



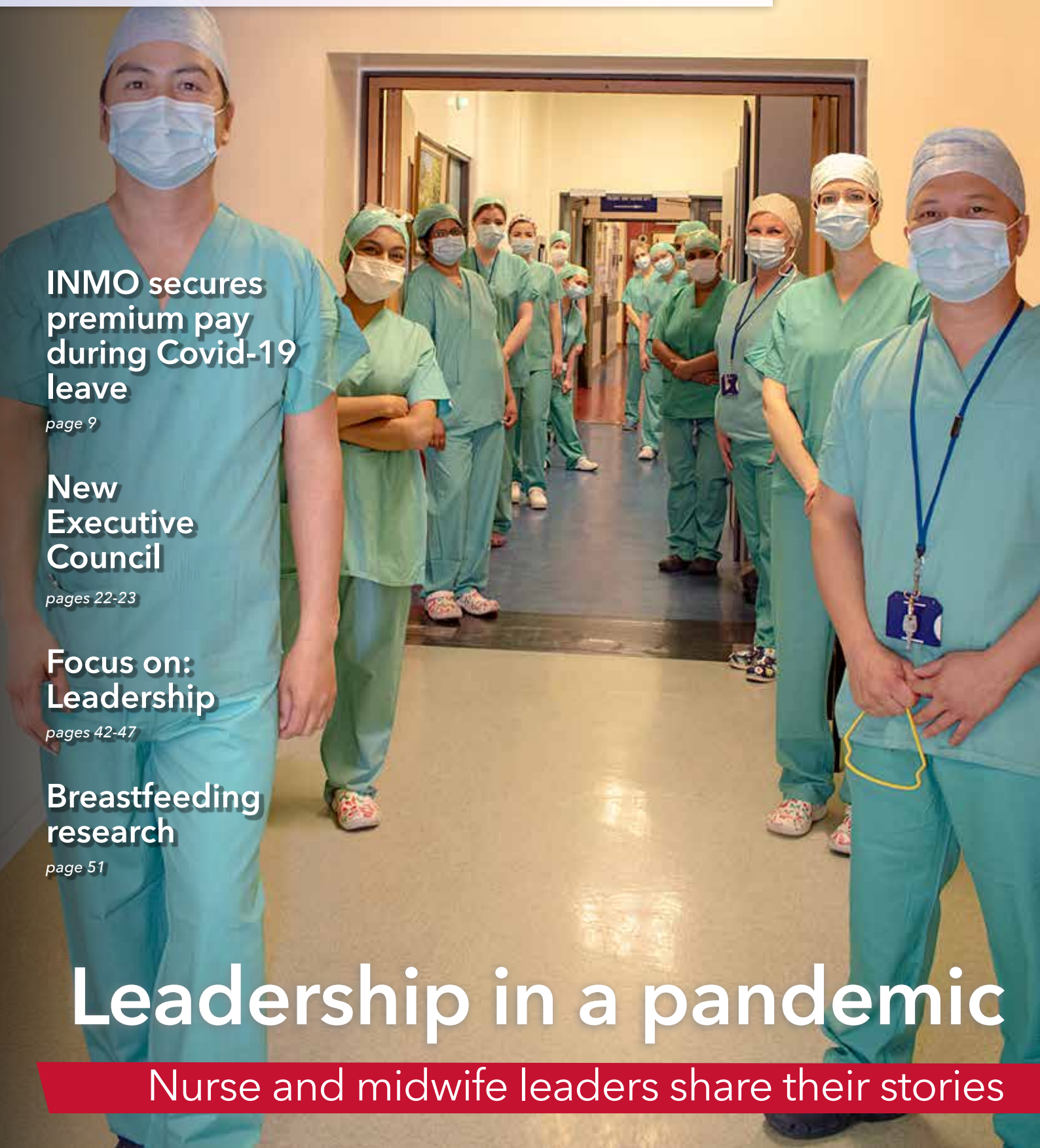
# WIN



Journal of the  
Irish Nurses and  
Midwives Organisation

Latest INMO  
CPD education  
programme  
See 29

## World of Irish Nursing & Midwifery



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# Leadership in a pandemic

Nurse and midwife leaders share their stories

# WaterWipes, officially purer than cotton wool and water.



**We are delighted to announce, following a review of the scientific literature by its team of independent experts, the Skin Health Alliance has validated that WaterWipes baby wipes are purer than cotton wool and water.**

WaterWipes are the world's purest baby wipes containing 99.9% water and a drop of fruit extract, so they are suitable to use on premature, newborn and the most sensitive skin. For more information on some of the work we are doing visit our **Healthcare Professional page** at [www.waterwipes.com/uk/en/health-care](http://www.waterwipes.com/uk/en/health-care).





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# Breastfeeding: The best start



## Health benefits for infants

Breast milk is the ideal food for newborns and infants. It gives them all the nutrients they need for healthy development. It is safe and contains antibodies that help protect infants from common childhood illnesses such as diarrhoea and pneumonia, the two primary causes of child mortality worldwide. Breast milk is readily available and affordable, which helps to ensure that infants get adequate nutrition.

## Long-term benefits for children

Beyond the immediate benefits for children, breastfeeding contributes to a lifetime of good health. Adolescents and adults who were breastfed as babies are less likely to be overweight or obese. They are less likely to develop type 2 diabetes and perform better in intelligence tests.

## Benefits for mothers

Breastfeeding also benefits mothers. It reduces risks of breast and ovarian cancer later in life, helps women return to their pre-pregnancy weight faster, and lowers rates of obesity.

## Support for mothers is essential

Breastfeeding has to be learned and many women encounter difficulties at the beginning. Nipple pain, and fear that there is not enough milk to sustain the baby are common. Health facilities that support breastfeeding – by making trained breastfeeding counsellors available to new mothers – encourage higher rates of breastfeeding. To provide this support and improve care for mothers and newborns, there are 'baby-friendly' facilities in about 152 countries thanks to the WHO-UNICEF Baby-friendly Hospital initiative.

## Work and breastfeeding

Many mothers who return to work abandon breastfeeding partially or completely because they do not have sufficient time, or a place to breastfeed, express and store their milk. Mothers need a safe, clean and private place in or near their workplace to continue breastfeeding. Enabling conditions at work, such as paid maternity leave, part-time work arrangements, on-site crèches, facilities for expressing and storing breast milk, and breastfeeding breaks, can help.

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# Caring for patients and each other



ONE of the best parts of our annual delegate conference is the awards night. Nurses and midwives – nominated by their peers – are honoured for their achievement and commitment. The awards are in three categories: research, representation of fellow union members, and precepting of students and new graduates.

The final award – Preceptor of the Year – is based on testimonials written by colleagues, often a nurse or midwife who was mentored by the nominee. Every nomination is different, but two clear points always shine through: this is someone whose practice I admire and this is someone I trust to teach and guide me.

It is that commitment to coaching, guidance and mentoring that seems remarkable to the learner and motivates them to make the nomination. The skills taught are not always strictly clinical; frequently, it is the professional approach to compassionate care and the building of trusting relationships with patients and families that impresses the students and sets the standard for them in their own careers. The importance of this kind of trust-building cannot be overstated.

Extensive studies have been undertaken into trustworthiness in healthcare. Reassuringly, nurses and midwives are consistently ranked as the most trusted profession in healthcare, or indeed any sector.

Polling company IPSOS-Mori's 2020 public poll of trust, found that 97% of the general public trusted our professions – the highest of any profession, followed by local pharmacists at 96% and doctors at 95%. NPHET has entered the polling with a score of 91%. This is an important measurement and one that is hard earned by nurses and midwives.

It must be seen for what it is: those receiving care believe and trust nurses and midwives to protect and promote their welfare. Furthermore, they know us to be their advocate, which can be a very difficult professional space to occupy.

The nominees for the annual awards are noted for their single-minded, professional advocacy on behalf of patients despite external pressures resulting from lack of

funding, delays in treatments, overcrowding and all of the other factors associated with health service provision. There is undoubtedly a need to celebrate this aspect of our profession and to encourage and empower others to advocate for their patients when necessary and appropriate.

Nursing and midwifery managers, who feature in this issue of *WIN* (see pages 42-45), must be advocates for patients as well as for the staff they manage. Managers must continue to seek protections for staff and to secure safe staffing levels and skills mix. Getting staffing right will lead to major improvements in workplaces where staff of all grades are overburdened, unsupported and are suffering from compassion fatigue.

Compassion fatigue has been the subject of much research in recent years. Worryingly, studies are showing that compassion fatigue is a growing feature in our professions and surprisingly in younger nurses.

Caring is tiring. It is emotionally draining. In a busy, high-risk workplace, there is little time for recovery and recharge. Working (and caring) at this frantic pace in a highly emotive and risky environment – a constant in the health service – is only increasing compassion fatigue and burnout.

This applies to nurse and midwife managers too. While facing their own issues, they must also advocate for those who they manage. This can take many forms – leading by example, pushing for appropriate resources – but at its core should be a caring principle: looking after each other and yourself.

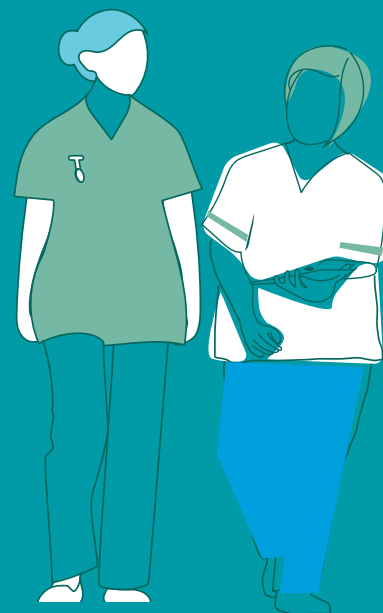
This sort of leadership is explored well on page 46, by the INMO's Steve Pitman. He rightly says that "compassionate leadership intuitively makes sense in nursing and midwifery". As we advocate for patients, we must also advocate for safe workplaces and for our colleagues at every level of health service delivery.

**Phil Ní Sheaghda**  
General Secretary, INMO

The NMBI have informed us of revised arrangements in place for the annual registration process. In that context, and to ensure our members have up to date information, we requested the NMBI to provide additional information in relation to this revised process so that our members would be adequately informed. The information below, from the NMBI, is included for your consideration in that context.



## 2021 Annual Registration renewal with the NMBI starts on 30 November 2020



- Registered nurses and midwives will be able to renew their registration from **30 November 2020 until 31 January 2021**.
- You will be sent your individual renewal notice to start the process. **Please do not start the process without the renewal notice.**
- NMBI will post all registrants a renewal notice with key information, including temporary logins for MyNMBI.
- This renewal notice will contain important instructions on how to access registrants' accounts on MyNMBI for the first time.
- Registration renewal this year will be done exclusively on <https://my.nmbi.ie/>
- If you have not received your renewal notice by the first week of December or require support in completing the process, please contact our customer support centre.

**NMBI customer support: 1890 200 116**

**Open: Monday-Friday 9:00am - 5:30pm**



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Nursing and Midwifery  
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# A positive focus with the president

Karen McGowan, INMO president



## Executive Council update

I WOULD like to welcome all new members and returning members of the INMO Executive Council 2020-22. I would like to thank them for putting themselves forward for such a role as it comes with huge responsibility. Thanks also to those who voted in the elections. The new incoming Executive Council met virtually for the first time on November 9, 2020. An orientation to the Organisation was undertaken and members of the Executive Council also chose different committees to sit on during their term.

We had the launch of the co-operation agreement of support in conjunction with Migrant Nurses Ireland (*see page 56*). This will mean any migrant nurses coming to Ireland will have the support of the INMO while starting their careers here. We welcomed the Indian ambassador to Ireland, Sandeep Kumar, along with committee members to formally launch the agreement with the INMO.

The committee also endorsed the campaign of support for student nurses' pay. Our students are the backbone of the health service and, considering that one in every 10 cases of Covid-19 is a nurse or midwife, we rely heavily on students to support the workforce. They deserve recognition for the service they are providing during these unforeseen times. A petition calling on Minister for Health Stephen Donnelly to pay nursing students at the same rate as healthcare assistants was launched by the INMO in November.

The Executive Council also discussed the Expert Review Group which will provide feedback in the coming weeks. We also discussed the emergency motion from conference and the committee will now consider this and report back as soon as it has been fully explored. The appointments of the new industrial relations executive posts were reviewed and we look forward to welcoming the successful applicants into the Organisation soon.

## Get in touch

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

## Taking a new approach

I WANT to use this president's page to build the profile of our professions. In each issue of *WIN*, I hope to speak to a nurse or midwife about their work, to share ideas, and show why nurse and midwife leadership works so well. Nurses and midwives are clinically astute and have the vision for practice. As a result of this, many nurse/midwife-led initiatives have been born to address areas where services have been lacking. I want to raise awareness of these services that have been rolled out and to create a dialogue within the profession. We need to raise each other up and be proud of what we have achieved. There is enough negativity in the world and sometimes we need to focus the mind on acknowledging all the good that nursing and midwifery have to offer.

### Mid-west community intervention team

Recently, I spoke to Cathryn Ryan from the nurse-led community intervention team (CIT) in the mid-west, covering Limerick, North Tipperary and Clare. The CIT is a public service model of care delivering excellence for patients and maximising the expertise of nurses in treating patients in their community and out of the hospital system.



The mid-west community intervention team: Elaine Shields, HCA; Eileen Murphy, CNM1; Cathryn Ryan, Vivien Kenneally and Patricia Wade, clerical; Claire Enright, RGN; and Siobhan Leahy, HCA

Cathryn and her 30-strong team's core mission is to provide services in the community that would otherwise be carried out in hospitals. Thanks to their work, patients presenting to hospitals can avoid admission, admitted patients can be discharged early, and increasingly hospital can be avoided, as GPs refer patients directly to the CIT.

She told me that outpatient parenteral antimicrobial therapy (OPAT) is a good example of the impact the CIT has: "The OPAT service has demonstrated significant bed-day savings for the hospital by allowing patients to be discharged early to complete their treatment at home. Our patients say that they feel safe while receiving care in their homes, leading to better outcomes all round. This is particularly important during the pandemic."

She explained how the role is constantly evolving: "What I love about the work is that you can look down the road and see the potential for an evolving service and expansion. We are always looking at new services we can offer and working with our colleagues in the acute service to see how we can alleviate the pressures there. In oncology, for example, we can help with doing pre-chemo blood sampling and disconnecting chemotherapy, reducing the number of times patients need to attend hospital. That's great for the patient and it helps reduce the pressure on the hospitals too."

"I would like to expand the role of nursing in the CIT service, especially through the development of nurse prescribing, and clinical nurse specialist and advanced nurse practitioner roles to support chronic disease management," she added.

Cathryn said the main challenge they face is in the area of IT, in particular with electronic records. "Our service is 365 days a year which generates a lot of referrals; not having electronic referrals results in inefficiencies and that needs to change," she said.

She was optimistic, however, for the future of services like the CIT, stating: "This is going to be vital for Sláintecare. We're a nurse-led team, which works collaboratively with other services in the community. That's the way forward."

For further details on the above and other events see [www.inmo.ie/President\\_s\\_Corner](http://www.inmo.ie/President_s_Corner)



Is democracy in peril or undergoing a revival? INMO deputy general secretary **Dave Hughes** believes the pandemic may pull democracy back from the brink

## How the pandemic may prove to be the saviour of democracy

THE US presidential election saw an incredible turnout with both Biden and Trump getting well in excess of 70 million votes each. They both exceeded the highest number of votes ever previously recorded for candidates to the office of the most powerful nation in the world.

Arguably the massive turnout represents the much sought-after engagement of the population in the politics of their nation. Does it matter that the vote was almost evenly split and that the margin of victory in percentage terms was far from a landslide? Does it matter that the sitting president continues to contest the outcome of that election through the courts?

While the election undoubtedly was refreshing for the number of people who felt compelled to vote and be part of the democratic system, the continuing refusal to accept the apparent democratic outcome is fuelling and possibly fomenting division and rancour.

At the other end of the world in New Zealand, the sitting head of state Jacinda Ardern was comfortably re-elected to the office of prime minister. Ms Ardern has been prime minister of New Zealand since 2017 and has shown herself to be a decisive leader capable of uniting the people in the face of a number of major crises since taking office.

Her handling of the Covid-19 pandemic played no small part in Ms Ardern's continuing popularity as head of state,



*The US presidential election really tested the democratic process*

as she led the way by cutting her own and other politicians' pay, postponing the general election, closing the country's borders back in March, and imposing an essential-work only restriction from the earliest days. These actions have seen New Zealand record the lowest rate of infections and practically eliminating Covid-19 in its first wave.

The stands taken by these two world leaders in respect of the pandemic were polar opposites and may have been the deciding factor in their respective elections.

Ursula von der Leyen, president of the European Commission, has also shown strong leadership in the face of the pandemic. A very successful communicator, President von der Leyen steered the EU in providing a €1.8 trillion budget and recovery package to assist member states coming out of the worst health

and consequent economic crisis in our lifetime. Her skills were also used to persuade the OECD G20 Summit to support a worldwide response to ensure the poorest nations will not be left trailing behind all others in the distribution of vaccines.

Are female leaders handling the pandemic with greater success? Perhaps it's too early to say but there are also other examples of this. Finland, which has had more female heads of state than most other countries, appears to have responded among the best.

The politics of pandemics are playing out with some surprising results. Conflict between economic and population health concerns have always characterised epidemics and highly contagious diseases.

This pandemic has seen some very crude political manoeuvres, such as the actions of Poland and Hungary

using a political veto to block the EU recovery package rather than pull back from laws which run contrary to the freedoms associated with the EU, and also the bizarre veto exercised in the Northern Ireland Assembly at Stormont, only to be overrun by events within a week which provided an even more stringent set of restrictions.

Most surprising of all is the willingness of most of the world's population to accept draconian restrictions which were unimaginable a short few months previously, and the rejection of the emerging far-right conspiracy theories which cast doubt on scientific evidence.

The result of the US presidential election really tested these absolute positions and, in the end, the majority sided with science.

Perhaps the adage 'health is your wealth' has really sunk in.



# INMO secures premium payment for nurses/midwives on Covid-19 leave

NURSES and midwives who contract Covid-19 at work will receive premium payment while on Covid-19 leave, following negotiation between the INMO and the HSE on this issue. This will apply retrospectively to March 13, 2020.

Early in the pandemic, the INMO secured a new special category of leave for healthcare workers who contract Covid-19. This was to ensure

that they did not lose any sick pay entitlement due to the virus.

This new 'Covid-19 leave' ensured that nurses and midwives who were out of work for Covid-19 received basic pay plus any allowances.

However, they did not receive premium payments (overtime, unsociable hours, weekend work etc.), having the effect of incomes falling

for many after contracting the virus at work.

As this was clearly unfair, the INMO argued at the Workplace Relations Commission that any nurse or midwife who contracts Covid-19 at work should not see their income fall as a result of needing to take leave.

After much negotiation, the employer has agreed to a scheme that will see those on Covid-19 leave receive

premium pay for the time they are off. This will be based on the average premium pay that worker received over the six weeks before their diagnosis.

This agreement will be backdated to March 13, 2020, so that anybody who has taken special Covid-19 leave will be entitled to these premium payments.

– Tony Fitzpatrick, INMO director of industrial relations

## October sees trolley figures multiply again

### INMO calls for plans and decisive action to combat overcrowding

THE number of admitted patients on trolleys in Irish hospitals was nine times higher in October than in April, according to the INMO trolley ward watch analysis.

An average of more than 200 people per day are left on trolleys waiting for beds in Irish hospitals. Meanwhile, staffing numbers continue to be impacted by a high rate of Covid-19 infection among healthcare workers.

According to the union, the number of people waiting for hospital beds in October was 4,499, with some hospitals reporting hundreds of patients on trolleys in October. The highest trolley figures for the month were in:

- University Hospital Limerick, 1,064
- Cork University Hospital, 685
- Mayo University Hospital, 359
- Sligo University Hospital, 293
- Midlands Regional Hospital Mullingar, 287.

The INMO has called for plans to combat overcrowding, which allow for increased staffing in the context of high numbers of healthcare worker infection. The Health

Table 1. INMO trolley and ward watch analysis monthly total figures for 2020

2020	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Total trolley figures	12,024	10,446	3,152	497	1,176	2,444	3,114	3,087	4,599	4,499

Protection Surveillance Centre reported earlier this year that over 32% of Covid-19 infections were among nurses.

#### New beds in UHL

Following discussions at the Workplace Relations Commission, the INMO agreed to an incremental opening of new beds at University Hospital Limerick, which has long been the most overcrowded hospital in the country. Under the agreement vacancies must be filled within the UHL group to allow the increase in bed capacity to go ahead (see page 15).

#### Naas staff shortages

Last month the INMO called on the HSE to suspend all non-essential services at Naas General Hospital when there were 35 nursing staff and 10 healthcare assistant staff unavailable for frontline rosters due to Covid-19 infections.

In a letter to hospital management, the INMO called on hospital management and

the Dublin Midlands Hospital Group to immediately cease all elective/day surgery and outpatient work to allow for the safe staffing of inpatient rosters.

INMO IRO Joe Hoolan said: "It was unacceptable that Naas General Hospital remained fully operational while staffing levels were at such a critical level.

"Decisive action was needed to avoid putting patients and staff at risk. There was an immense risk to safe patient care while staff struggled to maintain the service in unworkable conditions."

Following the INMO's call, the hospital announced a pause in elective surgery, endoscopy and outpatient activity for a two-week period. The two-week pause of non-essential services was then extended by another week.

The situation at the time of going to print remained serious

but inpatient rosters had stabilised.

#### Zero tolerance

INMO general secretary Phil Ní Sheaghdha said: "We were told at the beginning of this pandemic that there would be a zero tolerance policy toward overcrowding across the health service, to ensure hospitals were safe. Unfortunately we're now seeing an average of 200 patients per day without beds, and the figures are climbing.

"This is highly dangerous at the best of times, but this year we simply cannot afford to accept this level of risk, for patients or for staff. We are over a month into the winter period and we're seeing 4,500 patients per month on trolleys.

"We're very concerned about how this will play out for the rest of the winter. We desperately need safe staffing levels across the entire service this winter if we want to keep staff and patients safe."

# INMO lobbies with EFN for extra Covid protections within the EU

A RECENTLY amended EU directive will provide additional Covid-19 health and safety protections for frontline healthcare workers.

The campaign by the INMO and the European Federation of Nurses (EFN), highlighted the importance of Covid-19 being added to the EU's Biological Agents Directive. After much lobbying, this led to the Irish government finally recognising Covid-19 as an occupational illness, something the INMO has been seeking since the start of the pandemic.

This rule change ensures that all Covid-19 cases acquired in

the workplace must now be reported to the Health and Safety Authority, allowing them to investigate as necessary. Healthcare workers – in particular nurses and midwives – are one of the groups hardest hit by Covid-19 infection.

At a recent virtual meeting with the EFN and European Commissioner for Jobs and Social Rights, Nicolas Schmit, INMO general secretary Phil Ní Sheaghda set out the clear need for such rules and thanked the Commissioner for his support.

She also set out the results of an EFN international survey

on how various EU countries are protecting (or not protecting) frontline staff.

Before the EU directive change, Ireland was one of a minority of EU countries which did not formally recognise Covid-19 as an occupationally acquired illness. The survey also found that a majority of EU countries, including Ireland, did not yet require employers to compensate workers if they are infected with Covid-19 in their workplace.

Ms Ní Sheaghda called on the Commissioner and the wider EU to take a more proactive role in protecting

workers affected by Covid-19, saying that many of the issues faced by frontline healthcare workers were the same across Europe.

Commissioner Schmit agreed that the EU needed to do more in ensuring pan-European protection for staff. He also indicated that the EU was preparing a paper on long-term care across the continent.

He pointed to Europe's ageing population as a key challenge for the future, with ever-increasing needs for care of the elderly services, along with growing demands on the wider health service.

## New grads' pay scale

NEW graduates working in the public service who received their NMBI PIN in 2020 start out on Point 1 of the salary scale. Once 16 weeks of work post internship (including pre-reg experience) is completed, under the strike settlement new nurses/midwives then skip Point 2 and progress straight to Point 3 of the salary scale, which is currently €33,888 basic salary.

Those who qualified in 2019, move to Point 4 of the salary scale on their next increment date and can then apply for the new Enhanced Practice contract and scale, which starts at €37,161. They may also be entitled to the medical/surgical ward location allowance of €2,347 per annum. These may have been applied automatically, but check with your payroll/HR department.

*New graduates should contact Catherine O'Connor, INMO student/new graduate officer, with any questions, Email: [catherine.oconnor@inmo.ie](mailto:catherine.oconnor@inmo.ie) (All other members please contact the INMO Information Department with pay queries, Email: [informationoffice@inmo.ie](mailto:informationoffice@inmo.ie))*

## All Ireland Midwifery conference: North/south co-operation more important than ever as Brexit looms

WITH Brexit looming, it has never been more important for midwives across the island of Ireland to work together, to learn and share experiences, the annual All Ireland Midwifery Conference heard last month.

Midwives and maternity support workers from both Northern Ireland and the Republic of Ireland joined forces for the Royal College of Midwives (RCM) and the INMO annual all Ireland Midwifery Conference.

This year's conference, which was held online, focused on how midwifery has had to adapt to delivering maternity care during the Covid-19 pandemic.

RCM director for Northern Ireland Karen Murray said: "We are delighted to be able to deliver this conference again this year with the INMO, albeit virtually. With Brexit looming it has never been more

important to work with, learn and share experiences with midwives in the Republic of Ireland.

"The conference reflected on the response of midwives and maternity services to what has been an unparalleled situation created by the Covid-19 pandemic – both in terms of how we provide care to women and their babies, but also how midwives and all maternity staff can look after their own physical and mental health to ensure they can continue to deliver high quality care to women across the island of Ireland."

The rise in domestic abuse during this pandemic was also tackled by Women's Aid CEO Sarah Benson. The RCM outlined how it developed rapid clinical guidance and advice for women and their families with the Royal College of Obstetricians and Gynaecologists (RCOG) during the pandemic.

INMO general secretary Phil Ní Sheaghda said: "We are very pleased that this important event could proceed this year, despite the extraordinary circumstances we find ourselves in. We have seen tremendous courage and professionalism among our midwifery colleagues over the course of the pandemic, and the personal and professional challenges faced by our members cannot be underestimated.

"We continue to pursue protections for midwives at work in the midst of this pandemic and will continue to ensure health and safety at work remains a priority for all employers. Now more than ever it is vital that midwives can come together to share experience, innovations, and expertise, so they can continue to provide the best possible care to women, babies and their families."

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& INFLAMMATION  
CONTROL<sup>2,3</sup>



CONFIRMED DOSE  
WITH TRANSPARENT  
CAPSULE<sup>2</sup>

1X

ONCE-DAILY  
DOSING<sup>2</sup>



1X  
daily

ATECTURA® BREEZHALER® is indicated as a maintenance treatment of asthma in adults and adolescents 12 years of age and older not adequately controlled with inhaled corticosteroids and inhaled short-acting beta<sub>2</sub>-agonists.<sup>2</sup>



ONCE DAILY

ATECTURA®  
breezhaler®

Indacaterol acetate / mometasone furoate  
inhalation powder

#### Abbreviated Prescribing Information

Please refer to Summary of Product Characteristics (SmPC) before prescribing.

Atectura® Breezhaler® (indacaterol (as acetate), mometasone furoate) inhalation powder, hard capsules.

**Presentation:** Hard capsules for inhalation available in three strengths: (indacaterol acetate/mometasone furoate) 150/80 mcg; 150/160 mcg; 150/320 mcg. Each delivered dose contains (indacaterol acetate/mometasone furoate): 125/62.5 mcg; 125/127.5 mcg; 125/260 mcg respectively. **Indications:** Maintenance treatment of asthma in adults and adolescents 12 years of age and older not adequately controlled with inhaled corticosteroids and inhaled short-acting beta<sub>2</sub>-agonists. **Dosage and Administration:** Adults and adolescents aged 12 years and over: one capsule once daily, administered at the same time of the day each day, using the Atectura Breezhaler inhaler. The appropriate mometasone furoate dosage for the severity of disease should be given and regularly reassessed. The maximum recommended dose is 125 mcg/260 mcg once daily. Capsules must not be swallowed. After inhalation, patients should rinse their mouth with water without swallowing. No dose adjustment is required in elderly patients, in patients with renal impairment, or in patients with mild or moderate hepatic impairment. No data available for patients with severe hepatic impairment, only use in these patients if the expected benefit outweighs the potential risk. The safety and efficacy in paediatric patients below 12 years of age have not been established. **Contraindications:** Hypersensitivity to the active substances or lactose monohydrate. **Warnings/Precautions:** Should not be used to treat acute asthma symptoms, including acute episodes of bronchospasm. **Hypersensitivity:** Immediate hypersensitivity reactions have been observed after administration. If signs suggesting allergic reactions occur, in particular angioedema, urticaria or skin rash, treatment should be discontinued immediately and alternative therapy instituted. **Paradoxical bronchospasm:** If paradoxical bronchospasm occurs, treatment should be discontinued immediately and alternative therapy instituted. **Cardiovascular effects:** Like other medicinal products containing beta<sub>2</sub>-adrenergic agonists, may produce a clinically significant cardiovascular effect in some patients as measured by increases in pulse rate, blood pressure, and/or symptoms. Use with caution in patients with cardiovascular disorders (coronary artery disease, acute myocardial infarction, cardiac arrhythmias, hypertension), convulsive disorders, thyrotoxicosis, and in patients who are unusually responsive to beta<sub>2</sub>-adrenergic agonists. Long acting beta<sub>2</sub>-adrenergic agonists (LABA) or LABA containing combination products such as Atectura Breezhaler should be used with caution in patients with known or suspected prolongation of the QT interval or who are being treated with medicinal products affecting the QT interval. **Hypokalemia:** Beta<sub>2</sub>-adrenergic agonists may produce significant hypokalemia in some patients, which has the potential to produce adverse cardiovascular effects. The decrease in serum potassium is usually transient, not requiring supplementation. In patients with severe asthma hypokalemia may be potentiated by hypoxia and concomitant treatment, which may increase the susceptibility to cardiac arrhythmias. **Hyperglycaemia:** Inhalation of high dose of beta<sub>2</sub>-adrenergic agonists and corticosteroids may produce increases in plasma glucose. Upon initiation of treatment, plasma glucose should be monitored more closely in diabetic patients. **Prevention of oropharyngeal infections:** In order to reduce the risk of oropharyngeal candida infection, patients should be advised to rinse their mouth or gargle with water without swallowing it or brush their teeth after inhaling the prescribed dose. **Systemic effects of corticosteroids:** Systemic effects of inhaled corticosteroids may occur, particularly at high doses prescribed for prolonged periods. Should be administered with caution in patients with pulmonary tuberculosis or in patients with chronic or untreated infections. **Excipients:**

Contains lactose. Patients with rare hereditary problems of galactose intolerance, total lactase deficiency or glucose galactose malabsorption should not take this medicinal product. **Interactions:** No specific interaction studies were conducted with indacaterol/mometasone furoate. Information on the potential for interactions is based on the potential for each of the monotherapy components. **Medicinal products that prolong QTc interval:** Should be administered with caution in patients being treated with monoamine oxidase inhibitors, tricyclic antidepressants, or medicinal products known to prolong the QT-interval. **Hypokalemic treatment:** Concomitant treatment with methylxanthine derivatives, steroids, or non-potassium sparing diuretics may potentiate the possible hypokalemic effect of beta<sub>2</sub>-adrenergic agonists. **Beta-adrenergic blockers:** Should not be given together with beta-adrenergic blockers unless there are compelling reasons for their use. **CYP3A4 and P-glycoprotein inhibitors:** Inhibition of CYP3A4 and P-gp has no impact on the safety of therapeutic doses of Atectura Breezhaler. **Other long acting beta<sub>2</sub>-adrenergic agonists:** Co-administration with other medicinal products containing LABA is not recommended. **Fertility, Pregnancy and Lactation:** Should only be used during pregnancy if the expected benefit to the patient justifies the potential risk to the foetus. No information available on the presence of indacaterol or mometasone furoate in human milk, on the effects on a breast-fed infant, or on the effects on milk production. A decision must be made whether to discontinue breast-feeding or to discontinue/abstain from therapy, taking into account the benefit of breast-feeding for the child and the benefit of therapy for the woman. Studies do not indicate a concern regarding fertility in either males or females. **Undesirable Effects:** Very common ( $\geq 1/10$ ): nasopharyngitis, asthma (exacerbation). Common ( $\geq 1/100$  to  $< 1/10$ ): upper respiratory tract infection, hypersensitivity, headache, oropharyngeal pain, dysphonia, musculoskeletal pain. Uncommon ( $\geq 1/1,000$  to  $< 1/100$ ): candidiasis, angioedema, hyperglycaemia, vision blurred, cataract, tachycardia, rash, pruritus, muscle spasms. Please consult the Summary of Product Characteristics for a detailed listing of all adverse events before prescribing. **Pack Size(s):** Single pack containing 10 x 1 or 30 x 1 hard capsules, together with one inhaler. **Legal Category:** POM. **Product (Marketing) Authorisation Number(s):** EU/1/20/1439/002, -006 & -010. **Product (Marketing) Authorisation Holder:** Novartis Europharm Limited, Vista Building, Elm Park, Merrion Road, Dublin 4, Ireland. **Full prescribing information is available upon request from:** Novartis Ireland Limited, Vista Building, Elm Park Business Park, Elm Park, Dublin 4. Tel: 01-2601255 or at [www.medicines.ie](http://www.medicines.ie). Detailed information on this product is also available on the website of the European Medicines Agency <http://www.ema.europa.eu> **Prescribing Information last revised:** May 2020.

Reporting suspected adverse reactions of the medicinal product is important to Novartis and the HPR. It allows continued monitoring of the benefit/risk profile of the medicinal product. All suspected adverse reactions should be reported via HPR Pharmacovigilance, website [www.hpra.ie](http://www.hpra.ie). Adverse events could also be reported to Novartis preferably via [www.report.novartis.com](http://www.report.novartis.com) or by email: [drugsafety.dublin@novartis.com](mailto:drugsafety.dublin@novartis.com) or by calling 01 2080 612.

**References:** 1. Global Initiative for Asthma. Global Strategy for Asthma Management and Prevention, 2020. Available at: [https://ginasthma.org/wp-content/uploads/2020/04/GINA-2020-full-report\\_final\\_vrms.pdf](https://ginasthma.org/wp-content/uploads/2020/04/GINA-2020-full-report_final_vrms.pdf). Date accessed: October 2020. 2. ATECTURA® BREEZHALER®. Summary of Product Characteristics. Available at [www.medicines.ie](http://www.medicines.ie) Date access: October 2020. 3. van Zyl-Smit RN et al. *Lancet Respir Med* 2020; [https://doi.org/10.1016/S2213-2600\(20\)30178-6](https://doi.org/10.1016/S2213-2600(20)30178-6).

\*Asthma patients not adequately controlled with ICS and inhaled SABA.<sup>1</sup>

Date of preparation: October 2020 IE02/ATE20-004

## INMO director of industrial relations Tony Fitzpatrick updates members

# INMO and HSE in talks to ensure a real

THE INMO is currently engaging regularly with the HSE to hammer out and agree a funded workforce plan to increase nursing and midwifery numbers in 2021.

An independent chair is presiding over these talks, with the aim of reporting back to the Workplace Relations Commission in mid-December 2020. The aim of the process is to address breaches of the recruitment and retention agreement, and to agree an increase in staffing numbers for 2021.

The INMO is pursuing several matters of concern in this process as outlined below.

## Additional midwives under the Maternity Strategy

In December 2016, when there was a total of 1,461 WTE midwives in the public health service, it was recognised that there was a requirement to achieve the target of 111 posts to be filled in 2018, in addition to the 2018 allocation under the Maternity Strategy of 110, ie. a total of 221 additional WTE posts.

Therefore, by the end of 2018, there should have been 1,682 WTE midwives (1,461 plus 221). However, the HSE census report records that at August 2020 there were 1,428 WTE midwives, which is 254 less than what was agreed to be in place by the end of 2018 and in fact less than there were in the service in December 2016.

The Maternity Strategy Implementation Plan was launched in October 2017 and contained more than 230 actions. It appears that funding has not been provided as set out in this plan. The projected need was for an additional €9.5 million per annum for each of

the next three years, which is a total of €28.5m in development funding. However, after two years a total of €8.6m had been provided, therefore the required funding is not available to fully drive the implementation plan.

In addition, funding required to support the model of care which requires an ongoing investment in community midwifery was not provided. Development funding of €4.55m was provided for 2018 and we understand that this supported over 150 posts (77 midwifery posts) for the maternity services. However, the existing level of service funding for 2019 was €8.1m but only €4.1m was provided. Consequently, there were more than 30 posts from the 2018 development funding that have not yet progressed to recruitment.

## Emergency department staffing

Additional posts were put in place as per the 2016 Emergency Department Agreement. However, several difficulties have occurred with regards to this, requiring the INMO to attend the WRC on several occasions, including July 2019 and January 2020 WRC agreements. Additional posts were provided for the appointment of ADONs for patient flow, however, in 10 locations the employer combined the operational role with the patient flow posts, even though these posts were to be independent of each other.

It was also identified that additional posts were required to care for admitted patients based on Prof Jonathan Drennan's Safe Staffing Framework. The INMO contends that the HSE has not provided these posts to the service.

Furthermore, as per the WRC agreement of January 2020, there is a requirement for a repeat recalibration exercise using August 2019 to January 2020 as a reference period. This process must be completed immediately.

## Advanced practice

Again, as per the 2017 agreement, there is a target to have 2% advanced practitioners in the nursing/midwifery workforce, which is in excess of 700 posts. While there has been significant difficulties with regards to advanced practice, there is a requirement to agree a funded workforce plan that brings the total number of AN/MPs to in excess of 2% in 2021.

## Agency use

The HSE continues to use 750-800 WTE agency nurses/midwives per week within the health service. At the National Joint Council, the INMO has been seeking clarity from the HSE with regards to its conversion of agency processes.

The INMO believes it is important to have a standard operating protocol on how agency conversion can take place and the discretion that is granted to nurse managers at local level to complete this process. The frontline is not receiving an appropriate level of replacement staffing and is reliant on continuous agency use.

## Delegated authority to recruit staff to directors of nursing/midwifery

The HSE is again in breach of the agreement concerning the delegation of authority to recruit staff to directors of nursing/midwifery. As a result, the process of approval of appointments has been extremely arduous throughout

2019 and early 2020. The process of identifying vacancies that require filling and the recruitment of those positions remains excessively slow.

## Framework for Safe Nurse Staffing and Skill Mix

The Recruitment and Retention Agreement required a national roll out of the Framework for Safe Nurse Staffing and Skill Mix to all medical and surgical wards to be accelerated, with a view to inclusion in monthly implementation plans commencing in 2018.

This matter was also considered by the Labour Court in February 2019, which put forward the requirement of the HSE to accelerate and be proactive with regards to the roll out of the Framework to all medical and surgical wards.

As of November 2020, the Framework has only been introduced in six level 4 hospitals, while it has still to be fully implemented in excess of 25 hospitals.

The Department of Public Expenditure and Reform confirmed in writing additional funding of €10 million in the financial allocation for 2019. However, the INMO believes that this allocation was not fully provided or utilised. There is a need for the Framework to receive additional funding to allow for its roll out as per the 2017 agreement and the Labour Court Recommendation of 2019.

A key recommendation of the Framework on Safe Staffing to medical and surgical wards is that CNM2s should be employed in a supervisory capacity, ie. that they should not carry out a clinical workload. This required additional funding and support to be completed. As an immediate



on talks to agree a funded nursing/midwifery workforce plan

# increase in staffing numbers in 2021

first step, this should be progressed by the HSE.

## New children's hospital and provision of children's health

Significant work has been done with regards to a workforce plan for the new National Children's Hospital and for the provision of additional staffing to paediatric services throughout the country.

To ensure adequate nursing staff is in place to open the new hospital and provide children's nursing nationally, the funded workforce plan for 2021/2022 must deliver these additional posts. Reports already completed involving the Department of Health and Children's Health Ireland indicate that an additional 236-300 WTE posts will be required to open the new hospital. CHI has also completed a workforce planning process.

There should be CNM1s on all wards as agreed. In addition, the INMO seeks as per the Framework for Safe Staffing in medical and surgical areas that all CNM2s should be given 100% supervisory capacity.

## Bring Them Home campaign

The Bring Them Home campaign was to grant a second payment of €1,500 to each nurse/midwife returning from overseas after a year in post, but there has been significant difficulty securing this second payment. For example, the

INMO successfully secured this payment due to 27 nurses in St James's Hospital in recent weeks.

## National Transfer Panel

Negotiations are due to conclude shortly on the development of the National Transfer Panel. This will allow nurses and midwives to transfer nationally across the HSE rather than go through a recruitment process if they wish to move location.

## PHN sponsorship programmes

Under the agreement, the HSE was to incrementally increase the number of PHN sponsorship places from 140 to 150 and to 160 over the 2017-2019 period. Unfortunately, during these years, the HSE failed to fill all posts in the programme despite large numbers applying. Indeed, in 2017 only 96 of the 140 posts were filled; in 2018 only 104 of the due 150 were filled; and provisional numbers for 2019 indicated that approximately 110 out of 160 posts were filled. In 2020 only 128 posts were filled, again falling way short of places available.

The INMO considers this to be completely unacceptable as the census figures indicate that there has been no increase in total PHN numbers despite the fact that activity within the community sector has increased significantly. In addition, Sláintecare identified

that significant additional posts, indicating the need for 900 additional nursing posts in community care.

This needs to be factored into the funded workforce plan, which needs to provide for additional development posts, not only to allow an increase in the PHN sponsorship programmes but also to allow the recruitment of additional community RNs.

## Pre-registration and undergraduate places

A significant increase is required in the number of pre-registration and undergraduate nursing and midwifery places in order to allow the health service to grow. This issue also impacts on the global shortage of nurses and midwives, and Ireland's current need to supplement our staffing by recruiting internationally.

## Pre-retirement initiative

An update is needed from the HSE with regards to the numbers applying for the pre-retirement initiative. There is also a need for a revised circular to be issued on this. The INMO is also seeking that consideration be given to promotional grades in this regard.

## Maternity leave cover

It is clear that employers are not implementing the appropriate one-for-one replacement of staff on maternity leave. Certain hospitals

openly state that they do not provide any replacement of staff on maternity leave, which is leaving wards short staffed on a continuous basis.

The Framework on Safe Staffing established that maternity leave among nursing staff fluctuates at 2-4%. This indicates that there is a significant deficit on rosters because of the failure of the HSE to provide appropriate replacement.

There are a number of areas following good practice on this, which replace maternity leave with the recruitment of permanent staff to fill the deficits. They do this in the knowledge that the hospital has a constant churn of nursing posts, and by the time staff return from maternity leave, a permanent post will have arisen for the person appointed to cover their post. This practice should be implemented throughout the country.

## Professional development

Extensive work has been done by INMO deputy general secretary Dave Hughes in developing a professional development process, which has been agreed. An update on the roll out of this is awaited. A key issue outstanding is the matter of adequate time for staff for continuous professional development and the implementation of the Joint Declaration. The unions and the HSE are engaged via an independently chaired process on this matter.

## Is your INMO membership up to date?

***In difficult times the INMO will be your only partner and representative.***

If you are not a fully paid up member, you cannot avail of the Organisation's services and support in such critical areas as: safe practice, fitness to practise referrals, pay and conditions of employment, other workplace issues and continued professional development.

Please advise the INMO directly if you have changed employer or work location

Contact the membership office with any updates through the main INMO switchboard at Tel: 01 6640600 or email: [membership@inmo.ie](mailto:membership@inmo.ie)



Important message from the INMO

NOW AVAILABLE

# UNLOCK THE POTENTIAL OF INHALED ASTHMA CARE<sup>1,2</sup>

ONCE-DAILY ENERZAIR® BREEZHALER® the first LABA/LAMA/ICS combination for asthma<sup>3,4</sup>

IND/GLY/MF  
114/46/136µg

1x  
daily



PROVEN EFFICACY\* & INFLAMMATION CONTROL<sup>1,2,3</sup>



CONFIRMED DOSE WITH TRANSPARENT CAPSULE<sup>3</sup>



ONCE-DAILY DOSING<sup>3</sup>

ENERZAIR® BREEZHALER® is indicated as a maintenance treatment of asthma in adult patients not adequately controlled with a maintenance combination of a long-acting beta<sub>2</sub>-agonist and a high dose of an inhaled corticosteroid who experienced one or more asthma exacerbations in the previous year.<sup>3</sup>

#### Abbreviated Prescribing Information

Please refer to Summary of Product Characteristics (SmPC) before prescribing.

**Enerzair® Breezhaler®** (indacaterol (as acetate), glycopyrronium bromide, mometasone furoate) inhalation powder, hard capsules.

**Presentation:** Hard capsules for inhalation each containing 150 mcg of indacaterol (as acetate), 63 mcg of glycopyrronium bromide equivalent to 50 mcg of glycopyrronium and 160 mcg of mometasone furoate. Each delivered dose contains 114 mcg of indacaterol acetate, 46 mcg of glycopyrronium and 136 mcg of mometasone furoate. **Indications:** Maintenance treatment of asthma in adult patients not adequately controlled with a maintenance combination of a long-acting beta<sub>2</sub>-agonist and a high dose of an inhaled corticosteroid who experienced one or more asthma exacerbations in the previous year. **Dosage and Administration:** One capsule once daily, administered at the same time of the day each day, using the Enerzair Breezhaler inhaler. No dose adjustment is required in elderly patients, in patients with mild to moderate renal impairment, or in patients with mild or moderate hepatic impairment. Caution should be observed in patients with severe renal impairment or end-stage renal disease requiring dialysis. No data available for patients with severe hepatic impairment, only use in these patients if the expected benefit outweighs the potential risk. The safety and efficacy in paediatric patients below 18 years of age have not been established. **Contraindications:** Hypersensitivity to the active substances, lactose monohydrate or magnesium stearate. **Warnings/Precautions:** *Deterioration of disease:* Should not be used to treat acute asthma symptoms, including acute episodes of bronchospasm. Treatment should not be stopped abruptly. *Hypersensitivity:* Immediate hypersensitivity reactions have been observed after administration. If signs suggesting allergic reactions occur, in particular angioedema, urticaria or skin rash, treatment should be discontinued immediately and alternative therapy instituted. *Paradoxical bronchospasm:* If paradoxical bronchospasm occurs, treatment should be discontinued immediately and alternative therapy instituted. *Cardiovascular effects:* Like other medicinal products containing beta<sub>2</sub>-adrenergic agonists, may produce a clinically significant cardiovascular effect in some patients as measured by increases in pulse rate, blood pressure, and/or symptoms. Use with caution in patients with cardiovascular disorders (coronary artery disease, acute myocardial infarction, cardiac arrhythmias, hypertension), convulsive disorders, thyrotoxicosis, and in patients who are unusually responsive to beta<sub>2</sub>-adrenergic agonists. Long acting beta<sub>2</sub>-adrenergic agonists (LABA) or LABA containing combination products such as Enerzair Breezhaler should be used with caution in patients with known or suspected prolongation of the QT interval or who are being treated with medicinal products affecting the QT interval. *Hypokalaemia:* Beta<sub>2</sub>-adrenergic agonists may produce significant hypokalaemia in some patients, which has the potential to produce adverse cardiovascular effects. The decrease in serum potassium is usually transient, not requiring supplementation. In patients with severe asthma hypokalaemia may be potentiated by hypoxia and concomitant treatment, which may increase the susceptibility to cardiac arrhythmias. *Hyperglycaemia:* Inhalation of high dose of beta<sub>2</sub>-adrenergic agonists and corticosteroids may produce increases in plasma glucose. Upon initiation of treatment, plasma glucose should be monitored more closely in diabetic patients. *Anticholinergic effect related to glycopyrronium:* use with caution in patients with narrow-angle glaucoma or urinary retention. *Prevention of oropharyngeal infections:* In order to reduce the risk of oropharyngeal candida infection, patients should be advised to rinse their mouth or gargle with water without swallowing it or brush their teeth after inhaling the prescribed dose. *Systemic effects of corticosteroids:* Systemic effects of inhaled corticosteroids may occur, particularly at high doses prescribed for prolonged periods. Should be administered with caution in patients with pulmonary tuberculosis or in patients with chronic or untreated infections. *Excipients:* Contains lactose. Patients with rare hereditary problems of galactose intolerance, total lactase deficiency or glucose galactose malabsorption should not take this medicinal product. **Interactions:** No specific interaction studies were conducted with indacaterol/glycopyrronium/mometasone furoate. Information on the potential for



ONCE DAILY

# ENERZAIR® breezhaler®

Indacaterol acetate / glycopyrronium bromide /  
mometasone furoate inhalation powder

interactions is based on the potential for each of the monotherapy components. *Medicinal products that prolong QTc interval:* Should be administered with caution in patients being treated with monoamine oxidase inhibitors, tricyclic antidepressants, or medicinal products known to prolong the QT-interval. *Hypokalaemic treatment:* Concomitant treatment with methylxanthine derivatives, steroids, or non-potassium sparing diuretics may potentiate the possible hypokalaemic effect of beta<sub>2</sub>-adrenergic agonists. *Beta-adrenergic blockers:* Should not be given together with beta-adrenergic blockers unless there are compelling reasons for their use. Where required, cardioselective beta-adrenergic blockers should be preferred, although they should be administered with caution. *CYP3A4 and P-glycoprotein inhibitors:* Inhibition of CYP3A4 and P-gp has no impact on the safety of therapeutic doses of Enerzair Breezhaler. *Cimetidine and inhibitors of organic cation transport:* No clinically relevant drug interaction is expected when glycopyrronium is co-administered with cimetidine or other inhibitors of the organic cation transport. *Other long-acting antimuscarinics and LABAs:* Co-administration with other medicinal products containing long-acting antimuscarinics or LABAs is not recommended. **Fertility, Pregnancy and Lactation:** Should only be used during pregnancy if the expected benefit to the patient justifies the potential risk to the foetus. No information available on the presence of indacaterol, glycopyrronium or mometasone furoate in human milk, on the effects on a breast-fed infant, or on the effects on milk production. A decision must be made whether to discontinue breast-feeding or to discontinue/abstain from therapy, taking into account the benefit of breast-feeding for the child and the benefit of therapy for the woman. Studies do not indicate a concern regarding fertility in either males or females. **Undesirable Effects:** *Very common (≥1/10):* nasopharyngitis, asthma (exacerbation). *Common (≥1/100 to <1/10):* upper respiratory tract infection, candidiasis, urinary tract infection, hypersensitivity, headache, tachycardia, oropharyngeal pain, cough, dysphonia, gastroenteritis, musculoskeletal pain, muscle spasms, pyrexia. *Uncommon (≥1/1,000 to <1/100):* hyperglycaemia, cataract, dry mouth, rash, pruritus, dysuria. Please consult the Summary of Product Characteristics for a detailed listing of all adverse events before prescribing. **Pack Size(s):** Single pack containing 30 x 1 hard capsules, together with one inhaler. Pack containing 30 x 1 hard capsules, together with 1 inhaler and 1 sensor. The sensor and App are not required for administration to the patient. The sensor and App do not control or interfere with delivery of the medicinal product using the inhaler. **Legal Category:** POM. **Product (Marketing) Authorisation Number(s):** EU/1/20/1438/002 & 003. **Product (Marketing) Authorisation Holder:** Novartis Europharm Limited, Vista Building, Elm Park, Merrion Road, Dublin 4, Ireland. **Full prescribing information is available upon request from:** Novartis Ireland Limited, Vista Building, Elm Park Business Park, Elm Park, Dublin 4. Tel: 01-2601255 or at [www.medicines.ie](http://www.medicines.ie). Detailed information on this product is also available on the website of the European Medicines Agency <http://www.ema.europa.eu> **Prescribing Information last revised:** July 2020.

Reporting suspected adverse reactions of the medicinal product is important to Novartis and the HPRA. It allows continued monitoring of the benefit/risk profile of the medicinal product. All suspected adverse reactions should be reported via HPRA Pharmacovigilance, website [www.hpra.ie](http://www.hpra.ie). Adverse events could also be reported to Novartis preferably via [www.report.novartis.com](http://www.report.novartis.com) or by email: [drugsafety.dublin@novartis.com](mailto:drugsafety.dublin@novartis.com) or by calling 01 2080 612.

**References:** 1. Kerstjens H, et al. *Lancet Respir Med* 2020; [https://doi.org/10.1016/S2213-2600\(20\)30190-9](https://doi.org/10.1016/S2213-2600(20)30190-9). 2. Gessner C, et al. *Respiratory Medicine* 2020; <https://doi.org/10.1016/j.rmed.2020.106021>. 3. ENERZAIR® BREEZHALER®. Summary of Product Characteristics. Available at [www.medicines.ie](http://www.medicines.ie) Date accessed: October 2020. 4. European Medicines Agency CHMP Press Release. Available at: <https://www.ema.europa.eu/en/news/meeting-highlights-committee-medicinal-products-human-use-chmp-28-30-april-2020> Date accessed: October 2020.

\*In symptomatic asthma patients despite treatment with medium- or high-dose LABA/ICS.<sup>2</sup>

Date of preparation: October 2020 IE02/ENE20-025

NOVARTIS

# Staffing agreement at WRC enables gradual opening of UHL's new 60-bed block

A NEW block with 60 inpatient beds has been completed at University Hospital Limerick, and is to be opened on an incremental basis, following agreement on staffing under the auspices of the Workplace Relations Commission.

This follows INMO members demanding engagement on staffing ahead of opening additional beds at the hospital, due to the protracted non-filling of vacancies, overcrowding, internal redeployment from understaffed wards and the status of panels to fill vacant posts.

The agreement reached at the WRC consists of incremental opening of the additional beds up to January 2021, an additional six nurses on night duty in a hospital pool to support areas that are understaffed, seven



*INMO assistant director of IR Mary Fogarty: "We hope all of these extra beds, when fully staffed, will alleviate the gross overcrowding at the hospital"*

additional nursing WTEs for the acute medical assessment unit (AMAU), and the finalisation of the recruitment of 150 international nurses to address nursing vacancies across the group. Nurse management has also confirmed the appointment of an additional clinical skills facilitator to support the nursing workforce.

Approximately 54 international nurses will have

commenced by December 16, 2020, with further dates for induction to be notified to the INMO under the implementation process.

Once these 60 beds are open, UHL will have secured an additional 98 inpatient beds in total since August 2020. A total of 38 beds in two other new rapid-build blocks were opened recently; haematology/oncology patients will be treated in a new 24-bed block, while a new 14-bed block for medical patients is currently being used to isolate Covid-19 cases.

"The INMO hopes all of these extra beds, when fully staffed, will alleviate the gross overcrowding at the hospital and the excessively high numbers of patients who wait on trolleys for access to an inpatient bed," said Mary Fogarty, INMO assistant director of IR.

## Negotiations ongoing as paed's unit closes at Bon Secours Tralee

THE Bon Secours Hospital, Tralee has closed its paediatric unit, with the exception of a small number of elective surgical interventions, as of November 6, 2020.

The decision to close the paediatric unit has resulted in 14 nurses previously assigned to this specialism being required to redeploy to another

area within this Tralee-based hospital.

Negotiations between the INMO and management have been ongoing to secure for members:

- Appropriate upskilling in adult nursing
- A dedicated supernumerary period on the new units with appropriate mentorship

- The retention of members' existing terms and conditions of employment
- Exploring options to support a small number of nurses who are considering leaving the service after a lifetime of working with Bon Secours Tralee.

– Mary Power, INMO assistant director IR

## New children's disability networking teams

CHILDREN'S disability services in Cork City and County are in the process of reconfiguring to children's disability networking teams in the different geographical areas.

Engagement has commenced, both nationally and regionally, to ensure appropriate engagement and consultation with the INMO and its members. Extensive

engagement is ongoing and the INMO is working to ensure the protection of our members and the nursing service.

– Mary Power, INMO assistant director IR

## World news



### Nurses and midwives in action around the world

#### Argentina

- Nurses hold a 48-hour strike to demand better wages

#### Australia

- Blacktown Hospital nurses and midwives revolt over staffing and patient safety fears

#### Canada

- The third wave: Shortage of healthcare workers because they are too burnt out or sick themselves
- Nurses union head slams government plan to deal with short-staffing issue

#### Italy

- Nursing union: Thousands of unpaid hours of work for Covid-19 nurses
- At night only two nurses for 53 patients with assisted ventilation

#### Kenya

- Concern as virus kills 25 health workers and 2,200 get infected

#### New Zealand

- Nursing union right to encourage nurses not to work in unsafe New Zealand quarantine facilities

#### Peru

- Warning that "there is a deficit of 2,200 nurses in the La Libertad region"

#### Philippines

- Pay hike implementation for entry-level nurses still in limbo
- Nurses' group slams government nurses' 'demotion'

#### UK

- Chief medical officer insists he will not allow 'unsafe' staffing levels following resignation of 15 ICU nurses

#### US

- Nursing unions: Give nurses a voice on Covid task force

# Private hospitals need to consult on roster changes to ensure equity

THE Bon Secours Hospital Group, in common with other private hospitals, is seeking to increase levels of activity at weekends as a result of a backlog due to the Covid-19 pandemic.

This has a knock-on effect on staff requirements, with the hospitals seeking to increase Saturday working.

Prior to any changes to rostering, management is required to consult with the INMO on a site-by-site basis to ensure that changes are made in a fair and equitable manner.

The recent pay deal with the Bon Secours group ensured significant gains for INMO members working in these private facilities. Negotiations with the group had commenced in January 2020 but stalled during the pandemic. However, following proposals agreed in the Workplace Relations Commission, and accepted by members in a ballot in October, the enhanced nurse practice salary scale applies from November 1, 2020 for all eligible nurses who apply.

This deal restored the

long-established link between the Bon Secours Group and the public service in terms of pay and conditions.

In addition, it was agreed that all location and qualification allowances will be increased by 20% from March 1, 2020 and also, in line with the public deal, that the location allowances will be paid in medical and surgical wards across the group.

INMO assistant director of IR Albert Murphy said: "It is vital that our members working within private hospitals are

not left behind. The INMO's significant number of members working in private hospitals are entitled to be paid in line with their public sector colleagues.

"It is more important than ever that nurses working in private hospitals realise the benefits of INMO membership. The INMO is the only union in Ireland that can offer a full package of benefits, including professional indemnity, and collective and individual representation. If you have any queries about pay and entitlement, please contact the INMO."

## Update

• **St Camillus Hospital, Limerick:** Local consultation on the segregation of the roles of multi-task attendants to healthcare assistant (HCA) roles within the nursing team has commenced. The INMO is seeking to secure agreement on the filling of all CNM1 and CNM2 positions, inclusive of the night sisters positions to advance agreement. Rosters are awaited for consultation with INMO members.

• **Outsourcing of community palliative care services, Mayo:** The INMO has written to the HSE in Mayo objecting to plans to outsource the HSE community palliative care services to a section 39 organisation, where the terms and conditions of employment for nurses will not match that of those directly employed. The dispute has been referred to the Workplace Relations Commission by the INMO.

– Mary Fogarty, INMO assistant director of IR

## Labour Court awards €15,000 in retrospect for specialist qualification

THE INMO secured an award of €15,000 for a clinical nurse specialist in St James's Hospital, Dublin in respect of retrospective payment for the specialist qualification allowance.

The union argued that the member was eligible and entitled to the payment since 2010, and only became aware of her entitlement to the allowance in September 2012 when she contacted her employer.

The employer advised that

it was not processing any further applications because of a directive from the HSE. However, when this directive was subsequently lifted by the HSE the following month, the member's application was not progressed.

The Court found that there was a communication deficit in this case, with the worker believing she had made an application and this view was reinforced when her payroll status was changed.

The employer on the other

hand was of the understanding that she held a qualification but had not submitted a formal application in the traditional manner. This misunderstanding was further complicated by the fact that the allowance was suspended at national level.

The Court, having considered the submission of the parties, decided that in the unique circumstances of the case, a payment of €15,000 should be made to the worker in full and final settlement of the claim.

– Mary Rose Carroll, INMO IRO

## 'Bring Them Home' €3,000 relocation package

THE INMO has secured payment of €1,500 to 27 nurses in St James's Hospital, who were entitled to a second instalment as part of the Bring Them Home campaign. These members relocated from abroad and had not received the second instalment they were entitled to on completion of one year of service.

In 2017 the INMO and other

nursing unions negotiated an extension of the relocation package for nurses and midwives returning to Ireland to take up employment in the public health service. Under the Bring Them Home campaign, the agreement provides for a payment of up to €1,500 tax free for removal/relocation expenses. Individuals are entitled to an additional payment

of €1,500 after a period of 12 months in employment, subject to a commitment to remain in that employment for a further 12 months. This arrangement applied to nurses and midwives recruited from overseas since April 7, 2017 and is detailed in HSE HR Circular 026/2017, *Extension of Nursing Re-Location Allowance*.

– Mary Rose Carroll, INMO IRO



# HSE still ignoring Labour Court on redundancies in three RSC centres

THE Religious Sisters of Charity (RSC) has written to the INMO and other unions advising that they are offering an *ex gratia* payment of €3,000 as a goodwill gesture to each staff member who lost their job following the recent closure of three facilities in Dublin owned by the congregation.

This follows the unions obtaining three successful Labour Court Recommendations on behalf of the 208 staff who were made redundant from Caritas Convalescent Centre, St Mary's Centre and

St Monica's Nursing Home. In all three recommendations, the Labour Court found that the staff who had been made redundant should be paid the enhanced public service redundancy package on top of statutory redundancy payments from the state. The Court identified the Sisters of Charity and the HSE as the parties responsible for implementation of these recommendations.

The unions have continued to make representations to the Sisters of Charity and the HSE seeking implementation of the

INMO assistant director of IR Lorraine Monaghan: "The ball is now in the HSE's court to fulfil its obligations to staff and come to the table with a fair offer"



recommendations however both parties have argued that they are not the employer and the facilities operated as independent corporate entities.

INMO assistant director of IR

Lorraine Monaghan said: "The offer from the Sisters of Charity is a positive development which follows months of tireless campaigning by the INMO and other unions to obtain the best outcome for our members who abruptly found themselves out of a job this summer. The ball is now in the HSE's court, as the primary funder of the three services, to fulfil its obligations to the staff and come to the table with a fair and reasonable offer, in accordance with the three Labour Court Recommendations".

## Remote monitoring found to be in breach of Data Protection Act

THE Data Protection Commission's office has recently made recommendations in favour of concerns raised by the INMO on behalf of our members in a satellite work location.

Members raised concern about the installation of a monitor/large screen in their work location that could be viewed remotely by their head offices. This monitor was referred to as a 'digital communication system' that streamed but did not record data.

Management took the view that such monitors were for the purpose of inclusiveness, education and updates. However, this monitoring/

streaming was switched on for the full duration of a shift with no defined purpose. Staff viewed it as intrusive and said it was not fulfilling an educational or communication role.

The use of on-site or remote continuous capture on screen of employees is regulated by the General Data Protection Regulation and by the Data Protection Act 2018. The digital communication system must meet the criteria for being necessary and proportional in terms of objectives. It must be necessary to achieve a given purpose and proportionate in its impact on employees. The Data Protection Commission

(DPC) defines "necessary" to mean more than being merely helpful to achieve a purpose and "proportionality" to mean any processing of personal data must be measured and reasonable in terms of objectives.

The DPC took the view that the continuous live feed was intrusive of the privacy of the employees and found in our members' favour. Breaches of the Data Protection Act and GDPR can lead to formal processes such as an enquiry by the DPC or imposition of a sanction of enforcement and/or a fine on the employer.

– Bernadette Stenson,  
INMO IR executive

## Cork/Kerry older person services

MORE than 600 members have applied over the past six months for the enhanced practice pay scale in Cork and Kerry older person services. Members within the region have now commenced on the payscale from November 1, 2020. They will also receive full retrospective to their increment date after March 1, 2019.

"This is a welcome boost to members following protracted disputes with management on the implementation of the enhanced practice salary scale in the first quarter of 2020," said Liam Conway, INMO IRO.

## Underpayment of premium pay at CUH

INMO members in Cork University Hospital discovered an underpayment of premiums for members in the dialysis unit for part-time staff.

The issue arose when part-time staff worked additional hours and were not paid the twilight premium for hours

worked between 18:00 and midnight.

The INMO has engaged with management on members' behalf to secure the correction of this matter inclusive of retrospective payment.

Meanwhile, Ward 4b has seen the retrospective

payment of wages for Sunday premiums where members were paid less premium than they were entitled to for hours worked. The INMO has successfully secured agreement with CUH management to address this oversight.

– Liam Conway, INMO IRO

## Injury at work settlement

THE INMO has secured a settlement valued at €10,000 for a member following an injury at work. The union secured this settlement with the employer to the satisfaction of our member.

– Liam Conway, INMO IRO

**FREE EVENT FOR INMO MEMBERS**



**INMO International Nurses Section**

# **INTERNATIONAL NURSES CELEBRATION**

**Tuesday, 15 December 2020**

Online from 12pm - 1.30pm

**The programme will include, amongst other topics:**

- A variety of cultural presentations
  - Inspirational talks
- Importance of INMO membership & activity within your union
  - Award presentation

**Nursing now  
Ireland**



**2020  
INTERNATIONAL YEAR  
OF THE NURSE AND  
THE MIDWIFE**



Join this event live at 12o'clock on 15th December

**<https://inmoprofessional.ie/Home/OnlineResources>**

# Contact tracing high on the agenda at Telephone Triage Section webinar

THE National Telephone Triage Section webinar, which took place in October, covered Covid-19-related topics such as contact tracing, changes in prescribing practices, 'long Covid' and the psychological effects of the virus. Non-Covid issues were also discussed, including sexual assault treatment and e-health.

As triage nurses are at the coalface dealing with out-of-hours queries from patients, the section was keen to address the issue of contact tracing, which was covered on the day by Dr Sarah Doyle, clinical lead with the Contact Management Programme.

According to Dr Doyle, at the onset of the pandemic when a significant increase in positive cases was anticipated in Ireland, the need for an adaptable and scalable central contact tracing system to manage new cases was recognised. The Contact Management Programme was established in March to manage high-volume, low-complexity contact tracing, allowing the Department



*Pictured at the Telephone Triage Section webinar were (l-r): Hazel James, section chair, and Mary Burke, nurse manager, Caredoc*

of Public Health to focus on more specialised cases in complex settings.

Other Covid-19 topics discussed on the day included the changes to prescribing practices that have taken place since March and the impact these changes have had on triage nurses in their dealings with the public. Legislation around supply of medications with or without a prescription has changed, and the roll-out of Healthmail has allowed GPs to email prescriptions directly to pharmacists. The importance of involving carers in this process was also discussed.

The webinar addressed the 'Know Check Ask' campaign, as part of which triage nurses

have been asked to encourage people who are on medication to keep an up-to-date list of their medicines, to store a copy of the list on their phone, and to bring their list with them to all medical and dental appointments.

The final talk on the Covid-19 theme was delivered by Victoria Coleman, a patient who is suffering from long-term effects of Covid-19. Ms Coleman discussed the psychological, dermatological, cognitive, respiratory, gastrointestinal, neurological, immunological and cardiovascular effects of the virus, many of which she still suffers from.

Other themes discussed on the day included sexual assault treatment and domestic

violence, which were addressed by Margo Noonan, candidate advanced nurse practitioner in sexual assault forensic examination.

Dorothy Moore, clinical nurse specialist in diabetes in Carlow/Kilkenny, presented on diabetes care in the Covid-19 context, including possible emergency symptoms arising from new medications a person with diabetes may be taking.

The topic of e-health was covered by Loreto Grogan, national lead on clinical information with the HSE, while nurse manager Mary Burke spoke about the SMILE programme.

All of the presentations are available to view online at [www.inmoprofessional.ie](http://www.inmoprofessional.ie)

## Focus on: INMO ADON Section

THE Assistant Directors of Nursing/Midwifery/Public Health Nursing/Night Superintendents (ADON) Section is an active group within the INMO national section network.

The aims of this section are to raise the profile of the assistant director grade and to effectively operationalise the job profile agreed at national negotiations and to ensure standards of practice among nurse managers.

The ADON Section also provides support to its members and encourages information

sharing and networking within the assistant director grade.

The section meets three to four times per year and, in conjunction with the Directors of Nursing Section, the section also hosts an annual masterclass.

Section meetings are supported by the attendance of Edward Mathews, INMO director of professional and regulatory services, who is always available to advise and support members of the group.

A national update on issues pertinent to this grade is always addressed at meetings, and

members have the opportunity to bring forward their own issues of concern.

If you have not attended these meetings in the past, the ADON Section would encourage and welcome you to do so in the future.

The ADON Section's next meeting is scheduled for Thursday, January 28 at 2pm. For further details on this and other INMO section meetings and conferences, please contact INMO section development officer Jean Carroll at Email: [jean.carroll@inmo.ie](mailto:jean.carroll@inmo.ie)

## Holiday hopes on the horizon

FOR members of the Retired Section, public health permitting, a four-night holiday has been planned for Monday, May 3, 2021 at the Great Northern Hotel, Bundoran, Co Donegal. The cost is €340 per person sharing, with a €15 single supplement per night available. To book, contact Annette McGinley from JMC McGinley Travel at Tel: 074 913 5201.



NEWLY elected INMO president Karen McGowan is eager to get going in her new role and provide a strong voice for the union during her term in office.

An advanced nurse practitioner (ANP) in emergency nursing at Beaumont Hospital, Ms McGowan is the youngest person ever elected INMO president. She is also in the unique position of being the newest mother in the role, having given birth to her second child shortly after her election.

Ms McGowan was glad to have worked right up to the end of her pregnancy as it allowed her to share her achievement of being elected president with her colleagues and friends, and absorb the positive atmosphere in work.

"I want to strike while the iron is hot and be a positive influence as president. We need to showcase and promote all the good work that we do and make sure that our professions get the respect that they deserve. I'm approachable and I want the members to know that."

The emergency department at Beaumont has had two care pathways since the beginning of the pandemic, enabling Covid-19 and non-Covid-19 patients to be kept apart.

Ms McGowan takes pride in the nurse-led initiatives within her department and feels that the health service needs more nurse/midwife-led services. As a result of the pandemic a lot of services have moved online. Ms McGowan told us their focus is always on the patient and their safety, and that nurses have adapted in a strategic way, setting up virtual clinics and other initiatives to ensure the safe continuation of care.

#### **Strong voice**

"I believe nurses and midwives should have a stronger voice and a seat at the table when it comes to policy and decision making. You really see the expertise the midwives have when you go through the system while having your baby. Expertise like this should be valued.

# A strong voice for a strong union

New INMO President Karen McGowan aims to ensure nurses and midwives are front and centre of the decision-making process on the future of the Irish health service. **Freda Hughes** spoke to her about her plans



From her experience with the RNLI lifeboat off the coast of her native Donegal to action on the frontline, Karen McGowan is well used to fighting to the end. She is keen to see the full implementation of the Labour Court recommendations that followed last year's strike action. Karen McGowan is pictured (first from right) with her colleagues on the picket line outside Beaumont Hospital last year

"One of my priorities as president is to shine a light on advanced practice and nurse/midwife-led initiatives that are ongoing across the island of Ireland. We should use our links internationally – with the European Federation of Nurses Associations (EFN), the International Council of Nurses (ICN) and the International Confederation of Midwives (ICM) – to promote these great initiatives as models of best practice. I want to fly the flag for nursing and midwifery," she said.

#### Leadership

Ms McGowan feels that nurses and midwives bring an essential mixture of on-the-ground experience and theoretical knowledge that comes with practice and training. She would like to see nurses and midwives bring those traits, that she describes as fundamental characteristics of nurses and midwives, into leadership and the organising roles. She wants to see the gains made from the 2019 strike become a reality for nurses and midwives around the country.

"This is my third term on the Executive Council. We made substantial gains through the strike last year and if I could see the agreement through as president, I would be so proud. We're waiting on the expert review body to conclude so I'm really keen to see the gains from that become a reality. I want to see the Labour Court recommendations implemented fully," she said.

Ms McGowan grew up in the Gaeltacht area of Arranmore, off the coast of Donegal. She grew up in a close-knit family, with five brothers and one sister. Her parents and two of her siblings still live on the island, where the population is now less than 500. Her mother was a *Bean an Tí* who took in regular groups of students over the years.

She went to both primary and secondary school on the island and at 17 became a crew member on the RNLI lifeboat, where she says she received great training and did

lots of courses. The RNLI lifeboat acted as an ambulance for the island if somebody needed go to the mainland for emergency treatment. The crew also carried out rescue operations and Ms McGowan recalls once rescuing an entire family and crew from a trawler, which sank within seconds of them being brought to safety.

"You grow up quickly doing that kind of work. When I was very young, my dad was very sick in hospital in Galway. At that young age, I could see the benefits to the role of nurse. The nurses were so compassionate and that steered me towards nursing as a future career. Obviously being involved in the RNLI flavoured the type of nursing that I went for and that's why I ended up working in emergency medicine," she said.

Ms McGowan went on to study nursing in Dublin City University, leaving the island and moving to the capital, but she returned home to work with the RNLI at weekends. She really enjoyed her training in DCU and her placements, and began work in Beaumont ED when she qualified in 2008. She worked as a staff nurse, a CNM2 and eventually took on the role of ANP after qualifying three years ago.

Ms McGowan met her husband Vinney through work; he is an advanced paramedic and firefighter with the Dublin Fire Brigade. Originally from Dublin, he loves the island now too and they value their family visits to Donegal. The pace of life is slower and the air is fresher. It's the perfect break from their hectic working lives and allows the children great freedom. During the pandemic Ms McGowan's sister moved to Dublin temporarily to help them with childcare so that they could both continue to work on the frontline.

She has been involved with the INMO since her student days and has been an activist for many years. She is looking forward to making contact with all the key stakeholders and starting her new role immediately.

#### Aims and priorities

Ms McGowan plans to continue the union's fight for proper recognition and pay for student nurses and midwives who are providing essential services during the pandemic. She also wants to see action taken on the results of recent INMO surveys on the psychological impact of Covid-19 on the nursing and midwifery workforce and on the impact of Covid-19 on the black, Asian and minority ethnic (BAME) community of nurses and midwives.

Top of her agenda will be pursuing the full implementation of the Labour Court recommendations so that phase two of the agreement brokered between the INMO, the Department of Health and the HSE in 2019 can be progressed.

"My main aim for the presidency would be in relation to the full implementation of the Labour Court recommendations, and to push through phase two and see the management grades start to benefit too. I really want to see the safe staffing framework implemented within the next two years and with that comes the health and safety representative role. Both need to be properly funded and resourced.

"I've always had a keen interest in staff welfare. Staff welfare is never off my agenda in work and I want to carry this into the role of INMO president too. Nursing and midwifery need to be resourced and managed appropriately by senior nurses and midwives with the authority and autonomy to do so.

"We need a strong voice and a strong union, so my priority is to provide that voice. We are experts in our field and need to be front and centre in decision making forums. We need to raise each other up more than we do. We often shy away from the spotlight, but I will be forthright in promoting all these great initiatives nationally and internationally. I also want to reach out to members regionally and learn about the great work going on around the country," she added.

# Introducing Executive Council 2020/2022

## Officers

## Ex-officio

### President



**Karen McGowan** is a registered ANP in the ED at Beaumont Hospital, Dublin. She trained as an RGN at Beaumont and completed her BSc in nursing at DCU. She later undertook a postgraduate diploma in emergency nursing and a master's degree at the RCSI. She also holds certificates in drug prescribing and ionising radiation, as well as a certificate in advanced assessment from UCD.

### First-vice president



**Eilish Fitzgerald** is a PHN in child health services in South Lee, Cork/Kerry Community Healthcare. She has also worked as an RM at St Finbarr's Maternity Hospital. She has a HDip in public health nursing and a diploma in nursing management. She has been with the INMO since 1997 and has held several roles in the Cork HSE Branch. She is chair of the PHN Section. This is her third term on the Executive Council.

### Second-vice president



**Kathryn Courtney** is a CNS, palliative care at Marymount Hospice, Cork. She completed her training at the Mercy University Hospital in Cork before undertaking a diploma in health services management at Cork's College of Commerce, as well as a BSc in nursing and a postgraduate diploma in palliative care nursing at UCC. She joined the Executive Council in 2018.



**Martina Harkin-Kelly**, specialist co-ordinator and nurse educator, CNME Sligo/Leitrim and West Cavan, HSE Cregg House Campus, qualified as an RGN in 1986 and holds a BA in economics and sociology and an MA in humanities. She has worked in several specialties and is a dual-qualified BLS instructor and community first responder. She served two terms as INMO president from 2016-2020.

## Clinical



**Elizabeth Allaugan** is a senior staff nurse at St James's Hospital, Dublin. She has worked as an RGN since 2004, having also practised abroad, including in her native Philippines, where she completed a degree in nursing. Since moving to Ireland, she has completed a diploma in healthcare management and an master's degree in public administration. She is chairperson of the International Section.



**Oliver Allen** is a CNM2 in the ED and a nurse educator at St James's Hospital. He has a BSc in general nursing and an MSc in emergency nursing. In 2006 he became a founding member of the youth forums. Having moved to London, he returned to Dublin to work in the ED at Beaumont Hospital before returning to St James's in 2013. He was chairperson of the hospital's strike committee and is a member of the INMO ED Section and the Dublin South West Branch.



**Mary Dunne** is a CNM1 in the ED at University Hospital Waterford (UHW). Having completed her training at UHW, Ms Dunne moved to London before returning home to take up the post she currently holds. In 2012 she became an INMO representative on the ED and hospital committees. She is also chairperson of the Waterford Branch and is involved in the INMO ED Section. She was also part of her local strike committee in 2019.



**Audrey Horan** is a staff midwife at University Maternity Hospital Limerick (UMHL). She qualified as an RGN in 1994 and obtained her certificate in midwifery in 1998 from UMHL. She works on a postnatal ward providing holistic, individualised and family-centred care for mothers and babies. She has been an INMO member since her student days and took part in the 1999 strike. She also served on the strike committee during the 2019 strike.



**Donna Hyland** is a staff nurse at Sacred Heart Hospital, Castlebar. She graduated from St Angela's College, Sligo and is a dual qualified BLS instructor and community first responder. She joined the INMO in 2006 and has been a representative in the Sacred Heart Hospital since 2016. She is a member of the Castlebar Council of Trade Unions and represents the ICTU pillar on the County Housing SPC within Mayo County Council. She was first elected to the Executive Council in 2018.



**Aoife Kelly** is a staff nurse at University Hospital Galway. She qualified as a registered nurse in 2004 and worked for 12 years on surgical wards both in the UK and in Ireland. She has worked in theatre since 2016. During her time in the UK, Ms Kelly undertook roles as a health and safety and clinical governance representative. She completed a module in mentorship at King's College London. Ms Kelly joined the INMO in 2017 and has been an active member since.



**Niamh McKeon** is a CNM2 at Roscommon University Hospital. She has been an INMO representative since 2016 and has just completed her first term on the Executive Council. She intends to be a voice for nurses on the front line, to ensure their concerns are heard. She feels that it is essential as a union to continue to strive for the provision of safe staffing and safe environments for nurses and midwives and she is focused on the implementation of Sláintecare.



**Lynda Moore** is a staff midwife at CUMH. She has been a nurse since 1984 and a midwife since 1987. She has also worked providing antenatal education to student midwives. She previously worked as a midwifery teacher and co-ordinated continuous professional education for nurses and midwives in Cork and Kerry. She feels that greater emphasis needs to be given to nurturing and supporting nurses and midwives in order for them to continue to provide top-class care.

## Clinical



**Tara Moran** is a staff nurse at CHI Crumlin. She trained in Drogheda in general nursing and recently completed a HDip in Children's Nursing at CHI Crumlin. She is chairperson of the Dublin Youth Forum and has worked alongside the INMO student and new graduate officer for the past number of years in trying to encourage students and new graduates to become more involved with the union. She also spoke at the national rally during the 2019 strikes.



**Ann Noonan** is a senior staff nurse in the surgical day theatre at University Hospital Limerick (UHL). She qualified as an RGN from Limerick Regional Hospital and as an RM from St Munchin's Maternity Hospital, Limerick. She has been an active branch member for 20 years and has represented theatre department nurses in WRC negotiations. She is chairperson of the Limerick Branch and chaired the UHL strike committee during the 2019 strike. This is her second term on the Executive Council.



**Sean Shaughnessy** is a staff nurse on the surgical day ward at University Hospital Galway (UHG). He was recently elected chair of the Galway Branch. He was involved in the strike committee at UHG, where he is also health and safety rep for the INMO. He trained and worked in the UK for 11 years and worked in critical care post graduation. He worked up to management level before returning to Galway, where he continues to work. This is his second term on the Executive Council.



**Mary Tully** is a PHN working in primary care in Cavan. She is qualified as both a nurse and a midwife. She has been an active INMO member for many years, holding key positions in her branch and section and regularly participating at ADC. She previously served on the Executive Council for three consecutive terms some years ago and feels that this has given her an acute understanding of union structures and how to make them work to ensure maximum participation by all members.

## Clinical



**Grainne Walsh** is a PHN in Waterford Community Care (WCC). She graduated in 1993 and worked at Luton and Dunstable Hospital in England. She graduated from her midwifery training in 1997 and in 2003 she completed a PGDip in theatre nursing and worked in the theatre department in Waterford Regional Hospital. She also worked as a community RGN before starting her PHN training in 2007. She has been INMO representative in WCC for the past 10 years and is secretary of the Waterford Branch.



**Michael Whyte** is a CNM1 at John Paul ID Services in Ballybane, Co Galway. He has worked in the ID sector for more than 20 years. He began his career as a care assistant before qualifying as a nurse in 2002. He has always been an active member of the INMO, including being a member of the RNID Section and recently becoming secretary of the RNID strike committee in Galway. He was instrumental in organising representation on the picket lines during the 2019 strike campaign.

## Administration



**Caroline Gourley** is interim director of nursing at Claremont Services, CHO Dublin North City and County. Since beginning her career in the 1980s, she has worked in Cherry Orchard Hospital and Bellvilla Community Unit. She holds a diploma in first-line supervisory management, a BSc in nursing management and an MSc in palliative care. She has been an INMO representative at hospital and branch level since 1990 and is chairperson of the Care of the Older Person Section.



**Grace Oduwole** is ADON at St Vincent's Hospital, Co Kildare. She came to Ireland in 2001 after working for 14 years at University College Hospital, Ibadan, Nigeria as a nurse/midwife. She has a degree in nursing studies from TCD and an MSc in nursing from the RCSI. She attended the RCSI Leadership Institute and was awarded a BSc in nursing management. She is vice chairperson of the International Section, having previously served as secretary. She attended ICN congresses in Barcelona in 2017 and Singapore in 2019.

## Education



**Mary Connor** works as a nurse tutor in the Centre of Nursing and Midwifery Education, Galway. She trained in London and specialised in critical care prior to becoming a tutor. She holds one of the education seats on the Executive Council and previously held a seat on NMBI. She believes education is how nurses and midwives are empowered to give quality care, to question and move practice forward. She is committed to ensuring that nurses and midwives receive clinical and theoretical education that achieves that aim regardless of the challenges.



**Colette Lyng** is a nurse tutor in Beaumont Hospital. She began her nursing career in 1997 and worked as a staff nurse on a surgical ward while completing her degree and nurse tutor qualifications. She has worked in undergraduate and postgraduate education in clinical and university settings. She became involved with the INMO in 2017, served on her workplace strike committee and continues as a local rep. She believes education is key to enabling nurses and midwives to provide safe and appropriate patient care.

## Student



**Melissa Plunkett** is a fourth-year midwifery student at UCD, and her clinical placement is based in the National Maternity Hospital. She has been actively involved with the INMO since 2017 and was elected to the previous Executive Council at the end of 2019. She is also vice chairperson of the Dublin Youth Forum. She would like to continue to work with the student and new graduate officer to raise awareness of the exploitation of supernumerary students during Covid-19 and the issue of recruitment and retention.



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**INMO Professional**

## Telephone Triage WEBINAR

Tuesday, 13 October 2020  
Online from 11am - 2.15pm

Nursing now Ireland

**Mary Burke, Telephone Triage Section**

SMILE - Supporting multi-morbidity self-care through integration, Learning and e-Health

Digital platform supporting an aging society

19<sup>th</sup> September 2020  
Mary Burke

**Margo Noonan, Sexual Assault**

Sexual Assault Treatment Unit

South Infirmary/Victoria University Hospital

**Nicola Cantwell, Pharmacist**

SHINE

23rd Sept

Nicola Cantwell  
BSc. Pharm. MPSI

**Dorothy Moore, CNS Diabetes**

Diabetes Update

Telephone Triage Nurses Section

Dorothy Moore  
Clinical Nurse Specialist Diabetes Integrated Care

**INMO Professional**

## Directors and Assistant Directors of Nursing Midwifery and Public Health Nursing Sections Webinar

Thursday, 12 November 2020  
Online from 11am - 2.30pm

Nursing now Ireland

**Howard Caton, CEO, ICN**

The International Council of Nurses

ICN Global Nursing & Health Perspective 2020

Howard Caton ICN CEO

**Rachel Kenna, CNO, Dept. of Health**

The Future Direction of Nursing and Midwifery & our Roles as Professional Leaders

**Sheila McClelland, CEO, NMBI**

The Modernisation of Regulation

Sheila McClelland, CEO NMBI

**Bonnie Barnes, The DAISY Foundation**

An Introduction to The DAISY Award For Extraordinary Nurses for INMO

2020

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## Bulletin Board

With INMO director of industrial relations Tony Fitzpatrick



### Salary on promotion to CNM3

*Q. I'm currently employed as a CNM2 on point 5 of the nurse/midwife salary scale. I have been successful in applying for a new post as a CNM3. I have been advised by my employer that I will be placed on the first point of the CNM3 salary scale. I was of the view that I would be placed on the point on the new scale which is nearest but not below existing pay and up one increment.*

YOUR employer is correct. Where the difference between a nurse/midwife's existing pay and the first point of the higher scale is greater than the value of an increment on the new scale, the nurse/midwife would move from their existing scale to the first point of the new scale. Point 5 of the CNM2 salary scale is €54,920 and the first point of the CNM3 is €58,585. The difference is €3,665, which is more than the value of an increment. However, as a CNM2 you may have been in receipt of an allowance and this would have to be factored in.

The INMO information office (see contact details below) is happy to assist any nurse or midwife in calculating their entitlement to pay on promotion.

### When is my incremental date?

*Q. I have a query in relation to the enhanced nurse/midwife practice salary scale. I qualified in September 2016 and started working in October 2016. I was placed on the first point of the staff nurse/midwife salary scale for 16 weeks, after which I was placed on the second point of the salary scale. My new incremental date was February 2017. I was advised that I am not eligible for the new enhanced practice contract until February 2020.*

*Is this correct?*

INITIAL assimilation to the enhanced practice salary scale occurs on each nurse/midwife's incremental date. Assimilation will be to the nearest point upwards on the enhanced nurse/midwife salary scale immediately after an individual's incremental date, post March 1, 2019.

As your incremental date is February and the enhanced practice salary scale only applies post March 2019, that means the application date for you is February 2020 (ie. your next incremental

date post March 2019). As you were on point 4, from your next incremental date post March 1, 2019, you would progress normally to point 5 and become eligible to move to the nearest cost point upwards on the enhanced scale.

So in February 2020 on application you should have moved from €33,951 (point 4) to €35,487 (point 5) as part of normal incremental progression and also to €36,433 (enhanced practice scale) at the same time.

In February 2021 you move to point 2 on the enhanced practice scale which now stands at €39,502, since the application of the October 2% increase.

### Long service increment and the new contract

*Q. I am a staff nurse in the public health sector and have applied for the enhanced nurse/midwife practice contract. I have been on point 12 (maximum of scale) of the staff nurse/midwife salary scale for two years. I have been told that on signing the enhanced practice contract I will move to point 8 (maximum of scale) of that scale and will have to remain on point 8 for three years before moving to the long service increment.*

*Is this correct?*

THIS is not correct – you should achieve your long service increment (LSI) after three years on the maximum of scale. Nurses/midwives who reach the maximum of the scale must remain on this point for three years before obtaining the LSI. If you are currently on point 12 (maximum of scale) of the staff nurse/midwife scale, at your next incremental date post March 1, 2019, you progress normally towards achieving the LSI.

As you have been on point 12 for two years, on signing the enhanced practice contract, you will move to point 8 of the enhanced practice scale for just one more year before moving to the LSI, as your existing level of service will transfer with you. You will not remain on point 8 for another three years before reaching the LSI.

Nurses/midwives currently on point 12 of the staff nurse/midwife scale who have the required service to achieve the LSI on that scale are eligible for the LSI on the enhanced practice scale.

## Know your rights and entitlements

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

Contact Information Officers Catherine Hopkins and Karen McCann at  
Tel: 01 664 0610/19

Email: [catherine.hopkins@inmo.ie](mailto:catherine.hopkins@inmo.ie), [karen.mccann@inmo.ie](mailto:karen.mccann@inmo.ie)  
Mon to Thur 8.30am-5pm; Fri 8.30am-4.30pm



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



# Start 2021 right

## By reviewing your health insurance

On average INMO members saved **€332\*** on their health insurance



### What do we do?

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Compare over 325 plans from Irish Life Health, VHI and Laya

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**92% of customers surveyed think we're excellent and would recommend us to family & friends!\*\***



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\*Average saving based on 213 INMO customers who reviewed their cover between November 2019 & November 2020. Source, Cornmarket November 2020.

\*\*Source: Cornmarket Health Insurance Survey, November 2020, based on 136 survey responses in 2020.

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16325 Health WIN Ad 12-20

# Spotlight on: Patricia Morrison

'We need to nurture the potential of future leaders'

PATRICIA Morrison is assistant director of nursing, perioperative directorate in Tallaght University Hospital. She has responsibility for the ICU, theatre and orthopaedic wards, pain management services and the critical care outreach team. She has been working with a clinical director, the operations business manager, CNM3s, theatre and ICU to complete the new off-site theatre which will include four day-surgery theatres and a new intensive care extension.

Ms Morrison grew up in Sligo where she attended the Mercy Convent. She was interested in healthcare from an early age.

"When I was very young, I thought I was very important helping my aunt with dressing my granny's leg ulcers. When I eventually got proficient at putting on a bandage it was great. I joined the Order of Malta at a young age and did lots of first aid at rugby matches, football matches, and concerts. I would bring patients into A&E and I found it really interesting, so I decided to go into nursing," she said.

Ms Morrison did her leaving certificate aged just 16 and as soon as she was old enough, she moved to Drogheda to begin her training as a general nurse. In 1987 she moved to England with her friend for a month and ended up staying for three years. There she gained valuable experience working in orthopaedics, general surgery and intensive care.

"It was a different way of working and training. I gained confidence working in a different environment. They were much more research driven in the UK at the time. Our London colleagues got great craic out of our accents and the different words we used," said Ms Morrison.

She came back to Ireland in 1990 and, after a period working in Cavan General Hospital, decided to move to Dublin for the broader experience it offered. She spent the next six years working as an intensive care nurse in St Vincent's University Hospital.

When she decided it was time to progress, she took up a post in Tallaght University Hospital where she has worked her way up through the ranks over the past 20 years.

Ms Morrison said that when she trained there was little opportunity for expansion of the nursing role or for leadership roles within nursing. She is happy that in more recent years nurses have come to the fore on so many levels, such as working with the Department of Health and in nurse practice development as well as taking on senior roles within the acute hospitals and community services.

"To be a leader, you can still be part of the team. We have given nurses the ability to be more independent practitioners to gain more satisfaction in work. Having nurses as part of project teams keeps things grounded and increases the ability to achieve positive outcomes," she said.

Safe staffing is a pertinent issue for Ms Morrison. She welcomed the introduction of safe staffing co-ordinators in some hospitals but feels that we need to do more to make the professions attractive to young people and to attract others back from abroad.

"This year the pandemic revealed just how understaffed we are as a health service. The cost of living in Ireland is prohibitive and wages need to increase to address this. People have better pay, conditions and opportunities for training in other countries. It is difficult to release staff for education and training. For future leaders to come on board we need to be able to nurture and support their potential," she said.

Ms Morrison, who completed a management and industrial relations course at the National College of Industrial Relations, appreciates the solidarity and confidence that being part of a union brings to the workforce. She is proud of how empowered nurses and midwives are now compared to when she qualified.



Patricia Morrison: "We have given nurses the ability to be more independent practitioners to gain more satisfaction in work"

"Without nursing, nothing in this building would work. I like that people come to me with ideas and problems. Students are confident and assertive now and that's a good thing," she added.

During the pandemic Ms Morrison has been back in her scrubs relieving staff on breaks, supporting and consoling staff. She recently won an award in her workplace as someone who exemplifies the core values of Tallaght University Hospital.

Her colleagues had this to say about her: "Patricia's first thought after patients is for her team, she has never forgotten what it is like to work on a ward. During the first Covid-19 surge she continued to bring out the best in her colleagues... Her ingrained skills undoubtedly protected her colleagues from burnout during this intense time."

*This article is part of our Nursing Now series. Nursing Now is a worldwide campaign that aims to achieve recognition of nurses' contribution to healthcare, gender equality, the economy and wider society. The aim of the campaign is to improve health globally by raising the profile of nurses worldwide and influencing policymakers and supporting nurses to lead, learn and build a global movement. For more information visit [www.nursingnowireland.ie](http://www.nursingnowireland.ie) All interviews are carried out by Freda Hughes. You can contact her at: [Freda.hughes@inmo.ie](mailto:Freda.hughes@inmo.ie)*



# Retirement Planning Webinar

**Tuesday,  
26 January 2021**

Online from 2pm - 3.30pm

Unfortunately due to Covid-19 and the need for social distancing all retirement seminars have been cancelled. INMO Professional in partnership with Cornmarket Financial Services have developed an online webinar to help support members planning for retirement.

**Places must be booked in advance to join this webinar.** Following registration you will then receive instructions on how to join so you can save the date and time in your diary and join us on the day. These sessions will briefly cover the following:

- Superannuation and your entitlements.
- Options for drawing down your AVC at retirement.
- Should you consider a lump sum AVC before retirement?
- Protecting your lump sum against inflation.
- Key steps to long term investing.
- Top tax tips for retirement.
- Covid-19 Q & A : Retirement planning in uncertain times.

Following the training you will then be given an opportunity to make an appointment with one of the financial experts where you can discuss with them your own situation in more details.

**BOOKING YOUR PLACE IS ESSENTIAL**

**[www.inmoprofessional.ie/course](http://www.inmoprofessional.ie/course) | 01 6640641/18**

## Online Training – to meet your specific needs

Keep your staff knowledge and skills Up-to-date

This versatile interactive training which can be delivered virtually is ideal for employers who wish to keep their staff knowledge and skills up-to-date. You choose the training which will then be modified to meet the needs of your group, for example it can be broken into two days/different times. All of our training is provided by highly skilled, expert facilitators. At the end of the training each nurse/midwife will be emailed a digital certificate of participation with allocated Continuous Education Units (CEUs). Our fees are based on "per day" rather than "per person".



**FREE**  
for INMO members;  
€20 for non members.



### Your Email

- please ensure you have registered with us with your correct email for this webinar

**To discuss in more details email [marian.godley@inmo.ie](mailto:marian.godley@inmo.ie) or T: 01 6640642**



# INMO EDUCATION PROGRAMMES



*Continuing professional development for nurses and midwives*

All of our courses have moved online in response to Covid-19

## Training Delivery and Evaluation *(now online)*

*QQI Level 6, Category 1 approved by NMBI and awarded 30 CEUs*

With the uncertainty surrounding the longevity of social distancing measures, this five-day programme will now be delivered online. It is scheduled to take place on the following dates in 2021:

- March 9-11 and April 20, 21 *(course full)*
- May 4, 5, 6, 25, 26 2021.

Everyone booked on to these courses will be contacted in relation to same. Please email [marian.godley@inmo.ie](mailto:marian.godley@inmo.ie) if you have any queries.



## Special members-only offer for INMO online courses

*Book three courses and get the fourth course free*

As our live online programmes are proving very popular, we will continue to offer our members this special rate: book three programmes and get the fourth programme free (value €30). To avail of this offer or make a block booking, email [education@inmo.ie](mailto:education@inmo.ie) or call 01 6640641/18



## New Online Programmes

*Keep up to date: Continuing professional development courses for nurses and midwives*

As we are committed to supporting nurses and midwives, we have developed a suite of new programmes to assist in broadening your knowledge and keeping your skills up to date. They cover a range of topics from wound management to interview preparation, developing care plans, auditing, chemotherapy and many more. A list of these programmes is available at [www.inmoprofessional.ie](http://www.inmoprofessional.ie) All programmes are category 1 approved by the NMBI and are delivered by expert facilitators. On completing a programme, a digital certificate of participation will be emailed to you along with allocated CEUs.



December 2020  
January 2021

*Maintaining your competency, maintaining your registration*

**PULL OUT**



**Steve Pitman**  
Head of Education and  
Professional Development

THIS year was planned to be a celebration of nurses and midwives and their contribution to healthcare. We could never have imagined how the profile of nurses and midwives would be raised and brought to the forefront of national and global consciousness in 2020. The Covid-19 pandemic has been the central feature of 2020 and will continue into 2021. Nurses and midwives have been on the frontline, delivering compassionate care and demonstrating their commitment to the healthcare of individuals and society. This has taken its toll and it is vital that the physical and psychological impact of Covid-19 is recognised, and that action is taken to provide compassion, care and commitment to nurses and midwives in 2021 and beyond.

INMO Professional would like to thank members for their continuing commitment and support during 2020. We wish all members a merry Christmas and a safe 2021.

### **CJ Coleman Research Award**

The CJ Coleman Award, which recognises the research of nurses and midwives, has been launched for 2021. The award is open to INMO members who have completed a research study or change project. The winner of the award will be announced at the 2021 INMO annual delegate conference. For details and a link to the application form, go to [www.inmo.ie](http://www.inmo.ie) or visit [www.inmoprofessional.ie](http://www.inmoprofessional.ie)

### **International Year of the Nurse and Midwife**

Many of the celebrations planned for the 2020 International Year of the Nurse and Midwife were limited due to the impact of Covid-19. However, the contribution of nurses and midwives to healthcare came to the fore during these difficult times. Dr Hans Henri P Kluge, WHO regional director for Europe, announced that the International Year of the Nurse and Midwife has been extended into 2021 within the European region.

At a global level, the WHO announced at the recent World Health Assembly that 2021 has been designated the International Year of Health and Care Workers, in recognition of the “dedication and sacrifice of the millions of health and care workers at the forefront of the Covid-19 pandemic”.

### **Nursing Now**

The Nursing Now campaign has been extended until June 2021. This will allow for the finalisation of the Nightingale Challenge.

### **INMO section conferences**

The All-Ireland Midwifery Conference took place online and was a huge success, with almost 200 attendees. The Masterclass for Directors and Assistant Directors of Nursing, Midwifery and Public Health Nursing took place virtually on November 12 with 100 people in

attendance. The event was opened by INMO president Karen McGowan, and heard from a range of national speakers who covered the future direction of nursing and midwifery, gave a legal and professional overview and discussed the MyNMBI system, telehealth and the psychological impact of Covid-19. International speakers included Howard Catton, CEO, ICN, who spoke about the *State of the World's Nursing Report*, and Bonnie Barnes, CEO, Daisy Foundation.

The first INMO Public Health and Community Nursing webinar took place on November 28. Further details of this event will be provided in the February issue of *WIN*.

If you are interested in viewing the videos for the events described above, visit [www.inmoprofessional.ie](http://www.inmoprofessional.ie)

### **Webinars scheduled for December**

- INMO International Nurses Section celebration: December 15.

All INMO Professional events are now taking place online to ensure compliance with government requirements to stop the spread of Covid-19. Information on any of the conferences is available at [www.inmoprofessional.ie](http://www.inmoprofessional.ie)

### **Nursing developments**

A report entitled *Representing what we do as nurses and midwives – Terminologies and standardised languages: Systematic literature review and key considerations* was launched in November.

### **INMO Professional online courses**

INMO Professional offers a wide range of online course. These hugely popular courses, all of which are delivered by experienced trainers and practitioners, cover a number of clinical and professional topics. If you are interested in attending a course, visit [www.inmoprofessional.ie](http://www.inmoprofessional.ie)

### **On-site Education**

INMO Professional offers an extensive range of on-site programmes facilitated by expert practitioners. If you are interested in booking CPD courses for your organisation, contact at email: [marian.godley@inmo.ie](mailto:marian.godley@inmo.ie) or at Tel: 01 6640642.

### **Delivering courses and writing for WIN**

We are eager to offer members the opportunity to work with us in delivering education courses. If you are an advanced nurse or midwife practitioner, a clinical nurse/midwife specialist or a nurse/midwife with expertise in clinical or management practice, we would like to hear from you by email: [education@inmo.ie](mailto:education@inmo.ie) or Tel: 01 6640642.

We are also interested in hearing from members who would like to write professional and clinical articles for *WIN*. Please email [steve.pitman@inmo.ie](mailto:steve.pitman@inmo.ie)

# Online Education Programmes

Tel: 01 6640641/18  
Email: education@inmo.ie



All of the following programmes are category I approved by the NMBI and allocated continuous education units  
Fee: €30 members; €65 non-members  
Time: 10am-1pm



## Season's Greetings and Best Wishes for 2021 from INMO Professional



Keep your CPD up to date • Extensive range of programmes • NMBI category I approved • Digital certification provided

### Dec 8 Change Management – Valuable Tools for Nurses and Midwives

The aim of this course is to enhance the understanding of change management and provide strategies to improve the potential for successful change initiatives in helping nurses and midwives to lead, develop and manage change in the workplace. Participants will gain valuable tools in how to understand the nature and process of change within the healthcare setting; appreciate the importance of managing stakeholders as part of the change process; apply change concepts with their clinical and managerial practice and reflect on their previous experience of change. They will leave with knowledge of how to best support their work colleagues on how to approach change positively.

### Jan 12 Introduction to Wound Management for Nurses and Midwives

This short introductory course will advise participants with guidance and management on wound care management based on good practice, current evidence and supporting guidance. Topics covered on the day include wound healing, wound bed preparation, treatment options and dressing selections. Participants should have a better understanding of the anatomy and physiology of wound management, the factors influencing wound healing, the differences between acute and chronic wounds, implementation of a holistic assessment of individuals with wounds and different types of dressing and their application.

### Jan 19 Restrictive Practices in Residential Care Settings for Older People

This programme outlines the requirements of the national policy, standards and professional requirements for the use of restraint. The programme outlines the decision-making process for consideration of the use of restraint as a therapeutic intervention for individual residents. Participants will learn a systematic approach to assessing the needs of residents when a restrictive practice is being considered. They will learn how to differentiate between an enabler and restraint, examine the alternatives to restrictive practices and rationales for use and how to use a decision-making framework when considering the use of restraint for an older person.

### Jan 20 Tools for Safe Practice

This programme addresses patient and staff safety and provides five key tools on areas of documentation, clinical incident reporting, writing statements and best practice guidelines regarding assessment and communication in complex settings. Members free; €65 non-members

### Jan 21 End of Life Care and Covid-19

This programme outlines the legal and professional requirements for end of life care in designated centres and identifies how to apply this to practice when dealing with people with a terminal illness during Covid-19. Participants will learn how to recognise signs and symptoms of deterioration, it will assess, monitor and review physical, psychological, social and spiritual areas of care at end of life for a person with Covid-19. It will cover the Guidance for Registered Nurses and Midwives on Medication Administration (2020) and national guidance. Participants will learn how to identify and apply effective interpersonal communication with families of a loved one at end of life during this challenging period.

### Jan 26 Adult Asthma – Getting the Basics Right

This short online programme is aimed at nurses and midwives working in clinical practice who require basic knowledge and skills to care for people with asthma on a day-to-day basis. The programme will assist participants in gaining an understanding of the clinical evidence underpinning the diagnosis and ongoing care and management of the person with asthma utilising current best practice.

### Jan 26 Retirement Planning Webinar

This webinar is to help support nurses and midwives planning their retirement, it will briefly cover superannuation, AVCs, investment and give you top tax tips for retiring. This webinar is free and for INMO members only. See page 28 for more details.

Check out our new online courses by logging on to  
[www.inmoprofessional.ie](http://www.inmoprofessional.ie)



**Jan 27 Introduction to Management and Leadership Skills for Nurses and Midwives**

The aim of this online programme is to identify key managerial and leadership competencies for frontline nursing/midwifery managers and to explore how these are applied in practice. The programme will include management theory, effective leadership and team-working, as well as delegation and clinical supervision. Participants will have a better understanding of the principles of effective leadership and management in front line healthcare delivery, key competencies required for effective management, how management competencies are applied to the healthcare setting to promote quality and safety in healthcare delivery and how to be effective delegators and supervisors.

**Jan 28 Infection Prevention and Control During Covid-19 Pandemic in Residential Care Settings**

The aim of this programme is for nurses working in residential care settings to outline evidence-based and national guidance on infection prevention and control in residential care settings during the Covid-19 pandemic, as well as the importance of ensuring standard precautions are in place. Participants will have a better understanding of how to apply standard precautions for infection prevention and control in their residential care facility, and how to carry out the correct procedure for hand hygiene in accordance with the WHO's '5 moments of Hand Hygiene'. Participants will also learn when and how to use PPE and will gain more knowledge on the national guidance for preventing accidental introduction of Covid-19 into the residential care setting.

**Jan 29 Overview of Nursing Assessment and Management of Stroke**

This short online programme will give participants an overview of nursing assessment and management of stroke during the Covid-19 pandemic. At the end of the training participants will be able to recognise the signs and symptoms of a stroke and to escalate care; identify and discuss the two types of strokes and treatment options; understand the best practice for the nursing care of people who have suffered an acute stroke and also be aware of aetiology of stroke and rationale for specific diagnostic tests.

**Feb 2 The Importance of Documentation for Nurses and Midwives – Getting it Right**

This short programme will assist nurses and midwives in understanding their duty of care and responsibility in the area of best practice in documentation, keeping good records and their ethical and legal responsibility to get it right. The programme will explore a range of topics pertinent to documentation, offering guidance on best practice in documentation. The programme will illustrate the importance of documentation as a basis for assessment, planning and evaluation of care, and its role as credible evidence in the event of legal proceedings.

**Feb 3 Introduction to Effective Library Search Skills**

This short online course is aimed at nurses and midwives who would like to develop valuable, lifelong information-seeking skills to get the most up-to-date information for clinical practice, reflection or policy development. This course will assist participants who are undertaking academic programmes. It will help participants to identify appropriate information resources for nursing and midwifery, understand how to limit, broaden and save results as necessary and also help them to retrieve full-text items from a reading list or search.

**Feb 4 Introduction to Diabetes Management for Nurses and Midwives**

This programme aims to enhance and develop the knowledge and skills required by nurses and midwives to support the management of people with diabetes. Topics will include the classification and diagnosis of diabetes, current pharmacological approaches to glycaemic management, short and long term complications of diabetes and practical skills required for diabetes self-management such as blood glucose monitoring, injection technique, sick day rules, footcare examination and advice.

**Feb 9 Best practice for Clinical Audit for Nurses and Midwives**

This programme equips nurses and midwives with the necessary skills to plan and implement a clinical audit in their practice and enable them to deliver evidence of improved performance for safer and better care for patients and improved quality service. Participants will be provided with an overview of clinical audit and be informed about each stage in the clinical audit cycle: topic selection, standards development, data collection, data analysis, reporting, implementing changes and re-audit. There will be an emphasis on continuous quality and safety improvement in healthcare.



## When booking online courses please note:

Places must be booked in advance. You will need a reliable computer and internet access. Please ensure a correct email is provided when registering. Certificates for participation will be issued in digital form and sent by email. Do not hesitate to contact us at Tel: 01 6640641/18 or email: [education@inmo.ie](mailto:education@inmo.ie)

### Feb 10 Medication Management Best Practice 2020 – Guidance for Nurses and Midwives

This education programme supports nurses and midwives in providing safe, evidence-based practice in the area of medication management thus preventing medication errors and near misses. The programme will cover key topics such as: the key principles of medication management, the medication management cycle, management of controlled drugs and medication safety. Participants will have the opportunity to update their knowledge in line with the most up-to-date NMBI Guidance for Registered Nurses and Midwives Medication Administration (2020) and HIQA requirements for medication management.

### Feb 11 Overview of the National Standards for Residential Services for Children and Adults with Disabilities

This programme provides an overview of the national standards and regulations for designated centres for Adults and Children with a disability (HIQA, 2013). The course will equip nurses with the knowledge of these standards and regulations as well as the different types of inspections carried out and how inspectors make judgments about compliance. This knowledge will assist nurses in implementing standards and regulations and prepare for inspections.

### Feb 16 Introduction to Treating and Preventing Pressure Ulcers

This short online course will advise participants and discuss the causes of pressure ulcers. Topics covered on the day include causes of pressure ulcers, risk assessment and prevention of pressure ulcers. Following this course, participants should be able to identify the factors that place a person at risk of developing pressure ulcers. They will also have an understanding of the key principles of preventing ulcers and be able to take action to prevent pressure ulcers in the clinical environment and have an understanding of the key principles of the SSKIN Bundle and how to implement it in the clinical environment.

### Feb 17 Competency-based Interview Preparation for Nurses and Midwives

This short online programme will assist participants for a competency-based interview, enabling candidates to show how they would demonstrate certain behaviours and skills in the workplace by answering questions about how they have previously reacted to and handled similar workplace situations. It will explore preparation, presentation and performance during the interview and will briefly focus on CV preparation. This session will help you to identify your strengths and gain the confidence to deal with awkward interview questions.

### Feb 18 Introduction to Positive Behaviour Support

This one day programme is designed specifically for management and frontline staff that work in situations where there is potential for exposure to what may be termed 'behaviours that challenge'. For more information, see *page overleaf*. €60 members; €130 non-members

### Feb 22 Fundamentals of Pain Management

This short online pain management programme for nurses and midwives will promote critical thinking and safe and systematic approaches in the assessment and management of pain. It will demonstrate how to recognise and differentiate patient's pain more confidently, through understanding the concepts, meaning and classification of pain. Participants will learn skills in the early recognition and treatment of pain to help enhance patient comfort, well-being and recovery from illness, injury and surgery.

### Feb 23 Introduction to Leg Ulcer Management

The effective management of complex leg ulcers requires specialist skills, knowledge and understanding. Topics covered in this short online course include pathophysiology, assessment and management of leg ulcers. Participants will have a better understanding of the theory and concepts of the different causes of leg ulcerations, a deeper understanding of the pathophysiology of leg ulceration, be aware of different non-invasive assessment for leg ulcerations and understand the importance of compression for venous leg ulcerations.

### Feb 24 Understanding and Developing Care Plans for Nurses and Midwives

This short programme provides nurses and midwives with the most up-to-date information regarding policy and standards. It will enhance their understanding of nursing care plans, reflecting on the past, present and future use of care planning and its importance in the workplace. It will focus on the need for comprehensive assessment, including risk assessment and care planning. Participants will be given practical tips on how to prepare for and carry out a comprehensive assessment, enabling them to develop a person-centred care plan.

### Feb 25 Understanding Epilepsy for Nurses and Midwives

This course will provide a good foundation and increase your knowledge when caring for patients with epilepsy. Nurses who are not specialists in epilepsy can play a central role in providing optimal care, education, and support to their patients with epilepsy, given the proper tools. This course will provide a foundation on which to build increasing knowledge of epilepsy and care of the patient.





### **Mar 2 Introduction to Wound Management for Nurses and Midwives**

This short introductory course will advise participants with guidance and management on wound care management based on good practice, current evidence and supporting guidance. Topics covered on the day include wound healing, wound bed preparation, treatment options and dressing selections. Participants should have a better understanding of the anatomy and physiology of wound management, the factors influencing wound healing, the differences between acute and chronic wounds, implementation of a holistic assessment of individuals with wounds and different types of dressing and their application.

### **Mar 3 Chronic Obstructive Pulmonary Disease (COPD) – Getting the Basics Right**

This short online programme is aimed at nurses working in clinical practice who require basic knowledge and skills to care for people with COPD on a day-to-day basis. The programme will assist participants in gaining an understanding of the clinical evidence underpinning the diagnosis and ongoing care and management of the person with COPD utilising current best practice.

### **Mar 9 Training Delivery and Evaluation – moves online**

This five-day training module will commence on March 9 and will run over the following days: March 9, 10 and 11 and April 20 and 2. The programme is now completely booked up. With the uncertainty surrounding social distancing measures, this programme will now be delivered online. Everyone booked on to this programme will be contacted in relation to this. To get in touch, please email [marian.godley@inmo.ie](mailto:marian.godley@inmo.ie)

### **Mar 10 Delegation Principles and Practices**

This short programme is aimed at all nurses, midwives and clinical nurse and midwife managers who work with health care assistants. It explores the issues surrounding delegation and decision making, including appropriate clinical supervision for delegated functions. Participants will learn the difference between clinical and managerial delegation and how delegation differs from assignment of a task. Guidance will be provided on the assessment of a delegate's experience and role, and how best to match appropriate clinical supervision to a specific delegated function. The professional, legal and quality of care issues involved when deciding to delegate a function will also be explored.

### **Mar 23 Falls Reduction, Assessment and Review**

The short online programme is to promote a consistent approach to falls reduction for older people through assessment, individualised care planning and post-falls review. It promotes excellence amongst nurses who provide care to the patients at risk of falls, informed by current evidence. The main aim is to assist nurses to identify those patients or residents who are at risk of falls and to reduce that risk by providing knowledge on falls reduction techniques, ultimately improving patient safety and minimising injuries in the older population.

### **Mar 24 Introduction to Oncology: Terminology and Patient Pathways**

This short programme is aimed at nursing staff with an interest in oncology or working with cancer patients. As good communication with patients and families is crucial in oncology, keeping up to date with terminology is a challenge. This course will increase your confidence in this regard, making you more efficient. The programme will give you increased understanding of the language of oncology in order to improve fluency with patients and colleagues. It will also provide increased insight into the oncology journey.

### **Mar 25 Navigating Your Way through Conflict**

This course will help participants develop the insight and skills necessary to successfully navigate their way through conflict situations and reach satisfactory solutions. In many ways, workplaces are perfect breeding grounds for conflict. As well as our skills, we bring our individual needs, goals, ambitions, personalities, perspectives, backgrounds and vulnerabilities with us to work. It is hardly surprising, then, that conflict can arise as we interact with others. While some conflict can be healthy, unresolved conflict can lead to a myriad of negative outcomes with dire consequences for wellbeing. This course will cover unpicking conflict, causes, hot buttons and emotional illiteracy, our responses and strategies for successful conflict management, leading to a better working environment.

### **Mar 30 Paediatric Asthma – Understanding the Basics**

This short online programme is aimed at nurses working in clinical practice who require basic knowledge and skills to care for children and their families with asthma on a day-to-day basis. The programme will assist participants in gaining an understanding of the clinical evidence underpinning the diagnosis and ongoing care and management of the child with asthma utilising current best practice.

### **Mar 31 Nursing patients with disorders of the renal system – An Introduction**

This online short course aims to meet the needs of nurses who care for renal patients/clients. It will focus on developing your competency in the assessment and management of patients with both acute and chronic disorders of the renal system. It will assist in implementing evidence based practice while caring for this cohort of patients. At the end of the training participants will obtain general knowledge to enable them to provide adequate care of a renal patient within any treatment modality.

**Cancellation policy:** Full refund on all bookings cancelled more than five working days prior to the course date or an option to transfer to another event. For cancellations five days before the course due date, a full credit to transfer onto a course at a future date will be offered. For non-attendance, there is no refund or transfer. If a course is cancelled due to insufficient numbers, a full online refund will be issued.

# Introduction to Positive Behaviour Support

**Thursday,  
18 February 2021**

Times: 09.15am - 4.30pm (Registration 9.00am)

Fee: €60 INMO members; €130 non-members

This programme explores the key components of compassion and their application in the care setting. It is an internationally recognised evidence-based approach to supporting individuals with behaviours that challenge. It introduces participants to the model of Positive Behaviour Support and outlines the benefits of its use. It is designed for management and frontline staff to supporting and improving the quality of care of individuals with behaviours that may challenge the services which support them.

## **OUTLINE OF THE PROGRAMME**

- Understanding Behaviours that Challenge
- Positive Behaviour Support Model
- Managing Behaviours that Challenge
- Developing a Behaviour Support Plan

### **Programme facilitators:**

- Brian McDonald, MA Behavioural & Cognitive Psychotherapy, P.Dip., Cert. Behaviour Therapy
- Maurice Healy, RNID (ANP); MA in Intellectual Disability

### **PLEASE NOTE:**

Places are limited and must be booked in advance, you need a reliable computer and internet access and please ensure a correct email is provided when registering.

**6  
CEUs**

**BOOKING YOUR PLACE IS ESSENTIAL**

**Tel: 01 6640641/18 or go to [www.inmoprofessional.ie](http://www.inmoprofessional.ie)**





## Nursing and midwifery management

This month the library staff provide a round-up of the latest Irish and international literature relating to nursing management

THIS month the library staff present recent research, evidence summaries, reports and articles on the topic of nursing and midwifery management and leadership. Topics include Covid-19, organisational culture, burnout, interprofessional skills and patient safety.

### Covid-19

- West M et al. The courage of compassion: Supporting nurses and midwives to deliver high-quality care. Kings Fund: London. <https://www.kingsfund.org.uk/publications/courage-compassion-supporting-nurses-midwives>
- Fuqiang Z. Caring for the caregiver during Covid-19 outbreak: Does inclusive leadership improve psychological safety and curb psychological distress? A cross-sectional study. *Int J Nurs Stud* 2020. 110. <https://doi.org/10.1016/j.ijnurstu.2020.103725>
- Hoffmann RL et al. The Clinical Nurse Leader and Covid-19: Leadership and quality at the point of care. *Journal of Professional Nursing: Official Journal of the American Association of Colleges of Nursing*. 2020. The Clinical Nurse Leader and Covid-19: Leadership and quality at the point of care. (2020); 36(4), 178–180
- William R, A blueprint for leadership during COVID-19. *Nursing Management*. 2020; 51(8): 25-34
- Moore A. Covid-19: how nurse managers are dealing with the psychological toll of the pandemic. *Nursing Management*. 2020; 27(4):8-10. doi: 10.7748/nm.27.4.8.s8
- Owen R, et al. Leadership After a Crisis: The Application of Psychological First Aid. *J Nurs Adm*. 2020; 50(10): 505-507

### Midwifery

- Uytendogaardt A. Promoting leadership roles in midwifery. *Br J Midwifery* 2020; 28(3): 141-141
- Bannon E. A review of midwifery leadership. *Br J Midwifery* 2017; 25(10): 655-661
- Bunford D. How delivery suite co-ordinators create situational awareness in the multidisciplinary team. *Br J Midwifery* 2019. 27(8): 497-505

### Primary care

- Tierney E et al. Interdisciplinary team working in the Irish primary healthcare system: Analysis of 'invisible' bottom up innovations using Normalisation Process Theory. *Health Policy* 2019; 123(11): 1083-1092

### Community health nursing

- Pye V. Caseload management framework for public health nurses in the Republic of Ireland. *Br J Community Nurs* 2020; 25(1): 27-33

### Library services

The library has a number of services to support your practice and educational requirements, including literature searching, document supply, reference desk assistance and searching consultations. To find out more, call 016640614 or email: [library@inmo.ie](mailto:library@inmo.ie)

- McCrory V. Caseload management: a district nursing challenge. *Br J Community Nurs* 2019; 24(4): 186-190

### Succession planning

- Burke D et al. Passing the Chief Nursing Officer baton: The importance of succession planning and transformational leadership. *J Nurs Adm* 2020, 50(7/8): 369-371

### Management styles

- Warshawsky N. A Complexity-informed model to guide nurse manager practice. *Nursing Administration Quarterly* 2020; 44(3): 198-204

### Patient safety

- Dempsey C et al. The Impact of nurse engagement on quality, safety, and the experience of care: What nurse leaders should know. *Nursing Administration Quarterly*. 2018; 42(3): 278-283

### Burnout

- Middaugh D. Managerial burnout: putting out the flames. *MEDSURG Nursing*. 2018; 27(2): 121-122
- Takemura Y et al. The effect of work environment on burnout among nursing directors: A cross-sectional study. *J Nurs Manag*. 2020; 28(1): 157-166

### Interprofessional relations and staff wellbeing

- Zidek S. Interprofessional Collaboration: A Model for nurse executives to follow to support magnet designation. *J Nurs Adm* 2020; 50(10): E8-E11
- Martin N. Development of a hospital early warning score to end 'escalation fatigue'. *Nursing Management*. 2020

### Organisational culture

- Moafimadani SK. Effective factors on management of nurses organizational learning: A qualitative study. *J Nurs Midwifery Sci* 2020; 7(1): 52-59

### Preceptorship

- Owen P et al. A preceptorship toolkit for nurse managers, teams and healthcare organisations. *Nurs Manag* 2020. doi: 10.7748/nm.2020.e1751

### Turnover

- Suliman M, et al. Effect of nurse managers' leadership styles on predicted nurse turnover. *Nurs Manag*. 2020, doi: 10.7748/nm.2020.e1928

## Online – Introduction to Effective Library Search Skills

Next course dates: Wednesday, February 3, 2021

Fee: €30 INMO members; €65 non-members

This course is aimed at nurses and midwives who would like to develop their searching skills to effectively find the most relevant information for clinical practice, reflection and policy development. This course will also be of benefit to those who are undertaking, or about to commence, post-registration academic programmes.



# Leadership coaching for leaders

## RCM i-learn offers a range of online courses for midwives who are interested in developing their leadership skills

RCM iLearn offers a range of modules on the topic of leadership. Each module offers insight into the key aspects of leadership for midwives on a broad range of topics and are very digestible, only taking 10 minutes to complete.

### Coaching for leaders

Maternity services can face daily challenges and supportive approaches to colleagues can make a significant difference. Coaching, mentoring and preceptoring have different approaches but they all offer support, guidance and facilitation to develop. This module looks at how coaching and mentoring can help develop roles within the workplace.

Having completed this module you will:

- Understand the differences between coaching, mentoring and preceptorship
- Appreciate the benefits of coaching, mentoring and preceptorship for your own development and that of others
- Seek out opportunities to progress professionally and personally.

### Leadership: developing the vision

There are times when new evidence or new working practices need to be explored, not only to drive change but to appreciate how to best use resources. This module explores how everyone can contribute to developing the vision.

Having completed this module you will:

- Have an appreciation that developing a vision and driving change can be addressed by everyone
- Understand that maternity services are delivered within resource constraints and your role in working effectively and efficiently
- Be able to explore how practice can change and your role in developing a vision of a safe and efficient maternity service.

### Leadership: effective communication

We cannot help but communicate – everything you do (or don't do) sends a message out in some way. Considering communication is something we all do all of the time, poor communication or a breakdown in effective communication is often at the heart of poor practice and poor outcomes.

Having completed this module you will:

- Have an appreciation of the skills and behaviours needed to communicate effectively
- Understand the unique role of midwives, support workers, student midwives and medical staff in communicating effectively with women and families and the wider service
- Be able to utilise simple communication tools to enhance personal skills.

### Strategic thinking

Thinking strategically can sound like business jargon and not something which easily sits within the role of the majority of maternity staff. However, whether strategic thinking is a key aspect of your role, something you aspire to do more of, or simply need an understanding of to ensure that you are aware of the direction for the service, it is here to stay. Strategic thinking is about having a vision and finding a solution to meet the aims and outcomes of your vision. Strategic thinking is how service provision moves forward.

Having completed this module you will:

- Have an appreciation of the skills and behaviours of thinking strategically
- Understand the unique role of midwives

and support workers in shaping the maternity service

- Be able to utilise simple tools to develop a strategy for change

### Using influence

Being influential is a key aspect of everyone's role. To have an effective and efficient service, the organisation needs to work together, bringing varied and specialist roles to work collaboratively. Maternity units and the health service are complex environments, best understood by the people who work in them. This means that maternity staff are best placed to see what needs to be done and to influence.

Having completed this module you will:

- Understand some of the skills and behaviours needed to influence others
- Understand the unique role of midwives, support workers, student midwives and medical staff on influencing care
- Be able to utilise simple tools to enhance influencing skills.

## RCM i-learn access for INMO midwife members

Free access is available to all midwife members of the INMO. If you are interested in learning more about the modules outlined or in completing a learning module, visit [www.inmoprofessional.ie/](http://www.inmoprofessional.ie/) RCMAccess or email the INMO library at [library@inmo.ie](mailto:library@inmo.ie) for further information



Irish Nurses and Midwives Organisation  
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## **CJ Coleman RESEARCH AWARD 2021**

A bursary of €1000 will be awarded for a recently completed research project promoting and improving quality of patient-care and / or staff working conditions in an innovative way.

### **HOW TO APPLY:**

Entrants must be fully paid up members of the INMO and in membership for a minimum period of one year from January 2020.

For more information visit:  
[www.inmo.ie](http://www.inmo.ie) and [www.inmoprofessional.ie](http://www.inmoprofessional.ie)



# Help your union hear your voice

Catherine O'Connor explains how students can become more actively involved with the INMO

GIVEN the unprecedented year that 2020 has been, it is worth recognising the value of strong representation for nurses, midwives and students. Over the years, the INMO has provided representation for individuals with industrial relations issues, and also on a national level while negotiating for improved terms and conditions. As a student member, it is important that you understand the structure of the INMO and that you are aware of recent developments on how student members are represented.

### Get involved as an INMO student rep

It is essential that all student members are connected to the INMO through their student rep. Having one INMO student rep per discipline, year and placement site (if the group is spread over multiple clinical areas) allows for strong communication. Being a rep does not mean taking on a body of work and solving your whole class's problems by yourself; a rep is someone who lets me know the collective issues of their group so that I can provide advice, raise the issue with the union official for the area or, if it relates to a national issue, bring it to the attention of our senior management so that your voice can be represented at national negotiations. Similarly, reps are kept up to date on various issues so that they can inform their groups of these updates.

It is worth noting that INMO student reps are distinct from student union class reps, as the INMO is the professional body representing nurses and midwives dealing with matters relating to the workplace. Some groups prefer for their class rep and their INMO student rep to be the same person, while other groups prefer them to be two separate people.

The student reps also form the Student Section and can bring a motion to the INMO's annual delegate conference (ADC). If your group does not have an INMO student rep, please discuss this among

yourselves and nominate one person to get in touch with me. If you have any questions or are interested in learning more about becoming an INMO student rep, please get in touch.

### Annual delegate conference

Under normal circumstances, the ADC is held over three days in May each year and branches, sections, and youth forums can bring forward motions to be debated and put to a vote. This year, due to Covid-19 restrictions, the conference was held online over one day to allow for the business meeting to occur; the motions that were put forward this year will be debated at next year's conference. Students were well represented at the online ADC 2020 by delegates from the Student Section, in addition to many of the youth forum delegates also being students. At the ADC, the 2020 Preceptor of the Year Award was given to Aoife Vaughan, who was nominated by student nurse Anthony Hanlon from IT Tralee. I would like to congratulate both Aoife and Anthony.

### Branches

All INMO members – both students and qualified staff – are encouraged to attend their local branch meetings, which are held regularly throughout the year. Union officials (industrial relations officers/executives) attend these meetings and they are a great opportunity to receive updates on both local and national issues that are relevant to you. They are also an opportunity to have your voice heard as you can participate in forming a motion to bring to the ADC. Each branch has a space for a student delegate to attend the ADC.

### Regional youth forums

There are three regional youth forums within the union which members can join. Youth forums are sections that are run by members for students and qualified members under the age of 35. Being part of a youth forum does not replace attending

branch meetings, rather it offers an extra way of receiving up-to-date information. Members meet regularly throughout the year, so you can develop a network of colleagues while also staying informed. Youth forums can also bring a motion forward to the ADC. If you are interested in learning more, please do not hesitate to get in touch.

### European Nursing Students Association (ENSA)

In October, your student representative on the Executive Council Melissa Plunkett and I attended the ENSA annual general meeting (AGM), at which I was elected president. Being on the ENSA board means that nursing students in Ireland are represented at an international level. This means that Ireland now holds presidency in three international organisations: the International Council of Nurses (ICN), the European Federation of Nurses (EFN) and now ENSA.

ENSA is an organisation representing nursing students and is independent from all governments, political parties and economic interests. Membership is open to any national organisation representing nursing students in Europe. ENSA's mission is to promote the highest possible training standard for European nursing students, promote the interests of nursing students and encourage high professional ideals among them, as well as to promote and encourage international relations between nursing students. I will keep you updated on ENSA matters throughout the year via the *Student Link* e-zine.

*Catherine O'Connor is the INMO's student and new graduate officer. If you have a question for her, please email: catherine.oconnor@inmo.ie*





For COPD patients on treatment with ICS/LABA and at risk of exacerbation\*<sup>1</sup>

\*A worsening of symptoms or a history of exacerbation treated with antibiotics or oral corticosteroids in the past 12 months

It's the things you do today that make a big difference to their tomorrows<sup>1-3</sup>

TRELEGY<sup>▼</sup> Ellipta provides your patients with statistically superior improvements in lung function and health-related quality of life, and reduction in annualised rate of moderate/severe exacerbations\*\* vs. budesonide/formoterol<sup>\*\*\*1-3</sup>

Fictional patient, for illustrative purposes only

\*\*Moderate exacerbation is a worsening of symptoms or a history of exacerbation treated with antibiotics or oral corticosteroids. A severe exacerbation is a worsening in symptoms that required hospitalisation.



Start your patients on TRELEGY Ellipta today, expect more from tomorrow<sup>1,2</sup>

TRELEGY<sup>▼</sup> ELLIPTA  
fluticasone furoate/umeclidinium/vilanterol

TRELEGY Ellipta (FF/UMEC/VI) 92/55/22 mcg OD is indicated for maintenance treatment in adult patients with moderate to severe COPD who are not adequately treated by a combination of an ICS and a LABA or a combination of a LAMA and a LABA<sup>1</sup>

Today. Tomorrow. TRELEGY.<sup>2-3</sup>

▼ This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions.

\*\*\*Co-primary endpoints were change from baseline in trough FEV<sub>1</sub> and SGRQ at week 24 (n=1810). A subset of patients (n=430) remained on blinded study treatment for 52 weeks. Trelegy showed an improvement in trough FEV<sub>1</sub> of 171 mL versus budesonide/formoterol (p < 0.001, 95% CI 148, 194) at week 24. Trelegy showed an improvement in health-related quality of life (SGRQ) of 2.2 units (p < 0.001, 95% CI 3.5, 1.0) at week 24. At week 52 in a subset of patients Trelegy showed a 44% reduction in annualised rate of moderate/severe exacerbations versus budesonide/formoterol (95% CI 15.63, p=0.006, Absolute difference 0.16).

TRELEGY Ellipta is generally well tolerated. Common adverse reactions include: pneumonia, upper respiratory tract infection, bronchitis, pharyngitis, rhinitis, sinusitis, influenza, nasopharyngitis, candidiasis of mouth and throat, urinary tract infection, headache, cough, oropharyngeal pain, constipation, arthralgia, back pain<sup>1</sup>

FF, fluticasone furoate; ICS, inhaled corticosteroid; LABA, long-acting  $\beta_2$ -agonist; LAMA, long-acting muscarinic antagonist; OD, once-daily; UMEC, umeclidinium, VI, vilanterol

References: 1. TRELEGY Ellipta SmPC 2019. 2. Lipson DA et al. *Am J Respir Crit Care Med* 2017; 196:438-446. 3. Lipson DA et al. *N Engl J Med* 2018; 378:1671-1680.

**Trelegy<sup>▼</sup> Ellipta (fluticasone furoate/umeclidinium/vilanterol [as trifenatate]) Prescribing information.**

Please consult the full Summary of Product Characteristics (SmPC) before prescribing. **Trelegy Ellipta (fluticasone furoate/umeclidinium/vilanterol [as trifenatate]) inhalation powder.** Each single inhalation of fluticasone furoate (FF) 100 micrograms (mcg), umeclidinium bromide (UMEC) 62.5 micrograms and vilanterol as trifenatate (VI) 25 mcg provides a delivered dose of 92 mcg FF, 55 mcg UMEC and 22 mcg VI. **Indications:** Maintenance treatment in adult patients with moderate to severe COPD who are not adequately treated by a combination of an inhaled corticosteroid (ICS) and a long-acting  $\beta_2$ -agonist (LABA) or a combination of a LABA and a long acting muscarinic antagonist. **Dosage and administration:** One inhalation once daily at the same time each day. **Contraindications:** Hypersensitivity to the active substances or to any of the excipients (lactose monohydrate & magnesium stearate). **Precautions:** Paradoxical bronchospasm, unstable or life-threatening cardiovascular disease or heart rhythm abnormalities, convulsive disorders or thyrotoxicosis, pulmonary tuberculosis or patients with chronic or untreated infections, narrow-angle glaucoma, urinary retention, hypokalaemia, patients predisposed to low levels of serum potassium, diabetes mellitus. In patients with moderate to severe hepatic impairment patients should be monitored for systemic corticosteroid-related adverse reactions. Eye symptoms such as blurred vision may be due to underlying serious conditions such as cataract, glaucoma or central serous chorioretinopathy (CSCR); consider referral to ophthalmologist. Increased incidence of pneumonia has been observed in patients with COPD receiving inhaled corticosteroids. **Risk factors for pneumonia include:** current smokers, old age, patients with a history of prior pneumonia, patients with a low body mass index and severe COPD. Patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take Trelegy. **Acute symptoms:** Not for acute symptoms, use short-acting inhaled bronchodilator. Warn patients to seek medical advice if short-acting inhaled bronchodilator use increases. Therapy should not be abruptly stopped without physician supervision due to risk of symptom recurrence. **Systemic effects:** Systemic effects of ICSs may occur, particularly at high doses for long periods, but much less likely than with oral corticosteroids. **Interactions with other medicinal products:** Caution should be exercised with concurrent use of  $\beta$ -blockers. Caution is advised when co-administering with strong CYP3A4 inhibitors (e.g. ketoconazole, ritonavir, cobistat-containing products), hypokalaemic treatments or non-potassium-sparing diuretics. Co-administration with other long-acting muscarinic antagonists or long acting  $\beta_2$ -adrenergic agonists is not recommended. **Pregnancy and breast-feeding:** Experience limited. Balance risks against benefits. **Side effects:** Common ( $\geq 1/100$  to  $< 1/10$ ): pneumonia, upper respiratory tract infection, bronchitis, pharyngitis, rhinitis, sinusitis, influenza, nasopharyngitis, candidiasis of mouth and throat, urinary tract infection, headache, cough, oropharyngeal pain, arthralgia, back pain. **Uncommon ( $\geq 1/1,000$  to  $< 1/100$ ):** viral respiratory tract infection, supraventricular

tachyarrhythmia, tachycardia, atrial fibrillation, dysphonia, dry mouth, fractures. *Rare* ( $\geq 1/10,000$  to  $< 1/1,000$ ): Hypersensitivity reactions, including anaphylaxis, angioedema, urticaria, and rash. *Not known (cannot be estimated from the available data):* vision blurred. **Marketing Authorisation (MA) Holder:** GlaxoSmithKline Trading Services Limited, 12 Riverwalk, Citywest Business Campus, Dublin 24, Ireland. **MA No. [EU/1/17/1236/002]. Legal category:** POM B. **Last date of revision:** September 2020. **Code:** PI-6725. Further information available on request from GlaxoSmithKline, 12 Riverwalk, Citywest Business Campus, Dublin 24, Tel: 01-4955000.

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[www.trelegy.ie](http://www.trelegy.ie)  
or request a visit from a GSK representative

Adverse events should be reported to the Health Products Regulatory Authority (HPRA) using an Adverse Reaction Report Form obtained either from the HPRA or electronically via the website at [www.hpra.ie](http://www.hpra.ie). Adverse reactions can also be reported to the HPRA by calling: (01) 6764971. Adverse events should also be reported to GlaxoSmithKline on 1800 244 255.

TRELEGY Ellipta was developed in collaboration with INNOVIVA  
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PM-IE-FVU-ADVT-200014 | October 2020





A column by  
Maureen Flynn

# Quality & Safety

## Assisted Decision-Making (Capacity) Act 2015 Explainer Video

THIS month's column introduces the Assisted Decision-Making (Capacity) Act 2015 Explainer Video, developed by the HSE National Office for Human Rights and Equality based within the National Quality Improvement Team. The Office was established to build the capacity and capability of staff to achieve compliance with human rights policy and legislation.

### National Office for Human Rights and Equality

The Office is primarily responsible for the oversight of the HSE National Consent Policy and to prepare the HSE for the commencement of the Assisted Decision Making (Capacity) Act 2015. It also provides guidance and support on universal access and other human rights and equality issues.

Covid-19 has changed the way the office works, with all of the work moving from face-to-face delivery now to online training, guidance and support. Since June 2020 the team have delivered eight webinars to over 4,000 staff on DNAR, Consent and tools to support decision-making.

Part of the education and training programme includes an explainer video to raise awareness among staff and services of the Assisted Decision-Making (Capacity) Act 2015.

### Assisted Decision-Making Act 2015

We all make decisions, big and small, every day of our lives. Most of us are able to make these decisions by ourselves. Sometimes we may seek information, advice, or support if the decision we are making is more complex.

There are many people accessing our health services whose ability to make certain decisions about their life and choices may be affected by a disability, an accident, a medical procedure, or a chronic illness – either on a temporary or a permanent basis. With the right support, these people can continue, regardless of their



Pictured l-r were: Mary O'Donovan; Jacqueline Grogan, project manager at the HSE Office of Human Rights and Equality; and Damien O'Donovan. Mary and Damien O'Donovan participated in the Assisted Decision-Making (Capacity) Act 2015 video

condition, to exercise their right to making decisions.

The Assisted Decision-Making (Capacity) Act 2015 provides a statutory framework for individuals to make legally-binding agreements to be assisted and supported in making decisions about their welfare and their property and affairs. The Act is about supporting decision-making and maximising a person's capacity to make decisions.

The Act applies to everyone and is relevant to all health and social care services.

### Explainer video

A virtual launch of the explainer video on the Act was held in September 2020. The explainer video includes simple core messages on the Act from the voices of staff and people who use our services. It is intended for use across all services to provide information to staff on what the Act means for their practice.

The video was launched by Paul Reid, chief executive officer of the HSE and had a number of contributors including Aine Flynn, director of the Decision Support Service, Prof Mary Donnelly, School of Law, UCC, Margaret and Pdraig Sweeney, Mary and Damien O'Donovan, Reinhard and Pdraig Schaler.

You can view the recording of the launch at: [www.assisteddecisionmaking.ie](http://www.assisteddecisionmaking.ie).

### Get involved

The government has confirmed that the Act is due to be commenced in 2022, so at your next team, ward or department meeting, you might like to talk about the Act and what it means for your nursing or midwifery practice and service. In particular, you could do the following:

- Show the explainer video – it's only eight minutes long
- Bring the recorded webinar series to the attention of your staff and facilitate them to watch the webinars – [www.assisteddecisionmaking.ie](http://www.assisteddecisionmaking.ie)
- Sign up to our mailing list to hear about upcoming events, by sending an email to: [orlaith.branagan@hse.ie](mailto:orlaith.branagan@hse.ie)

### Further information

Go to: [www.assisteddecisionmaking.ie](http://www.assisteddecisionmaking.ie) to view the explainer video. You can also access recordings of the webinar series on DNAR, consent and decision-making and also find out more about the other work in this area and its implications for your practice. Alternatively, you can send an email to: [orlaith.branagan@hse.ie](mailto:orlaith.branagan@hse.ie).

Maureen Flynn is the director of nursing ONMSD, QI Connections Lead, HSE National Quality Improvement

Acknowledgement: Thank you to everyone who participated in the production of this excellent resource and in particular to my colleagues Caoimhe Gleeson, Jacqueline Grogan and the Human Rights and Equality Policy team for sharing information and preparing this column



The National Quality Improvement (QI) Team, led by Dr Philip Crowley, supports services to lead sustainable improvements for safer better health care. We partner with staff and people who use our health and social care services to champion, enable and demonstrate QI achieving measurably better and safer care. Read more at: [www.qualityimprovement.ie](http://www.qualityimprovement.ie) or link with us on Twitter: @NationalQI



# Leadership in action

Directors of nursing and midwifery across Ireland spoke to Freda Hughes about how they have been leading their teams during the pandemic



**Helen Butler, director of nursing,  
St Luke's Hospital, Kilkenny**

WHEN the pandemic hit, things changed dramatically in St Luke's Hospital, Kilkenny. Staff had to upskill very quickly and Helen Butler and her team started to make sure they had facilities that could cope with the pandemic, and sufficient PPE and safety procedures to protect all staff and patients. "Nursing was at the forefront of this

pandemic, whether it was in relation to how we upskilled, in relation to how we adapted, in relation to what we were able and willing to do. Nurses were at the forefront of converting our physical environments to meet the needs of the pandemic and to adjusting our service provision. If we are given the resources, we can achieve a lot and that has been evident throughout this pandemic," said director of nursing Helen Butler.

Ms Butler said that while communicating with people was critical, they were aware that they couldn't have large group face-to-face meetings. They used teleconferencing and Zoom to get information to staff and patients quickly and also used information boards around the hospital. The ward managers were critical to the flow of information around the hospital and clear communication was crucial.

"None of us really knew what we were dealing with at the beginning, but I am so proud of the nursing profession generally and of my own colleagues in St Luke's. My

one caveat would be to ensure that we look after those that bore the brunt of this. We're only now seeing the effects it has had on our staff and it's important that we have the resources to recognise it and to deal with it. The stresses didn't end when staff went home. There was so much worry and there is so much exhaustion now," she said.

Ms Butler stressed the need for greater recognition for the professions and feels that, being a traditionally female dominated profession, there is a great need now for more nurses and midwives in leadership and policy roles.

"Nursing became very visible and we received a lot of praise but that is not going to sustain us into the future. The platitudes will only last so long. What we need is recognition that any resource for nursing, at whatever level, is utilised so it is to the benefit of the professions and to health services generally. Having more nurses and midwives in senior roles and governance roles would greatly support this," she said.



**Fiona Cleary, director of nursing,  
Cherry Orchard Hospital, Dublin**

CHERRY Orchard Hospital is a HSE residential facility for older persons and younger people with disabilities. It also has acute drug detox units, wound clinics and day care units stretched across a large campus that accommodates more than 250 patients, with over 300 staff. The hospital was badly hit by the pandemic initially, with many residents and up to 40% of staff affected.

"Firefighting has probably been the

biggest change for us. The pressure was unbelievable and days were rolling into each other. We took a lot of admissions to help ease the acute hospitals," said Fiona Cleary, the hospital's director of nursing.

Challenges for Ms Cleary included maintaining the right skill mix and trying to maintain staff in individual units to contain outbreaks. She needed staff from nursing agencies and the HSE provided a cohort of student nurses to work as care assistants. Some new staff also joined the workforce from the Ireland on Call initiative. Rostering was adapted to allow one staff member per day take on the role of contacting staff who were off work because they were symptomatic, arranging tests and support for them.

"We're very fortunate to have a really strong team here. Nobody complained about the extra hours and increased workload, even though we were pushed to our limits. We're lucky to have our own infection control team here and there's also a lab on site that can process tests within 24 hours."

Cherry Orchard has not had a positive case among residents since July and staff cases dropped dramatically too. Ms Cleary is concerned for her own staff and health service workers in general who need to isolate but are struggling to do so in overcrowded homes due to rising rents in the capital city.

"This is the profession that we went into and we know it is frontline, but health service staff have gone above and beyond during this pandemic. We can't work from home and couldn't even take our annual leave or finish our shifts on time. We need to know there is support and recognition for us, particularly when we get sick," she explained.

She would love to see more nurses and midwives bring their distinct skill mix to leadership roles but says that pay would need to reflect this, as it currently is not comparable with others in the sector.

"The CNM2 grade is probably one of the toughest grades of nursing across the healthcare sector and their pay needs to reflect this."



**Evonne Healy, director of nursing,  
Royal Hospital Donnybrook**

EVONNE Healy has a substantial remit; she is responsible for clinical governance, nursing standards and the nursing team at the Royal Hospital, Donnybrook, a rehab facility in Dublin. She is also in charge of 66 long-stay HIQA beds, healthcare assistants, house-keeping staff and the day-to-day running and quality of care provided to the patients and residents at the facility.

“Since Covid-19 hit, we have had to change how we work almost overnight. We started planning in mid to late February with the chief executive and medical director of the hospital and changed how we operate to incorporate safety measures, social distancing and reorganising workloads. I have an acute background and had dealt with Ebola planning in the past so that really stood to me; knowledge of infection control was a great asset to us,” said Ms Healy.

In March the hospital started taking admissions from the nearby St Vincent's University Hospital and filled its beds almost overnight. Until recently they did not have a Covid-19 and non-Covid-19 pathway and had to isolate all new admissions for two weeks. They have recently converted one of their wards and now have Covid-19 and non-Covid-19 pathways. The staff have worked hard and adjusted so that they can provide safe patient care.

“There has been a huge amount of fear and anxiety since the pandemic began. Worrying about PPE and keeping my staff

safe kept me awake at night when this all began. I felt it was really important to be visible so that staff and colleagues could approach me. We had to adapt to more one-to-one support as we couldn't offer peer support in the ways we normally would.

“I have learned just how adaptable nurses are. We put together a Covid tracking team, and the staff took that on and ran with it. We've staff who retrained into taking swabs so we can carry out mass swabbing every two weeks. I hope that nurses are recognised and appreciated for their work and adaptability after this pandemic. We've really proven ourselves, especially this year, in the year of the nurse. The staff were incredible and have adapted to all of the challenges they faced.

“I think what the pandemic has shown is that we have a strong voice, and we are well able to stand up and be counted. Perhaps things are changing, and people will see that. You never waste a crisis and what an opportunity to showcase exactly what it means to be a nurse,” said Ms Healy.



**Sandra McCarthy, director of nursing,  
Midland Regional Hospital, Portlaoise**

DURING the pandemic Sandra McCarthy says she had to adapt her leadership skills and ensure that safety remained top priority. Preferred processes were somewhat sidelined during the pandemic and she began looking at new nursing models of care in terms of how they could prepare and deliver services on the vast scale that they were anticipating during the first wave. At the forefront of this, was looking after staff and reassuring them. Good communication was crucial. Meetings moved online and a Covid-19 committee was set up within the hospital.

The entry point into the hospital changed with patients divided into either the Covid-pathway or non-Covid

pathway. This of course, had a staffing implication too. There was also a change in the patient population coming into the hospital as the first surge saw a reduction in elective activity.

“At the start of the pandemic myself and the senior nurse management team made a decision to wear scrubs. My aim was to demonstrate to our nurses that we're all in this together. Being visible and approachable was important for me. I wanted to reassure staff that I was available for any questions they may have. I'm so proud of the nursing team here. They came in for work in such difficult and unprecedented circumstances.”

Ms McCarthy was determined to foster a culture of care and peer support in the hospital. She encouraged staff to develop healthy habits always try to find time to do something they enjoy each day. Midlands area CHO 8 developed resilience and well-being classes, and she ensured that staff were aware that these were available for them. She celebrated International Nurses' Day in the mist of the pandemic by providing each nurse with a care pack, where she referenced Banksy's 'Game-changer' artwork featuring a superhero nurse.

“It's important to listen to staff and try to foster resilience. There was an awful lot of anxiety, but sometimes I think we need to get comfortable with anxiety. It

is an inevitable part of being a human.”

Ms McCarthy says that the nurse-led clinics really came into their own during the pandemic and also mentions that, due to relying more heavily on online systems of communication, they have managed to greatly reduce their paper waste thus becoming more environmentally friendly. Linking with other health services was also a significant development.

“The relationships I've developed with community and public health colleagues is something that I can bring forward in terms of future integration of care. We linked with community nursing units and nursing homes, both private and public, in response to the Covid-19 outbreaks in those areas. It gave me a first-hand insight to the issues they were faced with and provided me with a more rounded vision of the situation. For the future, it is critical to listen to new ideas and alternative models of care by looking at and encouraging innovative best practices.

“Speed is of the essence when you're dealing with a crisis on the scale of Covid-19 and having senior nurses in leadership roles and in key roles in government is essential. Having senior nurse leadership at ground level is also crucial. This ensures the translation of policy to practice. Nurse leadership roles are critical to create optimum environments to support safe clinical care.”



**Katie Bourke, director of midwifery, Cork University Maternity Hospital**

KATIE Bourke took on the role of director of midwifery for Cork University Maternity Hospital (CUMH) in March 2020. Her main responsibilities involve managing the work practices of midwives, nurses and HCAs. Taking on the role during a global pandemic has had its challenges.

"The week of my interview I was in the thick of preparation planning for an impending Covid-19 crisis, we were here late into the evenings at the early stages. My primary concern is looking after the people who I consider high value assets in our service – our women and our newborns

– and making sure that they are safe and getting the best care. The other aspect, of course, is my own staff and their safety and wellbeing within the hospital.

Ms Bourke and her team had to think outside the box and look at new ways to work. CUMH was one of the first hospitals to put marquees outside their entrance to screen and temperature check every individual that came in. They utilised the primary care centres to run clinics outside of the main hospital campus and carried out a lot of their consultations by phone.

They began to streamline hospital visits and looked at how they could reduce foot-fall in the hospital. They decided early on to restrict their visiting policy, which was a difficult decision to make as they were cognisant that it is a major life event and a vulnerable time for families attending. The senior team reviews the visiting restrictions weekly to ensure that they make the right decision in the interest of patient and staff safety.

Ms Bourke was acutely aware of the psychological impact Covid-19 was having on her staff and made sure staff could avail of an employee assistance programme and other counselling services if they want or need to. She also set aside time to meet

with staff on a one-to-one basis and has been impressed by their commitment and fortitude.

"I want my staff to know I am part of the frontline force that's behind them all the way, advocating for them. Staff have stepped up to the plate and have done this with absolute professionalism. We are endeavouring to put supports in place. It is important that frontline staff are heard. We need to care for the carers," she said.

Ms Bourke paid compliment to the national leads in midwifery, Margaret Quigley in the Office of the Nursing and Midwifery Services Directorate and Angela Dunne on the National Women's and Infants Programme, who she said were powerful allies for midwives. She stressed that with 19 maternity units across Ireland it was important that midwives were strong and had a place at the table nationally.

"I think midwifery can sometimes be left in the background. It needs strong voices nationally. When a patient comes through our doors, we are immediately thinking of two. If we have a 31-bed ward, that means we have 62 individuals in our care. We need to have a voice in the very large acute hospital sector," she added.



**Fiona Hanrahan, director of nursing and midwifery, Rotunda Hospital**

FIONA Hanrahan is director of nursing and midwifery in the Rotunda Hospital, Dublin. It is a stand-alone maternity hospital with over 1,100 staff and up to 8,500 births per year. While some hospitals and medical services stopped or scaled back during the pandemic, maternity services could not. The Rotunda paused some surgeries and gynaecological outpatient services, but otherwise it was business as usual.

"In maternity services the challenge was that we were open for business as usual. You can't slow down birth or delay it. All the women who gave birth during the pandemic certainly didn't plan to give birth during a pandemic. The biggest challenge from the workforce point of view, was

making sure the women coming through here did so safely," said Ms Hanrahan.

During the first weeks of the pandemic, Ms Hanrahan worked with hospital management to reorganise care and divert some patients elsewhere. The staff team spoke every morning on Zoom and also set up a staff WhatsApp group where everyone could share ideas on safety. They also set up a dedicated helpline for patients and became active on social media to communicate with the patient body. The Rotunda also set up a drive-through Covid-19 testing centre for patients attending the hospital.

"We listened to the experts and shared that information with all our patients, asking them to join us on Twitter and Instagram. Management also posted daily videos on YouTube to keep the whole staff team up to date," added Ms Hanrahan.

When the whole country went into lockdown, healthcare had to carry on.

"I think it brought the team together and it wasn't just one group of staff it was everyone – care assistants, housekeeping, nurses, midwives, security, admin – we all pulled together. Crisis brings out the best in people, but we shouldn't wait until a crisis to recognise our great colleagues," she said.

Now in the second wave, we know more

about Covid than we did in March. Ms Hanrahan feels that the voice of midwifery has been lacking at policy level. She stressed that you cannot take a plan for a general hospital and apply it to maternity services as they have an entirely different population of well-women who are pregnant and living in their communities.

She said there was a need to have someone advocating for midwifery in the Department of Health alongside the chief nursing officer.

"We're different to nurses. Just as you wouldn't go to the dentist when you need a doctor, midwives need to be recognised as the professionals we are. In April and March, I remember thinking, I don't know if I can do this, I don't have enough experience and then you remember that nobody else has worked through a pandemic either.

"Nothing happens without midwifery and nursing in the health service to be honest. We're the biggest group of staff in any hospital, we're the ones who know what to do. We know the entire organisation, much better than most and know how to get things done. And we move fast. Our staff have just been phenomenal. I'm in awe of people that I work with," said Ms Hanrahan.



**Gráinne Milne, director of midwifery, Our Lady of Lourdes Hospital, Drogheda**

GRÁINNE Milne is director of midwifery at Our Lady of Lourdes Hospital, Drogheda and also covers Louth County Hospital in Dundalk and Our Lady's Hospital in Navan, where there are two antenatal outreach clinics. Along with Ms Milne, the clinical lead for obstetrics, the clinical lead for paediatrics and the clinical director for women and children's services form the senior management team in maternity services. The team is part of the overall senior management team of the hospital.

Our Lady of Lourdes Hospital, Drogheda

has one of only two midwifery-led units in Ireland. As they are part of a co-located hospital Ms Milne also has remit over paediatric inpatient services.

"I think that, as a leader, I became more aware of the need to be on the ground with the staff. Answering their questions, allaying their fears and giving them up-to-date information. I felt staff needed to know that we were trying to protect them and their families and giving them the best advice. It has been an anxious time, but I'm so proud of the team working in this maternity unit. Public support was overwhelming, and this was evident at our appreciation event where we had a minute's silence for all the patients and staff who had passed away and to thank the staff for all their hard work," said Ms Milne.

A challenge they faced was the number of changes that they had to introduce, such as virtual appointments, antenatal education online and informing women that their partners could not come to the clinic or for scans. While other difficulties included trying to dispel the myths around Covid-19. They also set up an onsite facility where they could swab staff who were symptomatic.

"Babies don't care about Covid-19. One of the first things we did was set up a helpline for women attending, and put that out on social media, on our local radio and in the local paper. It was about getting the correct information at the correct time to the correct people. That was hugely important," said Ms Milne.

They managed to set up a brand-new early transfer home service, which they had been planning for some time. Women were discharged earlier and cared for in the community by the midwifery team. They also expanded their maternity day unit. Both were midwife-led initiatives with guidelines signed off and supported by consultant colleagues and the multi-disciplinary team.

Ms Milne feels positive about the future of midwifery: "The future is bright. In the future more advanced midwife practitioners will be directing the care of pregnant women through the whole continuum of pregnancy. There are currently only two midwifery-led units in Ireland. This should be expanded upon. Midwifery is a unique profession. It is separate to nursing and my vision would be to have a chief midwifery officer in the Department of Health," she said.



**Juliana Henry, director of midwifery, Sligo University Hospital**

JULIANA Henry is director of maternity services for women's and infant health in Sligo. She is responsible for the management and delivery of a safe and quality service, which includes everything from human resources, service development to clinical governance. Since the pandemic, provision of maternity care continued, albeit with changes to how it was delivered within the constraints of infection control measures.

"I start my day by visiting all clinical areas in maternity services, so that continued during the pandemic. I made even

more effort to engage with staff because they're on the frontline providing care. Despite the pressures for our team within maternity services, and despite their own personal challenges and worries, the priority at all times was keeping mothers and babies safe. Leadership wasn't just coming from me or any other director or assistant director. It was all our staff. They are inspirational," she said.

The senior team in obstetrics put together a plan to continue to deliver services should they admit patients who were suspected or who had Covid-19. Where possible staff worked in teams. They had to move some of their community-based services temporarily to the hospital and some of their services converted to telemedicine.

"I think the future is in telemedicine, while this is not possible for most maternity services, it will work very well for other services. It's going to reduce the footprint through the services. Now, we can do things online in terms of recruitment and education too. While we are apart we can still be together, but I feel it is important to increase access to computers for the staff on the ground within our services.

"We noticed the high level of anxiety among staff. Balancing work with home schooling was a huge amount of stress for

all, including myself. There are no words strong enough to thank the team. They were amazing and continue to be amazing. They work so hard to ensure that women and babies receive the best care," said Ms Henry.

She said that the pandemic raised her awareness of the need to expand services into the community. She would like to expand midwifery-led services, reduce interventions and length of hospital stays.

Acknowledging how stressful this time has been for nurses and midwives, Ms Henry feels that there is an urgent need to attract and retain staff by providing better pay and working conditions. She feels it is essential for midwifery to have a stronger voice nationally.

"If you're if you're not at the table, then your voice will not be heard. There are 19 maternity units in the country, but only five are stand-alone maternity care units, with the others integrated into the general setting. If you don't have midwifery leadership within the general setting, then you will be forgotten about. Leaders provide strategic direction, driving change and we know that good leadership improves patient outcomes. We need to have midwifery leadership at the policy table to enable change to happen," said Ms Henry.



# Compassionate leadership

While the model is still emerging, compassionate leadership is a natural fit for nurses and midwives, writes Steve Pitman

OVER the past decade there has been increasing focus on compassionate care. This has been driven mainly by the various scandals associated within health and social care. High profile enquiries, such as the Mid Staffordshire Hospital and Morecambe Bay Maternity Hospital, highlighted deficiencies in compassion and care within the health service. In Ireland, a number of reports have raised similar issues.

In 2016 the NMBI, chief nursing officer and Office of the HSE Director of Nursing and Midwifery Services agreed on three core values for nursing and midwifery in Ireland. This was a clear statement of the importance of compassion, care and commitment in defining nursing and midwifery practice.

The Mid Staffordshire enquiry made numerous recommendations which included the need to develop nursing leadership from student nurse to director of nursing. Compassionate leadership has emerged in tandem with the increasing focus on compassionate care.

This article will provide an overview of compassionate leadership and interventions that can be used to build and develop leadership skills.

## Compassionate leadership

Many writers consider leadership as a process that involves interaction between leaders, followers and the situational context. Yukl's definition of leadership is widely used. He considered leadership to be: "A process whereby intentional influence is exerted over other people to guide, structure and facilitate activities and relationships in a group or organisation".<sup>1</sup>

One interpretation of this definition is that the influence exerted by leaders is a product of the relationships between people, groups and organisations, and not necessarily the attributes of leader.<sup>2</sup>

De Zulueta<sup>3</sup> argues that it is difficult to select an appropriate leadership theory that fully encompasses healthcare compassionate leadership. He argued for the abandonment of the current paradigm of leaders, follower and influence. Instead it has been proposed that leadership should be conceptualised as emerging out of shared and distributed leadership, positive psychology and relational approaches.

Many of these features are to some degree evident in established leadership theories, such as transformational

leadership, authentic leadership, distributed leadership and servant leadership. One of the key differences is these theories focus on the leader and/or the followers, rather than the interaction and relationship. De Zulueta argued that the relationship between leader and followers should be reframed as a partnership, which each party constructs and gives meaning to.

West and Bailey<sup>4</sup> believe that "compassionate leadership in practice means leaders listening with fascination to those they lead, arriving at a shared (rather than imposed) understanding of the challenges they face, empathising with and caring for them, and then taking action to help or support them".

West and colleagues<sup>5</sup> argued that compassion can be represented by four behaviours: attending, understanding, empathising and helping (see *Table 1*). The same behaviours have been applied to compassionate leadership.

Compassionate leadership involves leading with the head and heart and with kindness. It also relies on positive character strengths such as honesty, consistency,

and courage. The compassionate leader facilitates an environment of trust where others can feel psychologically safe. Using a case study approach, Willis and Anstey<sup>6</sup> have demonstrated how the above West framework can be applied to nursing care within the community context.

The divide between task and people has been a feature of leadership theories since the 1950s. The focus on outcomes often in a mechanistic fashion has resulted in a number of myths related to compassionate leadership. West and Bailey<sup>7</sup> identified a number of these myths that include a concern that compassionate leadership will result in loss of commitment to purpose and high quality performance. Also that it will discourage tough performance management and that consensus will be put before patients and communities.

In reality, compassionate leadership can be used to drive performance through a process of engagement and involvement. This is more likely to create shared ownership and commitment, resulting in positive outcomes.

Healthcare organisations that promote nurturing cultures and compassionate leadership build high quality and compassionate care, and facilitate a supportive environment for staff.<sup>7</sup> It is important that the values of nursing and midwifery (compassion, care and commitment) apply to patients as well as nurses and midwives.

**Impact of compassionate leadership**

There is increasing evidence that when compassion is present it has a positive impact on patient care.<sup>8</sup> A clear link has been made between quality of healthcare and supportive leadership.<sup>9</sup>

A supportive workplace can create 'happy staff and happy patients' resulting in better care. The importance of compassionate leadership has been recognised in 2019 as central to NHS Wales: Health Education and Improvement Workforce Strategy ([www.heiw.nhs.wales](http://www.heiw.nhs.wales)). They have given a commitment that health and social leaders will display collective and compassionate leadership by 2030.

Relational or compassionate leadership approaches have been shown to be more effective in developing high-quality work environments and building health and well-being in nursing workforces under pressure.<sup>10</sup>

**Building compassionate leadership**

There is general consensus that leadership to a large degree is learned, can be developed and is accessible for all. A number of approaches have been suggested that can help build compassionate

Table 1. Compassion: Four behaviours	
<b>Attending</b>	Attention to and identification of the key challenges faced by staff. Characterised by leaders who actively listen, pay attention, withhold judgement, clarify, summarise, reflect and share in turn. Attending establishes the caring and compassionate connection between leaders and employees
<b>Understanding</b>	Working with staff to make sense of and understand the challenges they face. This is a collective approach focused on engaging and supporting staff. This can include coaching behaviour that is designed to build confidence through self discovery and self awareness
<b>Empathising</b>	Empathic leadership increases team member motivation, commitment and engagement, which are vital for innovation at every level of an organisation. Empathy also creates a more positive emotional environment, which is associated with higher levels of creativity and innovation and enables 'affective shift' (whereby negative emotion is transmuted into positive affect with the by-product of creativity)
<b>Helping</b>	This focuses on taking thoughtful and intelligent action to help – leaders working with those they lead, to support them in their work. Compassionate leadership involves helping staff to develop ideas for new and improved ways of doing things, be it providing healthcare, completing administrative tasks, supporting patients and their families, or overseeing financial probity within the organisation <sup>5</sup>

leadership.<sup>3</sup> These include:

- Schwartz rounds
- Appreciative enquiry
- Appreciative storytelling
- Positive deviance
- Compassionate mind training
- Coaching
- Empathy training.

The Daisy Foundation also recognises the importance of compassionate and courageous nursing leadership and celebrates these characteristic as part the Daisy Awards.<sup>11</sup>

It is important to underline that the level of engagement and the success of any of the listed interventions is based on the balance between work demands and resources. The development of coping skills by individuals will have a positive effect. However, a context of inadequate resources, such staffing shortages and insufficient support is not an environment where compassionate leadership will ultimately flourish.

**Conclusion**

Compassionate leadership is still emerging as a leadership approach. The components that make up the concept need to be explored further. This will enable validated measures of compassionate leadership to be developed. While the behaviours associated with compassionate leadership have been proposed, further work is still required on the antecedents and the cognitive and emotional factors that influence it.

Compassionate leadership is an interesting approach that intuitively makes sense in nursing and midwifery. Education and training programmes that promote this leadership style need to be developed and

accessible to all nurses and midwives. There is a need to ensure that compassionate leadership is integrated in all undergraduate and postgraduate programmes in order to influence and change culture. Compassion and leadership, without a doubt, are core concepts for the professional and define good nursing and midwifery practice.

*Steve Pitman is the INMO head of education*

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# Under the microscope: Latest cancer research

New data demonstrate that immunotherapy can improve overall survival in those with metastasised castration-resistant prostate cancer

AN ANTIBODY for treating advanced prostate cancer improves progression-free survival in patients with metastasised, castration-resistant prostate cancer. This was the finding of the long-term analyses of an international phase III clinical trial, recently published in the journal *European Urology*. The study showed that overall survival was two to three times higher than in the placebo arm.

Ipilimumab is a humanised monoclonal IgG1 antibody that is active against CTLA-4. CTLA-4 is a molecule that controls part of the immune system by down-regulating it.

"Cancer cells can evade the endogenous defence of the immune system by deactivating it. An antibody that targets CTLA-4, a so-called checkpoint inhibitor (CPI), can block this deactivation, thereby reactivating the immune system once again. This reactivated immune response can then help the body to destroy cancer cells," said Michael Krainer, an oncologist from the Division of Oncology at the Department of Medicine I at MedUni Vienna/Vienna General Hospital and the Comprehensive Cancer Center (CCC).

The internationally renowned 'Urological Tumours' working group from the division led by Krainer was invited to participate in the first global clinical phase III trial of a CPI in prostate cancer CA184-043, the long-term results of which have now been published in *European Urology*.

The recent trial included a total of 799 men. It was conducted globally with centres in the US, Canada, South America, Australia and several European countries. Patients were randomised in a 1:1 ratio to receive bone metastasis radiotherapy (a single 8 Gy fraction) followed by either ipilimumab 10mg/kg or a placebo every three weeks via up to four injections. Although in the first planned analysis, the survival advantage

in the treated group was present it was not significant, whereas the recent analysis shows that long-term survival after three, four and five years was two to three times higher in the immunotherapy arm as opposed to the placebo arm.

Ipilimumab is already licensed by the European Medicines Agency to treat melanoma, lung cancer and bladder cancer. However, there is still a lack of reliable data for approval to treat prostate cancer, since the first planned analysis did not show any significant survival advantage.

Looking at the new long-term results, Krainer said there was promise for the future in this mode of treatment.

"Immunotherapy is highly promising and can be used, for example, when chemotherapy options have been exhausted or are undesirable. It can also be expedient to start it at an early stage, since any treatment is more effective if there is little cancer present and the patient is in good general health," he said.

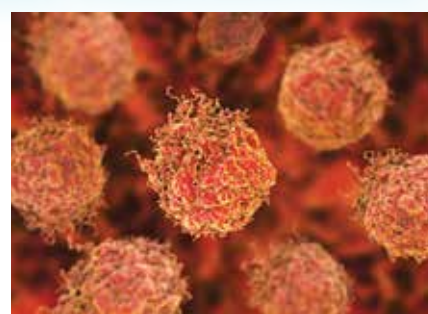
"We are the first group in Austria to gain such valuable experience and we are now attempting to incorporate immunotherapy into the treatment in the context of international clinical trials."

The working group will soon start on two study protocols using immunotherapy before a chemotherapy that is currently the standard treatment for patients with castration-resistant prostate cancer.

## About prostate cancer

Prostate cancer is the second most frequent cancer in men worldwide. 365,000 men were diagnosed with prostate cancer in the EU in 2015 and more than 3,300 men are diagnosed with prostate cancer each year in Ireland. This means that one in seven men will be diagnosed with prostate cancer during their lifetime.

The chances of developing prostate



cancer increase as you get older. Most cases develop in men aged 70 or older.

For reasons that are not understood, prostate cancer is more common in men of African-Caribbean or African descent, and less common in men of Asian descent.

The causes of prostate cancer are largely unknown. The outlook for prostate cancer is generally good. This is because, unlike many other cancers, prostate cancer usually progresses very slowly. Depending on the type of prostate cancer, some men's life expectancy may not be affected by the cancer.

Prostate cancer can usually be cured if it is treated in its early stages. Treatments include removing the prostate, hormone therapy and radiotherapy (using radiation to kill the cancerous cells).

If the cancer metastasises from the prostate to other parts of the body, typically the bones, it cannot be cured and treatment is focused on prolonging life and relieving symptoms. According to the HSE, approximately 500 men die from prostate cancer every year in Ireland.

Patients with hormone-resistant prostate cancer need additional treatment options. According to US estimates, in five years from now, 10-20% of all prostate cancers will be castration resistant.

To read more on this phase III trial data the full article can be accessed at: <https://doi.org/10.1016/j.eururo.2020.07.032>.




**2020**  
INTERNATIONAL YEAR  
OF THE NURSE AND  
THE MIDWIFE

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# Covid-19 rarely transmits via breastfeeding

Researchers in New York have found that with basic infection-control measures, newborns can be breastfed skin to skin

MOTHERS with Covid-19 infection rarely transmit the virus to their newborns when basic infection-control practices are followed, according to a new study published recently in *JAMA Pediatrics*. The findings – the most detailed data available on the risk of Covid-19 transmission between mothers and their newborns – suggest that more extensive measures like separating Covid-19 positive mothers from their newborns and avoiding direct breastfeeding may not be warranted.

The researchers at Columbia University Vagelos College of Physicians and Surgeons and New York-Presbyterian Morgan Stanley Children's Hospital said that the findings should reassure expectant mothers with Covid-19.

"Basic infection-control measures during and after childbirth – such as wearing a mask and engaging in breast and hand hygiene when holding or breastfeeding a baby – protected newborns from infection in this series," said Cynthia Gyamfi-Bannerman, professor of women's health at Columbia University Vagelos College of Physicians and Surgeons and senior author of the paper.

The researchers examined outcomes in the first 101 newborns born to Covid-19-positive mothers at New York-Presbyterian Morgan Stanley Children's Hospital or New York-Presbyterian Allen Hospital from March 13 to April 24, 2020.

To reduce the risk of transmitting Covid-19 to newborns after delivery, hospital staff practised social distancing, wore masks and placed Covid-positive moms in private

rooms. The hospitals provided the mothers with educational materials about Covid-19 and shortened hospital stays for all mothers without complications from delivery.

Most of the newborns roomed with their mothers, including during the first postpartum checkup. Some were admitted to the newborn intensive care unit for non-Covid-related health reasons.

Infants who roomed with their mothers were placed in protective cribs six feet away from their mothers' beds when resting. Direct breastfeeding and skin-to-skin contact with babies were strongly encouraged, provided the mothers wore masks and washed hands and breasts with soap and water.

"During the pandemic, we continued to do what we normally do to promote bonding and development in healthy newborns, while taking a few extra precautions to minimise the risk of exposure to the virus," said Prof Gyamfi-Bannerman.

Only two of the newborns tested positive for Covid-19 but had no clinical evidence of illness. The researchers were unable to pinpoint how the babies became infected. Physicians followed up with about half of the infants, including the two who tested positive for the virus, during the first two weeks of life, and all remained well.

In the early part of the pandemic, a number of paediatric and health organisations had released interim guidelines for pregnant women with Covid-19, recommending the separation of mothers and newborns during their hospital stay, no direct breastfeeding, and bathing

newborns as soon as possible. Normally, delayed bathing of newborns is advised as it can interfere with bonding and breastfeeding and can increase the risk of low temperatures and blood sugars.

"These recommendations were made in the absence of data on rates of mother-to-newborn SARS-CoV-2 transmission and are based on experience with mother-newborn transmission of other infectious diseases," said lead author Dani Dumitriu, assistant professor of paediatrics in psychiatry at Columbia University Vagelos College of Physicians and Surgeons

"But some of the recommendations conflict with what we know about the developmental benefits of early breastfeeding and skin-to-skin contact. Our study offers further evidence that these measures may not be necessary for healthy newborns with SARS-CoV-2-positive moms," she added.

Since then, the American Academy of Pediatrics has updated its guidance on rooming-in for mothers with suspected or confirmed Covid-19.

"We think it's particularly important that mothers with SARS-CoV-2 have the opportunity to directly breastfeed their newborns," said Prof Gyamfi-Bannerman. "Breastmilk is known to protect newborns against numerous pathogens, and it may help protect newborns against infection with the virus. Most studies have not found SARS-CoV-2 in breastmilk, and breastmilk has been found to contain antibodies against the virus."

DOI:10.1001/jamapediatrics.2020.4298



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# CROSSWORD Competition

**Across**

- 1 Sponger, tramp (3)
- 3 Is it part of the brain or university grounds for large animals? (11)
- 8 25a & 19d The Simpsons' dog is useful at this time of year! (6,6,6)
- 9 Christmas time (8)
- 10 Large water jugs (5)
- 11 Opera seen in Ascot, perhaps (5)
- 13 Lets off steam about air ducts (5)
- 15 An opportunity for what you like doing with your gifts (7)
- 16 Roof and columns transposed by the Cop Trio (7)
- 20 We hope your Christmas is this! (5)
- 21 Reverie (5)
- 23 Indian cooking style seen in tribal times (5)
- 24 Coming from the Land of the Rising Sun (8)
- 25 See 8 across
- 26 Can this ship of old be described as a trader male? (11)
- 27 Morse code symbol (3)

1		2		3		4		5		6		7
8						9						
10								11				12
					13			14				
15							16			17		
						18						
21				19		20						
24								25				
26												27

**Down**

- 1 Dog with an unfortunate bashed snout (6,5)
- 2 Seasonal savoury offering (5,3)
- 3 Has he a postscript? Plenty! (5)
- 4 Remittance (7)
- 5 Ward off or turn away (5)
- 6 Clergyman (6)
- 7 Diocese (3)
- 12 Did Shakespeare write this play exactly to your specifications? (2,3,4,2)
- 13 Snake poison (5)
- 14 Was Tintin's dog named for seasonal weather in Kansas? No, Wyoming (5)
- 17 By breaking a date, Lois is left on her own (8)
- 18 Gift (7)
- 19 See 8 across
- 22 A period of time in Beaumont Hospital (5)
- 23 Scots youngster (5)
- 24 A preserve (3)

**November crossword solution**

**Across:** 1 Tug 3 Stock market 8 Nodded 9 Necklace 10 Idiom 13 Heats 15 Heart to heart 16 Out-half 20 Dowel 21 Spasm 24 Melanoma 25 Jigsaw 26 Bunny rabbit 27 Air  
**Down:** 1 Tennis shoes 2 Godzilla 3 Sperm whale 4 Cynical 5 Askew 6 Koalas 7 The Eiffel Tower 13 Hated 14 Scull 17 All at sea 18 Ewe lamb 19 Marlin 22 Money 23 Hoist 24 Mob



The winner of the November crossword is:  
**Liliana Walsh  
 Dublin**

You can email your entry to us at [nursing@medmedia.ie](mailto:nursing@medmedia.ie) by taking a photo of the completed crossword with your details included.

**Closing date:** Monday, January 18, 2021

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**

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

**Medium**

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

**Hard**

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

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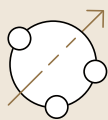
Amino Acid-Based  
Formula

GMS code 83249



Helps support the immune system in the gut and beyond<sup>1-3</sup>

Contains 2'-FL\* which has proven benefits on the gut and systemic immune responses\*\*



Supports healthy growth and symptom resolution<sup>†‡4-10</sup>



Trusted by mums and healthcare professionals<sup>8,11-13</sup>

To live chat with a dietitian visit [www.abbottnutrition.ie](http://www.abbottnutrition.ie)

**IMPORTANT NOTICE:** Breastfeeding is best for infants and is recommended for as long as possible during infancy.

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\* 2'-FL: 2'-fucosyllactose. Structurally identical to that found in breast milk (not sourced from human milk). \*\* Study conducted in healthy-term infants consuming standard infant formula (Similac) with 2'-FL, compared to control formula without 2'-FL. † Data collected from infants fed standard EleCare formula without 2'-FL. ‡ Parent reports from a single-arm study, where all infants were consuming an extensively hydrolysed formula before being switched to Alimentum with 2'-FL for 60 days. After 7 days of switching to Alimentum with 2'-FL, the majority of parents reported that the following symptoms had improved or resolved: 84% of infants with constipation, 71% of infants with eczema, 100% of infants with vomiting.

**References.** 1. Reverri EJ, et al. *Nutrients*. 2018;10(10):1346. 2. Marriage BJ, et al. *J Pediatr Gastroenterol Nutr*. 2015;61(6):649-658. 3. Goehring KC, et al. *J Nutr*. 2016;146(12):2559-2566. 4. Borschel MW, et al. *Clin Pediatr (Phila)*. 2013;52(10):910-917. 5. Borschel MW, et al. *BMC Pediatr*. 2014;14:136. 6. Sicherer SH, et al. *J Pediatr*. 2001;138:688-693. 7. Borschel MW, et al. *SAGE Open Med*. 2014;2:2050312114551857. 8. Abbott Nutrition. Data on File (AL32). April 2020. 9. Borschel M. *Allergy*. 2014; 69(Suppl. 99):454-572. 10. Sampson HA, et al. *J Pediatr*. 1991;118(4 Pt 1):520-525. 11. RTI research. Abbott Elecare No.1 Dr Recommended. Final Results. 2019. 12. Abbott. EleCare Promotional Claims Parent Survey. 2019. 13. Abbott. Alimentum Market Research, UK 2018.

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Date of Preparation: September 2020 | IE--2000016

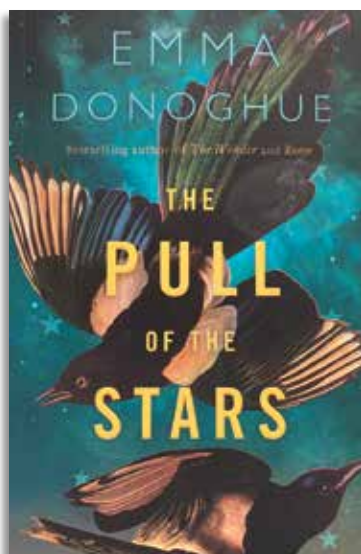


# The pull of a pandemic

SET in a war-torn and diseased Dublin of 1918, Emma Donoghue's *The Pull of the Stars* paints a graphic picture of three days in the life and work of midwife Julia Power.

While a work of fiction, the story is underpinned by well-researched historical facts, bringing to life the devastation and destitution brought on by the triad of the First World War, the social unrest after the 1916 Rising, and the influenza pandemic of 1918. Inspired by the centenary of the great flu of 1918, Donoghue began writing this moving historical novel in October 2018. Little did she know then that a new pandemic, Covid-19, would be taking hold of the world just as she delivered her final draft in March 2020. It was therefore a far more timely delivery than the unfortunate births the story describes (pun intended).

While still overstretched and under-resourced, nurses and midwives today can be thankful for the advances in conditions and medicine over the past 100 years. Back in 1918 the only armoury in fighting 'the grippe' was bed rest and open windows. As for warding off the virus, advice included to



"eat an onion a day to keep illness at bay".

*The Pull of the Stars* is a moving story of love and loss set in the microcosm of a tiny, make-shift ward where expectant mothers who have come down with the strange flu are quarantined together. Readers are treated to graphic descriptions of prolonged labours, premature births, and

heartwrenching but inevitable deaths.

This may all sound far from the escapism a nurse or midwife might wish for currently but at its heart is a deeply moving story of Julia's growing relationships with two strong women. First is Bridie Sweeney, an untrained assistant with a back story of institutional abuse and neglect. Then there is the fascinating real-life Dr Kathleen Lynn working away in the shadows overseeing patients and carers alike.

Dr Lynn was a Republican who fought in the Easter Rising, was arrested and imprisoned, but continued as an activist for social justice. Shortly after the time period of this story, Dr Lynn co-founded St Ultan's Hospital for Infants on Charlemont Street in Dublin to care for impoverished infants and support their mothers.

This was also the time of the foundation of the Irish Nurses Union (now the INMO) in February 1919 – the need for which is keenly illustrated by this tale of our fore-sisters.

*The Pull of the Stars* by Emma Donoghue is published by Picador, ISBN 978-1-5290-4616-8

## Breastfeeding: The best start

Breastmilk is the **ideal** food for newborns and infants. It gives infants all the **nutrients** they need for healthy development. It is safe and contains **antibodies** that help protect infants from common childhood illnesses such as diarrhoea and pneumonia, the two primary causes of child mortality worldwide. Breastmilk is **readily available** and **affordable**, which helps to ensure that infants get adequate **nutrition**.



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The Irish Nurses and Midwives Organisation supports breastfeeding

For more information log onto [www.breastfeeding.ie](http://www.breastfeeding.ie)

# INMO launches agreement with Migrant Nurses Ireland

THE INMO has launched a co-operation agreement with Migrant Nurses Ireland, an organisation which supports Indian nurses and works closely with the INMO International Section to support the wider community of migrant nurses in improving their welfare and accessing union support as workers in Ireland.

The agreement was launched by the Indian Ambassador to Ireland Sandeep Kumar last month.

INMO president Karen McGowan said: "We are delighted to be a part of this

initiative, and to continue to strengthen the union's support of our nursing and midwifery colleagues from around the world. Almost half (49%) of new nursing and midwifery registrants in Ireland in 2019 were from outside the European Union, including 1,206 new Indian nurses/midwives. Nurses and midwives from India and from all over the world are central to our healthcare community and our frontline workforce. We have a responsibility to ensure that employers and state bodies fulfil their duties to these workers.

"A crisis such as Covid-19 really highlights the complex challenges faced by migrant nurses and midwives in Ireland, and the importance of solidarity and community support in overcoming those challenges. The INMO has a vital role to play in this, and one that we welcome and take seriously."

Varghese Joy of Migrant Nurses Ireland said: "Our aim is to help bring our colleagues into a trade union culture, and ensure a strong relationship between the community of Indian and other migrant nurses and midwives and the

INMO. We want to ensure that migrant nurses and midwives can access the supports of their union and that they are made fully aware of their rights.

"We welcome the strong support that the INMO has shown, and continues to show, for the community of Indian nurses and midwives in Ireland. We hope that this agreement will support more Indian workers to develop rewarding careers in the Irish health service, and encourage leadership and growth within this highly skilled and invaluable workforce."

## Department recommends adults over 65 take 15µg vitamin D daily

THE Department of Health has advised that adults aged 65 and older take a vitamin D supplement to ensure they get the essential vitamin D needed for bone and muscle health.

Earlier this year, the Department of Health requested the Scientific Committee of the Food Safety Authority of Ireland (FSAI) to examine the vitamin D status of this older population and provide scientific recommendations on vitamin D supplementation.

The FSAI report found that older people in Ireland do not get sufficient vitamin D from their diet or the effect of sunlight on their skin. Based on the evidence provided in the FSAI report, the Department of Health is providing population health guidance for vitamin D supplementation for older people.

The recommendation is that adults aged 65 and older take a vitamin D supplement of 15µg every day to ensure they get the essential vitamin D needed for bone and muscle health.

## WIT launches self-assessment stress tool for nurses and nursing students

A PERSONAL stress self-assessment tool for both student nurses and qualified nurses has been launched by the Student Stress e-Mobile Management (SSTeMM) research project led by a team at Waterford Institute of Technology (WIT).

Last year WIT secured funding of almost €300,000 to lead the two year pan-European research project Student Stress Training e-Mobile Management (SSTeMM). Research over the past five years and recent news reports have highlighted that there is a rise in problems of mental wellbeing among people attending college which has risen drastically since the Covid-19 pandemic, particularly in healthcare students.

The project has developed a mobile application to support student nurses to manage their work-related stress. Nurses can avail of the stress assessment tool for free and support further research by sharing their stress score anonymously.

Project co-ordinator, Prof John Wells, head of the School of Health Sciences at WIT, explains how the tool can help stressed frontline workers: "One of the consequences of the Covid-19 pandemic

is the impact of work-related stress on healthcare workers. In particular, student nurses and other healthcare students who were called upon to support health services address the crisis.

"Students and qualified nurses can complete this tool online at <https://sstemm.eu/survey/> to obtain their very own personal stress score and identify areas of their work that can cause them stress.

"If the user chooses, they can share this score, anonymously, with the SSTeMM project which will help us expand our research in this area."

The data gathered will help the SSTeMM project in its work to develop further online tools to support students, and their qualified clinical colleagues to better manage stress in their clinical work.

The SSTeMM project, funded under Erasmus Plus Knowledge Alliances, consists of European academic and industry partners – Waterford Institute of Technology, University of Maribor in Slovenia and Tecnocampus University in Spain, and is supported by Whitfield Hospital in Ireland and IBK Management Solutions in Germany.



# Take cancer off the menu: new book of 'anti-cancer' recipes launched

GEORGINA Campbell, Derval O'Rourke and Neven Maguire are among the contributors to a new healthy-eating cookbook created by two dietetics experts to help lower the risk of cancer.

*The Anti-Cancer Cookbook: Recipes to Reduce your Cancer Risk* compiled by Irish dietitians, Dr Aoife Ryan, senior lecturer in nutrition and dietetics at UCC, and Dr Éadaoin Ní Bhuachalla, HSE senior primary care dietitian, who said they wanted to counteract the "rising tide of misinformation on cancer and nutrition".

Through a partnership with Breakthrough Cancer Research, they said they created the book as a 'go-to' evidence-based resource for people who want to eat healthier food in order to lower their risk of cancer. The recipes are also suitable for cancer survivors who are finished cancer treatment and have been advised to follow a healthier diet.

The book has been endorsed by the Irish Society of Medical Oncology, the Irish Nutrition and Dietetic Institute and the National Cancer Control Programme and is supported by the World Cancer Research Fund (WCRF), which has established that approximately 40% of cancers



Pictured at the launch of the 'Anti-Cancer Cookbook' were: Dr Éadaoin Ní Bhuachalla, HSE senior primary care dietitian (left), and Dr Aoife Ryan, senior lecturer in nutrition and dietetics, UCC (right)

are preventable through maintaining a healthy body weight, eating a healthy diet and being physically active.

Dr Ryan said many existing cancer cookbooks are based on 'nutribabble' and 'fads', while *The Anti-Cancer Cookbook* contains recipes from dietitians, well-known chefs and oncologists that are based on up-to-date cancer prevention guidelines from the WCRF.

The cookbook also lays out the 10 cancer prevention recommendations from the WCRF in easy-to-understand language.

Dr Ryan said: "With a rising tide of misinformation on nutrition and cancer in the media, we wrote this book as an evidence-based resource for individuals who wish to eat a healthier diet to lower their risk of cancer. The recommendations and recipes in this cookbook represent a package of lifestyle choices which can make an enormous impact on people's likelihood of developing cancer and other diseases such as diabetes and heart disease."

Dr Ní Bhuachalla added: "The meals in this book are low in energy, fat and salt and high in fibre, vegetables and wholegrains. Scientific evidence shows that complying with the advice in this book lowers the risk of cancer at many sites in the body, and this way of eating may improve the chances of longer-term survival after a cancer diagnosis."

*The Anti-Cancer Cookbook* is published by Cork University Press and is available to purchase for €21.94. ISBN: 1782054251

All proceeds from sales of the book will go to Breakthrough Cancer Research.

## ICN to world leaders: 'Support and protect nurses'

AHEAD of the G20 Summit, which took place virtually on November 21-22, the International Council of Nurses (ICN) called on world leaders to invest in their nursing workforces and to protect their healthcare workers from the damaging effects of treating Covid-19 patients.

ICN CEO Howard Catton said: "The failure to invest in the nursing and healthcare workforce worldwide meant our health systems were unprepared for this pandemic and these are the people who have directly suffered the consequences – exhaustion, burnout, abuse, attacks, infections and tragically also death. Now is the time for our political leaders to act to show their support, not clap – actions are what history will judge them by."

## New study reveals damaging effects of flu virus in pregnant women

NEW research led by the Royal Melbourne Institute of Technology (RMIT) has explained why influenza A can lead to life-threatening complications during pregnancy, suggesting that the virus does not stay in the lungs but spreads throughout the mother's body.

The pre-clinical study, which involved researchers from other Australian universities and Trinity College Dublin (TCD), has overturned existing thinking on the reasons why flu infections affect pregnant women and their babies so severely.

The findings could also help researchers to understand how Covid-19 spreads from the lungs into the rest of the body.

The research, in animal models, showed that during pregnancy, flu spreads from the lungs through the blood vessels into the circulatory system, triggering a dam-

aging hyperactive immune response.

The study's lead author Dr Stella Liong, RMIT, said: "We've known for a long time that flu can cause serious maternal and foetal complications, but how this happens has not been clearly understood.

"The inflammation we found in the circulatory system is so overwhelming; it's like a vascular storm wreaking havoc throughout the body. We need further research to clinically validate our findings but the discovery of this new mechanism is a crucial step towards the development of flu therapies designed specifically for pregnant women," she said.

Prof John O'Leary, TCD said: "The discovery of an influenza-induced 'vascular storm' is one of the most significant developments in inflammatory infectious diseases over the past 30 years."

All meetings and conferences listed below will take place online

## December

- Friday 4**  
OHN Section webinar
- Monday 7**  
National Children's Nurses Section meeting. From 10am via Zoom
- Wednesday 9**  
Nurse/Midwife Education Section meeting. From 2pm via Zoom
- December 12**  
RNID Section meeting. From 12pm
- December 15**  
International nurses section celebration. 12pm-1.30pm. See page 18 for details

## January

- Saturday 16**  
PHN Section AGM. 11am
- Monday 18**  
Emergency Nurses Section meeting. From 11am via Zoom
- Tuesday 19**  
Telephone Triage Section AGM. 11am
- Wednesday 20**  
RNID Section AGM. 11am
- Thursday 21**  
Retired Section AGM. 11am
- Saturday 23**  
School Nurses Section AGM. 10am
- Tuesday 26**  
COOP Section AGM. 11am

**Thursday 28**  
Assistant Director Section AGM. 2pm

## February

- Monday 1**  
National Children's Nurses Section AGM. 10am
- Monday 1**  
Nurse/Midwife Education Section AGM. 11.30am
- Saturday 6**  
Special Education Schools Networking Group meeting. 9.30am via Zoom
- Saturday 6**  
Midwives Section AGM. 2pm
- Tuesday 23**  
COOP Section conference

## March

- Thursday 4**  
SALO Networking Group meeting. 11am

For further details on any listed meetings or events, contact [jean.carroll@inmo.ie](mailto:jean.carroll@inmo.ie) (unless otherwise indicated)

**INMO Professional Library**

**December/January**

The library is closed to visitors. Please contact us by phone or email if you require assistance

For further information on the library, please contact

Tel: 01 6640 625/614  
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## INMO Membership Fees 2021

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

## Condolences

- ❖ The INMO sends its deepest condolences to the family, friends and colleagues of Nicola Keane. Nicola was an active INMO member who worked at Our Lady's Hospital, Crumlin, where she will be missed by all. May she rest in peace.
- ❖ Everyone at the INMO offers their deepest sympathies to Sinéad O'Connor in the INMO Galway office on the recent death of her stepfather Maurice Peters. May he rest in peace.

## Retirement

- ❖ The INMO Limerick Branch wishes Deirdre O'Regan, INMO representative, paediatric unit at University Hospital Limerick, a happy retirement – thank you for all your work on behalf of members over the years.

[www.nurse2nurse.ie](http://www.nurse2nurse.ie)

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## Night Nurses

The Irish Cancer Society are seeking Night Nurses who can provide a minimum of two nights per week and have some palliative experience. Job description on [www.cancer.ie](http://www.cancer.ie)

Email CV to [recruitment@irishcancer.ie](mailto:recruitment@irishcancer.ie)  
Informal enquiries to 01-231 0524 or [mferns@irishcancer.ie](mailto:mferns@irishcancer.ie)



## Irish Nurses Rest Association

A committee of management representing the Guild of Catholic Nurses of Ireland, the INMO, the Association of Irish Nurse Managers and Director of Public Health Nursing exists to administer the funds of the Irish Nurses Rest Association. It's open for applications from nurses in need of convalescence or a holiday for a limited period who are unable to defray expenses they may incur or for the provision of grants to defray other expenses incurred in purchase of a wheelchair/other medical aids.

Please send applications to:  
Ms Margaret Philbin, Rotunda Hospital, Dublin 1.  
email: [mphilbin@rotunda.ie](mailto:mphilbin@rotunda.ie)



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Portiuncula University Hospital, Ireland, invites applications for the following posts:

- **Clinical Midwife Managers 2**

Successful candidates will join the dynamic maternity team in Portiuncula and provide day-to-day operational management to the maternity services (Labour ward, Maternity ward including Maternity Day Assessment and Supportive care pathway).

Informal enquiries to: Ms Deirdre Naughton,  
Director of Midwifery, Portiuncula University Hospital,  
Tel: +353 (0)90 9624688.

Closing date for receipt of application: 10.00am 15th December 2020.

Full details on this post and requirements available on [www.saolta.ie/jobs](http://www.saolta.ie/jobs) or [www.hse.ie/jobs](http://www.hse.ie/jobs)

You can also contact the Group Recruitment & Retention Office directly via Email: [resources.human@hse.ie](mailto:resources.human@hse.ie) or Tel: +353 (0)91 542119.



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Next issue: February 2021

Advertisement booking deadline:

Monday, January 18

Tel: 01 271 0218

email: [leon.ellison@medmedia.ie](mailto:leon.ellison@medmedia.ie)



**International Council of Nurses  
2021 Congress and Exhibition,  
June 5-9, 2021**

**Email: [icn2021@icn.ch](mailto:icn2021@icn.ch)**

**Web: [www.icn/ch/events/icn-congress-abu-dhabi](http://www.icn/ch/events/icn-congress-abu-dhabi)**

**Registration closes at midnight  
on February 12, 2021**



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# SEASON'S GREETINGS

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We wish everyone a peaceful time over the Christmas period and a bright 2021.



  
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