vote to strike, we have agreed that it will be a 24-hour work stoppage, providing only essential life-preserving care and emergency response teams for theatres and emergency departments. If the dispute isn't resolved, this would escalate to two 24-hour periods a week.

This isn't simply about pay. It's about safety. Go to any part of our health service, and you'll see that we simply can't recruit and retain enough nurses and midwives on the current wages. This situation compromises clinical care.

I have always repeated the mantra that no nurse or midwife chooses strike action lightly – however, we have been forced down this route. It's time that our work is valued equally and fairly. Attend a ballot meeting, exercise your vote, and stand with your colleagues, united!

Can I please remind all our members, who are working in conditions where they cannot provide safe care, to complete their disclaimer forms – this will be your only safeguard in the event of a near miss or an incident.

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

Record overcrowding does not augur well for the winter months

THIS year saw the worst October on record for hospital overcrowding, with 9,055 admitted patients forced to wait on trolleys and chairs for beds. This is over twice (+124%) as bad as when the INMO trolley watch began in 2006.

The problem was particularly acute in University Hospital Limerick, where 1,045 patients were on trolleys during the month – the highest in the country. This is the equivalent of the hospital's total bed capacity twice over.

Trolley figures surpassed the 500 mark at a further five hospitals in the month, at: University Hospital Galway, 716; Cork University Hospital, 647; Letterkenny University Hospital, 572; Mater University Hospital, 519; and University Hospital Waterford, 512.

The INMO also expressed concern at overcrowding at smaller hospitals, including South Tipperary General Hospital, which had 474 patients on trolleys, almost three times the hospital's total bed capacity.

100,000 patients on trolleys

As we went to press, the INMO released figures revealing that 2018 was already the worst ever year for hospital overcrowding, with more than a month left in the year. The number of admitted patients without beds in Irish hospitals exceeded 100,000 on November 28 – for the first time since records began.

INMO general secretary Phil Ní Sheaghdha said: "Before December, we'd already broken the record for the most patients on trolleys in a year. Behind these statistics are vulnerable individual patients, forced to wait in unsafe, uncomfortable conditions. Frontline health workers are pulling out all the stops to deliver care in impossible circumstances. But the health service simply does not have enough capacity or staff.

"Adding extra beds requires extra staff. Without addressing the recruitment and retention crisis, the HSE will not be able to recruit enough nurses and midwives to resolve this crisis."

Table 1. INMO trolley and ward watch analysis (October 2006 – 2018)

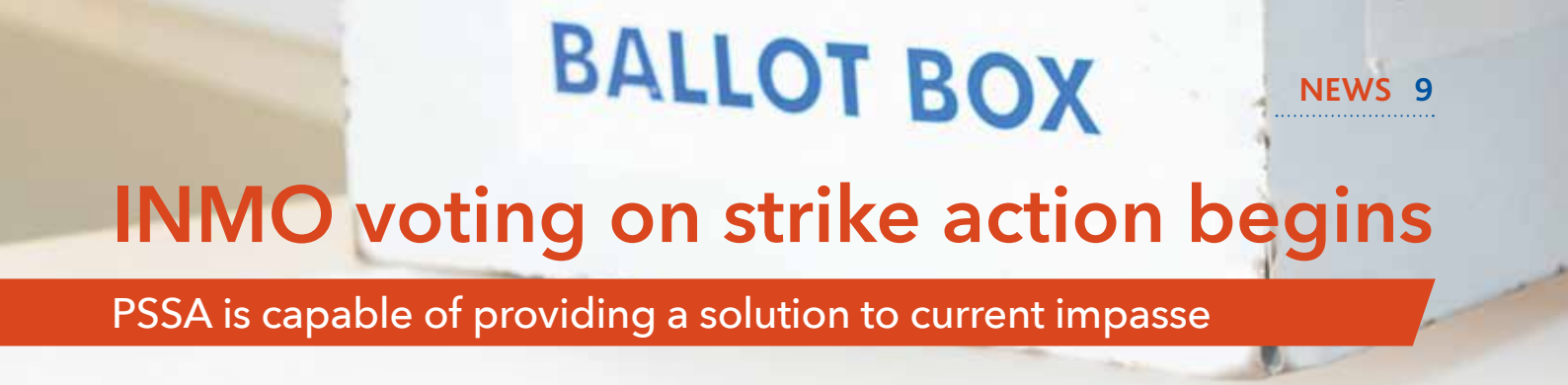
Hospital	Oct 2006	Oct 2007	Oct 2008	Oct 2009	Oct 2010	Oct 2011	Oct 2012	Oct 2013	Oct 2014	Oct. 2015	Oct 2016	Oct 2017	Oct 2018
Beaumont Hospital	368	683	590	799	607	594	447	656	658	803	326	367	349
Connolly Hospital, Blanchardstown	234	249	218	191	386	348	292	698	570	372	181	220	264
Mater Hospital	352	435	604	398	432	317	382	226	390	340	391	403	519
Naas General Hospital	137	85	236	290	280	287	237	187	320	270	164	214	157
St Colmcille's Hospital	67	55	176	146	172	210	212	36	n/a	n/a	n/a	n/a	n/a
St James's Hospital	39	94	249	111	86	116	79	84	278	144	175	102	202
St Vincent's University Hospital	301	621	493	533	470	511	375	42	260	467	361	237	362
Tallaght Hospital	283	406	512	325	674	134	110	390	309	533	287	425	397
National Children's Hospital, Tallaght	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	5
Our Lady's Children's Hospital, Crumlin	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	29
Temple Street Children's University Hospital	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	83
Eastern total	**1,781**	**2,628**	**3,078**	**2,793**	**3,107**	**2,517**	**2,134**	**2,319**	**2,785**	**2,929**	**1,885**	**1,968**	**2,367**
Bantry General Hospital	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	30	4	26	89	1
Cavan General Hospital	215	145	111	266	335	288	144	177	26	69	38	39	51
Cork University Hospital	181	310	410	425	562	464	263	313	225	544	599	635	647
Letterkenny General Hospital	222	25	33	37	24	47	32	160	133	214	121	459	572
Louth County Hospital	10	5	n/a	5	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mayo University Hospital	268	56	64	176	93	14	104	22	65	156	239	152	166
Mercy University Hospital, Cork	50	56	115	67	184	140	209	257	193	133	240	354	127
Mid Western Regional Hospital, Ennis	20	6	15	73	132	341	145	215	297	353	337	342	339
Midland Regional Hospital, Mullingar	59	23	35	33	39	306	8	56	132	212	264	136	249
Midland Regional Hospital, Portlaoise	2	n/a	6	n/a	100	212	128	20	413	281	443	422	356
Midland Regional Hospital, Tullamore	53	2	6	3	34	9	73	n/a	n/a	20	25	14	50
Monaghan General Hospital	7	4	18	n/a	n/a	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	6	8	17	n/a
Our Lady of Lourdes Hospital, Drogheda	351	228	292	382	368	745	514	184	631	616	508	257	114
Our Lady's Hospital, Navan	66	73	50	117	3	143	76	69	66	135	27	394	38
Portiuncula Hospital	14	30	n/a	87	9	91	52	18	127	101	116	29	105
Roscommon County Hospital	78	55	64	57	52	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Sligo University Hospital	39	65	33	155	149	114	202	37	162	117	194	193	454
South Tipperary General Hospital	105	62	51	17	13	68	229	256	126	140	481	546	474
St Luke's Hospital, Kilkenny	n/a	n/a	n/a	n/a	24	140	81	230	143	349	226	495	249
University Hospital Galway	132	261	307	308	320	763	273	317	505	469	524	679	716
University Hospital Kerry	76	30	69	47	35	30	26	52	72	137	199	240	287
University Hospital Limerick	147	171	212	267	405	367	355	244	484	763	885	719	1,045
University Hospital Waterford	n/a	n/a	38	52	111	53	185	190	140	217	290	483	512
Wexford General Hospital	166	43	34	158	265	462	67	73	222	6	55	241	136
Country total	**2,261**	**1,650**	**1,963**	**2,732**	**3,257**	**4,797**	**3,166**	**2,890**	**4,192**	**5,042**	**5,845**	**6,935**	**6,688**
NATIONAL TOTAL	**4,042**	**4,278**	**5,041**	**5,525**	**6,364**	**7,314**	**5,300**	**5,209**	**6,977**	**7,971**	**7,730**	**8,903**	**9,055**
Of which were under 16	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**119**

Comparison with total figure only:

Increase between 2017 and 2018: 2%
Increase between 2016 and 2018: 17%
Increase between 2015 and 2018: 14%
Increase between 2014 and 2018: 30%

Increase between 2013 and 2018: 74%
Increase between 2012 and 2018: 71%
Increase between 2011 and 2018: 24%
Increase between 2010 and 2018: 42%

Increase between 2009 and 2018: 64%
Increase between 2008 and 2018: 80%
Increase between 2007 and 2018: 112%
Increase between 2006 and 2018: 124%



INMO voting on strike action begins

PSSA is capable of providing a solution to current impasse

INMO members throughout the country had begun voting on taking all-out strike action as we went to press, with the outcome of the ballot due to be announced on December 14, 2018.

If passed, nurses and midwives would stop work for 24 hours, providing only essential, life-preserving care and emergency response teams for theatres and emergency departments. If unresolved, this could escalate to two 24-hour stoppages the following week.

The vote aims to resolve understaffing in the health service, where low wages have made it impossible for the HSE to recruit and retain enough nurses and midwives to provide safe care.

According to the HSE, there is only one application for every four nursing vacancies. The health service now pays recruitment agencies a €10,000 bounty for every nurse or midwife they find to hire.

There are 1,650 fewer nurses working in the Irish public health service today than in 2007, with a fall of 227 staff nurses between December 2017 and September 2018 alone.

The INMO has called for an across-the-board pay rise to deal with the problem. Two agencies have already taken this approach, offering nurses and midwives at least 20% more than the HSE rate *(see page 10)*.

The government's previous proposals on pay, which would have no affect on most nurses and midwives, were rejected by 94% of INMO members in October. Although notified of the rejection on October 17, health employers have failed to meet the INMO to discuss the matter.

INMO president Martin Harkin-Kelly said: "We have been forced down this path because the government has failed to deal with chronic understaffing. Nurses and midwives are the lowest paid professionals in the health service, which is why the HSE is finding it impossible to recruit or retain.

"We cannot wait any longer. Patients deserve a properly staffed health service."

INMO general secretary Phil Ní Sheaghdha said: "This is about safety. The HSE simply cannot hire enough nurses and midwives on these wages. Patients are suffering the consequences as our wards and services go understaffed. Nurses and midwives do not want a strike – they want a solution."

She expressed disappointment that, rather than meeting directly as requested by the Organisation, the Minister for Finance had decided to communicate over the airwaves. The INMO requested a direct meeting as far back as August 30, 2018, and again on September 5, 2018. This invitation still stands.

"Section 3 of the Public Service Stability Agreement was written to deal with recruitment and retention problems. The government and health employers must use it to deal directly with INMO claims. Playing brinkmanship will not suppress the legitimate issues nurses and midwives have raised," said Ms Ní Sheaghdha.

The government has a responsibility to ensure the safety and security of all citizens, which includes having enough nurses and midwives adequately trained. The consequences of not doing so are detrimental to human health.

The facts behind the recruitment problems

- There were 227 fewer staff nurses employed in September 2018 than December 2017
- There are 1,650 fewer nurses working in the Irish public health service at the time of going to press than in 2007
- We are unable to recruit midwifery staff to match the recommended safe level of staff midwives to births ratio
- The demand for hospital and community care services has grown significantly since 2007
- Hospitals and community care services will get busier due to the changing demographics of Irish society
- Recently nursing/midwifery agencies have increased the rate for nurses/midwives they engage by 20% and, in addition, are offering new entrants point 5 of the salary scale
- Likewise, domestic private hospitals are now also offering incentives to new entrants to come and work in the private hospital sector
- The INMO faces a constant difficulty seeking to get the HSE and Department of Health to live up to commitments they enter into in relation to recruitment and retention agreements
- Recruitment of nurses and midwives is now taking place within a very competitive global market and Ireland falls behind all the main competing countries when it comes to pay
- Nursing and midwifery salaries were to be reviewed considering the advances in education and expansion of roles; this commitment given in 2006 is outstanding and can be comprehended within the terms of the PSSA

The International Council of Nurses recently published research into the relationship between nurses pay and supply, which concluded that: "Political choices and priorities appear to be a dominant driver in terms of the level of nurses pay. However, politicians and policy makers cannot ignore the significance of pay as a factor influencing recruitment and retention. Short-term decision making in relation to pay appears to be self-defeating. Medium and long-term pay, and rewards strategies need to be in place to ensure workforce supply meets population needs and to deliver economic competitiveness and sustainable growth".

Ms Ní Sheaghdha said: "The Minister's disappointment is shared by the members of the INMO, who believe they are forced into a position of taking industrial action because real and substantive engagement has not taken place either with the Department of Public Expenditure or the Department of Health and the HSE, in respect of the very real issues they face in their workplaces due to an inability to retain nurses and midwives at work.

"What they seek is engagement in accordance with section 3 of the PSSA and the government will not find them wanting in respect of proposing cost saving measures. The figures set out by the Department of Public Expenditure and reform are exaggerated and seek only to portray the real cost of safe care as unattainable. INMO members do not accept this position as they face patients daily who deserve better".

Agency staff paid 20% over HSE rates

Taxpayer to pay over €100m on agency nurses and midwives this year

AGENCIES are offering nurses and midwives 20% higher wages than the public sector rates – often to work in the same job in the public health service, the INMO has revealed.

The union argues that this is further evidence that public sector pay in nursing and midwifery is below the real market rate, which in turn is exacerbating the difficulties in recruiting and retaining nurses and midwives in Ireland's public health service.

Xtra Nursing Agency, which offers agency staff to the HSE, now pays an hourly rate at least 20% higher than that paid in the public sector. Agency nurses in their first five years of employment are also bumped up to the fifth increment.

For a newly qualified nurse, this would mean the equivalent of an extra €13,000 per annum (a 46% pay difference). For a senior staff nurse, it would mean close to €10,000 extra (20%).

Another agency provider to the HSE, the Scottish Nursing Guild, also offers rates 20% higher than the public sector rate.

Agency nurses and midwives cost the HSE over €1.4 million per week. The HSE uses agencies to cover staffing gaps in the health service, which the INMO argues are primarily caused by low pay.

INMO general secretary Phil Ní Sheaghdha said: "94% of nurses and midwives rejected the government's proposals – and the market clearly agrees with them. The public sector simply isn't offering the going rate for the job. There is now a pay gap of 20% between staff doing the same work, at the same time, in the same hospital.

INMO general secretary Phil Ní Sheaghdha: *"The public sector simply isn't offering the going rate for the job"*

"Is it any wonder that many of Ireland's nurses and midwives are opting for agency or overseas work? The government's refusal to listen to the frontline mean that taxpayers will fork out over €100 million this year on agency nurses alone.

"It's time to face facts. Our public health service cannot hire enough nurses and midwives on these wages. They're simply not paying the market rate. Until the government meets with us directly to negotiate realistic pay rates, our health service will continue to be understaffed and waiting lists will only grow longer."

Tony Fitzpatrick, INMO director of industrial

Scrutiny of ED agreement is ongoing

THE INMO met with the Department of Health and the HSE at the WRC on November 15, 2018 on what the Organisation sees as breaches of the 2016 Emergency Department Agreement by the HSE and Department of Health.

Despite the record levels of overcrowding from August to November, the INMO highlighted at the meeting that the HSE had still failed to provide additional staffing as allowed for under the agreement.

In addition, the INMO secured the provision of 57 WTE additional staff to care for admitted patients within EDs, however funding for this had not been approved by the Department of Health, and the HSE had failed to commence the recruitment process. The HSE and the Department of Health advised that these issues were being considered under the service plan negotiations and outcomes should be known by November 28, 2018.

Significantly, the INMO secured agreement for five additional CNM2s for admitted patients in hospitals that had invoked the escalation procedure due to overcrowding since 2016 (namely University Hospital Kerry; Mercy University Hospital, Cork; St Luke's Hospital, Kilkenny; Sligo General Hospital; and Letterkenny University Hospital). Also, the HSE is to review the role and job description of nine assistant directors of nursing for patient flow, to ensure that the posts are in place and working to the agreed job descriptions.

The INMO highlighted its disappointment at the failure of the HSE and the Department of Health to produce a winter plan at an earlier stage. While local management teams, via the hospital groups, have made business cases for additional funding to deal with the winter overcrowding, approval of these was still awaited when going to press.

Issues agreed

At the WRC on November 15, several outcomes were clarified and agreed, as follows:

- Management reaffirmed its commitment that no ED staff should be redeployed out of the emergency department at times of escalation.
- The HSE confirmed that approval has been sought for 57 WTE staff nurse posts for EDs in compliance with Dr Jonathan Drennan's recalibration process. These 57 WTEs are being considered under the service planning process and the INMO has been led to expect these positions to be funded when the service plan is finalised in late November.
- Management confirmed that 105 of the 123 WTE posts for admitted patients have been filled. The INMO sought clarification and the HSE is to revert with site by site detail of these appointments.
- Regarding CNM2s for admitted patients, management reaffirmed that 15 WTEs have been approved and funded and many posts filled, with funding available to fill any subsequent vacancies. Management confirmed that CNM2s for admitted patients will be provided for in the five escalated hospitals *(see above)*. The acute hospital division will pursue this with the hospital groups.
- As part of the ED agreement, new recruits to EDs since January 2016 should receive €1,500. The HSE is to provide details on how many staff have been granted this since January 2016.
- Management reaffirmed its commitment that the ADON patient-flow posts should be appointed as per the job descriptions agreed between the INMO and the HSE. The INMO highlighted that these posts had been merged with operational ED ADON posts in nine locations (Tallaght, Portlaoise, Kerry, South Tipperary, St James's, Mercy, Wexford, Mayo and Galway). The HSE is to examine this matter and ensure that the ADON patient-flow posts are filled and working to the agreed job description. Also, they would ensure that the nine ADON EDs are in post as per the ED agreement.
- Correspondence will issue from the Acute Hospital Division to the Dublin Midlands Hospital Group on plans at St James's Hospital to use staff nurses and CNM2 for admitted patients to staff a transition unit. The parties agreed this is not an appropriate use of the resource as the funding for the CNM2 for admitted patients is clearly provided for that purpose. Other plans such as opening a transition unit should be presented to the INMO for normal engagement in compliance with the Protection of Employees (Information and Consultation) Act 2016 and the Health Service Agreement.
- The HSE is to provide details on the number of times the National Ambulance Service diversion policy has been used in response to hospital escalation.
- The Special Delivery Unit is to provide the audits completed as a result of the instigation of the full capacity protocol.
- The HSE confirmed that the details of the winter plan will be provided to the INMO as soon as it is announced by the Minister for Health.
- The HSE confirmed that the use of isolation cubicles in ED, due to slow completion of laboratory reports, will be addressed. Specific issues regarding Naas General Hospital will be addressed immediately and the HSE will ensure that a 1.5-hour testing process will be implemented.
- The HSE confirmed that the resources and authority to fill any vacant posts is approved at national level and no restrictions are in place on directors of nursing filling all vacant posts that arise in EDs.
- Delayed discharges have increased to 624 and the HSE has a goal of reducing this figure to 480 by Christmas, with additional home care and home help supports.
- Management outlined the need to open additional bed capacity. A limited number of beds may be opened by the new year, which will be announced in the winter plan. The HSE confirmed that no beds will open until staffing is agreed with the INMO, which will be decided using the Department of Health's safe staffing and skill mix framework of April 2018. The remaining beds are unlikely to open until late 2019/early 2020. Management said that the current acute inpatient bed capacity is 10,560, however, as hospitals are operating in excess of 85% occupancy, this means there is a current capacity shortage of at least 1,500 beds.
- Management plans to put in place additional diagnostic supports with the provision of additional resources for the winter/new year period.

The parties are due to meet again on December 17, 2018 at the WRC.

relations, reports on current national IR issues

Talks begin on theatre on call issues

A LITANY of issues regarding practices and procedures in operating departments, particularly on call arrangements, was brought before the Workplace Relations Commission recently, the most recent meeting being on November 21, 2018.

A process has now commenced under the auspices of the WRC that will see direct negotiations between the INMO, the HSE and the Department of Health take place throughout the next two months with the parties due back before the WRC in early February 2019.

This process began on October 23, 2018 with members of the INMO Operating Department Nurses Section and theatre representatives from around the country attending an initial WRC conciliation conference. This was chaired by Brendan Cunningham and the INMO considered this a reconvening of the WRC process that existed as far back as 2014.

It was agreed that:

- The unions would forward the HSE a list of all issues relating to operating departments and theatre on call that needed to be addressed
- The HSE would re-engage with the Department of Health on the establishment of a dedicated process to examine all aspects pertaining to operating departments and theatre on call.

It was agreed the INMO would set out the issues that needed to be addressed. The HSE was to consult with the Department of Health on agreeing to a process. The HSE and the INMO is of the view that an independent chair should be appointed to such a process due to the size and complexity of the issues. The WRC is to review whether it has the resources to provide appropriate chairmanship of this process. These matters will all be discussed when the parties reconvene. In the meantime, the HSE and the INMO would together endeavour to put a process in place.

Concerns related to theatre on call

- Excessive on call
- Non-compliance with Circular 33/2003
- Inadequate sleep time
- Nurse staffing levels on call
- Inadequate controls out of hours
- Mixed arrangements with regards to night duty and on call
- National centres, regional centres and difference in the provision of on call
- The duality of surgical and obstetric services with some hospitals having one team covering both and other hospitals having two separate surgical and obstetric teams
- Inadequate staffing levels and skill mix
- Staff turnover
- Care of ICU patients in recovery
- Education of theatre staff i.e. weekly programmes, support for further education, HDip etc.
- Standard of facilities for on call staff
- Excessive on call with part time staff doing the same level of on call as full-time staff
- Lack of controls in the out of hours period
- Theatre over-runs

The INMO outlined that the theatre on call arrangements are set out in Circular 33/2003, with stand-alone arrangements in Loughlinstown, St Vincent's and Waterford separate to this circular. The INMO has conducted a survey of all operating departments and it appears that there is a lack of standardisation on the management of all issues relevant to theatre on call. The issues of concern regarding theatre on call outlined by the INMO are listed in the *Table*, which it said is not an exhaustive list but showed clearly that there is a multiplicity of issues affecting operating departments. Intensive engagement will now begin to address these matters.

Severe staff shortages in community nursing posts

THE INMO is proactively engaged with the HSE on several significant matters concerning nursing in the community. The issue of most concern to the INMO is the significant levels of staffing shortages throughout the country, which is particularly acute in Cork and Dublin.

This situation is compounded by the HSE's failure to recruit enough student public health nurses to fill the 150 places available in September 2018, when only 103 of the 150 posts were filled. The INMO is engaging with the HSE with regards to obtaining additional measures to ensure that next year's recruitment process attracts the required numbers.

Separately, the INMO is also involved in representing a significant number of PHNs with regards to their remuneration. When student PHNs register, they are entitled to be paid at PHN level, however, significant numbers have been maintained on CRGN pay rather than PHN pay. The rules around this are clear – once a PHN is registered as a PHN and is filling PHN duties, they should be paid as a PHN.

A number of issues are also arising with regards to allowances, where the INMO is assisting individual members to secure the payment of appropriate allowances. There are clear rules around the payment of a specialist qualification allowance, linked to the course being category 2 and being relevant to the work being completed. These matters are being pursued via the grievance procedure and third parties.

An INMO/HSE working group continues its work on the governance of home helps. A number of PHN and CRGN as well as director and assistant directors of PHN reps are involved in negotiations with the HSE on agreeing a governance policy for home support.

The INMO has also highlighted to the Department of Health and the HSE, the need for a significant additional resource provision to allow for the development of community nursing, ahead of the introduction of Sláintecare.

The INMO is also due to meet with the HSE with regards to CHO structures and PHN management structures within same. It is hoped that there will be significant developments on all these matters for the next PHN/CRGN Section meeting on January 19, 2019.

Mater Private dispute on Storm Emma referred back to WRC

THE long-running dispute on the refusal of the Mater Private Hospital to implement HSE circulars relating to Storm Emma has been referred back to the Workplace Relations Commission for a hearing which is now due to take place on December 10.

This follows protracted discussions with management on this issue, including a WRC hearing earlier this year. The Mater Private has an established link with public sector pay and conditions but has refused to implement this circular. Staff were forced to take unpaid or annual leave during the red weather alert period.

INMO IRO Albert Murphy said: "This is galling for the staff who had to endure similar pay cuts and retrenchment of other conditions during the economic crisis. The Mater Private was one of the first hospitals to cut pay during the recession and the last to ensure fair treatment for its employees following adverse weather events."

HR Circular 017/2018 was issued by the HSE in June 2018 and sets out the principles governing arrangements for leave and recognition arising from the effects of Storm Emma and Storm Ophelia.

INMO claim for backdated allowance payment finalised

THE INMO'S claim for payment of the location allowance with retrospection to members working in smaller care of the older person services in the south-east region has at last been finalised.

In 2016, the INMO lodged a claim with HSE-South that all INMO members working in smaller care of the older person hospitals in the region should be paid the location allowance, along with retrospection payment of the allowance. A series of meetings were then held between the INMO and the HSE-South aimed at securing agreement on this matter.

In February 2017, HSE-South proposed that the location allowance would be paid to qualifying nurses in named hospitals with effect from January 1, 2017, backdated to May 1, 2015 (the date the hospitals were classified as 'care of the older person services').

Following consultation with members, the INMO sought that the date of retrospection be backdated further than the proposed May 1, 2015, contending that the hospitals should have been designated as care of the older person services from a much earlier date, as members had provided services to older persons in these hospitals for many years before the revised classification.

INMO IRO Liz Curran: *"This was a joint effort by three INMO IROs working to ensure that our affected members in the south-east receive allowance payments they are due"*

When HSE-South did not amend its offer, the INMO referred the issue to the Workplace Relations Commission in May 2017. At a WRC conciliation conference on August 1, 2017, the INMO was asked to supply additional information on the claim to the WRC. This was supplied and, following a second conciliation conference on August 9, 2018, the WRC issued a proposal that: "In the particular circumstances of the matter, and not to be a precedent in relation to any other matter, I propose that the HSE backdate payment of the allowance to May 1, 2014" in full and final settlement of the dispute.

This WRC proposal was accepted by our members concerned, and the HSE was advised of this in August 2018. Further to this, HSE-South has now confirmed to the INMO that "all arrears will be paid before December 31, 2018."

The WRC agreement secures backpay of the allowance (valued at €1,858 per annum for full-time employees) to May 1, 2014, a period of three years and seven months. Accordingly the total value of this claim to an eligible WTE since May 1, 2014 is €6,657, up to December 31, 2018 (pro-rata for part-time nurses and late entrants).

INMO IRO Liz Curran said: "The INMO is delighted to have finalised this claim, which could not have been progressed without the efforts of the local INMO reps in these services in providing the information required by the WRC.

"This claim originated as a joint claim with me and my fellow IRO Mary Power pursuing this matter for members up to the first WRC hearing, which secured payment of the location allowance to members from January 1, 2017, with retrospection to May 1, 2015. However, huge thanks are also due to Mary Fogarty, IRO, for securing the final agreement on this issue, including the additional year of backpay of the allowance at the second WRC hearing. The monies due to our members should be paid in full by December 31, 2018."

Member wins compensation for loss of senior post

THE INMO was successful in an appeal of adjudication decision at the Labour Court this autumn regarding a member who was unfairly and unreasonably removed from a senior management post.

The INMO argued that the adjudication decision did not represent the total financial, personal and professional losses suffered by our member.

Following a Labour Court hearing, it was determined that the treatment of the complainant was entirely unsatisfactory and that the basis for the termination of her temporary appointment was questionable in the prevailing circumstances. The effect of these developments had caused a loss of earnings to the complainant and also impacted negatively on her, both personally and professionally.

The Labour Court recommended that the complainant be compensated in respect of both her financial loss and for the distress arising from her removal from her role as a senior manager. It recommended that compensation for financial loss to the complainant should be calculated on the basis of 1.5 times the actual annual loss in earnings she had suffered. In addition, it recommended significant compensation for the personal and professional negative effects she suffered.

– Liam Conway, INMO IRO

School immunisation nurses seek salary over 12 months

INMO members working in the provision of school immunisation services have referred a claim to the Workplace Relations Commission for their pay to be spread out over 12 months rather the current nine month pay schedule.

The INMO has had talks with management on this issue, however no resolution has been possible to date. Management has cited the lack of payroll compatibility for such a computation as the reason why such an arrangement cannot be facilitated. Spreading out pay over a 12-month period would come at no additional cost to the HSE and would be of great benefit to those involved in respect of superannuation and social insurance contributions.

INMO IRO David Miskell: *"Spreading out pay over a 12-month period would come at no additional cost to the HSE"*

The INMO will continue to engage with health service management on this matter with a view to achieving an acceptable resolution.

– David Miskell, INMO IRO

Massachusetts ballot for state to set safe patient limits fails to win approval

FOLLOWING an intense campaign and vigorous debate, the electorate in Massachusetts failed to approve a ballot measure to set safe limits on the number of patient assigned to a nurse.

The *YES for Safe Patient Limits* campaign was led by the Massachusetts Nurses Association (MNA) and supported by trade unions, with messages of international support and solidarity sent from nursing organisations in Australia, UK and the INMO in Ireland.

The MNA led a spirited and courageous campaign that engaged and mobilised bedside nurses across Massachusetts. The campaign faced stiff opposition from hospital executives who poured over $27 million into the NO campaign in an effort to cause confusion, fear and division to "...drown out the voices of bedside nurses calling for help," said MNA president Donna Kelly Williams.

Ms Kelly Williams went on to underline that "there are nurses caring for too many patients, and those patients are unnecessarily being put in harm's way. And the problem continues to grow every year. The status quo is not a solution."

Donna Kelly Williams, president of the Massachusetts Nurses Association, addressing a rally in Massachusetts: *"There are too many nurses caring for too many patients, and those patients are unnecessarily being put in harm's way"*

Currently, California is the only state in the US to have mandatory nurse staffing limits. The fight for safe nurse staffing is an international issue that unites nurses across the globe. Nurse and midwife staffing and skill mix is fundamental to the delivery of safe patient care and plays a crucial role in recruitment and retention.

Despite the setback in Massachusetts the struggle for safe nurse staffing ratios will continue.

World news

Nurses and midwives in action around the world

Australia
- Wagga Base Hospital nurses push for improvements in staffing levels

Canada
- Quebec steps up recruitment of French nurses
- Public health nurses return to picket line
- Let immigrants help solve doctor and nurse shortage, group says

Dominican Republic
- Association of Nurses threatens work stoppage over compliance with agreement to equip hospitals

Kenya
- Nurses issue 21-day strike notice over unmet collective bargaining agreement

New Zealand
- Members of four nursing unions to strike for 24 hours later this month

South Africa
- Nurses leave clinic in protest against attack

Spain
- Satse starts to collect signatures to legally guarantee 'safe and quality care'

UK
- Nursing leader urges profession to back 'people's vote' on Brexit deal
- Minister rejects plea to waive NHS fee for overseas nurses
- Baby deaths report highlights heavy workload and short staffing factors
- NHS 10-year plan will be 'unachievable wish list' without workforce plan

United States
- Federal labour board finds Johns Hopkins Hospital tried to deter nurses from forming union
- Nurses union, allies unveil national push for Medicare for all

The recent launch of the Professional Development Planning Framework is welcome and timely, writes **Dave Hughes**

New framework to aid CPD planning

THE Professional Development Planning Framework for nurses and midwives was formally launched by the HSE on November 19, 2018 in Dublin.

The Professional Development Plan (PDP) is a welcome support for nurses and midwives which is personal to each individual and shared only with their direct manager.

The PDP allows individual nurses and midwives to identify their continuing professional development (CPD) requirements to constantly upskill and meet the demands of an ever-evolving healthcare system and disease management programmes. This ultimately contributes to job satisfaction and better patient care.

The framework is now available to all nurses and midwives through the HSELanD e-learning platform. With the motto '*By me, for me'*, the PDP is an independent professional tool that can only be used for the personal development of the nurse or midwife; it cannot be used for any other purpose relating to HR or performance.

The context for the roll out of PDPs for nurses and midwives is the Staffing Recruitment and Retention Agreement of 2017 with the INMO and other nursing unions. As part of that process, the INMO sought recognition of the professional development needs of nurses and midwives and time to dedicate to their CPD.

The agreement recorded though the Workplace Relations Commission in March 2017 saw the creation of a national steering group involving the INMO and led out by the Office of the Nursing and Midwifery Services Directorate of the HSE. INMO member Deirdre Mulligan, the interim area director for the Nursing and Midwifery Planning and Development Unit Dublin North East, was the project lead and Mary Wynne, former Executive Council member of the INMO and now interim nursing and midwifery services director of the Office of Nursing and Midwifery Services HSE, chaired the steering committee.

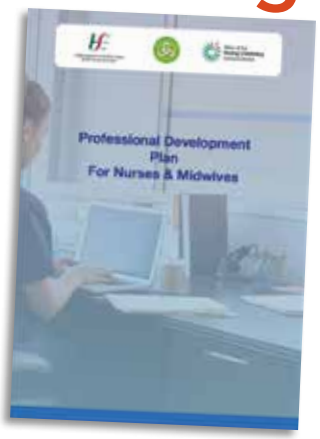
The PDP framework includes a template, an information guide, a workbook and an information audiobook. Having used demonstrator sites to develop the feasibility of the framework, on November 19 the HSE launched an electronic solution for the framework that allows digital access to the PDP process for all nurses and midwives with immediate effect. The project was delivered ahead of target.

The desire for nurses and midwives to continuously invest in their professional development is well known. The access to CPD and encouragement for those willing to advance has not always been forthcoming, and the launch of the PDP framework now consolidates the entitlement of all those who wish to participate in the PDP process to engage. While participation is voluntary, with adequate time allocated for the process, it is expected that the majority of nurses and midwives will benefit from the framework.

At European level, in advance of participating in the steering group for the HSE PDP, the INMO has been involved in the development of a Joint Declaration on Continuing Professional Development and Life Long Learning. The Joint Declaration agreed between European hospital employers and trade unions representing health service workers defines both life long learning and CPD and makes the link between them and the recruitment and retention of a well-trained and qualified workforce, with the necessary and regularly-updated knowledge, skills and competencies to adequately deliver high quality and safe patient care.

At the launch, Eileen Whelan, chief director of nursing and midwifery and quality at Dublin Midland Hospital Group, outlined how, from her early days of nursing, the support for her CPD when working in London hospitals shaped her future. She welcomed the fact that this opportunity would now be available for all nurses and midwives. Recognising the importance of pay and job security, Ms Whelan identified PDPs and CPD as the other track in a recruitment and retention strategy for successfully attracting and retaining sufficient nurses and midwives to provide safe patient care into the future.

At the launch, staff nurses and clinical nurse managers gave accounts of their experiences in the demonstrator sites. Each brought a different experience whether as manager or staff nurse or midwife and all expressed the benefits in terms of improving communications and revitalising the professionalism of individual nurses and midwives. The Joint Declaration between the hospital employers and unions in Europe recognises that undertaking CPD is a shared responsibility of employers and workers that depends to a large extent on the intrinsic motivation of employees to invest in their own development. It also states that financing and



making mandatory CPD available are the prime responsibility of employers and competent authorities.

The Joint Declaration requires employers and employee organisations to work together to create opportunities for professional development and learning and to eliminate barriers to access CPD. It calls for protected time for CPD and, where necessary, the replacement of staff so that adequate staffing levels are maintained when staff are participating in their competency development activities.

The development of the PDP Framework for nurses and midwives through a WRC facilitated staffing recruitment and retention agreement is consistent with the principles of the Joint European Declaration and the INMO will now be seeking that adequate time is allocated for both participating in the PDP and for any CPD requirements arising from it.

The timing of the launch of the PDP framework allows nurses and midwives to adapt to any requirement that may arise from the activation of the CPD requirements of the Nursing and Midwifery Board of Ireland under the Nursing and Midwifery Act 2011.

Dave Hughes is INMO deputy general secretary

Varied agenda at All Ireland Annual Midwifery Conference in Dublin

THE INMO Midwives Section and the Royal College of Midwives Northern Ireland held their annual joint conference on Thursday, October 18, 2018 at the Crowne Plaza Hotel in Dublin.

Midwives from north and south attended the All Ireland Midwifery Conference, which was of particular significance this year as 2018 is the centenary anniversary of the Midwives Act (Ireland) 1918.

For midwives in Northern Ireland, this was a celebration of 100 years of having a Midwifery Act. For midwives south of the border it marked 100 years of regulation, as midwifery was subsumed under the Nurses Act in 1950. It was not until 2011 that the profession re-emerged with the Nurses and Midwives Act 2011.

The theme for this year's conference was *All Island Midwifery (1918-2018): no, slow, full progress or full circle?*

The conference was opened by Martina Harkin-Kelly, president of the INMO, who congratulated the midwives on their centenary year. Patricia Kennedy provided an overview of the past 100 years of maternity care in Ireland, exploring the changing role of women and motherhood throughout the 20th century.

We were fortunate to have Prof Soo Downe speaking at the conference. Her presentation addressed the topic of co-production in maternity care and how, through much of the history of maternity care, women's views of their care were disregarded. There is now an increased awareness that women must be involved in any decision about their care.

Co-production requires that maternity care providers strive to foster collegiate relationships with women rather than ones of conflict.

Prof Downe reminded attendees that if we want to change the world, we need to change the conversation, starting from the move from language such as 'mother or baby' to 'mother and baby.'

Prof Downe also spoke about the language of the WHO guidelines on antenatal and intrapartum care and how it has changed, with the experiences of women informing both. The new guidelines no longer focus on just the physical aspects of care but also on ensuring that women have a positive pregnancy and birth experience.

She reminded midwives that what matters most to women is a positive experience of childbirth that fulfils their expectations, and ensures the health and wellbeing of mother and baby.

A fascinating presentation was provided by Terri Coates, midwife adviser on the BBC series *Call the Midwife*.

Ms Coates gave an insight into her work on this programme, which airs in many countries around the world. While the original episodes were based on the memoirs of midwife Jennifer Worth, the stories in subsequent episodes strive for authenticity, drawing inspiration from stories of contemporary midwives, and adapting them to the time period in which the programme is set.

From Northern Ireland, Siobhán Slavin and Denise Boulter gave a presentation on an antenatal programme they offer. Women experiencing their first pregnancy are invited to join a group-based antenatal care programme called 'Getting ready for the baby.' The sessions are organised to coincide with the women's regular antenatal visits and are positively evaluated by parents and the midwives who run them. Many parents remain in contact following the birth.

A number of workshops were offered throughout the day, including one hosted by Prof Cecily Begley on evidence-based practice and how midwives can use evidence to support practice change.

Particularly useful for midwives is the Cochrane

At the annual All Ireland Midwifery Conference were (l-r): *Mary Higgins; Dale Spence; Karen Murray; Breedagh Hughes; Martina Harkin-Kelly, INMO president; Phil Ní Sheaghdha, INMO general secretary; Mary Caddell; Margaret Carroll and Colm O'Boyle*

Facilitators of the session on the MAMMI study were (l-r): Deirdre Daly and Bridget Kenna O'Connor

INMO president Martina Harkin-Kelly addressing the annual midwifery conference

Pregnancy and Childbirth group database of reviews.

Dr Deirdre Daly and Bríd Kenna O'Connor presented data from the MAMMI study on the under-reported morbidities experienced by women in pregnancy and up to one year postpartum.

This study revealed the problems women experience following delivery, such as urinary and faecal incontinence. Unfortunately midwives, GPs and PHNs do not routinely ask women about these issues after birth. Most of these health problems can be treated and important opportunities are lost by not asking women.

Dr Sylvia Murphy Tighe presented findings from her PhD that explored the experience of women who had concealed their pregnancies.

Dr Tighe told some powerful stories from women she interviewed during her research. She highlighted that women who conceal a pregnancy are often demonised in the media, that little compassion is shown for those who find themselves in this seemingly impossible situation. Privacy, confidentiality and counselling should be available to women who find themselves in this situation.

The feedback from attendees was positive and suggestions have been taken on board. An analysis of the evaluations will inform the content for next year's event, planning for which is already underway.

The INMO would like to extend its congratulations to the poster competition winner, Una O'Brien, CMS in teenage pregnancy at Our Lady of Lourdes Hospital, Drogheda. Una's poster was entitled *Positive impact of simple changes for teen mums in Our Lady of Lourdes Hospital.*

Breedagh Hughes, who retired as Northern Ireland director for the Royal College of Midwives this summer, attended the conference and was honoured by a presentation by INMO general secretary Phil Ní Sheaghdha, to mark her retirement.

(Top) Attendees at the conference. (Middle) Also at the Conference were midwifery students from University College Dublin with Phil Ní Sheaghdha, INMO general secretary, and Martina Harkin-Kelly, INMO president

(Right, l-r): Breedagh Hughes, former NI director for RCM and Phil Ní Sheaghdha, INMO general secretary

GP Practice Nurses Section set to host a masterclass for members at the Richmond in the new year

THE GP Practice Nurses Section will be holding a masterclass for practice nurses on Saturday, January 26, 2019 at the Richmond Education and Event Centre.

The day's agenda will include speakers on living well with a chronic condition, a framework for coronary heart disease, chronic pain management, behaviour change, the role of the practice nurse in non-communicable disease, and the role of nurses in primary healthcare *(see page 48 for more information).*

The GP Practice Nurses Section is seeking new and interested members to come forward to take up committee positions within the Section, with a view to making it more active in the future.

If you are interested, please contact Jean Carroll, INMO section development officer, by email: jean.carroll@inmo.ie or at Tel: 01 6640648.

Care of the Older Person Section plans 2019 events

THE National Care of the Older Person Section met at the INMO Cork office recently.

There were 25 members in attendance at the meeting, which followed on from the Section's study day, *Diabetes in the care of the older person.*

The Section also met to plan next year's conference, which will be held on Tuesday, March 5, 2019 at the Richmond Education and Event Centre.

Topics that will be covered at the conference include: restraint, deprivation of liberty, responsive behaviours, pain management specific to dementia, risk assessment and incident reporting, and complementary therapies. A further speaker will address the subject of resilience.

Please mark the date in your diaries, and we look forward to seeing you all there.

• *See page 58 for details*

See Diary on *page 66* for details of upcoming section meetings and conferences

Midwifery 1918-2018: Coming full circle

In the year marking 100 years since the first Midwives Act, **Rhona O'Connell** traces the ups and downs of the profession in Ireland over the past 100 years

THIS year, midwives are celebrating 100 years of midwifery regulation since the first Midwives Act in Ireland in 1918. What led to this regulation and what the impact has been for midwives since this date is an important part of the history of midwifery in Ireland.

Early accounts of midwives

The early history of midwifery in Ireland is not recorded; in folklore it was considered that "the power of the fairies is never so strong as in the moment of parturition, when they strive by all possible means to secure the new-born infant before it is christened and leave a changeling in its stead". Midwives were reputed to possess the charm to prevent this.[1] It was not until the 17th century that midwifery practices were recorded and this was by the medical profession, indeed the history of midwifery and obstetrics is closely linked.[2]

In Cork, James Wolveridge wrote about the midwife in 1669: *"The best midwife is she that is ingenious, that knoweth letters, and having a good memory, is studious, neat and cleanly over the whole body, healthful, strong, and laborious, and well instructed in women's conditions, not too angry, not turbulent or hasty, unsober, unchaste; but pleasant, quiet, prudent, not covetous, but like Hebrew midwives, such as fear of God, that God may deal with them, and that the people may multiply and increase after their hands and the Lord may build them houses."*[3]

Another early account is of a midwife, Mary Dunally, who in 1738 preformed a Caesarean section where mother and baby survived: *"She held the lips of the wound together with her hand, till someone went a mile and returned with silk and the common needles which tailors use. With these she joined the lips in the manner of the stitch employed ordinarily for the hare lip, and dressed the wound with whites of eggs."*

In 27 days, the woman was reported to be well.[4]

When men entered the field of midwifery they were originally known as 'man midwives'. In 1692, the Royal College of Physicians of Ireland commenced issuing licences to men in midwifery; while only a few licences were issued, two were issued to women, Mrs McCormack in 1697 and Mrs Banford in 1731.[5]

From this time on, midwives who did not have access to education were often criticised by physicians, yet outside the medical profession, the midwife was a valued member of her community: *"Of the many remarkable characters that have been formed by the spirit and habits of Irish feeling among the peasantry, there is not one so clear, distinct, and well traced, as that of the midwife."*[6]

The late 18th century saw the establishment of the first institutions for childbearing women: the Rotunda Hospital in 1745, a 'lying in' hospital in Belfast in 1794 and the Erinville Hospital in Cork in 1799. These early institutions were to provide care for the 'deserving poor' as acts of Christian charity, women had to be married and recommended by subscribers.[7]

In the early years, the beds were seldom full and income to support hospitals depended on public subscriptions.

By now, medical practitioners had access to education, which over time led to a better understanding of anatomy and physiology. The education of midwives was erratic. Where midwives could access education, their role often focused on domestic duties as nurse tenders; later as nursing developed, midwives were required to have 'nursing' skills and nurses were increasingly required to undergo midwifery training.

Throughout the 19th century, poverty was widespread, workhouses held records of pregnant destitute women giving birth in overcrowded institutions; puerperal sepsis was rife. Most births occurred in the home with care at birth provided by the local midwife. The Poor Law Acts set up a medical dispensary system and Poor Law districts were required to support the education of midwives. Fees were raised so that married women could access midwifery training in 'lying in' hospitals but this was also erratic.

Midwifery regulation

The call for midwifery regulation in Ireland followed the passing of the Midwives Act (England) in 1902. This was 150 years after similar legislation in Europe. At the time, there were calls for midwives who had obtained a certificate from one of the maternity hospitals to be recognised in the 1902 Act.[8] This did not happen and it was not until 1918 that the Midwives Act (Ireland) was passed. This led to the establishment of the Central Midwives Board (CMB), which subsequently developed 'Rules for Midwives'.

Following the 1918 Act, more midwives sought registration with the CMB as this facilitated payment for the births under the dispensary system. This led to competition between trained and untrained midwives, and from this time the term handywoman emerged for the midwife who had not obtained a certificate from one of the 'lying in' hospitals and was not registered with the CMB. As before, these midwives developed their skills by working with the other midwives yet there were also concerns raised by dispensary doctors as: *"People consider it more desirable to employ a handywoman who remains in residence during the lying-in period, and washes and housekeeps for the household, while the remunerated dispensary doctor is compelled to take over the work and also the opprobrium of the untrained midwives' too frequently fatal mistakes."*[9]

An account of the life of Méiní Dunleavy who lived on the Blasket Islands in south west Kerry provides some insight into this. Méiní was considered to be a skilled midwife and in 1911 a Dr Murphy who regularly visited the island suggested that he would give her a 'certificate at the courthouse' and that she should get a retainer of £50 for providing midwifery care on the island. Dr Murphy stated that she was able to "look after mothers better than any of the nurses that have learning".

Unfortunately, for Méiní her husband did not want her to go to the mainland, so she continued to be the island midwife until the 1930s.[10]

For many, the local midwife was highly respected; trips to the doctor were rare and expensive but the midwife was accessible and provided an excellent service.

Midwifery was a desirable qualification. There were two options for becoming a certified midwife: a three-month programme was provided for nurses to obtain a midwifery certificate and for those without a nursing qualification, the programme lasted six months. Teaching was provided by doctors and senior midwives and students learned skills of palpation, assistance at birth and care of the newborn.

An account of the education midwives received included the following: *"They watch the progress of over 200 confinements; of these they personally conduct at least two: they have to make not less than 10 vaginal examinations: they palpate many scores of abdomens: they attend the lying-in woman from the time of their admission to the hospital to her discharge on the eighth day; each nurse* (sic midwife) *takes entire charge of three lying-in women daily, with their respective children during the puerperium; they take the records of temperatures and pulses, under the supervision of the master of the hospital and the assistant masters; they receive constant instruction in the art of midwifery, are systematically trained in asepsis and antiseptics: they pass catheters, give enemas, are taught to distinguish between normal and abnormal labours, and, finally, do not receive our certificate until a stringent examination has been passed."*[8]

Attendance at two births is somewhat surprising but many midwives today would be pleased to provide care to just three postnatal woman and their babies for up to eight days following the birth.

Over the next few decades of the Irish Free State there were several Midwives Acts. This ended with the Nurses Act of 1950 which brought nursing and midwifery together under An Bord Altranais (Nursing Board) with a Statutory Midwives Committee. This almost led to the elimination of midwifery when efforts were made to change the word midwife to 'maternity nurse'. Fortunately this was rejected, but only because it might reduce the employment opportunities for Irish midwives should they wish to seek employment in the UK or elsewhere.[11]

Another challenge for midwives was the Health Act 1953 which introduced the Mother and Infant Care Scheme. This was a huge benefit to families as it provided free GP and obstetric led care with hospital birth encouraged. However, the drive to eliminate home births and untrained midwives was well under way.

Since 1918, the (then named) Irish Nurses Organisation campaigned to eliminate the 'handywomen'.[12] In 1932, a woman on Achill Island "was prosecuted for acting as a midwife, she argued that she acted only in an emergency 'to save the mother and child'."[13] Convictions were hard to obtain. However, though home birth and the practices of untrained midwives were often blamed, it was later revealed that the improvements in childbirth in the 20th century were due to the improvements in health and social conditions of women and their families rather than increased hospitalisation and the provision of medical care.[14]

The decline of midwifery autonomy continued with the Nurses Act of 1985 when midwifery became a branch of nursing. Within the legislation, a definition of the nurse was inserted which became "a woman or man whose name appears on the register and includes a midwife". Thus a midwife became a person on the Midwives' Division of the Nursing Registrar. From this date, employment contracts for midwives became a 'nurse with midwifery'.

The changing profile of midwives became apparent in 1948, when just 17% of practising midwives were trained general nurses, yet by 1954 there were just 19 applicants for midwifery registration who did not have a prior nursing qualification. By 1959 maternity hospitals stopped this mode of entry to the profession due to a lack of demand. The decline in home births continued and by 1958 the requirement for student midwives to attend domiciliary births ceased due to the reduction in demand.

Opportunities for midwives providing home births were reducing and for midwives to be employed in hospitals, a nursing qualification was useful as it facilitated the movement of staff.

Within the Maternity and Infant Care Scheme, midwifery autonomy almost disappeared. Midwives were employed to provide fragmented care in an obstetric led service. Midwives could be referred to as nurses, and were managed by a nursing management system.

A time for change

In 1997, midwives had an opportunity to raise their concerns when the Commission on Nursing was established to

address employment conditions for nurses and midwives. Many midwives realised the importance of the Commission and used it as an opportunity to advance their views. The requests were simple but significant: a change in legislation to acknowledge midwifery as a distinct profession from nursing and the reintroduction of direct-entry midwifery education programmes.

Both these demands were accepted by the Commission on Nursing[15] and in 2006, the four-year BSc Midwifery commenced with the first national cohort of direct entry midwives graduating in 2010.

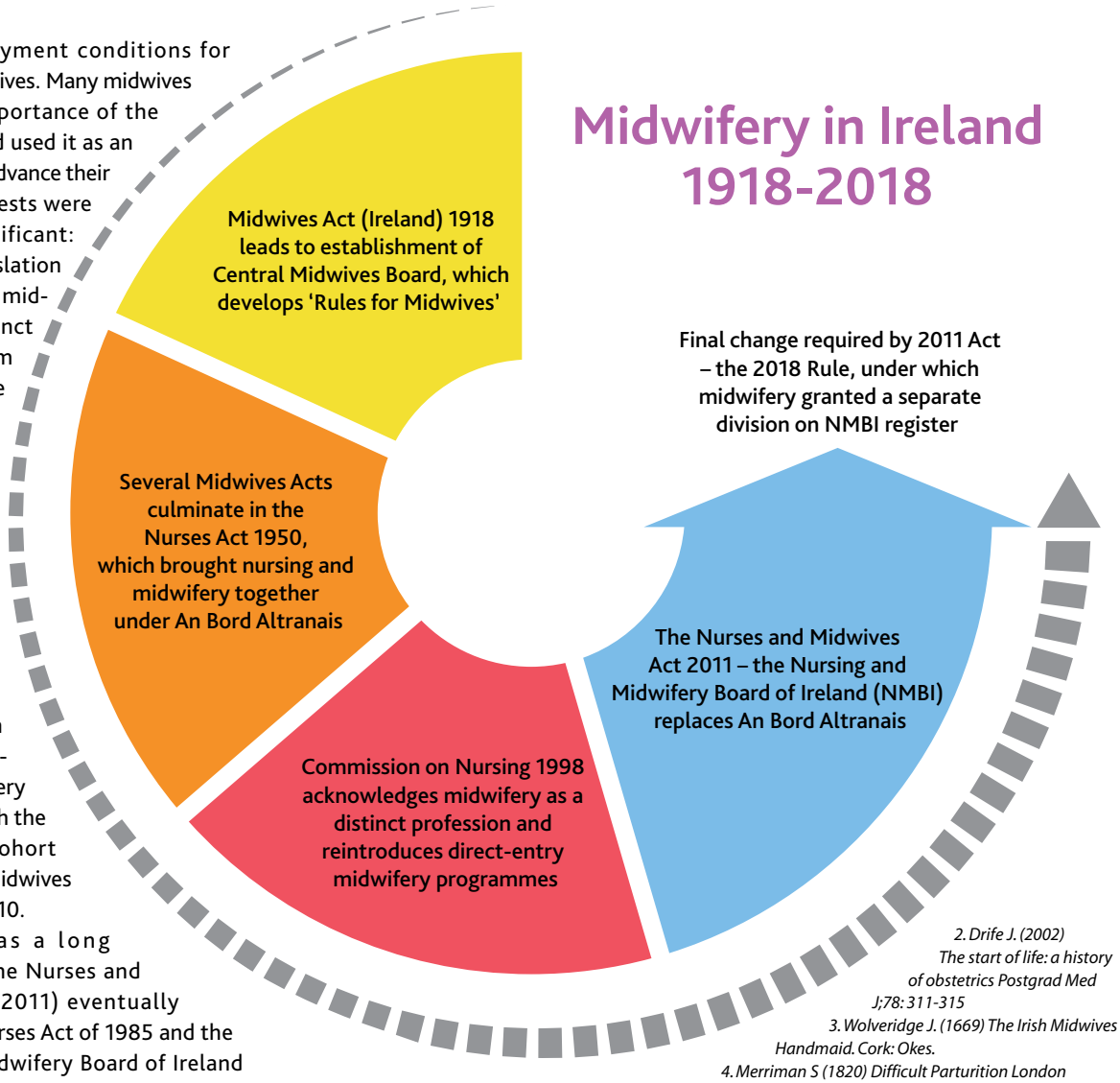
While it was a long time coming, the Nurses and Midwives Act (2011) eventually replaced the Nurses Act of 1985 and the Nursing and Midwifery Board of Ireland (NMBI) replaced An Bord Altranais.

The final change required by the Act is the recent 2018 Rule which requires a change to the title of the Nursing Register with midwifery as a division. This is being changed to a Candidate Register with separate divisions for nurses and midwives. Most midwives will not notice this change when they pay their annual retention fee this year but this will be particularly welcomed by midwife teachers, midwife prescribers and advanced midwife practitioners, who have long been frustrated by the requirement to register as nurse tutors, nurse prescribers or advanced nurse practitioners. The new Rules will put in place for the first time a midwife tutors division, a midwife prescribers division and an advanced midwife practitioners division.

2018 is a good year to celebrate midwifery and remember the many midwives throughout history who supported and provided care to childbearing women in whatever circumstances existed at the time. Registration for midwives in 1918 was a positive development for the profession, yet when hospital birth became the norm, midwifery was almost lost.

We can now celebrate the changes achieved in recent years which have enabled midwives to avail of a range of educational opportunities and are now ready to accept the challenges of the implementation of the National Maternity Strategy.[16] For the first time in Ireland there is recognition of the contribution midwives play in supporting women in pregnancy and childbirth.

In the future, there will be increased autonomy for midwives in the care of women with straightforward low risk pregnancies (normal risk) but also recognition of the role midwives provide in the care of women with high risk pregnancies as part of a multidisciplinary team. This will become the future history and challenges for the next centenary of midwifery in an environment of increasing complexity of contemporary maternity care.



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Q and A Bulletin Board

With INMO director of industrial relations Tony Fitzpatrick

Query from member

I am a nurse working in the public health service and I am rostered to work Monday, Tuesday, Thursday and Friday. I am on a rest day on Wednesday. I was out sick on Monday and Tuesday. Do I need a certificate to cover these two days? If I am not fit to return to work on Thursday, how will my sick leave be recorded?

Reply

A public servant may be granted up to a maximum of seven uncertified sick days in a rolling two-year period. Where an employee is absent from work but does not attend a medical practitioner, such an absence is recorded as self-certified sick leave. However self-certified sick leave cannot exceed two consecutive days. As you were out sick on Monday and Tuesday, if you return to work on your next rostered day, which is Thursday, your two days absent will be recorded as self-certified sick leave. If you do not return to work on your next rostered day, Thursday, and are absent on sick leave on Thursday and Friday, you will need a certificate to cover from Monday to Friday as you have exceeded the two self-certified days limit. The recording of sick leave was standardised in 2016 whereby rest days/weekends will be counted for sick leave absence purposes when the employee's absence spans rest days/weekends. As your sick leave spans your rest day, which is Wednesday, then your sick leave will be recorded from Monday to Friday and will therefore require a medical certificate.

Query from member

I have been injured at work and am currently in receipt of the injury at work allowance. I am on a 5/7 roster and am rostered to work night duty and weekends. Is my premium pay included in the calculation of the injury at work allowance?

Reply

The injury at work allowance is determined by reference to five-sixths of remuneration inclusive of emoluments. Emoluments include premium payments and allowances but not payments in respect of overtime and travelling expenses.

If an employee has been assaulted at work and is out sick as a result of this assault, the Serious Physical Assault at Work Scheme has a provision that will allow for full pay based on earnings the nurse would have earned if still at work. Such full pay includes basic pay, allowances and premium earnings for a period of up to nine months, following which basic pay only may be paid for a period of up to three months.

Know your rights and entitlements

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

Contact Information Officers Catherine Hopkins and Karen McCann at
Tel: 01 664 0610/19 or
Email: catherine.hopkins@inmo.ie/
karen.mccann@inmo.ie

Mon to Thur 8.30am-5pm/Fri 8.30am-4.30pm

• Annual leave • Sick leave • Maternity leave • Parental leave • Flexible working
• Pregnancy-related sick leave • Pay and pensions • Public holidays
• Career breaks • Injury at work • Agency workers • Incremental credit

What happens after an FTP inquiry

Edward Mathews discusses the range of sanctions that can be applied by the NMBI following a fitness to practise inquiry

THIS column will examine how the Fitness to Practise Committee (FTPC) approaches matters towards the end of a hearing, and in particular what occurs after it has heard both sides of the evidence.

In compliance with Section 67 of the Nurses and Midwives Act 2011 (the Act) the FTPC, when completing an inquiry into a complaint, submits a report to the overall Board of the NMBI on its findings. This report specifies the nature of the complaint against the nurse or midwife, gives a summary of the evidence that was presented to the Committee and presents its findings.

Findings

In terms of findings, each allegation contains a set of facts that are proven or not, and thereafter the FTPC determines whether the proven facts amount to professional misconduct or another relevant matter. To illustrate, if a nurse is alleged to have stolen a piece of property, the first thing that the Committee will be required to report on is whether or not, based on the evidence, it is satisfied that the nurse did in fact steal the piece of property in question. If they find that the nurse did steal the property in question, it must consider whether or not such a theft amounts to professional misconduct. Then they report a finding on this matter.

In a case such as this, it is likely that the Committee would find that theft did amount to professional misconduct, however there may be circumstances where the facts of a particular allegation may be proven but not be found to amount to professional misconduct, in light of an explanation given.

Something that arises with relative frequency is that the nurse is alleged to have suffered from a relevant medical disability. In those circumstances, the Committee simply reports whether or not it accepts that such a disability has been proven.

Recommending of sanctions

Additionally, the Committee may report on other matters, and often does, including a recommendation as to what sanction should be imposed by the overall Board of the NMBI. It is not a requirement that the FTPC recommends the sanction as, ultimately, it is the overall Board of the NMBI that decides what sanction it will either impose or recommend to the High Court. However, and this is positive in the INMO's view, the Committee often does recommend the sanction and provides a detailed rationale for that sanction.

It is appropriate that the Committee recommends a sanction in most cases, as it has had the benefit of hearing both sides of the evidence and is therefore in the best position to recommend a particular sanction in the given circumstances.

Report

The FTPC then sends its report to the overall Board of the NMBI. If no allegation has been found proven against the registrant, then the complaint is dismissed.

In other circumstances the Board must consider a finding against a nurse or midwife and must decide either what steps will be taken – or what steps to recommend to be taken – and that recommendation will be considered by the High Court.

Where allegations are proven against a nurse or midwife, the next steps to be taken are in compliance with Section 69 of the Act. This provides the range of sanctions that can be considered by the Board. Prior to deciding what sanction either to implement, or recommend, the Board will invite the nurse or midwife to attend a full Board meeting, during which they would be represented by the INMO, which would make submissions to the Board on what the appropriate sanction should be.

Recalling that in many circumstances the FTPC recommends a sanction, it is up to the Board to decide what sanction it will implement or recommend. It is free to depart from the views of the Committee. In these circumstances the INMO makes a submission on behalf of the nurse or midwife, by either agreeing or disagreeing with the recommendations of the FTPC and advancing a compelling rationale for the position taken.

Following consideration of those submissions, the report of the FTPC, and all the materials that the Committee had available to it, the Board deliberates in private as to what is the appropriate sanction to either impose or recommend.

Sanctions

The range of sanctions that are available are advise, admonish or censure, all of which amount to written warnings, with each warning in sequence representing a more severe warning, with a censure being the most severe.

The Board may also consider a censure in writing, alongside a fine, not exceeding €2,000. Some people have been critical in relation to the option of issuing a fine, however, in the INMO's experience it offers an opportunity for the Board to deal proportionately with the type of conduct deemed not suitable to be dealt with by a written warning alone, but which does not amount to conduct that would warrant a suspension or erasure from the Register.

It should be noted that where the recommendation to impose a fine is made, the Board does take an agreeable approach to the way a fine may be paid, and generally

allows an extended payment period.

In addition to the matters already referred to, the Board may recommend the attachment of conditions to a nurse or midwife's registration, including restrictions in the practice of nursing and midwifery that may be engaged in by the nurse or midwife.

The imposition of conditions is a relatively common sanction, and often involves a professional development plan, ongoing monitoring, ongoing attendance at occupational health, or the attendance at specific training courses. The Board may also recommend the transfer of a nurse or midwife's registration to another division.

Suspension

At the higher end of the spectrum, the Board is able to recommend that a nurse or midwife be suspended from the Register for a specified period, or that a nurse's or midwife's registration be erased from the Register of Nurses and Midwives or from a particular division of that Register.

These are obviously the most severe sanctions as they prohibit a nurse or midwife from practising their profession. Additionally, and ancillary to these latter sanctions, the Board may recommend a prohibition on a person from applying for a specified period for the restoration of their name to a Register or a division of the Register.

A decision to impose any sanction, above the issuing of an advice, admonishment or censure on their own, requires the confirmation of the High Court. Following a decision to implement a sanction, again above the level of advice, admonishment, or censure, a nurse or midwife has 21 days in which to lodge an appeal of the decision of the Board to the High Court. In the event that a period of time elapses for an appeal to be lodged, the Board pursuant to Section 64 seeks confirmation of the High Court of the decision relating to the sanction to impose.

If the High Court confirms that sanction, which it frequently does, then in compliance with Section 76, the Board must as soon as practical advise the nurse of the sanction, which the High Court has imposed, including the payment of a fine, attachment of conditions to Registration, or at the higher end of the spectrum, the transfer of a nurse to another division of the Register, their suspension from the Register, or their cancellation from the Register with or without a prohibition for applying for re-registration for a particular period of time.

Thankfully, the vast majority of registrants who are subject to a finding, who have appropriately engaged with the FTPC and shown the requisite level of insight and learning arising from their misconduct, are subject to sanctions ranging from advice, up to a censure, including a fine, and in many cases are subject to conditions being attached to their registration.

Of course, there will always be cases where the Board considers suspending or erasing a registrant's registration. These cases will always be at the more serious end of the scale of misconduct, particularly so in circumstances where a nurse or midwife has not engaged with the process or has not shown the appropriate level of insight or learning arising from their misconduct.

Mandatory notifications

Where the decision has been taken by the Board, or the Board with the approval of the High Court, to impose a sanction above advice or admonishment, ie. censure; censure and a fine; the attachment of conditions; suspension from the Register; transfer to another division; or erasure from the Register, then the Board is under an obligation, pursuant to statute, to notify the Minister for Health and the Health Service Executive in relation to the decision that has been taken.

In addition, where a nurse or midwife is employed by a body other than the Health Service Executive, and that employer's name is known to the Board, they are also obliged to inform that party of such matters.

Finally, in terms of bodies or persons who must be informed of such decisions, if the Board is aware that a nurse or midwife is registered in another jurisdiction, it must inform the registering body in that other jurisdiction. There are now also mandatory arrangements for the sharing of information in relation to impediments to practise within the EU among competent authorities.

Public notification

Whether a hearing takes place in public or private there is always a concern that the outcome will be published on the NMBI website or in NMBI publications.

Section 83 of the Act stipulates what information the Board can publish in the public interest. In these circumstances the Board is empowered to – and will if it is in the public interest to do so – notify the public when any sanctions are imposed over and above advice or admonishment.

The notification of the public in those circumstances generally involves the publication of the findings of the Committee. In addition, Section 83 now also provides that after consultation with the FTPC, the Board shall, if it is in the public interest, publish a transcript of all or any part of the proceedings of the Committee at the inquiry stage, whether with or without any information that would enable all or any of the parties to the proceedings to be identified.

Concern

This latter provision is of significant concern as it goes beyond providing information to the public in relation to the allegations that were proffered against a registrant and the findings and sanctions that were imposed as a result. It includes a verbatim transcript of every word said at the inquiry, unless the Board determines, following consultation with the FTPC, that some or all of that transcript should not be published.

This represents the potential for an incredible invasion into the registrant's privacy. It creates a permanent record of all that was said and makes it available in the public domain.

It should be noted that even within the criminal justice system, where justice is administered in public, it is not possible to obtain a transcript of all the evidence, or indeed any of the evidence, that is delivered during a criminal trial.

This, in the INMO's view, is a step too far and therefore it is welcome that the NMBI has not decided to publish transcripts with any frequency.

Proportionate approach

The NMBI has displayed a proportionate approach to sanctions in the vast majority of cases. Indeed, where a fitness to practise inquiry has taken place in private for medical reasons it has shown a compassionate approach in the issue of publication.

As ever this is a complex and legalistic process and as an Organisation, we devote significant time and resources to ensuring our members are expertly represented.

In the next issue of *WIN* this column will consider the law, guidance, factors and considerations which assist the FTPC and Board in reaching decisions on recommendations for and the implementation of sanctions.

Edward Mathews is INMO director of regulation and social policy

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

National Ballot

November 19 to December 12, 2018

Recruitment and Retention Crisis

Questions and Answers
for consideration by members

Recruitment and Retention Crisis Q&A

Updated Briefing Document For INMO Members

BACKGROUND

Members of the Irish Nursing and Midwives Organisation are comprehended by the Public Service Stability Agreement (PSSA) 2018-2020. As per section 3 of that agreement, the Public Sector Pay Commission examined the underlying difficulties in the recruitment and retention of staff and issued its report in September 2018. Its purpose was to recommend measures to address the recruitment and retention difficulties. The proposals that emanated from the Public Service Pay Commission were considered at a special delegate conference of the INMO on September 26, 2018 and the decision of that conference was that the recommendations would not solve the difficulties in recruitment and retention and all public sector members should be balloted.

INMO members rejected the proposals by 94%. The ballot outcome was considered by the Executive Council. The HSE/Department of Health were afforded two weeks to engage with the INMO in order to present realistic proposals to improve Recruitment and Retention. No further proposals were advanced by HSE or Department of Health. The Executive Council therefore decided that INMO members should be balloted for industrial action in pursuit of improved measures from the HSE and government to address the recruitment and retention crisis. This ballot commenced on November 19 and the ballot outcome will be announced by December 14, 2018.

Q.1 What type of action is proposed?

A: The INMO is balloting members for industrial action, including strike action, the nature of this action will be the withdrawal of labour for 24-hour periods. It is proposed that this work stoppage would span 8am to 8am and if the matter remains unresolved repeated work stoppages would follow.

Q.2 When does balloting begin and conclude?

A: The ballot commenced November 19, 2018 with the announcement of the outcome on December 14, 2018. Information meetings, briefing sessions and balloting will be arranged, and members will be advised locally of their opportunities to attend the meetings and ballot. It is vitally important that members attend information meetings and be fully informed prior to casting their vote.

Q.3 What did the Public Sector Pay Commission say regarding the recruitment and retention crisis and our claim to solve the problem?

A: Under their terms of reference, the PSPC was tasked with seeking to establish the extent and nature of any recruitment and retention difficulties in nursing and midwifery, and where they existed, to recommend measures to address them. Incomprehensibly, the Commission found that there is no generalised recruitment and retention problem in respect of nursing and midwifery. This inexplicable conclusion in turn resulted in the Commission saying that they could not recommend an increase in pay in respect of nurses and midwives. However, the Commission outlined "significant limitations in the data available on recruitment and retention in the health service."

It did, however, conclude that some difficulties exist in meeting workforce requirements in specific areas, and in so doing, it could recommend several measures to address these difficulties. Also, the report outlines that the Minister of Finance met the Commission on October 26, 2017 and instructed "this is not a pay review, nor can it be." This fundamentally changed the terms of reference of the Public Service Pay Commission and we believe placed undue influence in contradiction of the terms of reference, which were agreed in August 2017.

Q.4 Was there any improvement for new entrants?

A: A new entrant is a public servant including a nurse or midwife who joined the public service after January 2011 as a staff nurse or midwife. These public servants suffered a lower rate of entry pay than those that came before and consequently there are proposals to address this which involves the removal of two increments (4 and 8) which are applied differently depending on your current point on the increment scale. The details are set out in the *Tables* on the page opposite.

New Entrant Staff Nurse/Midwife Salary Scale							
Current point	**On next incremental date after March 1, 2019**	**One year later on next Incremental date**	***Value**	**One year later on next Incremental date**	**One year later on next Incremental date**	**One year later on next Incremental date**	***Value**
2nd point €31,110	3rd point €32,171	5th point €34876 (skip Point 4)	€1,509 (4.5%)	6th point €36,383	7th point €37,883	9th point €40,480 (skip point 8)	€1,300 (3.3%)
**not inclusive of normal increment progression*							

Current point	**On next incremental date after March 1, 2019**	***Value**	**One year later on next Incremental date**	**One year later on next Incremental date**	**One year later on next Incremental date**	***Value**
3rd point €32,171	5th point €34,876 (skip point 4)	*€1,509 (4.5%)	6th point €36,383	7th point €37,883	9th point €40,480 (skip point 8)	€1,300 (3.3%)
**not inclusive of normal increment progression*						

Current point	**On next incremental date after March 1, 2019**	***Value**	**One year later on next Incremental date**	**One year later on next Incremental date**	***Value**
4th point - €33,367	6th point – €36,383 (skip point 5)	*€1,507 (4.3%)	7th point - €37,883	9th point – €40,480 (skip point 8)	€1,300 (3.3%)
5th point 34876	7th point – €37,883 (skip point 6)	*€1,500 (4.1%)	9th point – €40,480 (skip point 8)	10th point	€1,300 – (3.3%)
**not inclusive of normal increment progression*					

Current point	**On next incremental date after March 1, 2019 (skip two increments)**	***Value**
6th point - €36383	9th point – €40,480	*€2,597 (6.9%)
7th point - €37,883	10th point - €41,775	*€2,575 (6.6%)
8th point - €39,180	11th point - €43,070	*€2,590 (6.4%)
9th point - €40,480	12th point - €44,343	*€2,568 (6.1%)
10th point - €41,775	12th point - €44,343 plus – only two years waiting period on LSI	*€1,273 (3.0%)
11th point - €43,070	12th point €44,343 Plus – only one year waiting period on LSI	*€1,273 (+2.95%)
12th point - €44,343	LSI point - €45,701	*€1358 (+3.06%)
LSI - €45,701	No change	
**not inclusive of normal increment progression*		

Q.5 What are the Executive Council recommending?

A: The Executive Council believe that the measures proposed will not solve the Recruitment and Retention crisis in nursing and midwifery. The HSE and Department of Health has not offered any improvements. The Executive Council therefore decided to ballot members for industrial action and called for members to vote in favour.

Q.6 By what majority will the vote be deemed successful?

A: A two-thirds majority of those that cast their vote must vote in favour of the action for it to proceed. Therefore, it is vitally important that members endeavour to ensure that there is a high turn out by attending meetings and casting their votes. If the members deliver a mandate of a two-thirds majority in favour of industrial action, the Executive Council will meet to consider the outcome of the ballot and will decide whether to serve notice of industrial action.

Q.7 What notice period is required?

A: Under the Industrial Relations Act, the legal requirement is seven days. However, within the health service, there is a Framework for Dispute Resolution that requires notice of three weeks prior to the proposed strike date.

Q.8 Are there penalties for taking industrial action?

A: Yes. When we signed up to the PSSA, we undertook to abide by the provision that there would be no cost-increasing claims for improvements in pay or conditions of employment during the period of the Agreement. The Public Service Pay and Pensions Act 2017 gives legal effect to the Agreement.

The following are the range of measures and financial penalties as provide for in the public Service Pay and Pensions Act 2017 in respect of those public servants who are not covered by the Public Service Stability Agreement 2018-2020:

- Scheduled pay increases/pension levy adjustments may be delayed
- Scheduled increments may be suspended
- The increments lost during the period January 1, 2018 – January 1, 2021 may never be recovered
- PSPC proposals and new entrant proposals may not be applied.

Q. 9 How does Nurses and midwifery pay compare to other public servants?

A: The INMO has drafted comparisons of the pay of nurses and midwives with other public sector workers including, occupational therapists and other allied health professionals, radiographers, respiratory technicians, teachers and gardaí, please see the table below. It is the view of the INMO that unless the pay of nurses and midwives is addressed once and for all, the health service will continue in crisis, with wards lefts short on a continuous basis. The current salary package is not attractive to nurses and midwives, hence we have a significant number of vacancies throughout the public healthcare system. However, this will have a significant impact on the future of the health service as it would be impossible to implement the *Sláintecare* report and the bed capacity report if we cannot recruit and retain nurses and midwives. Therefore, this issue must be addressed once and for all.

Comparisons between the pay of nurses and midwives and other public sector workers

Grade	After one year	After five years	After 10 years	After 15 years
Staff nurse	€31,110	€36,383	€43,070	€45,701
O/T and other AHPs	€37,784	€42,965	€48,595	€52,059
Radiographer	€36,228	€41,259	€46,746	€50,040
Respiratory technician	€37,423	€43,365	€49,848	€53,372
Teacher (using scale of those appointed after 1/1/2011)	€37,804	€42,684	€50,499	€58,662
Garda (using scale post October 2013 scale with LRA)	€31,695	€41,909	€48,270	€50,007

Q. 10 What can I do next?

We recommend doing three things:

1. Inform yourself. That means going to information meetings, following the INMO on Facebook and Twitter (@INMO_IRL), and setting aside some time to read through the documents on our website. Information is power
2. Talk to your colleagues. Make sure everyone you work with is in the INMO. The more nurses and midwives are together in the union, the more power we have to stand up for our professions, our patients, and for ourselves
3. Vote! When the ballots are open, be sure to cast your vote and have your say.

UNITED WE STAND,
DIVIDED WE FALL

Introducing Executive Council members

Helen Butler

Director of nursing at St Luke's Hospital, Carlow/Kilkenny

HELEN wanted to be a nurse for as long as she remembers. She was struck by the experience of her father dying suddenly while in hospital, during which time she was visiting him. She was only six years old and since then she always wanted to go into the profession.

Having completed her training in London, Helen started working in St Luke's in Kilkenny where Liam Doran was IRO for the region at the time. At this stage, it was harder to attain a permanent contract, with nurses and midwives working on temporary contracts for up to seven years. Helen became active on this issue because staff on temporary contracts had fewer rights than their colleagues. She saw this as unjust and worth challenging.

Currently, Helen believes the most important issue is pay, stating: "Right now, the most important issue is pay parity because if we don't get that we will have huge difficulty in keeping graduates in our health service and not a chance of bringing our qualified nurses home. Unless we sort out the pay, which will therefore enhance conditions, we're always going to suffer."

Helen feels that for a rights-based society, it is important that workers join a union. "While pay and employment and your rights as an employee are more embedded in law now than previously, nurses and midwives need a collective voice for advancement in terms of professional development, but also in terms of their employment rights and being in a union provides this voice as well as support and advice."

Ailish Byrne

Senior staff nurse at the Muiriosa Foundation

SINCE her teenage years Ailish had a strong inclination that she would be a good nurse. She always liked helping people and often sticks her neck out to help where others might not, so it seemed like a natural career for her.

She didn't know what kind of nursing she would like to go into until a local matron from an intellectual disability service rang her mother and told her there was a place available in their facility which Ailish took up. She has never looked back since.

While working in general nursing, Ailish was influenced by Mary McCormack, a junior ward sister in Waterford, now retired, and became involved with the union. Ailish felt she could always go to Mary with her issue and she became a vocal union member herself during this time. However, it was when she went back into ID nursing that she became really active. She saw that nurses were not being well represented and were being asked to do things that were outside the job description of an RNID. She didn't feel protected and she saw the need to fight for nurses' rights and entitlements.

Speaking on the necessity of union membership, Ailish said: "It's about collective bargaining and protecting yourself. You have a common interest as a member of a union, collective and effective representation, without which things slip through the net. I've been hugely educated and gained a lot from just being a union member and attending courses and reading *WIN*, but the industrial relations side of things came more as an INMO rep and an Executive Council member."

Apart from pay parity and respect for nurses, giving ID nursing that specialist role and recognition, and employing ID nurses in areas where they can make a difference are really important issues for Ailish as a member of the INMO Executive Council.

Kathryn Courtney

CNS in palliative care at Marymount Hospice, Cork

KATHRYN'S mother was a teacher and she always thought she would do the same, until a friend suggested that she would make a great nurse when she was in fifth year in school. From that moment she never wanted to do anything else. Her maternal grandmother was a community midwife and her father's cousin was a nurse so she felt it was in her genes.

Kathryn feels that for every nurse and midwife especially, it is important to be in a union because it is a predominantly female workforce. She stressed that union membership is very important for support in bad times and for information and awareness of what is going on in other areas in good times.

For her, a union is important for the advancement of issues locally, nationally and internationally and is a good collective way of fighting for rights and entitlements.

"The INMO supported me through a very difficult time with an employer. Because of its support I recognised the need for nurse representatives on the ground so, I became a nurse representative from 2006/07 onwards. I got involved with Cork Voluntary Private Branch and am currently treasurer. I am delighted to have been elected to the Executive Council for the first time this year."

Like all nurses and midwives on Executive, she is completely in favour of recognition of the advancement of nursing and midwifery in pay parity and in parity of hours with allied health colleagues. The disintegration of the public health service is of great concern to Kathryn as is the shocking treatment of patients and of staff within the service. Being from a Section 39 hospital, she is concerned with the separation between the public service and Section 39 workers when it comes to pay and pension entitlements.

Knowing your pay entitlements

INMO student and new graduate officer, **Neal Donohue**, discusses the importance of being aware of pay scales, allowances and increments

IN RECENT weeks much of the calls I received from new graduates have related to pay scales, allowances and increments, so I have put together some information on these issues to make it easier for you all to understand. Unfortunately, there is a lot of misinformation out there, so it is essential you know where you can find what you need.

The INMO Information Office provides a same-day response service to members (Monday to Friday from 9am-5pm), on a wide range of issues including conditions of employment, pay and pensions, injury at work and employment/equality legislation. Various publications such as explanatory booklets and leaflets are also produced by the Information Office and are available to download or on request.

Getting paid

The nursing and midwifery pay scales for new graduates is not easy to understand, especially when you take allowances into account. For further information regarding pay and allowances go to **www.inmo.ie/Salary_Information**

The Payment of Wages Act 1991 provides that all employees have a right to a payslip which will show the details of all payments and deductions. It is important to familiarise yourself with the details on your payslip and to understand the rates of pay and the deductions. For the purposes of this article I will focus on payments.

For new graduates, when you qualify you are paid the post-qualification pre-registration salary, which is currently €24,850. Once you receive your NMBI registration you will be paid on the staff nurse/midwife pay scales. The starting point is €29,056. This is due to increase by 1% in January 2019 for those earning less than €30,000 pa as per the Public Service Stability Agreement.

As outlined in HSE HR Circular 005/2016, the 36-week nursing and midwifery internship is counted as part of your incremental credit. Therefore, 16 weeks after you commence working as a qualified nurse/midwife you move to the second point of the pay scale at €31,110.

Health service employees who are sponsored to undergo the nursing degree programme will, on appointment as a staff nurse, be assimilated on the nearest monetary point of the staff nurse scale to their existing salary (HSE HR Circular 11/2008).

As per HR Circular 030/2017 the provisions of HSE HR Circular 11/2008 can be applied to HSE employees who self-fund the nursing degree programme.

Premium pay

Standard working hours are 8am-8pm, Monday to Friday. Hours worked outside of these times are described as 'unsocial hours' and attract premium rates of pay.

Since premium hours attract a monetary incentive, it is important for new graduates to note that they have an equal right to access premium hours and should not be treated less favourably than their experienced peers, unless that favourable treatment can be justified on objective grounds.

Protection of Employees (Part-Time Work) Act, 2001 provides that premium hours should be allocated on a pro rata basis including full-time and part-time employees. Since interns are also employees, they must be afforded access to premium hours on a pro rata basis.

Saturday premium

A nurse/midwife who works a 'five over seven' roster and is scheduled to work on Saturday is entitled to a premium payment of €15.30. This is a fixed amount and is payable irrespective of the number of hours worked.

Sunday premium

Sunday pay is calculated as 'time + time' (double time) in respect of every hour worked.

Public holiday premium

This is calculated as time + time (or double time) for every hour worked.

In addition, nurses/midwives employed in the public health service who work a 'five over seven' roster receive additional annual leave in lieu of their liability to work on public holidays, ie. nine days in the case of full-time nurses and four and a half days in the case of job-sharing nurses.

Night duty premium

Night duty is normally defined as hours worked between 8pm and 8am. A night duty roster is defined as one where the nurse/midwife works at least three hours between midnight and 7am. This rule does not apply to those who were in receipt of alternative arrangements prior to January 2012 (HSE Circular 003/2012).

A night duty premium of time plus a quarter is payable to nurses/midwives rostered for night duty on a rotational basis.

Twilight payment

The twilight payment of time plus one-sixth is currently paid to nurses/midwives for hours worked between 6pm and 8pm. However, the time plus one-sixth payment continues to apply for hours worked between 8pm and 12 midnight except where alternative arrangements as provided for in HSE Circular 003/2012 exist.

During your transition from internship student to post-qualification/pre-registration, to registered staff nurse/midwife, it is imperative that you monitor the payment of your wages to ensure you are being paid at the appropriate rate. You have invested heavily to qualify in your chosen discipline and it is important that you are paid appropriately for your work.

Neal Donohue is the INMO's student and new graduate officer. If you have a question about the above article, or need support or information, you can contact him at email: neal.donohue@inmo.ie or Tel: 01 6640628

A column by Maureen Flynn

Quality & Safety

National audit of severe maternal morbidity and perinatal mortality

THIS column, the final in our series on national audits endorsed by NOCA, focuses on severe maternal morbidity and perinatal mortality. While pregnancy and childbirth are normal life events, it must be acknowledged that adverse perinatal outcomes can occur for both the mother and baby.

Perinatal mortality is a significant measure of obstetric and neonatal care. In the mother, severe maternal morbidity is acknowledged as an important quality indicator of maternity care, particularly in developed countries where maternal death rates are relatively low. However, it is important that we do not focus on rates alone. We should remember that each perinatal death and severe maternal morbidity event has a profound effect on a mother, a father and the extended family.

Role of NPEC

Established in 2007, the National Perinatal Epidemiology Centre (NPEC) has collaborated with the Irish maternity services to translate clinical audit and epidemiological data into improved maternity care for families in Ireland. National clinical audits include: (i) Perinatal mortality; (ii) very low birthweight babies; and (iii) severe maternal morbidity. Operation of the NPEC audits is in accordance with standards and policies set by NOCA. All 19 Irish maternity units contribute data to these audits.

The fundamental aim of the audits is to provide a national review of the adverse perinatal outcomes, to identify quality improvement initiatives and make recommendations for the improvement of the maternity services. The information provided contributes to a body of evidence that will guide clinical practice, counselling of bereaved parents, public health interventions and inform policy makers. Recommendations from earlier NPEC reports have been implemented with the adoption by the National Women and Infant's Health Programme (NWIHP) of more recent recommendations.

Perinatal mortality is defined by the number of stillbirths and early neonatal deaths (occurring within seven completed days of birth) per 1,000 births (live births and stillbirths from 24 weeks gestation or weighing >500g).

Severe maternal morbidity is as a pregnant or recently-pregnant woman (ie. up to 42 days following the pregnancy end) who experienced any of the following 16, clearly defined morbidities: major obstetric haemorrhage (≥2.5 Litres); uterine rupture; eclampsia; renal or liver dysfunction; pulmonary oedema; acute respiratory dysfunction; pulmonary embolism;cardiac arrest; coma; cerebrovascular event; status epilepticus; septicaemic shock; anaesthetic complications; and maternities involving peripartum hysterectomy; admission to an ICU and interventional radiology.

Get involved

The NPEC disseminates unit specific reports to all maternity units which benchmarks perinatal outcomes against national rates. You might consider how findings from the national NPEC reports inform your practice and contact the co-ordinator in your unit for findings specific to your service. Co-ordinators at centre level are named and acknowledged in all NPEC reports.

Further information

NPEC publishes national reports on perinatal mortality (2008 to date) and severe maternal morbidity (2011 to date) with summaries for the public available for download from the NPEC web site at: **www.ucc.ie/en/npec**. If you have any queries about these audits, please contact Edel Manning at email: e.manning@ucc.ie.

Key messages from the 2016 annual report

Key messages, perinatal mortality 2016

- Perinatal mortality rate: 5.8 /1,000 births or one in 172 births
- Low birthweight is associated with perinatal death, particularly stillbirths. This highlights the importance of close monitoring for foetal growth during pregnancy
- Increased body mass index (BMI) and maternal age is associated with perinatal mortality
- The main causes of perinatal death in Ireland in 2016 were:
  - Stillbirth – major congenital anomaly (31.2%); placental disease (28%); unexplained (15.2%)
  - Early neonatal deaths – major congenital abnormality (54.8%); respiratory disorder secondary to prematurity (29%)

Key messages, severe maternal morbidity (SMM) 2016

- There was a statistically significant increase in the rate SMM and major obstetric haemorrhage (MOH) in 2016 compared to previous years
- The rate of SMM was 6.46 per 1,000 maternities or one in 155 maternities
- MOH remains the most commonly reported morbidity. This highlights the necessity for obstetric haemorrhage protocols
- Variation in MOH rates were identified between units. This may reflect differences in estimating blood loss across units
- One in 109 women required higher levels of care (level 2 or level 3 care)

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

Acknowledgements
Thank you to Edel Manning and the NPEC for collaborating in the preparation of this column. It is with sincere thanks that the NPEC acknowledges unit co-ordinators who collate data at centre level

Stakeholders must work together to improve care practices and enhance the outcomes for premature infants and their families, writes **Mandy C Daly**

Working together to improve neonatal outcomes

MORE than 15 million babies are born too early, too sick and too small in the world every year. Some one million of these babies die. In Ireland there are over 64,000 births per year and 4,500 babies are born prematurely, that's one baby every 116 minutes.

Advances in perinatal and neonatal care have significantly increased the survival rate for premature babies, with greater emphasis on the quality of life. Preterm birth is an unexpected event for the majority of families and its legacy for both the family and infant can last a lifetime. It forces families to re-evaluate their expectations and hopes for their children, it disempowers parents of their parenting role and its sequelae can have far reaching consequences.

Irish Neonatal Health Alliance

The Irish Neonatal Health Alliance (INHA) is an Irish charity founded by parents of premature infants who – after their own personal journeys with premature birth – recognised the need for the many stakeholders in the neonatal field to work together to reduce the incidence of preterm birth, improve and standardise care practices, and enhance the outcomes for infants and their families.

Last month, on November 17, 2018, The Irish Neonatal Health Alliance celebrated the 10th World Prematurity Day. World Prematurity Day is one of the most important days in the year to raise awareness of the challenges and burden of preterm birth globally. The day was initiated by the European Foundation for the Care of Newborn Infants (the INHA sits on its parent advisory board) and partnering European parent organisations in 2008.

The international co-founders Little Big Souls (Africa), March of Dimes (US) and National Premmie Foundation (Australia) joined the celebrations and made World Prematurity Day an intercontinental movement.

Celebration

To celebrate this important day in Ireland and shine a spotlight on the challenges these special 'early deliveries' face, the charity hosted the eighth Neonatal Medical Symposium at The Alex Hotel, Fenian Street, Dublin, on November 16. It was attended by children who were born prematurely, their families, neonatal healthcare professionals and guest speakers.

The theme of this year's symposium was 'Bonding and Attachment in the Neonatal Unit' and the global motto for World Prematurity Day 2018 was: 'Working together: Partnering with families in the care of small and sick newborns'.

Premature birth is recognised as a stressful and emotionally demanding experience that can impede the bonding and attachment processes and have a life-long impact on the family unit. Two factors that influence the quality of parental bonding are the baby's gestational age at birth and the distance between a parent and the baby.

Article 9 of the UN Declaration of the Rights of the Child stipulates that "infants should not be separated from their parents" yet the majority of premature babies are cared for in Neonatal Intensive Care Units (NICUs) where there are limited facilities for families to be present 24 hours a day.

There is a growing understanding about the importance of parents' closeness for both the baby's and parents' wellbeing and for the child's development. Infant-parent separation and lack of parental involvement in care leads to negative outcomes for families and society.

The relationship that the baby has with their parent or primary carer has an enormous impact on their future mental, physical, social and emotional health. The neonatal period is critical to the development of the parent-child relationship. In fact, the strength of this relationship is the main predictor of how well the child will do both in school and in life. It is not founded on the quality of the care or parental love, but on the non-verbal emotional communication that the parent develops with their child, known as the attachment bond.

The keynote speaker, RTE's *Operation Transformation* leader David Cryan, whose daughter Zoe was born prematurely at 24 weeks, launched the INHA's new educational guide, *Back to Basics – Bonding and Attachment in the Neonatal Unit* which is now available in all 19 neonatal units in Ireland.

The charity also co-ordinated the Irish element of the Global Purple Illumination of iconic landmarks, an annual event which sees landmarks around the world illuminate in purple light on November 17. The participating Irish landmarks included the Rotunda Hospital, Coombe Women and Children's Hospital, Cork University Maternity Hospital, the Mansion House in Dublin, Liberty Hall in Dublin, the Convention Centre in Dublin, Limerick City and County Council Buildings and the Strand Hotel in Limerick.

To learn more about the work of the Irish Neonatal Health Alliance and to access the free downloadable version of *Back to Basics – Bonding and Attachment in the Neonatal Unit* booklet please visit the website: **www.inha.ie**

Mandy C Daly is director of advocacy and policy making at the Irish Neonatal Health Alliance

Calling all neonatal nurses and midwives

If you are interested in setting up a INMO Neonatal Nurses special interest group please send an email to: steve.pitman@inmo.ie

PHNs aim to help children overcome nocturnal enuresis

A PHN-run enuresis clinic in Cavan/Monaghan has received overwhelmingly positive feedback and results, writes **Pamela Austin**

BEDWETTING occurs when there is accidental loss of urine during sleep in a child aged five or over. The medical name for this is enuresis. Bedwetting is a common and distressing condition that can have a deep impact on a child or young person's behaviour, emotional wellbeing and social life. It is also very stressful for the parents or carers.

The prevalence of bedwetting decreases with age. Bedwetting less than two nights a week has a prevalence of 21% at about four and a half years and 8% at nine and a half years. More frequent bedwetting is less common and has a prevalence of 8% at four and a half years and 1.5% at nine and a half years.[1]

Bedwetting can be considered to be a symptom that may result from a combination of different disturbances of physiology, including sleep arousal difficulties, polyuria and bladder dysfunction. Bedwetting also often runs in families.[2] There are different types of bedwetting. One way of categorising is to differentiate between a child who has never been dry at night for six consecutive months (primary enuresis) and those who have been dry but started to wet again (secondary enuresis).

From a treatment point of view we prefer differentiating the bedwetting children between mono-symptomatic enuresis (those who only have night time symptoms) and non-mono-symptomatic enuresis (those who wet the bed and also have variable degrees of daytime symptoms). The latter often need more complex treatment. To establish the correct treatment for enuresis, a full assessment is recommended and the child is referred to an enuresis clinic, if available in the area. Treatment usually includes general advice and use of alarms or medication.

An enuresis service was established in Cavan in 2002 by two public health nurses. In 2003 a needs assessment was carried out among 1,100 school children in Monaghan, which recognised the need for more services. Prof Nick Van der Spek, consultant paediatrician in Cavan General Hospital, provided training for PHNs and funding was received for alarms and other necessary equipment. In 2004 the service was extended to Monaghan.

The enuresis clinic now operates in Darley Health Centre, Cootehill, Cavan covering both counties. This public central service is available to all children aged seven to 16 years of age living in Cavan and Monaghan who have enuresis. The service, including the equipment, is provided free of charge to all children. The clinics are run by PHNs who provide expert advice and treatment to clients and their parents/guardians.

The clinics are overseen by Prof Van der Spek who supports the PHNs' clinical assessments and sees complex cases where necessary as part of a seamless service, by using a specially designed paperless electronic health record. In September 2018 our service was nominated for best collaboration between primary and secondary healthcare in the National GP Buddy Awards.

A client satisfaction survey was undertaken in 2017 to ascertain whether the service is meeting the needs of service users and to highlight if and where improvements are required to ensure a safe and quality service. In total 31 (parents of children attending the clinic) responded to the survey. Overall very positive results were obtained.

Most of the children (81%) surveyed were seen in less than three months. Some 94% of responders reported that the referrer explained the reason why their children were being referred to the enuresis clinic. All of the responders understood why they had been referred.

Three-quarters of the parents expected to be seen in a primary care setting. One-fifth thought they would be seen in the hospital while the remainder thought they would be seen elsewhere. Everyone was seen at their scheduled time. Half of the responders attended less than five times. The reminder appointment letter generated with the help of the electronic health record system was seen to be very helpful and half of the responders availed of the facility to change clinic appointments if needed. Almost everyone felt the clinic in Cootehill was easily accessible and met their needs.

All the parents felt their child's needs and wishes were listened to and 96% of the parents felt their child was involved in decision making in relation to their treatment. All parents felt staff were very courteous, provided privacy and answered any queries.

Homework was seen to be easily understood and user friendly. Equipment was reported by 81% of parents to be user friendly and helped their children get dry. There was a small number of reported equipment breakdown but this was replaced when required.

Overall the 31 parents felt they had adequate support and information to manage their children's bedwetting problem and were very satisfied with their children's progress.

Parents with concerns about their children (seven to 16 years) having bedwetting problems can be referred by their GP, PHN or paediatrician to this clinic.

Pamela Austin is a public health nurse in Monaghan

Acknowledgement to the enuresis team: Prof Van der Spek, consultant paediatrician; Audrey Lynch, PHN; Geraldine O'Riordan, PHN; Cait Gormely, PHN; and Theresa Morris, clerical support

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Update on prevention of HIV in Ireland

HIQA is currently assessing the benefits of a HIV pre-exposure prophylaxis programme. **Tara Horan** reports

THE Health Information and Quality Authority (HIQA) announced recently that it is carrying out a health technology assessment (HTA) of a pre-exposure prophylaxis (PrEP) programme for populations at substantial risk of sexual acquisition of HIV. The aim of the assessment is to establish the clinical- and cost-effectiveness of providing a PrEP programme in Ireland.

HIQA agreed to undertake the HTA following a formal request from the HSE. Policy provision for PrEP is contained in the Department of Health's National Sexual Health Strategy 2015-2020,[1] which highlighted that people at risk of HIV should be made aware of the benefits of knowing their HIV status, encouraged to test for HIV, and to avail of antiretroviral therapy as appropriate.

Awareness of HIV status and antiretroviral therapy is essential to the prevention of morbidity and mortality associated with HIV and in the prevention of new infections.[1] The European Centre for Disease Prevention and Control (ECDC) encourages member states to scale up HIV testing programmes if there is an epidemiological basis for doing so. Current research is considering routine opt-out HIV testing in various clinical settings. The strategy also noted that advances in HIV testing provide increased opportunities for testing in non-clinical settings and should be assessed in the Irish context.

Incidence

The total number of people living with HIV in Ireland is estimated at 7,200. There were 508 new HIV notifications in Ireland in 2016, representing a rate of 10.7 per 100,000 population; preliminary data for 2017 indicates a similar rate. Of the 508 new diagnoses, just over half (51%) were among men who have sex with men (MSM), which was the largest number of diagnoses ever reported in MSM. The majority of these men (63%) were born abroad, with the highest number from Latin America. Between 2006 and 2016, HIV diagnoses increased by 44% overall and 193% in the MSM group. Heterosexual transmission accounted for 28% of diagnoses, with 64% of heterosexual cases born in sub-Saharan Africa. There were 21 diagnoses among people who inject drugs, a decrease from the numbers in 2014 and 2015, when there was an outbreak of HIV in Dublin among homeless drug users.

"HIV infection remains a significant public health concern. In 2017, over 500 new HIV infections were reported to the Health Protection Surveillance Centre (HPSC) in Ireland. In fact, the years 2016 and 2017 witnessed the highest number of new HIV notifications ever reported to the HPSC. Approximately half of all new notifications were in males who have sex with males (MSM). Since 2006, there has been a threefold increase in new infections in the MSM community," said HIQA deputy chief executive, Dr Máirín Ryan, who is also director of health technology assessment.

Pre-exposure prophylaxis (PrEP) programme

According to Dr Ryan: "In addition to providing PrEP free of charge, such a programme would also monitor patients through regular testing and provide counselling and advice. The assessment will also look at the budget impact of introducing a PrEP programme and assess the organisational and resource implications of such a service."

Internationally, 11 countries currently fund PrEP through national programmes. In 2015, France became the first European country to reimburse PrEP through its public health system. A number of other EU countries subsequently announced that they would fund a PrEP programme, including Belgium, Norway and Scotland.

Pre-exposure prophylaxis is a form of HIV prevention whereby HIV medications (most commonly two antiretrovirals used in combination: tenofovir and emtricitabine) are taken by HIV-negative individuals to prevent infection. In its latest guidelines, the World Health Organization (WHO) recommends that PrEP containing tenofovir should be offered as part of HIV prevention programmes to people at "substantial risk of HIV infection".

In the US, the FDA approved combination oftenofovir and emtricitabine for PrEP to reduce the risk of sexually-acquired HIV-1 infection in 2012, while the European Commission granted marketing authorisation for this in the EU in August 2016 for the same indication.

HIV antiretroviral therapy

Highly-active antiretroviral therapy (HAART) has revolutionised HIV treatment. While there is no effective HIV vaccine, antiretroviral treatment strategies can prevent HIV transmission and acquisition. Recent data demonstrate that when a person living with HIV is on effective HAART, the risk of a sexual partner acquiring HIV through unprotected sexual intercourse is significantly reduced.[2] Thus, the early treatment of known HIV cases may contribute towards reducing HIV transmission.

Furthermore, following exposure to HIV, there is a 72-hour period when it is possible to provide post-exposure prophylaxis (PEP) to protect against transmission. The decision to proceed with HIV PEP should be made in line with the recently updated national guidelines.[3]

HIQA is to establish an expert advisory group comprising representatives from key stakeholder groups who will advise the HTA evaluation team during the course of this assessment.

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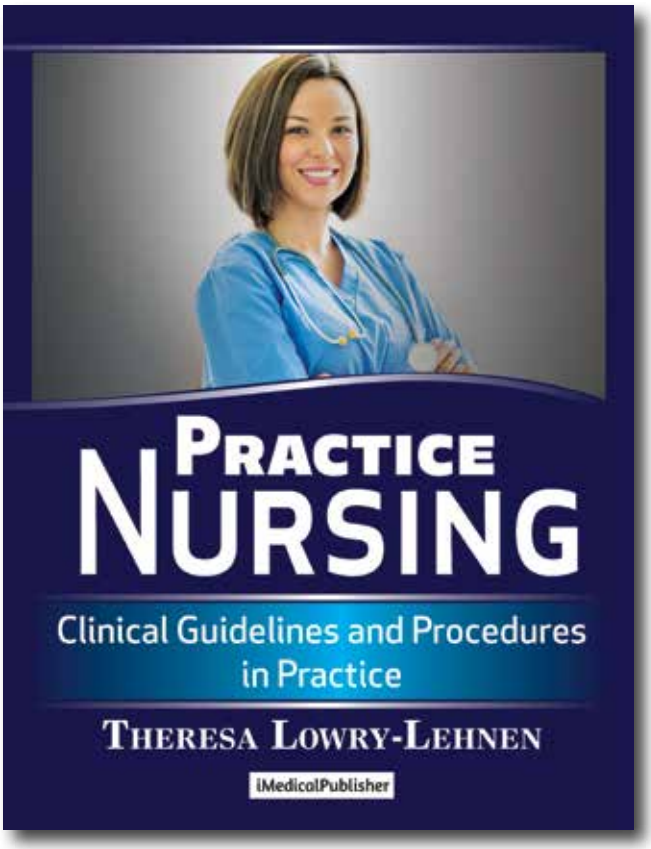
New book by Irish practice nurse offers clinical guidance

THERESA Lowry-Lehnen, a full-time practice nurse and an associate lecturer at Institute of Technology Carlow, who was shortlisted for this year's 'Practice Nurse of the Year' award at the GP Buddy National Awards, has produced a book for practice nurses titled *Practice Nursing: Clinical Guidelines and Procedures in Practice*. The book is currently with a medical publisher and is expected to be available in December.

Theresa has written the following piece for *WIN* about why she wrote the book and the process involved.



Need for guidance

Presented with an ever-increasing range of conditions and patient needs, the role of the practice nurse is constantly changing and evolving. The extended roles and range of clinical skills provided by practice nurses depend on the needs of the patient and the qualifications, skills, competencies and scope of practice of each individual practice nurse. *Practice Nursing: Clinical Guidelines and Procedures in Practice* provides an overview and a step-by-step guide for a range of clinical procedures regularly carried out by nurses in general practice and primary care settings. While it is intended as an additional resource for practice nurses, government publications and updates should always be referred to.

Process

Developing guidelines for clinical practice is an important part of the practice nurse role, but the task of researching, developing and producing the guidelines is time consuming and it can be difficult to find the information required as and when needed.

In developing my own clinical nursing guidelines over the years, I found that there were limited Irish sources for practice nurses to refer to for clear instructions on how to carry out a range of clinical procedures. There are numerous government publications and updates, but they rarely include guidelines for nurses on 'how to' carry out the specific procedures.

In collating, updating and producing new clinical guidelines and including a number of important practice policies, I hope that this book will prove useful as a reference guide for other nurses in general practice and primary care settings.

There was considerable time invested in researching and producing the book. Keeping track of sources and references when researching and producing the guidelines made completion of the book an easier process.

Compiling the contents in a presentable format took some consideration. A range of current policies and step-by-step guidelines for individual clinical procedures are arranged in a logical manner for easy use and access in daily professional practice. Spending time formatting the book's contents, tables and images and designing a book cover were important steps in the production process.

Feedback

On completing the book, I sought peer review and feedback. For unbiased reviews, I asked a number of GPs, with whom I have never personally worked but whose opinions I value, if they would consider reviewing it. Dr Maitiu Ó Tuathail, GP and president of the NAGP, and Dr Stephen Murphy, a GP and GP trainer from Meath, both reviewed the book and provided me with encouragement and positive feedback.

Dr Ó Tuathail said the following of the book: "Whether you are a nurse about to embark on a lifelong career or one who is already established in practice, this evidence based concise practical book serves as both a guide and a helping hand to provide the theory and principle, practical knowledge and confidence for all nurses. It is a must have for all practice nurses, both new and experienced to ensure we work towards best practice and ensure the highest standard of care for all our patients."

I was also greatly encouraged and supported by Dr Eoin McDonncha, GP at NUI Galway and public relations officer of the Irish Student Health Association, and by my colleague Dr Eimear Hally, GP at Tyndall Clinic, Carlow.

During the peer review process, I also shared the work with a number of nursing colleagues in general practice. The feedback and support was once again extremely encouraging.

One practice nurse described the book as "a great addition and a very useful tool for practice nurses. A straight forward step-by-step guide to refer to when carrying out clinical procedures. It is a 'recipe book' for practice nurses".

Publication

Following revision and the peer review process, the book was accepted for publication by International Medical Publishers, a company that has been publishing medical books and journals since 2005.

Practice Nursing: Clinical Guidelines and Procedures in Practice was due to be published as *WIN* went to press. We look forward to reviewing it in a forthcoming issue.

Your priorities with the president

Martina Harkin-Kelly, INMO president

A new year

I WISH all of you and your families a merry Christmas and a happy new year. In particular, I want to pay tribute to the thousands of nurses and midwives working throughout the break, delivering lifesaving care under near-impossible conditions.

There's a lot of spin about the health service, with near-daily sound bites launched. But the simple fact is that, following hospital admission, over 100,000 men, women and children were forced to languish on chairs and trolleys across Ireland this year, without proper beds. By standing together, we can use this next year to make our workplaces safer and better for patients, nurses and midwives alike.

Gender-proofing the budget

BUDGETS by their very nature have a massive impact on our lives. The figures often balance on paper, but the reality is often different. We know that women can be disproportionately affected by budget changes, so I was glad to represent the INMO at the National Women's Council of Ireland event looking at how financial policy affects women. Budget 2019, we were told, sadly, did not feature a gender impact statement, which would have told us how women were most affected by changes. However, it appears change is on the way, as indicated by a speaker from the Department of Public Expenditure and Reform. The government is piloting six gender impact assessments in areas such as childcare, smoking, the arts, apprenticeships and sports. They have plans to widen that to another 20 areas. More than 90% of nurses and midwives are women, so we know all too well that professions that are perceived to be female are often valued less.

Joint Midwifery Conference

I WAS honoured to open the All Ireland Midwifery Conference, which marked 100 years since the Midwives Act (Ireland) of 1918. The Act required only qualified midwives to attend births, setting in train the birth of a regulated, high-skill profession. This year's event attracted a large attendance from across the island. Members joined sessions heavily focused on evidence-based practice, but heard that many midwives are forced to work in health services that focus more on targets and bypass education. At the heart of this are numbers. It is widely accepted that there should be at least one midwife for every 29.5 births – a figure which the government's own National Midwifery Strategy uses. Yet any midwife will tell you that reality does not match up. The conference also paid tribute to Breedagh Hughes – the former director of Royal College of Midwives Northern Ireland – who retired recently. I know that we will all wish her health and happiness in her retirement. As ever, I would like to thank the INMO and RCM organising committee, along with all the staff who worked so hard to make this event a success.

Europe's occupational health nurses

THE INMO was delighted to host the Federation of Occupational Health Nurses within the European Union at our headquarters. It was a great opportunity to meet with OHNs from across the continent and discuss the issues we all face. In my address, I gave an overview of the struggles nurses and midwives in Ireland have had, particularly on the effect of the recent recession on our professions. I reiterated how occupational health has a key role in preventing work-related illnesses and in promoting good health.

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

Thought of the month

If I go alone, I may go faster. If we go together, we'll go further

Africa proverb

Report from the Executive Council

WHAT a month it has been. In October, 94% of members voted to reject the government's proposals. The Executive then decided to ask members to vote on whether to go on strike to secure a better deal.

Balloting began on November 19, with results due to be announced on December 14. A national strike is a big step – one that we have taken only once before in our history. For that reason, we are seeking a mandate where at least two-thirds of voters support industrial action.

If we collectively vote to strike, we have agreed that it will be a 24-hour work stoppage, providing only essential life-preserving care and emergency response teams for theatres and emergency departments. If the dispute isn't resolved, this would escalate to two 24-hour periods a week.

This isn't simply about pay. It's about safety. Go to any part of our health service, and you'll see that we simply can't recruit and retain enough nurses and midwives on the current wages. This situation compromises clinical care.

I have always repeated the mantra that no nurse or midwife chooses strike action lightly – however, we have been forced down this route. It's time that our work is valued equally and fairly. Attend a ballot meeting, exercise your vote, and stand with your colleagues, united!

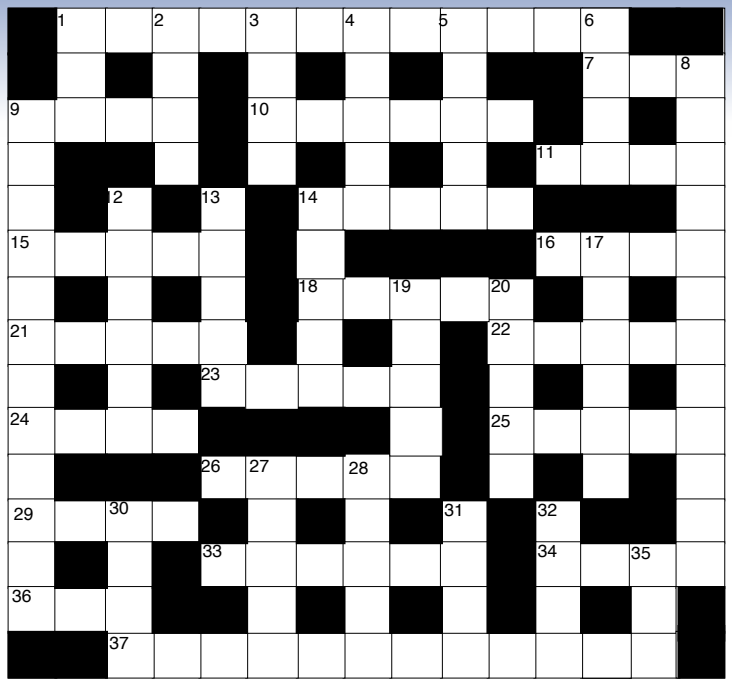
Can I please remind all our members, who are working in conditions where they cannot provide safe care, to complete their disclaimer forms – this will be your only safeguard in the event of a near miss or an incident.

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

CROSSWORD Competition

WIN a €30 gift voucher



Across

1 If Daniel is hot, then dads attempt to make this treat (6,6)
7 Grow older (3)
9 Some of that fancy anecdote is blue! (4)
10 & 15a Popular combination of drinks (3,3,5)
11 A Chinese dynasty returned for these wildebeest (4)
14 Medicine bottle (5)
15 See 10 across
16 Not fatty (4)
18 Snooker foul (2-3)
21 Shade of blue (5)
22 Jewish teacher (5)
23 Cereal crop (5)
24 Playthings (4)
25 The message of a fable (5)
26 Hygienic (5)
29 Eye impertinently (4)
33 Provide what the professor consumed (6)
34 What a Manx cat is famously lacking (4)
36 Historic French coin (3)
37 Will it look spruce after you do this? (5,3,4)

Down

1 Arid (3)
2 Members of a religious order (4)
3 Append your name to an omen (4)
4 Strike with the fist (5)
5 He arrives once a year for some parmesan tahini (5)
6 Tall tale (4)
8 Lavender, for example, is a must-have if you want to get well lubricated, it seems! (9,3)
9 Might narcotics not provide what Mary felt at the first Christmas? (12)
12 Physical damage (6)
13 Threaded fastening piece (5)
14 The haughtiness of a group of 27 down (5)
17 Set off on a voyage (6)
19 Frequently (5)
20 Supporting structure, or the surround of a painting (5)
27 Rugby-playing felines (5)
28 Linger in anticipation (5)
30 At high volume (4)
31 Mr Hackman provides some DNA (4)
32 It guided the Three Wise Men (4)
35 How cold it is, to decapitate rodents! (3)

November crossword solution

Across: 1 Liver spots 6 Port 10 Salsa verde 11 On the mend 12 Sneaker 15 Shaky 17 Etui 18 Oxen 21 Stumble 23 Baron 24 Parr 25 Anna 26 Sit up 28 Treviso 33 Up the ante 34 Tarte tatin 35 Tiny tots 36 Cat's cradle

Down: 1 List 2 Volunteer 3 Reata 4 Probe 7 Opera 8 Teddy bears 9 Pensive 13 Knot 14 Red meat 16 Dog biscuit 20 Reassured 21 Snapper 22 Lose 29 Reeds 30 Voter 31 Enya 32 Here

The winner of the November crossword is: Sailí Ní Fhlathartha, Carraroe, Co Galway

You can email your entry to us at nursing@medmedia.ie by taking a photo of the completed crossword with your details included.
Closing date: Friday, January 18, 2019
If preferred you can post your entry to: Crossword Competition, WIN, MedMedia Publications, 17 Adelaide Street, Dun Laoghaire, Co Dublin, A96E096

Name:
Address:

Exercise your brain with SUDOKU

Easy

6		3			4			
	1	2		5				6
9	5			7				3
				3	1	9	4	
1		4	9		5	7		2
	2	9	6	4				
2				9			1	7
5				6		2	3	
			5			6		4

Medium

		1						
4				1		3	5	7
7					2		1	
6	3				7	9	2	
8								3
	1	4	9				6	5
	8		3					2
3	4	6		7				1
						4		

Hard

1	5							
		9				4	7	8
	8	6		2				
3				1			9	
	7		4		3		2	
	1			5				3
				4		3	5	
8	4	7				2		
							4	6

MONEY MATTERS

More money in your pocket

Ivan Ahern explains how to get your 2019 savings off on the right track

WITH everyone feeling the Christmas pinch, we often make resolutions for cost savings in the new year but more often than not these resolutions don't make it past the end of January.

In this month's article, we take a look at simple ways to get more money in your pocket, from money saving to claiming tax refunds. Why not make 2019 the year you take control of your spending.

Money saving

Make a weekly/monthly budget

It seems like an obvious place to start, but making a clear budget at the start of the week or month will keep your spending on track.

The Competition and Consumer Protection Commission (CCPC) has developed a handy budget calculator to help you get started (visit **www.ccpc.ie/consumers** to find out more).[1]

There are also a number of budget apps for your smartphone, including Fudget, Spending Tracker, Spendee and many more.[2]

You need to record your monthly expenses, including your mortgage, bills, food, other expenses and socialising costs. Once you know what you need to spend, you can see where savings can be made.

Be clever with your money

At the beginning of each week, take out enough money to cover your costs for that week. Try not to use your card during the week – we all know how easy it is to tap or swipe. Having cash will reduce the risk of overspending.

Search for offers

Groupon, Pigsback and Living Social[1] are just three of the many websites that provide discounted offers on almost everything, including hotels, spa breaks, meals, dental, beauty and more. Terms, conditions and expiration dates apply, so make sure you read them in full before purchasing.

Keeping fit

If you are planning on making a new year's resolution to join a gym, why not consider the following:

- Trying before you buy – shop around local gyms and ask for a free trial
- Negotiate – ask for a better price or see if you can get a couple or a group discount (if applicable)
- Consider off-peak membership to see if you can save on the cost.

Claim your tax refunds

Check your P60

Your P60 shows how much you earned in 2018 and how much tax you paid on your income.

If you have not reviewed your tax for some time or your personal circumstances have changed (eg. if you have got married, changed employer or now have multiple sources of income), you could have unused tax credits or allowances, and this could mean a tax refund. Remember, you are able to claim back tax for up to four years.

Claim your flat rate expenses

Nurses and midwives are also able to claim job-related expenses called flat rate expenses. For example, supplying and laundering your own uniform receives tax relief of €733 per annum, and nurses on short-term agency contracts receive an additional tax relief of €80.

For a full list of flat rate expenses, visit **revenue.ie**

Submit medical and dental expenses

You can claim tax relief at 20% on medical and dental expenses that you have paid. This includes items such as:

- Doctor, consultant or hospital fees
- Drugs or medicines
- Treatments or items prescribed by a doctor (eg. physiotherapy)
- Non-routine dental treatments, such as root canal/crowns
- Dietary products recommended by a doctor for certain conditions such as coeliac disease.

Cornmarket's Tax Return Service[3] can advise you on all of your tax affairs. We will inform you if you are due a tax refund. Contact us at Tel: 01 4086261 for more information.

Ivan Ahern is a director of Cornmarket Group Financial Services ltd

References

1. Please note that Cornmarket cannot be held responsible for the content on external websites

2. Source: budgeting apps available on Apple App Store and Google Play. This information is intended only as a general guide and has no legal standing. Cornmarket Group Financial Services Ltd. is a member of the Irish Life Group Ltd. which is part of the Great-West Lifeco Group of companies

3. Cornmarket's Tax Return Service is not a regulated financial product. This service is provided by Cornmarket Retail Trading Ltd., a wholly owned subsidiary of Cornmarket Group Financial Services Ltd. Telephone calls may be recorded for quality control and training purposes

District nurse recognised at ceremony

Marie McGivney nominated for Longford People of the Year Award

BALLINALEE district nurse Marie McGivney was nominated for the Longford People of the Year Award at the annual event, held in aid of homeless charity Midlands Simon Community.

Marie was nominated for her outstanding work and compassion. Her friends and colleagues say she is a great advocate for community nursing with one colleague adding: "Marie has raised public health nursing to a higher status."

Speaking about the nomination Marie said: "Compassion, care and commitment are at the heart of my work. It costs nothing to care and a positive experience for the service user is invaluable."

Longford People of the Year Award nominee Marie McGivney (centre) pictured at the award ceremony alongside her sons James (left) and David (right), daughter Elaine (centre right) and husband Peter (centre left) Picture courtesy of Longford Leader (photo: Shelly Corcoran)

Donation made to University Hospital Galway oncology fund

CIARA Ní Fhatharta and her father Colm Ó Fatharta from Inis Meain, Aran Islands, Co Galway recently presented a cheque for €2,000 to the Oncology Patient Comfort Fund, University Hospital Galway (UHG).

The donation was made in memory of Finuala Lynch Faherty, a retired public health nurse on Inis Meain, who had been a patient in the Corrib ward, UHG's dedicated oncology ward. The money was raised by friends and family who made donations around the time of the funeral.

The family would like the funds to be used to buy reclining chairs for patients and family members on the ward. These chairs would be a comfortable alternative for patients who choose to get out of bed and for family members to rest on.

Ellen Wiseman, assistant director of nursing for cancer services, UHG expressed her gratitude: "We are very grateful to the Faherty family for their kindness and generosity in donating to the Oncology Patient Comfort Fund in the Corrib ward."

Staff from the Corrib ward, University Hospital Galway, accepting a cheque from the Faherty family in memory of Finuala Lynch Faherty, who had been a patient on the ward. Pictured (l-r) were: Ellen Wiseman, assistant director of nursing for cancer services; Louise Cribben, staff nurse; Mairéad Hannon, ward clerk; Tina O'Donnell, staff nurse; Myra Corcoran, healthcare assistant; Ita Forde, staff nurse; Ciara Ní Fhatharta and Colm O Fatharta

Training, delivery and evaluation programme at the Richmond

Congratulations to all the nurses and midwives who completed the Training Delivery and Evaluation Module 6N3326 QQI Level 6 programme last month at the INMO's Richmond Education and Event Centre. Pictured are all the students, and trainer Margaret Nolan. Due to demand, this programme has been scheduled to take place again in March 2019. Further details on page 43.

The course participants pictured were: Maureen Brennnan, Esnath Chimembiri, Sheila Clancy, Una Dee, Siobhan Finnerty, Nora Fitzgerald, Grainne Hayes, Maria Kelly, Breege McKiernan, Rowena Nolan, Anne Marie Scanlon, Marie Sinclair, Anne Thompson, Eilish Ward and the facilitator Margaret Nolan

Hidden maternal health problems

What women don't talk about and health professionals don't ask

THE latest results from the Maternal health and Maternal Morbidity in Ireland (MAMMI) study were presented at the conference entitled 'Improving Maternal Health: From Evidence into Action', held at the School of Nursing and Midwifery, Trinity College Dublin recently. The results provide new insight into the hidden problems that many women experience during pregnancy and after the birth of their baby.

Researchers have found these health problems are issues that women don't talk about enough, and health professionals don't ask about enough. There are huge numbers of women with incontinence, depression, anxiety and sexual health problems that don't seek help, and for those that do, accessing services is a challenge.

Dr Patrick Moran, senior research fellow at TCD's School of Nursing and Midwifery, said: "Now is a crucial time in the history of maternity carn Ireland – the HSE is currently working to implement the Maternity Strategy, which is intended to deliver a new and better maternity service for the decades ahead.

"It is really important that the women who have experience of needing these services contribute to the conversations and debates about how they are designed and delivered. Too often women's voices are absent in policy discussions and this is one of the major challenges in developing the type of woman-centred care envisaged in the Maternity Strategy."

The conference heard from national and international researchers and policymakers about how we can use the best available evidence to improve maternity care. Those attending had a shared interest in improving maternal health by translating the best available evidence into practical improvements in how services are delivered to the women who need them.

Speaking of the importance of the implementation of the Maternity Strategy, Dr Moran said: "If the strategy is done well, pregnant women and new mothers will experience excellent services that will meet their health needs in an appropriate and timely way. If it is not, then hundreds of thousands of women will pay the price in the coming years by not having the services they need to prevent, diagnose and treat health problems associated with pregnancy and childbirth, many of which are suffered in silence."

Protect yourself from this year's flu

HEALTHCARE workers prevent the spread of flu and save lives by getting the flu vaccine. According to this year's HSE flu vaccination campaign, the best way to protect you, your family and your patients is to get this year's vaccine.

Healthcare workers are at an increased risk of exposure and infection. At least 20% of healthcare workers are infected with flu every year and many continue to work while being ill. This increases the risk to family, colleagues and patients.

People who are 65 and over, or people with long-term medical conditions, often have weaker immune systems. As these groups are more likely to be in hospitals and long-term care facilities they rely on the immunity of those who care for them. You can pass the flu virus to somebody you care for even before you know that you are sick.

Research in European healthcare institutions shows a link between increased vaccinations and a reduction in the rates of flu-like illness. This means less hospitalisation and deaths from flu in the elderly and a reduction in healthcare worker sick leave.

If you have not already received the information on how to get the vaccine, contact your line manager, occupational health department, GP or pharmacist.

Asthma Society calls for applications for €10,000 asthma research bursary

AT ITS recent scientific meeting in Belfast, the Asthma Society opened a call for applications for the Asthma Research Bursary. The bursary, which is a joint collaboration between the Asthma Society of Ireland, the Irish Thoracic Society and Novartis Ireland, aims to improve the lives of people with asthma and their families.

The bursary will see the successful applicant(s) granted €10,000 to fund an asthma research project.

The bursary is open to all medical and allied healthcare professionals based in the Republic of Ireland who are also members of the Irish Thoracic Society.

Sarah O'Connor, Asthma Society of Ireland CEO, said: "We are delighted to announce this bursary in conjunction with Novartis Ireland and the Irish Thoracic Society. The bursary is an important research initiative aiming to improve the lives of the 470,000 people with asthma in Ireland. One person dies every week in Ireland from asthma and 90% of these deaths are preventable. We believe this bursary can be part of the process to help improve the quality of life for people with asthma in Ireland and can create a better understanding of the condition, its treatment and, potentially, its cure."

Loretto Callaghan, managing director, Novartis Ireland said: "Novartis Ireland is proud to sponsor the Joint Research Bursary of the Asthma Society of Ireland and the Irish Thoracic Society. Over the past few years, the bursary has contributed to scientific knowledge in the area, and we are confident this year will be no exception."

Prof Ross Morgan, president of the Irish Thoracic Society, said: The Irish Thoracic Society supports education and research into respiratory disease and its management on the island of Ireland. We are delighted to jointly open the call for applications for the Asthma Research Bursary at our annual Scientific Meeting in Belfast. We believe that supporting asthma research and, specifically, encouraging early career investigators into work on asthma is vital to advancing the care of people with asthma in Ireland and is a key positive consequence of funding this bursary."

The research project will have a defined benefit for people with asthma and/or their families. Applications close on Sunday, January 2, 2019 and the successful candidate will be announced in February 2019. For more information on the research bursary, see **www.asthma.ie** or **www.irishthoracicsociety.com**

Irish nurse wins Simon Pullin Award

Maggie Hampson takes home prize at Edinburgh Napier University

MAGGIE Hampson, 22, from Clogheen, Tipperary has been named this year's winner of Edinburgh Napier University's Simon Pullin Award.

In her submission for the prize, Maggie, who has recently graduated from the University with a bachelor of nursing degree, wrote about the rapport she built with an Alzheimer's patient who she looked after during a placement at Edinburgh's Western General Hospital. She also produced a selection of moving poems which reflected her feelings as she worked with cancer patients and dementia sufferers. Her poems also reflect on the role of the nurse.

Speaking about her placement and the award, Maggie said: "Each day I was reminded that the care I delivered was appreciated, whether that was a patient

Maggie Hampson, winner of the Simon Pullin Award

grabbing my hand, giving me a hug or crying the day I said my goodbyes. I would like to dedicate the award to every member of staff at Edinburgh Napier University who has supported me throughout a challenging but wonderful three years."

Dr Stephen Smith, a senior lecturer at the university and a nurse consultant in compassionate care with NHS Lothian, said: "Maggie's poems and lyrics added creativity to her portfolio and reinforced the evidence of what she had learned about providing compassionate care in the real world of practice."

The honour, along with STG£250 prize money, was established to recognise the human side of nursing and midwifery, in memory of senior nurse Simon Pullin, who played a key role in the university's Compassionate Care Programme, until his death from cancer in July 2011.

Following graduation, Maggie has taken up her first nursing post at St John's Hospital in Livingston. The INMO would like to wish her the very best for the future and commend her compassion and skill in winning this award.

Cystic Fibrosis Ireland calls on government to fulfill promise

FINE Gael Senator Catherine Noone has announced that a planning application for an €11 million cystic fibrosis (CF) unit at Beaumont Hospital, Dublin would be lodged by the end of November, as *WIN* was going to press.

Beaumont is one of five nationally-designated adult specialist centres for CF yet, two-and-a-half years after the government's commitment in the Programme for a Partnership Government to "proceed to the design and planning stage for a dedicated CF unit at Beaumont Hospital", the hospital still does not meet the required standards in terms of patient care and facilities.

Currently, there are approximately 160 people with CF who attend Beaumont Hospital. With just seven inpatient rooms, meaning a ratio of around 23 patients for every bed with long delays for those seeking to access inpatient care.

Commitment issues

CF campaigners are deeply upset at the lack of progress made on the unit to date, which was promised to the CF community by the government back in May 2016.

Speaking prior to the November 6 meeting, Cystic Fibrosis Ireland (CFI) chief executive Philip Watts said that, despite CFI and Cystic Fibrosis Hopesource committing to raise €1m towards the project, the government needs to step up.

"The government continues to fail to honour its commitment to deliver or even commence an in-patient unit for people with CF attending the hospital. We are prepared to do our bit, but we now need the government to step up to the plate and to adhere to its responsibilities too," said Mr Watts.

What is required from government now is a full statement in writing and publicly announced that they are going to proceed with this new unit, that the funding is in place and a detailed timescale is produced setting out when the building will be commenced and when it will finish," he added.

Compromised care

Alice Ward, 23, from Dublin commented: "As someone who lives with the reality of cystic fibrosis every day of my life, I do my utmost to keep on the right side of it. So, it can be frustrating when I am doing all that I can to beat CF, that the health system isn't doing all it can to support me. It is not fair that people with CF should have their care compromised due to a lack of the required beds, facilities and staffing. It is time that the government stand over its promise to provide additional beds at Beaumont.

"I honestly feel that if I start to become more sick, my only option will be to seek care outside of Ireland because the state is not able to provide me with the treatment and care I need."

No guarantees

Despite the disquiet among the CF community in Ireland about the delayed commencement of the project, Senator Noone believes the outlook for people living with the disorder and their access to care is positive.

Speaking last month she stated: "Life expectancy for people with CF has increased progressively in recent years, which is really positive. This means it is incumbent on the government to respond to the increased numbers of adults with cystic fibrosis being treated in adult centres, and the increased complexity of cases."

She continued:"In that context the Beaumont Hospital Inpatient Unit was promised in the Programme for Government and it is great we are now seeing movement on it as it is about to enter the planning process."

However there was a caveat. "Of course with any planning application there are no guarantees so I commit to continue working on this matter to ensure that CF patients get the best possible service in Beaumont Hospital as soon as possible," said Ms Noone.

December

Wednesday 12
RNID Section meeting. INMO HQ. 11am-1pm. Contact jean.carroll@inmo.ie for further details

January

Wednesday 15
Care of the Older Person Section AGM. INMO HQ. 11am-1pm. Contact jean.carroll@inmo.ie for further details

Saturday 19
PHN Section meeting. INMO HQ. 11am-1pm. Contact jean.carroll@inmo.ie for further details

Saturday 19
Community RGN Section meeting. INMO HQ. 11am-1pm.Contact jean.carroll@inmo.ie for details

Wednesday 23
Telephone Triage Section AGM and meeting. Midland Park Hotel, Portlaoise. 11am-1pm. Contact jean.carroll@inmo.ie for further details

Thursday 24
Retired Nurses Section AGM and meeting. INMO HQ. 11am-1pm. Contact jean.carroll@inmo.ie for further details

Saturday 26
ODN Section AGM and meeting. Mater Hospital. 11.30am.Contact jean.carroll@inmo.ie for details

Saturday 26
Radiology Nurses Section AGM. Richmond Education and Event Centre. 12pm. Contact jean.carroll@inmo.ie for details

Saturday 26
GP Practice Nurses Section meeting during the workshop on non-communicable diseases. See page 48 for further details or contact jean.carroll@inmo.ie

Tuesday 29
Retired Nurses annual lunch. Wynn Hotel, Dublin. Contact Ann Igoe at Tel: 087 7735735 for further details

February

Saturday 2
Midwives Section AGM and meeting. INMO Cork University Maternity Hospital. Contact jean.carroll@inmo.ie for further details

Saturday 2
School Nurses Section AGM and sepsis information meeting. INMO HQ. Contact jean.carroll@inmo.ie for further details

Wednesday 6
ED Section masterclass. See page 50 for further details or contact jean.carroll@inmo.ie

March

Tuesday 5
Care of the Older Person Section conference. Richmond Education and Event Centre. Contact jean.carroll@inmo.ie for further details

Friday 29, Saturday 30
ODN Section conference. Richmond Education and Event Centre. Contact jean.carroll@inmo.ie for further details

INMO Membership Fees 2018

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

Condolences

- It is with great sadness that the Organisation has learned of the passing of Anna Monaghan. Anna had a long and supportive relationship with the INO, later the INMO, at branch, section and officer level, serving a period as vice president of the Organisation and also as Trustee. Anna was a registered nurse, a registered midwife and a registered midwifery tutor. We offer our deep sympathy to her family, to her many colleagues and friends in the midwifery and nursing professions.

- The INMO would like to extend its sincere condolences to Oonagh Ryan on the recent passing of her beloved husband Denis Ryan, who died peacefully on October 4. Denis was the best friend and loving husband of Oonagh for 44 years. May he rest in peace.

- The death has occurred of Margaret Corcoran, mother of INMO vice president, Eilish Corcoran. Eilish works in the South Infirmary Hospital, Cork and is a longtime, loyal member. The INMO send its deepest condolences to all of her family at this sad time.

- It was with deep sadness and a great sense of loss that Fiona McFarlane's colleagues at Midland Regional Hospital, Portlaoise received the news of her death following a short illness with which she fought with great courage and strength. Fiona joined the Maternity Services at Midland Regional Hospital, Portlaoise in 2002 as a staff midwife and used her extensive experience and broad academic knowledge in delivering quality midwifery care to mothers and their babies. Fiona's colleagues extend their sympathy to her husband Fintan, daughters Siobhan and Niamh, son Rory, her mother Cecelia, her brother Grant, her sister Lesley and her wider family.

Events

- The third National Children's Clinical Nurse Specialist Seminar will take place at Tallaght University Hospital on May 2, 2019. All attendees are invited to submit abstracts for a poster presentation on the day. To register and submit abstracts, please email: childrenscnsgroup@gmail.com. The closing date for registration is April 12, 2019.
- St James's Hospital 40-year milestone reunion for May 1979 nursing group is planned for Saturday May 5, 2019. If you are interested in attending please contact Ann Gough (Ruddy) at Tel: 0863301776 or by email: anngough18@gmail.com