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WIN

World of Irish Nursing & Midwifery

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

Special report from the 2017 INMO ADC
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New agreement must reflect reality
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Ending violence against healthcare professionals
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Full potential of breastmilk uncovered
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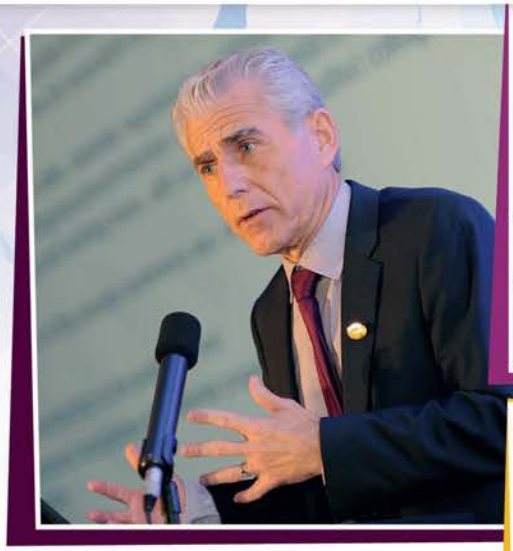
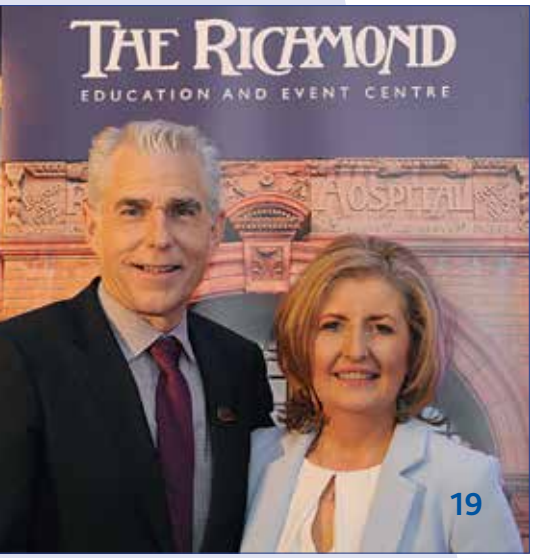


INMO ADC 2017

Nurse/midwife pay

Decision time for government



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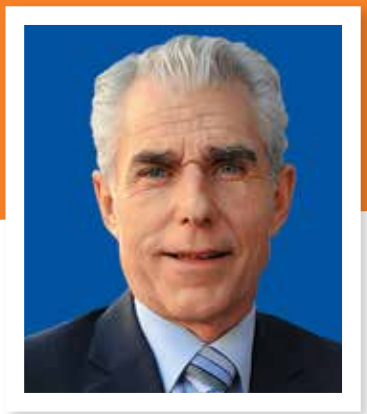
Agreement must reflect realities



AS YOU receive this issue of *WIN* it is likely that negotiations on a new public service pay agreement will be coming to a head after they commenced on May 22. However, at the time of writing it is impossible to predict, with any certainty, the duration of these negotiations due to the extensive agenda involved and, critically, the political uncertainty that exists at this time.

However, regardless of when any proposals emerge, it is self-evident that any proposals, if they are to address the twin requirements of pay restoration and measures to begin addressing the recruitment/retention crisis, must have sufficient flexibility to reflect market realities and the needs of our public services over the coming three years.

For the government to suggest that the agreement cannot reflect and, critically, begin addressing the realities of the labour market, as it has emerged over the past 10 years, is short-sighted and contradictory.

At our recent ADC *(see pages 13-36 for full report)* the delegates showed extreme maturity and pragmatism during the debate on an emergency motion from the Executive Council on public service pay. Speaker after speaker stated that public servants, particularly those on low and middle incomes, expect and deserve to get their pay back, while, at the same time, issues of recruitment and retention, which are impeding the delivery of health care, cannot wait any longer and must also be addressed.

In doing so, no delegate suggested that nurses/midwives were 'a special case'. They simply pointed out the reality that we have closed beds, growing levels of overcrowding and lengthening waiting lists primarily because we cannot recruit and retain the necessary nurses, midwives and others, such as doctors, to properly staff, grow and maintain a health service fit for purpose.

Against this reality, any new public service pay agreement must recognise these twin realities. Public servants, including nurses and midwives, must be treated fairly while ensuring that, where there are recruitment and retention difficulties, improvements in pay and conditions materialise so that we can attract and retain nurses and midwives in this country.

It is regrettable that, also in the lead up to the talks, there was media coverage suggesting that some union sources were stating that any new agreement could not address, in the short term, the immediate recruitment and retention deficits that exist particularly in the health service. At the recent meeting of the ICTU Executive Council it was explicitly stated that, from an INMO perspective, these comments were unwarranted, unhelpful and divisive even before the talks with government began.

As you will see on *page 9*, the INMO has recently held meetings with the Irish Medical Organisation and the Psychiatric Nurses Association and issued a statement, demonstrating common purpose, following these discussions. All of this is centred on the simple premise that without nurses, midwives and doctors – properly paid, reflecting the international labour market realities – we cannot have a public health service that meets the needs of all patients and clients, in a proper, dignified and competent way.

These talks will also have to address the issue of working hours and the imposition by government of additional working hours on all public servants. Nurses and midwives, with a 39-hour week, work the longest working week of all professional grade public servants and this must also be addressed as part of our parity campaign.

These are just some of the issues that have to be addressed and, in fairness, other unions have priority issues too. All of these are valid issues for public servants who, it must never be forgotten, shouldered very difficult and severe cuts in recent years.

It was the main party in the current government who said "the emergency is over". These talks must deliver an agreement that reflects this reality while also accepting the reality of the labour market and the fact that Ireland must become much more competitive in attracting, retaining and properly paying nurses and midwives.

Liam Doran
General Secretary, INMO

Your priorities with the president

Martina Harkin-Kelly, INMO president

98th Annual Delegate Conference

THIS year's ADC will go down as one of the most vibrant and energised atmospheres in a long time. The hospitality of the Wexford Branch was second to none, with no stone left unturned in providing information and assistance to delegates. I am extending a heartfelt thanks to all of you, on behalf of the members present, for a job well done. This was my first ADC at the helm and while that comes with its own anxieties and hurdles, there was that awareness that it was Liam's last to preside over, since he announced his retirement on March 14. We could not let the moment pass without recognising his immense contribution to the world of Irish nursing and midwifery over the past two decades.

Like every year, the ADC opened with a press conference, where the tone of determination was set by a strong and resilient Executive Council, officers and the management team and they very much captured this year's theme 'nurses and midwives – together shaping healthcare'. Parity in terms of pay and hours, as an overarching goal, was reiterated as the only show in town for nurses and midwives, as this will be the start of giving recognition to the recruitment and retention labour market crisis.

You can read all about this year's ADC on *pages 13-36*, however, there are a few other highlights I would like to mention.

The Sharps Choir from Wexford General Hospital performed beautifully for delegates before the business of the first day got underway. Wednesday night saw Dave Hughes, deputy general secretary, in his inimitable style, as quiz master for the annual table quiz which raised funds for the local Wexford Women's Centre.

The awards ceremony took place on Thursday evening. The CJ Coleman Award this year went to Dr Suja Somanadhan,from Temple Street Children's Hospital. The Preceptor of the Year was awarded to Niamh Fleming, Beaumont Hospital and her nominator Michelle Hurson, pre-reg student was also recognised. The Gobnait O'Connell award this year went to union stalwart Linda Phelan of Our Lady's Children's Hospital, Crumlin – a popular and deserving recipient.

The final day of the ADC saw the 'Castlebar Branch Crooners' lamenting the loss of Liam singing *Those Were the Days my Friend*. Dave Hughes's review of the year video contained a piece reflecting Liam's finer moments. As president, I also addressed the delegates and gave acknowledgement to the family man, gentleman and statesman that Liam is. This was followed by a standing ovation and the presentation of a glass piece depicting Liam in James Larkin mode addressing a rally.

Friday also saw the election of a new Standing Orders Committee; James Geoghegan, Beverly Stafford and Diana Malata. Sincere thanks to the outgoing committee Breda McHugh, Irene Trollop and Executive Council member, Anne Harney.

Occupational Health Nurses Section conference

I HAD the pleasure of addressing the annual Occupational Health Nurses Section conference which was held on May 10 this year in the Maryborough Hotel, Cork. This year's conference theme was 'occupational health: wellbeing strategies that work'. The theme was reflected in the content of the programme in the context of wellbeing, mental health and happiness.

Sincere thanks as always to the planning committee/section officers for all their hard work in organising this very worthwhile conference – Una Feeney, chairperson and FOHNEU rep; AnnMarie Graham, vice-chairperson; Margaret Morrissey, secretary and FOHNEU rep; and Mary Forde, conference planning committee.

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

Quote of the month

The ultimate measure of a man is not where he stands in moments of comfort, but where he stands at times of challenge and controversy

– Martin Luther King Jnr

Report from the Executive Council

THE INMO Executive Council met on May 3, 4 and 5 before the ADC proceedings of each day, reflecting a positive and business-like attitude with a busy year ahead dealing with the many motions remitted to Council. These motions set the Organisation's priorities for the coming year. The Executive Council took the opportunity to succession plan, with a stand encouraging candidates to come forward for next year's elections.

On Tuesday, May 16, 2017 the INMO, IMO and PNA met to discuss the recently published report from the Public Service Pay Commission. At a press conference following the meeting, the three unions called on government to ensure that there is sufficient flexibility within the pay talks to deal with the recruitment and retention problem, and to cease adopting a 'head in the sand' approach to the manpower crisis within our hospitals, community and mental health services. (*see page 9*).

Get in touch

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

Pay talks must address staffing crisis

PSPC confirms recruitment and retention problems in nursing/midwifery

THE Public Service Pay Commission (PSPC) report issued last month recognises the clear recruitment and retention difficulties affecting nursing and midwifery in the Irish public health service – official acknowledgement of which has been welcomed by the INMO.

As anticipated by the INMO, the PSPC was not in a position to make any specific recommendations in its report in relation to the remuneration of particular groups of public servants.

However, the INMO has stressed that, against the backdrop of this PSPC report, it is imperative that the recruitment and retention crisis affecting nursing and midwifery, be the subject of comprehensive examination during the pay talks, which have now begun between the government and the public service unions.

Additionally, the INMO joined with their colleague public service unions in discussions to seek early restoration of incomes and the protection of the value of retirement income.

INMO general secretary Liam Doran said: "The report from the Public Service Pay Commission has confirmed, as the INMO has consistently argued, that recruitment and retention is a serious issue throughout all areas of nursing and midwifery. In this context, discussions must provide for direct engagement leading to significant progress on addressing this crisis."

Mr Doran added: "The negative impact of nursing and midwifery shortages on the health service is self-evident. The Public Service Pay Commission has now confirmed the need for the matter to be the subject of detailed consideration."

Discussions

Following the PSPC report, the INMO, the Irish Medical Organisation and the Psychiatric Nurses Association met to consider the issues of recruitment and retention, which must be addressed in the context of the forthcoming public sector pay negotiations.

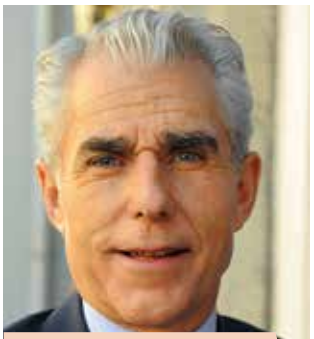
The INMO, IMO and PNA have called on the government to ensure that there is sufficient flexibility within the talks to deal with the recruitment and retention problem and to cease adopting a 'head in the sand' approach to the manpower crisis, which is having a significant negative impact on the delivery of patient care across the country.

The three unions have also endorsed and supported the collective approach of public service unions to seek restoration of pay and hours, which have been attacked in recent years.

Nurses, midwives and doctors working in the public health service have struggled through years of cutbacks to deliver the best care to patients in highly pressurised and under-resourced working environments. The HSE is no longer an employer of choice for a growing number of nurses, midwives and doctors, whose skills are actively sought by European and international health organisations. Such organisations, not only offer better terms and conditions, but also provide an environment that allows them to do the job for which they have trained.

The INMO has stressed that the government simply cannot ignore the facts of the situation any longer ,which include:

- At any one time there are now up to 400 vacant consultant posts
- The health service is still 3,200 nurses/midwives short of the numbers employed in 2008, despite activity being increased by 20%
- 78% of final year nursing and midwifery students have already been offered full-time permanent positions in other countries, with more attractive terms than those available in Ireland
- 60% of newly qualified doctors have already stated their intention to emigrate at the end of their intern year
- 45% of doctors who qualified in 2011 no longer work in the Irish public health service
- 14,000 nurses and midwives have sought certifications of verification, which indicates their intention to emigrate and practise in other countries
- International health organisations are actively targeting Irish nurses, midwives and doctors with superior packages
- Pay, training supports and career progression, along with poor working environments, are the key factors in decisions to emigrate
- The shortages of nurses, midwives and doctors is leading to unsafe work practices and negatively impacting on patients in relation to access and waiting times for services, operations, outpatient appointments and are impeding access to services as per *Vision for Change*.



INMO general secretary Liam Doran: *"Discussions must provide for direct engagement leading to significant progress on addressing the staffing crisis."*

The PSPC has identified and accepted the overwhelming evidence that there is both a shortage of nurses, midwives and doctors, and major impediments to their recruitment and retention.

As recorded in the PSPC report, the shortages are leading to a pressurised work environment which impacts on the delivery of patient care. The shortage now experienced is chronic, and waiting lists, hospital overcrowding and missed care are everyday occurrences.

The crisis is such that sustainable recruitment and retention measures, which work in the short, medium and long-term, are now required as Ireland is competing in a European and worldwide market for professional nurses, midwives and doctors. The market conditions to recruit these professionals require special and immediate incentives if the government hopes to attract and retain Irish based and trained professionals in the Irish health service.

The real test of the pay talks, which began in May, is whether they are 'fit for purpose' and capable of allowing special measures to address the perfect storm of a failing Irish health service unable to recruit the professionals required to deliver the level of care patients need.

Unless action is taken now, the reality is that whatever measures are taken by the government to reform our health services will ultimately fail as we will have insufficient suitably qualified nurses, midwives and doctors to meet growing demand and deliver safe care.

Phil Ní Sheaghdha, INMO director of industrial relations,

Launch of pilot project on hours worked

IN recent months, the INMO and other nursing unions have been in discussion with HSE management regarding hours that are regularly worked by nurses over and above contracted hours and are not recorded as hours worked. This process was undertaken as referenced in the chairman's note following the Lansdowne Road Agreement. This process had a number of steps.

Step one

HSE management, the INMO and other nursing unions were to agree on the definition of what constitutes working time. The definition agreed on was as follows: *"All time that 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 at place of work to the employer in order to be able, at the place of work in case of need, to provide appropriate services"* (Organisation of Working Time Act 1997).

Once this definition was agreed, a template that would capture and record all hours of work that were actually worked per rostered shift was drafted and agreed on.

Step two

The second step was to select pilot sites for this project and to ensure that this pilot project would be rolled out across all areas of the health service, the acute sector (including maternity services), primary and social care sector (PHN/CRGN/RNID). The following sites were selected to participate in the pilot programme:

- Beaumont Hospital
- Galway University Hospital
- St John of God's, Drumcar
- Rotunda Maternity Hospital
- OLOL, Drogheda
- St Claire's, Ballymun
- Community nursing – community nursing in Galway, CHO 02.

This pilot project was due to commence at the end of May 2017 and to further aid this process, local measurement groups were set up to include nursing/midwifery reps from the selected wards, along with relevant trade union officials.

The aim of these groups is to manage, promote and oversee progress, as well as to identify areas of concern with the pilot project and compile a report that will then be forwarded to the relevant parties in the HSE.

It is important to note that not all wards or units will be required to do so. It was suggested that two wards, theatre or specialist units within acute hospitals and one area in community care, ID care and care of the elderly would participate in compiling these reports.

An FAQ section has been developed to provide guidance to the local measurement team. Issues around the collection of the forms should be addressed to the local measurement groups. Weekly reports/templates have been forwarded by the local management group to HSE management.

The INMO and other unions will meet with management to discuss and evaluate progress/areas of concern at a national level. At the end of the pilot, all feedback from the local measurement groups, HSE management, the INMO and other unions will feed into a national implementation plan.

Contact your IRO or the local measurement group if you are employed in one of the pilot sites and require any further information.

Explanatory note: Guidance for measurement of hours worked forms

- Every nurse/ midwife including CNM grades assigned to the ward/ work location must complete the form at the end of each shift
- If breaks are taken this must be recorded, however if less than allocated time taken or if break taken at a different time, this must be identified separately
- If unable to take break this must be recorded and the reason identified
- If breaks are not free of potential interruption this must be identified, ie. if break taken on ward, or if potential to get called back from break is a factor/ feature of working day/night
- If attending early for work, this must be identified and reason outlined
- If staying on late, beyond rostered end shift time, this must be recorded and reason for same given
- Each form must be signed by the individual recording own time and co-signed by shift leader/manager
- The forms must be collected by the identified designated person in each of the pilot areas daily, and returned to the HSE, Paul Byrne, Corporate Employee Relations, HSE, Oak House, Millennium Park, Naas, Co Kildare, weekly
- This is a short measurement exercise of two weeks duration and we request that you take the time to fill it in accurately and complete it daily
- It is important that the information is recorded and the nursing /midwifery profession hours of work are identified accurately
- Local implementation groups will be established involving nursing managers and nursing trade unions, any issues arising/clarifications can be addressed by this group

Issued by the National Implementation Group – Measurement all hours worked Nursing /midwifery grades: Paul Byrne (National Implementation Group – HSE, DoH, INMO, SIPTU, PNA)

reports on current national IR issues

Legislation on casual work practices approved

IN MAY 2017, the Department of Justice, Equality and Law Reform approved legislation on casual work practices in Ireland. This legislation will allow an employee who works more hours than their contracted hours, the right to 'band' these hours together to allow for a better reflection of the actual hours worked over a reference period of 18 months.

The proposed legislation was brought forward by Minister for Jobs, Enterprise and Innovation, Mary Mitchell O'Connor, and Minister for Employment and Small Business, Pat Breen.

This legislation reflects two issues: banning of the zero-hour contract and 'banding' all hours worked to achieve a more actuate and robust picture of all hours worked.

The approach taken to this piece of legislation is reflected in a recent article in *Industrial Relations News* which states that: "Zero-hour employment contracts are to be largely banned and a right to have contracts to reflect actual working hours is on the way, with draft legislation now a priority."

The INMO has highlighted the effect of this on nurses, who on a regular basis, work varied hours in excess of their contracted hours.

The fact that the reference period in the legislation is 18 months is of particular significance as it can provide "greater certainty and a truer reflection of hours worked and level of earnings, thereby addressing in particular, difficulties employees may have accessing financial credit, including mortgages." This legislation is also significant in the calculation of annual leave entitlement, pension entitlement and sick leave entitlement.

Congress has also welcomed this legislation, with general secretary Patricia King describing it as "quite positive". She said: "Congress notes that the draft legislation would entitle workers to request banded hour contracts, based on their established pattern of working hours, something that would be hugely beneficial to workers across the economy, helping to create more certainty around their hours of work and greater security of income."

In a recent article in the *Sunday Business Post*, Derek McKay makes the point that this legislation will "ensure that employees are better informed about the nature of their employment arrangements and their core terms at an early stage in their employment and amend the Organisation of Working Time Act to prohibit zero hour contracts."

On the whole, the proposed legislation is evidence that the government, which drew on a 2015 University of Limerick study on zero-hour and low paid contracts, is working with data gathered by such institutions and in the interests of employees who work over their contracted hours.

The fact that the need to provide a more accurate picture of all hours worked is indeed good news for workers in all sectors.

This legislation, if passed, should ensure that those who work over and above their contracted hours can get the benefits of same with regard to annual leave, sick leave and pensions entitlements.

See **www.inmo.ie** for ongoing updates on all industrial relations issues

World news

Nurses and midwives in action around the world

Australia
- Midwives delivering support and education on International Midwives Day
- Nurses rally for better nurse to patient ratios

Canada
- Nurses 'extremely concerned for patient safety' – survey
- Violence against nurses a huge problem
- Workers demand more rights

Dominican Republic
- Vigil demonstration to be held over the defunding of public hospitals

France
- Clamart: Four nurses assaulted in emergency room
- Nurses are angry after salary reevaluation

Honduras
- Health owes about 90 million lempiras to auxiliary nurses

Morocco
- Nurses celebrate International Nurses' Day with strike

New Zealand
- Maori nursing workforce strategy missing
- Hospital accused of bullying and understaffing
- Proposal devastates nurses

Portugal
- Nurses follow doctors' example and start zealous strike
- Nurses start indefinite strike

Spain
- SATSE calls for better working and professional conditions for nurses

UK
- New international recruitment campaign aims to boost nursing numbers in Wales
- Safe staffing must be a priority in election, says RCN
- Nursing: Too many struggling

Chocolates, maternity benefit and the working week all prove the need for equality in the workplace, writes deputy general secretary Dave Hughes

Workplace inequality is alive and well

WHAT have the following recent events got in common?

- The assertion by HSE assistant national director Dr Kevin Kelleher that chocolates could be used as an incentive to get nurses and midwives to accept flu vaccinations
- The delay without notice in the payment of maternity benefit for periods of up to a month because of the introduction of a new system
- The outright rejection by the Minister for Public Expenditure and Reform to even consider the restoration of normal working hours as part of a new national agreement.

Would it be fair to suggest that they all disproportionately impact on women in the workforce? Would it be outrageous to think that in the upper echelons of power in this country there is a deep-rooted misogynist vein of thought which always allows for lesser treatment or the belittling of women in the workplace?

When the assistant national director of the HSE said in an Oireachtas subcommittee that incentives could be used to encourage nurses and midwives to take the flu vaccine, he may not have intended to cause offence to the tens of thousands of nurses and midwives who work in the HSE. This statement did, however, cause such offence. His comment came after he had explained that, in spite of overwhelming evidence that the flu vaccine is safe, nurses and midwives have shown a resistance to having such injected vaccines. The implied suggestion was that whatever the resistance is, it could easily be bought off with a box of chocolates. The HSE CEO promptly came to the defence of his assistant national director, in a tweet asking "is it now a crime to cite evidence?" However, there is a difference between examples or anecdote and tangible evidence. One wonders if the same senior figures were talking about a group of firemen, Gardaí or another male-dominated profession, would the idea that resistance could be bought off by a box of chocolates be mooted at all?

Maternity benefit

Hot on the heels of the HSE's 'chocolate-gate' affair was the revelation that thousands of expectant mothers were experiencing month-long delays in receiving statutory maternity benefit after beginning maternity leave. In many cases, as employers do not top up maternity benefit, this reduces an expectant mother's salary to a stipend, which in some cases, where the mother is a single parent can reduce their circumstances to near poverty. Yet this was dismissed by the Department of Social Protection as being due to a new system on which staff needed to be trained. Minister for Social Protection Leo Varadkar gave little comfort to those struggling with no income because of the new system, when he said on radio that he couldn't guarantee an improvement on the delay. When he repeated this in Dáil Eireann later, the Taoiseach showed disdain and insisted that better could be done.

Working week

Reversing the FEMPI legislation and restoring original working hours to public servants are very much on the agenda of the public service unions, in the current pay talks. Before those talks even occurred, however, the Minister for Public Expenditure and Reform flatly rejected the idea that the borrowed hours would ever be paid back. He cited the thousands of extra hours the public service gets from its workforce. Of course, many nurses and midwives took the brunt of these additional hours and the general rolling back of family-friendly policies as soon as recession hit. Public and civil service employment is now largely female and when it comes to the claim for restoration of original pay rates, the media is back suggesting that public servants are looking for a pay increase and when challenged that it is simply pay restoration suggest that it is not due as they were overpaid in the first place. This denies the facts.

Public servants are still paying, under FEMPI legislation, €1.4 billion each year to the Exchequer over and above the USC and additional taxes that everybody else pays. €730 million of that is collected based on a tax which only applies to public servants and is disguised as a pension-related deduction. These deductions were both imposed through emergency legislation, with no agreement; contracts were overwritten by special law. It is hard to imagine any other group, business or individual, who had their assets sequestered by the state because of emergency legislation, with a promise that those assets would be returned when the emergency was over, being faced with deniers saying they were never entitled to the assets in the first place.

The reality for all public servants is that the opinion as to whether they are paid enough or too much is only an opinion. However, the money retained by the state through the combination of pay cuts and pension levy was previously a contractual entitlement for each of the public servants concerned. If the FEMPI legislation is repealed which it must be when the emergency is deemed to be over, then without doubt, by law, the money must be repaid.

To get back to the original question of whether there is a bias against women in the workforce? When we look at the rolling back of terms and conditions of employment, welfare benefits and services, evidence will show a disproportionate impact on women and particularly women in the workforce. The private sector near abandonment of the practice of employers topping up wages from the level of maternity benefit, which still applies in the public service, is another sign of a hostility to the right of women to work. Adjudicators and the Labour Court are now being faced with claims from supervisors of TUS schemes who were denied such a top up. TUS is a labour activation scheme administered by Partnership companies. No provision was made in the funding for maternity replacement and the top up to other employees was denied to TUS supervisors. Similarly, the HSE in recent staffing recruitment and retention talks held out in respect of maternity replacement until the last minute. It is time for an Oireachtas committee to examine how Ireland treats women in the workplace or on welfare, and to develop a policy for true equality in the workforce.

INMO

ADC 2017

Minister with a mission

Simon Harris stated his aim to prioritise recruitment and retention, unveiling his plan to force the HSE into action. **Alison Moore** reports

THE issues of pay and staffing dominated the agenda at ADC 2017 so the Health Minister's assertion that he had got the message on recruitment and retention "loud and clear" was music to delegates' ears.

He said that the staffing crisis would only be solved if a never before seen level of priority was attached to recruitment and retention and that this was exactly what he was promising. These, he said, were not just "soothing political words" as his commitment was matched by an "unprecedented" written direction under Section 10 of the Health Act 2004 regarding implementation of the 2017 Nursing and Midwifery Funded Workforce Plan, from him as Minister to the HSE.

"This is a rarely used legal provision whereby the Minister of the day can issue a direction with which the HSE must comply. This Section 10 direction will be laid before the Houses of the Oireachtas and will be lodged with the WRC," Mr Harris explained.

He further confirmed that a circular outlining the provisions of this agreement, including confirmation of the delegation of recruitment to directors of nursing, was issued by the HSE.

"Under the direction I have issued, the HSE must report to me on the performance and implementation of these arrangements as part of the 2017 National Service Plan. The HSE will also have to provide special reports by June, September and December 2017 on the recruitment of the posts provided in the workforce plan. These quarterly reports will also be shared with the INMO and lodged with the WRC," he added.

According to the Minister, arrangements were "firmly in train" for the establishment of the high level group to oversee the implementation of the agreement – senior officials within the HSE and Department of Health will be represented along with representatives chosen by the INMO, with the first meeting of the group due to take place before the end of May.

"Let me send a very clear message today: delivering on the implementation of this agreement and these recruitment plans is not an optional extra but an absolutely essential priority for the health service this year. I cannot be clearer than that," he told delegates.

He then went on to give a list of commitments, which included funding a workforce plan to increase the nursing and midwifery workforce in 2017, delivering 1,208 additional permanent posts; and the

conversion of agency employed staff into HSE direct employees; the promise to offer all graduating nurses and midwives, and those on panels, full time contracts.

Other key measures, according to Mr Harris will include:

- Maternity leave cover;
- A career break scheme;
- 130 additional undergraduate places in 2017;
- Offering nurses and midwives improved educational opportunities and career pathways.

"You are the glue that holds our health service together in your day-to-day professionalism and hard work in our wards, clinics and practices around the country," the Minister said.

Looking ahead, he said that one of his key objectives, on becoming Minister for Health, was to develop a long term vision for the Irish health service supported by political consensus. He said that we need to "stop playing politics with the health service" and that he believed the current issues of emergency department overcrowding and waiting list numbers were the result of underlying, systemic issues within the health service.

"The cross-party Oireachtas Committee on the Future of Healthcare was established in recognition of the growing need for the development of that political, and indeed societal, consensus around this long-term vision. I want to thank the INMO for your contribution to this process.

"I recognise that capacity in the broadest sense encompassing the workforce and physical structures must be addressed. We need to resolve the problems we face in a planned, realistic way, one that won't deviate with every election, to the detriment of the health service, the patients and those who work in the health service," he said.

Industrial relations

The Minister welcomed the INMO members' majority acceptance of the proposals agreed under the campaign to improve staffing levels.

"In my view, these measures can make a real difference to recruitment and retention, which I agree is absolutely vital to rebuilding our capacity," he said.

Significantly, Mr Harris said that "after long and difficult years of cuts, we can now begin to plan for the opposite".

"We can begin to put in place that increased capacity I have talked about. So how are we going to get there? I believe at least part of the answer lies in the very good dialogue we have had with your union and the set of proposals that resulted," he told delegates

Task transfer

Discussing developments already in train, Mr Harris pointed to the transfer of tasks process, which has been implemented in the Acute hospital sector.

"This will see patients benefit from fewer delays when it comes to getting their IV antibiotics, their bloods taken or discharge papers and there will be fewer delays for patients in the clinic waiting rooms as doctors won't be expected to be on the wards and in a clinic at the same time as frequently as has been the case," he said.

Referring to the social care and intellectual disability sector, Mr Harris said that tasks appropriate to these sectors have been agreed and local implementation groups are now being established with the appropriate protocols.

"I see great benefits to the patients in these settings arising from nurses undertaking key tasks. If the administration of IV antibiotics or IV fluids hydration to the elderly or patients with dementia in their own environment prevents an ambulance trip to an emergency department then we know it has been worth the journey to get to the implementation of the Task Transfer," he added.

Incremental credit for student placement

Mr Harris described the anomaly over incremental credit for the 36-week fourth year student placement as "unfair and unjust" and that he had been happy to rectify it, thanking the INMO for its campaign that highlighted the issue.

"This decision came into effect from January 1, 2017, approximately 4,000 nurses who graduated between 2011 and 2015 are eligible and it could add over €1,000 to their salaries. I am pleased that this restoration will also apply to nurses who graduated during these years but may have left the country and might be thinking about coming home," he said.

Recruitment initiatives

Further to the steps already mentioned, Mr Harris outlined a number of recruitment initiatives to attract nurses and midwives to the public health system.

"There have been a number of events with the first held at Christmas in Dr Steeven's, this attracted over 200 nurses and midwives over the three days, with further events in the RDS and again in Dr Steeven's Hospital. This provided an opportunity for professional engagement with the Chief Nursing Office, the Office of the Nursing and Midwifery Services Directorate in the HSE and the Nursing and Midwifery Board of Ireland," he explained.

1,208 additional permanent posts

130 additional undergrad places

127 CNM1 posts

These events, he said, provided an opportunity for attendees to acquire information on return to practice, adaptation, competency assessment and the many education opportunities available.

As well as these events in Dublin, according to the Minister who acknowledged the INMO's support in this area, in April a delegation travelled to London to attend a recruitment fair and this will be followed by other recruitment fairs in Cardiff, Birmingham and Scotland in the coming months.

In addition, the HSE is now offering an enhanced relocation package and development of recruitment to directors of nursing and midwifery and directors of public health nursing. Interview processes have adapted to facilitate Skype interviews for those applying for posts from overseas.

Retention initiatives

On the issue of retention, the Minister said that there were a number of initiatives in train. These include a commitment to ensure that all nurses and midwives have a personal professional development plan. This process will commence before the end of this year and plans will be reviewed and developed on an annual basis, according to the Minister.

There will also be a pre-retirement initiative – this will be operated on a pilot basis for two years commencing July 1, 2017. Eligibility will be confined each year to 250 nurses and midwives aged 55 and over who have 20 years' public service or more whole-time service and do not have enhanced superannuation benefits.

There will also be a career break scheme

120 more advanced nurse practitioners to be recruited

New policy on community nursing and midwifery models to develop integration between community and hospital services

through which all newly recruited nurse and midwife graduates, after one full year of service, will have a career break option.

Mr Harris gave particular mention to the work of chief nursing officer, Siobhan O'Halloran and her team, having set themselves five priority actions to be achieved by the end of 2017 all five have been completed.

Office of the chief nursing officer

The CNO's office has identified the core values that underpin nursing and midwifery practice, and support behaviours associated with care, compassion, and commitment, to ensure that they are reinforced in nursing and midwifery practice and culture across all settings.

The Taskforce on Staffing and Skill Mix for Nursing has been established to contribute to the stabilisation of the nursing resource and to help develop safe nurse staffing, that provides safe patient care and outcomes, along with a healthy work environment that attracts and retains our vital nursing resource.

They have produced a draft policy on the future development of advanced and specialist nursing and midwifery practice. Mr Harris said that this policy presents a framework for graduate, specialist and advanced practice that is capable of developing a "critical mass" of nurses and midwives. He further said that 120 advanced nurse practitioners will be recruited to commence an education programme very soon and he stressed the importance of this programme "as we have no where near enough advanced nurse practitioners".

Additionally, there is a new draft policy on nursing and midwifery models in the community that will develop integration between community and hospital services.

At the ADC, the Minister announced the establishment of two steering committees for the implementation of both these draft policies. The first meetings of each group, with the INMO participating, were due to have been held by the end of the last month.

Mr Harris told delegates that a framework for national performance indicators for nursing and midwifery has also been developed by the office of the CNO to ensure that their development, prioritisation, endorsement, and monitoring is standardised.

"The five initiatives I've outlined aim to embed the values of nursing and midwifery, stabilise the nursing and midwifery resource, maximise nursing and midwifery outcomes and measure the impact of nursing and midwifery. They are fully integrated and, I believe that once implemented, they have the potential to revolutionise the delivery of nursing and midwifery services," said the Minister.

> "You are the glue that holds our health service together in your day-to-day professionalism and hard work in our wards, clinics and practices around the country"

Pay talks

Mr Harris told delegates that he was aware, through the wonders of social media, of the emphasis that the conference had placed the need for increasing pay to address recruitment and retention.

"I agree that pay is important, especially the restoration of your pay. I also want to see all nurses being able to have a better work life balance. We must ensure that we can provide an environment that is beneficial for the nurse or midwife through appropriate management structures to support you, the right skills mix based on patient acuity level, the right equipment, improved capacity and suitable physical infrastructure. Of course all of these factors will also benefit the patient," he said.

He made reference to the public sector pay talks that are due to begin soon where the INMO will be pursuing pay claims for members beyond the restoration of the FEMPI cuts.

"I know there are outstanding issues you and your members wish to discuss and I look forward to that process. The work of the Pay Commission will be important in informing the engagement in relation to the appropriate pay levels for key healthcare providers including nurses and midwives and dealing with pay issues in a structured way. No doubt, following the publication of the Commission Report the INMO will play an important role in the discussions and negotiations," said the Minister.

Mr Harris, before finishing his address, said that he wanted to acknowledge the contribution of nurses and midwives in care delivery, often in "challenging circumstances" given the "current capacity deficits".

He also made specific reference to both the roles played by Liam Doran and Martina Harkin Kelly.

"I would like to acknowledge the determination your president Martina Harkin-Kelly has demonstrated in our meetings to get the best for you.

"And last but by no means least, I would like to acknowledge the significant and positive contribution made by Liam Doran, during his time as general secretary of the INMO.

"Liam is well known as a worthy adversary and, while he didn't shy away from the rough and tumble of industrial relations negotiations, he was instrumental in facilitating some of the most transformational nursing and midwifery initiatives. Work fills a large part of our lives, and the only way to be truly satisfied is to do what you believe is great work. I have always been struck by Liam's passion for nursing which is, quite simply, extraordinary.

"I think Liam's legacy will be that he had the foresight to appreciate the merit in the longer-term policies that will really make a difference for nurses and midwives and, indeed their patients, in the years to come. I am reminded of O'Casey's comment 'Every action of our lives touches on some chord that will vibrate in eternity'.

"I wish Liam a very happy retirement and I hope he enjoys the many opportunities that the future will bring," Mr Harris concluded.

Time to put wrong to right

INMO president Martina Harkin-Kelly applauding delegates for their commitment to the INMO and the members it serves

In her first ADC address as INMO president, Martina Harkin-Kelly told delegates she would fight to ensure that nurses and midwives get a fair deal. **Tara Horan** reports

"I AM tenacious in my commitment to ensuring that nurses and midwives get a fair deal as, to date, this has not been the case," INMO president Martina Harkin-Kelly told delegates at the ADC in Wexford last month.

"I am driven by a sense of putting the wrong to right with an innate dogged persistence that never gives up driving forward with determination to achieve the desired outcome for all nurses and midwives," she said, warning the Minister for Health to "beware!"

In her speech, which followed and responded to the Minister's address, she acknowledged that Health Minister Simon Harris was listening to the INMO and she fully respected his commitment. However, she pointed out that delegates had given many examples over the three-day conference which "show a huge divide" between the Minster's commitment and the actions of the HSE and local employers.

"This inertia, and dare I say it complacency, only guarantees another flight of our world class young professionals to other countries. We need to hold on to them all and we need to bring back the thousands who left in recent years to bolster up our numbers of nurses and midwives."

She told the Minster there is an obvious "effective divorce" between him and his "undoubted commitment to address these difficulties as compared to the HSE which, by its actions, repeatedly fails, or at the very least prevaricates, on implementing what has been agreed or even what the Department has told it to do. This leaves the health service and the patients it serves and indeed the staff being managed in a vacuum." She compared the HSE to an onion saying "the layers are relentless".

The president invited her audience of 300 plus delegates to stand and give themselves a massive and well deserved round of applause "as together you are the people proactively shaping healthcare. This ADC is about you and for you, the members."

Pay parity

Ms Harkin-Kelly left the Minister in no doubt that parity of pay and working hours with other health professionals must be achieved. "Let me set the record straight – nurses and midwives have endured between 16% and 39% cuts in salary. All new entrants to the nursing and midwifery professions since January 2011 are on 10% less – therefore equal pay is not applied for doing the same job within the professions either, and while we commend the Minister for restoration of the interns' incremental pay – we had to march on September 27 outside the Oireachtas in order to secure this."

She said the INMO had "repeatedly applied tried and trusted industrial relations mechanisms and had met barriers on all occasions. From the outset of my

Nurse/midwife salary cuts of 16-39%

Working week increased by 1.5 hours to 39 hours

New entrants to professions on 10% less

presidency we set about the tasks of supporting the realisation of the goals of pay, hours of work, staffing levels and safety and non-clinical management accountability at every opportunity and in all fora." However, she said: "I am now declaring on behalf of the INMO that if due process and mature engagement fails to address our key issues of restoration of pay and parity with colleague professionals, this union, strengthened by the resolve and unity of our 40,000 members, will do whatever we have to do to secure the long overdue pay and conditions warranted to the nurses and midwives of Ireland," she told delegates to loud applause and hollering.

Working hours

On the subject of working hours she said: "Our working week was increased by 1.5 hours – an additional 78 hours yearly – under the Haddington Road Agreement, bringing our working week to 39 hours. This increase was carried out despite the fact that nurses and midwives already worked more hours per week than all other professional grades."

She told the Minister that delegates had given stark evidence of the reality of the disparities about pay and hours of work, hammering home the message that "parity is now the only show in town for nurses and midwives. It is what I consider the starting point in bridging the gap. It is difficult to conceptualise why we are paid less and work more than our allied graduate healthcare professionals and public service counterparts."

She posed the questions: "Is this disparity maintained because we are viewed as a vocation as opposed to a profession? And perhaps conveniently deemed to have taken a vow of poverty? Or is it a much more insidious gender inequality?"

She stressed that the supply of nurses and midwives is not keeping pace with demand and contended that they must be recognised as a 'Giffen good' – a rare type of good where an increase in price causes an increase in demand. "Put simply, if you pay nurses and midwives appropriately you will attract them."

Staffing, recruitment and retention

On the expanded proposals to address the staffing/recruitment/retention crisis, Ms Harkin-Kelly warned the Minister that while these might stem the flood gates, they are "a very temporary plug".

"The real tipping point will be the forthcoming engagement with government on a possible successor to the Lansdowne Road Agreement – as nothing short of parity of pay and hours with our allied healthcare professionals will appease. Pedalling uncertainty around Brexit or other global economies will not cut it. We have taken the pain now we need to feel the gain 'because we are worth it' and we have more than demonstrated our value," she said.

Borrowing a phrase from the movie *'Gerry Maguire',* she said: "Show me the money! As nothing short will be required to defer an inevitable Armageddon of industrial unrest, if the government does not recognise the true value of nurses/midwives and agree that parity of pay and hours is fair, reasonable and long overdue. Our nurses and midwives are highly educated and practise in charged and changing healthcare environments. We are responsive and we have managed to maintain educational standards of excellence, despite continued inadequate support by our employers, with 'leave-ism' the only option. Our employers do not sanction or indeed support the release to attend essential continuing professional development programmes.

"During the recent negotiation on the expanded proposals we sought one hour per week – yes a mere *one* hour – of reflective practice for each nurse and midwife, to ensure safety and excellence in practice. Incredulously, this was rejected, and this is a potential support framework to nurture the dual professions through the transition of competency, as enshrined in the Nurses and Midwives Act 2011. This is the self-same employer who had just agreed to review the NCHD contract that includes, in section 9, 18 working days of study leave per six-month period."

She agreed with the Minister on the visionary outlook of the Chief Nursing Officer at the Department of Health who released two draft policy documents in March 2017 focusing on developing graduate specialist and advanced nursing/midwifery practice and developing a community nursing and midwifery response to an integrated model of care. "These documents, while they comply with the government's hospital avoidance policy, I caution that the quality of the inputs to the service must be given the time to develop and not sacrificed for political expediency, as the problems will come back to roost, akin to the staffing moratorium and graduate yellow-pack programme."

In concluding her address, the INMO president, said she wanted to give some hope and reassurance to all members. "The future of our dual professions will change for the better. I do care and I will do all within my power to level the playing pitch for nurses and midwives, as there has never been a more favourable time economically. And this union will be there all the way, shaping healthcare for you. And I hope that Liam Doran's legacy to this union will be parity of pay and working conditions for all nurses and midwives."

Parity is the message

Following the president's address, INMO general secretary Liam Doran said: "The issue is parity, as we go into the pay talks. If we are realistic and blunt, the message for the Minister for Health to take back to the government as a whole is that we are serious and we won't be signing up to any public service pay agreement until we are heard. We are not going to wait around for another three years to be told 'tomorrow will be a better day' for tomorrow never comes for nurses and midwives. I know the Minister has heard that message and we have to see what the next few difficult weeks of talks bring.

"This union has shown time and again, we will engage and we will seek an outcome that is good for the health service. We'll constantly engage but we will not be taken for granted and we will not be told by either the government, or the people on our side of the table, that we don't have a reason to get parity. We do have a reason to get parity and we are going to get it!"

Legacy in the making

Elizabeth Adams took delegates on a tour of the new Richmond Centre detailing some remarkable facts and figures about the refurbishment project. **Alison Moore** reports

UNVEILING the work to date on the INMO's new Richmond Education and Events Centre, Elizabeth Adams, director of professional development and manager of this project, took delegates through a brief history of the famous landmark building, explaining that while the current building was 116 years old the site actually dated back to 1688 when it was home to a Benedictine Convent.

The renovation of The Richmond is the largest capital project that the INMO has ever taken on and Ms Adams explained that the long-term plan is to maximise revenue generating opportunities which will secure the future of the Organisation.

The project has had to overcome a range of challenges which included problems with the attic, drainage, fire zoning, external brickwork, roofing and electrical installation to name a few. All of these have been overcome and all under the watchful eye of Ms Adams, who has full financial control over the whole project.

Ms Adams treated delegates to some amazing facts and figures about the building itself and those who have worked on it during its refurbishment. Up to the ADC, she explained that more than 95 subcontractors employing some 5,382 individuals have worked on site over the construction phase of 35 weeks. Since the project started there has been an estimate of over 215,280 hours' work on site with a range up to 220 individuals in any one week, she added.

The Richmond Education and Events Centre has an internal floor area of 2,067m^2 to be managed over three floors (excluding attic) with an overall space of 2,495m^2 incorporating:

- Basement – 735m^2 including plant area, catering rooms and support service facilities including storage by 10 rooms
- Ground floor, 880m2, with one large lecture room, one conference room, administrative office, large café, overall 24 individual areas and two balcony areas
- First floor- 880m^2, one auditorium, one large lecture/banqueting room, two conference rooms, business centre, administration offices and support facilities with overall 24 individual areas and two balconies.

Seismic leap

Ms Adams, told delegates that this development was a "seismic leap" for the INMO and praised general secretary Liam Doran for his vision and willingness to take the risk on The Richmond project.

"His exceptional commitment is really beyond words. I believe that it is a very generous gift for him to leave for nurses and midwives in the future," she said.

Speaking after Ms Adams's presentation, Liam Doran said that the Richmond project was the "biggest thing the INMO has ever done".

"The Richmond will outlive us all in terms of serving nurses and midwives who haven't yet been born," said Mr Doran.

He went on to praise Ms Adams's dedication to the project and her "minute by minute by minute, second by second" management of the refurbishment of the The Richmond, which had saved the Organisation tens of thousands of Euro.

"She is a brilliant, committed professional person and her vision looks far beyond the horizons of what any of the rest of us can see," said Mr Doran.

Ms Adams received a rousing standing ovation from the delegates.

More than 500 sockets will provide general power for the staff/ guests working within this building, 47 of which contain additional USB outlets

- **4,500m^2 of internal walls painted**
- **1,700m^2 of new floors finished**
- **950m of new skirting board**
- **920m^2 of new ceiling finished**
- **699m^2 of restored timber flooring**

- **Over 1km of LED strip lighting**
- **794 light fittings within this building spread over four floors from the basement area to the attic voids**
- **138km of copper cores of data points joined**

19.5 metres from the bottom of the entrance steps to the top of the middle cupola steeple

- **170 windows**
- **34 toilets**
- **58 rooms**
- **111 doors**
- **5 staircases**
- **3 lifts**

From the four Rs to pay parity

Pay parity will dominate the industrial relations agenda in the coming year, Phil Ní Sheaghdha told delegates. **Tara Horan** reports

WHILE the four 'Rs' – restoration, regularisation, recruitment and retention – dominated the INMO's agenda for the past year, the push for pay parity with all other graduate healthcare professionals will take centre stage for the coming year, Phil Ní Sheaghdha, director of industrial relations, told delegates

She presented figures which show that after one, five, 10 and 15 years nurses and midwives are paid less at every point than every other public servant *(see Table 1)*. "That is why we need this conference to be very clear on our demand which is parity of pay with every other allied health professional," she told delegates.

These figures were included in the INMO's comprehensive submission to the Public Service Pay Commission (PSPC), which has been examining the pay of public servants and reported back to government since the conference. The full submission to the PSPC puts in context developments in nursing/midwifery, including the reduction in numbers, the expansion of roles, and comparisons between salaries in Ireland and internationally.

"This isn't news to government or to the Department of Public Expenditure and Reform (DPER), which is dealing with public service pay, and the submission was made very strongly to the PSPC," Ms Ní Sheaghdha said.

The INMO industrial relations front for the past year can be summed up under the headings: restoration, regularisation, recruitment and retention.

Table 1. Pay parity

Grade	After 1 year	After 5 years	After 10 years	After 15 years
Staff nurse	€29,497	€34,666	€41,222	€43,800
Occupational therapist & other allied health professionals	€35,981	€40,009	€45,525	€49,984
Radiographer	€34,514	€38,344	€43,777	€48,054
Respiratory technician	€35,686	€39,168	€47,866	€51,320
Teacher*	€32,806	€40,551	€48,150	€55,710
Garda**	€31,942	€42,310	€48,600	€50,327

* Following recent TUI/INTO agreement; ** Following recent Labour Court recommendation

Restoration

Premium pay for hours worked between 6pm and 8pm has been restored for nurses and midwives in the public health service. While it was tied in with sharing additional tasks with the medical staff, no other grade of worker in the health sector has had this premium pay restored. Ms Ní Sheaghdha also confirmed that by July 1 this time-and-one-sixth premium pay would be restored for the remaining grades of nurses and midwives working in the public health service, ie. those in care of the elderly and ID services.

A second piece of retrospection dealt with in 2016 involved restoring the incremental credit for the fourth year 36-week clinical placement for nurses/midwives who had qualified since 2011 from whom it had been removed. The INMO succeeded in getting a recommendation from an independent arbitrator in December 2015 that this incremental credit should be restored but DPER refused to implement it for 2011-2015 graduates. The 2016 graduates for whom it was restored then campaigned on behalf of those who went before them. "It is to their credit that they did that very successfully, bringing that campaign to the Dáil," said Ms Ní Sheaghdha. The Minister for Health then intervened and instructed that incremental credit should be restored for all graduates who qualified since 2011.

Regularisation

Regularisation of the treatment of those acting in a higher post was part of the Haddington Road Agreement. In the

past year, agreement was reached on how those who have worked in a higher post for a period are treated on retirement.

For the people who were not granted regularisation, there was an appeals process independently chaired by Mr John Doherty, a former member of the Labour Court. He found in favour of most of the claims that the INMO took on behalf of nurses and midwives who are now regularised as part of the process. So that ends the regularisation of acting anomalies and ensures that those who are temporarily assigned to a higher post are treated in the most favourable manner if they are still in that position when they retire.

Recruitment and retention

"In addition to the recent national ballot on nursing and midwifery recruitment and retention, the process of arguing about staffing levels is very much alive and well at local level as well. Our IROs have been very busy and we have had ballots for industrial action in many hospitals during 2016 and earlier this year in respect of staffing levels and conditions of employment under which our members are working," said Ms Ní Sheaghdha. "The Workplace Relations Commission has to be commended because it intervened in a lot of the disputes and brokered agreements. The WRC annual report demonstrates once again that its best customer is the HSE and the health services. We thank them for their intervention, they are always available to us and they give us a great deal of their time," Ms Ní Sheaghdha said.

The campaign on nursing and midwifery recruitment and retention: we had a national ballot in December. Again

After WRC talks in February, proposals to address nursing/midwifery recruitment and retention were accepted by INMO members by an 82% margin in April 2017. The major points of this were:

- A funded workforce plan – increasing the nursing/midwifery workforce mandatorily to 37,043 WTEs by December 2017 (and Ms Ní Sheaghdha confirmed that the Minister had issued an instruction to the HSE on how to do that)
- Restoration of allowances – all allowances that were removed for new entrants in 2012 in the nursing/midwifery workforce will be restored by July, ie. any allowance specific to nursing/midwifery that was removed will now be restored
- Pre-retirement scheme – a retention measure that allows people who cannot work full time coming up to retirement to take a job-sharing option for the last five years of their service. This is now to be reintroduced from July this year
- Health and safety measures also now stand to be implemented as part of these measures.

In respect of staffing, the final report of the Taskforce on Staffing in Surgical and Medical Wards is due shortly.

As regards maternity services, as well as Birthrate Plus, there is an agreement that a director of midwifery is appointed in all midwifery services attached to a general hospital throughout the country.

The second phase of the Taskforce on staffing in emergency departments has commenced. Its interim finding requested the HSE to look at assigning separate staffing for admitted patients. This figure has now been increased for nurses assigned to care for admitted patients across the 26 EDs nationally. "This is largely due to the work of Bernadette Stenson, INMO Executive Council member, who spent a lot of time ringing around EDs, to ascertain cubicle counts," said Ms Ní Sheaghdha.

Staffing levels in care of the elderly services is still under discussion between the INMO and the HSE/Department of Health. Ms Ní Sheaghdha said: "This matter is nowhere near being concluded. We are seeking in the WRC that the taskforce methodology is used, that is that the dependency of the patient determines the staffing level.

"The HSE has a real difficulty with that and is seeking to have the staffing levels based on cost of care, which we object to. This does not reflect the workload and doesn't reflect the duties carried out by nurses. These talks are ongoing and members will be kept updated."

The entire agreement that emerged from the INMO 2016/17 recruitment and retention campaign now stands to be implemented. Ms Ní Sheaghdha presented draft updated guidelines for INMO strike/campaign committees to follow in the event of a national or local dispute. These new guidelines reflect changes in legislation with the new industrial relations Act.

"We have to ensure that we are compliant and that employers don't have any procedural issue they can raise with us. This document sets industrial action in the context of the current legal requirements, the procedural agreements that exist in the health service, particularly when we provide emergency services and the INMO Rule Book. It also sets out the responsibility of the INMO Executive Council, strike committees, full time officials and members. It looks at picketing and how we conduct our business when we're in dispute."

The updated guidelines were endorsed by delegates and will be circulated to all branches shortly. They are now the guidance to follow for any future disputes.

Measurement of attendance hours

The INMO believes the measurement of hours at work has been neglected in the health service because there isn't a measurement mechanism for additional hours that nurses work,ie. coming in early/staying on late/forfeiting lunch breaks. In a new agreement reached between the INMO and the employer, working time is as: "*All time that 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 at place of work to the employer in order to be able, at the place of work in case of need, to provide appropriate services.*"

"The INMO argues that the attendance time for nurses and midwives is actually much greater than 39 hours. It can in some instances extend to 44 hours a week and that extra time is largely ignored, not recorded and therefore is not paid," said Ms Ní Sheaghdha said. "If that is the case in your workplace, you are entitled to be paid. You are entitled to record it and entitled to seek payment or time in lieu or overtime."

Other collective issues dealt with during the year include:

- Implementation of the ED staffing and the health and safety measures
- Review of sick leave policy/critical illness cover
- Injury at work schemes

With the LRA due to expire on September 2018, Ms Ní Sheaghdha stressed the importance of the new pay talks to negotiate its successor, which have since begun. "The INMO has made it very clear that they have an expectation going into these talks that nurses/midwives pay and conditions and hours of work will be comparable with any other allied health professional working in the Irish public health service for whom the educational requirements are the same."

End of an era

Dave Hughes, INMO deputy general secretary

Dave Hughes: 2016 was marked by notable changes, on a global scale and within the INMO

FROM an Irish general election to Brexit and the election of Donald Trump as president of the US, 2016 was a year dominated by political events, reflected Dave Hughes, INMO deputy general secretary, in his review of the year during the ADC.

"The biggest political story was a truly incredible turnaround which saw Hilary Clinton, an established, seasoned international politician, beaten in the US presidential campaign by a candidate who promised to build a wall between Mexico and the US and have Mexico pay for it, was videoed mocking a journalist with impaired speech and who dismissed his own recorded lewd conversations as mere 'locker room' talk to go on to become the president of the biggest economy in the world." Mr Hughes said.

2016 was also a very interesting year for the INMO, which started out the year "in dispute". The continuous ED overcrowding through previous years saw the INMO in a battle with the HSE to improve the conditions of members in EDs. Twelfth-hour proposals in December had been rejected by EDs, largely because of a lack of trust that their employer would deliver on anything promised. The subsequent agreement reached represented probably the most comprehensively monitored agreement ever registered through the Workplace Relations Commission (WRC), explained Mr Hughes.

The year was also marked by a lot of changes within the INMO, with the election of a new Executive Council and a new INMO president.

"Claire Mahon, who served as president from 2012, handed the seal of office to Martina Harkin-Kelly, the INMO's newly elected president, who with the support of first-vice president, Mary Leahy, and second-vice president, Margaret Frahill has hit the ground running straight away, mounting a huge campaign on staffing, recruitment and retention, which led to our most recent dispute and our most recent settlement," said Mr Hughes.

For Ireland, 2016 was also an important year as it marked 100 years since the 1916 rising, with the INMO hosting a unique event as part of the Organisation's input into the Centenary year and producing a pamphlet, through Mark Loughrey, on the work done by nurses and midwives during that week of the rising in 1916.

"It was eye opening to see the conditions nurses and midwives worked at during that time and the heroic involvement that they had in the week of revolution," Mr Hughes commented.

To coincide with the Global Nurses United conference held in Dublin, the INMO hosted a 'caring in conflict zones' conference, where delegates expressed mutual solidarity and heard both history and current day accounts of the roles played by nurses and midwives in all conflicts and the increasing danger for colleagues who work in such zones.

The chairman of the Safeguarding Health in Conflict Coalition, Prof Leonard Rubenstein told delegates to the conference that, appalling as the conditions were 100 years ago in Ireland and more recently in Northern Ireland, the lack of respect and non-observance of the Geneva Conventions and international law in current conflict around the world is breathtaking.

The Global Nurses United conference, which met on the next day, passed a significant motion that the delegates from each country took back to their own organisations to promulgate among their members.

"The two-day event with the Global Nurses United coalition provided a great opportunity for solidarity and a mutual understanding of the horrors of war and the necessity to protect nurses, midwives and other health workers who are brave enough to work in those zones," said Mr Hughes.

Mr Hughes then went on to highlight some of the INMO's involvement with international organisations, including the European Public Services Union and the Hospital Employers of Europe. In 2016, two significant joint projects with the Hospital Employers of Europe have progressed to the point of agreements. The first relates to health, safety and welfare at work and the other to continuous professional development.

Mr Hughes also noted the various industrial actions that dominated the news in 2016, particularly in the transport sector, with both Luas drivers and Dublin Bus striking. The INMO achieved full implementation of the appointment of long-term actors, additional promotions in respect of EDs, payment of time and one-sixth and the restoration of incremental credit for graduating nurses on appointment.

Mr Hughes' review of the year concluded with a tribute to Liam Doran, who presided over his final ADC as general secretary before his retirement at the end of 2017. A video showcasing what Mr Doran has brought to trade unionism and to nurses and midwives over the last 20 years was shown. "I look out here and I see a huge hall full of delegates and I look beyond that and I see an INMO that is now double the size of what the INO was. That hasn't been achieved by osmosis. That has been achieved by a lot of hard work, vision and massive commitment from Liam Doran," Mr Hughes concluded.

Fighting for fairness

Edward Mathews outlined the strides that the INMO is making to ensure the fitness to practise process is as fair as possible for nurses and midwives. **Tara Horan** reports

REPRESENTING nurses and midwives through the fitness to practise process is the INMO Regulation and Social Policy Office's main concern, director Edward Mathews told the ADC, stressing that the INMO successfully stops three out of four complaints against members at a preliminary stage in the NMBI's process.

"We provide representation to the vast majority of nurses and midwives who are the subject of a complaint to the NMBI and we devote extensive time and money resources to that endeavour," he said.

It is a two-stage process: the preliminary proceedings committee process, which is the vetting process for a complaint, and then the full fitness to practise process. "Of the cases we've been dealing with, we're maintaining an average of 75% being stopped at the preliminary committee. Some of those would never go anywhere because the complaint should never have been made but it is a testament to the level of commitment we have and that the Executive Council has to the provision of appropriate representation that we are able to stop that many cases at the preliminary committee stage," Mr Mathews said.

Where hearings go forward to a full fitness to practise hearing, Mr Mathews said the INMO provides extensive representation. Most cases are dealt with in-house by Mr Mathews, who is a barrister. For some more complex or lengthy cases the INMO sometimes contracts external legal advisers.

The INMO has spent just over €500,000 worth of time and money representing members in 2016. "That's something to be very proud of because there is no-one else, no other organisation, no other service and no other facility which stands beside nurses and midwives when they are at the worst moment of their career," Mr Mathews said. "This is a huge service to our members, a valuable service and an indispensable service to nurses and midwives."

The INMO has continuing concern about the steps necessary, particularly for those who are unwell,to obtain a fitness to practise hearing in private. He believes hearings on health-related matters should automatically be held in private, which is something the INMO is addressing with the NMBI. The Organisation is also concerned about the stress for members caused by the fitness to practise process and also about the length of some hearings. Mr Mathews points out that the level of complexity in many cases is unnecessary.

With the approval of the Executive Council, the INMO made a submission to the Chief Nurses Office to seek reform of the Nurses and Midwives Act and the way it operates. "We don't want to sacrifice protection of the public. Appropriate regulation is important and is supported by us. It protects us as citizens, it protects the standing of our professions and it is in our best interest but it should be as efficient as possible as long as it protects the public and maintains the integrity of the professions.

Other regulation issues

Last year's ADC mandated the INMO to examine the issue of open disclosure. The Organisation made written and oral submissions to the Oireachtas Health Committee on open disclosure, in which it made suggestions for draft legislation. In particular the INMO is working to ensure that fitness to practise matters cannot be drawn out of open disclosure situations.

Social policy issues

Mr Mathews then gave a brief outline of the social policy issues that the INMO has played an active role in. Chief among these was the Organisation's successful role in the Turn Off the Red Light campaign. "It is now a criminal offence in this jurisdiction in all circumstances to buy another person's body for the purposes of having sex with them. That is an extraordinary show of solidarity from a majority female organisation in relation to an issue which amounts to violence against mainly."

He also drew attention to the INMO's involvement with:

- The National Women's Council
- Comhlámh, the support organisation for overseas development workers
- Campaigning to eliminate racism and the introduction of effective legislation in this area
- Global solidarity for healthcare workers across the world who are the subject of persecution for going about their work.

New guideline documents

The INMO has produced three new guideline documents for members, which were distributed to delegates. These cover taking meeting notes, writing statements and the coroner's Inquest. These issues will be covered in detail in future issues of *WIN*.

Progressive and strong

As president of the International Council of Nurses, Annette Kennedy will be representing Irish nurses on the world stage. **Niall Hunter** reports

RECRUITMENT and retention are major issues for the nursing profession throughout the world, Annette Kennedy, President–elect of the International Council of Nurses, told the ADC, in an address that was organised to acknowledge her role in INMO and international affairs.

Annette, who is a former INMO director of professional development, said that in her experience nursing/midwifery in Ireland was far more progressive and more advanced than in the vast majority of other countries.

"We are sometimes slow to highlight the things we have achieved here, and we have achieved an awful lot, thanks to the INMO. I don't think many people realise just how strong our Organisation is," she said.

She paid tribute to the great work done by the INMO over the years and in particular to the huge contribution of Liam Doran.

Ms Kennedy is the first Irish nurse to be elected president of the ICN, an office that she will hold for a four-year term.

She stressed that serious issues with nurse/midwife staffing and stress in the nursing population were prevalent in many countries, including Ireland. The UN High Level Commission for Health Employment and Economic Growth, on which the ICN is represented, had highlighted the shortage of healthcare workers worldwide, particularly nurses and midwives.

She said this Commission pointed out that an investment in health is an investment in a country's economy. Annette said health expenditure should not be looked on as a cost but as an investment.

"If you keep people in good health you keep them in employment, you keep them from looking for social welfare and housing and other services," she said.

Ms Kennedy added that a partnership approach was needed among government departments in order to promote health investment, as its beneficial effects would be seen across many sectors.

She explained that the main theme of a major ICN conference in Barcelona later this year would be staffing levels and retention and recruitment in nursing/midwifery, adding that in Portugal –where she visited recently as part of her current ICN role – they are short 27,000 nurses.

Ms Kennedy gained another international perspective when she visited the new republic of South Sudan, which has 12 million people and has been decimated by ongoing internal warfare. She told delegates that this country has only 2,000 registered nurses and midwives and that many of the population of South Sudan would never see a health professional and there was very high infant mortality.

Pointing to the growing gap between rich and poor worldwide, she said this was contributing to health inequalities in many countries and there was a need to target developing countries in particular in improving equity worldwide in healthcare.

In November, she said, the Fourth Global Forum for Human Resources for Health workforce, would be held in Dublin. To date no nurse representative had presented at this Forum but she was determined that this would happen in November.

Ms Kennedy said it was up to nurses on the ground and their professional bod-

ies to ensure that recommendations from governments and international bodies on workforce are implemented. She said the ICN in many ways, on an international level, mirrored the work of the INMO in the areas of professional practice, regulation and industrial relations and also did a lot of work in research and in drawing up policies and frameworks.

Ms Kennedy, having originally trained in the Richmond Hospital in Dublin, went on to train in midwifery and then returned to the Richmond, helping to set up the neurosurgical unit there. She said it was lovely to see those buildings now restored and to see them transformed into the INMO's impressive new education and events centre.

After working in the Richmond, Ms Kennedy did nurse teaching for a number of years and enjoyed it thoroughly. Having completed a masters degree in public sector analysis, Annette then began work in the INMO in the days when it was based in Fitzwilliam Place, where she helped set up the Professional Development Centre in a mews building at the back of number 11. She outlined how this unit developed exponentially over the years and had been a great success.

She said her greatest learning experience was during challenging negotiations on the implementation of the recommendations from the Commission on Nursing, in which the INMO played a key role in developing education, prescribing, advanced nurse practice, management structures and other areas.

Annette's involvement on the international front developed through experience in the European Federation of Nurses and the ICN, serving as president of the Federation and more recently president-elect of the ICN.

She said Irish nurses compared very well with other countries in terms of educational and professional structures in nursing. She stressed that none of the advances that have taken place in Irish nursing over the years would have happened without the INMO.

ICN

Outlining the history of the ICN, which was established in 1899, she pointed out that Ireland joined the Council in 1926 and the ICN now represents around 17 million nurses.

Annette asked INMO members to help her make her Presidency of ICN a successful one. "I would urge you to read information about ICN and become acquainted with the organisation. It does great work with only 20 staff. Also, I know there are great nursing/midwifery initiatives taking place all over Ireland but we need to hear about them in ICN. I need to bring these back to ICN to share with other people worldwide, so that we can influence the people who make decisions on health policy."

Annette can be contacted at Annette.kennedy@hotmail.com

ADC: HSE must immediately offer contracts to all temporary nurses/midwives and those on panels

DELEGATES at the ADC called for the HSE to simplify the process in offering work to nurses and midwives on panels and to offer all temporary nurses permanent positions within the health service.

Sharon Blanchfield from the Baltinglass Branch proposed the motion calling for the HSE to honour its commitment to make all panelists and new graduates permanent and to put an end to the needless bureaucracy involved in offering posts.

"In our facility we have found that application to the NRS is a lengthy process which does not appear to be particularly well run. If you are lucky enough to manoeuvre your way through the application process, get to the interview stage and out the other side, it is frustrating when job offers from the furthest corners of Ireland are being offered to you and not from your own area. The HSE needs to streamline the process and make it much more efficient," she said.

Geraldine Talty from the Offaly Branch said that it was "beyond belief that we have to beg our employer to give us permanent contracts in a timely manner".

She explained that in her workplace

Geraldine Talty, Offaly Branch

there are nurses who have been working 39-hour weeks since 2012 and who still do not have permanent contracts.

"Yet the HSE tells us that it is committed to recruitment and retention; actions speak louder than words and all I want to say is what do we want? Permanent contracts; when do we want them? Now. Why do we want them? Because we need to recruit and we need to retain because patients need every single one of us."

Phil Ni Sheaghdha, INMO director of industrial relations, addressing delegates said that this was a very important motion, and the INMO was working to get the HSE to address the levels of bureaucracy around panels.

"We are raising all of these issues with the NRS and HSE on the basis that it is time wasting, it must be costing a fortune and we are seeking to have a much more streamlined process to panels," she said.

Ms Ni Sheaghdha added that the INMO was aware of nurse who had been on panels for more than two years but were working for agencies in the same area throughout this time.

"It is not cost effective, doesn't make any sense and only proves the point that the employer is still seeking to keep some employees under the thumb, where they want them.

"We are not happy with panels being utilized in this way and you can rest assured that we are dealing with this across the trade unions nationally. It is a problem for all employees in the HSE at the moment," she added.

The motion was carried.

Gross inequity must end here and now

ADC emergency motion calls for an end to low pay and dangerous working conditions in nursing and midwifery. **Alison Moore** reports

ALL nurses and midwives across Ireland who have worked on the front line, including members of the Executive Council, have experienced the same intolerable working conditions and dangerously low staffing levels while being in receipt of shamefully low pay.

These were the words of Mary Leahy, INMO first-vice president who was proposing the emergency motion on pay parity and restoration along side recruitment and retention.

"The Executive Council stands ready to take whatever action, no matter how difficult, to ensure that we now secure our claim as stated in this motion. We will not wait three years," she said.

Claim

"Our claim is based on the well known principles of justice and fairness. Our claim is to be paid and work the same hours as other healthcare professionals who like us are educated to an undergraduate standard of a four-year honours degree .

"Our claim is to cease the gross inequity whereby nurses and midwives earn 12-15% less than our equivalently qualified colleagues, while also working the longest hours," said Ms Leahy.

She outlined to delegates how a staff nurse, five years after qualification, earns approximately €5,000 less than a similarly qualified healthcare professional, that 15 years post qualification, a staff nurse earns €15,000 less than a teacher and almost €7,000 less that a garda.

Ms Leahy went on to explain that the Irish nurse and midwife has the lowest purchasing power of all their colleagues in English speaking nations, the very same nations in which Irish trained nurses and midwives are highly sought after.

"Governments have told us there are too many of you, the country can't afford you. I've never met a nurse who does it for the money. This tired worn out rhetoric is grossly insulting.

"Government now knows what it has to do," she said.

Seconding the motion, Eilish Fitzgerald of the Executive Council said that in order to provide a safe and compassionate health service to the population of Ireland, this government, future governments and the HSE need to retain new graduates as well as recruiting and retaining those with experience.

"This involves full restoration of our pay and the unwinding of FEMPI legislation. We have lost 14% of salary since the FEMPI legislation – this includes our core pay, USC, a pension levy on top of a pension that we already pay, and then we are working extra hours... we are stitching this health service together," she told delegates.

She said that there was no respect for nurses and midwives in the Irish health service, no work-life balance and that "enough was enough"

"We are all burnt out. We fear for our registration. We work in poor and under equipped environments," she added.

Ms Fitzgerald told delegates that too often in the past nurse and midwives' claims have been pushed out to a vague time in the future but she said that the time for waiting was over.

"The time has come and it is now. Enough is enough. We want our money now," she said.

Mary Leahy, INMO first-vice president

Recognition

Geraldine Talty of the Offaly Branch added her voice to the motion.

"Let 2017 be all about recognition for nurses and midwives, respect for nurses and midwives, and reward for nurses and midwives for the work that we do every day and every night," she said.

She said that nurses and midwives were an asset for the government – a valuable resource that must be seen as such and not just in terms of cost. She said that it was deplorable that nurses and midwives were the lowest paid healthcare professionals in 2017 and were the only group to work a 39-hour week.

Caroline Lamb of the Waterford Branch said it was "scandalous" that nurses and midwives were paid less than their colleagues. She told the ADC that while she got great satisfaction from her work in intensive care nursing, satisfaction did "not pay the mortgage or put food on the table".

Mary Emery from the Cork Voluntary Private Branch made the point that recruitment does not start when graduates qualify but that it starts in the homes of families of young adults deciding on a career choice. She said that young people look at hourly rates of pay for all careers before making decisions as they value themselves very much.

"We need to work so we have the potential to recruit them at school level those graduates who in the years to come will look after the likes of me and all of us in our hospitals.

"Lets make it clear to those looking at it, what the hourly rate of pay is because that differential is huge – even more so that you look at the thousands – because we work more hours per week," she said.

Value

Patricia Malone from the Clonmel Branch said that nurses and midwives should be valued for the work they do and receive a "fair day's pay for a fair day's work".

"It is no longer acceptable that our working conditions are so bad that we fear legal action," she said.

Ms Malone also told delegates that before she trained as a nurse she had been a HCA for

Emergency motion on nurses/midwives' pay

Conference, noting the following:

- The acceptance, by members, of the recent proposals on staffing/recruitment/ retention;
- The imminent commencement of talks, on public service pay, between the government and the Public Services Committee of ICTU;
- The INMO submission to the Public Service Pay Commission which seeks parity of esteem, in terms of both pay and working hours, with other professionally qualified public servants; and
- The severe nursing/midwifery staffing shortages, which exist right across the public health service, and the immediate, and ongoing, requirement to recruit/retain nursing/midwifery staff;

directs the Executive Council to proceed as follows:

- To ensure the INMO fully participates in the forthcoming talks and to seek, in conjunction with other public service unions, the full restoration of pay, to public servants, immediately; and
- To also seek, within these talks, separate negotiations to address the pay of nurses and midwives, and the staffing/recruitment/retention difficulties which exist through a process which delivers parity, of pay and working hours, with our professionally qualified colleagues; and

following completion of this process conference also directs Council to:

- Ballot the membership on the proposals; and
- Only recommend acceptance if substantial progress is made on both the pay restoration and parity claims.

Executive Council

25 years but that she now earns less as a registered nurse than she did as a HCA.

"It is very simple. We demand parity in pay and conditions," she said.

Eilish Corcoran from the Cork Voluntary Private Branch said that it was "frightening" to see that 78% of the newly qualified nurses were not going to stay in Ireland and that Irish nurses and midwives seem to be valued all over the world except here in Ireland.

She told delegates that she had recently found a payslip from before the cuts and was shocked to find her income had actually been reduced by a quarter.

Enough

Moire Lafferty from the Mullingar Branch said that she felt strongly that nurses and midwives should not take on any additional tasks until there had been a pay increase.

Ann Flanagan-Fallon from the Leitrim Branch argued that nurses and midwives had already fulfilled their end of the bargain and now it was the government's turn.

"We've reduced our pay, we've increased our hours, we've added extra tasks. Colleagues, we deserve this," she said.

Roisin Lynch from the Cavan Branch said that she watched her mother as a nurse and had been encouraged to become a nurse as her mother had been able to balance her work/home life.

"I am now a nurse and I am now a mother. I am now working a 39-hour week. I am also with two agencies and doing extra shifts. I cannot support myself and my son. That is the reality. It is not family friendly. I am out of the house at 6am and I am lucky to be home at 10pm," said Ms Lynch.

> "Job satisfaction does not pay the mortgage or put food on the table"

Disparity

Margaret Murphy from the Kilkenny Branch questioned why there was such a pay disparity between a teacher and a nurse at the end of their careers. "What's the difference? What are we doing less to get less," she asked.

Liam Doran, INMO general secretary said that this government and previous governments have "had it their way for far too long".

"They have spoken down to the people they employ and they have assumed and presumed that the health service will survive and be always safe, notwithstanding their flawed, and nonsensical policies and approaches to the healthcare system. And the worst example of that is how they've treated nurses and midwives over the past six to eight years," he said.

Mr Doran said there should be no doubt about what the INMO was seeking in the pay talks.

"Firstly, we want our money back. You took it in 2009 – that money's ours!

"Secondly, we want parity. We want it now, coming out of this process. We want engagement and if you don't do it, you won't have three years of peace and stability. That's guaranteed. That's the message to government, he said.

Action

According to Mr Doran, the INMO would not accept three more years of having its hands tied in relation to pursuing this claim. He said that there was no point in the government suggesting any longer, with empty rhetoric and false promises, that tomorrow would be a better day unless they address this issue now.

"They have to address it now. The labour market is telling them that, the inability to recruit is telling them that, the emigration of our new graduates is telling them that, but more importantly the diminishing level of quality of our patient care is also telling them that.

Mr Doran said that the Executive Council would consider whatever comes out of these talks and decide whether it could recommend participation, or otherwise, in any new three-year agreement that may emerge. Either way, the INMO was prepared.

"If we have to have a national dispute, involving the severe interruption of health services, so that nurses and midwives, once and for all, are treated the same as everybody else, shown the respect you deserve and the rewards you richly deserve because of your excellence and skill, then the message to our members is: be prepared, inform yourselves and if the call comes, we'll do whatever has to be done to deliver justice desserts. It's now or never," said Mr Doran.

Nationwide standardisation of training is vital

Students call for third-level institutions to follow common syllabus

STUDENTS from around the country attending the ADC led the call for the standardisation of training for students and interns across Ireland.

Louise McLoughlin, of the Western Youth Forum who proposed the motion, further called for clarification on the exact nursing competencies which must be completed by students.

"Currently there are discrepancies and variations in clinical skills training between each college and teaching hospital depending on where you are working. Due to staffing issues and busy wards, intern nurses are sometimes relying on luck as to what clinical exposure they get. For example, in UCD for drug rounds they have to have 10 competencies signed off in their booklet. We do not have that in NUIG or UCC, so we may not get the same amount of drug rounds.

"We are asking for support to give students equal amount of clinical skills simulating sessions and therefore opportunities for learning no matter what university or teaching hospital they are in. We also want clarification on module content so that everybody is taught the exact same, with one national booklet for clinical skills to be signed," Ms McLoughlin said.

Fidelma Kenny, of the Western Youth Forum, seconding the motion said that nursing and midwifery students wanted the same training across all universities and ITs so that no students feel disadvantaged, particularly those who transfer within Ireland to a different course.

"Minimal student action plans are needed. Currently, some students are qualifying without the knowledge and support they need to carry out essential nursing skills. We want all students to feel competent and confident, not to be afraid of carrying out essential nursing skills daily," she said.

Ms Kenny also called for clinical skills simulation sessions to begin in first year nationally as some colleges only start these in third year.

Louise McLaughlin, Western Youth Forum

Catherine O'Connor, from the Dublin Youth Forum, also backed the motion. "Nurses nationwide should have the same standard of education and similar exposure in clinical areas. This will ensure improvement in both patient safety and satisfaction as well as reduce the stress on newly qualified nurses when they make the transition from intern nurse to staff nurse," she said.

INMO president Martina Harkin-Kelly added her voice in support of the students. "It is critical within the IT and university settings that there is standardisation. Most of us who came up through the syllabus system, as it was with An Bord Altranais, would have had the syllabus of training, in which you ticked through everything and at least there was a set level of standardisation.

"The IT in Athlone will not have the same curriculum as Galway University which does not have the same curriculum as UCD or UCC, and never the twain will meet. Some of the students are doing pharmacology in year three, when it should really be introduced in year one. I know we are the best trained nurses in the world but I think that we need to give them that extra degree of confidence, so that they do not feel in any way disadvantaged if they move and suddenly something crops up that they have never done before," she said.

The motion was carried.

350 a year die due to overcrowding

CORE rights and values, such as privacy and dignity, are continuously violated in emergency departments, Karen Eccles of the INMO Executive Council said, in proposing a social policy motion.

"Austerity measures facilitating contraction of finances does not abdicate governmental responsibilities to respect, protect and fulfil the right to health of citizens," Ms Eccles said. She quoted association of emergency medicine estimates that "350 people are dying each year as a direct result of overcrowding". She continued: "Vulnerable patients lying on trolleys in full view of the public is dehumanising and degrading." Bernadette Stenson, Executive Council, said: "The HSE has allowed the standards in nursing to reach and unacceptable level.

The motion called on the Irish Human Rights and Equality Commission to commence an inquiry into the circumstances in which care is delivered in EDs throughout Ireland, similar to such inquiries in other jurisdictions.

MDTs vital for all EDs

CONFERENCE passed a motion that management provides access to a medical social worker, physiotherapist and occupational therapist in all 26 EDs across the country, "to enhance patient care, facilitate earlier discharge and assist access to appropriate services in a timely manner".

The motion was proposed by George Jeffreys and seconded by Mary Dunne, both from the Emergency Nurses Section.

"With an ageing population, older people require comprehensive assessment. More timely referrals through a multidisciplinary team (MDT) can assist in early discharge and just as importantly it can assist in the early admission of patients. Mobility, cognition and functional assessments are just as vital as bloods and ECGs to get a patient assessed.

"I work in a hospital ED as a member of the frail-elderly team; we have a full MDT and it works. So when doctors are trying to send someone home with a broken wrist, who lives on their own, who can't go to the toilet, you need physio and you need OT and you need a social worker. Otherwise the person does not get holistic care," said Mr Jeffreys.

ADC: Intern caseload must be capped

INTERNS and their perceptors, perform vital roles in the healthcare environment and Shirley English, Clinical Placement Co-ordinator Section proposed a motion calling for the universal application of the 2:1 ration of perceptor to intern and for all assessments to be made by the perceptor or nurse manager and then adhered to by all levels of management.

Ms English noted that there has been extensive work carried out by the INMO in relation to staff mix and patient acuity but she was concerned about the role of interns and their preceptors within this.

"Since the interim report of the Taskforce on Skill mix and Staffing was published in May 2016, the group's work has focused on the development of an assessment tool to be utilized by nurses and midwives to determine safe patient/staffing levels. This tool will be founded upon best international practice with its focus on patient and staff safety. "However, on reading the report, there is little enough mention of the role played by the internship nursing student and their perceptors in regard to their patient caseload allocation," she told delegates.

Since the introduction of the degree programme in 2002, once a nursing student has reached their fourth and final year, they are expected to undertake a paid 36-week clinical placement and according to Ms English, these students and perceptors still require the support and advocacy of the Organisation.

"As per HSE circular no 30, 2009, each nursing intern is expected to replace a qualified staff nurse by a ratio of .5. Therefore it stands to reason that once a qualified staff nurse takes on a caseload, the caseload that the intern takes on should be half of that. However, anecdotal evidence would suggest that despite the interventions of clinical support staff, such as ward managers and CPCs, this ratio can be exceeded by senior nurse management in times of staff shortages," she said.

"As the taskforce interim report suggests there is a dearth of Irish research in relation to staffing levels and patient outcomes, however in a very recent article published by the *Nursing Times* in April of this year, it was reported that increased patient caseloads without a corresponding increase in nursing hours, has a negative impact on patient outcomes and the ability of staff to deliver quality patient care," said Ms English.

Shirley English: increased patient caseloads without a corresponding increase in nursing hours, has a negative impact on patient outcomes and the ability of staff to deliver quality patient care

This article, she said, was the link found between low nursing staffing and patient death risk. We need to support interns and take action on their behalf.

Karen Clarke of the Executive Council added her voice in support.

"Colleagues, this motion is really about protecting our internship students, our nursing and midwifery colleagues and, ultimately, the patient.

"Our students have always been an incredibly important part of our work force and the Clinical Placement Co-ordinator Section is aware that in certain locations students are being allocated up to 10 patients. This is unfair and it is unsafe. It is due to nursing and midwifery staffing shortages and the daily fire fighting of management who need to be more proactive than reactive.

"The recent survey carried out by the INMO on nursing and midwifery grads showed that one of the key incentives to entice graduates to stay was increased staffing levels and improved working conditions. Research has also shown that good working conditions will inevitably lead to job satisfaction and it is pivotal in retaining our graduates," said Ms Clarke

NMBI registration fee should remain at €100

THE ADC voted that the INMO should ensure that the €100 NMBI registration fee should remain unchanged.

It was pointed out that 2018 will be the final year that the fee will be set at this level and a motion from the Cork Voluntary Hospital/Private Branch, proposed by Eileen O'Keeffe called for the fee to remain at this rate.

Edward Mathews, INMO director of regulation and social policy, speaking on this issue, said the Organisation was in ongoing contact with the NMBI and had raised the issue of the retention fee with it in recent weeks. He said the fact that the fee had remained at €100 to date was no thanks to the NMBI but had been negotiated by the INMO as an industrial relations issue.

He said the fee would remain at €100 into next year and thereafter there would be negotiations on the fee itself and how it was used.

The ADC also passed a motion from the Nursing/Midwifery Education Section and the Executive Council, proposed by Karen Clarke, calling on the NMBI to open lines of communication with stakeholders, including INMO, to progress part 11 of the Nurses and Midwives Act 2011, which has yet to be enacted.

THE ADC in this motion also urged that the NMBI clarify areas such as what constitutes competence and CPD, what evidence is required to maintain competency, and to state clearly what is mandatory or essential education and training for nurses and midwives.

The motion urged that competence schemes introduced should be achievable, affordable and relevant and supported by the profession, employers and key stakeholders.

Review of compassionate leave overdue

A CALL for a review of the existing Compassionate Leave Circular was made in a motion proposed jointly by St Vincent's University Hospital Branch and the Executive Council. Delegates heard such a review needed to reflect the changing nature of the workforce in the Irish public health service.

This issues centres on recent changes in the civil service, which grants up to 20 days bereavement leave for civil servants, in contrast to the three to five days allowed to HSE employees.

Josephine Ubas, SVUH, pointed out that the current level of bereavement leave was in no way sufficient for members who have to go back to their home country when a close relative dies.

Catherine Sheridan, Executive Council, asked: "When our members suffer a bereavement, is the grief any less than for a person in the civil service?"

Phil Ní Sheaghdha, director of industrial relations, assured delegates that the INMO had lodged a claim for parity on bereavement leave with colleagues in the civil service. This had been submitted at the same time as a claim for parity with the revised travel rates, she said. "The latter has been granted but to date the bereavement leave claim has not."

INMO first vice president Mary Leahy said that nurses and midwives in a caring profession were expected to care for others "yet at the most vulnerable time in their lives they are denied that virtue".

The motion was passed.

Delegates debate role of nurse managers

THE ADC remitted to council a motion calling for all senior nurse/midwife managers to spend a calendar month every year on frontline service delivery to ensure recognition of the demands of the service on frontline nurses/midwives.

Proposing the motion, Sharon McGuinness of the South Donegal Branch, who is a public health nurse, said nurses and midwives needed to be able to nurse and to be competent with clinical skills and decision-making, governance, workforce planning, care delivery and contributions to updates of policy procedures and guidelines, and practice decisions.

She said in recent years nurses and midwives have been asked to do more and more with fewer resources across all nursing disciplines.

"It would be helpful, particularly for senior (nurse) managers, who are not carrying out actual hands-on care, if they knew the effect these additional work practices are having on frontline staff," she said.

Ms McGuinness said for senior management to make informed decisions and for evidence-based practices to be upheld, management would in this way learn about the stresses that all nurses and midwives experience on a daily basis, and this would contribute to informed decision-making in the interests of service users and nurses/midwives. She cited examples of this from other professions, such as education, where many school principals also teach.

The motion led to considerable debate. Fiona McHugh, of the Assistant Director Nurse/

Margaret Frahil, second-vice president

Midwife/PHN Section, queried whether the motion referred to directors of nursing or frontline managers.

She said there would be a question of safety, quality and induction regarding managers delivering a service as proposed in the motion and also queried how the managerial posts would be covered if they were asked to perform frontline service delivery.

Ms McHugh said there was a difficulty with the practicality of the proposal in the motion. She said while she respected the sentiment of the motion she opposed the motion on the basis that vital nursing governance and support was not further stretched to breaking point.

Mick Farrell from the Louth Branch said he felt the motion might reflect a local issue that needed to be resolved. He agreed that the motion was problematic in terms of the definition of nurse/midwife managers and the provision of cover for managers for one month of every year.

Maureen Hanlon from the Castlebar Branch pointed out that as a CNM, as a manager working on an acute ward, she was supporting her staff and she was already 'on the floor' every day of her working life.

Jo Tully of the Dublin South West Branch told the ADC she did not believe the motion was referring to CNMI or CNM2 grades, who are on the floor every day and were aware of the difficult conditions endured by nursing/midwifery staff, but to senior nurse management; DONs and ADONs. She agreed that management in these positions should be asked to spend time in frontline care delivery.

Margaret Frahill, second-vice president, urged delegates to oppose the motion. She said as a nurse manager she was fully aware of demands on nurses in the frontline, and nurse managers did not create the crisis in the health service.

"I certainly hope this is a local issue, because we cannot divide and conquer like this. We need more than ever to stand united for what is coming down the road," she said.

Maria Laughlin of the Inishowen branch, supporting the motion, said she felt the sentiment of the motion was that some people when they get past a certain level of nursing grade beyond CNM2 forget they are nurses.

"I think what this is about is bringing people back to their roots, about bringing the experience you have of nursing back to your staff and support them," she said.

Gobnait Magner of the Cork Voluntary/Private Branch said valid arguments had been made by both sides in the debate on the motion and proposed that it be remitted to the Executive Council for further consideration, which was agreed by the delegates.

Members call for HSE to offer better support in Coroner's Court cases

THE effects on an employee who has experienced poor preparation in advance of attendance at a coroner's inquest can have far-reaching personal consequences. This was according to Catherine Sheridan a member of the Executive Council who was proposing a motion calling on the HSE to offer support to nurses and midwives who are called to testify in such cases.

According to Ms Sheridan the frequency of requests for nurses and midwives to attend and give evidence at a coroner's inquest is increasing. She said that healthcare professionals can be asked at any stage in their career to attend court to assist a coroner to establish important facts in relation to the death of a patient, despite the fact that the nurse or midwife is not on trial.

This may be the first time that a nurse has stepped into a witness box in a court of law and it can be "a daunting and frightening experience" for which they have had "little or no adequate preparation"

Catherine Sheridan, Executive Council

either through training or employment.

Ms Sheridan recounted her own experience when she was called to give evidence at an inquest at the request of a patient's family.

"I was shell shocked as this was unexpected. This led to weeks of worry, stress, loss of appetite and difficulty sleeping. I became fearful of making a mistake at work, although my care of this patient was never in question. I worried about the media attention and that the public would make an assumption in relation to my involvement.

"I felt a sense of shame because as caregivers our natural instinct is to help our patients, not to become involved in legal proceedings over their death. I felt isolated.

She explained that a HSE legal liaison officer requested that she produce a statement which she was not comfortable doing without expert guidance and there was no workplace assistance available.

Instead the INMO supported her and she was assisted by her IRO to write her statement.

"I was getting increasingly frustrated with the lack of communication from my employer and finally I demanded to speak with a HSE solicitor, only to be informed that I could meet with the State's solicitor on the morning of the hearing, which was not adequate in my view. This service should have been provided to me by my employer in advance of the court case," she said.

Having spoken to colleagues who have been in similar situations, Ms Sheridan said that their experiences highlighted the deficits that exist within the HSE in this area. She called for the HSE to implement a "robust policy for employees to be appropriately comported, guided and enabled from the beginning to the end of the process".

"We deserve to be fully and professionally prepared to assist a coroner who may require us to do so. We demand that we are treated with the respect of the employer in this regard. The effects on an employee who has experienced poor preparation in advance of attendance at a coroner's inquest can have far-reaching personal consequences.

The motion was carried.

Heavy outlay required to pay for student accommodation

THE issue of student nurses having to provide substantial funding out of their own pockets for accommodation was raised at the ADC. A motion calling on the INMO to seek a review of the accommodation allowance for students as a contribution towards the cost of a clinical placement on pre-registration nursing/midwifery programmes was carried. In such situations, it was pointed out, it is necessary for the student to obtain accommodation away from his or her normal place of residence.

John Nolan of the student section pointed to the heavy level of expenditure required of students who have to subsidise their accommodation costs.

Tara Moran of the Drogheda Branch cited the case of a private hospital in which there is no student accommodation so students have to stay in a hotel at a cost of €70 per night three times per week.

A student delegation also met with the Minister on this issue.

National Maternity Strategy must be funded and implemented

THE ADC urged that all necessary resources be put in place to implement the National Maternity Strategy 2016-2026 so that women in Ireland can experience the choices it promises.

Mary Higgins of the Midwives Section, proposing the motion, said in some parts of Ireland a woman can have a home birth, but for most women this choice was not available.

Mary Higgins, Midwives Section

She said the Maternity Strategy, launched 16 months ago, promised to deliver so much and it was now time to deliver on its promises.

ADC slams excessive bureaucracy and calls for protected CPD time

THE ADC agreed that nurses and midwives must be given protected time to maintain an appropriate standard of documentation and to attend to their continuing education needs.

Jarleth Keady from the Ballinasloe Branch highlighted the need for nurses and midwives to be allowed time during the working day to maintain their notes appropriately and without disruption, given that documentation was a critical part of the their work and given the need to maintain standards and in the event of a nurse or midwife appearing before a NMBI inquiry.

Mr Keady said it was often difficult for nurses and midwives to maintain notes throughout the day while they were busy addressing patient and family care needs.

"We are all aware of the implications if note-taking is not deemed up to standard," he said. He added that it was not unreasonable for nurses and midwives to be allowed a half-hour during the working day to maintain their notes.

First vice president Mary Leahy told the conference the stark reality was that the allocation of nurses and midwives with reference to patient demands made no allowance for time to ensure that this relevant documentation was attended to.

She said the standard of documentation expected by the NMBI was extremely rigorous.

"There is a heavy expectation that notes must be accurate, of high quality and as contemporaneous as possible," she said, adding that shortages of staff had left practitioners in a very vulnerable situation with regard to maintaining appropriate patient notes. The motion was carried.

Mary Tully: There is a danger of nurses and midwives being turned into recording secretaries, statisticians, social historians or placed in the role of doing the work of other professional staff categories

Bureaucracy

A motion, from the Leitrim Branch was carried which called on the INMO to ensure that fundamental skills were not lost to bureaucracy, due to the pressure of excessive duplicate documentation on nurses and midwives. Anne Flanagan-Fallon of the Leitrim Branch, proposing the motion, stressed the need for a national standardisation of documentation.

Mary Tully, of the Cavan Branch told the ADC that while it was accepted that a level of record keeping and form –filling was unavoidable, there was a danger of nurses and midwives being turned into "recording secretaries, statisticians, social historians" or placed in the role of doing the work of other professional staff categories.

The ADC also agreed that nurses and midwives must be given protected time so that they could attend to their continuing education needs.

Protected study hours

Patricia Malone, from the Clonmel Branch, said nurses, as a professional group, required as a basic right the opportunity for continuing education, but stressed that protected time needed to be provided for this.

Speaking on a motion from the Carlow, Castlebar and Clonmel Branches and the Executive Council calling for nurses and midwives to receive protected study hours away from the workplace to fulfil ongoing educational needs including e-learning, Ms Malone highlighted that work pressures prevent the accessing of professional development requirements in the absence of protected time.

Second vice president Margaret Frahill said as a nurse manager it was getting harder and harder to find the time to let nurses off for training and education and pointed out that the process was not standardised.

She said in her hospital, courses such as in anaphylaxis had been made mandatory this year; one of the courses was eight hours long, meaning that a day had to be allocated to it, but it was increasingly difficult to find this time.

Ms Frahill stressed that it was important for nurses and midwives to partake in professional development both for the benefit of patient care and to maintain NMBI registration. The motion was carried.

Better support for nurse prescribing is needed

THE conference called on the Executive Council to pursue immediately the issue of recognition and remuneration for nurse/midwife prescribers.

Mai Murphy, of the Laois Branch, proposing the motion, said she had been actively prescribing for the past five years. She pointed out that nurse prescribing was introduced through legislation in 2007.

Ms Murphy said that according to latest available figures, there were about 1,300 trained nurse prescribers; however there was a very small number of nurses actually prescribing.

She said it was impossible to get an accurate figure but it is estimated that currently less than 50% of those trained actually prescribe, and in recent years recruitment to the prescribing course had been problematic with numbers of participants steadily declining.

Ms Murphy said the reasons for the low uptake of nurse prescribing were multifactorial, but the issues of remuneration and recognition were important.

She said an evaluation of nurse prescribing undertaken by the HSE last year noted the issue of remuneration as an area of concern, but did not address it as part of its terms of reference.

Short staffing causes moral distress

A MOTION carried at the ADC has directed the Executive Council to initiate a process of qualitatively measuring the moral distress which has been imposed on nurses and midwives over the past 24 months as a result of staffing shortages.

Patricia Malone of the Clonmel Branch, who seconded the motion painted a stark picture of the level of stress that nurses and midwives can face and it's affect on daily life.

"Leaving her house at 7am on a Thursday morning, her third shift of the week. Rain pellets down outside, kids are given the hint to get up, Dad gets the lunches ready. She only got home the night before at 10pm. Kids were in bed. The door closes and so another day begins, her daughter waves from the top window, 'Bye Mum', she shouts, 'bye mum'. And so begins another day. Twelve patients, one nurse.

"Car pulls into driveway at 11pm. House in darkness. Legs so tired it would be easier to sleep in car for an hour. She texts her colleague, 'How is Tom?' No reply. She notices on her phone she had two missed calls from her partner that day. She sees another missed call, googles the number, mortgage collection section. Second time in a week. Still no response from colleague. She rings the ward, 'How is Tom?'He passed an hour ago.

"What did I do wrong? He was calling her for ages. So were all the others. I'll be with you in a minute. An hour went by. Jesus, what was his blood pressure in the morning? HCA told me it was low, not her fault, I only rechecked an hour later. Jesus, I was bleeping the team for ages. What was my option, look after the low BP or leave Mary in room 8 on the ground, her second fall in three days. I left him for an hour. What was my option, not bring John in room 10 to theatre or check Tom's BP?

Patricia Malone, Clonmel Branch

"I asked my colleague Joan to recheck it for me, not her fault, she had ten others to care for. An hour later his blood pressure was critical. Tom was unresponsive. Shout, help help. Hit the arrest button you tell the HCA.

"Michael in bed opposite is vomiting. You start CPR. Jim in bed two wanders over to the bed during CPR, tries to help. He is only trying to help, he's had dementia three years now. Arrest team rush in. Kitty in bed one is calling for help, she has spilt her tea on herself. One, two, three, four. They get a beat. Intubated. Transferred.

"Day went on; admissions, discharges, ADLs, families, no breaks. Multiple opportunities to lose registration. It's 11.30 pm now, partner looks out top window.

"Jesus, what if there's a case. What if family sues? Could I have stopped this? An hour later I checked his BP. My god what kind of a nurse have I turned into? Knock on the window, Jesus are you not coming in. Who are you on the phone too? "Work" she replies. Work, are you serious? Its nearly midnight. Doors slammed, stairs pounded. Kettle on. What will I do for money if I'm suspended. I'll never work again. Cop on, you did nothing wrong. Wait, did Mary get an X-ray after the fall? Jesus I never told the family. 1AM. 2AM.

"Mammy I can't sleep. Come on, Ill bring you upstairs, I'll bring you to school in the morning. I love you too."

Action needed on rising levels of stress and burnout

TIM Stevens, from the Roscommon Branch, told the ADC the values of nurses and midwives were increasingly under threat.

Highlighting the increasing levels of stress and burnout among these professionals, he proposed a motion from the branch, which was carried, calling for the HSE to take immediate steps in consultation with the INMO to improve their working lives and boost morale, health and wellness.

Breda Shankey of the Dublin South West Branch, also speaking to the motion, said the unit in the major hospital where she worked was now compelling all new entrants as part of their contracts to do on-call to a private cath lab in their own time off. This was in addition to an already heavy work commitment, including night duty five times per week.

She said the INMO must address such practices that were worsening conditions and morale among new recruits.

INMO Director of Industrial Relations Phil Ni Sheaghdha pointed to a recent HSE survey, which had input from health unions, which showed high levels of stress among staff, and with staff highlighting that much of this stress was work-related.

She said 91% of those surveyed said they persevered when things were not going well in the workplace. While the HSE claimed that this showed that the level of stress among staff was being managed, it should be emphasised that they were being managed by the people under stress.

Ms Ni Sheaghdha said there was a very real issue in terms of the workplace causing stress to members.

The conference also heard that the appointment of health and safety representatives had been approved by the Minister for Health. Neal Donohoe from the Galway branch, addressing a motion on health and safety which was passed, said people were needed on the ground to act as advocates for nurses and midwives in this vital area and to force employers to take steps to improve health and safety in working environments.

Executive Council member Mary Leahy told the conference there had been progress on this issue, and that following recent negotiations with Government on the recruitment and retention issues, the INMO had secured agreement from the Department of Health to employ two additional nurse/midwife health and safety representatives in each workplace, who will be given paid leave to undertake their role and to undergo training in this area.

It was pointed out, at the ADC, that there had been a delay in the approval of the appointment of these health and safety representatives, which had been a statutory requirement for some time.

Delegates urged to report all incidents of abuse

INMO working to ensure health and safety reps in all workplaces

AGAINST the background of the current "appalling workplace conditions for all nurses and midwives," Eilish Farrell on behalf of the Sligo Branch called on the HSE to ensure that nurses and midwives are provided with a safe place to work – physically, mentally and emotionally.

In the motion calling for full implementation of Section 8 of the Safety, Health and Welfare Act 2005, Ms Farrell said: "As an RNID I stand before you knowing that breaches in this Act and its underpinning principles are a regular occurrence. On a daily basis I am exposed to the potential of being physically assaulted."

She pointed out that the NIM system, which is a risk management system providing incident reporting and investigations, recorded 3,462 physical assault incidents over a six-year period from 2011-2016, where a staff member was injured. Almost two-thirds of those assaulted were nurses and midwives.

Supporting the motion, Margaret Frahill, Executive Council, urged delegates to ensure they and their colleagues reported every incident of both verbal and physical assault that they experience at work. "What was considered completely abnormal a few years ago, is now classed as 'normal'. We are taking this abuse on a daily basis."

Deputy general secretary Dave Hughes praised the proposer of the motion on her research identifying the level of abuse being reported. He updated delegates on the work the INMO had been doing on health and safety issues. "Health and safety issues are right up there with pay as a top priority for the Organisation. Nobody should be hurt, nobody should be made ill because they are caring for someone else," Mr Hughes said.

Despite very good health and safety legislation in Ireland, he said the health sector had failed to do much more than tick boxes. He pointed out how health and safety legislation had successfully transformed the level of safety in the construction industry.

Mr Hughes reported that the two recent major agreements negotiated on behalf of nurses and midwives – the Emergency Department Agreement and the Staffing, Recruitment and Retention Agreement – provide the right to have elected safety representatives in every workplace. The INMO is now endeavouring to ensure reps are trained and are released to do health and safety duties.

"You're being injured, you're being hurt because you're caring for people. That has to stop. Let's use this legislation together to make it stop," Mr Hughes said.

The motion was passed.

MedMedia competition winner

THE winner of the MedMedia competition for a €100 One4all gift card at the ADC was Siobhan McGovern from Kilkenny. MedMedia, the publishers of *WIN*, would like to thank participants for their comments about the journal, which included:

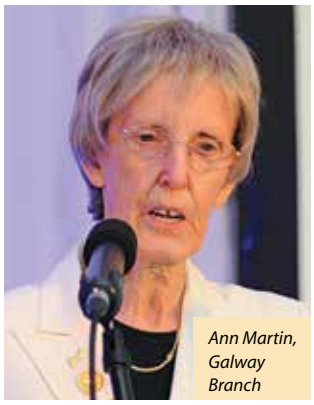
- "Great for keeping up to date with what is happening around the country"
- "A great read every month"
- "I read it from beginning to end on the day it arrives – including the crossword"
- "It's the best nursing journal around"
- "It offers a lot of new knowledge and facts which keeps me up to date with the latest in nursing and midwifery"
- "It's nice to have an actual magazine and not stuff online"
- "Excellent resource. Covers a wide and varied range of topics"
- "I particularly like the books and money matters section."

Safe staffing ratios long overdue

DELEGATES called for urgent application of safe staffing ratios, as identified by the Taskforce on Nurse Staffing and Skill Mix. These must reflect the dependency, acuity and complexity of care that patients require, Ann Martin of the Galway Branch said, calling for early publication of the final report of the taskforce and to ensure its implementation is undertaken nationally.

While the interim report was welcomed, Ms Martin reminded ADC that it was published in February 2016. "We have been left waiting and wondering what the recommendations will be with no indication of when the final report will be published." She pointed out that WTE nursing/midwifery staff in the acute sector had been arbitrarily reduced nurse by nurse on wards over the past six years.

She said: "Patients of 16 years ago bear no resemblance



Ann Martin, Galway Branch

to the complexity, acuity and dependency, and turnover, of patients now under our care. However, this has not been reflected in staffing and has led to increased workload and levels of stress among staff."

She stressed the need for a comprehensive research and evidence based dependency tool, to be used nationally, to ensure the patient has the right number of staff on the floor to ensure their safe care, and to reduce the levels of stress on the staff. This was needed so that staff can provide the quality of care they set out to and "in doing so hopefully reduce the haemorrhage of staff who are leaving due to the unsafe nature of their workplace".

Clarence Soliman from St Vincent's University Hospital Branch, which co-proposed the motion, stressed that it has long been recognised that care is compromised by overstretched nursing care. He said that wards, even after escalation by management, persist on having a ratio of at least one nurse to 12 patients on a day shift with no healthcare assistant.

He said the branch had been inundated with statements of concern from nurses for not being able to proactively activate protocols due to being subjected to the situation where they must choose between two patients in need of immediate care.

The motion was passed.

Senior staff nurse awarded this year's Gobnait O'Connell award

Winner praised for her commitment to the INMO and its members

LINDA Phelan, senior staff nurse, Our Lady's Children's Hospital, Crumlin, received the prestigious Gobnait O'Connell Award during the ADC awards ceremony in Wexford last month.

Ms Phelan was nominated for this award, which commemorates the late Gobnait O'Connell, by her colleagues from the INMO National Children's Nurses Section – Eileen Tiernan, chair; Anne McLaughlin, vice-chair; and Bairbre Webb, secretary, who commended her hard work and dedication to the INMO.

The award is presented annually in memory of Gobnait, who died tragically in a car accident some years ago, in recognition of her contribution to nursing and midwifery in Ireland. It is awarded every year to a local rep who has given great service to the INMO in a manner which seeks to enhance the interests and welfare of their colleagues.

Gobnait O'Connell Award 2017 *Pictured at the presentation of the award at the ADC were (l-r): Martina Harkin-Kelly, INMO president; Linda Phelan, senior staff nurse, Our Lady's Children's Hospital, Crumlin; and Liam Doran, INMO general secretary*

According to her colleagues, Ms Phelan always promotes the INMO and is available at all times for support, advice and guidance for nurses. She enthusiastically communicates with clarity, precision and a smile, and never makes them feel like they are imposing on her time.

This year's winner is a longtime stalwart member of the INMO Dublin South West Area Branch and is a most deserving winner as, for those who know her will readily agree, her energy is boundless, her enthusiasm never ending and her professionalism unquestionable.

Speaking about this year's Gobnait O'Connell award recipient, INMO general secretary Liam Doran said: "Linda is one of the most loyal and dedicated members of the INMO it has been my privilege to meet. She is a true professional, portraying a calm demeanour and always makes herself available to listen to members. She is a steadfast member of the INMO who works quietly behind the scenes for members.

"She has shown incredible commitment to the Organisation and to the members she represents. Linda truly deserves this award and I thank her sincerely, on behalf of all of us in the INMO, for her sterling work for both members and patients."

CJ Coleman Award 2017

CJ Coleman Award 2016: *This award was presented to Dr Suja Somanadhan, CNM2, Temple Street Children's University Hospital and UCD lecturer, for her research 'Parents' experiences of living and caring for children, adolescents and young adults with mucopolysaccharidosis'. Pictured were (l-r): Liam Doran, INMO general secretary; Martina Harkin-Kelly, INMO president; Suja Somanadhan, award winner; Andy Bradman, senior executive, CJ Coleman; and Elizabeth Adams, INMO director of the Richmond Education and Event Centre*

Preceptor of the Year 2017

INMO 'Preceptor of the Year' for 2017: *Pictured were (l-r): Liam Doran, INMO general secretary; Niamh Fleming, preceptor of the year winner, Beaumont Hospital; Michelle Hurson of Beaumont Hospital, who nominated Ms Fleming; and Martina Harkin-Kelly, INMO president*

ADC 2017

ADC 2017 ***(clockwise from top left, l-r)***: *Liz Curran, INMO IRO Wexford; Frank Staples, Mayor of Wexford; Anne Moore, INMO, ADC Organising Committee; Anne-Marie Hayes, INMO PHN rep; Geraldine Cooper, ADC Organising Committee; Helen Kennedy (wife of Niall Kennedy); Colm Mooney (husband of Emer Ward); Niall Kennedy, ADC Organising Committee; Emer Ward, ADC Organising Committee; Mary Mooney, delegate and former Wexford Branch secretary; Brid Jordan-Murphy, ADC Organising Committee; Anna-Marie Jones, ADC Organising Committee; and Sr Barbara Roe, Wexford ADC Organising Committee* ***(top right)*** *Standing ovation for Liam Doran,* ***(middle right)*** *INMO president, vice presidents and management team with Executive Council members at the press conference calling for pay parity* ***(bottom right)*** *The Castlebar Branch singing 'Those were the days my friend' in a tribute to Liam Doran* ***(bottom left)*** *Dave Hughes, Martina Harkin-Kelly, Mary Leahy and Margaret Frahill join in tribute to Liam Doran at his last ADC* ***(middle left)*** *Executive Council member Kay Garvey is wished a happy birthday by INMO president, Martina Harkin-Kelly and her colleagues and friends*

ADC reporting by Alison Moore, Tara Horan and Niall Hunter
All photos by Lisa Moyles

EDs still struggling despite some let up

ANALYSIS of trolley figures has revealed that there was a significant drop in overcrowding in hospitals in Dublin for the first four months of the year, however, outside of Dublin, hospitals continue to experience increased levels of overcrowding.

While the level of overcrowding has increased overall over the four-month period, it is important to note that the rate at which overcrowding is increasing is slowing down, with April figures down 12% this year compared to last year.

Despite improvements, many hospitals are still struggling with the huge numbers awaiting inpatient beds.

The hospitals with the highest figures of overcrowding in April were:

- Cork University Hospital – 658
- University Hospital Limerick – 649
- South Tipperary General Hospital – 493
- Mater Hospital, Dublin – 437
- University Hospital Galway – 410.

The ongoing overcrowding in hospitals nationwide was among the many issues discussed at the INMO's 98th annual delegate conference in May, where the following two motions were debated:

- Conference noting that core rights and values, such as privacy and dignity, are continuously violated and infringed upon in emergency departments calls on the Irish Human Rights and Equality Commission to commence an inquiry into the circumstances in which care is delivered in EDs in Ireland, similar to inquiries of this nature which have been carried out in other jurisdictions
- Conference resolves that management provides access to a social worker, physiotherapist and occupational therapist in all 26 emergency departments so as to enhance patient care, facilitate earlier discharge and assist access to appropriate services in an appropriate and timely manner.

For full coverage on these motions and this year's ADC, *see pages 13-16*.

The INMO's April trolley figures were released ahead of a meeting of the ED Taskforce, which was scheduled to take place in May.

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

Hospital	April 2006	April 2007	April 2008	April 2009	April 2010	April 2011	April 2012	April 2013	April 2014	April 2015	April 2016	April 2017
Beaumont Hospital	283	350	758	784	812	534	624	753	546	646	732	134
Connolly Hospital, Blanchardstown	133	135	298	313	163	352	338	716	318	517	245	156
Mater Misericordiae University Hospital	306	415	590	421	496	233	321	387	148	413	356	437
Naas General Hospital	272	100	225	382	194	377	109	158	190	269	307	246
St Colmcille's Hospital	121	62	35	278	148	157	170	124	n/a	n/a	n/a	n/a
St James' Hospital	215	53	210	200	71	138	71	297	89	385	80	238
St Vincent's University Hospital	337	431	559	498	440	462	426	450	162	355	443	192
Tallaght Hospital	425	247	722	1011	628	476	196	434	261	309	372	327
Eastern	**2,092**	**1793**	**3397**	**3,887**	**2,952**	**2,729**	**2,255**	**3,319**	**1,714**	**2,894**	**2,535**	**1,730**
Bantry General Hospital	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	19	27	108	61
Cavan General Hospital	324	165	307	159	186	448	295	222	24	11	68	19
Cork University Hospital	344	285	551	297	523	484	543	440	380	289	277	658
Letterkenny General Hospital	226	25	55	48	33	32	55	137	343	299	41	320
Louth County Hospital	15	4	46	0	4	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mayo University Hospital	171	5	148	44	83	48	198	230	176	198	157	89
Mercy University Hospital, Cork	132	112	110	104	134	159	116	258	182	188	281	228
Mid Western Regional Hospital, Ennis	42	169	44	15	18	49	23	51	n/a	17	22	20
Midland Regional Hospital, Mullingar,	4	17	17	46	104	214	283	440	371	468	367	256
Midland Regional Hospital, Portlaoise,	8	29	52	49	6	112	11	105	200	166	313	244
Midland Regional Hospital, Tullamore,	0	6	4	0	53	167	89	171	256	172	466	326
Monaghan General Hospital	9	52	16	19	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Nenagh General Hospital	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	2	8	13
Our Lady of Lourdes Hospital, Drogheda	147	200	221	305	163	498	566	360	486	602	517	296
Our Lady's Hospital, Navan	19	34	101	171	46	137	57	81	35	82	50	156
Portiuncula Hospital	39	27	48	20	132	65	92	106	43	112	18	73
Roscommon County Hospital	66	65	87	34	72	87	n	n/a	n/a	n/a	n/a	n/a
Sligo Regional Hospital	114	23	85	46	161	139	254	166	170	323	408	140
South Tipperary General Hospital	77	21	145	45	58	39	161	176	173	229	561	493
St Luke's Hospital, Kilkenny	n/a	n/a	n/a	n/a	n/a	57	24	155	293	269	273	319
University Hospital Galway	208	158	399	311	264	455	390	512	377	470	587	410
University Hospital Kerry	97	31	116	10	25	97	33	88	55	120	92	143
University Hospital Limerick	162	102	171	280	186	222	274	801	557	544	620	649
University Hospital Waterford	n/a	n/a	41	76	101	111	80	203	301	172	317	393
Wexford General Hospital	259	3	162	191	51	287	55	264	106	206	59	163
Country total	**2,463**	**1,533**	**2,926**	**2,270**	**2,403**	**3,907**	**3,599**	**4,966**	**4,547**	**4,966**	**5,610**	**5,469**
NATIONAL TOTAL	**4,555**	**3,326**	**6,323**	**6,157**	**5,355**	**6,636**	**5,854**	**8,285**	**6,261**	**7,860**	**8,145**	**7,199**

Comparison with total figure only:

Increase between 2016 and 2017: -12%
Increase between 2015 and 2017: -8%
Increase between 2014 and 2017: 15%
Increase between 2013 and 2017: -13%

Increase between 2012 and 2017: 23%
Increase between 2011 and 2017: 9%
Increase between 2010 and 2017: 34%
Increase between 2009 and 2017: 17%

Increase between 2008 and 2017: 14%
Increase between 2007 and 2017: 116%
Increase between 2006 and 2017: 58%

Speaking at the press conference in INMO HQ were:
(left) Phil Ní Sheaghdha, INMO director of industrial relations;
(centre) students from the group due to graduate in September speaking to journalists;
(right) Liam Conway, INMO student and new graduate officer

Less than one-third of 2017 graduating class approached by HSE

AN INMO survey of internship students due to qualify in September 2017 showed that 78% of those surveyed were considering emigrating. The survey also revealed that 70% of the students had been approached by overseas recruitment companies but only 30% were contacted by the HSE.

As part of the INMO's staffing/recruitment/retention campaign the Organisation undertook the survey of all nursing and midwifery internship students to examine where they intended to seek employment once qualified. The survey also aimed to gather statistics and trends on the graduating class's gender, age, consideration of emigration, current employment prospects and incentives that would encourage them to remain with the Irish public health sector. There are currently just under 1,500 nursing and midwifery interns completing their 36-week placement.

The main findings were:

- 78% were considering emigrating on qualification
- 79% stated that they would consider staying in the Irish public health service for at least a year on qualifying if guaranteed a permanent contract
- 70% had been approached by overseas recruitment agencies before April 2017, while only 30% had been offered permanent or part-time positions by the HSE at that time. Of the 30%, only 16% had been offered permanent contracts in Ireland at the time of the survey, while 59% were considering moving to the private sector in Ireland
- 71.5% of respondents had not been offered a permanent post by their current employer, despite the fact that the in 2016 HSE stated that they would offer permanent positions to all new 2017 graduates on qualifying

The evidence from the survey contradicted the HSE assertion that it is offering permanent positions to all new graduates and found that the HSE is later to approach Irish students than overseas recruiters.

The survey also found that the top three incentives to entice graduates to stay within the public health service were:

- Increase in pay
- Improved staffing levels and working conditions
- Access to funded postgraduate education.

Speaking at a press conference to announce the survey findings, INMO president Martina Harkin-Kelly said:

"The results of this survey have put into perspective the on-going crisis in the recruitment and retention of nurses and midwives in this country. It highlights the significant need to improve the current incentives being offered in the public health service and the need to offer full-time permanent posts to current interns much earlier in their forth year."

The INMO further stated that the survey findings illustrated that the public health service is losing the battle to recruit and retain new graduates to overseas employers and also to the private sector in Ireland. According to the Organisation, to correct this and achieve the best outcomes it will be necessary to:

- Improve nursing and midwifery pay (parity of pay and hours with comparable therapeutic grades employed in the Irish public health service has been sought by the INMO)
- Offer incentives to stay in Ireland and to return to work in the Irish public health service. These must, at the very least, match offers from the Irish private health services
- Provide contracts that guarantee post-qualification employment to all training nursing and midwifery students. This will render recruitment from overseas less effective
- Provide career breaks within the contract to allow travel for a period
- Start recruiting students at the commencement of their internship year in order to compete with early recruitment efforts by overseas employers
- Improve and increase the availability of postgraduate education and specialisation courses of education in order to compete with UK and other markets.

Speaking on the findings, INMO director of industrial relations, Phil Ni Sheaghdha said:

"The number of nurses and midwives working in the Irish public health service has reduced from 39,006 in 2007 to 35,835 in 2016. The actual number is less given that 2% are on maternity leave at any given time and there is very little replacement.

"The annual failure by the HSE to pro-actively recruit its own graduates in a timely and competitive manner is clearly influencing graduate decision making, in regard to their employment. In the current highly competitive global market, a major improvement will have to be introduced by the HSE regarding their recruitment practices in expensive overseas recruitment campaigns to fill vacant posts in Ireland when there is a worldwide shortage of nurses and midwives.

"It is worth noting that in March 2017 the nursing agency bill for the first ten weeks of the year was reported as €8,281,552.

Liam Conway, INMO student and new graduate officer also spoke at the press conference. He said: "Students were very honest in this survey. The testimonials they gave should be a wakeup call to the HSE. It has a unique opportunity, which is not available to overseas recruiters, yet they continue each year to leave it too late to recruit, and then engage in a process which is not efficient or encouraging to graduating Irish nurses and midwives."

Safety concerns for new Limerick ED

HSE proposals fail to address overuse of trolleys for admitted patients

MEMBERS of the INMO working in the emergency department at University Hospital Limerick have written to HSE management outlining critical patient safety issues which must be addressed by the HSE in advance of opening the new ED.

Limerick ED nurses, who have looked forward for years to the day when they can work and care for patients in a top-class environment, welcome the new facility, but having engaged with the HSE in advance of the opening, they remain deeply concerned about the following:

- Final management proposals, received by the INMO on May 22, proposed to place a minimum of 24 admitted patients on trolleys and recliner chairs in the new ED. Furthermore, the plans seek to embed the unacceptable concept of admitted patients on trolleys in this ED. This is not progress for patients or nursing staff and is a retrograde approach. The INMO has proposed to management that the old ED should be utilised as a separate area for admitted patients, but this has been rejected
- In the context of this unit being the second busiest ED in the country, and while the recruitment of nursing staff is ongoing and this is acknowledged, INMO members continue to have serious concerns about staffing/skill mix, arising from the:
  - Number of newly qualified staff rostered to work in the new unit
  - Number of newly qualified nursing staff recently arrived in Ireland still adapting to the new clinical environment
  - Lack of staff with an ED specialist qualification available to the new unit.

This situation is further compounded by the fact that this department has lost nine highly skilled/experienced ED nurses, who held over 140 years of nursing experience between them, in recent months.

Against this background, the INMO believes the proposed nursing skill mix is unsafe, as newly qualified nurses are being tasked with senior nursing roles in emergency care.

Mary Fogarty: *"It is incumbent on the HSE to address and resolve all outstanding issues in advance of the new Limerick ED opening"*

This requires management to fast track clinical skills facilitators for the new ED, so as to ensure all nurses are supported as they increase their competence and experience in this hugely challenging clinical environment.

The HSE has undertaken only one dry run of the new facility, when a significant number of serious unsafe processes were identified. At this point, no feedback on this has been received by nurses.

Other concerns for the opening of the new ED include:

- It is a live service, it cannot be shut down and consequently, the transition must be seamless
- It requires at least three to four further dry runs to correct all faults identified.

INMO IRO Mary Fogarty, said: "Nurses are anxious to move to the state-of-the-art facility as they have endured almost 10 years of a workplace which is unfit for purpose with an unacceptable level of overcrowding.

"Nursing representatives engaged with the HSE, since last September, and secured agreement on issues such as additional staff numbers, rosters, and allocation of staff to six independent locations. However, critical issues, raised repeatedly by the INMO, remain unresolved. Nurses refer to their NMBI Code of Professional Conduct and Ethics, which require them to report to management any safety concerns and/or issues which negatively impact on their ability to practise safely. It is incumbent on the HSE to address and resolve all outstanding issues in advance of opening."

International Nurses Day focuses on UN's goals

THE INMO has extended its best wishes to its members, and nurses across the globe on this year's International Nurses Day, which is celebrated every year on the anniversary of Florence Nightingale's birth – May 12.

The theme of this year's International Nurses Day, chosen by the ICN, was '*Nurses: A Voice to Lead, Achieving the Sustainable Development Goals (SDGS)*' and the ICN highlighted and celebrated the many ways in which the tremendous work nurses carry out every day forms the basis for achieving the UN's Sustainable Development Goals.

"The theme for International Nurses Day underpins the simple, but vital, message that nurses play a central role in the provision of healthcare and have a pivotal remit in improving health system's resilience. The nurse is, without doubt, the health professional closest to the population they serve, and therefore must be centrally involved in making decisions for strengthening health services," said Martina Harkin-Kelly, INMO president.

INMO marks International Day of the Midwife

THE INMO, as a member of the International Confederation of Midwives, celebrated the International Day of the Midwife on Friday, May 5 during the INMO annual delegate conference.

The theme for the day was '*Midwives, mothers and families: Partners for Life*'. Midwives everywhere understand that by working in partnership with women and families they can support them to make better decisions about their needs to have a safe and fulfilling birth. Every year, May 5 is dedicated to recognising that millions of women and newborns around the world are cared for by skilled midwives every day.

INMO president Martina Harkin-Kelly said: "It remains the conviction of the INMO that midwifery standards and best practice are being increasingly pressurised due to our continuing high birth rate against a background of a shortage of midwives. Immediate action is required on recruitment of more midwifery staff. This day should generate positive actions, here and abroad, to realise this essential goal."

Resolution near on staffing in Virginia

Work to rule proves effective in reaching safe staffing agreement

INTENSIVE engagement has been ongoing with the HSE over the past eight weeks on agreeing appropriate staffing for 56 beds at Virginia Community Nursing Unit.

This stemmed from management at the unit attempting to open additional beds at the facility in January. This was clearly in breach of a WRC agreement of 2014 that required the HSE to reach agreement with the INMO on staffing for the 56 beds prior to opening any additional beds to the 26 beds already open in the facility.

The INMO was left with no option but to put in place a work to rule, which commenced on January 18, 2017. Under the work to rule, which remained in place for 12 weeks, staff only took care of the 26 beds in the new extension and refused to look after any patients admitted to the facility in excess of the 26 beds ring-fenced in the WRC agreement of 2014.

The HSE had originally offered 14 whole time equivalent (WTE) RGNs for the 56-bed facility, which was rejected by the INMO. After further negotiations management offered 18 WTEs, which again was rejected. The offer currently being considered by INMO members involves 23 WTEs, which includes two CNM1 positions. In addition there will be three CNM2s employed in supervisory/supernumerary capacity.

Obviously, the opening of beds would be released gradually in line with HIQA guidelines and also subject to the HSE recruiting additional staff as agreed. Local engagement took place in early April to agree rosters and the work to rule was lifted.

INMO IRO Tony Fitzpatrick: *"The work to rule was extremely effective"*

INMO IRO Tony Fitzpatrick said: "It was regrettable that the HSE proceeded to open beds in the absence of an agreement however, they were unable to fill those beds due to the fact that INMO members were on a work to rule. The work to rule was extremely effective and ensured that nursing staff confined themselves to caring for the 26 patients that were already present in Virginia. Additional patients who were admitted by the HSE had to be cared for by agency staff. Freedom of information requests from the local radio station Northern Sound has confirmed that the cost of this agency staff for the three-month period was €50,000. Again, this is a waste of resources that was unnecessary if management had engaged proactively on reaching appropriate and safe staffing numbers for the 56 beds with the INMO."

OLOL reports significant success in staff recruitment

FURTHER to a WRC agreement between the INMO and management reached last year at Our Lady of Lourdes Hospital, Drogheda significant work has been ongoing on local, national and overseas recruitment of staff.

At the time of the work to rule in 2016 there were over 104 whole time equivalent vacant posts in the hospital. Half of these were permanent deficits and the remaining were temporary, ie. maternity leave, long-term sick leave, etc. The process of filling the vacancies continues and is being overseen by the WRC. At a recent meeting in March management confirmed that it had filled almost all permanent deficits at the facility but that approximately 50 WTE temporary deficits remained to be filled. Management claimed that 25 WTEs are replaced by agency and overtime on a weekly basis. From January 1 to May 12, 2017, 63 additional nurses were recruited to OLOL. Over the same period 19 nurses left the service giving a net increase of 44 WTEs.

The INMO has stressed the need for continuous recruitment as additional bed capacity and theatres are to open by November 2017. While the INMO acknowledges the significant improvement since it took industrial action in 2016, it said more remains to be done. In addition, two more clinical nurse facilitators at CNM2 grade have been appointed as per the WRC agreement to assist with the induction of new staff. A further conciliation conference at the WRC is due to take place in June.

– Tony Fitzpatrick, INMO IRO

Update on the grievance procedure for Sligo reps and members

AN information training session on the grievance procedure was held for INMO reps and members in Sligo on April 26. Organised by Maura Hickey, IRO, the session was co-ordinated by Gerry Touhy, educational officer of the Sligo Branch. The session was followed by a branch meeting. The session explored:

- What a grievance is
- The task of the representative
- Preparation for meeting with management
- Identification of problem and key issues
- The trade unions reps' toolbox
- The HSE Grievance Policy and Procedure

The session was well received and participants requested further sessions. It was attended by INMO president Martina Harkin-Kelly *(pictured with reps and members)*.

Voting open for Ansell award

Three members of the INMO Operating Department Nurses Section are nominated for the Ansell CARES HERO award. The three nominees are Audrey Al Kaisy, Teresa Herity and Sandra Morton and are all equally deserving of this award. To cast your votes, visit **www.ansellhero.com** Voting remains open until Friday, June 16.

About the award

The Ansell award is an important way to recognise ODNs who have made a lasting impression on their colleagues, their patients, their profession and in their community. ODNs are the key to making things happen in an increasingly demanding and technical environment, and in order to continue to deliver excellent care, they have to focus on continuously educating themselves.

Despite these challenges, much of the great work ODNs do is behind the scenes and does not get the recognition it deserves. The Ansell award is about celebrating the ODNs, who are not just excellent at what they do, but are also inspiring role models for others.

Voters can vote once per day via Facebook, Twitter, or at **www.ansellhero.com**, so the maximum amount of votes is three per day if all channels are used.

The 10 nominations with the highest votes will receive the Ansell CARES HERO Nurse Service Award plaque.

Additionally, the nominee with the highest number of overall votes will have a donation of US $1 per vote made in their name to an Ansell supported charity. The more votes received, the greater the donation made.

For full details on the award and its prizes go to **www.ansellhero.com/en.aspx**

ICTU seminar highlights issues affecting the elderly

THE INMO delegates on the Retired Workers Committee of Congress attended the ICTU Age Seminar North/South recently which covered a range of topics pertaining to issues affecting the elderly.

Dr Lisa Wilson of Neri Belfast spoke on the economic and social contribution of older people, highlighting that there are increased costs of an ageing population due to pensions,healthcare,welfare payments and social care.

The contributions of older people in childcare and family wellbeing is well documented. Some 23% of unpaid care in Northern Ireland is provided by those aged 60+.

The most recent statistics show that of those aged 65+ in Northern Ireland, 39% are involved in volunteering – 17% in formal volunteering and 21% in informal volunteering.

Older people in Northern Ireland are vulnerable and can easily fall victim to scams by telephone post and email. Trading Standards NI have publicly warned people to be vigilant.

A region-wide media campaign was launched in November 2016 highlighting how to recognise a scam, how to protect against becoming a victim and what to do if one becomes a victim of a scam.

Eddie Lynch, commissioner for older people, spoke on Stormont's Policy for Older People. Progress is slow on creating an active ageing strategy. The main principle is to respect,value and protect the elderly.

Free public transport,warm homes scheme grants,age friendly councils, better support for mental incapacity in decision making, carers' support and more respite services are a necessity.

The Northern Ireland Pensioners Parliament was launched in 2011 by Age Sector Platform and allows older people to have their say on issues. Their manifesto, formally endorsed by the Parliament in 2016,ensures legislation effectively tackles age discrimination in goods,facilities and services.

SALO – a flexible forum for members to share knowledge

THE Student Allocations Liaisons Officers Group (SALO) meets twice a year in INMO HQ and they have formed a tight networking group among themselves for support and professional advice throughout the year.

These networking opportunities aim to provide a flexible forum for members to participate in so that they can share knowledge in a supportive environment. Learning, motivation, best practice and access to resources can often be better facilitated through professional contacts with like-minded colleagues.

SALO extends its best wishes to Anne Price on her retirement. Ms Price was one of the founding members of the group, a long-standing INMO member and served as chairperson of the SALO group for a number of years.

Scientific poster competition prizes presented at ODN conference

PRIZES from the Scientific Poster Competition, which is held each year as part of the INMO ODN Section Conference and sponsored by Teckno, were presented to the winners by Monica Griffin, ODN Section education officer, during the recent Section conference.

The prizes were awarded to the following people:

- First prize was awarded to Emer Donovan and Roland Pika, staff nurses at University Hospital Limerick, for their entry *Robotic surgery: five steps to success*.
- Second prize was awarded to Lavinia McCarthy, CNM2, Anne O'Sullivan, CNM2, and Kathy Healy, clinical facilitator, Cork University Hospital for their entry *Frozen – The incidence and management of inadvertent hypothermia*.
- Third prize was awarded to Katie O'Byrne, staff nurse, Tallaght Hospital, for her entry *What are surgical team members' attitudes towards the safety culture in operating theatre and the who surgical safety checklist?*

The INMO Retired Nurses and Midwives Section recently enjoyed a short break in the Cavan Crystal Hotel, as well as enjoying a Belfast trip, where they had a local guide who gave an in-depth tour and history of Belfast city and its troubles

Violence against health workers: Ending impunity

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

VIOLENCE against healthcare workers, facilities and patients is one of the most serious and overlooked humanitarian challenges in the world today. The extent and intensity of violence against health workers globally remained alarmingly high in 2016, according to a new report by the Safeguarding Health in Conflict Coalition.

In addition to the human toll, these attacks compromise the ability to deliver care to populations in great need, impede efforts to reconstruct health systems after war and lead to the flight of health workers, whose presence in a time of great social stress is essential.

Safeguarding Health in Conflict Coalition

The Safeguarding Health in Conflict Coalition was founded by Prof Leonard S Rubenstein, director of the Program on Human Rights, Health and Conflict at the John's Hopkins Bloomberg School of Public Health and chair of the coalition, and Laura Hoemake of IntraHealth International, in 2010 to address the under-reporting of attacks on health workers and facilities in conflict areas.

The Coalition seeks to reduce attacks on, and interference with, health workers, patients, facilities and transports. In that capacity, the Coalition has led efforts to increase the role of the World Health Organization, the High Commissioner of Human Rights and the United Nations (UN) Security Council in protecting health workers from attack. The Coalition has been central to lobbying the UN Security Council Resolution 2286 (2016), which strongly condemns attacks against medical facilities and personnel in conflict situations.

The INMO is a member of the Coalition along with over 30 leading international non-governmental organisations, including the International Council of Nurses.

The Coalition, in their fourth annual report, *Impunity Must End: Attacks on Health in 23 Countries in Conflict in 2016*, documents attacks on healthcare in 23 countries. It was published on the first anniversary of the UN Security Council's adoption of Resolution 2286 that set out a roadmap to the protection of health in conflict.

In 2016, attacks on healthcare took many forms, including:

- Bombing, shelling, and looting of hospitals and clinics
- Killing of health workers, emergency medical personnel, and patients
- Intimidation, assault, arrest, and abduction of health workers and patients
- Obstruction of access to care including blockage of, and attacks on, ambulances
- Takeover and occupation of health facilities by police, military or other armed actors
- Attacks on, and blockage of, humanitarian actors, supplies, and transports.

Security Council

The report calls on the Security Council and countries to take concrete steps toward preventing attacks and ending impunity, as recommended last year by the UN secretary general. These steps include regular reporting by countries to the UN on actions taken to prevent attacks, investigating those that occur and holding perpetrators accountable. Where member states fail to act, the Security Council should initiate thorough investigations and establish accountability procedures. The Security Council and states have failed to take these actions.

"Our findings cry out for a level of commitment and follow-through by the international community and individual governments that has been absent since the passage of Security Council Resolution 2286 a year ago," said Prof Rubenstein.

In Syria, Physicians for Human Rights (PHR) verified 108 attacks on health facilities, and the deaths of 91 health professionals in 2016. "The all-out assault on health facilities and professionals in Syria is the worst pattern of such attacks in modern history," said Susannah Sirkin, director of international policy at PHR.

"2016 marked one of the worst years we've documented," she said. The UN Assistance Mission in Afghanistan reported 119 attacks on health facilities and personnel, up from 63 the year before. In Yemen, UNICEF verified 93 attacks on hospitals over a period from March 2015 to December 2016.

The numbers noted in the report may

greatly understate the extent and severity of attacks, the report says, because documentation of attacks remains scant.

"We know that in places like South Sudan and Iraq, many vicious attacks on healthcare have been inflicted by parties to the conflicts," Laura Hoemeke, director of communications and advocacy at IntraHealth International, said.

"These attacks cascade into lack of access to healthcare for suffering populations, but no one is collecting the number of attacks."

The report reveals that while bombing and shelling of health facilities is the most obvious and devastating form of attack, violence against healthcare takes many forms.

"In Afghanistan, we found patterns of intimidation and threats against health workers and occupation of health facilities," said Christine Monaghan, a researcher at Watchlist on Children in Armed Conflict, which engaged in a field investigation in Afghanistan. "There were 13 recorded attacks on vaccinators, in which 10 people were killed and 16 were abducted," Ms Monaghan added.

Obstruction of access to care

Continued obstruction of access to care is another key finding. In Ukraine, checkpoints, as well as the difficulty of crossing conflict lines, have impeded access to care for one-third of households in conflict-affected areas, with dire implications for the 50% of families in the region suffering from chronic diseases.

In Turkey, curfews prevented injured people from reaching care, resulting in needless civilian deaths. In the occupied Palestinian territory, the Palestinian Red Crescent Society reported 416 instances of violence or interference with its ambulances, injuring 162 emergency medical technicians.

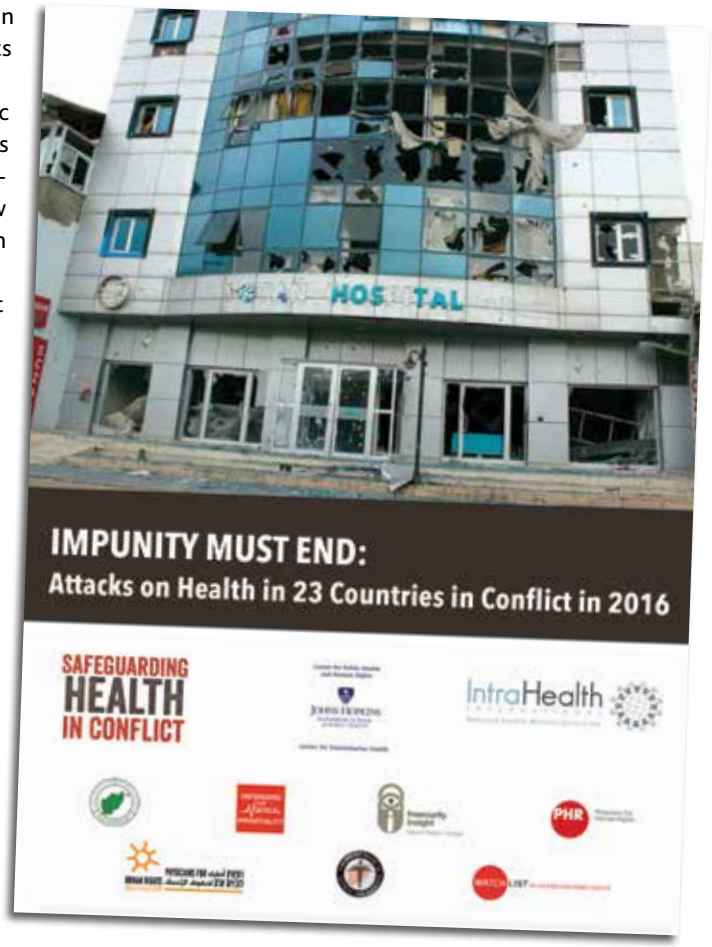
Accountability for these assaults is largely absent, the report said. A review by Human Rights Watch of 25 incidents of attacks on healthcare in 10 countries between 2013 and 2016, resulting in the deaths of more than 230 people and the closure or destruction of six hospitals, found that either no proceedings for accountability were undertaken at all or the results of proceedings were inadequate.

"Without accountability, these attacks won't stop, and efforts to investigate these kinds of incidents – and pursue justice where relevant – have been half-hearted or worse," said Diederik Lohman, director of health and human rights at Human Rights Watch.

In Syria, systematic attacks on hospitals have become a hallmark of a conflict, now entering its seventh year.

"For a pregnant woman seeking care, the decision to go to a hospital has become a life-threatening one for her and her unborn child. For first responders and medics, each day at work is an act of survival," said Ahmad Tarakji, president of the Syrian American Medical Society.

"We must investigate these crimes against humanity in order to put a stop to attacks in Syria and elsewhere and ensure that this inhumane tactic does not continue with impunity," concluded Mr Tarakji.



The absence of accountability

International law and UN Security Council resolutions require accountability measures for attacks at national level, or if those fail, international justice mechanisms. Nevertheless, attempts at accountability have largely failed due to national and international government inaction, dismissal of complaints or failure to impose appropriate sanctions.

The aforementioned Human Rights Watch review of 25 incidents of attacks revealed that either no proceedings for accountability were undertaken at all or the results of proceedings were flawed or inadequate.

Governments that ignored, denied or justified attacks on health facilities, potentially involving their military forces, include Afghanistan, Iraq, Israel, Libya, Russia, Saudi Arabia, Sudan, Syria, Ukraine, and the US.

The fourth global report by the Safeguarding Health in Conflict Coalition also found that, in many instances, parties to conflicts failed to take required steps to avoid harm to medical facilities, staff and patients, and obstructed access to health care.

Impunity Must End: Attacks on Health in 23 Countries in Conflict in 2016 also found that accountability for committing these attacks remains inadequate or non-existent. The after-effects of attacks are far-reaching and negatively impact the health of people in specific areas in need of urgent care.

Healthcare deprivation is one of the major effects, due to a loss of facilities and medical staff. Such losses are detrimental to the public, as a single closure can leave an entire population without access to a health facility and the appropriate staff.

In recent months, UN agencies have reported an appalling number of people in dire need of healthcare access. Population displacement, lack of resources and civilian injuries are all contributing factors.

The full report by the Safeguarding Health in Conflict Coalition can be downloaded from **www.safeguardinghealth.org/report2017**

Further information

A newsletter and regular update are available on the safeguarding health website. To support the campaign you can sign up at **www.safeguardinghealth.org/take-action**

Elizabeth Adams is INMO director of professional development

Competition season

INMO organiser **Albert Murphy** discusses recent INMO competitions, incentives and upcoming rep training

THE INMO has been running the 'Recruit a Friend' competition for the past two years and it is a great success among representatives and members of the Organisation. The recruitment stand at this year's annual delegate conference which was held in Wexford proved to be a great success. All delegates were presented with a mug with the slogan 'don't be a mug, recruit a friend'. If you recruit a friend to the INMO, you will receive a €20 voucher as a thank you for recruiting a new member.

You can recruit mas many members as you like and receive a voucher for each one. Did you know that eight out of 10 nurses and midwives working in the Republic of Ireland are members of the INMO? The INMO is the only union that is dedicated solely to nurses and midwives and the Organisation offers nurses and midwives an unrivalled range of services including campaigning actively for improvements in pay and conditions.

INMO Groupscheme winners

The INMO Groupscheme has been operating for the past two years and gives thousands of Euros worth of discounts to INMO members. A competition was held for all INMO members who used the website or joined the INMO Groupscheme in April and May of this year. The five lucky winners of the competition, who received vouchers as their prize, were Colm McNally, Mark Loughrey, Oonagh Cox, Jennifer Drummond and Annmarie Ormonde.

Pictured (l-r) at the ADC in May were: *Albert Murphy, INMO organiser and Dean Flanagan, IRO. A recruitment stand was set up at the ADC and delegates received a free mug with the slogan 'don't be a mug, recruit a friend'*

Pictured (l-r) were: *Alastair Foley, Groupscheme; Albert Murphy, INMO organiser; and Mark Loughrey, INMO member who was one of the winners of the INMO Groupscheme competition at the ADC*

Rep training

The second advanced rep training course was held in Kilkenny in April 2017. This course is aimed at reps who have some experience of representing members in the workplace and focuses on issues such as trade union democracy and advanced negotiating skills.

The next advanced training course will take place in Cork in June 2017. If you are interested in applying for this course contact Martina Dunne at Tel: 01 6640624 or email: martina.dunne@inmo.ie.

A basic rep training course was held in Limerick on May 10 and 11, 2017. This course is designed for new reps or those who require a refresher course. It deals with topics such as grievance handling, preparing to meet and negotiate with management and the role of the union and the union reps.

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

Q and A Bulletin Board

With INMO director of industrial relations Phil Ní Sheaghdha

Query from member

I am a PHN who is currently on the transfer panel awaiting relocation from Dublin to closer to home. I am pregnant and following maternity leave, will not be in a position to travel to Dublin and back every day. I heard that some colleagues have transferred on compassionate grounds and I am wondering what criteria needs to be met in order to be granted compassionate grounds?

Reply

Compassionate grounds cases are heard and adjudicated by the director of public health nursing so the first step would be to outline your case in writing to them. The primary care division of the HSE provided directors of public health nursing with criteria for consideration when adjudicating on appeals for compassionate grounds. These include:

- The application should clearly set out the grounds for the appeal and must be accompanied by independent written evidence of the circumstances
- Compassionate grounds appeals are for exceptional circumstances only. While there is no definitive list, examples that would have received favourable consideration previously include:
  - Serious ill health of a spouse/partner or child
  - Where the applicant was the primary carer for an immediate relative who had serious ill health or in the event of a disability.

Social grounds such as distance to work/schools, additional commuting times or normal domestic circumstances would not be categorised as compassionate circumstances.

If you have grounds for this appeal, the employer must make every effort to accommodate your request, however, this does not have to extend to the creation of a post. Depending on your circumstances, you may be granted a different working pattern, short-term or flexible roster to reduce the burden of travel, however, this will be at the discretion of your manager. If you have exhausted all these avenues, the INMO can assist you. I hope this provides clarity for you and please contact your local INMO industrial relations officer if you require any further information.

Query from member

I am a recently retired nurse, however, I have an industrial relations issue that was not resolved prior to my retirement. I would like to pursue this issue but, as a retiree, do I have any option open to me to bring this matter to a conclusion?

Reply

You still can pursue issues through industrial relations mechanisms even though you are retired. In 2015, the Industrial Relations Act of 1990 was amended to include the following section after section 26:

"(1) Notwithstanding any other provision of this or any other enactment, but subject to subsection (2), an adjudication officer or the Court shall not investigate a trade dispute to which a worker who has ceased to be employed by reason of his or her retirement is a party unless:

– A) The dispute was referred to the Commission for conciliation within a period of six months from the date on which the worker's employment ceased, or the date on which the event to which the dispute relates occurred, whichever is the earlier

– B) The dispute was referred to an adjudication officer or, as the case may be, the Court, within the period referred to above

(2) Notwithstanding subsection (1), an adjudication officer or, as the case may be, the Court, may extend the period referred to in that subsection by a further period not exceeding six months where the adjudication officer or the Court is satisfied that the failure to refer the dispute within the period referred to in subsection (1) was due to reasonable cause.

(3) The Commission or the Court shall not investigate a trade dispute to which a worker referred to in subsection (1) is a party where the dispute is subject to investigation by the Pensions Ombudsman."

Should you require assistance with any outstanding issues, please contact your local INMO industrial relations officer.

A bright future for students and grads

INMO student and new graduate officer, **Liam Conway**, discusses some recent developments in pay and employment prospects for students and new graduates

AS YOU may be aware, nurses and midwives' pay has recently increased by €1,000 across all points of the staff nurse/midwife scale, meaning that 2017 graduates will now start on €28,483 instead of the previous €27,483 (2016 payscale). Following this, after a new graduate has worked 16 weeks post-qualifying, they will move to the second point of scale €30,497. This pay adjustment is as a result of the accepted WRC proposals from the INMO recruitment and retention campaign. Payscales are available at **www.inmo.ie**

The INMO has been campaigning long and hard for pay restoration and at the time of going to press, talks on a new public service pay agreement had commenced.

During the INMO ADC last month, members made it clear that the INMO will not only be seeking pay restoration to the 2008 pay levels, but the Organisation will also be seeking pay parity with other allied health professionals such as occupational therapists and physiotherapists. For updates on these issues and others, visit the INMO website and keep an eye out for member updates which will be sent out by email.

Employment prospects

On the back of the launch of the *Nursing and Midwifery Internship Students' Survey 2017*, the Minister of Health, Simon Harris, reaffirmed that all nursing and midwifery interns would be offered permanent contracts on qualifying.

Mr Harris also reiterated this to the youth forums and the INMO Student Section when he met with them personally after addressing the ADC. He told the INMO that all internship students will be informed that there will be a permanent contract for them on qualifying.

A HSE Circular has been sent to all local sites also. If you have not been notified of same, please contact me immediately by email: liam.conway@inmo.ie

Pictured (l-r) at the INMO Annual Delegate Conference last month were: *John Nolan; Aishling Byrne; Darren O'Cearruill, INMO Executive Council; Catherine O'Connor; Maria Tservjatsuk; Clarence Soliman; Tara Moran; Salomé Santal; Liam Conway, INMO student and new graduate officer; and Louise McLoughlin*

Additionally, all graduates will be able to avail of a one-year career break after 12 months of service. This factors in graduates who wish to travel. Your permanent position will be available on your return.

Website updates and student eLink

The INMO has recently updated the Student Section on the INMO website. Now site visitors can enter the student section by clicking on the education tab on the home page of the website.

We have also added a graduate tab for focused news and updates for new graduates. The new 'student/graduates' section on the website provides the latest updates for students and new grads. Don't forget to keep an eye out on our social media platforms and the monthly eLink for students.

Clinical placement allowances

The INMO Student Section is leading the campaign for the review of student clinical placement allowances for first to third years on non-paid clinical placement.

The Section prepared a motion for ADC seeking the review of the 2004 circular of payment of clinical placement allowance to pre-registration nursing degree students. The current allowance stands at €50.79 weekly. This does not reflect the costs incurred for supernumerary students travelling to placements where public transport is not available, rising costs and where students require additional accommodation for the duration of a placement.

The Student Section met with Mr Harris to discuss this issue after the ADC. Mr Harris said he is open to reviewing this and has promised to meet the Student Section again in Leinster House to discuss this in the coming weeks.

Youth forums and Student Section

The Dublin, Cork and Western Youth Forum delegates attended the ADC in Wexford last month. They were very active in debating and proposing motions on behalf of the youth in our membership.

If you would like to get involved, please contact me at email: liam.conway@inmo.ie. We are looking for more reps to join the Student Section and youth forums across the country.

Liam Conway is INMO student and new graduate officer email: liam.conway@inmo.ie

Parvovirus B19 infection

Gerry Morrow, Catherine Lewis and **Nina Thirlway** discuss the management of Parvovirus B19 in both children and adults

PARVOVIRUS B19 is a member of the *parvoviridae* family of single-stranded DNA viruses and is one of the smallest viruses known to infect human cells. The virus is usually transmitted by droplet spread through respiratory secretions. More rarely, parvovirus B19 is transmitted across the placenta in a pregnant woman, or by blood transfusion. The incubation period is around 14–21 days.[1] Parvovirus B19 infection can cause 'slapped cheek syndrome' (also known as erythema infectiosum or fifth disease), most commonly in school-age children. It is usually a mild, self-limiting illness, which is followed by lifelong immunity.

Parvovirus B19 infection is not a notifiable disease in Ireland. It is therefore difficult to determine prevalence in Ireland as this data is not collected. One study monitored prevalence in three regional hospitals in Ireland over a 12-year period and noted 546 positive tests for parvovirus out of 12,430 samples. Most cases occurred between March and July, indicating a seasonal trend.[2]

Complications and prognosis

Complications of B19 infection are rare in healthy children and adults. In children, a rash affecting the trunk and limbs may recur months after the acute infection, following exposure to sunlight, heat, stress, or exercise. In adults, joint pain may persist for months after the acute infection, or may recur several months after the acute infection. Pregnant women, and people who are immunocompromised, or those who have haematological disorders are at increased risk of serious and potentially life-threatening complications. Serious complications include severe anaemia, encephalitis and myocarditis.[3]

In pregnancy, parvovirus B19 infection can cause serious complications for the foetus, including foetal death in approximately 5-10% of cases. Foetal loss usually occurs in the second trimester. The prognosis partially depends on the gestational age at infection. The risk of transmission to the foetus is increased between nine to 20 weeks' gestation. The foetus is most vulnerable if it is infected in the second trimester, with the peak risk occurring at 17–24 weeks' gestation. At less than 20 weeks' gestation, the estimated excess foetal loss rate during pregnancy is about 9%. Transplacental transmission of parvovirus occurs in about 30% of women depending on gestation, with an average of about six weeks between maternal infection and foetal symptoms.[4]

Diagnosis

In healthy children, the diagnosis of parvovirus B19 infection is usually made on clinical grounds. Parvovirus B19 infection should be suspected if a child presents with a characteristic facial rash, appearing on one or both cheeks, resembling a 'slapped cheek'. The rash may be preceded by two to five days of symptoms such as low-grade fever, nasal discharge, headache, muscle aches, and mild nausea and/or diarrhoea. The facial rash usually fades after one to two weeks and is often associated with a paleness around the eyes or mouth.[1,4]

A rash may develop on the trunk, back and limbs a few days after the facial rash, which fades to produce a lace-like rash. This usually resolves over a few days or weeks. There may be associated itching, for example of the soles of the feet. Rarely, there may be associated inflammation of the knee and ankle joints.[1,4]

In healthy adults, it is difficult to make a diagnosis of parvovirus B19 infection on clinical grounds as symptoms may be atypical and may mimic other conditions. Around 25–50% of adults are asymptomatic. Suspect infection in adults if they present with a history of contact with parvovirus B19 infection (usually in a child), or if there is a known local outbreak. The infectivity period is seven to 10 days before a rash develops to the day after the onset of rash. Symptoms such as mild fever, malaise, myalgia, and headache may appear about a week after contact with the infection and before the appearance of the rash.[1,4]

The characteristic facial rash seen in children is rare in adults, but two to three weeks after the first symptoms, a rash may develop on the trunk, back and limbs, which fades to produce a lace-like rash. This usually resolves within a week. There may be joint inflammation following the appearance of the rash, which is more common in women and typically affects the hands, and less commonly the wrists, knees, and ankles. The joints may be painful, swollen, and stiff. Joint symptoms usually last for between one to three weeks, but may rarely persist for months or years.[1,4]

Other conditions that may present similarly to parvovirus B19 infection include rubella, measles and scarlet fever etc.

Investigation and management

In healthy children and adults, the diagnosis should be based on clinical features. Laboratory investigation to confirm the diagnosis is not required.[6]

If a pregnant woman has suspected parvovirus B19 infection, or possible exposure to parvovirus infection, contact the local virology, microbiology or infectious diseases department immediately for further advice. Urgent blood testing is likely to be advised.

If parvovirus B19 infection is suspected in a person who is immunocompromised or has a haematological disorder, urgent blood testing should be arranged.[1]

For children and adults (who are not pregnant) with suspected parvovirus B19 infection, the date of onset of symptoms should be recorded along with the clinical features and type and distribution of any rash and associated illness. Previous relevant history of infection, contact with any person with a potentially infectious rash or illness (with dates of contact), antibody testing and vaccine administration (with dates/places) should be taken. For people who are at risk of complications, laboratory investigations should be organised

and appropriate follow-up, referral or admission undertaken arranged.[1,2,6]

For healthy children who have the typical rash of slapped cheek syndrome, advice should be given that the child should no longer be infectious once the rash develops and it is not necessary for the child to stay off school or nursery. It is not necessary to avoid contact with pregnant women. Schools or nurseries should be informed of the child's suspected parvovirus B19 infection so that people at risk of complications can be informed that the virus may be circulating.[1,2,6]

For healthy adults with suspected parvovirus B19 infection, advice should be given that it is not usually necessary to stay off work if symptoms are controlled. It may be sensible for healthy adults to avoid contact with pregnant women while any rash is present, until the person's rubella status is known.[1,2,6]

Potential exposure

Children and adults (who are not pregnant) who have had possible exposure to parvovirus B19 infection but have not yet had symptoms should avoid contact with pregnant women and people who are immunocompromised or have a haematological disorder, until they are no longer potentially infectious. The infectious period is seven to 10 days before the rash (if any) develops, until one day after the rash appears.[1,5]

Significant contact is defined as being in the same room for 15 minutes or more, or face-to-face contact with the person, within the previous three weeks. Be aware that the greatest risk comes from any children in the person's household, rather than the workplace.[1] If there is any uncertainty on the requirements for isolation from at-risk people, contact the local virology, microbiology or infectious diseases department for further specialist advice.

Management in pregnancy

If parvovirus B19 infection is suspected at any stage of pregnancy, be aware that the clinical features may be indistinguishable from rubella infection. The woman's gestation of pregnancy and expected date of delivery should be recorded along with the date of onset of symptoms, clinical features, and type and distribution of any rash and associated illness. Previous relevant history of infection, immunoglobulin G (IgG) antibody testing and measles/rubella vaccination status (with dates/places) should be noted. Ask about any known contact with any person with a potentially infectious rash or illness and dates of contact. Contact the local virology, microbiology, or infectious diseases department immediately for further advice on laboratory investigations and monitoring.[1,4,5,6]

Give advice on self-management strategies for symptom relief. Advise the woman that it is not usually necessary to stay off work if symptoms are controlled.

If the woman has not been fully immunised against rubella or does not have a documented history of previous rubella infection, it may be sensible to avoid contact with other pregnant women while any rash is present, until her rubella status is known.

If parvovirus B19 infection is confirmed in a pregnant woman urgent referral to a specialist in foetal medicine should be arranged. Advise the woman that transmission to the foetus is unlikely and specialist foetal monitoring will be arranged. If foetal transmission occurs, there may be effective specialist treatment options available. If there are any suspected acute complications the woman should be admitted to hospital.[1,4,5,6]

Potential exposure

If a pregnant woman reports possible exposure to parvovirus B19 infection at any stage of pregnancy without symptoms blood tests should be arranged as soon as possible after contact and the woman should be advised to avoid contact with other pregnant women and people at risk of complications until she is known to be uninfected,immune to infection, or no longer potentially infectious.[4,6]

Catherine Lewis is 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

References available on request quote: Morrow G, Lewis C. WIN 2017; 25 (5) 59-60)

CPD Quiz

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

1. Parvovirus B19 may also be referred to as :
A) Sixth disease
B) Erythema nodosum
C) Fifth disease
D) Erythema infectiosum

2. The greatest risk to the foetus comes from infection in :
A) The first trimester
B) The second trimester
C) The third trimester
D) Any of the above

3. Complications of parvovirus B19 include:
A) Joint pain
B) Anaemia
C) Encephalitis
D) Myocarditis

4. A person who has confirmed parvovirus B19 should:
A) Avoid pregnant women
B) Stay off school or work
C) Undertake self-care such as rest and pain relief
D) Avoid people who are immunocompromised

5. A person who has had contact with someone with parvovirus B19 should:
A) Avoid pregnant women
B) Stay off school or work
C) Go to school or work
D) Avoid people who are immunocompromised

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

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

Clarity informatics

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

Breast really is best

From a bespoke baby food that fosters optimal brain development to a potential cancer cure, the full potential of breastmilk is being uncovered. Report from a recent symposium in Itlay

"BREASTMILK is food, medicine and signal; it is the first food a baby has evolved to eat, and we do not know enough about it to replicate it."

This was according to Prof Katie Hinde, associate professor, Centre for Evolution and Medicine at Arizona State University and director of the Comparative Lactation Laboratory at the California National Primate Research Centre, who was one of nine leading scientists who presented at the recent 12th International Breastfeeding and Lactation Symposium in Florence, Italy.

Prof Catharina Svanborg, professor of clinical immunology at Lund University, Sweden, addressing the International Breastfeeding and Lactation Symposium in Italy recently

Prof Hinde brought the full weight of the evolution of mammal and man to bear on breastfeeding advocacy. Her seminar discussed the species specific 'biological recipe' of breastmilk. She explained how breastmilk varies between species, populations, individuals, lactations and months, reflecting evolution heritage that is unique, ever-changing and always adaptable.

For scientists, she said, the understanding in human milk was still in its infancy. In humans, breastmilk is fat rich and energy dense and, while it affects the infant directly, its composition of oligosaccharides act as decoys and bind to pathogens, it offers high nutrient bioavailability and its proteins target brain development.

Prof Hinde debunked the myth that boys need more milk than girls. In her research she found that mothers actually have different biological recipes for sons and daughters, with mothers making more milk for daughters than sons, resulting in gender differentiated milk.

Cancer therapy

"We set out to understand the antibacterial properties in milk and, suddenly, we looked through the microscope to see the milk killing cancer cells. Now, we are on the verge of a next-generation cancer therapy – all from human milk."

Prof Catharina Svanborg, professor of clinical immunology at Lund University, Sweden, has dedicated more than 20 years to isolating and developing the protein-lipid complex HAMLET (human α-lactalbumin made lethal to tumour cells) in breast milk, which is proven to kill more than 40 cancers in vitro.

This protein lipid complex founded by two major human milk constituents has been studied to explore its molecular characteristics and how it induces cellular apoptosis in tumour cells – a potential breakthrough that treats cancerous cells – through human breastmilk.

HAMLET's structure is formed when alpha-lactalbumin unfolds, exposing new fatty acid sites that fit oleic acid. This well-known protein-lipid is required for the formation of lactose and milk synthesis from the mammary gland. The influence of acid pH in an infant's stomach unfolds the α-lactalbumin suggests that HAMLET might be formed as human milk is simplified and may benefit the breastfed infant.

According to Prof Svanborg, HAMLET can kill more than 40 different lymphoma and carcinoma cells – it has the capabilities of penetrating the tumour cell membrane, entering the cytoplasm and translocating the nuclei resulting in tumour cells showing apoptosis. The cytoplasm mitochondria and proteasomes are targeted and the nuclei histones and chromatin are disrupted when influenced by HAMLET.

Concluding her talk, Prof Svanborg discussed the breakthrough therapeutic implications of HAMLET on cancers such as bladder, colon and human glioblastomas in animal studies. In her early studies in bladder cancer HAMLET triggered a rapid death response affecting the tumour, leading to cell detachment and release into urine.

This shows amazing breakthrough with ever learning capability of human milk to protect and also target specific cells destroying cancer and tumour cells.

According to Prof Svanborg, this primary research displays great promise to explore and develop HAMLET as a new anti-cancer agent, a tool to understand the cell death mechanism and as a potential strategy in oncology therapy.

The symposium saw two intensive days of talks and discussion, with a plethora of ground-breaking updates being shared. By the end of the event there was an overriding question being raised: Isn't it time to put breast milk and breastfeeding at the top of the healthcare policy agenda?

Why isn't this already the case? We know that breast milk is indispensable in providing all of the nutrients, hormones, stem cells, and hundreds of thousands of bioactive elements which fuel and form the brains, organs, and immune systems which 130 million children born each year globally will rely on for the rest of their lives. They deserve articulate advocates at every level, from prenatal care, to neonatal doctors, nurses, lactation consultants and hospital administrators, to insurers, and ultimately to policy makers.

Managing lower urinary tract symptoms

Exploring the ideas, concerns and expectations of patients with lower urinary tract symptoms is often as powerful as the initial treatment, write **Fardod O'Kelly** and **Tom Creagh**

THE presentation of a patient with lower urinary tract symptoms (LUTS) is often a delicate issue as these symptoms are not only bothersome, but can be associated with pain and have a significant social component which is embarrassing. Untreated, storage lower urinary tract symptoms are also associated with a deterioration in mental health due to anxiety and depression.

The difficulty lies with the wide differential from overactive bladder, to urinary tract infections, to bladder calculi, bladder neoplasia and inflammatory disorders. The goal must be to tease out the relevant points in the history, which are generally consistent, and to back this up with bladder diaries, questionnaires and further investigations.

The reflex of placing these patients on repeated courses of antibiotics without evidence only serves to select out bacterial resistance, and initiate distrust between the patient and doctor when they fail.

Here we try to address some of the issues around storage symptoms, and give examples of a straightforward case and one which is more rare and difficult to treat but has a similar symptomatology. It is important to keep an open differential when dealing with patients such as these, however, a careful medical history will often lead to the diagnosis, which allows streamlining of further investigations in a specialised unit.

Case 1: A 42-year-old

A 42-year-old woman presents with urinary frequency, urgency and nocturia with incontinence. While this sounds like a clinical overactive bladder, it is important to ensure the correct terminology being used. The International Continence Society (ICS) standardised terminology relating to LUTS in 2002, and these are now divided into:

- Storage (frequency, urgency, nocturia)
- Voiding (slow stream, splitting, straining, intermittency, hesitancy, terminal dribbling)
- Post-micturition symptoms (strangury, post-micturition dribble).

Medical history

The following history should be checked: When symptoms first appeared; exacerbating factors; associated voiding symptoms/infections; incontinence/pads; affect on quality of life; history of neurological disease; previous pelvic operations; smoking status; current medications; and caffeinated beverage use.

Initial tests

- Urine dipstick and culture
- Flow rate and estimation of post-void residual
- Bladder diary (home record of type/volume/time of fluid intake, incontinence episodes and volume/time of voids)
- If associated pain/haematuria: organise urine cytology, upper tract imaging and flexible cystoscopy.

The overactive bladder (OAB) syndrome is a relatively new term to describe the symptoms of urinary urgency, with or without urge urinary incontinence (UUI), usually with frequency and nocturia. The diagnosis is based on symptoms alone and assumes no underlying pathology.

It is important to differentiate OAB from detrusor overactivity, which used to be called detrusor instability, a urodynamic observation characterised by spontaneous or provoked involuntary detrusor contractions during the filling phase. In other words, the OAB syndrome is a symptomatic diagnosis, and detrusor overactivity is a urodynamic diagnosis.

However, no one really knows what is 'normal'. According to the Standardization Subcommittee of the ICS: "Symptoms are the subjective indicator of a disease or change in condition as perceived by the patient, caregiver or partner and may lead him/her to seek help from healthcare professionals". For example: "increased daytime frequency is the complaint by the patient who considers that he/she voids too often by day".

Generally, we regard frequency as excessive if someone has to pass urine more than eight times during the day, essentially every two hours. However, a study by Fitzgerald et al of 24-hour voiding diaries kept by a racially diverse sample of 300 asymptomatic women, found up to 13 voids/24 hour to be the upper end of the normal range.[1] In the study, polyuria, as currently defined, was present in 54 (18%) subjects. Moreover, frequency can be affected by cultural factors such as race and age.

Treatment ladder

Reduce detrusor overactivity, improve functional capacity and improve compliance. They competitively block acetylcholine (ACh) M3-receptors in the detrusor (efferent inhibition) muscle, but also act upon afferent receptors in the suburothelial plexus. Side-effects:

- Dry mouth (20-30%)
- Constipation (10%)
- Blurred vision (< 5%)
- Dizziness, cognitive
- Increased resting pulse rate
- Elderly require reduced dose.

Clostridium botulinum

There are seven subtypes of clostridium botulinum, only two of which are used clinically: Botulinum toxin A or Botox and Neurobloc is type B. Mechanism of action: Light chains of toxin block SNAP 25 protein to prevent release of ACh vesicles. The efficacy is greater than what one would expect by simple paralysis, and therefore they may also block release of other NT (ATP)

and afferent arm of micturition reflex

Motor: prevents Ach-mediated (and possible ATP) detrusor contractions

Sensory: inhibits neurotransmitters within detrusor and lamina propria.

Case 2: A 31-year-old

A 31-year-old woman presents with urgency, frequency and severe suprapubic pain, as well as repeated episodes of cystitis-like symptoms requiring multiple courses of antibiotics. She is extremely distressed and has expressed an intent to self-harm if these issues remain unexplained.

These symptoms sound suspiciously like interstitial cystitis/bladder pain syndrome (IC/PBS). It is often associated with a significantly impaired quality of life, and patients have been managed as recurrent UTI-formers for months to years. Communication and management of expectations is exceptionally important.

'Interstitial cystitis' was first described by Skene in 1887: "Complex of voiding symptoms attributable to a functionally reduced bladder capacity".

The ICS prefers the term painful bladder syndrome: "The complaint of suprapubic pain related to bladder filling, accompanied by other symptoms such as increased daytime and night-time frequency, in the absence of proven urinary infection or other obvious pathology".[2]

Presentation is usually characterised by bladder pain, usually accompanied by urgency, frequency and nocturia (storage symptoms). These episodes are typically subacute, with relatively rapid deterioration in symptoms, followed by more gradual worsening or plateau. There is a spectrum of severity from mild urgency-frequency syndrome (no fibrosis, little pain) through to severe bladder pain with decreased bladder capacity (due to fibrosis).

Theories for development

- Chronic infection: Either persistent (minimal evidence to suggest ongoing infection) or leading to an autoimmune reaction (raised ANA often seen)
- Reflex sympathetic dystrophy: Increased sympathetic upregulation in PBS/IC
- Neuroinflammation: Abnormal neurogenic mechanism leading to upregulation of sensory nerve inputs and 'neuroinflammation'
- Defective glycosaminoglycan layer: Reduced GAG layer allows leakage of urine into the urothelium. Toxic molecules (potassium) within urine then depolarise sensory nerves and muscle, leading to pain and urgency. As potassium is an endogenous waste product, this explains the lack of inflammation[3]
- Antiproliferative factor: Frizzled-8 protein produced by bladder uroepithelial cells. Inhibits heparin binding EGF important for epithelial repair. Urinary levels increased in patients with PBS/IC, reduced after hydrodistension. Good sensitivity/specificity for identification of PBS/IC.

Investigations

- History: Exclude alternative diagnosis (IC more common with a history of atopy, irritable bowel syndrome, fibromyalgia)
- Examination: Vaginal examination, tender bladder base anteriorly in >90% (Parsons), urethral diverticulum, cystourethrocele, vaginal discharge
- MSU: Additional urine investigation if TB or schistosomiasis suspected
- Cytology (not expected to be positive)
- Urodynamics: EUA, cystoscopy, diagnostic hydrodistension and bladder biopsy: Bladder biopsy controversial, but finding of mast cells in biopsy may consolidate diagnosis (20% non-ulcer patients; 65% ulcer patients)
- Potassium chloride test: 0.4M intravesical KCl associated with reproduction of pain.

Treatment

This after significant communication may be conservative, oral, intravesical or surgical. Approximately 50% of patients experience spontaneous temporary remission in symptoms.

Conservative

- Bladder drill
- Avoidance of precipitants (eg. help forums such as ic-network.com)

Oral therapy

- Amitriptyline: A PC-RCT study by van Ophoven,[4] showed significantly improved symptom score, pain and urgency with self-titrated amitriptyline 25-150mg. A follow-up open label study showed 64% response rate at 20 months (mean dose 55mg)
- Pentosan polysulphate (Elmiron, 150mg bd): Heparinoid polysaccharide. Overall some benefit identified in randomised controlled trials. The largest study, by Nickel et al (2005; n = 380),[3] showed ~50% response rate at six months with 300mg/day
- Cimetidine: H2 receptor blocker. Usage limited by side-effects (N+V, diarrhoea, impotence, gynaeomastia, long Q-T interval) and drug interactions (phenytoin, warfarin, theophylline)
- Hydroxyzine: H1 histamine receptor antagonist – blocks release of histamine from mast cells. Initial reports of > 90% response with 25-50mg dosage. Only one-third of patients respond in randomised controlled trials.

Intravesical therapy

- Dimethyl sulphoxide (DMSO): Chemical solvent believed to have analgesic, anti-inflammatory, collagenolytic and muscle relaxant effects. PC-RCT showing improved symptom score, pain score and UDS data in 93% pts receiving DMSO (Perez-Marrero et al)[5] versus 35% on placebo. High relapse rates of 59%
- Sodium hyaluronate (Cystistat): Response rate ~70%
- Chondroitin sulphate
- Pentosan polysulphate.

Surgical

There are no randomised controlled trials available to support the surgical management of IC/PBS.

- Hydrodistension: Reported 50-60% initial remission rate with Helmstein technique but relapse rate is high. Largest trial is Glemain 20026 – no placebo group, hydrodistension under epidural for three hours associated with 33% efficacy at one year. Short-duration (five mins ~@80-100cm water) Hydrodistension reportedly effective, but effects very short-lived (< six months)
- TUR Hunner's ulcer: 90% improvement in symptoms following TUR of ulcer, 40% had symptom relief at three years
- Botox therapy: Promising but unrandomised data so far
- Sacral nerve modulation
- Augmentation cystoplasty: Supratrigonal cystectomy and enterocystoplasty, 75% pain free; ileocaecal associated with lower rate of intermittent self-catheterisation than ileal; small capacity (< 250ml) had better functional outcome than larger capacity
- Urinary diversion: Cystectomy and urinary diversion for intractable cases – more effective in patients with capacity < 400ml.

Case summaries

The cases outlined above provide snapshots of the types of histories and investigations performed on two actual patients seen in the clinic and give an idea of the level of communication required to manage this successfully, especially in the second case. Exploring the ideas, concerns and expectations of patients with lower urinary tract symptoms is often as powerful as the initial treatment.

Fardod O'Kelly is a senior specialist registrar in urology and Tom Creagh is a consultant urologist at the Department of Urology and Transplantation, Beaumont Hospital, Dublin

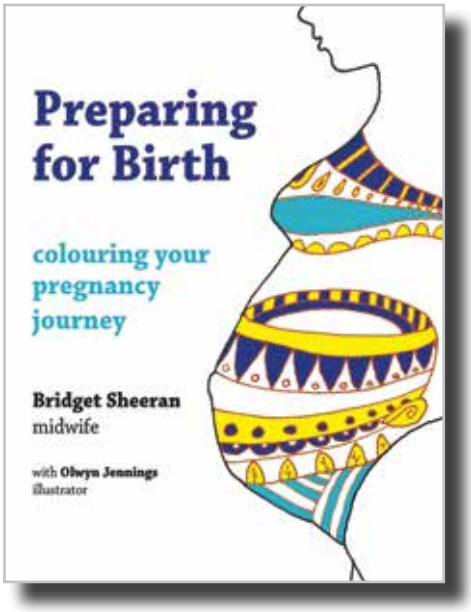
References available on request by email to nursing@medmedia.ie (Quote: O'Kelly F & Creagh T . WIN 2017 25 (5) 65-66)

Colouring for mums to be

COLOURING books are no longer the sole preserve of children. In recent years the popularity of colouring books for adults has been steadfastly rising. As the benefits of mindfulness are increasingly established, stopping to take some time out of a hectic existence makes sense, and colouring is an easy way to calm the mind and occupy the hands. Enter next, colouring books with a focus and specifically in this case, *Preparing for Birth, colouring your pregnancy journey* by Bridget Sheeran.

Bridget has a background in nursing and midwifery in hospitals and the community. She has been an Independent midwife in London, Dublin, Wicklow and Cork. She has an MSc in midwifery from Trinity College and founded the Community Midwives Association.

As an experienced community midwife and teacher, Bridget knows that pregnancy should be a time for vital physical and mental preparation. The body and mind do much of this automatically but there are many ways to support this process, and to resist the day-to-day stresses that can hinder it. Through detailed images for colouring, Bridget believes that pregnant women can allow their natural curiosity to help them to discover how to help themselves through the birth process.



The book features 28 detailed, double page line drawings to colour in – all related to the theme of childbirth – to inspire women to think about what childbirth means for them and what solutions best meet their needs.

The book features a 'key to the choice of images' which explains the meaning of the imagery used in the book. For example, the 'dancing mamas' emphasise that being active with other mothers to be is positive. It also conveys that pregnancy need not be a period of fear, on the contrary it's a time when women must celebrate and be celebrated since they're making a vital contribution to humanity.

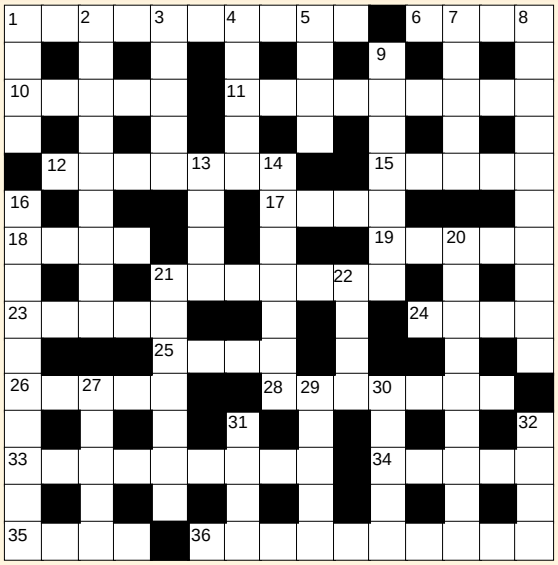
The 'aquarium' reminds us that in the same way that fish of all sizes manage to pass through a narrow gap between rocks, babies of all sizes are being born. Moreover, the calm of the seabed, perhaps reflecting the calm of the womb, invites mothers to calm and stillness in a world where constant stimuli aren't necessarily conducive to listening to our inner needs. The illustrator, Olwyn Jennings, is an artist and student of Early Years and Childhood Studies at University College Cork.

The book, which is due to be published on July 1, is aimed at mothers-to-be but also at midwives, midwifery students, doctors, nurses, doulas or anyone with an interest in the birth process.

Preparing for Birth, colouring your pregnancy journey by Bridget Sheeran is published by Hammersmith Health Books. ISBN: 9785157816151656 RRP €14

Crossword Competition

WIN A €30 BOOK TOKEN



Across

1 You 'wooden' want to meet this predator! (6,4)
6 Pace (4)
10 Mistake (5)
11 It's hardly surprising that this part of the elbow involves the humerus! (5,4)
12 Rearrange or upset (7)
15 The first letter of the Greek alphabet (5)
17 It's a sign of love, chaps (4)
18 Idi, twentieth century Ugandan dictator (4)
19 Spanish tennis player seen in Granada, lately (5)
21 English seaside resort, the setting for 'Fawlty Towers' (7)
23 Large house (5)
24 Smirk (4)
25 Skilful, competent (4)
26 Making a knot (5)
28 Destroy a hot thug? The very idea! (7)
33 Role Madam adapted for theatre (9)
34 See 14 down
35 Takes a seat (4)
36 Deign to make little Conor go down (10)

Down

1 Sentimentally pretty (4)
2 American undertaker (9)
3 Bird one might greet strangely (5)
4 Biscuit you might have with ice-cream (5)
5 Alleyway (4)
7 Group of soldiers (5)
8 & 32d View land in grip of predictable source of weather conditions (10,4)
9 Reign of terror (7)
13 Negate or untie (4)
14 & 34a Just an ingredient for grub? No, quite a change (7,5)
16 Clots? So heat Mama up! (10)
20 Would Black Beauty be one likely to spring a surprise? (4,5)
21 Play with a sad ending (7)
22 Some bamboo is needed for a church lectern (4)
27 Cove, bay (5)
29 Stockpile (5)
30 Incites (5)
31 Portuguese city with a distant ring to it! (4)
32 See 8d

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

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

Solutions to May crossword:

Across:
1. Defamation 6. Gain 10. Tiler 11. Continent 12. Useless 15. End of story 17. Whoa 18. Reef 19. Sofia 21. Athlone 23 Human 24. Jill 25. Arno 26. Trawl 28. Wall eye 33. Mini skirt 35. Amen 36. Charleston

Down
1. Data 2. Full steam ahead 3. Meryl 4. Tacos 5. Owns 8. Notifiable disease 13. Exit 14. Swallow 16. Arrhythmia 20. Fairy fort 21. Analyse 22. Nail 27. Annie 29. Alter 30. Lisle 31. Sigh 32. Hymn

The winner of the May crossword is: Catherina Roche, Fermoy, Co Cork

MONEY MATTERS

Car insurance checklist

Ivan Ahern discusses how to get the best value car insurance without compromising on cover

WITH the price of car insurance rising significantly over the past 18 months, many consumers are looking for ways to cut costs. However, before opting for the cheapest deal, there are a few basic benefits you should be getting to ensure you don't fall short in the event of an accident or unforeseen event.

If you are not sure where to start here is a handy checklist you can use the next time your insurance is up for renewal.

Benefits checklist

Level of accident cover

Do you want the peace of mind of being fully covered in the event of an accident, regardless of whether you are at fault? If so, then it is important to opt for a fully comprehensive policy instead of third-party.

Breakdown cover

For those unfortunate times when your car breaks down or won't start, breakdown assistance/cover is an essential component of your car insurance policy. Normally breakdown assistance comes with one-hour free roadside labour and a towing service to the nearest approved repairer as well. Check if your policy offers this benefit to ensure you are covered for those unexpected situations.

Windscreen cover

This benefit can often be overlooked but it's very handy in the event of a chipped windscreen. To replace your windscreen can cost around €200 and with unlimited windscreen cover, this benefit can really add up.

Using your car for work

If you use your car for work it is important that your policy includes employer indemnity cover. Some insurance companies may charge additional fees and place limits on the number of business miles you can clock up in a year. Make sure you are covered for unlimited business miles as standard.

No claims bonus

A no claims bonus is a discount applied to your car insurance policy for each year that you don't make a claim. Typically, you receive a 10% discount each year, usually up to a limit of 50%. So when you are purchasing a policy, make sure to check your no claims bonus is protected. Insurers often give you the option to choose between full or step-back no claims bonus protection.

- Full no claims bonus protection: With full no claims bonus protection you can ensure that in the event of a claim you retain your full no claims bonus discount. In some policies, you may have the option of two unlimited claims with in a three-year period without affecting your discount
- Step-back no claims bonus protection: this will generally protect part of your no claims bonus in the event of a claim. For example, if you had a 50% no claims bonus discount and were at fault for a claim, your provider may step back the bonus to 20%. The step-back element prevents you losing your full discount.

Policy excess level

If you are claiming for an accident where you are at fault, you will generally have to pay somewhere between €200 and €500 towards the cost of the claim. This amount is known as the excess. Choosing a higher excess on your policy can reduce the cost of your premium but you could end up paying out more in the event of an accident.

Driving other cars

This is a useful benefit if you want to use someone else's car from time to time, like driving your parents', friends' or partner's car. Also, make sure to check if it's third-party or fully comprehensive cover as it can make a big difference in the event of an accident.

Money saving checklist

The following factors are used by insurers to assess risk and the cost of a policy so making sure these are up to date and accurate could save you money:

Annual mileage use

Make sure this is accurate. Often insurers will reduce rates if mileage is low.

Number of drivers

Do you have drivers named on your policy who no longer use the car? This can affect price too.

Second car discount

Some insurers give a discount for having more than one car insured with them (from the same household). Don't forget to mention this at renewal to check if there is any discount available to you.

Ivan Ahern is a director of Cornmarket Group Financial Services Ltd

The INMO-endorsed Nurses and Midwives Car Insurance Scheme offers members and their partners, three levels of cover at a great price. For more information visit www.cornmarket.ie/inmo or Tel: Cornmarket at 01-4708042.

Raising awareness of meningitis

Parents' lack of knowledge of meningitis signs worryingly low

TACKLE MENINGITIS, an initiative aimed at raising awareness of the potentially fatal disease, was launched by GSK in partnership with Irish Rugby captain, Rory Best, and former England Rugby player, Matt Dawson, to coincide with World Meningitis Day, which took place in April.

Tackle Meningitis aims to increase understanding of the disease, its symptoms and the different strains of meningitis that can affect both children and young people, using the influence of sport to reach as many people as possible. Mr Dawson has first-hand experience of the disease after his three-year-old son contracted it.

As part of GSK's campaign, a survey of 700 Irish parents revealed that awareness of the signs and symptoms of meningitis remains worryingly low despite 92% of parents surveyed being either concerned or very concerned about the disease.

Pictured (l-r): *Rory Best, Irish Rugby Captain; and Matt Dawson, former England Rugby player who are taking part in the Tackle Meningitis Campaign to raise awareness of the disease, its signs and symptoms and management. The campaign is backed by Irish charities, Meningitis Research Foundation and ACT for Meningitis*

The survey also flagged a number of other important barriers to greater awareness, including a lack of knowledge about the age ranges at risk and how the disease is passed on, with over one-third unaware how the disease is contracted.

The campaign will raise awareness of existing information and materials that can be used to help spot suspected cases of meningitis, in the hopes that parents will better understand this disease, how to spot symptoms and how it can be prevented. It also aims to increase understanding around the solutions to the disease.

A day in the life of a nurse or midwife

HEADSTART, a new programme organised by the UCC School of Nursing and Midwifery, gave 40 transition year students from across Cork an opportunity to experience life as a student nurse or midwife.

The programme saw students rotate through specially designed teaching stations, including clinical skills and learning how to take respirations and record oxygen saturations. At the 'pulses' teaching station, students learned how to check for brachial or radial pulse and linking pulse patterns with irregular heart rhythms and electrocardiograph patterns.

The pupils were also guided through Brookfield Health Sciences Complex, the FLAME anatomy laboratory where the latest technology combined with traditional methods are used to teach anatomy. They also visited the school's simulation suite, which gives nursing and midwifery students the opportunity to care for acutely ill simulated patients in a safe controlled environment, without real world patient safety risks.

Pictured at the Headstart programme were (top, l-r): *Esha Healy Throw, Kinsale Community School; Michaela Rice; Ballincollig Community School; and Natalia Ziegert, Kinsale Community School; and* **(bottom, l-r)**: *Meria Sunny, general nursing student; Edel Shorten, McEgal College, Macroom; and Laura Cronic McEgal College, Macroom. 40 transition year students from schools across Cork had the opportunity to experience life as a nursing or midwifery student as part of new programme, Headstart*

MedMedia at the ADC: *The WIN publishing team were out in force at the INMO annual delegate conference in Wexford last month. Pictured (l-r) were: Alison Moore, editor; Geraldine Meagan, publisher, MedMedia; Leon Ellison, commercial director, MedMedia; and Tara Horan, production and news editor*

Pictured at the Beaumont Hospital Gala ball in Dublin recently were (l-r): *Denise Roxburgh, CNM; Fiona Hillary, assistant director of Nursing; and Karen McGowan, RANP. More than 330 staff from Beaumont Hospital recently attended the hospital's Gala ball, which served as a fundraiser to generate money to replace the current ED trolleys with new height-adjustable trolleys which are much easier for patients to access. A total of €30,000 was raised from personal donations from staff on the night, and corporate sponsorship by Beaumont Hospital Foundation saw another €20,000 added to the fund*

Helping kidney failure patients with treatment choices

A NEW book, *Conservative Care of Kidney Failure, Helping You to Make an Informed Choice*, aiming to help seriously ill kidney failure patients make difficult treatment choices around dialysis was recently launched at the Irish Hospice Foundation office on Nassau Street.

The book focuses on conservative care where a kidney failure patient opts not to have dialysis or chooses to end dialysis treatment. Choosing conservative care means kidney function failure will progress and there is a high probability this will lead to death.

Susan McKenna, renal clinical nurse specialist in the Irish Hospice Foundation, stresses that it is essential that patients, their families and staff caring for them know the exact details of the treatment choices they are facing.

Conservative Care of Kidney Failure, Helping You to Make an Informed Choice is the seventh in a series of publications published for kidney failure patients by the Irish Kidney Association. It is available for free from the Irish Kidney Association Health Office and Support Centre. It can be downloaded from **www.ika.ie**

WIN Vol 25 No 5 June 2017

June

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

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

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

Wednesday 21
OHN Section meeting. INMO Cork Office. 11am –1pm. Safetalk training. Contact christine.horgan@novartis.com for further details

Wednesday 28
CPC Section meeting. INMO HQ. From 11am. Contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details

Thursday 29
Orthopaedic Nurses Section meeting. Cappagh Hospital, Dublin. From 11am-1pm. Contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details

July

Saturday 22
International Nurses Section family day in Farmleigh, Phoenix Park, Dublin. Contact cres415@yahoo.com for further details

Condolences

- Sincere condolences from Executive Council members, staff and all her INMO colleagues to Claire Mahon, former INMO president, on the recent death of her mother, Eileen Burke. May she rest in peace
- The INMO extends its sincere condolences to Susan Mac Nicholas, INMO member, on the death of her father, Eamon Mac Nicholas. RIP

Conferences 2017

- Telephone Triage Nurses Section Conference – September 27, Portlaoise
- RCM NI/INMO All Ireland Midwifery Conference – October 12, Armagh
- International Nurses Section Conference – October 21, INMO HQ

INMO Membership Fees 2017

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

Rep Training

Are you interested in representing the INMO?

Cork (INMO office)

June 27/28, 2017: Advanced rep training course

The rep training course will be held over two days as follows:

Day one: 2pm to 6pm
Day two: 9.30am to 5pm

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