

# WIN

INMO

Journal of the  
Irish Nurses and  
Midwives Organisation

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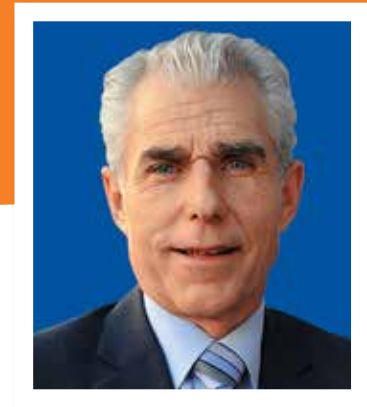


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# Employers must deal with reality



AS YOU read this issue of *WIN*, it is probable that the discussions on the need for special initiatives to address the staffing/recruitment/retention crisis will have concluded. At the time of writing, it is planned to have whatever emerges from the negotiations considered by our Executive Council on February 8, 2017 and it will decide whether they go on to be considered by the membership or whether we now move to serve notice following the recent national ballot.

The backdrop of this whole process is the repeated acknowledgement, at both political and management level, of a serious problem with regard to recruitment/retention, but no concrete actions to address the deepening crisis. It is an indictment, against both government and health management, that it has been left to nurses/midwives to highlight this problem, through the INMO and demand action.

Any employer, and by that I include the government, who recognises a labour market problem, but declines to deal with it, has failed in their duty to both those who use their service and those they employ. When it comes to the health sector, the onus on the employer to recognise staffing shortages and deal with them, in partnership with their staff through their unions, is even greater, as a failure to do this compromises patient care.

Despite repeated warnings, burned and stressed out staff, growing waiting lists and waiting times and an abject failure, particularly in the past two years, to recruit nurses and midwives, health employers have repeatedly failed to recognise the reality the recruitment crisis is creating. In fact their attitude has been, regardless of its impact upon patient care, to ignore the problem in the hope that it will go away and/or resolve itself.

Failure to address this staffing crisis will result in serious damage to our public health service as nurses and midwives who are free to choose where they work, leave our health service and refuse to come back once they have emigrated.

The INMO's objective in these negotiations has been to bring the reality of the current

workload and working environment of nurses and midwives to the attention of the government and all layers of public service management. The outcome of these negotiations will indicate whether health employers have moved from staring at the problem, talking nicely about it but simply refusing to do what needs to be done, to addressing the crisis which has developed over the past nine years and to constructively repairing this decade of damage.

In parallel with this, the INMO is also engaging with the Public Service Pay Commission. This Commission has been established by the government to create the framework for government and public service unions to negotiate a successor to the current Lansdowne Road Agreement. While welcoming the accelerated restoration of the €1,000 increase by five months, it is still also a reality that public service pay, including nurses/midwives pay, has been dramatically cut in recent years and a growing economy must result in accelerated restoration.

Specifically, the Pay Commission is also required, under its terms of reference, to consider labour market challenges facing a grade, group or category in the public service. Once again, in the context of the existing reality of health employers being unable to recruit/retain nurses and midwives, the Pay Commission must point the way to fundamentally realign nurses/midwifery pay levels.

Employers must now, once and for all, recognise the reality of the damage done to nursing and midwifery and acknowledge the absolute need to come forward with short and medium term actions to begin the process of recovery for nursing and midwifery in Ireland. If we continue to be short of nurses and midwives then our health service cannot expand and every citizen will pay the cost of that reality.

**Liam Doran**  
General Secretary, INMO

# Your priorities with the president

Martina Harkin-Kelly, INMO president



## New year, old story

THIS new year I hoped that we would, as professions, see a positive start to 2017. However, January 3 saw a 10-year record of 612 patients on trolleys, chairs and beds in the 29 emergency departments, wards and units across the country. Intrinsicly part of this 'battle zone' scenario, which impacts each service area, are you, the nurses and midwives of this mal-functioning health system. Across the length and breadth of the country you have carried the brunt of 10 years of severe contraction and are now on your knees – a broken, depleted, stretched and burned out nursing and midwifery workforce. The unfolding events of the week beginning January 23 highlighted the absence of a coherent workforce plan to address the current unsafe staffing levels that exist nationally and some fundamental issues were referred to the WRC. The INMO recommenced discussions with the Department of Health/HSE/Department of Public Expenditure and Reform on January 24, chaired by the WRC and intensive talks were continuing as we went to press. In light of this it was decided to stand down the special meeting of the INMO Executive Council, which had been scheduled for January 30. This decision was taken to allow the Executive to make an informed decision once the negotiations were fully complete. Therefore, as president, I ask members to galvanise and remember our strength is in our numbers and our solidarity. Stay briefed via INMO updates, email, website and social media. Attend your branch annual general meetings which are scheduled nationally over the next few weeks. Get prepared; set up the campaign committees and complete statements of concern. While this is extra paperwork, it is worth remembering that this may just be the one thing that will safeguard your livelihood. Please be reassured that this Organisation is at the forefront of ensuring that change will occur (see page 9).

## Open disclosure – Oireachtas Health Committee

I READ the opening statement of the INMO's submission to the Oireachtas Joint Committee on Health – Open Disclosure (Periodic Payment Orders (Civil Liability) Amendment Bill) on December 8. I was accompanied by Edward Matthews, INMO director of regulation and social policy, whose legislative knowledge informed our response to this very important heads of bill. The INMO, in emphasising that nurses and midwives wish to participate in a system of open disclosure to improve the experience of service users, to improve the service and to ensure an ethical delivery of that service, endorses this model as the appropriate way to respond to incidents of concern. The Committee was asked to consider that healthcare professionals experience significant anxiety with regard to how disclosures may be made, the consequences of those disclosures, the messages that they may be seen to communicate to service users, and the potential consequences in terms of both civil litigation and regulatory processes. Notwithstanding the consequences of civil litigation proceedings, it was reiterated that our members face the potential of losing their licence to practise nursing and midwifery. The submission detailed the views of our members and can be viewed on [www.inmo.ie](http://www.inmo.ie)

## RNID conference

I WAS honoured to address this timely annual one-day conference given the changing landscape of care for those with intellectual disability in our community and residential care settings. In my address I cautioned that rights, policy, HIQA requirements and future trends must be dealt with in a balanced and equitable manner that clearly places the RNID in a pivotal role. All the speakers on the day were excellent. However, for me, the standout session was presented by Paula, Una and Chrissie, three service users who gave their own take on bone health, which was truly humbling. Well done to our section officers and members and thank you Ailish Byrne, section chair and serving member of the Executive Council.

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

## Quote of the month

*"Alone we can do so little, together we can do so much"*  
–Helen Keller

## Report from the Executive Council

THE meeting on Tuesday, January 17 was adjourned following the Executive Council's decision to defer on announcing the timeframe for industrial action. This decision was important to allow all procedural aspects to be played out given that HSE management had agreed to forward proposals on January 20 for further consideration.

INMO officials and the executive officership reviewed the proposals from the HSE on January 20, and further engagement followed on January 23. The proposal document was weak with no apparent plan but it did give recognition to the nursing and midwifery workforce being "critical to the delivery of safe effective patient care" and some issues were referred to the Workplace Relations Commission.

Following developments on Friday, January 27 and ongoing talks as we went to press on Monday, January 30, the Executive Council will meet on February 7 and 8 to discuss developments. Following the February 8 meeting members will be advised of the council's decision with regard to next steps on the campaign. Please allow for this timeframe and know that any measures to address the current challenges facing the nursing and midwifery professions must be comprehensive.

## 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)

# Accelerated pace for pay restoration

## €1,000 increase brought forward five months following talks

FOR A number of months, the INMO, and all other public service unions affiliated to the Irish Congress of Trade Unions, have been seeking to accelerate the pace of pay restoration, following the cuts of recent years, through an adjustment to the terms of the Lansdowne Road Agreement (LRA).

The need for this acceleration, apart from just the growing economy and wage growth throughout the economy, was further enhanced following the Labour Court recommendation in November applicable to Garda grades.

In recent weeks discussions have been taking place between the ICTU Public Service Committee and the Department of Public Expenditure and Reform. Throughout these discussions the public service unions have consistently reaffirmed their view that accelerated pay restoration should be addressed in a collective fashion through an agreed process.

Against this background a special meeting of the Public Services Committee of ICTU

was convened on Tuesday, January 17, 2017, to receive a report on the outcome of these discussions with the government. The officers reported that the Minister for Public Expenditure and Reform, Pascal Donohoe, on behalf of the government, continued to express government support for a public-service wide agreement. It was also acknowledged that the government recognised that the recent Labour Court recommendations in the Garda dispute, have resulted in wider implications across the public service, which have to be addressed.

Against this background the Officers of the Public Service Committee confirmed the €1,000 increase, originally due for payment from September 1, 2017 under the LRA, has been brought forward by five months, and will now be paid from April 1, 2017. The payment, which is worth €38.33 a fortnight before tax, is due to all public servants who earn €65,000 a year or less.

This adjustment does not fully deal with the anomaly

arising from the Garda dispute, but it allows for talks on a successor to the LRA – likely to take place in the late spring – to continue to address the issue.

The April payment will go to all public servants on annualised salaries up to €65,000 who are in unions signed up to the LRA and this includes the INMO. It will not go to members of the two Garda associations, who benefited from last November's Labour Court recommendations.

Public servants who earn more than €65,000 a year will not benefit either, as the Garda settlement did not apply to gardaí with salaries of over €65,000. However, most public servants who earn above €65,000 will see the beginning of restoration of the 'third' pay reduction – which applied exclusively to those earning over €65,000 under the 2013 Haddington Road agreement – from April.

All attention will now turn to talks on a successor to the LRA. These negotiations, also brought forward at the insistence of the INMO and other

unions, will begin immediately after the Public Service Pay Commission makes its initial report in April.

The main objectives of these talks will be to establish a pay round and address the timetable for unwinding the FEMPI legislation, which introduced the 2009-2010 pay cuts and pension levy, and progress the elements of the report which address labour market challenges.

The ICTU Public Services Committee, which represents the vast majority of the country's public service unions, has already made a submission to the Public Service Pay Commission. The ICTU officers have also met with the Pay Commission. Further submissions on behalf of all public servants, are in preparation and additional meetings are expected to be scheduled.

In addition the INMO is making its own submission to, and will be meeting directly with, the Pay Commission on the specific issue of the labour market challenges facing nursing/midwifery (*see below*).

## INMO to meet Public Service Pay Commission

THE INMO is scheduled to meet with the recently-established Public Service Pay Commission to specifically discuss the labour market challenges facing nursing and midwifery in the public health service at this time.

At this formal meeting the INMO will be making a comprehensive written submission, which will be available on [www.inmo.ie](http://www.inmo.ie) following the meeting.

The Pay Commission was established to provide a framework for subsequent collective bargaining between the

government and public service unions, on the full unwinding of FEMPI legislation (restoration of all pay cuts), the establishment of normal pay round negotiations and, critically from an INMO point of view, to bring forward recommendations where a particular group in the public service faced labour market challenges which had to be acknowledged in terms of improved pay and conditions.

The recommendations from this Pay Commission will be critical in determining the context for direct negotiations between

government and public service unions on the successor to the LRA, which are now expected to take place in May.

The outcome of the meeting with the Pay Commission on February 7, 2017 will be considered by the INMO Executive Council on February 8, in the context of the staffing/recruitment/retention campaign (which must involve pay and conditions), to determine the Organisation's next steps.

INMO general secretary Liam Doran said: "It is vital that we avail of every opportunity to

impress on the Pay Commission, the harsh reality of the labour market challenges with regard to nurses and midwives in the public health service. In turn we must ask that the Commission clearly indicates what it believes needs to be done, in our subsequent negotiations with government, to address these stark labour market challenges and that any initiative must include, once and for all, improving the relative pay position of nurses/midwives in Ireland, with all other degree level health professionals."

# Staffing/recruitment/retention: intensive discussions ongoing

AT THE time of going to press, intensive discussions were continuing between the INMO and the HSE/Department of Health/Department of Public Expenditure and Reform, in an effort to secure special measures/initiatives to address the staffing/recruitment/retention crisis in nursing and midwifery. SIPTU are also involved in these discussions.

Following an initial meeting on January 12, 2017, the management side produced initial written proposals on January 20. However, these proposals were viewed as wholly inadequate as they did not provide even the most basic requirement, ie. a funded workforce plan, for nursing and midwifery, for 2017 in the move back towards stable staffing levels.

In view of this the negotiations, which were then under the chairmanship of the Workplace Relations Commission, adjourned, indefinitely, on January 24, as, in the absence of a funded workforce plan, the INMO delegation did not believe there was any basis for continuing discussions.

Following contact from the management side, the negotiations recommenced on Friday, January 27, with, on this occasion, the management side

producing a detailed, funded, plan for increasing the number of permanent nursing and midwifery posts in the public health service.

In view of this progress and an agreement to continue intensive discussions for a further number of days, it was agreed, following consideration of the matter by the INMO president and two vice-presidents, to defer, until Wednesday, February 8, 2017, a special Executive Council meeting to consider the situation, in the context of the recent national ballot, and decide the Organisation's next steps.

At the time of going to press, in the context of this funded workforce plan for 2017, the focus of all discussion will be on what measures health employers will agree to take to both recruit and retain the numbers of nurses/midwives necessary to deliver the stated increase in overall permanent nursing/midwifery posts.

The objective of the INMO delegation, which involves the president, two vice-presidents and senior officials, is to secure a set of proposals, under the headings of staffing/recruitment/retention, so that the Executive Council can

**INMO general secretary Liam Doran:**  
*"This is decision time for health employers, as they must stop just talking about the shortage of nurses and midwives, and agree concrete, substantial and sustainable measures to begin the process of restoration to safe levels, the numbers of nurses/midwives employed in the public health service"*



decide whether they should be considered by the membership, or whether they fall short and, therefore, notice of industrial action should be served.

As the situation develops members will be kept fully appraised via updates, [www.inmo.ie](http://www.inmo.ie) and social media. In addition, obviously, whatever decision the Executive Council takes when it meets on February 8, 2017, will immediately be communicated to all members.

Speaking as we went to press INMO general secretary Liam Doran said: "Following a very unsatisfactory start, health service management have, finally, produced a fully funded workforce plan for nursing and midwifery for 2017. Against this background we must now seek to agree a range of measures/initiatives

with health employers, which will ensure that we both recruit and retain the necessary numbers of nurses and midwives, across the services, to deliver on this increase in nursing/midwifery numbers.

"In addition, in the context of the staffing levels not being improved, we will continue in our discussions with health employers, as to how they will contract existing levels of services so that they match available staffing levels."

Mr Doran concluded: "This is decision time for health employers, as they must stop just talking about the shortage of nurses and midwives, and agree concrete, substantial and sustainable measures which will begin the process of restoring, to safe levels, the numbers of nurses/midwives employed in the public health service."

## Ongoing action in South Tipp and Dungarvan

INMO members in South Tipperary General Hospital voted to re-activate their mandate and served notice on management of their intention to hold a lunchtime protest and commence industrial action as of Tuesday, February 21, 2017.

This decision is in response to the unwillingness of National Acute Hospital

Services to fund additional nursing positions, proven as necessary to meet existing patient care requirements.

Last August 2016, members deferred their proposed industrial action to facilitate scientific research into staffing requirements in all departments at the hospital, supported by expert advisor,

Prof Jonathan Drennan of UCC.

Additionally at this time the INMO also secured:

- The conversion of 20 temporary nurses to permanent contracts.
- Increased HCA complement by 12 whole time equivalent staff.

### Dungarvan

Meanwhile, members

working in Dungarvan Community Hospital were due to meet as we went to press to review their present work to rule, in light of the recent worsening of the hospital's nurse/patient ratio, with four additional nurses having left in the recent past. Meetings with management were also planned.

– Mary Power, INMO IRO

# HSE Service Plan fails to address nursing/midwifery staffing crisis

THE lack of any specific actions in the HSE's Service Plan for 2017 to address the severe shortage of nurses and midwives was severely criticised by the INMO when the plan was issued in December.

In the face of severe overcrowding in hospital wards and emergency departments, the INMO said it was disappointed and frustrated at this lack of oversight.

Frontline services are now being operated at dangerously low staffing levels as a result of the chronic shortage of frontline nurses and midwives, the INMO warned. In recognition of this reality the Service Plan for 2017 should have contained measures that would recruit, and retain, sufficient numbers of nurses and midwives to provide safe care to all patients/clients.

The INMO said it was particularly disappointing to see that no attention was given to

the fact that the HSE continues to have 3,500 fewer nurses/midwives working in the service today as compared to 2008.

The only acknowledgement of this severe staffing shortage in the plan was the mention of a recruitment initiative over the Christmas/New Year period. As was the case with previous such initiatives, the INMO predicted this would fail in the absence of a realistic, competitive, incentive package capable of attracting nurses and midwives into the Irish health service and the existence of a working environment that allows all nurses/midwives to practise safely in a workplace that also respects their health and safety.

While welcoming commitments in the Service Plan to expand certain services, the INMO pointed out the plan failed to recognise that existing services cannot be

**INMO general secretary Liam Doran:**  
"It is very disappointing that the HSE Service Plan fails to recognise the deepening crisis with regards to staffing"



maintained within the region of 150 beds currently closed due to staff shortages. It said the plan offered no explanation as to how the staff, for any expanded service, will be found.

In particular, the INMO noted the absence of any initiative within primary care to increase the supply of public health nurses and community specialist nurses to provide all required services for people wishing to stay in their own home and avoid admission to hospital.

The INMO also welcomed

the specified funding for disability services within the Service Plan. However, questions still exist about recruiting the required number of registered nurses in intellectual disability (RNID) into these services to optimise the potential of all service users at all stages of their life cycle.

INMO general secretary Liam Doran said: "This Service Plan, which involves €13.9 billion of expenditure, was an opportunity to address continuing service deficits, primarily arising from staff shortages. In the context of the reality on the frontline, it is very disappointing that the plan fails to recognise the deepening crisis with regard to staffing and to prioritise measures to address this crisis. To suggest that we can expand, or create, new services while failing to acknowledge the staffing shortages in existing services is a grave disappointment."

## Congress tells Dáil that 1,500 new beds and end of staff shortages needed to resolve overcrowding crisis

THE Irish Congress of Trade Unions told a Dáil committee that "at least 1,500 new acute hospital beds, roster changes for senior clinicians and measures to tackle staff shortages will be needed to deal with the severe overcrowding crisis in hospital emergency departments."

Addressing the Oireachtas Joint Committee on Health's special hearing on the overcrowding crisis in late January, Congress general secretary Patricia King said overcrowding had "almost doubled in the past decade and it is typically the elderly and working families that suffer most and have their care compromised."

The Congress statement to the Oireachtas Joint Committee on Health was presented by general secretary Patricia King and INMO general secretary Liam Doran, who is also chair of the Congress Health Sector Committee.

Citing INMO trolley watch figures, Ms King told the committee that there had been an unacceptable increase in the number of patients on trolleys in emergency departments over the past decade, rising from just over 55,000 to almost 94,000 a year.

She said the onset of the recession after 2008 saw funding and staff cut, with resultant cuts in service and

capacity. Ms King explained that Congress was proposing a number of short and medium term solutions that could help resolve the crisis. "Firstly, and most immediately, we need to ensure that senior clinical decision makers are rostered over seven days, at least until the end of the winter period. We also need incentivised measures to tackle the staffing crisis that would help boost hospital capacity, along with the reopening of the approximately 150 acute beds that are closed due to staff shortages," Ms King said.

"In the medium term, we will require at least 1,500 new acute beds to help bring our

bed numbers into line with international standards, which we fall significantly below at the moment. Over the longer term, demographic pressures will require sustained investment in our public, long-term care bed capacity. It will also be necessary to invest in seven-day primary care services that will ensure people can be treated away from hospital, where appropriate.

"Quite simply, the repeated ongoing overcrowding crisis is unacceptable and cannot be allowed to continue. It should serve as a source of shame and highlights the severe deficits in our public care infrastructure," she said.

# INMO demands emergency response as trolley figures reach record levels

A RECORD number of 612 admitted patients on trolleys was recorded by INMO trolley/ward watch on January 3. This shocking figure emerged simultaneously with the news that the total number of admitted patients on trolleys throughout 2016 also reached a record level for a calendar year, with 93,621 on trolleys (see Table).

The INMO said the record figure in January was entirely predictable from the trend throughout November/December, which showed a significant deterioration in the

daily trolley figures compared to previous years. The Organisation said questions must be asked if any measures were taken over that eight weeks to alleviate the situation and to plan for the predictable surge that occurs every year in the early days of the new year.

Against the backdrop of the new record figure of 612 and the trend of recent weeks, the INMO demanded immediate answers from the HSE and Department of Health on:

- What special initiatives were taken in response to the

deteriorating overcrowding situation in late 2016, particularly over the Christmas period

- What steps were taken to implement the recommendations of an expert group report last August, which called for additional nursing posts to be created and filled, to look after all admitted patients in EDs and extra patients on wards

- What immediate measures will be put in place to provide the additional nursing hours needed to ensure ill admitted patients are provided with the care they require?

INMO general secretary Liam Doran said: "612 admitted patients for whom there is no bed, is truly shocking. We cannot allow this to become just another statistic – it must result in a fundamentally new approach to our health system, as overcrowding continues to grow. The approach of successive governments has failed to address this problem and it must now become a top priority for a government wide response in 2017. An emergency response is required from health management immediately."

Table. INMO trolley and ward watch analysis (Full year analysis 2006 – 2016)

Hospital	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Beaumont Hospital	4,304	6,164	8,065	8,748	8,195	7,410	6,327	7,062	6,565	8,243	6,130
Connolly Hospital, Blanchardstown	2,418	2,709	2,706	2,667	3,562	4,207	3,937	5,852	5,062	5,165	2,698
Mater Misericordiae University Hospital	4,248	5,083	5,984	4,910	5,425	3,936	4,213	2,854	3,576	4,704	4,473
Naas General Hospital	3,025	1,323	2,268	3,797	3,282	4,409	2,116	1,836	2,951	3,210	3,054
St Colmcille's Hospital	1,267	751	1,104	2,589	2,231	2,208	2,201	1,130	n/a	n/a	n/a
St James' Hospital	2,008	1,022	2,471	2,441	1,366	1,590	1,288	1,706	2,220	2,654	1,851
St Vincent's University Hospital	4,190	6,093	5,694	5,427	6,063	6,403	4,735	2,872	2,478	5,150	4,836
Tallaght Hospital	4,941	3,962	5,782	6,044	7,011	4,784	1,906	3,943	3,717	4,718	4,166
<b>Eastern</b>	<b>26,401</b>	<b>27,107</b>	<b>34,074</b>	<b>36,623</b>	<b>37,135</b>	<b>34,947</b>	<b>26,723</b>	<b>27,255</b>	<b>26,569</b>	<b>33,844</b>	<b>27,208</b>
Bantry General Hospital	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	147	233	627
Cavan General Hospital	2,816	2,779	2,189	1,975	3,291	4,572	2,569	1,954	460	1,000	771
Cork University Hospital	3,867	3,615	4,516	4,539	7,021	6,649	4,230	4,102	3,574	4,670	6,032
Letterkenny General Hospital	3,059	1,253	388	378	474	592	539	1,277	2,755	2,814	2,047
Louth County Hospital	200	88	152	146	25	n/a	n/a	n/a	n/a	n/a	n/a
Mayo University Hospital	2,285	1,391	1,207	1,454	1,760	599	1,525	1,145	1,908	1,868	2,241
Mercy University Hospital, Cork	1,431	1,270	1,534	1,270	1,910	1,943	1,922	2,491	2,196	2,227	2,859
Mid Western Regional Hospital, Ennis	867	961	252	368	431	411	324	333	7	125	330
Midland Regional Hospital, Mullingar,	169	91	183	528	1,921	3,204	2,398	2,845	3,908	4,366	4,849
Midland Regional Hospital, Portlaoise,	469	283	425	297	426	1,926	539	824	1,589	2,162	3,364
Midland Regional Hospital, Tullamore,	64	34	95	77	766	1,857	1,303	1,156	3,746	2,758	4,748
Monaghan General Hospital	106	287	293	119	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Nenagh General Hospital	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	59	103
Our Lady of Lourdes Hospital, Drogheda	3,444	2,811	2,927	3,415	3,484	7,449	6,761	3,349	6,249	7,783	5,608
Our Lady's Hospital, Navan	520	847	851	1,084	453	1,469	745	1,029	1,059	1,000	595
Portiuncula Hospital	403	281	306	605	840	941	821	813	912	1,100	892
Roscommon County Hospital	589	764	725	755	1,036	719	n/a	n/a	n/a	n/a	n/a
Sligo Regional Hospital	784	732	667	955	1,754	1,505	2,086	963	2,017	2,478	2,308
South Tipperary General Hospital	727	784	881	500	666	768	2,138	2,762	1,959	2,028	5,399
St Luke's Hospital, Kilkenny	n/a	n/a	n/a	n/a	140	1,034	695	1,817	1,921	3,514	3,144
University Hospital Galway	1,654	2,414	3,470	3,444	4,103	6,544	4,193	3,907	5,312	6,514	5,807
University Hospital Kerry	1,144	507	763	337	623	672	606	694	1,005	1,389	1,664
University Hospital Limerick	1,814	1,367	1,735	2,422	3,715	3,658	3,626	5,504	6,150	7,288	8,090
University Hospital Waterford	n/a	n/a	496	589	1,349	1,165	1,590	2,269	2,249	2,445	3,835
Wexford General Hospital	2,907	736	1,306	1,833	2,536	3,857	975	1,374	1,399	1,333	1,100
<b>Country total</b>	<b>29,319</b>	<b>23,295</b>	<b>25,361</b>	<b>27,090</b>	<b>38,724</b>	<b>51,534</b>	<b>39,585</b>	<b>40,608</b>	<b>50,522</b>	<b>59,154</b>	<b>66,413</b>
<b>NATIONAL TOTAL</b>	<b>55,720</b>	<b>50,402</b>	<b>59,435</b>	<b>63,713</b>	<b>75,859</b>	<b>86,481</b>	<b>66,308</b>	<b>67,863</b>	<b>77,091</b>	<b>92,998</b>	<b>93,621</b>

**Comparison with total figure only:** Increase between 2015 and 2016: 1%  
 Increase between 2014 and 2016: 21%  
 Increase between 2013 and 2016: 38%  
 Increase between 2012 and 2016: 41%  
 Increase between 2011 and 2016: 8%  
 Increase between 2010 and 2016: 23%  
 Increase between 2009 and 2016: 47%  
 Increase between 2008 and 2016: 58%  
 Increase between 2007 and 2016: 86%  
 Increase between 2006 and 2016: 68%





INMO deputy general secretary **Dave Hughes** asks how our battle for a better health service can capture as much support as Home Sweet Home

## How do we harness public support?

THE occupation of the NAMA-controlled Apollo House building and its conversion into a hostel for the homeless captured the headlines over the Christmas period and the early days of 2017. Unearthing massive public support and voluntary efforts, it highlighted the desperate need of the homeless in Ireland.

Indeed, the veteran campaigner on homelessness Fr Peter McVerry, who, through the Peter McVerry Trust, provides shelter and support for homeless people said that the Home Sweet Home movement, which carried out the occupation, and the celebrities who supported it, had done more to raise the profile of homelessness and the inadequacy of successive government responses to deal with it, than any other effort over the past 20 years.

Meanwhile, Ireland's other national scandal – the plight of patients waiting long hours on trolleys in overcrowded emergency departments and now hospital wards – also hit the headlines when a record 612 patients were boarded on trolleys overnight in the first week of the new year.

While the media has continued to cover the high numbers on trolleys throughout January, the public outrage for the plight of patients and the staff who look after them in our massively overcrowded hospitals is not as evident as was witnessed for the plight of homeless people.

Perhaps it is the absence of celebrity voices on the health crisis, except on a few rare occasions, or maybe a feeling of hopelessness about our dysfunctional two-tiered health system, but all attempts by the INMO to

rally the wider public in a mass movement to put an end to such overcrowding have ended up in an echo chamber, with only the directly affected attending campaigns, meetings or protests.

Indeed, RTE reported just 200 as having attended a protest march in Limerick over one of the most overcrowded hospitals in the country. The political campaign to maintain cardiac services in Waterford attracted a far higher number of people but the ongoing crisis affecting patients all over the country simply does not draw large enough numbers to make political change.

The Home Sweet Home movement, whether or not it continues as a force in the long run, did manage to change the debate on homelessness. Government, official agencies and local authorities have been operating on the basis that any bed is better than sleeping on the street and, therefore, no minimum standards need apply. Established charities do an excellent job with meagre resources and a begrudgery on the part of the state with regard to paying salaries for hostel staff, and have had to live with that philosophy to avoid being punished if they spoke out. In many respects, it was the unstructured alliance that made up Home Sweet Home that allowed it to be bold enough to suggest minimum standards and accommodation appropriate to the needs of people unfortunate enough to find themselves homeless.

Public health nurses in the field are only too well aware of the complexity of homelessness and the need for appropriate services and accommodation for the huge diversity of homeless people.

Likewise nurses in EDs and throughout our hospitals know and had warned that once the HSE allowed trolleys to be placed on ordinary wards the numbers of trolleys would double. Unfortunately, that prediction has proven true and the placing of additional trolleys or beds on wards has now led to the chronic overcrowding of entire hospitals, some of which are in permanent full capacity mode.

A lack of urgency in providing additional beds and a lethargic approach to recruiting and retaining the nursing and midwifery staff needed to provide basic safe quality care has typified the official response. Without the INMO trolley watch the plight of patients would go almost unheard except when extreme incidences happen to families and they speak out themselves. But trolley watch itself is such a part of the fabric that journalists will often consider a drop from 612 to just over 500 as some sort of improvement. How deep has the crisis in health descended?

The INMO is currently conducting a campaign to provide for safe staffing through appropriate measures to recruit and retain a nursing and midwifery workforce suited to the size and quantity of services required. There is a rich irony in the fact that so many nurses and midwives feel the only way to achieve this basic human right is to withdraw their labour in a demonstration of their plight.

The twin crises facing this government of homelessness and hospital overcrowding are tragic examples of chronic policy failures long before the recession hit Ireland. Both problems are exacerbated by

the cutbacks that followed the collapse of the economy and it is stomach churning to hear reports of vulture funds availing of bargain basement deals on Irish property, bought by the Irish taxpayer and sold off by NAMA, without the State collecting any reasonable level of taxation on the capital gains those vulture funds make when selling on the property.

The absence of that tax revenue has directly impacted on both policy areas and it was a chosen policy not to tax those funds, but instead to allow the health service lose 3,500 nurses and midwives while the needs of the people of the country for a health service was growing exponentially year on year.

The failure to build local authority and social housing over the past two decades is a direct reason for the current level of homelessness. The failure to adhere to well-documented policy with regard to the projected shortage of nurses and instead to allow a blunt moratorium apply in the health services, with no regard to nursing and midwifery posts, is again a deliberate policy decision which is now having woeful consequences.

In the same way that some influential media sources turned on the Home Sweet Home movement with regard to the legality of its occupation of Apollo House and sought to discredit the celebrity and trade union figures involved in that campaign, nurses and midwives can expect, if industrial action must happen, to experience similar hostile treatment.

The big question is can we expect the same sustained support from the public as has been shown for the Home Sweet Home movement?



Phil Ní Sheaghda, INMO director of industrial relations,

## Transfer of tasks process now focused on non-acute services

THE verification process for the national agreement on reinstatement of time plus one-sixth as the premium payment for hours worked between 6-8pm has now been completed within the acute hospital system.

Payments are due retrospectively to January 2016, to those who worked 6-8pm without premium pay. After a protracted delay, most hospitals finally paid the correct sum on January 12, 2017 and confirmed that where not already paid, the full year's back money would be paid before the end of January 2017. Members are urged to ensure that they receive the correct payment.

### Non-acute services

The process in non-acute services has commenced and the steps have been set out by the independent chairman Sean McHugh. It has been agreed that a survey would

take place of the care of older people and intellectual disability (ID) community care areas. A questionnaire, drafted by a group comprising directors of nursing nominees from each side, as well as representatives from the unions and the HSE/CERS, aims to seek information on the current status of the four original tasks in services for older people and ID sectors, and whether they are relevant to each centre:

- Intravenous cannulation
- Phlebotomy role
- IV drug administration
- Nurse-led discharges.

Additional information may be sought on additional or alternative tasks, such as the potential role of the nurse in the area of advanced healthcare directive and/or in certification/pronouncement of death. Other options such as titration, hydration and administration of antibiotics

may also be included.

Specific questions will seek an indication from each area of potential benefits and savings that would result from the introduction of changes in relation to tasks, where they are not currently undertaken. Centres are also being asked to identify existing benefits and savings where such tasks are already being undertaken.

The questionnaire was due to be signed off by the NIVG group in mid-January 2017 and to be issued, with a cover note from the group, and the date for return of questionnaires was to be February 3, 2017. There has been some delay in the timeframes but the returns are due to be analysed by the NIVG group and a report issued to the overall group in advance of a meeting on February 15, 2017, at which further decisions may be made.

The national committee, on

which the INMO is represented by director of industrial relations Phil Ní Sheaghda, has endorsed this methodology. Members who work in care of older people or ID services are asked to contact their section officers who will be seeking feedback on the issues arising.

The national agreement allows for reinstatement for payment in sectors outside of the acute hospital process. It is agreed that the HSE will ensure that the payment is applied using the same mechanism to the terms and conditions of members in each sector in which it applied prior to the Haddington Road Agreement.

This engagement is now underway and the INMO is seeking the dates for payments in care of older people/ID and community care areas. The next meeting of this national group is scheduled to take place on February 15.



See  
[www.inmo.ie](http://www.inmo.ie)  
for ongoing  
updates on  
all industrial  
relations issues

## Update on measurement of all attendance hours

A MEETING of the national group tasked with implementing the LRA chairman's note on the measurement of all attendance hours was held on January 12, 2017.

Definitions of working time were exchanged, with the INMO proposing that working time be described as follows:

*"All time an employee is required to be physically present at his/her place of work and is available to undertake his/her activities, or is carrying out his/her duties as required by the employer.*

*"Working time may also*

*include periods of inactivity where the employee is required to remain available to the employer in order to be able, in case of need, to provide appropriate services."*

This definition was accepted by the HSE and will form the basis of further discussions. The next steps in this process include:

- Measurement of additional time pre-roster, untaken meal breaks and post-roster period to commence
- Four acute hospitals and one each from other services to be agreed for the pilot

- Pilot measurement to be undertaken based on the above definition of working time
- Nurse in charge (CNM2) to sign off on the incidences
- Form to capture this in user friendly manner was to be developed by the unions and issued to management by January 21
- Meeting to explain and orientate involved front-line and nursing managers to be jointly attended by unions and management
- Measurement period to be six weeks.

*Community care update*

## Review of governance of home helps commences

THE longstanding issue of the governance of home helps progressed last month. The HSE has confirmed its agreement to an independently chaired process to commence in February 2017. This process will look at:

- The workloads involved for public health nurse and community RGN grades
- The level of clinical governance required
- The requirement of the NMBI in this area – delegation and supervision
- Alignment of workloads

assigned by the social care division in relation to this area of work, and workloads assigned by primary care division of HSE for PHN and CRGN grades

- Role and responsibilities of private companies providing home help services in the community and the role if any of clinical governance of PHN and CRGNs in these circumstances
- The current status of health-care assistant grades working in community care areas and

supervised by PHN/CRGN regarding home help grades.

The INMO will be represented on this group by three PHNs, three CRGNs, director of industrial relations Phil Ní Sheaghdha and one IRO.

Nominations for these roles were due to be endorsed at the PHN and CRGN sections meeting on Saturday, January 21. This process was due to be co-ordinated by Mary Leahy, INMO first vice president, who would then revert to the Executive Council.

## Introduction of new policy on safeguarding vulnerable adults – referred to WRC

OUTSTANDING issues with regard to the introduction of a new policy on safeguarding vulnerable adults have been referred to the Workplace Relations Commission.

This follows the HSE's attempt to introduce a policy without adherence to agreed negotiations with the trade unions representing nursing grades affected by it.

There are a number of issues arising for nursing grades, not least the additional responsibilities the procedural changes would place on them, and all of

these issues have been raised. The three unions involved have advised that their members will continue to report any allegations of abusive like behaviour in the manner in which they did prior to the introduction of this process and this is accepted by the HSE.

A meeting to progress the outstanding issues which the HSE had cancelled on September 22, 2016, took place on January 9, 2017. Following this it was agreed that the outstanding issues relating to nursing involvement with

this non-agreed policy will be referred to the WRC, where the next steps would be explored.

This is to take place as a matter of priority and the HSE understands that the nursing unions have advised that training in the new policy or adherence to the process within it cannot be undertaken by members until the WRC process has concluded.

In the meantime, members are advised to continue to report and process any issues as they were processed prior to this policy being introduced without agreement.

## Metrics for measuring PHN/CRGN workloads

IN mid-2016, the INMO successfully argued for and secured a national forum to design measurement methods for PHN and CRGN workloads.

The Organisation also secured places for INMO PHN and CRGN reps on the committee of this forum.

The work on designing the measurement tool is now complete. A small number of clarification issues were set out to the HSE lead on this project Virginia Pye.

Following response to these points, the INMO PHN and RGN sections were due to endorse this measurement tool at their meetings on Saturday, January 21. The tool will then be rolled out on a testing and feedback basis.

The national committee will continue to oversee and troubleshoot on the design of this measurement tool for at least the first six months.

– Phil Ní Sheaghdha,  
INMO director of  
industrial relations

## 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

# More action needed to put Maternity Strategy into effect

THE INMO called for a planned and resourced implementation of the National Maternity Strategy 2016-2026 at a meeting with the Joint Oireachtas Health Committee in January.

At this meeting, which was held one year after the launch of the strategy, the INMO delegation raised growing concerns about the commitment to, and speed of, implementation of the recommendations.

In an opening statement to the meeting, INMO first-vice president Mary Leahy and Executive Council member Mary Gorman, who was a member of the Maternity Strategy Steering Group, stated the strategy was warmly welcomed by midwives but that the severe shortage of midwives was a barrier to its implementation.

In the course of the meeting the INMO stressed that:

- The implementation of the strategy must be driven by a special taskforce, which should issue an annual report clearly specifying all developments on delivering on the strategy's recommendations
- The recruitment and retention of midwives to address the severe shortage must be an absolute priority as part of the implementation process. This requires a number of initiatives including incentivised recruitment and retention measures; enhanced clinical supports to assist midwives ensure best practice and best outcomes for mothers and newborns; and clear respect to be shown to midwives exercising their professional judgement on what is required to ensure safe practice and best outcomes
- Simplified governance structures in all maternity units/hospitals, which give clear

**Maternity Strategy:**  
INMO first-vice president Mary Leahy and Executive Council member Mary Gorman (right) who represented the Organisation at the meeting with the Joint Oireachtas Health Committee



autonomy to the director of midwifery and senior obstetric colleague, supported by a general manager, in relation to the management of all services (including budgets) in that unit/hospital.

In response to a question from the committee on recruitment and retention, the INMO confirmed that once safe staffing levels have been achieved (one midwife to 29.5 births) through proactive strategies, these ratios should be maintained through legislation. With the current staffing deficits (with a ratio of one midwife to 36 births), the INMO said that a minimum of 400 additional midwives is required for maternity services.

The meeting also involved representatives from the Institute of Obstetricians and Gynaecologists – Dr Peter Boylan and Prof Louise Kenny. The discussions demonstrated the commonality of view held by the INMO and the institute in relation to implementing the strategy and the reality that this will require significant and sustained investment in infrastructure, midwives and consultants. Both the INMO and the institute welcomed the strategy, in particular, the fact that it overtly places the woman at the centre of all activities supporting her pregnancy.

At the meeting the INMO delegates said that the strategy's recommendations would require all members of the

multidisciplinary team to alter their existing approaches to facilitate new models of care that are totally sympathetic to the mother and newborn baby.

"Maternity services need to be capable of addressing today's realities of pregnancy, including increasing levels of obesity, management of other chronic illnesses and the many issues which flow from modern work/life balances. Maternity services need to be resourced, responsive and flexible, which will result from the implementation of this strategy," Ms Leahy told the committee.

The INMO acknowledged the dedicated work of the steering group, which led to this forward-looking strategy. It stressed that the INMO Midwives Section was particularly committed to working with all concerned to deliver on the strategy's recommendations.

"The collective goal must be to ensure excellent standards of care in the environment chosen by the mother, based on their needs and preferences. The recognition of the role of midwives within the proposed new pathways of care, is very welcome and our midwife members look forward to embracing this change and providing these new models of care and choice for women nationwide," Ms Leahy said.

The INMO is seeking an early meeting, with the Department of Health on the implementation of the strategy.

## World news



### Nurses and midwives in action around the world

#### Australia

- Nurses, midwives strike pay deal with Tasmanian government
- South Australian nurses, midwives awarded 2.5% wage increase for the next three years

#### Brazil

- Rio Health enters new year with new strike

#### Canada

- Cost-cutting effort at Alberta Health Services stirs controversy with unions
- Nurses win their meal break

#### France

- Why have the nurses of Bécélère Hospital been on strike for a month?

#### Greece

- The health system in Greece collapsed due to budget cuts

#### Kenya

- Government-nurses pay hike talks set for mid January

#### Nigeria

- Nurses call off strike action in Delta State

#### Spain

- The Nursing Union criticises the Public Prosecutor's Office for lack of midwives
- Satse denounces the cutback of nurses in Reina Sofia
- Over-occupied rooms, disaggregated patients and continuous staff changes from one ward to another

#### UK

- Nurses working over Christmas see wages fall – while MPs get a pay rise

#### US

- Head of nurses' union 'counting on' Trump for single-payer system
- Full practice authority granted to advance practice registered nurses
- Trump, GOP threaten Obamacare, Medicare and Medicaid

# Protest at staff shortages in Cavan

Action taken to highlight hospital's failure to address staff shortages

INMO members in Cavan General Hospital staged a lunchtime protest recently to highlight staffing shortages at the hospital. According to

the Organisation, inadequate staffing levels, which are pervasive throughout the hospital, are negatively impacting on patient care and are affecting

the health, safety and wellbeing of nursing/midwifery staff.

The INMO has had several engagements with management in an attempt to address the staffing deficits in the hospital. The Organisation met management at the Workplace Relations Commission (WRC) on December 8 and, despite management being well aware of the difficulties, it made no cogent proposals to address the issues and, instead, sought more time to consider its response. The INMO cannot allow a situation to continue where patient safety and staff wellbeing are put at risk.

There is a clear requirement on management to ensure that there are sufficient staff on duty to provide safe care

to patients and they are not fulfilling this obligation at present.

There are significant deficits throughout the hospital including areas such as theatre, maternity, surgical, medical and the emergency department.

Agreement was reached at WRC on December 20 to recruit three additional permanent staff to Surgical 2 to back fill maternity leave. These hours were to be placed on the roster immediately by using agency or overtime, pending recruitment.

Further meetings are planned regarding the medical division with the process due to conclude within eight weeks.

– Tony Fitzpatrick, INMO IRO



INMO members protesting to highlight staff shortages outside Cavan General Hospital in December

## Unsafe to open beds in Virginia until extra staff hired

A PLAN by the HSE to admit patients to Virginia Community Nursing Unit, Cavan without adequate staff, was condemned by the INMO in recent weeks.

The Organisation objected in the strongest possible terms to this proposal, which it called "irresponsible" and members voted 100% in favour of industrial action to protect patient care, including lunchtime protests, working to rule and withdrawal of labour.

The INMO had sought assurances from the HSE that no patient would be admitted until staffing for the 56 beds was agreed and additional staff were recruited. However, in early January the HSE indicated that it was set to commence admitting patients to Virginia CNU immediately and the INMO sought the urgent intervention of the Workplace

Relations Commission (WRC).

A hearing was held with no agreement reached and the INMO requested that its claim for safe staffing for these vulnerable patients be referred to the Labour Court.

The INMO advised the HSE that its members would not be co-operating with the opening of additional beds as, to do so without adequate staff, would compromise patient care and was against the professional judgement of registered nurses with expertise and experience in this area of care.

The HSE's attempt at unilateral action is also contrary to a longstanding agreement, reached at the WRC that beds would only be opened in the context of safe staffing levels.

The HSE announced that it would begin moving patients into the unit on January 11. The INMO said that in the absence

of adequate staffing levels, this amounted to an irresponsible act which had the potential to damage the health and wellbeing of these patients.

The Virginia Unit currently has 26 beds with a potential capacity for a further 30. However, the HSE has failed to recruit additional staff to open these beds and was attempting to do so in a manner which must be deemed unsafe and without precedent.

The INMO has also written to HIQA requesting it to examine the matter immediately to ensure that patients are protected. The Organisation has also called for an independent staffing review.

INMO IRO Tony Fitzpatrick said: "These plans by the HSE to admit patients in the absence of any staff to care for them are grossly irresponsible and demonstrate a reckless

disregard for their wellbeing. Because of management's behaviour INMO members were left with no option but to ballot for industrial action. The members have voted 100% in favour of industrial action including lunchtime protests, work to rule and withdrawal of labour.

"We are extremely disappointed that the WRC talks broke down and that no solutions have been put forward by the HSE. We have served notice of industrial action to be commenced at the unit and are awaiting a date for a hearing in the Labour Court. In the interests of these vulnerable patients we call upon the HSE to accept the professional judgement of our members and to follow due process before any additional beds can be opened, inclusive of the necessary additional staff."

# Midwives call for robust governance

INMO members in the maternity unit, the labour ward and maternity OPD of Mayo University Hospital, Castlebar staged a lunchtime protest at the hospital on December 13.

This followed a unanimous vote by members in favour of industrial action, up to and including a full withdrawal of labour, due to staff shortages. A work to rule by midwives was postponed pending a Workplace Relations Commission hearing on January 19, 2017.

The protest was held in pursuit of the INMO's claim for hospital management to deal comprehensively with the understaffing, lack of key specialist roles and lack of robust governance structures within the maternity ward, labour ward and the maternity OPD at the hospital.

The INMO is calling for:

- An independent review of staffing in the maternity unit
- Appointment of a director and assistant director of midwifery and CMM3
- Appointment of an advanced midwife practitioner, a clinical facilitator for maternity services, a lactation consultant, a bereavement CMS and a CMS sonographer
- Immediate appointment of dedicated ward clerks and porters for maternity services

**Protest at Mayo General Hospital, Castlebar:**  
INMO IRO Anne Burke (front right) joined midwife members outside Mayo General Hospital to highlight the need for robust governance structures and safe staffing in the hospital's maternity unit, labour ward and maternity OPD



- Immediate replacement of staff on all forms of leave and proper rostering of staff for each shift
- A review of transfers from the maternity unit to other locations
- A follow up framework on risk assessments.

INMO members took the decision to commence industrial action because of concerns about patient safety and their ability to provide safe care. The INMO has engaged with management on this issue on an ongoing basis, highlighting members' concerns, which, to date, have not been adequately addressed.

INMO IRO Anne Burke said: "Midwives are disillusioned with the HSE and its failure to put in place robust governance and safe staffing arrangements. Our members have

nothing personally to gain by speaking out except securing a safe, quality and appropriately-staffed maternity service for mothers and babies. It is of significant concern to front-line midwives that the ongoing clinical risks at the hospital due to a shortage of staff are left unaddressed."

Ms Burke pointed to the launch of Ireland's first National Maternity Strategy earlier this year, which she said was to lead to a positive transformation of maternity services in Ireland, with much improved staffing levels. She also pointed to a subsequent report on Midwifery Manpower, published by the Office of Nursing and Midwifery in the HSE, which clearly stated that services, when implementing the Maternity Strategy, should move to a midwife to birth ratio of 1 : 29.5.

An additional 450 midwives are required to achieve this ratio, in the next four years.

"The strategy needs to be implemented as a matter of urgency in Mayo University Hospital where there is a severe shortage of midwives, in order to provide safe care," Ms Burke said. "Our members are extremely concerned about patient safety and are frustrated and disappointed at management's inadequate response to their legitimate claims. INMO members wish to highlight their concerns in relation to maintaining their professional registration and believe that working in this difficult environment is having a detrimental effect on their health and wellbeing. They have been left with no other option but to take this course of action."

## Successful claim for location for endoscopy unit at Bon Secours

THE INMO made a claim for the payment of a location allowance in respect of the 30 nurses who work in the clinical and ward areas of the endoscopy unit of Bon Secours Hospital, Dublin.

Management initially offered to pay the allowance only for staff working in the procedure room but not to ward-based staff. The INMO pointed out that there was rotation of

the staff and therefore in the interest of fairness and good working relations that the allowance would apply to all staff in this area. This claim was conceded by the employer and will be backdated to May 2016, when the claim was lodged.

The matter was put to a ballot of members in the Bon Secours Hospital and was unanimously accepted.

— Albert Murphy, INMO IRO



**All systems go at the Richmond Building**  
With the new INMO Education and Event Centre due to open in the spring, work is continuing apace in transforming every corner of the Richmond Building into a state of the art facility

## Action deferred at St Luke's, Kilkenny

INDUSTRIAL action at St Luke's Hospital, Kilkenny was deferred by the INMO in mid-January to allow time for consultation and balloting of members on an interim proposal from the Workplace Relations Commission (WRC) to address staffing and bed capacity problems at the hospital.

The dispute is centred on overcrowding and short staffing, particularly the placing of additional patients on trolleys on medical and surgical wards.

An INMO ballot of members in the eight units affected in July 2016 saw a 100% vote in

favour of industrial action up to and including withdrawal of labour. Such action was sanctioned by the INMO Executive Council in early November 2016 and notice of industrial action commencing in the affected units, in the form of a work-to-rule, was then served on hospital management to commence in mid-December.

This action was then deferred following a series of meetings with management and the Ireland East Hospital Group (IEHG) and management's referral of the issue to the WRC. A conciliation

conference on the dispute was then held on January 5, 2017, from which an interim proposal emerged on January 13, 2017.

At the conciliation conference management confirmed to the INMO that funding had been received from the IEHG to reconfigure existing capacity in the hospital to provide an additional 12 inpatient beds for surge capacity, which would allow 12 additional inpatients be relocated from the corridors of the affected units into these surge capacity beds in the former gynaecological unit in the hospital.

In addition, management said it had commissioned a discharge lounge in the hospital to expedite the discharge of patients once their need for inpatient care had ceased.

As well as undertaking to offer permanent contracts to nurses on temporary contracts, management undertook to expedite efforts to recruit additional nursing staff utilising existing national panels and bespoke local competition. Both parties committed to re-engaging at the WRC in early February to review the ongoing situation.

– Liz Curran, INMO IRO

## SVUH members accept transplants programme

THEATRE nurses at St Vincent's University Hospital (SVUH), Dublin have reached agreement on the introduction of the Simultaneous Pancreas and Kidney Transplant Programme.

Following intensive negotiations throughout 2016, INMO members will now access preferential pay for this specialised work. As a term of the settlement, INMO members will also have time owing arrangements restored for liver transplant work, and general on call cases in recent years. Any outstanding monies due

to staff as a result of unilateral changes introduced, will also be restored. A small number of outstanding matters will be subject to arbitration by an agreed external arbitrator.

### Claim for specialist allowance

Meanwhile, nurses working on St Paul's respiratory ward at SVUH, who hold a Higher Diploma in Respiratory Nursing, have lodged a claim for payment of the specialist qualification allowance, which is currently €2,791 per annum.

– Philip McAnenly, INMO IRO

## Plea for cross-border help to ease Letterkenny crisis

AMID the worst days of overcrowding at Letterkenny University Hospital last month, the INMO called on the HSE to make contact with neighbouring hospitals in Northern Ireland to assist with the chronic situation.

With 46 admitted patients on trolleys awaiting beds, the hospital applied the Emergency Department National Escalation Policy. Management opened three escalation areas to house some of the patients, while others were being care for in treatment rooms or on

ward corridors. Some day-services work was cancelled and elective work in theatres was also cancelled. Nursing staff in the day services unit were deployed to look after patients in the overflow areas.

This record overcrowding is further evidence that the measures taken to date, while welcome, are insufficient to deal with a 10% increase in ED attendance. The INMO said special emergency and immediate measures are now required.

– Maura Hickey, INMO IRO

## NRH membership grows

INMO members at the National Rehabilitation Hospital, Dun Laoghaire have reformed an INMO committee at the hospital in recent weeks.

Most clinical areas elected a representative, leading to an AGM of members at which officers were elected for 2017.

The large attendance discussed measures for any decisions issued by the INMO

Executive Council in furtherance of our recruitment/retention campaign, and to progress restoration of the unsocial hours premium.

Concerns about the implications for nurses arising from the planned development of a new hospital building on the NRH campus were also addressed.

– Philip McAnenly, INMO IRO



**New INMO branch at National Rehabilitation Hospital, Dun Laoghaire**  
Pictured above are committee members of the new branch (front, l-r): Reeya Jose, recruitment officer; Karen Murphy, chairperson; and Florence Anderson, secretary; (back row, l-r): Liam Conway, INMO student and new graduate officer; Kelly Lennon, assistant secretary; Anu George, vice chairperson; Roshni Thomas, education officer; and Philip McAnenly, INMO IRO

# Orthopaedic nurses represent Ireland at international conference

THE third International Collaboration of Orthopaedic Nursing (ICON) conference, the theme of which was 'orthopaedic care – a global horizon', took place recently in Hong Kong, attracting more than 200 delegates from across the globe.

Five Irish delegates attended the conference and displayed posters or presented oral abstracts, with Caitriona Boyce from Galway University Hospital winning first prize for her poster on cauda equina syndrome.

The conference programme addressed many current issues in orthopaedics, including international perspectives on the identification and treatment of fragility fractures, orthopaedic rehabilitation, and the transfer of orthopaedic care from the acute to the community setting.

Of particular interest was the discussion on the role of the clinical academic as a means of advancing orthopaedic nursing in the clinical setting. Currently, this is a role in the UK where an advanced nurse practitioner's workload incorporates both the clinical and academic setting, and is an excellent tool for narrowing the gap between best practice theory and practice.

From an elective orthopaedic perspective the concept of a discharge café was discussed, where patients can meet and discuss any concerns following joint arthroplasty in a warm, supportive, informal setting with the clinical nurse specialist and other patients prior to discharge. This is a novel approach to improving the education of patients prior to discharge that



Irish delegates Rosemary Masterson and Fiona Heany with ICON chair Karen Hertz and ICON members at the working group meeting in Hong Kong

works well in the Danish setting. There may be opportunities to replicate it in the Irish elective orthopaedic setting.

Rosemary Masterson, nurse tutor, and Fiona Heany, clinical nurse specialist, were among the Irish delegates representing the Orthopaedic Nurses Section at the ICON meeting. The conference provided a great opportunity for collaboration and discussion with like-minded colleagues.

The conference closed with a presentation on the next ICON conference, planned for 2019. Further details will be made available on the Irish Orthopaedic Nurses Section (IONS) webpage: [www.inmo.ie/Orthopaedic\\_Nurses\\_IONS](http://www.inmo.ie/Orthopaedic_Nurses_IONS).

Irish orthopaedic nurses are invited to join Ireland's national orthopaedic nursing group, IONS. For more information contact Jean Carroll at email: [jean.carroll@inmo.ie](mailto:jean.carroll@inmo.ie)

## COOP Section to gather for annual conference

A TALK on the power of positive thinking by psychologist Ultan Sherman is among some of the topics that will be discussed at the upcoming Care of the Older Person Section conference, which is due to take place in Limerick on March 8.

Phil Ní Sheaghda, INMO director of industrial relations, will be discussing the expansion of the role of the care of the older person nurse while

managing COPD, the role of speech and language therapy and infection prevention and control will also be covered. The conference will conclude with a presentation from Edward Mathews, INMO director of regulation and social policy, on leadership and governance.

Bookings can be made on [inmoprofessional.ie](http://inmoprofessional.ie) or at Tel: 01 664016. See page 56 for the full programme.

### Retired Nurses and Midwives Section heads west

THE Retired Nurses and Midwives Section enjoyed a four-night break in Galway Bay Hotel, Salthill recently.

There were a number of trips organised throughout the stay, including exploring the city of the tribes and a coach trip to Ross Abbey.

The group spent time in Cong, of Quiet Man fame, and then visited Kylemore Abbey.

A coastal trip back to Galway was also included as part of the four-day trip.

The Section extends its thanks to all those involved in organising the outing.

## Celebrating 50 years of the INMO ODN Section

THIS year, the Operating Department Nurses Section of the INMO will be celebrating its 50th year as a section and will be marking the occasion at their annual conference on Friday, March 24 and Saturday, March 25. As part of the celebrations, a gala dinner will be held on the Friday evening of the conference, to which all conference delegates are invited.

During the conference nurses will have the opportunity to present on current research that they are involved in. The full criteria are available at [www.inmoprofessional.ie](http://www.inmoprofessional.ie). Alternatively, see page 29 for further information.

A poster competition, supported by Teckno Surgical, will also be running again, with a chance for participants to win part of the €1,000 prize fund.

Application forms and full criteria are available on [www.inmo.ie](http://www.inmo.ie) or you can contact the INMO at Tel: 01 6640616.

Bookings for the conference can be made through [www.inmoprofessional.ie](http://www.inmoprofessional.ie) or by contacting the INMO at Tel: 01 6640641. An early bird rate is available until Friday, March 17.

### EORNA congress

The eighth EORNA Congress will be taking place this year in Rhodes Island, Greece from May 4 to May 7. Any members interested in attending can log on to [www.eorna.eu](http://www.eorna.eu) for the full conference programme, information on how to get involved, access to early bird rates and accommodation.

For further information about the upcoming congress, contact EORNA at email: [eorna2017@era.gr](mailto:eorna2017@era.gr)





# Representing nurses across Europe

**Elizabeth Adams focuses on international nursing and midwifery initiatives and activities of interest to INMO members**



ESTABLISHED in 1971, the European Federation of Nurses Associations (EFN) is an important international organisation representing nurses and nursing concerns across 35

European countries. The INMO has been a member of the EFN since its inception and there are a number of significant projects and policy developments that the INMO is central to.

Issues concerning health, patient care, mobility of health professionals, education, technology and health funding continue to be central to the EU debate and the culmination of these debates result in legislation which all member states have to implement. It is therefore imperative that the EFN, in representing 35 EU countries' national nursing associations, is strengthened and empowered to influence the EU political agenda, particularly in the current economic climate.

Member associations share information regarding the effects of the economic crisis on healthcare. The impact has led to the closure of hospital units and other healthcare facilities, reduced salaries, deteriorating conditions of employment, reduced number of health professionals, particularly nurses, increasing workload and consequent uncertainty about the quality and safety of healthcare delivery. This exchange of information is essential to the strategic policy and lobbying activities of the EFN, in portraying the difficulties facing nurses in providing a safe and quality service and the inequalities of citizens in regard to nursing services in the EU.

Dr Paul de Raeve, EFN general secretary, and his team have published the annual *EFN Activity Report 2016*. It is based on the *Strategic and Operational Lobby Plan 2014-2020*, which is underpinned by the mission to promote and protect nurses and the nursing profession with particular reference to the EU.

The *Strategic and Operational Lobby Plan 2014-2020* sets the priorities for the strategic direction of the EFN and is overseen

by the governing body the Executive Committee, elected by the 35 member countries.

## EFN activity report

The *EFN Activity Report 2016* highlights a positive year of activity that successfully influenced and drove many achievements and key policy developments:

- Directive 2013/55/EU and the Delegated Act: The revision of the Directive 2005/36/EC on Mutual Recognition of Professional Qualifications (amended by Directive 2013/55/EU) was published in the EFN's official journal on December 28, 2013, with the requirement to be transposed into national law by the EU member states by January 18, 2016. Article 31 of the Directive allows for the development of the Delegated Act, which will provide detail of the competencies required for general nursing
- The EU workforce was central to the EFN's agenda, with the European Commission's Employment Directorate identifying that the healthcare sector is a priority, as demand for labour is increasing. This is due to the combined effects of an ageing population, advances in technology, treatments, a drive for higher quality service and greater emphasis on preventative care
- The EFN Workforce Matrix 3+1, which provides guiding definitions and qualifications for specialist nurses and advanced practice nurses across Europe, in addition to guiding principles underpinning these concepts
- The European Professional Card (EPC): Introduced in the modernised Directive 36/55, the EPC aims to facilitate the free movement of professionals in the EU and, as such, simplify and speed up the process of mutual recognition for those who want to move within the EU. It applies to nurses, doctors, pharmacists, physiotherapists, real-estate agents and mountain guides who wish to practice their profession in another EU member state, by simplifying the procedure for getting their professional

qualifications recognised. Fully engaged in this policy process for many years, the EFN has closely monitored the preparation of the implementing acts for the establishment of the EPC which came into effect on January 18, 2016

- Recruitment and retention was a key priority of the EFN with the drive for extensive recruitment of nurses within the EU and the significant issues with retention
- Patient safety and quality of care was central to the EFN in driving and shaping health policy priorities including issues such as antimicrobial resistance (AMR). Strategies to combat AMR and proposals for concrete recommendations in relation to the role of nurses in combating AMR were made. The EFN developed and published a position paper and policy statement on the issue
- Value of health systems: Increasing unmet healthcare needs, within a context of budgetary constraints, creates a need for the nursing profession to clearly formulate an understanding and definition of 'value-driven health systems'. The EFN highlighted a performance measurement system that leads to cuts and expectations of doing more with less
- The European Nursing Research Foundation (ENRF) continued to evolve and be strengthened by the EFN in 2016. The ENRF was officially established as a legal structure under Belgian law and as a 'non-profit organisation. With its own constitution, the objective of the ENRF is to analyse and compile what already exists in terms of nursing research in the EU member states, in order to convert existing data into evidence-based advocacy for the EU policy-making process
- Building alliances is detailed in the EFN 2016 report and outlines the significant work that the EFN has undertaken in developing alliances as a major priority. The EFN activates the partnership and collaboration of alliances to strengthen civil society in the policy-making process and to get successful outcomes not only at EU level but also at national and local levels. In 2016, the EFN continued this process of building alliances and strengthening the ones already established, which provides significant expertise and collective power to influence the European agenda.

The EFN *Annual Report 2016* and other information is available at [www.efnweb.be](http://www.efnweb.be)

*Elizabeth Adams is INMO director of professional development*

## Honor Society of Nursing, Sigma Theta Tau International



Sigma Theta Tau International  
Honor Society of Nursing®

The Honor Society of Nursing, Sigma Theta Tau International (STTI) will hold its 28th International Nursing Research Congress in Dublin from July 27 to July 31, 2017, and nurses and midwives are invited to attend by Dr Cathy Catrambone, president of STTI and Dr Patricia Thompson, chief executive officer of STTI. The theme for the 2017 Congress is 'Influencing global health through the advancement of nursing scholarship'.

More than 900 clinical leaders, educators, administrators, researchers and students are expected to attend this five-day event where nursing and midwifery leaders collaborate, learn, and share information.

Congress attendees from over 40 countries will have the opportunity to hear from keynote speakers such as Dr Frances Hughes, International Council of Nurses chief executive officer, Dr Siobhan O'Halloran, chief nursing officer at the Department of Health, and Prof Tanya McCance, director of Institute of Nursing and Health Research at Ulster University.

In addition to the range of information offered through presentations and posters, the annual Congress also provides an opportunity to celebrate excellence in nursing through a variety of prestigious awards. During the event, STTI honours individual award recipients, recognises emerging nurse researchers and names new honourees to the International Nurse Researcher hall of fame. Although this year's list of honourees is not yet finalised, the past hall of fame has welcomed up to 20 inductees each year representing multiple countries and research areas.

The STTI's mission is to advance world health and celebrate nursing excellence in scholarship, leadership and service. Founded in 1922, the STTI has more than 135,000 active members throughout 90 countries. Members include practising nurses, educators, researchers, administrators, policymakers, entrepreneurs, and other leaders in nursing and midwifery.

Currently, the STTI has links in Armenia, Australia, Botswana, Brazil, Canada, Colombia, England, Ghana, Hong Kong, Japan, Kenya, Lebanon, Malawi, Mexico, the Netherlands, Pakistan, Philippines, Portugal, Singapore, South Africa, South



Dr Cathy Catrambone: nurse educator and Honor Society of Nursing, Sigma Theta Tau International president



Dr Patricia Thompson: paediatric nurse and Honor Society of Nursing, Sigma Theta Tau International chief executive officer

Korea, Swaziland, Sweden, Taiwan, Tanzania, Thailand, the US, and Wales.

Dr Cathy Catrambone, nurse educator, is the current STTI president, serving the organisation for the 2015-2017 biennium. Her presidential call to action asks nurses and midwives to leverage their expertise to influence the health of the world's people and to advance the profession through advocacy, policy, philanthropy and lifelong learning.

Dr Patricia Thompson is the STTI's chief executive officer. A paediatric nurse and former academic, Dr Thompson has led the STTI during a period of unprecedented global expansion. Under her leadership, the STTI attained special consultative status with the United Nations Economic and Social Council and facilitated high-level meetings in every global region as part of the Global Advisory Panel on the Future of Nursing and Midwifery.

To register or for more information about the 28th International Nursing Research Congress, please visit [nursingsociety.org/congress](http://nursingsociety.org/congress).



## Bulletin Board

With INMO director of industrial relations Phil Ní Sheaghda



### Query from member

I work for the HSE and was assaulted in my workplace and am currently out on sick leave as a result. I was advised by my employer that I would be paid sick leave under the normal sick pay scheme, is this correct?

### Reply

This is incorrect. If an employee has been physically assaulted at work they are paid sick leave under the Serious Physical Assault at Work scheme which is six months' full pay including premium pay and if needed this may be extended twice, three months' full pay and another three months' basic pay. Medical expenses incurred may also be recouped as follows:

- A refund of expenditure in respect of treatment provided by the Irish public health service; general practitioner; casualty and consultant visits; and prescription charges
- Where employees have medical insurance they must claim where appropriate and the employer will pay the excess
- Where there are long waiting times for treatment or where treatment is not available in the public health service, private treatment costs in these exceptional circumstances will be refunded.

Where you believe you meet the criteria to be included under this scheme and your employer denies this, there is an appeal procedure that the INMO has referred a number of similar cases to and had successful outcomes. If you are in this situation please do not delay in contacting the INMO official with responsibility for your area and your case will be reviewed to seek the best outcome.

### Query from member

I had annual leave booked and authorised by my employer, however a week before I was due to take this leave my employer advised that they were cancelling my annual leave. Can they do this?

### Reply

Under Section 20 of the Organisation of Working Time Act, the

employer must give one month's notice of their intention to cancel annual leave.

Any such cancellation of leave however is most unusual and should not occur. The circumstance would have to be of the magnitude of a major disaster incident in order to set aside the employer's normal obligations to seek the consent of their employees to forfeit scheduled and approved annual leave.

If this was not the case, you should also seek to recoup any expenses from your employer, ie. cancellation of travel arrangements, bookings etc.

## 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

# Peta Taaffe

## Visionary leader in transforming nursing and midwifery awarded honorary doctorate

Peta Taaffe, former chief nursing officer Department of Health, received the honorary Doctor of Laws from Trinity College chancellor Mary Robinson. *WIN* looks back on her career

LATE last year, Peta Taaffe, former chief nursing officer Department of Health, director of nursing St James's Hospital, and matron at the Royal City Hospital Baggot Street, Mercer's Hospital Dublin, and the Cottage Hospital, Drogheda, was awarded an honorary doctor of laws at the University of Dublin, Trinity College by Dr Mary Robinson, the university's chancellor.

A registered general nurse, Peta Taaffe trained at the London Hospital, qualifying in 1961. She is also a registered midwife, training in John Radcliffe Hospital, Oxford and the Maternity Hospital Dumfries and Glasgow, qualifying in 1963. Peta undertook the first full-year course in nursing administration at the Royal College of Nursing in London in 1968.

At this time there were no courses for nurses in management in Ireland. She brought this new leadership and learning to Ireland in her roles as director of nursing; treasurer, secretary, vice president and president of the Irish Matrons Association (now Irish Association of Directors of Nursing and Midwifery). She is also a founder fellow of the Faculty of Nursing and Midwifery at the RCSI, which was established in 1974. The RCSI is the longest serving



**Pictured on the day of the conferral were:** (Back row l-r) Eric Kinsella; Prof Patrick Prendergast; Lord David Puttnam; (front row l-r) Dame Peta Taaffe; Dr Mary Robinson; and Prof Louise Richardson

provider of post graduate nursing education in Ireland. The faculty remains at the forefront of postgraduate professional education in Ireland and many past students hold strategic positions throughout the health system.

Peta Taaffe is a Dame Grand Cross of Honour and Devotion of the Order of Malta and was the elected Hospitaller until 2013. She is on the board of trustees of the Holy Family Hospital, Bethlehem; her involvement led to the establishment of a direct entry degree in midwifery in Bethlehem University. More than 3,000 mothers from many faiths, regardless of ability to pay, give birth at the hospital each year. It is considered to be the best maternity hospital in the West Bank.

She has also been president of the

Queen's Institute of District Nursing in Ireland (QIDN) charity since its creation in 2003. The Institute provides funding to support the provision of palliative home care to the terminally ill, assistance for the sick or socially disadvantaged or towards the education of nurses who provide palliative care to the terminally ill. The Council oversees the processes around the distribution of this funding, which Peta with unfailing skill, pragmatism and compassion guides and leads.

As the first chief nursing officer with the Department of Health (1997-2001), arguably the most influential nursing post in the country, she had a transformative influence on the nursing and midwifery professions including the policy decision to introduce degree entry education to



**Pictured on the day of the conferral were:** Prof Catherine Comiskey, Head of School of Nursing Trinity College, Dame Peta Taaffe; and Paul Gallagher, director of nursing at St James's Hospital

nursing and midwifery. On her recommendation, 15 years ago, the Department of Health devised a research strategy for nursing and midwifery, including the development of a database of Irish Nursing and Midwifery research.

Research, training and qualification are absolute priorities; but, as someone eminently expert in science, she recognised that the profession requires the ability to act swiftly and competently in emergency cases. Far from neglecting this important aspect, she has promoted both the advanced nurse practitioner role in Ireland's emergency departments and the course in advanced life and obstetrics at Bethlehem.

Peta has extraordinary gifts of vision, leadership and courage, which she has used throughout her life in a context of sensitivity to the needs of others. Many of today's nurse leaders talk about the lasting impact of working alongside Peta and the influence on them of experiencing the 'Peta principles' in action:

- 'Never give up' striving for co-design with your team and patients
- 'Better not ask permission' – it's easier to ask for forgiveness
- 'If a job is worth doing, it's worth doing badly' (badly meaning doing enough knowing that perfection diminishes capacity and is the absorber of time), 'celebrate the nearly good'
- 'I know you because you are very good or very bad'. Understanding that genius can be hidden between the two – the people

who we don't spend as much time with

- Be clear what you are asking us is to 'pool our ignorance' to come up with solutions. We don't need 'change' or 'QI' gurus' to tell you how to fix it. The solution is in team
- 'Tap into the person's purpose' (passion and skill), then it's not work.

Her legacy lives on to this day in St James's Hospital where Peta worked as director of nursing from January 1988 until December 1997. She has inspired so many nurses and midwives both nationally and internationally and many others through her leadership, professionalism, commitment, humanity and her dedication to the promotion of the core values of the caring professions.

The nursing community at St James's Hospital convey their warmest wishes to Peta and their gratitude and appreciation for all that she has done to improve and influence patient care.

Through the dedication of a lifetime she has been true to the motto of the Order of Malta: "Keep the faith and serve the poor." In recognition of the conferring, by Trinity College, of their highest recognition (honorary doctorate) to Peta, St James's Hospital and the School of Nursing and Midwifery held an afternoon of celebration on Monday, January 23, 2016, with Peta her many friends and former colleagues, which commenced with a mass of thanksgiving in the Chapel at Trinity College.

*This article was prepared by Maureen Flynn, director of nursing, HSE and Paul Gallagher, director of nursing St James's Hospital, Dublin based on their personal experiences and informed by testimonials for the commencement ceremony*

## Achievements

Some of Peta's exceptional achievements in nursing and midwifery include:

- Being appointed by the Minister for Health to the Irish Commission on Nursing (1997-1998) chaired by Justice Mella Carroll. The report of the Commission on Nursing made 200 recommendations for the further development of the nursing and midwifery services in Ireland.
- Being the first chief nursing officer of the Department of Health advising Ministers for Health and the government on nursing and midwifery policy, representing Irish nurses, at the WHO and internationally ensuring that Irish nursing policy developed in line with the needs of the population. She established the Nursing Policy Division within the Department in 1997 recruiting a team of nursing/midwifery advisers and researchers who worked together with Department officials to lead the implementation of the recommendations of the Commission on Nursing
- Establishing the National Council for the Professional Development of Nursing and Midwifery introducing a new clinical career pathway for nurses and midwives; serving as a board member. She was also a member of the Board of An Bord Altranaís from 1997-2001
- Steering the policy decision to introduce degree entry education to nursing and midwifery in Ireland (member of the Nurse Education Forum and the National Implementation Committee for undergraduate BSc nurse education). In particular, in her role as director of nursing in St James's Hospital, she promoted and encouraged the introduction of the four-year BSc degree for nursing that commenced in TCD, and across the country, in 2002
- In her role as director of nursing at St James's, she pioneered the introduction of the first advanced nurse practitioner role in Ireland in the ED
- She was instrumental in the transfer of acute hospital services from Baggot Street Hospital to St James Hospital. She is a member of the Board of the Baggot Street Hospital Trust, established following the closure of the acute hospital and the opening of the care of elderly facility on the same site run by the HSE. The trust awards grants for medicine/nursing research and education.

# Irish midwife wins global healthcare award

Alison Moore spoke to Deirdre Munro about her online networking project that is taking the Twittersphere by storm

DEIRDRE Munro, education officer of the INMO Midwives Section, was presented with a special recognition award at the Zenith Global Health awards at a ceremony in London late last year. Deirdre received the award as founder of the Global Village Network Community, which began with a simple idea creating a global village of midwives on Twitter.

Speaking to *WIN* about the award, Deirdre explained how the idea came about. The idea was born in Prague in 2014 at the International Confederation of Midwives (ICM) conference. Deirdre, sponsored by the INMO and representing the Midwives Section, was attending the meeting at a time when midwifery morale in Ireland was at an all time low. There she met midwives from all over the world who were "brimming with enthusiasm and positivity".

"There was huge positive energy there that I fed off. Having met so many amazing inspirational midwifery leaders from all over the world it filled me with energy and I wanted to keep this momentum alive. I didn't want it to end," she explained.

Having attended a twitter workshop at the conference, once back in Ireland Deirdre had the idea of setting up a network of midwives around the world.

## Global village

"When I arrived home I connected with many of the midwives I had met with on Twitter and followed many other midwives from all over the world. That ended up as 'Global Village Community of Midwives' which I called @globalVillageMW," she said.

Deirdre explained that @GlobalVillageMW has an open-door policy. Everyone is welcome to join, including midwives, women, dads, partners, families, doulas, doctors, birth attendants, and so on. The only rule is 'kindness always'.

"We offer support and share new publications and research. It is a network to support, listen, hear, learn, understand and action. We promote the implementation



Awards Night: Gemma Pegg (friend of the late Dr Kate Granger); Deirdre Munro, founder of the Global Villages Network; Gareth Presch founder World Health Innovation Summit; Hala Jawad, pharmacist/presenter at the ceremony; and Chris Pointon who received an award for his late wife Dr Kate Granger (Hello my name is campaigner) pictured in London at the Zenith Global Health Awards

of change and development strategies and promote development goals. We have tweet chats and think tanks. We inspire, design, laugh and cry. We campaign to save lives, to promote compassion, kindness, evidence, safety. We are involved with skin-to-skin campaigns, optimal cord clamping and promote colostrum globally, for example," she said.

## Expanding network

The concept has grown since then and following Deirdre putting out a call at a World Health Innovation Summit in Cumbria March 2016, for people to set up their own 'global villages' they have begun to spring up across the Twittersphere and beyond.

"The concept has grown and grown, today there are nine 'Global Villages' with more in utero. It is now called the 'Global Village Network Community'.

"As a result of the Summit, a global village of mental health was set up. I was also part of the school of healthcare radicals with Helen Bevan (chief transformation officer at NHS Improving Quality) and there is also now a global village of health radicals that promotes health innovation and change.

"A Global Village of Ability was also set up and a Global Village of Storytelling then kicked off after that. The latest one, is the

'Global Village of Health Exp', founded by Dr Liam Farrell, joining patient experience and healthcare expertise," she said.

While the topics are different, the concept remains the same according to Deirdre.

"It's all about virtual support. In Global Village of Midwives we use the network for chats, for example about midwifery-led standards, and the outputs and possibilities are huge.

"To test the global arena, we invited followers to submit special birth stories to share for advent along with international colleagues. Twenty eight stories were received, anonymised and shared via the Global Village Midwives," she said.

The stories, some from the frontlines in war torn regions, in keeping with the open-door policy of the network, are told from many different perspectives; including those of women, midwives, dads, doulas, students, birth workers etc.

"It has generated huge interest in relation to perinatal mental health for example. So I've no doubt there are lots more stories to be shared," she said.

## Royal College of Midwives

As a direct result of the Global Village Network Deirdre received an international fellowship from the England Centre for

Practice Development, Canterbury University, and was invited by City University London to participate in designing research reviewing midwifery unit standards for the Royal College of Midwives.

Deirdre is working with a "funky research team" designing the methodology and looking at new ways of engaging colleagues including conducting a Delphi study, online think tanks, world café events and tweet chats to source grey literature around existing midwifery unit standards.

"While this won't happen for a couple of months the possibilities are huge. We will be looking for grey literature in relation to midwifery-led standards because there might be some units that have fabulous standards that we just don't know about," she explained.

As well as living in a virtual world, with her many projects, Deirdre divides her time between UL, UCD and London.

#### Support

The main advantage of online communication, according to Deirdre, is that you now have access to international colleagues, you would once have only met annually at a conference, via the phone in your pocket.

"You literally have access to specialists, and the support that they can offer, globally. That's where the value of it is," she added.

It is this support that Deirdre singles out as having the most profound influence on her, especially in relation to those healthcare professionals who pursue change and improvements in our healthcare systems.

"A lot of people who are passionate about leading change are often ostracised and are vulnerable. When you are leading change, you are putting your head above the parapet. Change agents put their heads above the parapet and are vulnerable. The ultimate advantage of a network is you are no longer alone as a change agent, you are surrounded virtually by a similar flock, this creates a safety net, a comfort blanket and a refuelling station filling you with protons of positivity," said Deirdre.

"We all struggle in different ways at different times and the network is a great way to re-energise when you need it," she added.

#### Connecting

Today the Global Village of Midwives connects with 42 countries. You can connect with it at the following:



*Celebration: Deirdre Munro, founder of the Global Villages Network, pictured in London with Mary Akangbe, founder of Zenith Global Health Awards. Today Deirdre is an ambassador for nursing and midwifery with the Zenith Global Health*

- Twitter: @GlobalVillageMw
- Website: [globalvillagemidwivesdotcom.wordpress.com/](http://globalvillagemidwivesdotcom.wordpress.com/)
- Facebook: [www.facebook.com/Globalvillagemw](http://www.facebook.com/Globalvillagemw)

Deirdre can be contacted at email: [Deirdre@healthservicedesign.com](mailto:Deirdre@healthservicedesign.com)

## INMO Operating Department Nurses Section Conference 2017



**Date:** Friday and Saturday, March 24 and 25, 2017  
**Venue:** Crowne Plaza Hotel, Santry, Dublin 9

### Call for Abstracts

The INMO ODN Section conference planning committee welcomes submissions from members on current Irish perioperative research, which will form an integral part of the conference programme. Please note this is separate to the poster competition.

Abstracts (between 250-300 words) to be submitted by email only, to [jean.carroll@inmo.ie](mailto:jean.carroll@inmo.ie)



**For all enquiries please contact Jean Carroll at email: [jean.carroll@inmo.ie](mailto:jean.carroll@inmo.ie), Tel: 01 664 0616 or go to [inmoprofessional.ie](http://inmoprofessional.ie)**



# Fighting for our rights

Liam Conway, the newly installed INMO student and new graduate officer, spoke to Sinéad Makk about his plans for the role

SINCE his own student days, the INMO's recently appointed student and new graduate officer, Liam Conway (pictured), has been actively involved in representing and advocating for the rights of student nurses and midwives and as he takes up his new role there are a number of key areas and issues that he will be focusing on in the coming months.

Originally from Tipperary, Liam studied general nursing in UCD and undertook his placement in St Vincent's University Hospital (SVUH), Dublin. During his time in UCD, Liam worked as a student rep for two years and has always had a keen interest in student rights.

"It is a challenging time for both students and new graduates. From my own experience as a student nurse and then working in the hospital setting, I am familiar with the day-to-day struggle of working in adverse conditions. If you and your colleagues are in the same boat, working as a team, you can get through the most difficult days by supporting each other, and remember that the INMO is always here to support you," he said.

After he qualified as a general nurse, Liam worked in the acute medical unit in St Vincent's for one year before taking up his current post in the INMO. His involvement with the Organisation however, began long before his appointment as student and new graduate officer; Liam was a member of the founding committee of the SVUH Branch of the INMO and has also undertaken rep training with the Organisation – experience he will apply to his new role.

## Recruitment and retention

Eager to hit the ground running, Liam aims to address a number of issues facing student and new graduate nurses and midwives in the coming weeks, with recruitment and retention following graduation among his top priorities.

"I plan to visit students and new graduates and meet them face-to-face throughout the year. Along with my colleagues in the INMO, I am aiming to help those nurses and midwives who feel like they have no other choice but to emigrate – be it for financial reasons or due to working conditions – by continually fighting for improvements."

As the current staff shortage crisis continues to loom large, the INMO is engaged in a campaign for the recruitment and retention of nurses and midwives to address this issue.

"Members are at breaking point. Conditions are unacceptable and unsustainable. The ongoing campaign for safe staffing and recruitment and retention may see members taking industrial action as the campaign progresses. I will issue advice to all students and new graduates, prior to the commencement of any action," Liam explained.

The current campaign sees the INMO engage with the HSE to secure funding for full-time positions for students post graduation and will also seek to bring an end to the current short-term contracts that are being offered to graduates, which Liam believes "are not enough and render Ireland incapable of competing with what is being offered abroad, both financially and with length of time and contract." See pages 8-9 for more information on this campaign.

## Graduate increment restoration

Another issue that has been at the forefront of the INMO's agenda in the past few weeks is the graduate increment restoration campaign for the 2011-2015 graduates. While the full removal of the pay anomaly marked a key win for graduates, Liam says that the HSE must now ensure that they allow for it in their budget.

"We had a great win with the full removal of the pay anomaly affecting nurses and midwives who graduated between 2011 and

2015, but now we must ensure that all HSE facilities will be implementing the incremental credit for this group."

## Preceptorship

Preceptorship training and ensuring student nurses and midwives have a mentor who can guide them to reach their full potential is another important issue that Liam aims to address.

"Another priority will be to ensure that all students are working closely with trained preceptors and to guarantee that all nurses and midwives are able to attend preceptorship training. We will work to ensure that the HSE will release staff from local hospitals to attend such training."

## Placements

With placements commencing this month, Liam reminds students that he is available should they have any questions or need help or advice.

"I would like to wish all students and interns commencing their placements the best of luck. I am always here to help and advise you, never think you're on your own and no matter how silly you might think your questions are, don't hesitate to contact me. A problem shared is a problem halved."

## Getting involved with the INMO

Liam encourages all students and new graduates to get involved with the INMO, both through their youth forums and by affiliating themselves to the Student Section.

"I hope to work closely with the Student Section and the youth forums to bring current issues to light. These platforms offer you an opportunity to highlight issues of concern and to propose motions for the Organisation's Annual Delegate Conference, which is taking place from May 3 to May 5 this year in Wexford," he said.

Any students who wish to get involved can contact Liam at email: [liam.conway@inmo.ie](mailto:liam.conway@inmo.ie) or Tel: 01 6640628.



# Weight stigma in healthcare

Addressing weight stigma is a worthwhile element of professional development for all healthcare workers, writes Deirdre Cowman

YOU will no doubt have heard countless reports detailing the increasing levels of overweight and obesity in Ireland. It is hard to avoid the associated media commentary on the health problems that accompany this obesity epidemic. The headlines are generally accompanied by headless, unflattering images of overweight individuals engaging in stereotypical behaviours such as eating unhealthy food or engaging in sedentary activities. These images reinforce negative stereotypes, oversimplify the complex issues associated with obesity, and dehumanise those who are obese. Unfortunately, media coverage is not the only way in which larger bodies are stigmatised.

Despite the high prevalence of and increased attention towards obesity in recent years, there has been little focus on the social consequences of obesity, including discrimination in employment, barriers in education and stigma in relationships.

## Society

While society has generally become less tolerant of discrimination and hate speech, weight stigma remains one of the last 'acceptable' forms of bias. If you don't believe me, try sitting through *Shallow Hal* or the *The Klumps*, movies based almost entirely on fat jokes. This type of discrimination is not confined to the screen. A recent study asked a group of obese women to keep a daily journal recording instances where others made them feel bad about themselves.<sup>1</sup> The participants in the study reported experiencing insults

and humiliations every day by strangers as well as colleagues, friends, family members and loved ones. As you can imagine, all these factors reduce quality of life for vast numbers of people with overweight and obesity, and have both immediate and long-term consequences for their emotional and physical health.

## Research

Recent research suggests that weight stigma may influence the quality of care and outcomes for patients who are obese.<sup>2</sup> Of course, healthcare providers are typically committed to providing high quality care to all so it is unlikely that they intentionally discriminate against patients who are obese. However, in some cases negative implicit attitudes about obesity may contribute to patients feeling disrespected or unwelcome, thus negatively affecting their willingness to seek appropriate care.

This might explain why weight stigma is cited as a barrier to attending medical appointments.<sup>3</sup> In their review of the empirical evidence on obesity stigma in healthcare, Phelan et al highlighted some ways in which healthcare providers' attitudes may affect the quality of care for obese individuals.<sup>2</sup> These included over

attributing symptoms to obesity, engaging in less patient-centred communication and allocating less time to obese patients.

Addressing weight stigma is a worthwhile element of professional development for everyone involved in healthcare. Even the most enlightened, intelligent and well intentioned professionals may harbour some bias, often so subtle that they are unaware of it. Thankfully, there are many resources to help raise awareness, counter negative attitudes and improve provider-patient interactions.

For anyone interested in learning about how to challenge and overcome weight stigma in healthcare, good places to start are the Rudd Centre for Food Policy and Obesity ([uconnruddcenter.org](http://uconnruddcenter.org)), the Health at Every Size movement ([haescommunity.com](http://haescommunity.com)), Body Mind Intelligence by Peggy Stella ([anewbmi.com](http://anewbmi.com)) and my upcoming INMO PDC course on overcoming weight stigma in healthcare – see *details below*.

*Deirdre Cowman is a lecturer in psychology at All Hallows College, Dublin*

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## Overcoming Weight Stigma in Healthcare course

**Date:** Thursday, April 6, 2017

**Venue:** INMO Professional Development Centre



This new course recognises that nurses and midwives aim to give the highest quality of care to all people in their professional care and offers an opportunity for reflection on their practice in relation to individuals who are overweight or obese. This course will address one of the action points of *A Healthy Weight for Ireland*, the obesity policy and action plan, namely to 'Develop and implement training programmes and courses on overweight and obesity, including anti-stigma, for staff of all functions and disciplines in health services'. The teaching and learning ethos underpinning the course is to develop an understanding of weight stigma through discussing recent research evidence, and to improve practice through self-reflection, discussion, critical thinking and role play. For more information or to book a place please log on to [www.inmoprofessional.ie](http://www.inmoprofessional.ie) or Tel: 01 6640641/01 6640618

Fee:

€90.00

INMO members

€145.00

non-members

For more information or to book a place log on to [www.inmoprofessional.ie](http://www.inmoprofessional.ie) or call 01 6640641 or 01 6640618

# Management of chickenpox

In the latest clinical update in this continuing professional development series, **Rebecca Pearsall, Nina Thirlway and Gerry Morrow** examine chickenpox

CHICKENPOX is an acute disease caused by the varicella-zoster virus and characterised by a distinctive rash. It is not known exactly how the term chickenpox originated and in many parts of the world the disease is referred to simply as varicella.

Chickenpox is a very infectious disease, up to 90% of people who do not have immunity to chickenpox will develop the disease if they come into contact with the varicella-zoster virus.<sup>1</sup> Chickenpox is transmitted by personal contact with an infectious person, or via droplets spread from coughs and sneezes. Exposure significant enough to cause infection includes mother/newborn contact, continuous contact in the home, contact in the same room for 15 minutes or more, and face-to-face contact such as having a conversation.<sup>1</sup> It is estimated that one case of chickenpox can potentially infect 10-12 susceptible people.<sup>2</sup>

Chickenpox is infectious from one to two days before the rash appears, until the blisters are dry or crusted over. The time from becoming infected until symptoms appear is usually between one to three weeks, but can be longer in immunocompromised people.<sup>1</sup>

After chickenpox has subsided, the virus remains in the sensory nerves. Years or decades later, it can reactivate and cause shingles (herpes zoster). It is therefore possible for a person to develop chickenpox following contact with a person who has shingles, but it is not possible to develop shingles following contact with a person who has chickenpox.<sup>1</sup>

Chickenpox is predominantly a childhood illness. Its incidence is highest before 10 years of age. In Ireland, only hospitalised cases of chickenpox are notifiable to the medical officer of health.

In 2015, 69 hospitalised cases of chickenpox were reported in Ireland.<sup>3</sup> There is often a seasonal incidence of chickenpox, Ireland experiences a peak in the number of cases between the months of January to April.<sup>2</sup> It is difficult to estimate the true incidence

of chickenpox in the community, but it is undoubtedly a very common illness.

Some parents hope their children will catch chickenpox at a convenient time, and therefore intentionally expose the child to an infectious person. Chickenpox parties and chickenpox lollipops (lollipops available on the internet which purport to contain the chickenpox virus) have gained some notoriety however these are not something that should be promoted.

## Complications

In healthy people, chickenpox usually resolves without treatment and does not cause complications, although chickenpox can be more serious in adults than in children. Adults with chickenpox are more likely to be admitted to hospital, often due to complications such as pneumonia, hepatitis, or encephalitis. Older age is a risk factor for severe varicella disease.

Bacterial skin infections can also occur following chickenpox, most commonly in young children, and immunocompromised people are at greater risk of developing complications following chickenpox. They may have an atypical rash with more lesions which may bleed. People who smoke are at risk of lung complications following chickenpox.<sup>1</sup>

Chickenpox can also be dangerous in pregnancy, both for the mother who is at higher risk of developing complications such as varicella pneumonia, and for the baby who is at risk of serious complications from foetal varicella syndrome.

Foetal varicella syndrome can cause skin scarring, vision problems, neurological problems including learning difficulties and bladder dysfunction, and underdevelopment of limbs, although foetal varicella syndrome is rare.<sup>1</sup> Chickenpox is most dangerous in the first 28 weeks of pregnancy.<sup>4</sup> If maternal infection occurs at 20-27 weeks of pregnancy the baby can also go on to develop shingles of infancy or early childhood.

Newborn babies can contract varicella if



Figure 1. Chickenpox rash

the mother becomes infected one to four weeks prior to delivery. Up to half of these babies will be infected and around one-quarter will develop clinical varicella of the newborn, even though they have acquired maternal antibodies. If the baby is born up to seven days before or six days after onset of the mother's rash, they are more likely to develop severe infection, which may be fatal.<sup>1,4</sup>

The majority of women will have immunity to chickenpox prior to childbearing age. Women from tropical and subtropical areas are at increased risk of developing chickenpox because they are less likely to have developed immunity.<sup>4</sup> Non-immune pregnant women who have been significantly exposed to chickenpox may be offered vaccination.<sup>2</sup>

## Diagnosing chickenpox

In most cases chickenpox can be diagnosed from the characteristic rash. If there is doubt, a history of recent exposure to chickenpox (or shingles), or cases occurring in close contacts may help confirm the diagnosis. You should ask about typical features of chickenpox, including symptoms which occurred before the rash such as nausea, aches and pains, loss of

appetite/feeding problems, raised temperature, and headache.

On examination, chickenpox looks like small red patches (macules) or spots usually starting on the head and progressing to the face, trunk, and limbs. The rash usually progresses over 12 to 14 hours to form crops of clear vesicles (blisters) which are often intensely itchy. Vesicles can also occur on the palms and soles, and mucous membranes such as in the mouth, vagina, and eyes can also be affected causing painful, shallow oral or genital ulcers. The number of lesions can vary from a few to hundreds.<sup>2</sup> Crusting usually occurs within five days of the onset of the rash, and crusts fall off after one to two weeks. Adults may experience a more widespread rash and more prolonged fever than children.

Laboratory tests can be used for confirmation of diagnosis, but are not usually required for people who have uncomplicated chickenpox and are not in hospital.

### Management

Healthy children and adults with chickenpox should be encouraged to follow simple measures to alleviate symptoms. Encourage the person to drink adequate fluids to avoid dehydration and to dress appropriately to avoid overheating or shivering. Smooth, cotton fabrics should be worn to minimise itching, and nails kept short to prevent damage from scratching. The person should take paracetamol if pain or fever is causing distress. A calamine lotion can be applied to the rash to alleviate itch, and an antihistamine can be given over one year of age.

Immunocompromised adults or adolescents may be prescribed oral aciclovir (800mg, five times a day for seven days) if they present within 24 hours of the rash appearing, with the aim of reducing the potential for complications.<sup>5</sup> Aciclovir is not effective if given more than 24 hours after the onset of the rash.

Inform the person that the most infectious period is one to two days prior to the rash appearing, but that they will still be infectious until all of the lesions are dry and crusted over, which is usually around five days after the rash first appeared. Advise the person to avoid contact with pregnant women, babies aged less than four weeks, or anyone who may be immunocompromised (including people receiving cancer treatment or high-dose oral steroids).<sup>1,4</sup>

Children should be kept away from school or nursery until the lesions have crusted over.<sup>6</sup> Parents should be made aware to look out for sudden high temperature, redness and tenderness around lesions in young children, often after some initial improvement, as this can be a sign of bacterial superinfection which needs immediate medical attention.

People suffering from serious complications of chickenpox will usually be admitted to hospital. Specialist advice should be sought for management of pregnant women or newborns who have chickenpox. Antihistamines are not recommended for use in pregnancy or breastfeeding.

### Prevention

There is a vaccine available for chickenpox

but this is not given as part of the routine childhood immunisation schedule in Ireland. The vaccine is given to people in at-risk groups including healthcare workers, laboratory staff, immunocompromised people and their close contacts, HIV-infected children, children in some residential units and women of childbearing age if they do not already have immunity. For more information, see [www.hse.ie](http://www.hse.ie)

Rebecca Pearsall is a clinical author at Clarity Informatics, Nina Thirlway is style editor at Clarity Informatics and Dr Gerry Morrow is editor and medical director at Clarity Informatics

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

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

#### 1. Chickenpox is infectious from:

- A) One to two days before the rash appears
- B) Once the rash appears
- C) One to two days after the rash appears
- D) 12 days after the rash appears

#### 2. Symptoms usually appear:

- A) One to two days after infection
- B) 24 to 48 hours after infection
- C) 12 to 14 days after infection
- D) One to three weeks after infection

#### 3. People most at risk of complications from chickenpox include:

- A) Newborn babies
- B) Pregnant women
- C) Immunocompromised people
- D) Healthy children

#### 4. Chickenpox rash is characterised by:

- A) A flat, scaly rash
- B) Large, firm nodules
- C) Pinpoint red lesions
- D) Crops of blisters, which are often itchy

#### 5. In Ireland, the chickenpox vaccine is available for:

- A) All children as part of the routine childhood immunisation schedule
- B) Healthcare workers
- C) Close contacts of immunocompromised people
- D) All adults

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

## CPD Quiz



For further information and resources: [www.clarity.co.uk](http://www.clarity.co.uk)

Clarity  
informatics

# Core values of nursing care

## A study among patients in St James's Hospital confirms the importance of compassion, care and commitment in nursing



PEOPLE expect to receive nursing care from compassionate, caring and committed professionals who are attentive to the humanity of the other person. *Values for Nurses and Midwives in Ireland*,<sup>1</sup> developed in collaboration with the Nursing and Midwifery Board of Ireland (NMBI), the Office of the Nursing and Midwifery Services Director (ONMSD) and the HSE in 2016 specify compassion, care and commitment as core values underpinning nursing and midwifery practice in Ireland. This publication follows an extensive national consultation where nurses and midwives were asked to identify, agree and commit to core values underpinning their practice.

In 2015, a review of the St James's Hospital's patient experience data was performed. This article details the findings, which show that patients also expect nurses to demonstrate compassion, care and commitment.

### Background

Informed by national requirements for a standardised approach to monitoring standards of care, a nursing metrics programme was developed and implemented in St James's Hospital in July 2012.

The following year, a short patient experience questionnaire was added. On a quarterly basis, five patients from each of the 34 clinical areas are asked three questions about 'good' aspects of nursing care, aspects of nursing care 'requiring improvement' and nursing care that should 'always happen' in the hospital.

These questions were adapted (with permission) from the HSE (2012) National Healthcare Charter *Your Service, Your Say, Tell us about your experience*. The questions allow patients to express their views and provide information that can be used to inform healthcare providers.<sup>2,3</sup> According to McCance et al.,<sup>4</sup> it is a valuable undertaking to seek input from patients and service users as they are key sources of 'evidence' in the measurement of hospital performance indicators.

In 2015, a study was conducted to evaluate the implementation of the hospital nursing metrics programme. As part of this

study, the qualitative responses from the 'patient experience' questionnaire were appraised.

The aim of this phase of the study was to explore the common themes in relation to the patients' perceptions and expectations of nursing care in the hospital.

A retrospective analysis of the patient experience responses (n = 990) from July 2013 to December 2014 data was conducted using thematic network analysis.<sup>5</sup> Ethical approval was sought and received from the Hospital's Ethics Committee prior to commencing the study.

### Results

Compassion, care and commitment emerged among the top themes from the patient experience feedback.

**Compassion** means showing empathy and respect for the person to ensure that the dignity of the person is upheld at all times.<sup>1</sup> When asked as part of the study, patients in St James's Hospital said the following about compassion in nursing:

*"Nurses are very kind, and they reassured myself and my family on a daily basis."*

*"They will do anything you ask them, they are always there."*

*"They treat me like an individual, not just a patient"*

**Care** means having the knowledge, skill and competence to connect with a person by listening to and communicating with the person, demonstrating safe, evidence-based and collaborative practice.<sup>1</sup> Patients in the study said the following in relation to nursing care:

*"I was so sick when I came in and they made me feel safe – they saved my life."*

*"They treat me like a brother/father. They are like my family."*

*"They make time for you and will always come back to you if they say they will."*

*"They treat you with feelings and compassion. When they carry out care they are very gentle and considerate."*

**Commitment** means having a person-centred approach to professional practice. This requires professional courage and a commitment to lifelong learning that is demonstrated by intellectual engagement.

Commitment is further demonstrated by a work ethic that is underpinned by a drive for professionalism to develop self and support teams with diligence and resilience.<sup>1</sup> Patients had the following to say when asked about commitment in nursing care:

*"They are very sharp, making informed decisions in a hurry when needed."*

*"The nursing staff are very professional at all times."*

*"I have been in and out of this hospital for the past 15 years. I have been on each ward and the standard from the nurses is great. There is no deterioration in nursing care over the 15 years although the conditions in this country have changed."*

### Findings

Compassion, care and commitment have been identified as the values that serve as the cornerstones of nursing and midwifery practice in Ireland. These core values are mirrored in the expectation of patients. The HSE, NMBI and ONMSD have committed to establishing these values in all healthcare organisations, thus also meeting the expectations of our patients.

The behaviour, attitudes and professionalism displayed by nursing staff appears to have an impact on the patient experience and the perceived quality of care received. Patients would like to be treated as individuals with something of value to offer regarding their care, they should be listened to and made to feel safe and cared for by kind and attentive nurses during their hospital stay.

Julie O'Grady, CNM3 and nursing quality co-ordinator, St James's Hospital; Miriam Roche, St James's Hospital; Dr Anne-Marie Brady, School of Nursing and Midwifery, Trinity College, Dublin; and Geraldine Prizeman, Trinity Centre for Practice and Healthcare Innovation, TCD

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# Quality & Safety

A column by  
Maureen Flynn



## Introducing 'QITalktime'

THE Quality Improvement Division (QID) of the Health Service Executive (HSE) is providing a new and innovative web based seminar or webinar series called 'QITalktime'. This month's column lets you know how to get involved.

### What is QITalktime?

It's about building an Irish network of quality improvers. The series of planned webinars run approximately every three weeks and started in December 2016. The webinars are open to anyone in any part of the health system interested in improving quality and will help with:

- Building QI knowledge among participants
- Connecting with others interested in quality improvement
- Sharing learning and experiences of service redesign and improvement.

The webinar is hosted by an exciting mix of local, national and international speakers. The webinars are chaired by Roisin Breen from the QID. It starts with a presentation. You can see the slides on line and also hear and see the speaker. There is a chat box open and you can make comments to the speaker and the audience and also pose questions; which form the basis of the discussion for the second part of the session. The webinar is timed to complete within one hour.

The first two talks in the series were

- 'What is the HSE Framework for Improving Quality' presented by Dr Philip Crowley, national director HSE Quality Improvement Division, December 14, 2016. The Framework, published in 2016, guides and supports those working to improve the quality of care within our healthcare system whether at a strategic planning level or providing direct clinical care. Currently QID is partnering with three hospital sites



in applying the Framework to support improvements in care

- 'Leading Change' presented by Dr Michael Gardam, January 11, 2017. Based in Canada, Michael is a pioneer of using complexity science-based approaches, including 'positive deviance' and 'front line ownership' to improve patient safety and other complex challenges. Michael's key messages were when leading change - promote ownership not buy in, work with the willing initially and accept don't fight complexity.

### How to join the webinar

1. Log on to the HSE QID Web page and go to the 'QITalktime' page at <http://www.hse.ie/eng/about/Who/qualityandpatientsafety/resourcesintelligence/qitalktime/>
2. A list of the upcoming talks (approximately every three weeks) with a profile of each speaker is provided. Select the talk you would like to join
3. Pre-register by using the link to the CISCO (webinar system). You will be asked for your name and email address
4. Once the host approves your registration, you will receive a confirmation email message with instructions on how to join the event
5. To join the webinar from your smart phone download the cisco webex app prior to the webinar event
6. On the day of the talk use the link given (in the email) and the event password

to join the session you can listen to the audio via the web or my telephone dial in (using local number provided).

### Benefits of QITalktime

QITalktime provides an easy way to keep up to date on developments in the world of quality improvement from where you work. QITalktime is free and easy to join, the only thing you need is

an internet connection.

### Opportunity to get involved

You can join individually or you can arrange for groups of people interested to get together in your workplace and log on as a group to assist in building your own local QI networks. The webinars allow interaction between the audience and speakers through a chat box function making them very interactive.

### Further information

If you have any queries, or there is a particular topic that you would like to hear about on 'QITalktime', then please contact Roisin Breen by email to: [roisin.breen@hse.ie](mailto:roisin.breen@hse.ie) who will be happy to help.

All links to webinars are available on the HSE QITalktime web page on the HSE website and archived talks will also be available after they have taken place. Check out the webpage for a range of topics, speakers and dates. You can also get regular updates by following on twitter @ QITalktime.

You can read the Framework for Improving Quality at: [www.hse.ie/eng/about/Who/qualityandpatientsafety/Medical-Devices/decontamination/Quality-Improvement-Framework.pdf](http://www.hse.ie/eng/about/Who/qualityandpatientsafety/Medical-Devices/decontamination/Quality-Improvement-Framework.pdf)

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

### Acknowledgement

*Thank you to Roisin Breen, Mary Browne, and Imelda Doyle the QID 'QITalktime' team for assistance in preparing this column*

# Cancer in pregnancy: Supporting women and families

Deirdre Munro, INMO Midwives Section education officer, invited Pete Wallroth to share his story about the charity 'Mummy's Star'

MUMMY'S Star is the only charity in the UK and Ireland with the aim of 'supporting pregnancy through cancer and beyond'. This charity was established in 2013 by Pete Wallroth in memory of his wife, and mum of two, Mair. Mair was diagnosed with breast cancer during her second pregnancy and while undergoing treatment and giving birth to a healthy baby boy, she passed away 10 weeks later from secondary cancer to the brain.

The charity focuses on supporting women and families in cases where:

- A woman is diagnosed or treated for cancer during her pregnancy
- A woman is diagnosed or treated for cancer within a year of her giving birth
- A woman dies as a result of cancer in the first year following a birth.

This includes situations where a woman loses a pregnancy through miscarriage, diagnosis-related termination, stillbirth or molar pregnancy diagnosis.

Mummy's Star's work is done through four main strands

- Providing a one-stop shop for advice on cancer diagnosis in pregnancy including links to localised services. This is supported directly by Macmillan
- Advocacy on behalf of the families: This can be anything from bringing in further support by working with other organisations through to support at medical appointments to benefits advice, as well as employment rights advice. They also have the benefit of a child therapist working with the charity who offers telephone support and guidance around children and diagnosis
- Small grants for families: these could be for anything that is deemed as supporting the family such as paying for a support carer/nanny to help in the house,

payment to make up for unpaid leave taken by a partner to support at home above and beyond the allowances of paternity and travel costs. This is not an exhaustive list

- Facilitating peer support in a supervised setting via the use of administrated internet forums for affected women, their partners and wider family members. Also, where appropriate, providing support for affected women individually via email, phone, Facebook and occasionally in person, thereby reducing isolation
- In the event that a mum passes away, ongoing help is provided to her surviving partner and family via bereavement support, online widowers forums and the availability of telephonic counselling.

We aim to a position where any woman presenting with cancer during pregnancy/post birth at any hospital is referred to Mummy's Star and accesses the support we offer. A pregnant woman with cancer is still a pregnant woman first and foremost.

## Awareness

We regularly deliver presentations in the form of awareness talks to a wide range of audiences from student midwifery societies, maternity units, young oncology teams to larger national and international bodies. Most recently we have spoken at the Royal College of Midwifery Conference and the European Society of Medical Oncologists in Copenhagen in the role of patient advocate.

We promote awareness in women and to professionals around the potential for some cancer symptoms to be hidden by a pregnancy/post birth to avoid delayed diagnosis and therefore better outcomes for treatment

The annual Cancer and Pregnancy Awareness Week (#CancerandPregnancy)



takes place in the second and third week in June and 2017. This year will be the fourth year of the event. They have been highly successful both in highlighting the situation of the mums we support and also raising awareness of the fact that cancer and pregnancy do, sadly, come together at times.

To date the charity has supported, or is supporting, more than 300 women around the UK and Ireland. It takes referrals from anyone involved with an affected family, whether it be the oncologist, midwife, obstetrician, social worker, young persons' worker, information centre staff, GP, health visitor or anyone else involved in the families' care.

Friends and family can also get in touch with Mummy's Star to let them know about a loved one and pave the way for them to be able to support that mum.

Mummy's Star was launched in Ireland in May 2016 at Maternity University Hospital Limerick.

For further Information or for queries, you can contact Pete Wallroth at Tel: 07939 154217 or by email to: info@mummysstar.org

- Facebook page: [www.facebook.com/MummysStar](http://www.facebook.com/MummysStar)
- Twitter: @MummysStar

# Hidden conditions found in first-time mothers

A new study has found a litany of health problems in first-time mothers. Unfortunately, not many are asked about these by their healthcare professionals. **Niall Hunter reports**

FIRST-TIME mothers can potentially suffer from a litany of health problems which are not always being picked up by health professionals, a new survey has found.

The Maternal Health and Maternal Morbidity in Ireland (MAMMI) study on the health of first-time mothers has found that prevalence of sexual, mental and physical health problems is high among this group, whereas the rate at which women are being asked about these conditions by their GP or other healthcare professional is low.

The research, funded by the Health Research Board and carried out at TCD's School of Nursing and Midwifery, investigated prevalence and risk factors for a range of morbidities in 2,600 nulliparous women. This study group represents almost 10% of all first-time mothers giving birth in Ireland in a given year.

In the study, information was gathered during pregnancy and at four timepoints up to 12 months post-partum. The MAMMI study examined a range of important health issues including urinary incontinence, pelvic girdle pain; sexual health, diet and activity during pregnancy; caesarean section; intimate partner violence and mental health issues.

Among the key health findings were that one in three mothers experienced pelvic girdle pain, while almost two-thirds of GPs attended by the women did not ask them directly about this problem.

Other findings included that half of the women surveyed were experiencing painful sex, while one-quarter had not resumed sex following childbirth. However, only eight out of 10 GPs has asked mothers about this. Other findings are outlined in *Table 1*.

## Pelvic girdle pain

More than two-thirds of women surveyed had pelvic pain during pregnancy, while only 5.8% were reported to have

**Table 1: Findings from the MAMMI study**

Health problem	Prevalence three months postpartum	Proportion of GPs who did not ask
Anxiety	28% experienced some anxiety/12% had anxiety occasionally or often	Half
Depression	18% experienced depression at some time since giving birth	Half
Leaking urine	Almost 60% leaked some urine since giving birth	Half
Anal incontinence	12%	Three-quarters

pelvic girdle pain during pregnancy in the hospital records, which indicated a very high level of under-reporting in the maternity hospitals.

One in three women still had persistent pain one year after the birth of their baby, while almost two-thirds of women were not asked about this by their GP in the first three months postpartum and half were not asked by their midwife or public health nurse in those first three months.

## Sexual health

The researchers noted that little is known in Ireland about the prevalence of sexual health issues in first-time mothers in Ireland, possible risk factors or women's experiences – the MAMMI study is the first to look at these issues.

It was found that more than one in two women experienced painful sex in the first three months after giving birth. This resolved gradually over the first year postpartum; however, at 12 months one in five women were still reporting painful sex.

It was also found that one-quarter of women had not resumed sex at three months, while two in five women had reduced sexual desire at 12 months compared to pre-pregnancy.

More than eight out of 10 women were not asked about their sexual health by their GP in the first three months

postpartum, it was found, while almost nine out of 10 were not asked about relationship problems by their GPs in the first three months postpartum.

## Mental health

Some 28% of the mothers in the survey said they had experienced anxiety three months after giving birth. Half of the women were not asked about anxiety by their GP and one in three were not asked about it by their public health nurse in the first three months postpartum.

Seventeen per cent of women surveyed reported depression in the first three months postpartum, although half of the women were not asked about depression by their GP and one in three were not asked about this by their public health nurse in the first three months postpartum.

The researchers pointed out that anxiety is often thought of as being the same as or part of depression, but women can be experiencing the distress of anxiety without experiencing depression. The researchers said if professionals only ask women about depression, anxiety may be missed.

## Incontinence

The researchers point out that involuntarily leaking urine, wind and bowel motions can have a serious and profound

effect on women's quality of life.

Almost 60% of women surveyed leaked urine at three months postpartum, while 12% had leaked urine or solid stools in the first three months postpartum. Almost one in 10 had difficulties with involuntary passing of major amounts of wind, while three-quarters of women were not asked by their GP about urinary or anal incontinence.

#### Findings

Other findings included:

- 31% had birth by Caesarean section
- Breech presentation was the most common reason for elective section
- Foetal distress and failed induction were the most common reasons for emergency Caesarean section.

Two to three in every 100 women who had a Caesarean section were readmitted to hospital following discharge, and abdominal wound infection was the most common reason for this following birth by section.

According to Prof Cecily Begley, principal investigator with the study and chair of nursing and midwifery at TCD, the research

has indicated that at policy, research, practice and public discourse level, many serious aspects of women's health during and after pregnancy remain almost completely hidden.

"Most of the conditions mentioned are preventable or treatable yet women are not being asked about them during the first three months postpartum, a time at which they are in regular contact with healthcare professionals."

Dr Deirdre Daly, assistant professor of Midwifery at TCD, said regardless of what type of health problem women experience, many do not talk about it or disclose it to a health professional.

This, she said, is often because they have not heard it happening to anyone else. "They feel embarrassed and think: 'no-one before has ever had this...it must be just me'".

"Coupled with this, Dr Daly said, considerable proportions of women have told us that health professionals do not ask them about these health problems. This lack of conversation means that women's health problems remain hidden, women suffer in

silence and put up with problems that are treatable and curable and, if treated early, could prevent them persisting into later life."

Healthcare professionals must find ways to find time for women, and time to ask women about these health issues, said Dr Graham Love, chief executive of the Health Research Board.

"Ultimately, it's about having time to get to know the women in our care, and listening to them. The second issue is that we need to get this information out to women so that they can become informed, and inform each other. Talking and sharing information about these health problems will break down the walls of silence."

Dr Daly argue that there was also a need for information on women's postpartum health at national level. Gathering more information on this, she said, would inform healthcare professionals and women about the extent of women's health problems after birth, and by having this information, policy makers will know where to target services.



## Introduction to Nursing Informatics

### Monday, 20 February 2017

**6**  
CEUs  
NMBI  
Accredited

This one-day workshop is aimed at nurses and midwives who wish to acquire foundation knowledge on nursing informatics and how it can impact upon their practice. The purpose of this programme is to act as an introduction to the topic and explain how the discipline relates to eHealth. Nurses as the information navigators in health and social care are accountable for a significant contribution to health care service provision. Nurses provide a dual role and practice both independently and as part of the multidisciplinary team. Key areas that this workshop will focus on include eHealth, mHealth and integrated care, the role of informatics in nursing, and an overview how informatics can assist in the delivery of new models of health care delivery.

**Fee:** €90.00 INMO Members; €145.00 Non Members

**Venue:** Professional Development Centre  
Irish Nurses and Midwives Organisation,  
Whitworth Building,  
North Brunswick Street,  
Dublin 7



To Book call 016640641 or go to <https://inmoprofessional.ie>





# More than 4,000 additional nurses needed to end crisis

The INMO has continued to highlight staff shortages and patient overcrowding in our hospitals, dominating media coverage in the new year. **Ann Keating reports**



LAST month *The Irish Examiner* (January 24) reported on our current campaign – **Nurses seek incentives to avoid strikes.** “Nurses require financial incentives to avert strike action in a dispute over staffing, recruitment and retention, their trade union has said. The Irish Nurses and Midwives Organisation (INMO) has re-entered talks in a bid to address staff shortages and difficulties in both hiring and keeping nurses which, it says, is impacting on patient care. Going in to negotiations with the HSE, the Department of Health, and the Department of Public Expenditure, INMO general secretary Liam Doran said financial incentives would have to be included if strike action is to be averted. Some 90% of INMO members voted in favour of industrial action before Christmas but strikes have been put on hold as talks with management continue. Mr Doran said there are 3,500 fewer nurses than in 2008, yet the health service is now dealing with more patients and is 20% busier. He called on the HSE to accept that more than 4,000 extra nurses and midwives are needed to help ease overcrowding and ensure a safe health service for patients. Talks are expected to continue this week before the INMO executive meets again next Monday to decide whether it will press ahead with strike action or continue with the deferral to allow negotiations go on.”

**Hospitals facing shortage of agency nurses despite spending €80m on them in 2016** was a headline in the *Irish Independent* (January 26, 2017). “Hospitals that rely heavily on agency nurses to maintain services in the absence of permanent staff are discovering these are also in short supply. Liam Doran, head of the Irish Nurses and Midwives Organisation (INMO), said that agencies only had enough nurses to

supply around 60 to 70% of the numbers demanded. This is despite the fact that hospitals spent €80m on their services last year. The shortage was particularly felt outside of Dublin, he said. Mr Doran was speaking ahead of a union executive meeting due to take place next Monday, which will decide whether to give notice of industrial action. This could see a work-to-rule imposed by nurses at the end of February, escalating to one-day work stoppages. The union reported “no progress” following talks with the HSE and the Department of Health. No new talks at the Workplace Relations Commission are planned”.

## Maternity Strategy

The National Maternity Strategy was the subject of an article in the *Irish Examiner* (January 20, 2017) under a headline **Key posts unfilled by HSE a year on.** “A year after the launch of the first National Maternity Strategy, key posts remain unfilled in the office set up to drive its implementation ... despite a comprehensive recruitment campaign in the second quarter of 2016, they failed to find suitable candidates for any of the three positions identified as key to driving the strategy forward under the auspices of the National Women and Infants Health Programme.” INMO first vice president, Mary Leahy said the Organisation is “increasingly concerned at the slow pace of implementation. A key example is the midwife-to-birth staffing ratios, she said. The acceptable ratio, according to best practice, is one midwife to 29.5 births. However, in some units, there is “one midwife to 40 births, with one midwife to 36 being the average across the country.”

## ED crisis

The *Irish Daily Star* (January 4) reported on the trolley crisis – **Scandal in our**

## hospitals – 612 on trolleys.

“The number of patients on trolleys in Irish hospitals hit a record 612 yesterday... the record figure comes at a time when the INMO’s analysis confirmed there were 93,621 admitted patients on trolleys during 2016 – which is also a record figure for a calendar year. The INMO said the figures were entirely predictable arising from the trend running right through November and December, which saw a significant deterioration in the daily trolley watch figures compared to previous years. They said questions must be asked as to what measures were taken over the past eight weeks to alleviate the situation and, in particular, to plan for the predictable surge in the early days of every new year... INMO general secretary, Liam Doran said: “612 patients admitted for care for whom there is no bed is a truly shocking figure. The compromising of care, not to mention the loss of privacy and dignity, cannot go unchallenged and must be acknowledged and addressed by health management. We cannot allow this to become just another statistic and it must result in a fundamentally new approach to our health system as overcrowding, as the 2016 figures show, continues to grow. The stark reality is that in 2007, after it was declared a ‘National Emergency’, the number of patients on trolleys was recorded as 50,402. However, in 2016 this has increased by 86% to 93,621. This confirms that successive governments’ approach to the public health service have failed to address this problem and it must now become a top priority for a government-wide response in 2017”.

Ann Keating is INMO media relations officer  
Email: [ann.keating@inmo.ie](mailto:ann.keating@inmo.ie)

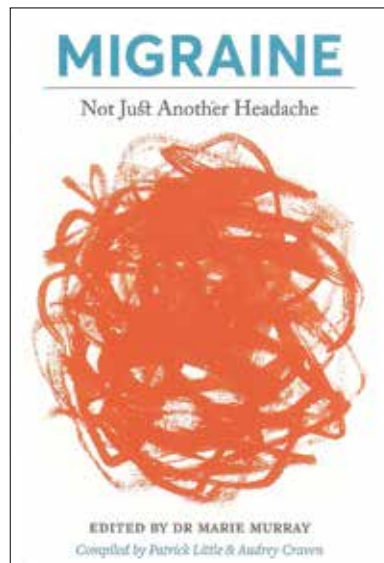
# Not just another headache

"I'M NOT OKAY, I lost it all, sports, husband, friends, job, independence and will to live." Testimony from a migraineur to the Migraine Association of Ireland.

Migraine is a debilitating, complex neurological condition that is often misunderstood, affecting more than 500,000 people in Ireland every year at a cost of €26 billion to the Irish economy.

*Migraine, Not Just Another Headache* is the first comprehensive multidisciplinary book to examine the many different implications that migraine has for its sufferers. This book has two main goals. The first is to bring a greater awareness as to the multifaceted nature of migraine to the general public and in doing so, break down the stigma that surrounds the condition. The second goal is to influence policy changes around migraine at a governmental level.

Written by leading minds from the neurological world in Ireland, including Prof Orla Hardiman, Dr Eddie O'Sullivan, Prof Martin Henman, the book provides up-to-date recommendations for professional groups such as GPs, HR staff and teachers on best practices to support a migraineur, along with practical



information for sufferers on areas such as triggers and medication.

A key factor in successful outcomes for migraine sufferers is a true understanding of their triggers so they can effectively self manage the condition alongside their GP and pharmacist. *Migraine, Not Just another Headache* describes migraine in detail, its diagnosis, impact, trends, triggers, treatment and the lived experiences of those who suffer migraines in their everyday lives.

Highlights of the book include:

- In Chapter 3, Prof Orla Hardiman, explains in detail the pathology of and different triggers for migraine
- Dr Deirdre Peak, consultant paediatric neurologist, Royal Belfast Hospital for Sick Children, focuses on the often misunderstood occurrence of migraine in children
- Dr Edward O'Sullivan investigates the issue of migraine in sport
- Dr Marie Murray, who is the book's editor, explores the psychology of migraine, it's effect on the mental health of the sufferer and its effect on relationships at home and in the workplace.

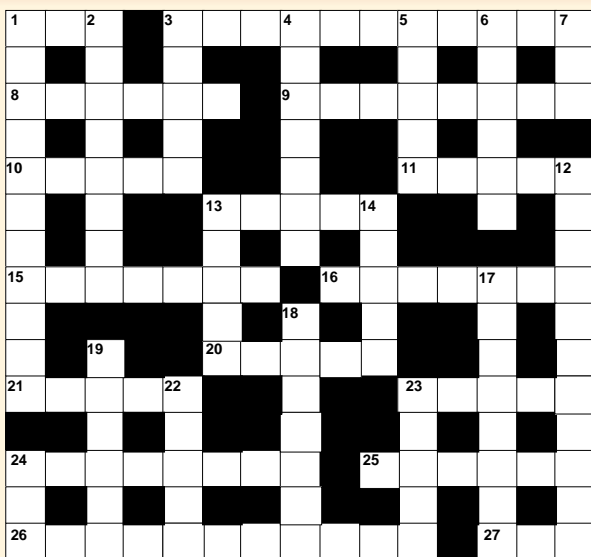
People who experience migraine often find the workplace a hostile and difficult environment. Certain working environments and lighting can trigger regular attacks and colleagues often have little empathy or understanding of the conditions. In Chapter 10, Prof Caoimhín MacMaoláin, associate professor of law at Trinity College Dublin, outlines the legal entitlements and rights of migraine sufferers in the workplace.

*Migraine, Not Just Another Headache* is published by Currach Press, 2016 ISBN 9781782188865 and available online from [www.migraine.ie](http://www.migraine.ie)

## Crossword Competition



WIN A €30 BOOK TOKEN



### Across

1. Curly-tailed creature (3)
3. That's some slick quiver of mercury! (11)
8. It might be back, gammon or streaky (6)
9. Start a hockey game with a harassing type? That's not on! (5,3)
10. Traditional implement for making butter (5)
11. Damp (5)
13. Make Val go out to find a Russian river (5)
15. Speech about where one's home is? (7)
16. Might Zeta get this newspaper or journal? (7)
20. No longer fresh (5)
21. Relating to the moon (5)
23. The bird lacks an inch, so gets only the husks (5)
24. Where military training is given to footwear? (4,4)
25. Widespread, not rare (6)
26. A group of thirteen (6,5)
27. Hatchet (3)

### Down

1. Painkiller that might upset Cleopatra, Ma (11)
2. Beckoned or shrugged, perhaps (8)
3. Monarch (5)
4. Compartment, stall (7)
5. Liam's converted to this religion (5)
6. Fiddle (6)
7. Match official (abbreviated) (3)
12. Become upset, feel insulted (4,7)
13. Saves up for floral containers (5)
14. Heedful (5)
17. Blood-poisoning arising from the strange ox I ate, Ma (8)
18. Spy coal being distributed to the sound of a Caribbean song (7)
19. Open a bottle of wine (6)
22. Competitor in a test of speed (5)
23. 3 down may wear it (5)
24. Dribbler (3)

### Solutions to Dec/Jan crossword:

#### Across:

1. Outer space
6. Abet
10. Gusto
11. Dei gratia
12. Cabaret
15. Hiker
17. Impi
18. Cain
19. Viral
21. Breathe
23. Tense
24. Idle
25. Raki
26. Claim
28. Chorale
33. Children's
34. Santa
35. Dunk
36. Hibernated

#### Down

1. Olga
2. Tasmanian
3. Rioja
4. Padre
5. Crib
7. Batik
8. Tea trolley
9. Archive
13. Roar
14. Titanic
16. Acetic acid
20. Red Planet
21. Bermuda
22. Halo
27. Alien
29. Haste
30. Resin
31. Yeti
32. Ward

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

The prize will go to the first correct entry opened

Closing date: Monday, February 20, 2017

Post your entry to: Crossword Competition, WIN, MedMedia Publications, 17 Adelaide Street, Dun Laoghaire, Co Dublin

The winner of the December/January crossword is:  
**Sheila Brehony**  
Ballymoate  
Co Sligo

# Getting health insurance right

Dermot Wells discusses the importance of finding the level of cover that's right for you



WITH the Christmas period now out of the way, consumers tend to focus on their health insurance renewal, with more than 500,000 consumers renewing their cover in the month of January alone.

As Irish Life Health has taken over both GloHealth and Aviva Health, there are effectively three providers now operating in the market: Irish Life Health, VHI Healthcare and Laya Healthcare. However, there are more than 350 plans to choose from so selecting the correct cover can be a challenge.

## Choice

With so much choice available, it can be confusing to find the right cover for you and your family. In addition to the choice of health insurance plans available, customers also have to navigate their way through the difference in the cost of health insurance premiums.

Price increases have also been announced by health insurers, which could affect those renewing their cover or taking out health insurance for the first time. This could see price increases of up to €480<sup>1</sup> for families. With increases such as these, it is important that you shop around to find the best cover to meet your needs and your budget. Ask yourself these questions to help save money on your health insurance:

- Is private hospital room cover important to you? You could make significant savings if you change from private to semi-private room cover (a semi-private room includes a maximum of five beds)
- Is a network plan something you would consider? These are plans that offer a limited selection of public or private hospitals
- Are all family members on the same health insurance plan? You may be able to save money by putting your children on a separate, lower cost plan that provides similar cover
- Do you pay for your policy in instalments or in one lump sum payment? Paying in instalments may be costing you more



money in the long run. Calculate how much you may be saving by doing a comparison between paying upfront and your monthly cost

- Have you asked about child/young adult discounts? You may be entitled to these discounts if you have young dependants on your policy. Your broker will be able to let you know of suitable health insurance plans that you and your family can avail of.

## Savings

Potential health insurance savings can be made by switching to comparable plans with your existing provider or with an alternative provider. However, you need to be mindful when making savings on your health insurance. Downgrading your health insurance cover to make savings can result in higher excesses, the removal of certain hospitals and restricted access to high tech hospitals etc. It is also important to remember that if you downgrade cover and return to a higher level of cover at a later stage, then a two-year upgrade rule for existing illnesses could apply. This is where it is important to get advice from a qualified health insurance expert who can talk you through the impact of any changes you are making to your cover.

## Switching

Many people consider switching health insurance providers, but are fearful of the consequences of doing so. To be clear, if you do switch insurers:

- You will not have to re-serve waiting periods
- You will not have a break in your cover

- Any Lifetime Community Rating Loading will not be affected by switching
- It is not time consuming.

If you do decide to switch provider you may be able to avail of new offers across plans such as child offers, young adult discounts, free multi-trip travel insurance etc. Most insurers now also offer the facility of a digital doctor, where you can conduct a doctor's consultation on your smart phone and, if a prescription is required, it will be emailed to your local pharmacy. This is a helpful tool for those who lead a busy lifestyle and may not be able to physically get to a doctor.

With so much choice and so many options available, making a decision can be confusing. This is where Cornmarket's Health Insurance Comparison Service for INMO members can add real value. We will review the options from all the providers on your behalf and provide a documented comparison of your existing plan against any recommendation. We will also provide you with details of any special offers or discounts.

This service compares all health plans on the market to help you choose the plan that suits you. Last year, INMO members who availed of this service saved €359.61<sup>2</sup> on average when they reviewed their cover with Cornmarket.

*Dermot Wells is general manager of Health Insurance Division, Cornmarket Group Financial Services Ltd.*

*To avail of the health insurance comparison service, contact Cornmarket at Tel: 01 408 6212.*

1. Source: Charlie Weston, Irish Independent October 11, 2016

2. Average saving based on 202 INMO members who reviewed their cover with Cornmarket between July and November 2016. Cornmarket Group Financial Services Ltd. is regulated by the Central Bank of Ireland. Cornmarket is part of the Great-West Lifeco group of companies, one of the world's leading life assurance organisations. Telephone calls may be recorded for quality control and training purposes. Irish Life Health dac is regulated by the Central Bank of Ireland. Laya Healthcare Limited, trading as Laya Healthcare, is regulated by the Central Bank of Ireland. Vhi Healthcare DAC trading as Vhi Healthcare is regulated by the Central Bank of Ireland

# Tallaght Hospital leading Irish phase of global Alzheimer's disease trial

TALLAGHT Hospital has recruited the first Irish people who will take part in a global trial aimed at preventing Alzheimer's disease. The hospital is conducting the Irish phase of this global clinical trial, which marks a significant milestone for Alzheimer's research at the hospital.

The trial will focus on the newly developed drug, Verubecestat, which has been shown to 'switch off' the production of the protein amyloid in the brain, which is thought to be the chief cause of Alzheimer's disease.

Amyloid accumulation in the brain can precede the onset of symptoms of Alzheimer's disease by several decades. With this in mind, participants with mild memory difficulties, but who did not have Alzheimer's disease, were selected

to partake in the trial, as memory difficulties can indicate amyloid accumulation. Screening for participation in the trial involved the first amyloid PET scans to ever be performed in Ireland.

Chief investigator for the Irish leg of this trial, Dr Sean Kennelly, consultant physician in geriatric and stroke medicine at Tallaght Hospital, said: "For the first time Irish people who have memory difficulties but haven't yet clinically developed Alzheimer's disease have the opportunity to participate in a trial of a medication which could potentially delay or halt progression of their symptoms."

Tallaght Hospital has developed several high-quality supports and services for Alzheimer's and dementia research, including the hospital's weekly memory

clinic. Launched earlier this year, the memory clinic offers a multidisciplinary service incorporating geriatric medicine physicians, clinical nurse specialists, clinical neuropsychologists and occupational therapists among others, aiming to identify those most at risk of dementia as early as possible.

Verubecestat is produced by MSD and the trial has been welcomed by the Alzheimer Society of Ireland. The Society has also welcomed the launch of the clinical trials, as the publication of the results of early stage clinical trials have shown that it successfully targets the more visible sign of the disease within the brain. If licensed, this treatment could be the first to be approved for Alzheimer's disease in more than a decade.



Pictured (l-r) at the Irish Association of Nurses in Oncology (IANO) annual conference in Dublin were: Eilish Moran, Bayer; Veronica McInerney, Health Research Board Clinical Research Facility, Galway; and Pauline Kehoe, IANO. Veronica was awarded the fifth IANO President's Prize for her research on 'using quality of life and symptom information in the clinical setting to drive personalised medicine in patients with advanced cancer'. Supported by an educational grant from Bayer, Veronica will take up a week-long clinical placement in Memorial Sloan Kettering Cancer Centre in New York

## Coping with grief

A NEW family room has been opened at St James's Hospital mortuary to create a comfortable and private space for bereaved and distressed families.

The facilities comprise a family room for friends and family who visit the mortuary to view the body of the deceased, meet with the bereavement social worker or attend a removal ceremony. The adjacent kitchen facilitates the provision of refreshments by staff to the bereaved.

The family room was funded by a €12,800 grant from the Design and Dignity Grant Scheme of the Irish Hospice Foundation and the HSE.



Nursing students from Tallaght Hospital pictured celebrating their graduation recently. All graduates from the class of 2016 who trained at Tallaght Hospital were offered permanent positions. Speaking at the graduation Hilary Daly, director of nursing said: "Nurses are an integral part of the care we provide for patients at Tallaght Hospital the accountability and responsibility that nurses hold in their positions of care of patients was emphasised at the graduation. The relationship nurses have with their patients should be cherished, nurtured and respected it is a lifelong commitment"

# Health service workers join together to raise money for Pieta House

THE Health Voices Choir, a joint initiative between the HSE, the INMO and Beaumont Hospital, brought together more than 200 health service staff and as many as 20 choirs from all over the country to record a Christmas carol single, *Carol of the Bells* and *He Ain't Heavy He's My Brother* to raise money for PIETA House.

The single, which was officially launched by Minister for Health, Simon Harris, at the first national Patient Safety Conference in Dublin in December, was available on iTunes, reaching number two in the iTunes charts. Proceeds from the sale of the 4,000 CDs will go directly to Pieta house.

The Health Voices Choir came together to support and raise awareness of one of the crucial challenges facing Irish society today – suicide. Many of those participating in the choir had personal experiences of a relative or friend bereaved by the loss of a brother, sister, parent or grandparent whose life ended prematurely.

The project came about following informal contact between Leonie Weeks, Beaumont Hospital, Dave Hughes, INMO



Pictured (l-r): Blanaid Murphy, Health Voices Choir conductor; Dave Hughes, INMO deputy general secretary; Rosarii Mannion, HSE; and Leonie Weeks, Beaumont Hospital

deputy general secretary and Rosarii Mannion, HSE. All three organisations lent their support to the idea of assembling choirs from within the health service for a single project.

Blanaid Murphy was recruited as the choir conductor and from the first practice in October to the time of recording the single, Blanaid's enthusiasm inspired the choir to perform at their best. By the fourth practice, the choir was ready to record the single.

The recording of the single, which took place in Tallaght Hospital, was organised by Alison Baker Kerrigan, programme manager and curator for the National Centre

for Arts and Health at Tallaght Hospital.

The end-product was a huge success and was well received throughout the health service.

In this challenging time for nurses and midwives and all staff in the health service, the Health Voices Choir was a joint attempt to demonstrate something positive from staff right across the health service.

All involved should be thanked for their commitment to the project, which in some cases involved travelling many hours over many miles and all can be congratulated for a truly excellent recording. There is a small number of CDs still available.

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

## Recruit a Friend

And We Will Give You  
a €20 One4all Gift Card\*

Please recruit your friend/colleague and ask them to complete an INMO new member Application Form (please contact any INMO office for a supply of Application Forms). Insert your name and INMO membership number on the 'Recruited By' portion of the application form at the end of Section 1.

\*For every new member or re-joining member recruited, you receive a €20 One4all Gift Card.

# Breastfeeding plays a key role in gut bacterial development in newborns

AN IN-DEPTH study, carried out by scientists at the APC Microbiome Institute, University College Cork (UCC), has found that breastfeeding is particularly important for babies born by Caesarean section, and especially those born before 35 weeks' gestation, as it helps to develop a more normal gut microbiota (bacterial community).

The research compared development of the gut microbiota of 199 infants from one to 24 weeks of age. The infants in the study were initially breastfed following vaginal or Caesarean section delivery and included both full-term and pre-term (<35 weeks' gestation) births.

The population of gut bacteria develops over the first two to three years of a

baby's life and is known to play a key role in human health. At birth, the population of bacteria found on babies resembles that of the mother's vagina if born vaginally, or that of skin, if born by Caesarean.

Discussing the findings of the study, Dr Cian Hill, lead author, said: "Full-term babies born by C-section who were breastfed for at least four weeks were found to have a similar gut bacteria composition to vaginally born babies by eight weeks of age. At 24 weeks, all infants, whether preterm or full-term and born vaginally or by C-section, had similar gut microbiota compositions."

"This study shows that mode of delivery and gestational age at birth are the strong influencers of early gut microbiota populations following birth," said Prof Catherine

Stanton, leader of the research at Teagasc.

"These results highlight the importance of breastfeeding particularly for infants born by Caesarean section" added Prof Anthony Ryan of UCC and CUMH. "The long-term implications of an altered gut microbiota composition in the first weeks of life, as a result of C-section and pre-term delivery, are currently unknown. But this study shows that breastfeeding these babies helps to move the microbiota composition towards that of full-term, vaginally delivered babies."

This research was funded by the Department of Agriculture, Food and Marine, the Health Research Board and Science Foundation Ireland and is published in the journal *Microbiome*.

## Improving palliative care for children and their families

HUNDREDS of children with life-limiting conditions and their families have had access to improved palliative care thanks to a national policy adopted seven years ago.

*Palliative Care for Children with Life-Limiting Conditions – A National Policy* was published by the Department of Health in 2009 to provide a framework for improving palliative care services for children and families that need them.

The independent evaluation of the Children's Palliative Care Programme commissioned by the HSE, Department of Health and Children and Irish Hospice Foundation found that the new services have:

- Improved quality of life for children and their families
- Improved co-ordination of services to children so that they can be cared for at home for as long as possible
- Led to an improved children's palliative care sector with increased education
- Increased awareness of children's palliative care and of the new service.

The evaluation makes 20 recommendations for action and the Department of Health will be engaging with the HSE to agree the priorities and the way forward for the continuing development of children's palliative care services.



Pictured (l-r) at INMO HQ in December were: Ivan Ahern, marketing and distribution director, Cornmarket; Martina Harkin-Kelly, INMO president; Jean Spillane, winner of the member's draw; and Liam Doran, INMO general secretary

## Study focuses on nurses' experience of burnout and its impact on patient care

A RESEARCH study looking at nurses' experiences of burnout and how this impacts their mental wellbeing and capacity to treat and care for the over 65-year-olds is being carried out by the School of Psychology and the School of Nursing and Midwifery at NUI Galway.

A 2016 survey of nursing staff across 200 hospitals in Ireland, Belgium, England, Finland, Spain and Switzerland found that nearly one-third of nurses showed signs of burnout and a similar proportion were dissatisfied with their job.

A qualitative study, which was carried out in October 2016 and was based on interviews with three ED nurses across Ireland, found that many nurses leave the profession because of stress and that they are often forced to engage in a sliding scale of care resulting in reduced dignity

for patients. One such patient group whose care is at risk of being jeopardised are the over 65s. Patients and staff report the dehumanising experience for patients of being moved around inside hospitals 'like parcels'. Older patients are more likely to be forgotten about because they are less critical and less likely to complain.

Research has found that negative attitudes towards working with older people pervade among health professionals due to working conditions, poor career prospects and a perceived lack of professional esteem.

Nurses who wish to participate in this national study can visit the online survey at <http://svy.mk/2j3UtGu>.

For further information, contact Natasha Fitzgerald-Yau at email: [n.fitzgeraldyau1@nuigalway.ie](mailto:n.fitzgeraldyau1@nuigalway.ie)

## February

### Saturday 11

**CNM/CMM Section** meeting. INMO HQ. 11am. Education topics to include risk management and delegation Contact [jean.carroll@inmo.ie](mailto:jean.carroll@inmo.ie) or Tel: 01 6640648 for further details

### Thursday 16

**Retired Nurses and Midwives Section** visit to Collins Barracks, Dublin 7 and lunch in the Aisling Hotel, Parkgate Street, Dublin 7. Contact Ann Igoe at email: [a.igoe@upcmail.ie](mailto:a.igoe@upcmail.ie)

## March

### Wednesday 8

**Care of the Older Person Section** conference. Limerick Strand Hotel. Contact [jean.carroll@inmo.ie](mailto:jean.carroll@inmo.ie) or Tel: 01 6640648. See page XX for further details

### Friday and Saturday March 10/11

**Irish Student Health Association (ISHA)** annual conference. Radisson Blu Galway. For further information contact [joan.broderick@iadt.ie](mailto:joan.broderick@iadt.ie) or Tel: 01 2394760

### Thursday March 23

**Retired Nurses and Midwives Section** trip to Newbridge House, Donabate. Email: [gerald-inemcsweeney@gmail.com](mailto:gerald-inemcsweeney@gmail.com)

### Friday 24 and Saturday 25

**ODN Section** conference and meeting. Crowne Plaza Hotel, Santry, Dublin 9. Log onto [www.inmoprofessional.ie](http://www.inmoprofessional.ie) or contact [jean.carroll@inmo.ie](mailto:jean.carroll@inmo.ie) or Tel: 01 6640648

### Thursday March 30

**CPC Section** study day. Log onto [www.inmoprofessional.ie](http://www.inmoprofessional.ie) or email: [marian.godley@inmo.ie](mailto:marian.godley@inmo.ie) to book your place.

## Condolences

- ❖ Condolences to Mary Cradden from all her INMO colleagues on the recent death of her father Martin Morahan. RIP
- ❖ The INMO extends its sincere condolences to Susan Buckley, CNM1, 2 South, on the death of her mother Catherine Buckley. RIP
- ❖ The INMO Limerick Branch extends its sympathy to John Sheridan, Milford Care Centre, and his family on the recent loss of his wife, Rhona Kett Sheridan. RIP
- ❖ The INMO Cork Office extends its sincere condolences to Marosa Fenton, INMO rep, South Infirmary Victoria University Hospital, on the recent death of her mother, Peg Fenton. May she rest in peace

## Reunion

- ❖ St James's Hospital Dublin invites all nurses and midwives who trained and worked in the hospital to attend a 50-year anniversary reunion on Friday, March 24, 2017. If you would like further information or wish to attend email: [50years@stjames.ie](mailto:50years@stjames.ie)

## Study day

- ❖ The Irish Stoma Care and Colorectal Nurses Association study day will take place on Friday, March 24, 2017 at the Mater Misericordiae University Hospital, Dublin. For further information email: [stomacare@mater.ie](mailto:stomacare@mater.ie)

**INMO Professional DEVELOPMENT CENTRE Library Opening Hours**

**February**  
 Monday-Thursday: 8.30am-5pm  
 Friday: 8.30am-4.30pm

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

## INMO Membership Fees 2016

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

[www.nurse2nurse.ie](http://www.nurse2nurse.ie)

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