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WIN

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Midwives Organisation

Special Report from the 2018 INMO ADC
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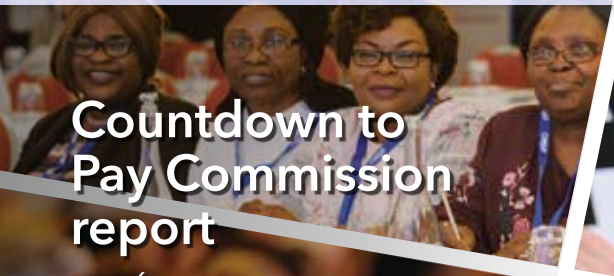

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INMO ADC 2018

#justpay

ADC message was loud and clear

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ADC 2018 – a snapshot

THE 99th annual delegate conference of the INMO was held last month and provided an opportunity to showcase and celebrate innovation in nursing and midwifery practice in line with the theme of the conference. The key to the proceedings over the three days were the debates on the issues that continue to overshadow the ability of nurses and midwives to practise within safe and well-staffed environments, including the crisis in retention of nursing and midwifery staff, recruitment and low pay.

The ADC opened with an expression of solidarity to the women in Ireland who were affected by the cervical screening controversy. Fundamentally, nurses and midwives feel the system in which they work has let these women down by disregarding their basic right to be provided with information and clinical knowledge affecting their health. Furthermore, the nature of the defensive and detached approach by HSE senior management to this issue was viewed as symptomatic of a health service that has forgotten how to care and how to value those who do.

Delegates contrasted the behaviour of senior management when defending their actions in this appalling treatment of women, to the stringent multiple investigative processes nurses, midwives and medical staff are faced with, when issues relating to clinical practice arise. Delegates view this as a prime example of the two-tiered service in which they are employed: clinicians on the lower tier and managers on the upper, holding authority without responsibility and quick to push the clinical staff to the forefront to defend and apologise. This was a recurring theme throughout the conference and was the subject of an emergency motion on the Friday morning, which sought immediate action to protect the clinical managerial role of nurse managers in public health nursing in the community.

When addressing the conference Emily Logan, the Commissioner for Human Rights and Equality, spoke to these themes, as did TD Róisín Shorthall in her address. Both also acknowledged the powerful presentations made by the six nurses who spoke about innovative practices they have introduced in their specific areas that has greatly enhanced the services they provide.

Health Minister Simon Harris addressed conference on the Friday afternoon; he set out his plan to deal with disclosure and the intention to legislate for mandatory open disclosure for serious reportable events. When addressing the issue of pay he stated: "I understand the depth of our recruitment and retention challenge and your calls for pay to be part of our efforts to meet it are legitimate". He confirmed funding to allow the commencement of roll-out of the nursing taskforce which will and must be the future determinant of nurse staffing levels based on patient dependency and workforce planning. The Minister's confirmation that he understood the importance of clinical governance and that therefore he would not be making any changes to the managerial structures in community nursing, was welcomed by delegates.

Since the conference, the INMO has followed up on these commitments made by the Minister with a view to implementation.

Next year's ADC will celebrate the 100th anniversary of this great organisation, it will celebrate the past 100 years, and will set out the aspirations and ambitions for the nursing and midwifery professions into the future. These ambitions are clear: we need a health system within which nurses and midwives are afforded the respect and authority to develop patient care services in a way that genuinely places the patient at the centre and builds the service around them. This will require real investment in recruitment and retention, by correcting the low pay of nurses and midwives, and strengthening the value and authority afforded their expert clinical voice, within a system that has moved too far in prioritising financial spreadsheets over clinical judgement.

Ar aghaidh linn!

Phil Ní Sheaghdha
General Secretary, INMO

INMO makes final oral submission to Pay Commission before its report

IN its comprehensive written submission to the Public Service Pay Commission on November 29, 2017, the INMO emphasised the urgent need to correct nursing and midwifery pay in order to stem the difficulties in retention and recruitment within the professions.

Under its terms of reference, the Pay Commission is required to conduct a comprehensive examination and analysis taking into account the full range of causal factors underlying difficulties in recruitment and retention in nursing and midwifery. It is also required to generate options for resolving the issues identified.

Following successful negotiations by the INMO, the issues of nursing and midwifery are the first to be examined by the Pay Commission. In addition, on completion of this examination, public service employers and staff representatives are to meet within four weeks of receipt of the Commission's report to consider proposals.

On Tuesday, May 15, 2018, the INMO presented supplementary oral evidence to a full meeting of the Commission. As part of this submission the INMO stressed:

- The assurances within the Public Service Stability Agreement 2018-2020 giving protections from knock on claims, were the Commission to recommend pay adjustments
- The clear timelines that were set out in the clarification notes of June 27 and August 4, 2017 for implementation of any recommendations from the Commission
- The continuing difficulty in growing the nursing and midwifery workforce as recorded in the Final Report to the Minister for Health from the independent chairman of the Nursing and Midwifery Group, which confirms that, despite best efforts of the HSE, the target growth during 2017 of 1,224 WTE was not met; 69% of this target (847 WTEs) was achieved by December 2017. However, the January 2018 census illustrated a further reduction due to resignations

The INMO also referenced census and salary comparisons with other grades and other countries (see **www.inmo.ie**).

The INMO also advised the Public Service Pay Commission that on the public record of the Dáil, the Minister for Health has confirmed that recruitment and retention in nursing/midwifery is at a crisis point and therefore that argument is closed. The Organisation advised that we now need to deal with corrective measures as opposed to arguing whether or not there is a crisis.

Phil Ní Sheaghdha: *"The INMO advised the Pay Commission we now need to deal with corrective measures rather than arguing whether or not there is a nurse/midwife staffing crisis"*

The INMO demonstrated that the recently launched Framework for Nurse Staffing/Skill Mix gave clear evidence of the benefits to patients and to cost savings of nurse staffing levels being determined in a scientific manner.

The INMO further referenced the need to substantially grow the nursing and midwifery workforce in order to implement the Maternity Strategy and the Health Service Capacity Review 2018, which recommends expansion of hospital and community services.

The Organisation presented evidence of the current high costs associated with not addressing the retention problems, such as the cost of overseas recruitment and the increasing agency spend which is now exceeding €1.2 million a week.

In closing, the INMO reiterated its consistent position that nursing and midwifery are the lowest paid professional grades in the Irish public health service and this is a determining factor in nurses and midwives deciding to work in other jurisdictions where pay and conditions are superior.

Nursing and midwifery are global professions, Ireland is losing the battle and there is now an opportunity within procedure, to correct this pay inequality for these female-dominated professions and this opportunity should not be wasted.

The Public Service Pay Commission advised that its report will issue in July, which is a month later than expected.

– Phil Ní Sheaghdha,
INMO general secretary

Changing of the guard

The INMO Executive Council paid tribute to the out-going and in-coming vice presidents as ADC 2018 came to a close on May 4, 2018, from when the new officers began their terms. Pictured are (l-r): INMO president Martina Harkin-Kelly, who was elected unopposed to serve for a second term in office; incoming second-vice president Eilish Fitzgerald; out-going second-vice president Margaret Frahill; out-going first vice president Mary Leahy; incoming first-vice president, Catherine Sheridan; and INMO general secretary Phil Ní Sheaghdha

Sites selected for Taskforce ED phase

Safe staffing/skill mix phase II focusing on emergency settings

FOUR sites have been selected for phase II of the Taskforce on Staffing and Skill Mix, which will focus on emergency care settings.

Prof Jonathan Drennan, who is leading the research team at UCC, updated the steering group at two recent meetings which were held at the Department of Health.

At the first of these on April 24, 2018, Prof Drennan outlined the outcome of a pre-test of staffing tools, which was carried out at Our Lady of Lourdes Hospital, Drogheda. Two tools – the TRENDCARE IT tool and the RCN BEST tool – were assessed during a seven-day pre-test trial.

Following this, the TRENDCARE tool was chosen for future use, as it is IT based. However, to ensure proper validation in the selected pilot sites, the BEST tool will also be used for a seven-day period to assist with validation.

While this may be classified as Phase II ED, under the terms of reference this phase of the staffing and skill mix pilots also includes AMAU, MAU, CDU, short stay wards, acute surgical assessment units, local injury units and EDs (collectively know as the 'acute floor').

When rolled out, the pilot will use the TRENDCARE tool, which was used for medical/surgical wards in the peripheral units to ED and LIUs.

At the most recent steering group meeting on May 17, 2018, it was confirmed that the research team was applying for approval to the ethics committee of each of the hospitals chosen for the pilot, with the aim of obtaining approval before the summer months.

The Department of Health confirmed it is exploring the procurement process of IT infrastructure for the pilots.

The successful sites were due to be notified late last month.

Draft assumptions for the research have been issued and will be completed and amended in line with feedback received and issued shortly. The draft assumptions require a ratio of 85 nurses:15 HCAs skill mix for EDs and 80:20 for the other areas on the acute floor.

As in phase I, a national steering committee will be retained, and local implementation groups established at the sites. These will include representatives from the INMO, the Department of Health, the HSE, the UCC research team, and local management.

The INMO believes this will be a very positive experience for the locations selected as it will assist in stabilising their workforce in their EDs and acute floor areas.

– Tony Fitzpatrick, INMO interim director of industrial relations

Dáil passes Private Members' motion calling for action on nurse/midwife pay and staffing crisis

A Private Members' motion, proposed by Sinn Féin, which called for the issues of pay and the recruitment and retention crisis affecting the professions of nursing and midwifery to be addressed, was passed in the Oireachtas last month.

Speaker after speaker agreed there is a crisis in the recruitment and retention of nurses and midwives. There is currently 2,229 fewer WTE nurses and midwives than in 2007 – despite demands for health services being greater than ever.

The Dáil heard how new graduates are going abroad and serving nurses and midwives are leaving the profession as burnout is at an extraordinarily high level because of poor working conditions.

A number of speakers spoke about the rise in assaults on healthcare workers trying to provide care in overcrowded conditions which is totally unacceptable.

With significant increases in nursing and midwifery numbers required to deliver fully on the *Sláintecare* Report, the Health Service Capacity Report and the Maternity Strategy, the debate was particularly timely and necessary.

Recruitment and retention difficulties are currently being examined by the Public Service Pay Commission, which is now due to report in July. The INMO has a commitment from the Department of Public Expenditure and Reform (DPER) that within one month of the recommendations issuing from the Pay Commission, it will meet the INMO and other nursing unions regarding implementation.

INMO general secretary Phil Ní Sheaghdha welcomed the fact that the motion, which was debated for over two hours in the Oireachtas, was passed.

She said: "The crisis facing nursing and midwifery has never been more urgently in need of unified political will to address the inequalities in pay in these female-dominated professions.

"The time for action is now. We cannot wait for another group of highly sought after new graduates to leave the country and we must recruit and retain nurses and midwives into the public health system. Pay parity is the only way forward. The Public Service Pay Commission must deliver for nurses and midwives."

Ms Ní Sheaghdha pointed out that in the first three months of 2018, hospital overcrowding surpassed all records and working conditions have deteriorated considerably for nursing/midwifery staff.

"While government has accepted that hospital capacity needs to be urgently increased, this will not be possible without real and sustained investment in the retention of nurses and midwives," she said.

"To address the current shortages, and build the workforce to match capacity expansion, requires the pay inequality issues throughout the nursing and midwifery pay scales to be addressed without any further delay or procrastination.

"The Nursing Staffing/Skill mix Framework report, supported by excellent research from UCC, shows that investing in safe nurse staffing and skill mix saves lives, drives efficiency, improves patient outcomes and increases staff morale."

Solidarity with cervical cancer women

INMO calls on HSE for clear clinical guidance in wake of controversy

AS publicly stated at the annual delegate conference, the INMO wishes to express its solidarity with all the women affected by the cervical screening disgrace.

Commending Vicky Phelan's bravery for bringing this matter to the public's attention, the Organisation offered any support that may be required to all women directly affected and others who may have concerns about the cervical screening process.

Nurses and midwives assist women through the screening process, and in many instances, perform the procedure. They believe that in no small part they have contributed to the increased uptake by approaching their responsibilities in this area in both a professional and competent manner. It is important that women continue to attend for this screening process and avail of all services made available by the HSE if any concerns arise. INMO members will continue to provide the compassionate, competent and professional service that they have done heretofore.

The INMO believes that the decision to outsource this service in 2008 should have been more carefully considered. As part of the health service trade union group, outsourcing is opposed and when decisions are made based on financial costings undoubtedly patient outcomes are compromised.

The INMO called on the HSE to issue clear clinical guidance for nurses and midwives who will need to assure patients attending of the reliability of the testing mechanisms now in place.

On May 9, 2018 the HSE issued two documents, both of which are available online at **www.cervicalcheck.ie**:

- CervicalCheck – update for health professionals
- Cervical Check Audit 2018 - advice and support for women.

These provide an overview of what has happened to date and advice and reassurance for women. The clinical advice is that women who have had normal test results in the past can continue to participate in the cervical screening programme according to their normal schedule.

The HSE also acknowledged the assistance from nurses and midwives to date. Specifically, it states in correspondence to the INMO that: "*We're very grateful to have had the support of so many nursing colleagues as part of the response, particularly in working to return calls to the concerned women who have been in touch with us.*"

If members have any further questions about their role as a nurse/midwife involved in screening, the INMO can raise them directly with the HSE on your behalf.

Investment in nursing and midwifery a key driver of effective health systems

"INVESTMENTS in nursing and midwifery workforces are a key driver of effective health systems, thriving populations, improving health outcomes and prosperous economies," – so said the *2018 Triad Statement* from the 7th ICN-ICM-WHO Triad meeting in Geneva, Switzerland last month.

INMO general secretary Phil Ní Sheaghdha and president Martina Harkin-Kelly attended the meeting, which involved national nurses associations, regulators and chief nurses from all countries affiliated to the WHO.

The purpose of the two-day meeting was to engage all participants and address issues of common interest and concern, resulting in sharing of ideas, experiences and collaborative actions nationally, regionally and internationally.

Held every two years, the Triad meeting focused on topics such as:

- Building nursing and midwifery capacity to achieve universal health coverage and the Sustainable Development Goals
- Labour market dynamics and education policies in investing in the nursing and midwifery workforce
- Optimising performance, quality and impact of the nursing and midwifery workforce through evidence-informed policies
- Strengthening nursing and midwifery data for monitoring and ensuring accountability for the implementation of national and regional strategies
- Strengthening nursing and midwifery through collaboration and partnerships.

All matters relating to global nursing shortages, new initiatives to promote the professions of nursing and midwifery were the subject of dialogue and discussion, as was pay and ethical recruitment practices.

Ms Ní Sheaghdha spoke about pay and pay determining methods in Ireland for nurses and midwives. She outlined how the pay and conditions of the two professions compares very poorly with that of all other allied healthcare professionals in Ireland, and with nurses and midwives in similar socioeconomic countries internationally.

ICN president Annette Kennedy and Dr Siobhan O'Halloran, chief nurse at the Department of Health, also gave presentations at the meeting.

Lord Nigel Crisp spoke about the recently launched Nursing Now campaign, which aims to raise the status and profile of nursing globally so that it can make an even greater contribution to improving health and wellbeing.

At the ICN-ICM-WHO Triad meeting in Geneva (l-r): *INMO general secretary Phil Ní Sheaghdha, Lord Nigel Crisp of the Nursing Now campaign, ICN president Annette Kennedy, and INMO president Martina Harkin-Kelly*

Through the Triad Statement issued following the event, participants re-affirmed that nurses and midwives are at the forefront of promoting health, preventing disease and improving access to health services for individuals and communities all over the world to attain the highest levels of health and wellbeing.

It highlighted the need to refocus attention on the escalating mismatch between the supply, demand and need for health workers. An additional 40 million heath worker jobs are projected to be generated by 2030. However, these will largely reside in upper-middle and high-income countries while a needs-based shortfall of nine million midwives and nurses is anticipated for the same period in low-and lower-middle income countries. Targeted and long-term investments are required to redress the persistent imbalances in the health workforce.

Global efforts such as the 40th Alma Ata anniversary, ICM advocacy to 'raise demand for midwives' and the Nursing Now campaign are recognising the value and contributing to raising the profile and status of nursing and midwifery.

The Triad said that investments in research, innovation and technology are crucial to enhance effectiveness of healthcare services and the practice environment of midwives and nurses.

RCN Congress hears of effects of Brexit on Irish nursing/midwifery

INMO general secretary Phil Ní Sheaghdha gave a presentation at a fringe meeting at the RCN Congress in Belfast on how Brexit and pay-related issues are affecting nursing and midwifery in Ireland.
Pictured at the RCN Congress are (l-r): Aisling Culhane, Psychiatric Nurses Association; John Knapp RCN NI; Phil Ní Sheaghdha, INMO general secretary; Fiona Devlin, RCN NI; and Dave Hughes, INMO deputy general secretary.

"We must and we will act on pay"

With pledges of action on pay, more capacity and more staff, Simon Harris made some big promises at the ADC. **Alison Moore** reports

"I SUSPECT many of you are weary of hearing how valued you are while feeling exactly the opposite on a daily basis." The words of Health Minister Simon Harris addressing delegates at the ADC, echoed the sentiments of delegate after delegate as they took to the podium over the three-day conference to debate a wide range of issues affecting nurses and midwives in their daily work.

To INMO members there is a clear solution – one that they demonstrated in clear visual terms by holding up cards to spell out, both literally and figuratively – that of addressing pay.

Mr Harris said that he "genuinely" recognised the pressure of the work environment faced by members and the care delivered in these circumstances and he acknowledged that Irish-trained nurses and midwives had opportunities to leave for better conditions abroad.

"We face the reality of a global shortage of nurses and midwives. It is by no means lost on me how highly sought after Irish nurses are in this fiercely competitive market," he said.

Mr Harris admitted that the recruitment moratorium introduced in 2007 has had a "real and lasting impact" on staffing levels and that "our current reliance on agency workers and overtime is not tenable".

Recruitment and retention

Mr Harris said that under the WRC Recruitment and Retention Agreement the HSE agreed to appoint 1,224 additional nurses and midwives in 2017, and that they managed to fill 942 of those posts. A key contributor to this increase, he said, was offering permanent posts to graduates.

"For me, moving away from the days when we were unable to offer our graduates a permanent job was a key moment in our country's recovery. Having come from years where we weren't recruiting staff to filling 942 nursing posts in one year, was an achievement but obviously we have more to do. And we will.

"I am very pleased to say that the 2018 graduates will also be offered permanent posts and work is already underway to communicate this," he said.

Pay

Mr Harris told delegates that he was "well aware" that the issue of recruitment and retention tied back to the issue of pay.

"Trust me, I hear you on this. I want to work with you. I understand the depth of our recruitment and retention challenge and your calls for pay to be part of our efforts to meet it are legitimate.

"That is why we successfully got agreement that this would be specifically considered by the Public Sector Pay Commission and it is why your organisation was invited to contribute to a specific module – their first – on nurses and midwives and other health service staff. The conclusion of this module is now imminent and I look forward to their report in June. We must and we will act on this," said the Minister.

Mr Harris said that he recognised the impact budget cuts had made during the financial crisis on the nursing and midwifery workforce, stating that "people were asked to do more, with less, for less. This takes a real toll."

He said that the measures agreed in the Public Service Stability Agreement provided a statutory roadmap for the unwinding of FEMPI and pay restoration.

"This includes a series of salary increases that will see public servants, including nurses and midwives, receiving on average a 7% restoration over the lifetime of the agreement. The Agreement commits to 90% pay restoration by the end of 2020. In addition to this, a number of allowances have also been restored to nursing staff," said Mr Harris.

He also said that calls for pay parity for new entrants were being addressed under another process being led by the Department of Public Expenditure and Reform, and that the Minister for Finance, Public Expenditure and Reform had provided a report to the Oireachtas on the findings.

"This Report makes clear that the government's commitment to working with the parties to address these issues, while mindful of the significant cost involved. An initial meeting was chaired by the Department of Public Expenditure and Reform last week, at which the INMO attended, and further engagement is planned to progress the matter of new entrant pay," he said.

Mr Harris said that the government was aware of the need to plan for the future of the workforce and that for this reason his Department recently invested significant effort in producing 'Working Together for Health – A National Strategic Framework for Health and Social Care Workforce Planning'.

"Implementation and resourcing of this

framework will strengthen our workforce planning and early actions are now under way. To that end, and thinking of future needs, in 2017, an additional 130 nursing undergraduate places were made available in the nursing degree programme. We now have the highest number of nurse training places in the history of our state," he said.

Capacity

Mr Harris said that it was not possible to discuss a desire to improve the workplace environment of nurses and midwives without talking about increasing capacity. He said that most often the need to increase capacity manifests in overcrowded EDs and this had consequences for those on the ground.

He acknowledged the recent difficulties faced in this area and said that additional beds had come on stream this year and that more were forthcoming.

"The Capacity Review concluded that the system will need nearly 2,600 additional acute hospital beds and 4,500 community beds by 2031. I am pleased to say these beds have been funded, and funded for earlier delivery than the Review envisaged, in the government's record level capital investment plan. But extra beds can't be delivered without appropriate staffing," said the Minister.

Taskforce on staffing and skillmix

Referring to the work of the Taskforce on Safe Nurse Staffing, Mr Harris said that this has provided the evidence base for the right mix of staff numbers and skills "to match our ambition to build capacity".

He thanked the INMO for its work on the Taskforce and stated the pilot stage of the framework had demonstrated "significant benefits for both patients and staff".

"The Framework led to increased quality of care, decreased length of stay in hospital and increased satisfaction with the care received, while staff reported an increase in job satisfaction. There has also been a sustained decrease, up to 95%, in the use of agency staff. I'm pleased to say that a promising trend in relation to reduced mortality rates has also begun to emerge," he said.

The next step is to develop a national implementation plan and to this end, the Minister announced he was setting aside funding to appoint a safe staffing co-ordinator in each level 4 hospital and that additional funding would be provided to develop a National ICT system to support the rollout of this framework. Mr Harris also announced that the phase II pilot testing of this framework in emergency care settings will begin this year across four pilot sites, which will be identified in the coming weeks.

Advanced nurse practitioners

He also told delegates that his department was developing a series of demonstrator projects to show how a critical number of ANPs could contribute to providing a solution to a number of the challenges facing the health service including access to services, avoiding unnecessary hospital attendance, supporting early discharge and contributing to addressing waiting lists.

Innovation in practice

The Minister made reference to the conference theme of 'Innovation in Practice' and the related presentations that had been made by members at the ADC. He mentioned that one of the presentations focused on the Sexual Assault Treatment Unit (SATU) service and said he had recently met some nurses working in these units and heard of the incredible care they provide to women who have been victims of horrific crimes. Mr Harris said that it is time for a further review of this service provision and announced that he would initiate stakeholder engagement on a new national policy for SATUs.

Sláintecare

The Minister said that *Sláintecare* was the first time that cross-party consensus has been reached on a new model of healthcare and health policy in Ireland. "People can be a bit cynical about that. I get it. But it's an unprecedented opportunity and we shouldn't squander it.

"Fundamentally, the *Sláintecare* report places the patient at the centre of a system which delivers care that is timely, free at the point of delivery, and provided at the most appropriate, cost effective service level with an emphasis on public health and illness prevention," he said.

Mr Harris said *Sláintecare* would involve moving towards a system that places primary and community care at the centre of healthcare delivery and shifting it away from the acute hospital model.

"You will all understand the challenges facing us in making this shift to primary care a reality. We will need more resources in the community and will need to make more efficient use of the resources we already have," he said.

Providing reassurance to nurses working in the community and stating his awareness on the motion on this issue earlier that day, Mr Harris said that he was "particularly conscious" of the importance of clinical governance in light of recent events and gave his assurances that he would not be making any changes to the managerial structures in community nursing.

Cervical Check scandal

ACKNOWLEDGING the Cervical Check scandal, which broke in the week of the ADC, Mr Harris said he was struck that this would have taken a toll on nurses and midwives, not just a female dominated profession but also as frontline staff as well as on an individual basis.

"Let me assure you, your mothers, your sisters, your aunts, your cousins, your friends and your families that I will get to the bottom of this. I have taken swift action and I will continue to take every measure necessary to address the serious concerns arising, starting with making an immediate change to the flawed process which was not ensuring that women were automatically informed of reviews of their screens," he said.

He went on to state that he would bring a proposal for mandatory open disclosure for serious reportable events such as this to government alongside proposals to legislate.

"No one knows better than you the moral and ethical responsibility for all medical professionals to advocate for the patient and inform them of any errors if they exist and I will not be found wanting in supporting that culture. No other person should have to go through what Vicky (Phelan) has gone through to get answers to information that directly relates to them. This in my view is a fundamental right and this open disclosure legislation will go some of the way to prevent this happening again," he said.

"When changes are made in the health service it should be done in a way that is collaborative and not done in a way that causes unease, concern and disrespect. We want to make real improvements in our health services – for patients, but also importantly for everyone that works within the system" he said.

The Minister went on to say that staff representative bodies, such as the INMO, were critical to ensuring the engagement and fair treatment of staff and were "an important stakeholder to achieving change".

"I believe that achieving the vision of *Sláintecare* will require a new model of engagement with the trade unions that recognises their value and ensures that employees and their representatives are fully involved. The scale of that challenge should not be underestimated but I believe you are up for it and I can assure you I certainly am.

"As we work towards implementing *Sláintecare* we do so knowing that change is neither just an opportunity nor a threat, but an imperative. Even in the context of change though, some things remain constant. One of these is the absolutely integral nature of your profession to the health service now and the health service of the future. I look forward to us moving to the next stage of this journey together," he said.

Mr Harris told delegates that there was a lot of work to do but that regardless of whether this related to pay, working conditions, capacity or reform, in him, nurses and midwives had a "willing partner".

All down to one short word – PAY

Until the pay of nurses and midwives is significantly improved, the recruitment and retention problems will continue, INMO president Martina Harkin-Kelly told delegates. **Tara Horan** reports

AS WE await the report of the Public Service Pay Commission, INMO president Martina Harkin-Kelly told delegates that she hoped that "all parties – the HSE, the Department of Health and the members of the Pay Commission – will have the courage to confirm that the recruitment and retention issues in nursing and midwifery will not be corrected without, that simple three-lettered word – PAY."

The president summarised the main points of the INMO's comprehensive written submission to the Pay Commission which cited international evidence to support the recruitment and retention issue in nursing and midwifery. These included:

- All grades of nursing are facing difficulties with recruitment and retention. From 2007-2016 there was a reduction of 3,148 (8%) nursing and midwifery WTE posts. Yet, clerical supervisor grades increased from December 2015 to September 2017 by 25.7%. Even with the HSE's best efforts, in 2017 up to the beginning of September there was a net increase of just 13 WTE nursing staff
- From a purchasing power parity perspective based on nurse/midwife earnings, Ireland is the least competitive across the English-speaking countries of the US, Canada, Australia and the UK, who are actively fishing from our pool of nurses and midwives
- Inferior pay scales – compared with healthcare assistants up to the fifth point of the scale and with allied healthcare professionals who earn almost €7,000 more at the minimum point
- Graduate recruitment – despite the promise of contracts, an INMO survey of student nurses/midwives in April 2018 found only 18% of respondents had been offered contracts by the HSE. This compared to 57% of respondents who had been approached by overseas firms. A staggering 71% of upcoming graduates are considering emigrating, with pay, staffing levels and working conditions along with further education and career prospects all cited as reasons for emigrating
- Nurses and midwives working in the HSE are ageing, with 65% over the age of 40.

Despite the INMO's detailed submission, the Pay Commission undertook a survey to determine recruitment and retention issues in nursing and midwifery. This was done without consultation with the INMO and, worryingly, of the 44 questions in the survey, only one dealt specifically with pay? Such was the concern of the INMO, that the Executive Council proposed an emergency motion on the issue *(see page 29)*. "If the research topic is pay then one would have assumed that pay as a variable would feature in more questions than one," Ms Harkin-Kelly said.

"If the Pay Commission does not see pay as the answer, then Heuston we have a problem, and an inevitable collision course."

Hope and courage

Paying tribute to Phil Ní Sheaghdha on her first ADC as INMO general secretary, Ms Harkin-Kelly said that nursing and midwifery is central to everything that Phil values. Her watch words are hope *(dóchas)* and courage *(misneach)* to pursue what nurses and midwives truly deserve and that is – to once and for all set fair and equal pay for our predominantly female profession. "I hope that the HSE, the Department of Health and the Pay Commission will have the courage or *misneach* to confirm that the recruitment and retention issues in nursing and midwifery will not be corrected without that simple three-lettered word – PAY."

The 'Innovation in Practice' presentations at the ADC were indisputable evidence of the interaction of the art and science of nursing care provision, Ms Har-

kin-Kelly said. "Caring is the very essence of what nurses and midwives do – yet, caring is an undervalued term as caring is unquantifiable. Care is a central ideal and construct of nursing and midwifery – it is a distinct professional response to an individual's needs. Only a nurse or midwife can give nursing care, as they are the regulated professionals, who have the relevant holistic skills, knowledge, competence and attitude to do so."

She said it is clear from the findings of the Taskforce on Staffing and Skill Mix for Nursing that many of the problems associated with providing quality nursing care stem from organisational issues, such as lack of time, poor skill mix and disempowerment of the nurse.

The evaluation report of the pilot implementation of the Framework for Safe Nurse Staffing and Skill Mix, launched on April 16 2018, revealed that "Higher scores on the emotional exhaustion and depersonalisation subscales indicate negative outcomes; higher scores on the personal accomplishment subscale indicate better outcomes".

The journey

Ms Harkin-Kelly told delegates the INMO as a union has adhered to process over the years and more recently had embarked on a journey to set the record straight on the professional excellence that nurses and midwives provide.

Putting 'active learning' theory into practice, Ms Harkin-Kelly told delegates that we remember 80% of what we see. The word PAY was visualised by delegates holding placards at key points throughout her address, as she said pay is the only solution to the recruitment and retention crisis in nursing and midwifery.

She pointed to the fact that nurses and midwives are at the same qualification level of all allied healthcare professionals in the Irish public health service. "Yet, while we have parity of academic esteem, we do not have parity when it comes to pay and conditions," she said.

This point was made in Dáil Eireann on April 25, 2018 during a debate on a private members' bill on nursing and midwifery recruitment and retention issues, which received all party support. One TD stated: "Nice morals don't cut it – everything has been tried except pay".

What will work is "recognising and valuing our professional expertise on a par with other healthcare professionals", she said.

"From the perspective of the nurse/midwife, it is not good enough that we continuously rely on acts of faith, hope and charity for parity recognition. Yet this is all that's offered despite equal pay for equal work being a basic right since the 1957 Treaty of Rome."

Ms Harkin-Kelly pointed to a government symposium in January which addressed Ireland's gender pay gap, which stands at a staggering 13.6%.

> "Make no mistake, soft or hard border, the UK will intensively recruit Irish nurses. We are their closest and most accessible English-speaking neighbour, who has a ready-made pool of nurses and midwives."

A predominately female profession (91%), nurses and midwives during the recessionary years were subjected to a moratorium, sustained between 15-39% in pay cuts, were made pay back 78 hours/two weeks work every year, and work shifts and have no real work life balance. As one Dáil deputy said during the private members' bill debate "who would want to be a nurse?"

"To have a scenario where nurses and midwives are paid 15%-20% less than all allied health professionals in the Irish public health service, who require identical entry qualifications and have a shorter working week – in my opinion, is nothing short of a national disgrace," she said.

"The solutions have been created. It is when they are combined and, more importantly, funded and implemented that the greatest good will be experienced by our ailing health service and stem its deteriorating condition".

She told Health Minister Simon Harris to take the following prescription to the dispensing pharmacist, the Minister for Finance Pascal Donoghue:

- Implementation of *Sláintecare*
- Implementation of the Capacity Review Report
- Expand and extend the National Nursing and Midwifery Workforce Plan, agreed in 2017, over a five-year period
- The Public Service Pay Commission to once and for all recognise that the recruitment and retention issue in nursing and midwifery is a *pay* issue.

Alluding to Brexit Ms Harkin-Kelly warned: "Make no mistake, soft or hard border, the UK will intensively recruit Irish nurses. We are their closest and most accessible English-speaking neighbour, who has a ready-made pool of nurses and midwives. Brexit poses not just economic threats but also human resource shocks on a potentially unprecedented scale. We are a small open economy and are as a result vulnerable."

Sláintecare

Paying tribute to Roisin Shortall, Social Democrat TD and chair of the Oireachtas Future of Healthcare Committee, who had addressed the ADC the previous day, Ms Harkin-Kelly said the INMO's was one of 160 submissions received by this cross-party committee, which she as president had later backed up with an oral presentation to the committee.

"*Sláintecare* is the health service superplan with cross-party agreement that aims to ensure that every person in Ireland has access to an affordable, universal, single-tier health service, in which patients are treated promptly on the basis of need, rather than on ability to pay," said Ms Harkin-Kelly.

"Yet, in September 11, 2017, the government required prompting, some four months after this report's publication in May 2017 on its progress," she said. A Dáil question raised the issue of implementation of the report and the Health Minister's response was: *"I am committed to making tangible and sustainable improvements in our health services... and I have received approval to move ahead with the establishment of a Sláintecare programme office. This office will be tasked with implementing a programme of reform, as agreed by Government, arising from the Sáintecare report. It will be led by a senior executive with the appropriate experience and skillset. I expect the recruitment process to commence very shortly. Recruitment will be by way of open competition".*

Ms Harkin-Kelly said she hoped the *Sláintecare* Programme Office will not be yet another bureaucratic layer, as delaying implementation would mean:

- Continued recruitment and retention issues – for nurses and midwives

- Continued healthcare access difficulties – for our citizens
- Continued spiralling trolley figures, and waiting lists for diagnostics and surgery
- Continued disjointed service integration
- Siloed budgeting – with no identified budget for nursing and midwifery.

"We must ensure, the equitable health of this nation. It is estimated that *Sláintecare* will cost €2.86 billion. I am calling on the government to commit to this cost. I am forwarding the suggestion that the estimated €3.5bn proceeds from the sale of the State's 25% shareholding in AIB be used to implement this report in full. Make *Sláintecare* a reality for the citizens of this country Minister, as the 10-year timeframe is ticking."

Health Service Capacity Review

The intention of this review by the Department of Health was to take a more comprehensive view of capacity than previous exercises in Ireland, which predominately focused on acute bed capacity only. This broad review not only examines capacity requirements within the acute hospital system but also those areas that directly impact on demand for hospital services, that is capacity and services provided in primary care and availability of non-acute beds and services in the community.

Having made an evidence-based submission, the INMO president welcomed the bed increases projected as follows:

- 7,150 with current acute hospital configuration – no change
- 2,600 with reforms
- 190 additional adult critical care beds
- 13,000 residential older person services.

"This level of capacity acknowledges that major and significant expansion of all services is required and must include the nursing and midwifery workforce. A key immediate requirement is to increase the staffing capacity of our health service and this must begin with setting a target of increasing nursing and midwifery staffing levels by 25%. But the fly in the ointment is the failure to recruit and retain nurses and midwives, despite the best efforts of the HSE National Recruitment Group."

Referring to the identified need for 13,000 older person services beds, she said "these will remain an aspiration if nurse staffing is being savagely cut.

Funded Workforce Plan

In March 2017 the INMO agreed a Funded Workforce Plan that would see the nursing and midwifery numbers grow by 1,224. INMO members voted for and endorsed acceptance of this plan, as recommended by the Executive Council. Indeed Health Minister Simon Harris took action to ensure the implementation of the agreed Funded Workforce Plan by using a Section 10 Ministerial Order of the Health Act 2004 – under which the HSE must present quarterly reports to the Oireachtas. Governance of this agreement rests with the National Oversight Group, which comprises all stakeholders and ensures that what is reported is accurate.

> In tandem with pay parity, the full roll out of the taskforce's framework for safe staffing and skill mix would make the HSE a magnet employer

Retention

Acknowledging that INMO student/new graduate officer Neal Donoghue had reported to ADC on recruitment issues, Ms Harkin-Kelly asked whether enough is being done on the retention side. "Experienced nurses and midwives continue to leave – why? They are burnt-out, underpaid, undervalued and have just simply had enough – this is the evidence from the Taskforce on Safe Nurse Staffing and Skill Mix."

In tandem with pay parity, the full roll out of the taskforce's framework for safe staffing and skill mix would make the HSE a "magnet employer", said Ms Harkin-Kelly. "The framework is that piece of the jigsaw that will make the healthcare environment safe. This tool determines the numbers scientifically – and doesn't rely on historical staffing complements," she said, while cautioning that "It does not give us the nurses and midwives on the ground – we must recruit and retain them."

While welcoming the Minister's commitment to the framework, the INMO president said she put political promises in the same category as political patches "some may be effective but the patch solutions to our health service are now a bandage, which we all know, are continuously unravelling."

She stressed that it is essential that the funding is set aside to facilitate the introduction of this systematic approach to determining safe nurse staffing and skill mix, to all 260 plus medical/surgical wards in the public health service. The research work was conducted under Prof Jonathan Drennan, who said: "The implementation of a workforce planning and workload management system was key to measuring the variance between actual and required staffing and was instrumental in using a systematic approach to determine the nursing and HCA complement at ward level".

"Currently, nurses and midwives are running and climbing in and out through trolleys in EDs and inappropriately placed beds in wards and units the length and breadth of the country," she said. "This is an appalling health and safety vista for nurses, midwives and patients alike. Yet, this is despite best international guidelines – NICE guidelines are specific on nurse to patient ratios and advise of a known risk of patient harm associated with one nurse caring for more than eight patients on day shift."

Nursing and midwifery staffing must remain central to the integrated care model. The work of the Staffing Taskforce must be enhanced and broadened to develop a system wide, evidence-based approach to safe nurse staffing, which will meet the challenges and opportunities which integrated care will bring. The governance of the outcomes of this research must solely lie with nurses and midwives and not a non-clinical employee.

She warned that not having evidence-based nurse/midwife to patient ratios results in chaotic care decisions, comparing it to having no rules of the road. "There seems to be no issues among managers with having nursing and midwifery ratios that are unsafe," she said.

Conclusion

Ms Harkin-Kelly concluded her address with the straightforward message: until the pay of the nurse and midwife is significantly improved, the recruitment and retention problems will continue in the Irish health service. Playing out her address with a U2 song of 1987 – the year Martina Harkin-Kelly herself emigrated to England being unable to secure a permanent post in Ireland – the president emphasised that nurses and midwives are still waiting on permanent contracts and pay parity and stressed they "still haven't found what we're looking for".

Next step: pay equality

Phil Ní Sheaghdha stressed that this government has an unprecedented opportunity to act on the pay of nurses and midwives. Tara Horan reports

WELCOMING the Minister's promise that the government would act promptly on the Public Service Pay Commission's imminent recommendation on nursing/midwifery pay, INMO general secretary Phil Ní Sheaghdha reminded delegates there was cross-party support for this also.

She advised delegates that the INMO lobbied all political parties in recent weeks requesting confirmation that they would support pay increases for nurses and midwives commencing with provision for this in the estimates of 2018.

"This government has an unprecedented opportunity to address our claims, as this particular national pay agreement (the Public Service Stability Agreement) provides protections from any knock-on claims. She went on to state that the fear of knock on claims has always restricted the ability to progress the pay agenda for nurses and midwives.

Ms Ní Sheaghdha reminded the Minister for Health that he and his colleagues in government need to use this opportunity to proceed with correcting the low pay of nurses and midwives right across the scales.

On the issue of salary scales, Ms Ní Sheaghdha told the Minister that right across the public service, the nurse and midwife lag far behind all other grades – whether it's a Garda, a radiographer, an occupational therapist or a teacher *(see Table 1)*.

"It is simply untenable that this goes into the next year," the general secretary said, while delegates demonstrated their agreement with PAY placards held high to press the message home to the Minister for Health.

Pay, recruitment and retention

As discussed and voted on under an emergency motion proposed by the Executive Council *(see page 29)*, Ms Ní Sheaghdha said: "It's important to understand that if that incredible event happens and the Pay Commission finds that pay doesn't have a relationship to the recruit-

Table 1. Comparison between nurses/midwives pay and other public servants in Ireland

Grade	After 1 year	After 5 years	After 10 years	After 15 years	% increase after 5 years	% increase after 10 years	% increase after 15 years
Teacher*	€37,430	€42,261	€49,999	€58,081	12.91%	33.58%	55.17%
Resp. Technician	€37,052	€42,936	€49,355	€52,843	15.88%	33.20%	42.62%
OT & other AHPs**	€37,410	€42,539	€48,114	€51,543	13.71%	28.61%	37.78%
Radiographer	€35,869	€40,850	€46,284	€49,544	13.89%	29.04%	38.12%
Garda***	€31,382	€41,495	€47,793	€49,512	32.23%	52.29%	57.77%
Staff nurse	€30,802	€36,023	€42,644	€45,248	16.95%	38.45%	46.90%

* Using scale of those appointed after Jan 1, 2011
** Occupational therapists and other allied health professionals
***Using scale post October 2013 with LRA

Table 2. Purchasing power parity of nurses

ICN data on purchasing power parity of nurses working in public sector hospitals in eight countries. Figures show Irish nurses/midwives would be better off if they move overseas

Canada	54,536
USA*	46,834
Australia	42,446
Japan	40,951
Denmark	37,537
Sweden	34,025
New Zealand	33,502
Ireland	32,718

ment and retention crisis, the exact same approach will be taken by nurses and midwives as if the issue had been ignored, because that will be incredible.

"Our members speaking to the emergency motion made it very clear that they are mandating the incoming Executive Council and the officials of the union to then immediately look to ballot for industrial action."

Innovations in practice

On the subject of innovations in practice, Ms Ní Sheaghdha said: "The innovations that we all promote have to be priced because what nurses and midwives don't wish to do is to start curtailing their services because their employer doesn't appreciate what they do."

The examples presented at the 'Innovations in Practice' session at ADC "demonstrated very clearly that even at the worst of times nurses and midwives are happy to innovate and to deliver a very good value for money package." (These presentations will feature in a new 'Innovations in Practice' series in *WIN* in the coming months).

Ms Ní Sheaghdha pressed home the fact that all innovative nurses and midwives are members of a professional trade union and "being in a trade union means that there comes a time when you have to utilise the powers under the Industrial Relations Act, which means that we can withdraw our labour."

Framework on safe staffing/skill mix

The general secretary acknowledged chief nurse Siobhan O'Halloran and her team who were at the conference for their work on the Framework for Safe Staffing and Skill Mix, and welcomed the Minister's announcement of funding for the framework. "This is a very welcome piece of work and we hope that we can roll the framework out as quickly as possible."

Delegates pressing home the pay parity message with PAY placards held high

She also welcomed the Minster's announcement of a review of sexual assault treatment units (SATUs), following the campaigning by SATU members for over four years to get a national review due to constrictions imposed by HSE structures.

Students on clinical placement

On behalf of INMO student members, Ms Ní Sheaghdha drew the Minister's attention to a video prepared for ADC which gives a passionate and emotional display of their issues. Urging him to view the video himself to get a grasp of the difficulties faced, particularly by first-to-third year students on placements, she acknowledged that the Minister always made himself available to meet with INMO special interest groups that require policy direction and policy change.

"One of those groups is our student group and the Minister has confirmed that he will meet with them shortly, when we will raise all of the issues particular to those who are unpaid while on clinical placement – those for whom it is a cost to come to work."

Inherent duty of respect

Emily Logan urged delegates to harness human rights and equality legislation to bring about positive change in the health services. **Tara Horan** reports

Emily Logan, chief commissioner of the Irish Human Rights and Equality Commission

HUMAN Rights and Equality Commissioner Emily Logan pointed to all the women involved in the cervical cancer screening scandal as a prime example of a lack of respect shown by a public body towards the individuals they are supposed to be caring for.

"Essentially human rights is about respect and dignity. The lack of dignity and respect that was shown to Vicky Phelan and all the other women involved is clear," she told INMO delegates in Cork.

Outlining the functions of the Irish Human Rights and Equality Commission and how it impacts on the healthcare profession, Ms Logan stressed it not only affects patients, but is also very important for healthcare staff.

The Irish Human Rights and Equality Commission Act 2014 places an obligation on public bodies to do three things:

- To eliminate discrimination
- To promote equality of opportunity and treatment of its staff and the people it provides a service to. Stressing the inclusion of staff here, Ms Logan said: "The Act recognises that you demonstrate respect and dignity for your staff. In healthcare more than anywhere else you have to mind and look after the people carrying out such important work"
- To protect the human rights of its members, staff and the people to whom it provides services.

Ms Logan trained as a nurse in Temple Street Hospital and continued working in the acute hospital sector, including in Jervis Street, Crumlin and Tallaght hospitals, rising to the level of director of nursing before moving on from the health service. She recalls the focus of her time in Temple Street in the 1980s was mainly on the physiological side, with "very little focus on the psychotherapeutics or our own emotional state as carers and how we look after each other."

Human rights and equality legislation is bringing about change and she urged the INMO to view it as a tool that can be talked about and used in the workplace.

"It is important for people to start using the language of human rights and equality when the opportunity arises because the more people start doing this, the more we see politicians respond. In the cervical screening case, you have seen the political debate moving from dramatic political responses to a human rights sphere, where people started talking about dignity and about the respect that women so deserve in terms of the treatment they experienced," Ms Logan said.

Under the Act public bodies must assess the human rights and equality issues relevant to the functions of the body. It must set out policies and actions that might respond to these issues and then report on the development and achievements it implements in these areas.

It requires public bodies to be proactive in addressing human rights and equality. "So instead of waiting until something goes wrong and responding to complaints, you are naturally engaging with the system to say when something is and isn't right," she said.

"It's a shift from the old way of doing things." People working in the public services were asked what positive difference implementing the human rights duty in their workplace would make. Many said it helped with recognising the diverse needs of service users, and responding to their particular needs.

"The health service isn't starting from zero," she said, stressing nurses and midwives are already doing their human rights duty. "It's a matter of using some of the terminology and using the tool as an advantage to yourselves as healthcare professionals – both as managers who have a responsibility to your staff and as practitioners who have a responsibility to yourselves and to your patients."

Human dignity is at the core of the Commission's work. "Equality and non-discrimination is about staff and service users. It's about participation and consultation. It's about accessibility and accountability. It's about redress mechanisms, so in terms of when things go wrong, it's about responding to patients and their families. It's about the rights of vulnerable groups, people who need a little bit more assistance."

Sláintecare – the only game in town

Róisín Shortall, one of the architects of *Sláintecare*, told the ADC about how it came to be and her hopes for its future. **Alison Moore** reports

THE Number one issue on doorsteps during the 2016 general election was the health service. While there was huge uncertainty around the health service, very few parties had given thought to reform. This was according to Róisín Shortall, TD and joint leader of the Social Democrats, in her address to the ADC.

Speaking about health reform and the eventual *Sláintecare* report, Ms Shortall said that the delay in forming a government following the general election had provided an opportunity for politicians to reflect on the message about the health service that they heard while canvassing.

"My own party, the Social Democrats, had been very concerned about the whole area of health and the lack of progress in reforming the health service, we felt that there was an opportunity then as there was no overall government majority.

"We sensed that this was an excellent opportunity to see if we could do something creative in terms of bringing all parties together to look at how we can come up with a plan for the health service," said Ms Shortall.

At this time, she and some colleagues set about drafting a Dáil motion to see if they could get support for doing "something of consequence" in relation to the health service. The main provision of this was the need for consensus at political level that the health service funding model should be based on population health. The motion stated:

We recognise the need to establish a universal, single-tier service where patients are treated on the basis of health need rather than ability to pay. We also recognised that the best health outcomes and value for money could be achieved by reorienting the model of care towards primary and community care where the majority of people's health needs can be met locally.

The motion was agreed by the opposition members and then when a new government was formed they too signed up to it. "It was the first time we had a unanimous decision in the Dáil about what needed to be done in terms of health service reform," she said.

There were 14 members on the committee who were drawn from different parities and groupings in the Dáil and we set about our work in May 2016.

"We came together with determination to agree a reform programme and I have to say that I was very pleasantly surprised by the level of engagement across the board. People realised that we could not continue at political level with the stop-start approach to health and we couldn't continue using health as a political football," she said.

Mr Shortall told delegates that the approach taken by the committee was that everything it recommended would be based on the evidence.

"We considered a very substantial evidence base in the course of our work. We listened to service users and we listened to staff. We invited submissions and we received 160 submissions from right across the board from patient groups, staff groups, and interest groups. We then spent three months taking oral hearings," she said.

The committee took expert advice because, as politicians, they did not have the necessary expertise to draft a reform programme. The help of a team from Trinity College's Health Policy and Management Department, headed up by Dr Steve Thomas and supported by Sara Burke and others working in this field, was enlisted.

"They were a tremendous help to us in assisting us to grapple with the issues involved which were often very complex and wide ranging.

"We learned from other countries which was very important. We realised that we were completely out of step with the rest of Europe in terms of not having a single-tier health service.

Because the reform committee was coming from a wide range of political backgrounds and beliefs, Ms Shortall explained that they agreed a set of values at the outset that would underpin their work.

The eight fundamental principles were:

- To create a modern, responsive, integrated public health system, comparable to other European countries, through building long-term public and political confidence in the delivery and implementation of this plan
- That all care would be planned and provided so that the patient is paramount (ensuring appropriate care pathways and seamless transition backed up by full patient record and information)
- To ensure timely access to all health and social care according to medical need
- For care to be provided free at point of delivery, based entirely on clinical need
- That patients would access care at most appropriate, cost effective service level with a strong emphasis on prevention and public health
- That the health service workforce should be appropriate, accountable, flexible, well-resourced, supported and valued
- That public money is only spent in the public interest/for the public good (ensuring value for money, integration, oversight, accountability and correct incentives)
- That accountability, effective organisational alignment and good governance were central to the organisation and functioning of the health system.

Ms Shortall explained that the committee looked at the area of entitlement and access and noted that while 40% of the population have medical cards there is no legal entitlement to healthcare, thus the committee wants to legislate for the legal entitlement to healthcare at all levels.

"This would be done through what we are calling a Cárta Sláinte, which would be extended out to different cohorts of the population over a six-year period," she said.

She said that out-of-pocket expenses, such as €50 for a GP or physiotherapy are unknown in the rest of Europe and that we want to move to a situation where they are unknown here also.

Integrated care

One of the most important areas of *Sláintecare* is the area of integrated care. The report talks about shifting activity away from the hospital sector into primary and community health services. There will be key roles for nurses and midwives in terms of having proper chronic disease management programmes within the community led by nurse and midwife specialists, Ms Shortall explained.

Sláintecare calls for a huge increase in the number of nurses working at community level, with 900 nurses needed urgently to work at primary and community care level.

"This is absolutely essential if we are serious about the reform programme," she said.

Funding and implementation

The funding of *Sláintecare* was critical and this is the first time that such a strategy has been fully funded from the outset.

"We've seen to many plans over the years that were great plans but were left to gather dust without funding. There was a determination on the part of the members of the committee that this was not going to happen again," said Ms Shortall.

In relation to implementation, she said that a budget of €10 million to establish an implementation office over the next ten years has been set aside and €1 million of this has been provided this year.

Breaking down the figures, she said that 40% of the population have a medical card and depend on the public system, 47% have private cover and 3% have neither but these percentages are not reflected in how the health service is funded. Some 69% of funding comes from the taxpayer, 14% from out-of-pocket expenses and 13% from private health insurance, "indicating a huge cross subsidisation of services".

"We are actually spending more than most other European countries which have good, well functioning, single-tier public health services where people are not required to pay that extra tax in private health insurance," Ms Shortall said.

She explained that the expansion of services on an incremental basis, including the introduction of the Cárta Sláinte with free access to public healthcare would cost an additional €2.8 billion at the end of a ten-year period, representing an additional €285-300 million year-on-year over the ten-year programme.

She added that during the austerity years, and even before that during the boom, the level of investment, particularly capital investment, in our health services was "abysmally low"

"We are saying that over the first six years of the plan we need to spend €3 billion on catching up in terms of providing good quality, physical facilities for people working in the health service but we also need to catch up in terms of providing the extra capacity at primary and community care level.

"We have been talking for years about the need to switch activity away from hospitals into the community but you can't do that unless you create the additional capacity in the community. This means additional nurses, physios, allied professionals, home help services, additional homecare packages, additional GPs etc and this is funded in the additional €3 billion catch-up fund," said Ms Shortall.

Next steps

Ms Shortall said that the Implementation Office is about to be set up and that the Department has begun a recruitment process for a lead executive for the Office, aiming to keep it separate from the day-to-day running of the health service.

She said that there was a need to look at the alignment of CHOs and hospital groups. A consultation on the best way forward in terms of the regions that should be established is underway at the moment.

An impact assessment on separating public and private care is also currently underway and an expert group has been set up under Donal de Buitléir to examine the implications.

A HSE oversight board is to be re-established. The reform committee told the government that an independent oversight board was needed to make senior management in the HSE accountable.

"We are told that this legislation will go through the Dáil before the summer. This will mean there will be two levels of accountability, the oversight board and also legislation to make clinicians and officials legally accountable," Ms Shortall said.

The Cabinet was due to approve the *Sláintecare* plan before Christmas but is has been delayed several times.

"We are still waiting unfortunately. Other issues have got in the way but we are very hopeful that we will have that cabinet response by early June and the Minister has said that this is going to happen," she added.

In 1948 the UK government sent a letter to every citizen announcing the arrival of the NHS, advising them that every man, woman or child would be entitled to free healthcare without charges and that was not a charity.

"The hope from *Sláintecare* is that before too long we will be able to send this letter with the same commitment and the same principle of the universal entitlement, as a right, to a proper health service. It is up to government to come out and say that they recognise that this is the only game in town, that there is no other plan and that has to be a priority for our society and that they are going to implement it in full," Ms Shortall concluded.

Tony Fitzpatrick stressed that recruitment and retention remain the key to solving many ills within the health service. **Tara Horan** reports

'The juggernaut is coming'

"IF YOU stand back and let nurses and midwives at a problem, they will solve the problem – it will be better for patients and it will save money. This is demonstrated again and again, including by the Innovations in Practice presentations at conference," Tony Fitzpatrick interim director of industrial relations told delegates.

Mr Fitzpatrick acknowledged the many years of tough negotiations by Phil Ní Sheaghdha as director of industrial relations to progress issues for nurses and midwives at national level with the Department of Health and the HSE.

IR representations

As well as almost 13,000 individual representations for members and 12,000 meetings with local implementation groups on collective issues by the IR team, the INMO works at a national level at the National Joint Council (NJC). The NJC involves the INMO working with other unions to progress issues within the health service. The staff side, which comprises all unions affiliated to Congress within the HSE, has been led by Phil Ní Sheaghdha and Mr Fitzpatrick has now taken over the role of chair. Proceedings of the two-monthly NJC meetings are covered in *WIN*. Current issues arising at the NJC include:

- Pension matters, including delays in receiving pensions after retirement. "People who have retired after 40 years of service should be able to receive their pensions in a timely manner. This is not happening and that's a disgrace," said Mr Fitzpatrick
- Fixed travel allowances which Revenue has directed are to be eliminated by the end of this year and the INMO is involved in negotiations on this
- Compassionate leave, which has been increased in the civil service to 20 days on the death of a spouse or child, while remaining at five days for health service employees
- Inappropriate staffing of 24/7 CATH labs (in St James's, the Mater, Cork, Limerick and Galway), where staff are being pulled from coronary care units to the CATH lab to deal with emergencies at night, leaving depleted numbers of staff in the CCU, which impacts on patient care and workloads in the CCU.

The NJC agreed several policies and procedures in the past year, which has put paid to the old HSE practices of amending policies without staff agreement through unions.

Another national body, the Joint Information and Consultation Forum (JICF), meets four times a year, dealing with such issues as:

- Pension improvement programme – at a recent meeting the HSE advised it is not compliant with pension regulations and "that it would be September 2019 before it is able to provide annual statements to people on the single scheme that came in 2013. That just shows you how dysfunctional the HSE is," Mr Fitzpatrick said
- Implementation of ED arrival screens and triage notification screens in EDs
- Draft strategy for doctors' health and wellbeing – the INMO is seeking a similar strategy for nurses and midwives.

Services for older people

Mr Fitzpatrick highlighted the need for INMO intervention to protect specific areas of work such as that of care of the older person services. "The HSE is attempting to implement cost of care measures and reduce the staffing and skill mix. This is a financial decision that is detrimental to the health and wellbeing of staff and patients alike.

"Recruitment is a major problem, not just in high activity areas like theatre and ICU, but also in older person services in the community and throughout the health service, and it's an issue that needs to be addressed. The INMO is involved in negotiations locally, where there are attempts to reduce staffing and open beds without having adequate staffing and skill mix in place. We must say no to that all the time," he said.

He pointed to an example local to the ADC venue, St Finbarr's Hospital where the HSE proposed last year to cut the nursing and HCA numbers by 19% – 21 posts. "You would think they would have a systematic and scientific reason for why they would reduce the staff by that amount but we sought that in the WRC and to date we have not received it. However, we are able to put forward a systematic and scientific approach

that clearly states that those staff are required within the service. But due to their inefficiency the HSE has not dealt with this issue and for the past year has been paying a 33% premium by employing staff via agency rather than employing them directly. This is ridiculous and unacceptable."

Transfer of tasks payment delays

While the transfer of tasks was extended to the social care setting from July 1, 2017, some local employers have failed to implement it. "I was involved in the National Verification and Implementation process, and it was clearly articulated by senior HR within the HSE of CHO Area 4 that payment should have been made since July 1, 2017. However, nurses and midwives in Cork and Kerry in CHO Area 4 delivering care to the ID sector and the older person sector have still not been paid that money. This is again an example of the bureaucracy – the systems that exist within the HSE that blocks them from doing their job," Mr Fitzpatrick said, adding that the payments are retrospective to February 1, 2017.

"However, importantly tasks have transferred into the ID and older person services via the task sharing process. As a result of this someone who requires catheterisation or IV antibiotics can stay in their residence or nursing home. They do not have to get into an ambulance, be escorted by a nurse to a busy emergency department to wait for 12-24 hours to receive a diagnosis that they have an infection and that they require an antibiotic. Instead, they can stay in their home and receive that care. This is yet another example of how if you let nurses and midwives at a problem they will solve the problem. It will be better for the patient and it will save money."

PHN contracts

Negotiations on PHN contracts have been successfully concluded. As part of this process the INMO had to reject attempts by the HSE to make PHNs and CRGNs cover an entire CHO, rather than a local community care area. "This would have meant, you could be allocated to a very large geographical area – such as in CHO1 you could be allocated to work from the top of Donegal to the borders with Cavan and Louth. A ridiculous suggestion! Another thing they tried to do in the contract was for PHNs to report to the assistant director of public health nursing or 'another designated manager'. Again completely unacceptable as it would interfere with nurse management structures. This has now been amended to ensure that PHNs report to the assistant director of public health nursing only."

Negotiations are ongoing about weekend working. "The payment method for PHNs and CRGNs who make themselves available to do emergency weekend calls is completely unacceptable and we are pursuing that with the HSE."

Section 39 organisations

Another pay issue has been pursuing restoration for those working in section 39 organisations. "They are putting nurses and midwives in S39s through every rigour to get their pay restored. Our IROs have pursued each individual S39 employer via the WRC and the Labour Court and pay restoration will happen within these organisations."

Recruitment and retention

Recruitment and retention is the biggest issue and crisis facing the health service at the moment. "Using Section 10 of the Health Act 2004 to direct the HSE to act on recruitment and retention, the Minister for Health at least acknowledged that there is a significant problem there even if the HSE was in denial," Mr Fitzpatrick said.

As a part of the recruitment and retention agreement 2017 several issues were to be dealt with, including the total nursing workforce to increase by 1,224 WTEs by December 31, 2017. "Like basically every other target the HSE has set, it didn't meet this. The HSE now states that it is about 67% of the way there but while the figures may have increased by approximately 900, the reality on the frontline is that annual leave, maternity leave, long-term sick leave etc is not being covered," he said.

"The funded workforce plan for the health service 2018 was due to be agreed last November. However, it's absolutely incredible that in May 2018 the HSE and the Department of Health still do not have a funded nursing and midwifery workforce plan for 2018."

The INMO signed up to the Public Service Stability Agreement last September following members voting by a margin of 75% in favour and 25% against. However, Mr Fitzpatrick stressed before that vote, the INMO sought clarifications, the outcome of which was that nursing and midwifery recruitment and retention issues would be examined by the Public Service Pay Commission as a priority issue. The Commission's recommendations to solve these problems are due shortly and the Department of Public Expenditure and Reform has committed to meeting the INMO within four weeks of the proposals being received.

"We are still the lowest paid healthcare professionals working in Ireland. In all other countries the pay of the staff nurse is closely aligned to other health professionals. This is why the INMO has a longstanding claim to ensure that nurses and midwives are treated the same as other allied health professionals – parity not just in pay but in hours."

He said the Emergency Departments Agreement is not being fully complied with. "The HSE has broken all overcrowding records this year. The situation is getting worse in our EDs but the HSE continues to bury its head in the sand. This crisis affects the health and well-being of staff and negatively affects patients. International research on this shows that in Ireland at present due to overcrowding we have as many needless deaths in EDs as we have on the roads of Ireland. That's a disgrace.

While welcoming the bed capacity report, which clearly outlines the additional capacity needed in the health service, and the government indication that up 555 additional beds will be opened this year, he said: "However, the reality is that beds are currently closed because of a shortage of nurses and midwives. In order to deliver on the bed capacity report, you have to invest in nursing and midwifery and that involves paying them appropriately and improving the terms and conditions of their employment. Otherwise the bed capacity report will be a dream."

He also welcomed the *Sláintecare* report and the cross-political support for it. "But again, key to delivering on that report is the recruitment and retention of nurses and midwives. All of these initiatives are built on sand unless they deal with the issues of nurses and midwives pay and conditions.

"There is a recruitment and retention crisis in the country that we all know about, but the HSE is in denial about." However, Mr Fitzpatrick warned: "The government and the HSE needs to realise that they are going to be hit by the INMO nurses and midwives' juggernaut if they don't address the issue of our pay once and for all".

Student survey paints stark picture of future

Neal Donohue presented findings from the latest INMO student survey at the ADC which shows that four out of every five students are considering emigration. **Alison Moore** reports

#Justpay: *Pictured (l-r) at the ADC in Cork were: INMO student and new graduation officer Neal Donohue, alongside nursing and midwifery students who were attending the conference Tara Moran, Aishling Byrne, Claire Kane, Rebecca O'Regan and Anthony Mullins*

SOME 71% of nurses and midwives graduating this year are considering leaving Ireland. This was according to findings of a recent INMO survey of 2018 fourth-year students.

More than 1,500 nurses and midwives qualify in Ireland every year and for the second year running the INMO carried out a survey of final-year students on their plans for when they graduate. Further results of the survey are as follows:

- 60% are considering leaving the public health service to work in the private sector
- 57% have already been approached by overseas nursing companies
- 18% have been offered permanent contracts by the HSE
- 79% identify increases in pay and improvements in staffing and working conditions as the required incentives to retain nurses and midwives in the public services
- 76% say staffing levels are not adequate to support learning and training of student nurses in the clinical setting.

Speaking at the annual delegate conference in Cork, INMO student and new graduate officer, Neal Donohue said that the recruitment and retention of nursing and midwifery graduates in Ireland was "a serious concern".

"In December 2007 the nursing and midwifery WTE was 39,006. In December 2017 this figure was 36,777, a loss of 2,229 nurses and midwives in the Irish Public Service," he said.

Mr Donohue said that the evidence from the survey highlighted that the top three ranking incentives to entice the graduates to stay within the public health service were:

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

At the time of the survey (February 21 – March 7) overseas recruitment companies had already approached 57% of respondents, while the HSE had only offered permanent contracts to 18%.

According to Mr Donohue, without competitive rates of pay, the offer of permanent contracts in overcrowded understaffed workplaces are simply not going to keep nurses and midwives here and will not be enough as this survey shows.

"The offer of a permanent contract for an extremely low-paid job with poor working conditions is simply not attractive for nursing and midwifery interns. The shortage of skilled and experienced nurses and midwives to support the education of students will also mean there will be further deficits going forward," he said.

Also speaking on this issue at the ADC, INMO general secretary, Phil Ni Sheaghdha said:

"The results from this survey are stark and reinforce the point that recruitment and retention is now very urgent. If we are to develop the services to implement the Bed Capacity Report, the Maternity Strategy and the recent Framework for Staffing and Skill Mix which is to be rolled out nationwide, the Public Service Pay Commission needs to deliver for nurses and midwives.

"The government has agreed that there is a deficit in nursing and midwifery and it now needs to retain the experienced nurses and midwives we have here and recruit our new graduates who are considering leaving the country. To improve the conditions and staffing levels low pay throughout the nursing career has to be addressed."

Mr Donohue also showed delegates a video that the INMO has produced with students explaining the reality of their situation. It can be found on the INMO website at: **www.inmo.ie/ADC_2018_Webcasts**

INMO is your safety net

Edward Mathews told delegates that INMO membership was the best insurance that money can buy. **Alison Moore** reports

LAST year was a very troubling year for the INMO in relation to fitness to practise cases being brought by the NMBI, according to Edward Mathews, the INMO's director of regulation and social policy, in his address to delegates at the ADC.

There was, he said, a 100% increase in the number of complaints against nurses and midwives - predominantly relating to those made by members of the public.

Dr Mathews stressed that while the INMO supports a "fair and robust" regulatory system as it was important to protect the public and to protect the integrity of the nursing and midwifery professions, he was concerned about the rate of complaints being registered against nurses and midwives for relatively low-level issues.

He said that each of these complaints, once made, no matter how minor, led to a process that was "truly devastating for nurses and midwives" that can go on for many months, even at the preliminary stage.

Dr Mathews argued that there was a need for a reform of the Nurses and Midwives Act to allow for a further screening stage for complaints so that they can be summarily dismissed when they clearly don't meet the threshold for professional misconduct, poor performance or non compliance with the Code of Conduct. He said that the INMO rightly prided itself with being the best representative of professionals in a regulatory framework in this country.

"That is not self aggrandising, it is the work that we all do, it is the work that our legal advisors do, and it is the dedication that the Executive Council shows in ensuring that when, God forbid, any of you reach the worst moment of your professional life that you can be assured that the very best representation is available to you.

"Despite all the grim realities of fitness to practise, the positive reality associated with being a member of this union is that you will be well represented and that we are hugely successful in representing our members before the NMBI," he said.

Dr Mathews told the ADC that between 70 to 80% of cases involving the INMO were stopped at the Preliminary Proceedings Committee stage and that the Organisation devoted very significant resources to those cases which do go ahead to protect members and that it remained very successful in doing so. In monetary terms, he said the Organisation has spent €600,000 defending members in the past financial year.

On an individual basis, he said that in order to deal with a complaint at the preliminary stage a nurse or midwife would need €5,000-20,000 to defend their case and a minimum of a further €10,000 for "the briefest of matters" but potentially up to €80,000 should it go to a full hearing.

When these costs are related back to the cost of INMO membership, Dr Mathews said that it was "the best value for money insurance scheme that I have ever seen in my life".

This too, he added, was before you considered other membership benefits such as workplace representation, and the collective defence of pay and terms and conditions.

He said that it was a sad fact that he regularly had to explain to those seeking representation who have not been members of the INMO that he is unable to assist them.

"We are the custodians of your money and we hold it in trust for you and therefore that money must be deployed in relation to those who are members of the Organisation," he said.

"It is the defence of your very ability to go to work which is at the core of your INMO membership. To anyone who asks what did the INMO ever do for anyone, well, it kept them in practice when they were the subject of complaint, when they went before a tribunal with the powers of the High Court, when a hearing lasted for six or seven days. It was us who was sitting beside them, it was you who put us beside them and it is a matter to be very, very proud of," said Dr Mathews.

CPD high on INMO agenda

Steve Pitman gave delegates at the ADC an overview of the work of INMO Professional as it looks ahead to 2019. **Alison Moore** reports

"INMO professional at its heart is member-centric and we endeavour to provide innovative, responsive and reflexive education in a caring and welcoming environment, accommodating a wide variety of different adult learning styles and we strive to uphold and maintain those values as we move into the Richmond."

These were the words of the INMO's head of education Steve Pitman who was giving delegates at the ADC an overview of the work of INMO Professional and its plans for the future.

Looking back over the past year, and giving thanks to the whole INMO Professional staff for their role in its success, Mr Pitman ran through some facts and figures relating to their work.

More than 28,000 people logged on to **www.INMOProfessional.ie**, which he described as a "huge number of engagements" from the membership and more than 4,500 people participated in INMO Professional activities over 226 events.

"In terms of the type of events that we have delivered, predominantly these have been education programmes but also onsite education delivered within organisations that request our services, including the very popular tools for safe practice programme that is delivered throughout the year," said Mr Pitman.

INMO Professional had also seen a growth in the number of programmes that have category one approval from NMBI with moves afoot to enhance this further.

"This coming year we are again intending to refresh and revitalise those programmes on an ongoing basis," he said.

In terms of the attendance for the education programmes, Mr Pitman said that they peak early on in the year and fall off in the middle months and then come back in the last quarter. The most popular programme is the retirement planning seminar, which according to Mr Pitman points to a membership that is getting older and there is the need for the replacement of nurses and midwives in the service as well as in terms of recruitment within the INMO.

The most popular clinical programmes are wound management, drug administration, and management skills for clinical nurse managers and staff nurses.

INMO Professional also hosted six conferences, national conferences and 79 Section meetings in the past year.

Mr Pitman referred to the recent opening of the new Richmond Education and Event Centre as a landmark occasion and said that all members were invited to visit the building and re-iterated that it was a members' facility for members to use. The Richmond has already hosted its first QQI approved level 6 training programme which was on the subject of training and evaluation.

Another highlight for INMO Professional in the past year was the election of former director of Professional Development Elizabeth Adams as the president of the European Federation of Nurses, a role she will continue in.

Earlier this year, a milestone was reached when the INMO signed an agreement with the UK's Royal College of Midwives.

"Midwife members of the INMO will now have access to online resources provided by the RCM. These will expand into ePortfolios and midwifery library facilities provided by the RCM in 2019.

Looking toward 2019, Mr Pitman said that high on INMO Professional's agenda would be the NMBI's new scheme of revalidation.

"We will participate in the discussions and put forward the views of our members. We are going to continue to deliver and develop education and CPD programmes and we will also respond to any requirements as part of the recommendations of the Taskforce on Staffing and Skillmix for Nursing," he said.

"We will continue to represent INMO members on national and international bodies and continue promoting and championing the role of nurses and midwives across all of the disciplines and professions," he concluded.

The year that was

Dave Hughes gave conference his unique take on the events of the past year. **Alison Moore** reports

LOOKING back on the past 12 months, the improving economic fortunes of the Irish state were batted between the two Donalds, Mr Hughes told delegates at the ADC. Probably the most controversial president the US has had, Mr Trump targeted Ireland as one of the countries doing damage to the US economy by its indulgence in tax concessions for major corporations to attract them. The controversy over Apple's tax bill in Ireland seemed to give weight to Mr Trump's argument.

"On the other side, Donald Tusk, president of the European Council, came to the assistance of our government when he indicated that the Council and its 27 member states would support Ireland in resisting a hard border on the island," said Mr Hughes.

Terrorism was a regular feature of 2017 with atrocities in Turkey, Manchester, Las Vegas, Florida, Barcelona, Texas and London – on three occasions, said Mr Hughes.

Closer to home Mr Hughes took delegates through some events that marked the year in Ireland. He said that nurses and midwives stood in solidarity with fellow emergency workers when rescue mission 116 crashed and the crew Captain Dara Fitzpatrick, Mark Duffy, Ciaran Smith and Paul Ormsby perished in the sea when their rescue helicopter crashed.

He noted that Enda Kenny stepped down as Taoiseach and was replaced in June by Leo Varadkar, Ireland's youngest ever Taoiseach.

Pay

For INMO members, he said that workload, poor working conditions and pay were the key issues. The year commenced with a mandate for industrial action arising from the failure of the HSE to deal with the lack of staffing and the need to recruit and retain nurses and midwives.

"The previous year had seen the INMO conclude an ED Agreement, which provided for additional staff in EDs to care for admitted patients. However, the numbers agreed had still not been reached by the end of the year because all efforts to recruit by the HSE proved ineffective. Where they did manage to recruit, others left from the burnout caused by excessive workloads,"

Mr Hughes said that intensive negotiations in late January and early February led to a comprehensive set of proposals and a funded workforce plan which would allow the nursing and midwifery workforce increase by 1,224 in the year 2017.

"The lack of trust for their employer from INMO members led to this being the second agreement which had unprecedented and exceptional monitoring arrangements built in to ensure compliance with the terms of the agreement," he added.

As the end of 2017 approached however, the targeted 1,224 additional positions had not been reached despite major efforts by the HSE to recruit.

"The level of attrition from nurses and midwives through burnout almost eliminated any gains which were made in terms of recruitment," said Mr Hughes.

He said that it was "abundantly obvious" to INMO that the staffing commitments could not be reached without addressing the question of the pay and conditions of nurses and midwives generally.

The Organisation subsequently prepared and presented a comprehensive case to the Public Services Pay Commission (PSPC) as to why nurses and midwives needed special attention if these problems were to be dealt with.

"The PSPC was mandated to report to government in the first half of the year in order to prepare for negotiations of a new public service pay restoration agreement for implementation in 2018. By negotiating commitments from government and the HSE to have funded workforce plans for the years 2017, 2018 and 2019, the Organisation had created a negotiating position purely focused on pay and conditions when entering those national pay talks in June," said Mr Hughes.

Mr Hughes said that 2017 saw the final

ADC for Liam Doran as general secretary when he announced his intention to retire at the end of the year. According to Mr Hughes, Mr Doran continued to give everything he had to the negotiations which followed the conference on a new national pay restoration agreement.

"Through skilful and lengthy bargaining sessions at the WRC, the INMO negotiators successfully persuaded the other Congress unions and the Department of Public Enterprise, Trade and Reform that there was a crisis in nursing and midwifery and that it deserved special priority attention in any new agreement. Ultimately, the new agreement provided for grades which were experiencing recruitment and retention difficulties, to make submissions to the Public Service Pay Commission and, if deemed to be in crisis, could have special measures applied during the lifetime of the agreement," he said.

"Achieving such a commitment, which included a written statement that nurses and midwives, along with doctors, would be the first group to be dealt with by the PSPC represents an unprecedented and highly significant negotiating feat on behalf of INMO members. The realisation of its benefit, however, depends on the good faith of those who are party to the agreement and in the second half of the year, the Organisation found itself making, yet again, another comprehensive, evidence-based submission to the Commission in what often felt like an exercise of proving the obvious," he added.

ED overcrowding

As 2017 came to an end, the overcrowding crisis continued. Mr Hughes recalled the increasingly high numbers of admitted patients on trolleys recorded by the INMO trolley/ward watch and said that it "had become obvious that it was no longer a winter crisis but an all year round one, with some of the hospitals perpetually in full capacity protocol".

"That is an intolerable situation for patients and staff and amounts to the overcrowding of entire hospitals. While capacity is the overall problem, the continued use of full capacity protocol is an abuse of the escalation system and is a demonstration that where it is occurring with such frequency, amounts to it being used as a first rather than last resort and a breach of agreements with the INMO in regards to emergency department overcrowding and escalation policies," he added.

Looking ahead

Throughout 2017, Mr Hughes told delegates that the INMO, in its fight for nurses and midwives, was a constant feature on all media platforms.

"The frustration of nurses and midwives with the slow pace of pay restoration and the inequality of being paid less than their peer group of professionals in the health service, has caused much angst and tension. However, no effort has been spared in advancing that cause both publicly and through procedures, and the year coming will be a real test as to whether procedures can deliver or whether the old system of having to resort to industrial action, in order to be heard, is the only one that works."

Mr Hughes said that the resolve of nurses and midwives to use industrial action in 2018 if the system fails them was strong. Paying tribute to the recruitment and training of new activists, he said that it was refreshing to see those who have been stalwarts of the Organisation supporting their new colleagues every step of the way.

"It is through unity and solidarity that nurses and midwives, members of the INMO, will ultimately achieve the goal of fair play and fair pay in our health services," he said.

He concluded his review by paying tribute to Phil Ní Sheaghdha, Liam Doran's successor as general secretary. "I have worked with Phil almost as long as I worked with Liam. I have known her for a long time. She is a nurse, she is a trade union official, she is a real leader and she has my absolute confidence."

Mr Hughes had warnings for members of the government and opposition "not to mess with Phil Ní Sheaghdha – she will fight just as hard and even harder to achieve the nurse and midwife's day in the sun that they so richly deserve."

Conference calls for handover admissions pause

PROTECTED handover time is critical to ensuring safety in patient care. This was according to Aisling Byrne from the Drogheda Branch who was proposing a motion calling for the INMO to pursue the HSE for a pause in admissions during day and night duty report/handover. This pause should include all admissions and internal transfers of patients and residents, in order to allow for the "safe, detailed handover of existing patients and residents".

Ms Byrne added that due to the level of information and the number of patients being handed over in busy wards it was almost inevitable that mistakes would be made or test results mixed up.

Moira Wynne of the Dublin South West Branch, said that nurses were under huge pressure and that the current situation was completely unsafe and that it was only a matter of time before something really bad would happen.

While some members questioned how it would work – Trish Tracey from the Kilkenny Branch said that you can't stop patients coming into the ED – Bernie Stenson from the Executive Council told delegates that St Vincent's Hospital ED where she worked had protected time on each side of the handover and that it worked well.

Edel Peoples from the Letterkenny Branch said that there were two issues at play here; staffing and rostering. She said that currently there was insufficient time for handover. She called for the motion to be remitted to council so that "we can look at what is going on around the country and see what is working".

Karen Clarke of the Executive Council spoke in favour of the motion explaining that they had successfully used this system as part of a work to rule in Our Lady of Lourdes Hospital in Drogheda.

Karen Clarke, Executive Council, said that a pause in admissions during handover encouraged safe practice

"The pause is a designated amount of time that allows staff enough time for a safe, detailed handover, therefore it protects patients and our members by encouraging and promoting safe practice," she said.

The motion was carried.

Delegates gear up to take action if Pay Commission fails to deliver

ADC emergency motion calls for action if Pay Commission process fails to deliver on claims for pay parity. **Tara Horan** reports

WITH the due date looming for the Public Service Pay Commission's recommendation on nursing and midwifery recruitment/retention issues, an emergency motion at the INMO ADC expressed a sense of foreboding about the outcome.

Among other national indicators, concern arose from the recent survey carried out on behalf of the Pay Commission to determine underlying difficulties concerning recruitment and retention. Undertaken without consultation with the INMO, the survey had a total of 44 questions, only one of which dealt with pay – which gave rise to concern and apprehension and was behind the Executive Council putting an emergency motion to ADC.

This motion, proposed by INMO first-vice president Mary Leahy, called on delegates to direct the incoming Executive Council to only recommend acceptance of proposals that emerge from the Pay Commission process if substantial progress is made on claims for parity.

"If procedure lets us down or we believe that it has been manipulated to prevent nurses and midwives getting equality of pay with allied healthcare professionals, across the scale, we will mobilise and ensure that we stand as one," said Ms Leahy. "Knowing the road that needs to be taken, we will take it without hesitation to protect patients and to ensure future generations of nurses and midwives obtain parity of pay with our comparative healthcare professionals."

Mary Leahy, INMO first-vice president: "If procedure lets us down, we will mobilise and ensure that we stand as one"

Margaret Frahill, INMO second-vice president: "It is short-term thinking and short-term planning that has led to this crisis"

> If procedure lets us down, or we feel it has been manipulated to prevent us getting equality of pay with allied healthcare professionals, we will mobilise and ensure that we stand as one

She told delegates the INMO has fully complied with all processes for pay restoration to date. The Organisation had a monitoring process built into the Emergency Department Agreement 2016 and the Funded Workforce Plan 2017 in order to ensure compliance with the terms and conditions because of a complete lack of trust in the employer.

"Those agreements prohibited us from dealing with the cause of the crisis, which is pay, and as a result attempts by the HSE to recruit nurses and midwives met with failure – and in fact worsened due to the complete failure of the HSE to also retain nurses and midwives. It was abundantly clear that our staffing crisis could never be addressed without addressing the low pay in our professions. And this could only be addressed under the Public Service Pay Commission," Ms Leahy said.

Seconding the motion, Margaret Frahill, INMO second-vice president, presented delegates with some facts to illustrate why nursing and midwifery is now in crisis and cannot recruit or retain. This is a three-pronged problem:

- Firstly nurses/midwives in Ireland work a 39-hour week – 1.5 to 2 hours more than nurses/midwives in other countries and by allied healthcare professionals in Ireland
- Secondly, the hourly rate for a nurse at maximum point of scale in Ireland is €22.50, compared to higher rates in other countries such as Australia where it is €30 an hour
- Thirdly, a nurse on the fifth point of scale is on the same salary as a healthcare assistant on maximum of scale – this anomaly has to be addressed as the HCA reports to the nurse and the nurse is accountable.

On overseas recruitment, Ms Frahill said the HSE spent €10.3 million in 2016 recruiting from overseas, adding that it costs €9,500-€11,000 to recruit and adapt an overseas nurse to work in this country.

On allied healthcare professionals, she said after one year they earn €37,410 compared to a nurse who would be on €30,800, stressing that they also have a shorter working week. "It is no wonder that out of 1,500 nursing/midwifery graduates this year, over 70% are planning to emigrate. It is short-term thinking and short-term planning that has led to this crisis. I want Health Minister Simon Harris to hear us today – if our pay and issues are not addressed, there will be no Irish nurses working in the profession. Minister invest now and reap the rewards."

Extended debate on the motion elicited passionate backing from delegate after delegate. Jo Tully, Dublin South West Branch, said: "We are ready to take action and we want to take action."

Bridget Brennan, Kilkenny Branch, said: "Why have we got ourselves into this problem? It's hugely about pay. A student graduate teacher is on €35,000 while a student graduate nurse is on €28,000 – that didn't happen last year or the year before. We've been falling behind for 20 years."

She pointed out that we had to look for new sources of recruitment, pointing out that young people going into social care should have a pathway later on into nursing.

Sandra Morton, Operating Department Nurses Section and Dublin SW Branch said: "How insulting – we've had mansplaining, HSE-splaining, politician-splaining and now we have the Public Service Pay Commission-splaining to tell nurses what it is they should be doing. The 'splaining' bit means telling us in a condescending tone what we should be doing. This is supposed to be a Pay Commission and suddenly they ask us only one question on pay out of 44. They know well what's wrong but they don't want to admit it and don't want to acknowledge the role that nurses perform and they certainly don't want to pay us. But unfortunately this time the INMO can't be for turning because I have had enough and I'll be out of this country. I've left before and I'll leave again."

Siobhan O'Brien, Cork HSE Branch: "We are the professionals who are accountable. It is just unbelievable to think that someone with no professional qualification is on higher pay than nurses as professionals who are accountable. We are the ones held to account if anything goes wrong. Nurses are the cornerstone of the health service. We need to be given that recognition. We need to be valued."

Eilish Fitzgerald, Executive Council: "We are the poor relations but we do deliver fantastic care to all our patients.

"We are here to send a message to the Minister and the government – if the recommendations do not refer to pay as an issue, we will be out"

I say to Minister for Finance Paschal Donohoe – take heed, we want action and we will have action if our claim is not made. We have stayed in procedure, but the big bus will be coming so you better deliver Pay Commission."

Karen Clarke, Executive Council: "We are here to send a message to the Minister and the government that we've had enough. If the recommendations do not refer to pay as an issue, we will be out. The government has exhausted every approach with absolutely no success. Only 91 successful applicants in the 'bring them home' campaign and 50% left within a year! Bring them home to what? To poor pay and poor conditions – it should be called 'send them away'. 70% of our graduates are telling us that they will leave. This will be a year of action."

Anne McGowan, Sligo Branch: "Year after year at conference we have talked about pay and conditions and the need for equality. Successive governments, Ministers for Health and departmental officials have let us down. The INMO has never let us down. Any improvements in pay and conditions that have been achieved down through the years has been through the great leadership that this union has. You know that line – 'show us the money' – well the time is now for us to see the money. Let's stand together, let's do it together – the time for equality is now."

Maria McLaughlin, Inishowen Branch said Ireland was 20 years behind other countries when it came to nurses' pay: "I trained over in Boston and have been living in Ireland for the past 25 years. I made more as a newly qualified staff nurse in Boston than I did until I got my senior staff nurse grade here. It took me 20 years to make as much money as I left behind when I came to live in this country."

Pointing to the cervical screening scandal, Edel Peoples, Letterkenny Branch, lamented the way women have been treated in this country. "Because we're predominantly a female profession, they think we'll take it. Well we've put that behind us – we want to be recognised for the service we give this country and I'm asking Minister Harris to do that now!"

General secretary's update

After the motion had been overwhelmingly carried, INMO general secretary Phil Ní Sheaghdha updated delegates on the process. She said the INMO had been invited to meet the Pay Commission on May 15 – being allotted a short 30 minute slot – ahead of the issuing of its report which is expected late May/early June. As agreed this is to be the Pay Commission's first recommendation, as nursing/midwifery were deemed to be professions in crisis.

Ms Ní Sheaghdha stressed: "The Public Service Stability Agreement is clear that there can be no knock-on claims for anything recommended for nurses/midwives as it states that unless a group goes through the procedure of being examined by the Pay Commission and has awards made, then it doesn't have a right to claim that because nurses/midwives got an award, it should get one too.

"There are ample protections within this agreement to ensure if there is a will to correct the wrongs in nurses and midwives' pay, that now is the time to do it. The protections are within the agreement. If procedure lets us down it is time to relook at how public service pay negotiations are conducted because if they can't correct the lowest paid professional grade – what are they about?"

Concern over HSE social care system

Delegates at the ADC said patients in the community were being denied care and dignity over concern for costs. **Alison Moore** reports

MARY Kelly-O'Donnell of the INMO's Castlebar Branch in proposing a motion calling for a review of the HSE's new model of social care provision in the geriatric, acute and community care services, asked delegates to bear in mind the Executive's own mission statement for the social care department: "To maintain and support people to live at home and in community and to promote independence and lifestyle choices as far as possible."

The HSE provides services including homecare packages, which Ms Kelly-O'Donnell said were now sub contracted to up to 32 approved providers. As part of the process for home care packages she said that applicants are screened by PHNs who look at activities of daily living, mobility, ergonomics skincare, BMI, socialisation, continence and isolation, and they are then referred to the appropriate discipline.

"A lot of our referrals would go to the home help department, ie. social care for basic needs not being met such as personal care, nutrition, trips, falls, prevention, safety and heat – the basic things to keep you alive… Remember that mission statement to promote independence? Yet you have to be bed ridden to get a home help service," she said.

"There are multiple service providers and the problems we are having on the ground go from no communication to poor communication, home helps not turning up for work, especially on weekends, care plans not happening, no trusting relationships being built with the client, no continuity of staff, disjointed care and no follow up to incident reports," Ms Kelly-O'Donnell added.

Mary Kelly O'Donnell, Castlebar Branch

She said that many clients who need assistance are not provided with it due to the lack of resources. They then continue to deteriorate.

"We are fed up and overworked. We are treated as clerical support for social care department. We are a group of professional people who cannot get on with our jobs," she said.

Jacinta Flynn, Castlebar Branch, in seconding the motion, said that when patients are not awarded social care their families can often take their frustrations out on the PHN.

"The HSE think that they are God, with no head or tail or body. We all have to put up with it. We all need it. And if you are lucky you won't die," she added.

INMO president Martina Harkin-Kelly added her voice to the debate.

"It is a national disgrace that elderly people are left wet and cold in their homes over the weekend. I think that it incumbent on the HSE to feel ashamed for that state of affairs with regards to the so-called social care model, which is really a cost-of-care model in guise," she said.

Siobhan O'Brien, Cork HSE Branch, said that in 21 years of working in the community she had seen many changes but described the recent division of services within the HSE as a "real retrograde step".

"It makes no sense. We are constantly advocating, writing, documenting, doing paperwork. It is just not acceptable. There needs to be a better approach," she said.

Patricia Marteinsson, education officer with the PHN Section, referred to the new assessment tool that is being designed by the HSE to replace the CSARs that can be used by any healthcare professional, which means that a nurse may not be involved in the assessment of a patient's nursing needs. "I find that a huge step back… It is all about breaking down and outsourcing the core element of nursing and we can't have that if we are to provide good care to our fathers, mothers, aunts and uncles and probably ourselves in our old age," she said.

Karen Eccles, Executive Council, said that the issue centred on dignity. "I have a friend whose mother had a hip fracture recently. She has a very supportive family but there was one day a week where they had a 20-minute slot they couldn't cover. She was given an assessment and as told that they would not provide any care at all in the period where the family could do it but they agreed that they would dress her on the day with the 20-minute window – from the feet to the waist only!"

Jean O'Connell, Cork HSE Branch, said that the measure of civility of a nation is how it treats the vulnerable of society.

"The state should hang its head in shame to treat an elderly frail generation like this. This is a generation that built up the state. They worked in an era where they paid 65% tax, they were up early and worked late… the least we can do is give them some dignity in their old age."

Following the motion being carried, Tony Fitzpatrick, INMO director of industrial relations told delegates that in supporting the motion they had allowed the Organisation to pursue the matter with the HSE and Department of Health with "even more vigour".

"Every PHN, CRGN, indeed every nurse working within the system, would be able to tell you stories about how the HSE is letting down patients on a daily basis because of the systems that are in place. What we see is layers and layers of bureaucracy making it more difficult for frontline workers to provide care for patients and the fact that you have passed this motion, will allow us to address those issues," he said.

Mr Fitzpatrick said that what happened in the Mid Staffordshire Trust in the UK where little attention was paid to the potential impact of cost saving measures on the quality of care delivered and safety should be borne in mind.

"Cost of care is being re-iterated within all the corridors of power in the HSE. We all know and the research has shown that when you focus in that area patient care is compromised. We want to ensure that patients are protected and also ensure that nurses and midwives are allowed to deliver quality care to patients," he said.

Scandal of infants born to homelessness

Catherine Sheridan, Executive Council

"IT IS a depressing and sobering reflection on Irish society today that one in seven children is homeless," said Catherine Sheridan, Executive Council, calling on conference to support a motion condemning the failure of government to ensure the provision of adequate housing for all vulnerable families.

The motion further stated that this was a failure by government to ensure the safety and welfare of our children and that the INMO was calling on it to immediately implement sustainable solutions to provide adequate housing for all families with children under the age of 18.

Ms Sheridan referred to earlier testimony of a PHN delegate who had spoken of the many infants born into homelessness in her catchment area.

"The government is failing our vulnerable children. It is their human right to be provided with appropriate shelter and accommodation, suitable to their needs," she said.

Seconding the motion, first-vice president Mary Leahy, PHN, spoke of getting birth notices to hotels where families were living in temporary accommodation. She said the government needed to be condemned as "childhood and infancy doesn't wait".

The motion was carried.

Call for greater oversight of national agreements

THE INMO is to pursue the HSE and the Department of Health to ensure there is greater oversight of agreements reached with the Organisation – both locally and nationally.

Proposing the motion, Karen Eccles, Executive Council, said the INMO entered into Haddington Road, Lansdowne Road and other agreements in good faith. The Public Service Stability Agreement states that problems and disagreements that arise should be dealt with in an effective and timely manner.

However, she said "it is abundantly clear that something is not working", pointing out that the Emergency Department Agreement 2016 has a taskforce to monitor its implementation with support from the Special Delivery Unit, yet this year is recording the highest ever number of patients on trolleys.

"Failure of employers at local level to honour and implement agreements, protracted delays in filling staff vacancies, converting agency staff to permanent posts, offering flexible working arrangements and providing maternity leave cover are not being monitored sufficiently or acted on by those tasked to do so, with increased risk for both patients and staff," Ms Eccles said.

Ailish Byrne, Executive Council: "Where there is no oversight there is no trust"

Other agreements she listed as not implemented included:

- Targets set for increasing nurse staffing numbers in 2017 – not met despite quarterly reviews
- Identified targets on midwifery posts for the same period were also not met.
- Applications for staff to revert to pre-Haddington road hours have been rejected 100% in some areas

"The ability to enforce agreements and resolve disputes are fundamental if the integrity of the industrial mechanism of the State are to be respected. It's a matter of trust," said Ms Eccles. "If we are promised a national roll out of the framework for staffing and skill mix, can we trust the powers that be to deliver? We must be very cognisant going forward seeking robust processes and governance that we can formally challenge government and HSE breaches of established and agreed timeframes that must be met."

Seconding the motion, Ailish Byrne, Executive Council, said: "Where there is no oversight there is no trust, no change and no improvement. To honour an agreement is to maintain integrity. Broken agreements lead to a lack of trust, confidence and productivity, thus leading to a poorer health service. Simple oversight will lead to trust, confidence, integrity, efficiency and productivity. We as members must pursue the employer to maintain their integrity and they must do the same with us. Agreements are nationally binding and must be applied and overseen in each local area".

The motion was carried.

Use of temporary contracts condemned

"WE NEED nurses and midwives on permanent contracts to fill vacant permanent posts," Maria McLoughlin of the Inishowen Branch told delegates, calling on conference to condemn the practice of issuing temporary contracts to fill such posts.

"The use of temporary contracts to fill permanent posts is unacceptable. Temporary contracts are not a way to retain nurses within the health service. These nurses won't remain in the health service because there is no permanency," Ms McLoughlin said, pointing to evidence from the nursing and midwifery internship survey.

"They will seek permanent employment elsewhere, be it in the private sector or outside of the jurisdiction," she said.

"Therefore, in order to maintain good standards of care for our patients, we need nurses and midwives who are employed in permanent contacts to fill all permanent vacancies."

The motion was carried.

HSE attack on primary care nurse management structures deplored

A "dangerous attack" by the HSE on nurse management structures in primary care settings was denounced in an emergency motion proposed by Grainne Walsh of the Executive Council.

The currently strong and co-ordinated nursing management presence in the director of public health nursing role "will be rendered a shell of a post with clinical responsibilities, but zero authority," Ms Walsh said, warning current proposals are attempting to place non-clinical managers at the helm of the services. "This will cause "a serious dilution of the nursing leadership in primary care settings."

She warned: "The HSE is seeking to place unregistered and unregulated people in control of the services at a time where professional accountability and responsibility is central to the delivery of safe patient care."

These proposals run directly contrary to the *Sláintecare* vision for the future of healthcare in Ireland, she said.

Seconding the motion, Eilish Fitzgerald of the Executive Council said: "These reforms will save no money from a nursing point of view, but at the same time prior to the implementation of *Sláintecare,* will introduce a new management structure which will see a proliferation of new non-clinical managerial posts, including 90 network mangers within community healthcare organisation," which she said was a major expenditure in management structures at the expense of service delivery.

"At present community nurses are relying on their clinical managers to direct the rationing of resources to areas of most need in the community. To countenance an attack on nursing governance structures is to countenance an attack on care in the community," she said.

Ms Fitzgerald called for the Minister for Health to immediately intervene "to ensure that the HSE abandons this dangerous, out-dated and ill-conceived attack on nursing in the community, and instead to ensure that focus remains on *Sláintecare* and the improvement of health service delivery in Ireland."

Grainne Walsh, Executive Council, warned that the HSE was seeking to place unregistered and unregulated people in control of services

Aideen Smith from the Galway Branch said: "We need management with clinical and nursing experience. It'll become like a business with revolving doors," she said, warning that accidents will happen.

Terri Finnerty, PHN Section, said: "If the decision makers don't understand what the needs of the patients are on the ground, they can't help us."

Ann Marie O'Reilly from the Dublin Northern Branch said: "Lay managers are not regulated and are therefore not accountable. If we have them managing us, we'll be up before fitness to practise."

Mary Tully, Cavan Branch, said: "We need strong nurse mangers to provide proper governance of our work. Lay managers wouldn't know how to assess what we do. You cannot reduce the nursing profession to a laptop time and motion study."

The motion was carried unanimously.

Motions at ADC identify need to offer students more support

INMO members have backed a call to increase the number of student nurse training places alongside the need to increase the clinical placement allowance and to review the accommodation allowance

Proposing the motion, Ethan O'Regan of the Kilkenny Branch said that it was "hardly surprising" that our highly skilled graduates were considering leaving for employment abroad after they had accumulated the expenses of their supernumerary clinical placements.

He cited the case of one student who was assigned a clinical placement 128km away from their place of study, which placed them under a huge burden of expense.

Karen Clarke of the Executive Council seconded the motion, stating that students were the "key the profession's future" and that government needs to invest in the profession.

"Start with students. Send them a message that they are valued. The allowance has not been reviewed in 14 years and the cost of accommodation is simply too high," she said.

Margaret Frahill, second vice president, encouraged delegates to bring the findings of the INMO's student survey back to their places of work for other staff to read, saying: "We need to look after our students. They are our future."

The motion was carried.

Meanwhile a further motion called for undergraduate training to offer more mental health awareness and support for nurses and midwives in training.

Claire Kane of the Student Section, who proposed the motion, told delegates how one of her classmates had been violently physically assaulted in a residential care setting and how another was stalked by a patient after finishing work and despite being severely shaken by these events they were expected to return to placement the next day.

Other students experienced the death of a child in their care and an elderly man in severe post-op pain saying he wished he had died in surgery.

"Students are not being given the mental health support to cope in any of these challenging situations. All of us went home and thought 'I don't know if I can do this'."

She said that students were not being looked after and the system was failing them. She asked delegates why this had to be the case.

"Will this constant struggle and lack of support make us better nurses?"

This motion was also carried.

Concern for safety of children in EDs

INTERNATIONAL best standards must be implemented to ensure the safety of children attending emergency departments and in all acute hospital settings in Ireland, the National Children's Nurses Section said in a motion to ADC.

Outlining the different care needs of children, Eileen Tiernan, section chair, said: "We need nurses who have the observation skills and are aware of the subtle cues of impending deterioration in children and can intervene in a timely manner. The nurse triaging a child in ED should be an experienced children's nurse with specialist ED postgraduate education training – that's the gold standard."

Barbara Webb, section secretary, said Ireland is the first country to introduce the early warning score nationally, which has standardised observation and created a common language among nursing staff. The three children's hospitals are working on amalgamating nursing guidelines, policies and procedures. The vision is that National Children's Hospital standards will be applied in all paediatric units throughout Ireland. "It's critical that when a child comes to an ED they are triaged and cared for by a registered children's nurse in order to provide standardised nursing care and to address the unique needs of the critically ill child," she said.

Emma Murphy, Emergency Section, who works in an ED catering for both paediatric and adult patients, said children are continuously exposed to adult patients with substance and alcohol abuse problems. "This is not an appropriate nor safe way to provide adequate care for these vulnerable patients".

Catherine Sheridan, Executive Council, updated delegates on the workforce planning group for children's nursing, which is due to issue a recommendation shortly on the minimum staffing levels required for paediatric nursing in this country.

The motion was carried.

NMBI must clarify plans for CPD

CONFERENCE has backed a call for the NMBI to clarify what constitutes continuous professional development and how registrants will be expected to meet the requirements of any such schemes introduced.

In a motion proposed by Eilish Fitzgerald of the Executive Council, delegates backed a call for the Organisation to seek the NMBI to hold consultations on future CPD schemes with nurses and midwives close to their places of work.

Ms Fitzgerald also called for the scheme to be "realistic, achievable and affordable" as well as relevant to the professions. She further said that nurses and midwives wanted the option to do schemes online as well as face to face and that facilities – namely areas away from the ward and office with computers compatible with HSE Land – need to be set aside for this purpose.

Ms Fitzgerald also stressed that time must be set aside by the employer for CPD and there should be no onus on the nurse or midwife to do it on their own time.

ADC focuses on Framework and innovation in the workplace

AS WELL as debates on more than 50 motions and presentations from INMO officers/directors and national figures, the three-day annual conference featured presentations on the Framework for Safe Staffing/Skill Mix as well as several speakers focusing on the conference 'Innovations in Practice' theme.

Prof Josephine Hegarty, UCC

Framework for Safe Staffing/Skill Mix

Prof Josephine Hegarty, UCC, updated delegates on the research involved in the framework for nurse staffing. She set out the findings of the research conducted by University College Cork in relation to patient outcomes linked to nurse staffing levels and skill mix.

This was followed by presentations from Mary Heffernan and Aisling McCaughey from Beaumont Hospital, Dublin, who worked on the wards where the framework was piloted. They outlined their experience of this project, which based nurse staffing levels on patient dependency levels, and outlined how staff had found the framework very effective for measuring staff requirements on a daily basis.

The above presentations will be covered in detail in a forthcoming issue of *WIN*.

Innovations in practice

Six members gave engaging presentations on innovations they have helped to introduce in their areas of practice. Each of these demonstrated how nurses and midwives are leading the way, with the aim of improving patient care.

Each of these presentations will be covered in detail in a new 'Innovations in Practice' series in *WIN* in the coming months.

The six areas focused on at conference were:

- Cutting waiting lists
- Wound care
- Crutch project
- Midwifery
- Community intervention teams
- Sexual assault treatment units (SATUs).

Edel Peoples awarded this year's Gobnait O'Connell award

Winner praised for her commitment to members in the north west

EDEL Peoples former Executive Council member and union rep in Letterkenny General Hospital was presented with the INMO's prestigious Gobnait O'Connell award at this year's annual delegate conference in Cork last month.

Edel was nominated by her colleagues in the Letterkenny Branch who described as a long-time dedicated member who had worked on behalf of the INMO for many years.

They said: "At branch meetings Edel is always well informed on current issues and encourages all members to take a proactive role in addressing those issues.

"As a member of the Executive Council, she worked tirelessly, demonstrating her absolute dedication to representing members' interests at decision making level, attending all Executive meetings."

They also said that Edel has played an important role in recruiting countless new members to the INMO over the years.

Her passion for the Organisation was plain to see.

"Edel is no stranger to the ADC and those of us in attendance at conference over the years have been privileged to listen to her articulate, passionate contributions to the debate on motions before conference. Indeed her presentations at regional and national meetings are so passionate we in the Letterkenny Branch feel that Edel epitomises the dynamic spirit of Gobnait O'Connell.

INMO general secretary, Phil Ni Sheaghdha said: "Edel has shown incredible commitment to the INMO and to the members she represents. She truly deserves this award and I thank her sincerely, on behalf of all at the INMO, for her sterling work for both members and patients. Congratulations Edel!"

Gobnait O'Connell Award 2018: *Pictured at the presentation of the award at the ADC were (l-r): Martina Harkin-Kelly, INMO president; Margaret Patton, Edel's aunt; Phil Ní Sheaghdha, INMO general secretary; Edel Peoples, award winner, Letterkenny Branch; Mary Leahy, INMO outgoing first-vice president; and Josephine Fullerton, Edel's aunt*

CJ Coleman Award 2018

CJ Coleman Award 2018: *This award was presented to Diana Malata, Royal Victoria Eye & Ear Hospital (RVEEH), Dublin for her research and development of a nurse-led corneal crosslinking service at the RVEEH. Pictured at the award presentation at the ADC in Cork were (l-r): Steve Pitman,INMO head of education; Diana Malata, winner; Andy Bradman, senior executive at CJ Coleman; and Martina Harkin-Kelly, INMO president*

Preceptor of the Year 2018

INMO 'Preceptor of the Year' for 2018: *This award was presented to Sandra Healy, a midwife at University Hospital Limerick who was nominated by Deborah Hadley, a student midwife at UHL. Pictured at the presentation were (l-r): Ivan Ahern, Cornmarket; Margaret Frahill, INMO outgoing second-vice president; Sandra Healy, winner; Deborah Hadley, UHL; and Ray O'Leary, Cornmarket*

INMO ADC 2018

Tony Fitzpatrick, INMO interim director of industrial

PHN contract agreement

Several PHN members have contacted the INMO about their contracts of employment, due to the fact that they have not received a permanent contract from the HSE. This is particularly relevant to those qualifying from 2015 onwards.

I requested an update from HSE on the issuing of revised contracts to the individuals covered by the INMO/HSE agreement on PHN contracts 2018. I also requested confirmation that the revised agreed PHN contract is being issued to PHNs who have qualified since 2015.

On May 21, 2018 the HSE, via Health Business Services, clarified to the INMO that the contract agreed between the INMO and the HSE will be issued to employees covered by the agreement immediately. The HBS said the process involves contacting the relevant PHNs to confirm postal address and provide NMBI registration details, and on receipt of same the revised contract of employment will be issued. The contracts to be issued to all relevant PHNs and new appointments from 2017 will be as per the agreement.

Thank you

THE industrial relations subcommittee of the Executive Council vital to the INMO's IR function. As the new Executive Council begins its term, I would like to acknowledge the hard work of the IR subcommittee members over their tenure 2016-2018, Ailish Brennan, Karen Eccles and Bernie Stenson but in particular out-going members Mary Leahy Kay Garvey, Mary Gorman, Maria Hernandez and Bridget O'Donnell.

Changes to PHN transfer panel now in operation

FOLLOWING a ballot on proposed changes to the public health nurse transfer panel, INMO members voted 94% in favour of the proposals.

PHNs on the panel have been contacted about their geographical preferences and will receive an expression of interest notification solely for their chosen area.

Posts will be offered to the highest-ranking person on the geographical area panel who expressed an interest in the post. If the preferred geographical area is offered and refused, the PHN will move to the bottom of that area's panel, but in all other cases, the individual remains on the panel.

However, if a vacancy cannot be filled by consulting the geographical area of choice panel, it will then be offered to the highest-ranking person on the overall panel who has expressed an interest in the post.

Having confirmed the geographical preference for the current 200 plus PHNs on the transfer panel members, management identified 97 WTE vacancies as of March 2018. A further 53 posts are approved to bring the student PHN intake in 2018 to 150. This means that 150 posts will be offered to the PHN transfer panel based on the new arrangements. The 150 sponsorship places were secured by the INMO as part of the Recruitment and Retention Agreement 2017.

The HSE has sought data through the CHOs on the 53 additional posts and this was completed by April 30, 2018. An offer of transfer will be made regarding these posts to those on the transfer panel based on geographical preference. The advertisement for the 2018 student PHN intake was be placed on the HSE website in early May.

There are significant vacancies within the Dublin region and a significant number of PHNs seeking a transfer out of Dublin to other areas. These factors will impact on the release of PHNs based in Dublin.

To this end, the INMO has sought a meeting with the HSE, which is due to take place on May 30, 2018.

In addition, the Organisation believes it is clear the staffing complement for each area needs further examination as there appears to be no weighting allowance in the WTE complement to facilitate annual leave, parental leave, maternity leave etc. Generally, in other settings the weighting would be between 20-24%.

Interim report on S39 pay restoration

AN interim report on pay restoration in section 39 funded organisations has been received by the INMO, via the Irish Congress of Trade Unions.

This is further to an agreement reached at the Workplace Relations Commission on February 9, 2018 where it was agreed that an assessment exercise be undertaken to plan how to address issues in dispute and to create possible solutions, towards achieving pay restoration in section 39 funded organisations

A pilot sample of section 39 organisations with sizable staffing and significant public funding was selected to address the issues in dispute by means of an analysis and means assessment exercise.

The HSE communicated with 50 organisations, the section 39 pay restoration questionnaire and data gathering template. Of these, 41 agencies returned the questionnaires, with varying levels of completion and data disclosure.

The HSE is proposing that:

- It will consider each section 39 agency individually
- S39 organisations are to make formal applications for additional funding for pay restoration
- A standard, simplified application form will be available to the agencies that wish to apply
- Each application will be signed with an affidavit attesting to the true and fair view of the representation made
- The affidavit will be signed by the chairman and one other board member
- Each application may be subject to an external audit process for validation.
- Audit resources to be identified.

The interim report is being considered by the INMO and other unions and was due to be discussed at a Congress meeting convened in late May 2018. Further updates will issue to the membership in due course.

relations, reports on current national IR issues

Compensation agreed for Storm Emma/Ophelia

AGREEMENT has been drafted to recognise and compensate staff for work done during Storm Emma and Storm Ophelia, following successful negotiations with management by the INMO, as a member of the trade unions staff panel.

Storm Emma

While a formal circular giving effect to this agreement is awaited, the principles governing arrangements for leave and recognition during Storm Emma from Wednesday, February 28 to 9am on Saturday, March 3, 2018 (three days in total) are:

- Those rostered who could not attend work will be granted paid emergency leave for each of the three dates (three days in total). If a staff member was prevented from attending work outside of these dates (eg. on March 3-4), annual leave must be taken unless the scheduled attendance at work was cancelled by local management, in which case no leave is owing from the employee
- Those who attended work on the three days will be granted one day TOIL for each day worked on these dates
- To acknowledge the efforts of staff who were requested to present to the workplace prior to the beginning of to their shift, the agreement is:
  - 0-1 hour before rostered start – €0
  - >1 to 4 hours before rostered start – €38.20
  - >4 hours before rostered start – €76.40
- To acknowledge the efforts of staff who remained onsite or in accommodation provided to cover absences and keep vital services going, from 8pm on February 28 to 8am on March 4, the employee will receive an acknowledgement of €76.40, for each period per calendar day *(see examples in panel)*
- Those who worked above their rostered hours as requested by management will have all such hours paid at appropriate overtime rates for their grade
- Employees requested by management to book into accommodation will have the costs (B&B plus one evening meal) reimbursed. Claims for compensation should be produced and addressed locally

A joint management/staff representative dispute resolution process will be established to address any grievances that arise from the implementation of these arrangements.

Staff whose work is rotational in nature and have an entitlement to the provisions set out above and are unable to avail of that entitlement in the current location may carry the entitlement to their next employment location. Where more favourable local arrangements have already been put in place they will continue to apply. A joint management/staff representative group will be established to oversee the implementation of this agreement. Any queries should be advanced to John Delamere Head of CERS, 63-64 Adelaide Road, Dublin 2.

The parties agreed that these arrangements do not set a precedent for any potential future adverse weather situations and cannot be quoted, by either side, in pursuit of any claim for past or future adverse weather situations.

A joint management/staff representative working group is to be established to develop and agree a protocol for dealing with potential future adverse weather situations. This protocol will be finalised by June 30, 2018.

Storm Ophelia

With regard to Storm Ophelia on October 16, 2017, those who were unable to attend work, or had to leave their place of work for health and safety reasons, were paid for the hours which they were scheduled to work, without having to take leave for the hours they were unable to work.

It is acknowledged that a significant number of staff were required and did attend for work, to ensure that critical services were delivered to the public. Local arrangements should therefore be agreed to recognise their required attendance on the day, and appropriate time or leave be credited to staff for time worked on October 16, 2017.

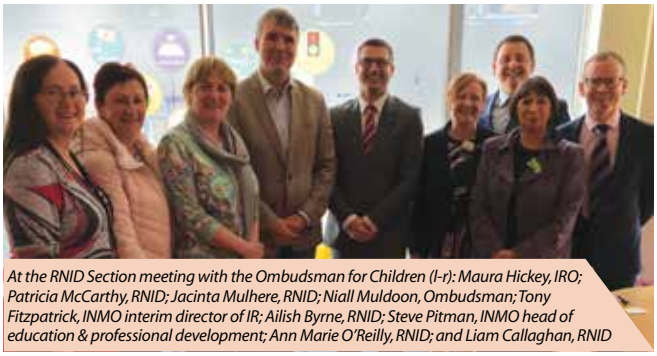
Examples

- **An employee rostered from 8am-8pm on March 1, 2018 who was asked by management to stay on and work the same shift on March 2 and asked to book accommodation in a local B&B**
  This employee should receive an acknowledgement of €76.40 in addition to costs for B&B accommodation, including evening meal
- **An employee rostered from 8.30pm on March 1 to 8:30am on March 2, who was requested by management to stay on and for the night shift on March 2-3 and was given accommodation in the unit**
  This employee should receive an acknowledgement of €76.40 x 2 = €152.80

ID services under focus

MEMBERS of the INMO Intellectual Disability Section and the INMO steering committee had two important meetings recently on ID services issues. These involved meeting with Siobhan O'Halloran, chief nurse at the Department of Health, and separately with Niall Muldoon, Ombudsman for Children. These meetings were extremely productive and allow for further engagement to take place.

The INMO also met with Jackie Nix, HSE assistant national director of HR, regarding disability managers and the 'Progressing Disability Services' national programme. At this meeting, it was agreed that a specific meeting would take place with the INMO on ID services, management structures and the Progressing Disability programme. It was agreed that this meeting will involve HSE and section 38 leads. It is hoped the meeting can be convened as soon as possible to work towards resolving several issues in the sector.



At the RNID Section meeting with the Ombudsman for Children (l-r): Maura Hickey, IRO; Patricia McCarthy, RNID; Jacinta Mulhere, RNID; Niall Muldoon, Ombudsman; Tony Fitzpatrick, INMO interim director of IR; Ailish Byrne, RNID; Steve Pitman, INMO head of education & professional development; Ann Marie O'Reilly, RNID; and Liam Callaghan, RNID

Abnormal now the norm in Letterkenny

Hospital refuses to implement nationally agreed full capacity protocol

INMO members working in the emergency department of Letterkenny University Hospital are fearful for the people of Donegal as the abnormal has now been accepted by local management as normal, with patients lying on trolleys in ED, treatment rooms and corridors, as opposed to appropriate beds on wards with proper facilities.

On May 15, 2017 at 8am there were 29 patients awaiting a bed on a ward, 12 of whom were in ED, 11 in the AMAU, two in treatment rooms and the remaining five on corridors. On the same morning, 14 other patients were being processed at 8am.

The hospital did not implement the nationally agreed Full Capacity Protocol in its entirety. It continued with services, despite the severe pressures that ED nurses were experiencing. Unlike other acute hospitals, Letterkenny University Hospital did not employ any additional nursing staff to care for admitted patients in ED.

The situation remained the same throughout the following week, with members' concern for patients rising and they themselves at breaking point.

Ms Hickey said: "INMO members are highly experienced staff who are being subjected to relentless pressure on a daily basis. They feel unsupported and are struggling, as the burden is falling on nursing staff. They are constantly apologising to patients for the inhumane conditions in which they endeavour to care for them. More nurses are needed to care for admitted patients in the unit and, once again, the INMO is calling for an independent review of admission and discharge processes in the hospital, and referral pathways from the community".

Record trolley figures

INMO trolley/ward watch analysis for January-April 2016-2018, showed a record 42,819 patients on trolleys in 2018 compared to 36,043 in 2017, for this period – a rise of 19%. The month of April alone broke another record with 9,335 patients on trolleys – the highest ever recorded figure for April and a 30% rise on 2017.

Table 1. INMO trolley and ward watch analysis (January to April 2006 – 2018)

Hospital	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Beaumont Hospital	1,629	2,123	2,785	3,020	3,384	2,316	2,670	2,547	2,185	2,750	2,821	1,285	1,076
Connolly Hospital, Blanchardstown	900	1,035	928	1,140	714	1,544	1,348	1,903	1,813	2,066	1,156	827	1,486
Mater Misericordiae University Hospital	1,826	1,601	2,078	1,772	2,037	1,185	1,427	1,269	1,003	1,837	1,611	1,799	1,855
Naas General Hospital	1,616	669	897	1,504	1,143	2,103	853	853	890	1,430	1,615	1,138	1,830
St Colmcille's Hospital	914	306	190	909	838	870	829	619	n/a	0	n/a	n/a	n/a
St James's Hospital	1,692	492	971	1,000	666	664	472	834	546	1,190	603	1143	1,040
St Vincent's University Hospital	1,491	1,633	1,975	1,952	2,003	2,015	1,574	1,718	819	1,924	2,418	910	1,587
Tallaght University Hospital	2,937	1,242	2,397	2,829	2,254	2,439	928	1,254	1,288	1,545	1,665	1,741	2,042
Eastern	**13,005**	**9,101**	**12,221**	**14,126**	**13,039**	**13,136**	**10,101**	**10,997**	**8,544**	**12,742**	**11,889**	**8,843**	**10,916**
Bantry General Hospital	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	79	163	398	270	378
Cavan General Hospital	1,508	1,241	892	625	1,042	1825	1,179	799	198	224	517	94	244
Cork University Hospital	1,503	1,237	1,712	1,398	2,555	2,732	2,299	1,519	1,362	1,477	2,030	2,761	3,527
Letterkenny General Hospital	1,090	1,020	174	142	206	178	235	424	1,128	1,544	496	1,676	1,768
Louth County Hospital	78	45	137	87	23	n/a	n/a	n/a	n/a	0	n/a	n/a	n/a
Mayo University Hospital	819	768	567	543	724	380	672	798	896	968	783	477	906
Mercy University Hospital, Cork	707	569	558	609	625	836	595	1,095	775	908	889	1,081	1,335
Mid Western Regional Hospital, Ennis	346	718	132	95	133	362	96	244	0	41	220	105	97
Midland Regional Hospital, Mullingar	52	59	71	181	905	1,012	1,105	1,207	1,433	1,877	1,738	1,703	1,868
Midland Regional Hospital, Portlaoise	196	111	214	184	93	492	381	222	708	807	1,141	1,485	884
Midland Regional Hospital, Tullamore	45	11	10	47	203	750	630	514	1,152	898	1,712	1,765	2,134
Monaghan General Hospital	12	203	138	100	n/a	n/a	n/a	n/a	n/a	0	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	39	79	42	44
Our Lady of Lourdes Hospital, Drogheda	1,241	1,235	921	1,546	1,232	1,934	2,422	1,435	1,954	2,585	2,122	1,214	1,130
Our Lady's Hospital, Navan	125	399	367	461	216	724	384	412	710	446	211	928	671
Portiuncula Hospital	245	190	240	129	397	276	359	527	278	629	180	1,034	561
Roscommon County Hospital	282	290	423	372	372	475	n/a	n/a	n/a	0	n/a	n/a	n/a
Sligo University Hospital	433	281	375	372	729	735	576	554	799	945	1,114	1,007	1,631
South Tipperary General Hospital	418	194	441	190	414	275	598	763	984	887	1,718	1,994	2,255
St Luke's Hospital, Kilkenny	n/a	n/a	n/a	n/a	n/a	169	272	546	1,017	1,061	1,274	1,472	2,245
University Hospital Galway	819	766	1179	1,246	1,517	2,088	1,942	1,619	1,807	2,243	2,235	2,249	2,662
University Hospital Kerry	472	237	513	153	303	319	173	376	298	441	526	708	1,210
University Hospital Limerick	852	569	592	836	1,265	1,187	1,264	2,491	2,154	2,442	2,642	2,853	4,030
University Hospital Waterford	n/a	n/a	60	253	349	431	435	567	1,337	787	1,407	1,742	1,717
Wexford General Hospital	1,417	434	510	424	461	1,200	388	681	322	981	435	540	606
Country total	**12,660**	**10,577**	**10,226**	**9,993**	**13,764**	**18,380**	**16,005**	**16,793**	**19,391**	**22,393**	**23,867**	**27,200**	**31,903**
NATIONAL TOTAL	**25,665**	**19,678**	**22,447**	**24,119**	**26,803**	**31,516**	**26,106**	**27,790**	**27,935**	**35,135**	**35,756**	**36,043**	**42,819**

Comparison with total figure only:

Increase between 2017 and 2018: 19%
Increase between 2016 and 2018: 20%
Increase between 2015 and 2018: 22%
Increase between 2014 and 2018: 53%
Increase between 2013 and 2018: 54%
Increase between 2012 and 2018: 64%
Increase between 2011 and 2018: 36%
Increase between 2010 and 2018: 60%
Increase between 2009 and 2018: 78%
Increase between 2008 and 2018: 91%
Increase between 2007 and 2018: 118%
Increase between 2006 and 2018: 67%

Mullingar staffing levels at crisis point

Average of 100 shifts a week covered by agency/overtime

INMO members working in the Midland Regional Hospital, Mullingar have serious concerns about deteriorating nursing/midwifery staffing levels at the hospital.

At an emergency meeting on May 23 attended by INMO general secretary Phil Ní Sheaghdha, director of industrial relations Tony Fitzpatrick and IRO Dean Flanagan, real and serious concerns were raised by INMO members about the current working conditions and their ability to provide safe care across the campus.

The chronic shortage of staffing has resulted in some shifts being left uncovered, and the hospital now being entirely reliant on agency with an average of 100 shifts a week being covered on an ad hoc agency/overtime basis.

INMO members have highlighted these issues over the past number of years, resulting in WRC agreements on staffing. However, the situation has deteriorated and now requires immediate senior HSE decisions to be made. Unsafe situations for staff and patients are a real concern for the nursing and midwifery staff at the hospital.

The INMO has set out the staff concerns to hospital management and to the HSE at hospital group and national level. Retention and recruitment of nursing and midwifery staff to this midlands hospital remains a real problem.

INMO IRO for the area, Dean Flanagan, said after the meeting: "This staffing crisis is real and requires immediate and focused attention. It is entirely unfair and unsafe to expect nurses and midwives to be able to practise safely, and to the standards set for them, in an environment where they are constantly working short.

"Employers are obliged to provide a safe place of work, and to allow safe delivery of care. The information and examples we received at the meeting do not demonstrate that these obligations are being upheld.

"Many INMO members cited stress, burnout and decisions to leave their jobs at the emergency meeting, which is simply far from good enough. We are raising this within all levels of the hospital management structures – locally, group and nationally with the HSE as an issue requiring immediate focused attention. We will consult with members on a continuing basis on this issue to ensure progress is being made."

Events at CUH/CUMH

FOLLOWING a recent INMO presentation on the dangers of social media, members at Cork University Maternity Hospital and Cork University Hospital completed Tools for Safe Practice workshops last month. Due to the demand for the social media presentation, the INMO will provide a further workshop soon.

Also last month, lunchtime financial planning seminars were provided for INMO members by Cornmarket on the university campus in the CUH auditorium.

An INMO information and promotion event will be held in the CUH canteen on June 25-26, which will be attended by Neal Donohue, INMO student/new graduate officer. We look forward to meeting members and prospective new members at the event.

– Liam Conway, INMO IRO

Tipperary ballot to provide care

INMO members at both St Patrick's Hospital, Cashel and St Anthony's Unit, Clonmel are balloting for industrial action due to the HSE's refusal to acknowledge nursing staff deficits and employ additional nurses to provide care for all residents and patients.

In recent months the INMO has attended meetings with members who are visibly distressed about their inability to provide acceptable standards of care to vulnerable residents and patients. At meetings with local management, most recently on May 15, members pleaded for additional nurses to enable proper care but this request was denied. Local management advised that business cases they had submitted for additional nurses were not approved at a higher level within the HSE.

It appears to the INMO that there is an absolute refusal by higher level HSE officials to listen to, and act on, the advocacy of nurses. The patients in their care are mainly elderly, vulnerable people with complex needs, especially those with dementia who are highly dependent on nurses for their wellbeing.

INMO IRO Mary Fogarty said: "It is deeply disturbing and offensive that the people refusing to provide the necessary resources are not present in these locations to see for themselves the needs of the residents and patients.

"We are of the view that the HSE is non-compliant in its duty of care to all affected by placing the patients at risk and causing unnecessary workplace stresses for our members. Nurses wish to be provided with sufficient nursing hours to look after their patients and they are left now with no other option but to let the public know the great difficulties they are experiencing and to ballot for industrial action to right the wrong. This is a dispute that is simply about our elderly, frail and vulnerable citizens in HSE care with their nurses speaking out on their behalf."

WRC hearing on lack of cover for breaks at UHL

LOCAL engagement under the Workplace Relations Commission continues in respect of access to meal breaks on the medical and surgical wards at University Hospital Limerick, especially at night.

At the last WRC conciliation hearing, management acknowledged the difficulty in accessing breaks at night especially on wards with only one of two nurses rostered. The INMO is seeking that all members receive access to breaks and, when this is not possible, that they receive compensatory rest time in lieu of all missed breaks.

The INMO will attend a further WRC hearing on June 6, when management is to provide details of arrangements it will put in place to address this claim.

– Mary Fogarty, INMO IRO

Packed agenda at ODN conference

THE ODN Section held its annual conference recently in Tullamore, with more than 120 delegates attending what was a very successful event.

The Section was very grateful to receive a lot of support from industry partners, with over 25 companies in attendance.

The Friday afternoon session was facilitated by Helen O'Shea,a barrister at law, and covered the area of informed consent and documentation in clinical practice. Edward Mathews, INMO director of regulation and social policy, spoke on open disclosure. The Friday evening session finished up with a section meeting, and a networking supper which was enjoyed by all.

Saturday saw a very full agenda with topics on adverse events and why and how we must learn and share from them. There were a number of short sessions delivered by our ODN Section members on smartphone use in the operating theatre, count policy amendments and nurse led extubation. The Joan Gallagher memorial this year covered the topic of 'Influencing Safe Perioperative Practice through Accountability'.

Pictured at the ODN Section conference were(l-r): Members of the conference planning committee: Sandra Morton; Allison O'Connell; Audrey Al Kaisy; Teresa Herity; Martina Harkin-Kelly, INMO president; Monica Griffin; Liz Waters; and Karen Eccles

Also pictured were (l-r): Audrey Al Kaisy,ODN Section chairperson, and Dr Luke Feeney, director of risk, audit and safety, National Maternity Hospital

The final sessions on Saturday afternoon were on paediatric spinal surgery, nursing considerations for spinal surgery and person centredness.

The poster competition was won by Katie Tierney, a clinical facilitator from University Hospital Limerick, with her submission entitled 'Crossing the Red Line – Essential Information for New Staff and Students Starting in the Operating Theatre'.The runner up was Margaret Given from Sligo with her poster on the 'Major Haemorrhage Trolley'.

Evaluations were all positive, and plans will soon commence for 2019's event.

The next ODN Section meeting will be taking place in the INMO HQ on Thursday June 21 at 6pm. Teleconferencing will be available for this meeting.

Thank you from the COOP Section

Thanks to delegates who attended the Care of the Older Person Section's annual conference in March. There was a collection in aid of a colleague who is currently undergoing medical treatment in the UK and the committee wish to let you know that the collection raised €250 for Kerrie Higgins. Her family was very grateful as the donation meant that her children could fly over to visit her. Thank you for your generosity.

All-Ireland ICTU retired workers seminar

THE All-Ireland ICTU retired workers seminar took place in March in Dublin and was attended by two delegates from the INMO's Retired Nurses and Midwives Section.

The opening address was given by Patricia King, general secretary of Congress. David Begg, chair of the Pensions Authority spoke on pensions in an age of radical uncertainty caused by volatility in markets, political change and global trade protectionism. He said that only 35% of the private sector have a pension leading to a high dependence on the state pension.

He explained that combinations of longevity, and low bond yields has precipitated closure of defined benefit schemes and a move to defined contributions. The risks are the contributions are not sufficient to give adequate income, and annuity costs are high.

Neil Duncan-Jordan, national officer for the National Pensioners Convention discussed Brexit and older people. Data from NMBI show a reduction in the nursing register from EU nationals since the referendum. Uncertainty among health and care workers is a concern. Brexit will bring challenges by trying to defend pensions and other benefits.

Dr Gemma Carney of Queens University Belfast stated the case for solidarity between generations. Family solidarity is the cornerstone of society in Ireland North and South.

Deirdre Ronan,
Retired Nurses Section

Q and A Bulletin Board

With INMO director of industrial relations Tony Fitzpatrick

Query from member

I have been approved to reduce my hours to 37.5 as per the Public Service Stability Agreement, however, the letter states my annual leave entitlement reduces pro rata. Is this correct?

Reply

The INMO has been contacted by a number of members who have received correspondence after being approved for a reduction in hours to 37.5 in line with the Public Service Stability Agreement terms, to allow for a reduction in hours to Pre-Haddington-Road hours. Those individuals received correspondence that stated that their annual leave entitlement would be adjusted pro rata. The INMO and other unions raised this matter via the NJC and clarification has issued from the HSE in the form of Circular 05/2018 tilted Reversion to Pre Haddington-Road Hours, dated April 30, 2018. The clarification states "further to CERS memo 01/2018 and following on from a number of queries, I wish to confirm that those who have been approved for Pre-Haddington-Road hours as per the provisions of the memo do not have a reduction in their annual leave entitlement. The annual leave entitlement remains that of their post HRA hours. However, employees approved for such an arrangement will have their salaries reduced pro rata". Further clarification from CERs states that the "annual leave allowance, in days, for any grade, remains the same, with an annual leave day being calculated as one fifth of the contracted weekly hours". Therefore, any individual who has successfully applied for the Pre-Haddington-Road hours, should not have their annual leave entitlement adjusted.

Query from member

I have recently commenced a new post in the public health service. Will I be entitled to paternity leave as I have not been working in the public health sector for very long and I only work 20 hours per week?

Reply

The entitlement to two weeks' paternity leave from employment extends to all employees regardless of how long you have been working for the organisation or the number of hours worked per week. There are no service requirements in order to access paternity leave. You can take this leave anytime up to 26 weeks after the birth or adoption.

Query from member

I am currently working as a staff nurse and have nine years' service in the public health service. I would like to know what the annual leave entitlement is for a nurse who has been successful for the post of candidate ANP.

Reply

The annual leave entitlement for Candidate Advanced Nurse Practitioner (Paid as a CNM3) is 26 days based on a 39-hour week.

Know your rights and entitlements

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

Contact Information Officers Catherine Hopkins and Karen McCann at
Tel: 01 664 0610/19
Email: catherine.hopkins@inmo.ie, karen.mccann@inmo.ie
Mon to Thur 8.30am-5pm; Fri 8.30am-4.30pm

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

Quality & Safety

A column by Maureen Flynn

Introducing the National Audit of Hospital Mortality

MOST in-hospital deaths are not unexpected, due to the patient's clinical condition on admission. There is increased awareness that some deaths may be prevented by improving care and treatment or by avoiding harm. Hospital mortality is one measure that can be used as a quality indicator to improve care provided to patients in hospitals. This month's column introduces the National Audit of Hospital Mortality (NAHM). In December 2014, the National Office of Clinical Audit (NOCA) was asked by the HSE Quality Improvement Division, to undertake an audit to identify unusual or unexpected patterns of mortality in Irish acute hospitals. The HSE's Health Intelligence Unit, developed NAHM, which is one of a suite of National Quality Assurance Intelligence System (NQAIS) tools.

NAHM

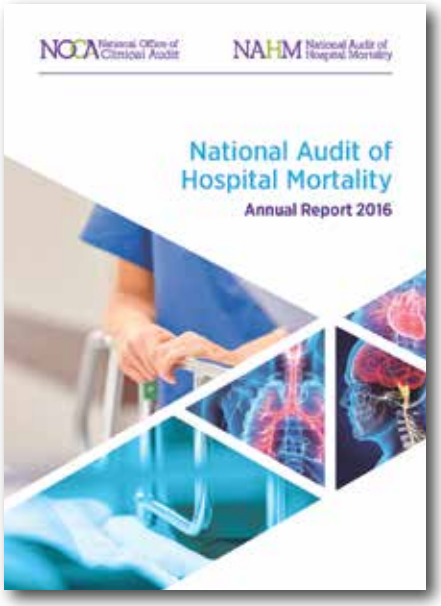
NAHM looks at the patterns and trends of in-patients who die in Ireland. Differences in mortality do not always mean poor quality of care as there are many specialist hospitals caring for sicker patients. Higher mortality is not necessarily reflective of poor care. NAHM is one of a suite of indicators used for measuring hospital quality and should always be used in conjunction with other indicators of the quality of care, ie. triangulating stroke care with the National Stroke Audit.

Data for NAHM

NAHM uses data directly sourced from the Hospital In-patient Enquiry System (HIPE) via the Healthcare Pricing Office (HPO). Hospitals routinely collect information on patients discharged from hospital and enter it into HIPE using a clinical coding system called ICD-10-AM. This is done by dedicated HIPE Coders in your hospital. As NAHM uses HIPE data, it is not currently possible to include private hospitals or emergency departments in the audit.

Standardised mortality ratio

HIPE data is used to calculate a standardised mortality ratio (SMR) which is based



on the principal diagnosis (after investigation, what is found to be the main reason a patient is admitted to hospital for treatment), this is not always the cause of the patient's death. The SMR shows the number of actual deaths compared to the number of deaths which would have been expected when eight factors, which affect in-hospital mortality, are taken into consideration eg. age, gender, co-morbidities, type of admission, source of admission, the number of emergency admissions to hospital in the past 12 months, proxy level of deprivation (medical card) and palliative care treatment. The hospitals SMR for a diagnosis group (eg. respiratory) or individual diagnoses (eg. pneumonia) is then compared to a national 'average' or 'expected' for the cohort of patients in question and presented in funnel plot charts.

Using the NAHM information

NAHM aims to promote reflection on mortality data and identify areas for improvement. To help achieve this, NAHM has been deployed to 44 acute hospitals. Each hospital or hospital group has identified personnel who have access to your hospitals data through the NQAIS NAHM web-based tool. Data is updated quarterly so that patterns and trends can be examined throughout the year. NAHM is being used in acute hospitals and SMRs are presented at quality and safety committees and all the way up to hospital executive and board level. It is important to remember that is not possible to compare hospitals to one another as no two hospitals have the same patient profile or case-mix. Where an SMR is significantly higher than expected, NOCA requests hospitals to carry out reviews. These reviews are summarised in the NAHM annual report. NOCA encourages other hospitals to learn from these reviews and potentially use the quality improvements implemented for their own hospital.

Get involved

At your next team, unit or ward meeting you might ask your manager for more information on the SMR for your services. The latest NAHM report looks at in-patient hospital mortality related to six conditions acute myocardial infarction (AMI), heart failure, ischaemic stroke, haemorrhagic stroke, chronic obstructive pulmonary disease (COPD) and pneumonia. Looking at this information along with your nursing quality care metrics, the audit of the use of early warning scores, clinical handover and sepsis guidelines could help you in signposting opportunities for improvement.

As Brian O'Mahony, public representative for NHAM governance committee, says "The only way we can measure the significance of our own lives is by valuing the lives of others. This audit values the lives of Irish people."

Further information

NAHM has published two annual reports (2015 and 2016). Full reports, along with summary reports are available for download from **www.noca.ie**. If you have any queries about NAHM, please contact Dee Burke at email: nahm@noca.ie.

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

Acknowledgement: Particular thanks to Dee Burke and the NOCA team for assistance in preparing this column

Part-time employment rights and entitlements

INMO student and new graduate officer, **Neal Donohue**, has some handy information on what you should know about part-time employment this summer

THE summer is here, post examination celebrations are well and truly finished, and while the fourth-year interns continue with their work, the first, second and third-year students are free to explore other opportunities for their holidays. Many may travel on holiday or work overseas, but for most it is time to settle into a summer job and start saving again for the costly third-level education experience.

While it is essential for most students to have a part-time job also during college months, it is important for any employee to be aware of certain rights, entitlements and responsibilities when you are a member of the workforce.

Terms and conditions of employment

When accepting any offer of work, it is important to be aware of the terms and conditions of employment. The Terms and Conditions of Employment (Information) Act 1994 provides that an employer must issue their employees with a written statement of terms and conditions relating to their employment within two months of commencing.

This contract must include the names of the employer and employee, address of the employer, place of work, nature of work/job title, date of commencement, type of contract, rate of pay and frequency of payment. It must also include terms and conditions relating to hours of work, leave entitlements and conditions relating to sick leave, periods of notice and any collective agreements which affect the terms of employment. Further information on contracts of employment is provided under the Terms of Employment (Information) Act 1994.

Under the Protection of Employees (Part-Time Work) Act 2001 part-time employees cannot be treated less favourably than a comparable full-time employee regarding conditions of employment. A part-time worker can be compared to a full-time worker when they perform the same work under the same or similar conditions where the work is equal or greater in value. Part-time agency workers can only compare themselves to full-time agency workers.

Pay

Since January 1, 2018, under the National Minimum Wage Order 2017 the minimum wage for an experienced adult employee is €9.55 per hour. An experienced adult employee is a person who has employment of any kind in any two years over the age of 18. All employees are entitled to a pay slip which will outline the payment amount and any deductions including tax. There are exemptions to those entitled to receive the minimum wage which are outlined in the National Minimum Wage Act 2000. Employees are generally entitled to a premium payment for Sunday working or paid time off in lieu.

Hours of work

Regulations pertaining to hours of work and rest periods are set out in The Organisation of Working Time Act 1997. The maximum an employee should work in an average working week is 48 hours. This working week average should be calculated over a four-month period. There are, however, some exceptions to this average period.

Employees are entitled to:

- A daily rest period of 11 consecutive hours per 24 hours
- A weekly rest period of 24 consecutive hours per seven days, following a daily rest period
- A 15-minute break if working 4.5 hours.
- A 30-minute break if working six hours.

Payment for breaks is not a statutory entitlement.

Annual leave

For most part-time workers annual leave is calculated as 8% of hours worked subject to a maximum of four working weeks. The employer determines the timing of an employee's annual leave, taking into consideration work and personal requirements. Pay for annual leave is calculated at the normal weekly rate.

More information on employment rights and legislation in Ireland can be found at the following websites:

- www.irishstatutebook.ie
- www.citizensinformation.ie
- www.workplacerelations.ie/en

Special considerations for student nurses and midwives

Many student nurses and midwives work part-time as healthcare assistants (HCA). It is imperative that all student nurses and midwives who also work as an HCA are clear on the parameters of their role. The role and responsibilities should be clearly outlined in your contract.

The INMO Position Statement on the HCA was adopted by the Executive Council on February 2, 2016. This may help you to understand the issues of professional responsibility and give clarity on the role of the HCA and is available on the INMO website.

Working a part-time job may take its toll during the academic year and may have negative effects on a student's academic performance. The INMO Student Section and Youth Forums continue to pursue a review of clinical placement allowances in 2018 due to the extreme financial pressures experienced while on clinical placement.

If you would like to get involved in the Student Section or Youth Forums contact Neal Donohue, INMO student and new graduate officer at Tel: 01 6640628 or by email: neal.donohue@inmo.ie

New faces at the ADC

INMO organiser **Albert Murphy** on the various ways you can avail of training and courses offered by the Organisation

THIS year's annual delegates conference took place in the 'real capital' of Ireland. It was great to see lots of new faces who were attending the conference for the first time. It was particularly good to see so many of the new reps who have attended our training courses taking part in the conference, which is a very important event in the calendar of the union.

We are hopeful that the reps will become more and more active in their workplaces around the country and fully participate in the democratic structures of the union.

Next training course in Cork

The INMO returns to Cork in June for the next Basic Reps Training Course and there is strong interest in this course with 17 participants booked in, which is a great indication of interest in the INMO in Cork.

There are also courses scheduled for later in June –19 and 20 – in Sligo in the FORSA Offices and there is a basic rep training course on September 11 and 12 in the INMO Limerick Offices. If you are interested in attending these courses, please contact Martina Dunne at martina.dunne@inmo.ie or by phone at: 01 6640624.

If any of the INMO branches would like to avail of rep training, please contact me and I will be happy to arrange a training course for members in your area.

Bringing the INMO closer to the workplace

In the INMO we appreciate that nurses and midwives are extremely busy and therefore the Organisation is delighted to provide members with a variety of relevant training courses. These courses can be arranged during a time to suit members, at lunchtime or after work.

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Diagnosis and management of threadworm

In the latest article in this CPD series, **Angela McHenry, Stephanie Laidlaw** and **Gerry Morrow** focus on threadworm

THREADWORM or pinworm *(Enterobius vermicularis)* is a common parasitic worm which infects the human gut. Humans are thought to be the only host. Threadworms have a white, thread-like appearance with adult males being 2-5mm in length and adult females 8-13mm. Threadworm eggs are not visible to the naked eye and can survive for up to two weeks.[1,2]

Threadworm infection is highly contagious. Transmission occurs through the faecal-oral route as threadworms are ingested. This can happen by hand-to-mouth transfer (after scratching) from the faeces/perianal area of an infected person or by handling contaminated surfaces such as toys, bedding or clothing. When laying eggs, the female worm also secretes a mucus which causes the person to scratch the area, the eggs then become stuck on the person's fingertips or under their fingernails.

Occasionally, transmission may occur by inhaling and then swallowing eggs in environmental dust (for example, after shaking contaminated bedding). Once ingested larvae emerge from the eggs and mature within one to two months into adults in the small intestine. The mature adult female worm migrates through the anus and lays thousands of eggs on the skin, causing itching. Adult threadworms have a lifespan of around six weeks and infection is maintained by swallowing fresh eggs.[2,3,4]

The infection can affect anyone, but is mainly found in those under the age of 18 years, household contacts of infected children, and people living in institutions – it is a common parasitic worm infection. It is estimated that up to 40% of children under 10 years of age may be infected by threadworm. Estimating the exact prevalence of threadworm is difficult as asymptomatic infection is common and many people seek over-the-counter treatment.[2,4]

The prognosis for threadworm infection is very good with appropriate treatment. Due to re-infection being common, the infection is unlikely to resolve without treatment. Complications caused by threadworm include lack of sleep (due to itching) with subsequent daytime irritability and difficulty concentrating, excoriation and secondary infection of the perianal skin, and colitis, abscess and granuloma formation within the intestines. Migration of adult worms to ectopic sites such as the female genito-urinary tract can cause pruritus vulvae, vaginitis or salpingitis, migration to the urethra can cause urethritis.[2,3,5]

Diagnosis

Suspect threadworm infection in anyone presenting with intense perianal itching which is typically worse at night. The nocturnal itching may be causing disturbed sleep and irritability. Some people may be asymptomatic and only become aware of infection when slow moving worms are seen on the perianal skin or in the stools. In females, the genital area can be involved and patients may present with pruritus vulvae. Secondary bacterial infection may have occurred due to the irritation and excoriation of the perianal area.[1,2,5]

When assessing a patient with suspected threadworm infection, take a history asking about symptoms of threadworm infection (including perianal and/or vulval itching and restlessness or insomnia), appearance of threadworms in the stools or on the perianal skin and any contacts with similar symptoms or confirmed infection with threadworm. Examine the person, looking for signs or scratching, and localised secondary bacterial infection in the perianal area, and the presence of worms.[1,2,5]

If the diagnosis is uncertain, investigations should be arranged. The adhesive tape test for eggs is generally considered most useful. To carry out the test, advise the patient (parent/carer, if the patient is a child) to apply transparent adhesive tape to the perianal skin first thing in the morning, before wiping or bathing. The tape should then be removed and placed into a provided specimen container, to be handed into the surgery for examination under a microscope. Tape may need to be examined on three consecutive mornings to confirm diagnosis. Stool examination is much less reliable and is generally not recommended.[1,2,5]

Other causes of perianal and vulval itch should be considered: skin conditions such as atopic or contact dermatitis, psoriasis and lichen planus. Infections and infestations such as pubic lice and candida can also cause similar symptoms to threadworm infection. Other worm infections are much less likely, as they have a lower prevalence.

Other worm infestations include roundworm (unlikely to be confused with threadworm as roundworms are much larger, up to 30cm) and tapeworm (segments of the worm may be seen in the stools).[5]

Management

The diagnosis should be explained to the patient with written information provided where possible. The Health Protection Surveillance Centre advises that children should still go to school if they have threadworm infection. Schools and nurseries should follow good hygiene practices, such as cleaning toys and equipment, encouraging children to wash their hands regularly, and using dedicated laundry facilities, to limit the spread of infection.[4]

Treatment of all household contacts (unless contraindicated) should be encouraged as threadworms are highly transmissible. A single dose of an

anti-helminthic such as mebendazole should be used. The dose may need to be repeated after two weeks if infection persists.[1,2,5]

Mebendazole should be used with caution in patients with a hypersensitivity to the product or any of its components. Adverse effects include abdominal pain (common), abdominal discomfort, diarrhoea, flatulence (uncommon), and very rarely, convulsions, dizziness, hepatitis, Steven-Johnson syndrome and urticaria. Mebendazole is not licensed for children under two years of age and the manufacturer recommends avoidance in pregnancy and breastfeeding.[1,2,3,5]

Children under the age of six months and pregnant or breastfeeding women should be treated with hygiene measures alone for six weeks (the approximate lifespan of an adult threadworm). Rigorous hygiene measures should also be advised for two weeks following treatment with mebendazole as treatment kills threadworms but not any eggs they have already laid. Wash hands thoroughly with soap and warm water after using the toilet, changing nappies and before handling food; cut fingernails regularly, avoid biting nails and scratching around the anus; shower each morning, including the perianal area to remove eggs from the skin; change bed linen and nightwear daily for several days after treatment (take care not to shake out items as this may distribute eggs around the room); thoroughly dust and vacuum (including mattresses); and clean the bathroom by 'damp-dusting' surfaces, washing the cloth frequently in hot water. All sleepwear, bed linen and towels should be washed at first diagnosis. Avoid eating food in the bedroom as eggs may end up being swallowed after being shaken from the bedclothes.[1,2,3,4]

If the infection recurs this is usually due to re-infection, not failure of anti-helminthic therapy. Consider other causes of symptoms or re-treat with mebendazole if the diagnosis is certain, ensuring all household contacts are treated (unless contraindicated). The importance of strict hygiene measures should be reinforced. If the person has frequent recurrences consider seeking advice from a paediatrician or consultant in infectious diseases.[1,2,3,5]

Preventing threadworms

Threadworms are most common in small children, as they are not fully aware of the importance of good hygiene and often forget to wash their hands. Children can also prolong their infection by continually swallowing fresh eggs. As children regularly come into close contact with each other and share toys while playing, re-infection is easy. Threadworms can be prevented by always maintaining high standards of hygiene – children should be taught to wash their hands regularly, particularly after going to the toilet and before meals.[4]

Humans are thought to be the only host to threadworms and therefore infection cannot be caught from animals. It is, however, possible for an animal's fur to become contaminated with eggs during petting or stroking. Eggs can then be passed on to the next human who touches the fur.[4]

Angela McHenry is clinical author at Clarity Informatics, Stephanie Laidlaw is information specialist 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: https://prodigy-knowledge.clarity.co.uk/

References – full reference list available from the Prodigy threadworm topic. https://prodigy-knowledge.clarity.co.uk/

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CPD Quiz

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

1. How is threadworm infection transmitted:

A) Direct physical contact
B) Airborne transmission
C) Faecal-oral transmission
D) Indirect physical contact

2. Symptoms of threadworm infection include:

A) Fever
B) Nocturnal itch
C) Nausea
D) Appearance of thread-like worms in the stool

3. After treatment with mebendazole, rigorous hygiene measures are advised for:

A) Two weeks
B) Only the patient with infection
C) All household contacts
D) Six weeks

4. Differential diagnoses for threadworms include:

A) Streptococcal infection
B) Tapeworm
C) Pubic lice
D) Contact dermatitis

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.

Clarity informatics

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Answers: Question 1 = c, Question 2 = b,d, Question 3 = a, c, Question 4 = b, c, d

Living and working life to the full

Kirsti Rinne is a midwife working for Médecins Sans Frontières in South Sudan, where she's helping to ensure women have a safe place to give birth

I LOVE what I do. I love it for so many reasons. One thing that is so special about what I do is the universality of it. That women all around the world have this shared experience – whether they live in a developed setting with safety and food security or whether they live in the middle of South Sudan where nothing is certain. This common human condition spans distance and culture.

Regardless of what setting I am practising in, women often light up the first time they hear their baby's heart beat (usually early in the pregnancy) and the first time their baby cries. On most occasions it is a celebration and, for me, it is a sigh of relief.

Very rarely, however, it is a moment of panic. Since I've been here I've had three neonatal resuscitations. I'm sure two of those resuscitations took years off of my life; I wasn't sure those babies were going to survive their births. On both occasions the infants came out blue, floppy and covered in thick meconium-stained amniotic fluid.

When a baby is born, it is often clear within 10-15 seconds whether or not they are going to need help transitioning to extra-uterine life. Here, I have fairly limited resources to resuscitate an infant, and no one to help. So at delivery, I am especially desperate to see any signs of life.

Tuesday was my most recent of the two resuscitations. I had been called to the ward at 10pm to evaluate a patient who, in the end needed some acetaminophen and reassurance. There was another woman labouring with her fifth baby. For some reason, I decided to stay around for the delivery. Generally, my local colleagues attend normal deliveries and assist me in complicated cases.

The patient's labour slowly progressed and once she was dilated to 10cm, she pushed for nearly 20 minutes. The baby's heart rate was present, but when we listened I could hear it decelerating with every contraction. When the baby delivered, he was placed on his mother's abdomen. I immediately recognised that the baby was not going to breathe with only a foot rub or back massage – like most babies will.

I transferred the little boy to the resuscitation table, grabbed an ambu bag, and began pushing air in to the his lungs. I had a difficult time getting the chest to rise because the mouth and lungs were so full of meconium. I could feel the pulse getting slower as I attempted to provide this baby with the air it needed to survive.

Mario, one of my most capable colleagues, cleared the nose and mouth with a meconium aspirator. Only then could I finally oxygenate the baby's lungs. The heart rate started to quicken and slowly the baby let out a weak cry.

I caught the eye of the worried grandmother and mother (who was now haemorrhaging). The two women were notably relieved to hear this new baby whimper. I gave a weak smile in an effort to reassure them that he was going to be fine. But the truth is, I wasn't sure. But for then, he was alive and breathing. So in that moment, I let out a sigh of relief, before attending to the mother's bleeding.

The rest of the week was more of the same: labours, infections, abscesses, kala azar (a neglected disease that results from being bitten from an infected sand fly and which is fatal if untreated), and malaria. I was grateful for my South Sudanese midwife colleague, Tabitha. I could not have coped without her.

When Friday rolled around, I was relieved that the day was a bit slow. I had a moment to catch up on paperwork, and then help out in the prenatal/postnatal clinic. Since my Nuer language skills are so limited, I examined patients while the medics asked questions and helped me to communicate.

One of the patients came to clinic for her first prenatal visit at about 20 weeks. She lay on the exam table while I felt her abdomen and looked for the baby's heartbeat. It took me a few moments to find it, but when I did we both looked at each other and smiled. I could see that this was a special moment in which she got to connect to her baby – I felt privileged to be part of it.

Working with MSF has allowed me to authentically understand the core of midwifery, to rely on my own skills and knowledge and then embrace the process and sit with women in their fear and uncertainty, as well as in their relief and joy.

My identity as a midwife has been enriched through the opportunity to connect with women who are seemingly so different from me. With MSF, I bring healthcare to a context where there is none, and as a midwife bring a little more tenderness into the world.

I ask myself how I got so lucky? Every day that I work, everywhere that I work, I get to witness something incredible.

Médecins Sans Frontières/Doctors Without Borders (MSF) is an independent international medical humanitarian organisation that delivers emergency medical aid in nearly 70 countries worldwide. MSF in Ireland is urgently seeking to recruit midwives. For more information on becoming an MSF midwife, or for any other role with the organisation you can visit https://www.msf.ie/find-role or for further information you can contact them at Tel: 01 6603337.

Early screening for postnatal depression

An innovative project in early intervention PND screening in new mothers has yielded positve results, writes **Ursula Nagle**

POSTNATAL depression (PND) is a serious perinatal mental health issue which affects mothers and potentially the behavioural, cognitive and physical development of their babies.[1] Prevalence rates in Ireland vary from 11.4% to 28.6%,[2] and roughly 13% of women may encounter PND globally during the first year after childbirth.[3]

Despite the fact that PND is considered to be both preventable and easily treatable,[4] research has consistently indicated that even where contact between health professionals and mothers is high, the detection of PND is low.[5] Early identification and intervention in PND has been found to decrease the duration of the illness,[6] and clearly this a significant benefit of early intervention.

Currently in Ireland there is no national screening programme for PND, however the National Maternity Strategy[7] has identified the need to screen women who may be at risk of, or experiencing perinatal mental health issues, and advocates training on the detection of perinatal mental health problems for all healthcare professionals who provide antenatal and postnatal care. This was previously endorsed by the Scottish Intercollegiate Guideline Network (SIGN)[8] highlighting the need to establish both educational resources and training competencies for healthcare professionals as a crucial part of service design.

In 2017 the Mind Mother's Study[9] recommended 25 best practice principles for nurses, midwives and public health nurses (PHNs) to support perinatal mental health, including the use of screening tools and questions to assist clinicians in identifying perinatal mental health problems. The recent launch of the Specialist Perinatal Mental Health Services Model of Care for Ireland[10] has put perinatal mental health high on the public and mental health agenda in Ireland.

Since 2002, early screening for postnatal depression has been a routine practice at the Rotunda Hospital, Dublin using the Edinburgh Postnatal Depression Scale (EPDS).[11] The EPDS is a 10-item questionnaire which can detect women who may be susceptible to developing PND. Respondents are asked to choose from one of four responses that most clearly describes their feelings over the previous seven days. It was designed for health professionals to screen for the early signs of postnatal depression with questions that relate to mood and anxiety, and question 10 asks about thoughts of self-harm.

Internationally the EPDS has been widely utilised and is easy to administer, allowing early recognition of the risk of postnatal depression.[5] A systematic review of 23 studies (n = 5398) found that the EPDS performed well in detecting postnatal women who require further assessment of their symptoms.[12]

This well-established practice is underpinned by a prospective cohort study by Crotty and Sheehan,[13] which identified that the risk for PND is largely predictable based on a high EPDS score at discharge. Women are offered the EPDS to complete on the day of discharge, those who score high (12 or above) are followed up by the mental health midwife prior to discharge and given psycho-education and information on postnatal selfcare, the spectrum of perinatal mental health problems, signs and symptoms, and when/where to seek help.

The woman's EPDS score is communicated to the GP and PHN via the discharge summary, facilitating early follow-up of women in primary care, if required.

Establishing early screening for postnatal depression in the RCSI hospital group

The purpose of this initiative was to introduce early screening for postnatal depression across the RCSI hospital group maternity services, namely Cavan General Hospital (CGH) and Our Lady of Lourdes (OLOL), Drogheda, in line with the current practice in the Rotunda Hospital. This innovative project was a practice development initiative, funded by the Nursing and Midwifery Planning and Development Unit (NMPDU). The project was implemented using the HSE Change Model.[14]

Objectives

The aims of this initiative were to:

- Provide educational and training programmes for midwives, PHNs, GPs and obstetricians on perinatal mental health in the Rotunda, Cavan General Hospital and OLOL maternity services
- Introduce early screening for PND using the EPDS in CGH and OLOL, and to standardise the practice of early screening across the RCSI hospital group
- Develop a pathway of care for women who score high on the EPDS at discharge, and for those who score positively on question 10
- Increase awareness of the identification of perinatal mental health problems
- Audit training and compliance schedules.

Findings

Workshops were offered to midwives, nurses, allied health professionals, GPs, PHNs, obstetricians and liaison psychiatry staff in all three sites. In total 243 members of staff across the sites received training in early screening for PND,

delivered through 14 teaching workshops, which were facilitated by the Rotunda perinatal mental health team. The workshops included an overview of perinatal mental health, screening and the identification of perinatal mental health issues, as well as an interactive component on suicidal ideation and distress. The teaching delivered was high quality as evidenced by the teaching evaluations from all sites, and feedback was generally very positive. The excellent buy-in from all disciplines of staff was crucial in progressing the project successfully.

In July and August 2017, the practice of early screening for postnatal depression was commenced in both CGH and OLOL and continues to mainstream with a clear pathway for women who score high on the EPDS, and for women who disclose thoughts of self-harm.

Both sites are developing a clinical guideline on early screening for PND. Since implementation, a new mental health midwife post has been created and filled in OLOL. Key aspects of the specialist role of the mental health midwife include triage of women with mental health histories to ensure that women receive the mental health care and support they need during pregnancy and in the postnatal period, as well as raising awareness of PND and organising early management and treatment.[15]

Initial audits of compliance were very reassuring following implementation, and a further audit in six months should be completed to assess compliance and any training needs. Communication between the Rotunda perinatal mental health team and both sites is ongoing and will continue to support our colleagues in both sites.

Conclusion

The project was delivered on time and within the budget provided by funding from NMPDU. This was an excellent collaboration and learning experience in all three RCSI maternity sites and an opportunity to share good practice and ultimately to identify women at risk of developing PND early to reduce the burden of disease to women and their families. Now that all three RCSI maternity services have implemented early screening for PND, over 13,000 women annually can benefit from this practice.

This project could be replicated nationally on a larger scale to implement early screening for PND in all Irish maternity services. The project was entered in to the Irish Healthcare Awards 2017, receiving a commendation under the 'Public Health Initiative of the Year' category. It was also shortlisted under the 'mental health initiative of the year' category in the Irish Health Centre Awards 2018.The outcome of this practice development initiative was successful and will continue to mainstream and become routine practice.

The Rotunda Hospital perinatal mental health team would like to thank all stakeholders for their assistance in this project and in particular the NMPDU, the directors of midwifery and clinical directors in all three sites, practice development co-ordinators, nurses, midwives, GPs, PHNs, obstetricians, liaison psychiatry teams and allied healthcare professionals who took part in training and education.

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Breastfeeding infants with type 1 diabetes

With support, breastfeeding is possible while maintaining good glycaemic control in infants with diabetes, writes **Siobhan O'Sullivan**

BREASTFEEDING offers the ideal start for babies; it is the biologically normal feeding method and ensures optimum growth and development.[1] In Ireland, the Department of Health and Children follows the World Health Organization (WHO) recommendations of exclusive breastfeeding of infants for the first six months of life, followed by continued breastfeeding in combination with suitably nutritious complementary foods, until the child is two years of age or older.

Currently in Ireland, efforts are being made to improve breastfeeding rates. 'The Breastfeeding Action Plan 2016-2021' sets out the priority areas to be addressed over the next five years to improve breastfeeding supports to enable more mothers to breastfeed and to improve health outcomes for mothers and children in Ireland.[1] However, when your child is sick, this can have an impact on your plans.

Many mothers who have planned to breastfeed or have been breastfeeding already can become overwhelmed once their child is diagnosed with a chronic condition and may not continue to breastfeed due to concerns about their child's health, their own emotional wellbeing or lack of support.[2]

It is the responsibility of all healthcare professionals involved in this child's care to support the mother to continue to breastfeed if she so chooses.

Type 1 diabetes is one of the most common chronic conditions of childhood, with incidence rising, especially in children under five years of age.[3] The diagnosis of type 1 diabetes can be traumatic for parents and can lead to considerable stress as parents are ultimately responsible for the daily management of the condition.[4]

The goal of management of type 1 diabetes is to maintain blood glucose levels within a target range. Because of the fear of hypoglycaemia, many parents will underestimate the insulin dose and allow blood sugars to run higher than recommended. It is well known that hypoglycaemia can damage the developing brain; but hyperglycaemia in young children can also form a metabolic memory and increase risk of microvascular complications later in life.[4] Therefore, parents often feel guilt associated with abnormal blood sugar levels and can feel that they are not managing well and not doing the best for their child.[5]

Management

Type 1 diabetes is managed by giving background, or basal insulin, with a bolus of insulin given each time the child has food containing carbohydrates. The parents must be taught to count the carbohydrate amount in the child's food and then use an equation to calculate the amount of insulin to give for this meal.

As many children are being diagnosed with type 1 diabetes at a younger age, there has been an increased amount of children diagnosed while still breastfeeding, usually in combination with complementary feeds, but sometimes still exclusively breastfed. It is difficult to quantify the carbohydrate content of a breastfeed as the exact volume of milk transferred is not known without doing pre and post breastfeed weight checks. This can lead to concern in both parents and healthcare professionals, as they are having to estimate the carbohydrate content of each breastfeed and, therefore, are estimating the insulin dose to be given.

Because of this, mothers often feel unsupported by healthcare professionals when it comes to breastfeeding, as they are anxious to ensure a regular routine for feeds and to establish the carbohydrate content of each feed as accurately as possible and this is not always feasible in the breastfed infant. Some parents report that healthcare professionals have even inferred that they should not continue to breastfeed their child once diagnosed with type 1 diabetes.[5]

The International Society for Paediatric and Adolescent Diabetes (ISPAD, 2017) recommends the same guidelines as for the general population, ie. that breastfeeding in infants or children with type 1 diabetes should be encouraged and supported by healthcare professionals.[6] Not only does breastfeeding in infants with type 1 diabetes offer the same benefit as to all other infants, but it may also improve glycaemic profile. This is because breast milk contains more fat than infant formula and this higher fat content may modulate the absorption of glucose into the bloodstream, leading to a more steady and mild postprandial glycaemic excursion.[5]

How to help

How can we, as healthcare professionals, help to support breastfeeding in infants or young children? The Academy of Breastfeeding Medicine in the US released a clinical protocol in 2017 titled: 'ABM Clinical Protocol #27: Breastfeeding an Infant or Young Child with Insulin-Dependent Diabetes' which aims to tackle the difficulties and offer guidance to healthcare professionals working with infants and young children with type 1 diabetes who are still breastfeeding.[5] The Academy has set out seven key recommendations which should help with managing the breastfed infant or young child with type 1 diabetes, as follows:

- *Breastfeeding is best for infant* – breastfeeding is the optimal form of nutrition for infants and should be promoted as such by all healthcare providers
- *Calculating carbohydrate content of breastmilk* – it is best to try to quantify the carbohydrate content of breastmilk to allow for optimum insulin dosing. The lactose content of breastmilk is one of its more consistent components, with studies suggesting that the average carbohydrate content in breastmilk from four months being approximately 7g per 100ml. As most children diagnosed with type 1 diabetes are over six months, using this as an average guide is acceptable. Small discrepancies in carbohydrate calculations are unlikely to impact insulin dosing given small requirements in young children
- *Calculating the volume of breastmilk per feed* – without knowing the exact volume of breastmilk consumed over the day, the average volumes for well-nourished infants can be used. The average breastmilk production in mothers with children aged 7-12 months is approximately 740ml. This can be divided by the usual number of feeds per day to calculate an average volume per feed. The approximate carbohydrate content per feed can then be calculated using the average carbohydrate content of 7g carb per 100ml in breastmilk. Parents should be encouraged to make note of different glycaemic responses to different feeds and adjust accordingly, eg. smaller or larger feeds at certain times of day, differences in each breast, etc.
- *Managing infants who do not have a structured feeding pattern* – although ISPAD recommends establishing a breastfeeding routine of three to four hourly feeds and avoiding continuous feeding, this may not always be possible in the breastfed infant. Some infants will choose to breastfeed at small, frequent intervals, rather than defined feeding times. In these infants it is recommended that blood sugars be checked every three hours and corrected when above the glycaemic target, rather than trying to establish the carbohydrate content of each breastfeed
- *Pre- and post-breastfeed weight checks* – weighing an infant with type 1 diabetes before and after each breastfeed is not encouraged for parents as it is an additional task to put on a family with an already large burden of care. However, checking weights pre and post breastfeeds may be useful in hospital, when the child has just been diagnosed, for establishing the quantities of breast milk consumed and assessing insulin requirements. It may be useful to repeat this every two to three months to review the insulin dose required for feeds. This is a simple process of weighing an infant, on an accurate digital scales, before and immediately after a breastfeed. The difference in the two weights will be the volume of breastmilk taken at this feed
- *Use of insulin pumps* – the use of subcutaneous continuous insulin infusion (insulin pumps) should be considered for breastfed infants with type 1 diabetes as it allows for smaller doses of insulin to be delivered, which is often required given these infants' small insulin requirements. Insulin pumps have also been shown to improve quality of life for families of infants and young children, compared with insulin injections.
- *Support for parents* – support should be provided to the families of infants and young children diagnosed with type 1 diabetes along with tailoring the diabetes management plan to the patterns of breastfeeding and the needs of the mother and infant.

In summary, breastfeeding in infants and young children with type 1 diabetes should be encouraged and supported by all healthcare professionals. With some additional support, it should be possible to continue breastfeeding while maintaining good glycaemic control in the infant.

Siobhán O'Sullivan is a senior paediatric dietitian at Our Lady's Children's Hospital, Crumlin

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New insights on tackling codeine misuse

Misuse of opioid analgesics, particularly codeine products, is a global health concern. New research indicates how to deal with this issue

THE misuse of codeine is of increasing concern in a number of countries worldwide, particularly as it applies to the OTC supply of codeine products. Researchers from Ireland, South Africa and the UK recently sought to obtain and analyse the opinions and experience of pharmacy staff on codeine misuse in their respective countries.

A cross-sectional survey of the perspective of pharmacy staff on this issue was administered through professional or regulatory bodies in the three countries, with the largest number of participants (464) coming from Ireland.

It was found that codeine misuse was seen as a growing issue by pharmacy staff in all three countries. It was found that there was no difference across the three countries in the level of codeine misuse reported by pharmacy staff. Further findings indicate that professional education and training is desirable, with an unequivocal finding of the need for greater codeine control, with pharmacists from all three countries viewing codeine misuse as a problem among their customers.

The research, published in the journal *Substance Abuse Treatment, Prevention and Policy* notes that codeine (3-methylmorphine) is one of the most widely available and consumed opiates worldwide, and is most used for its analgesic, antitussive and antidiarrhoeal properties. Although viewed as a weak opiate, it has the potential for misuse and abuse or dependence, and has a number of associated side effects, such as sedation, euphoria and constipation.

Long-term or high dose use of combination products containing codeine with ibuprofen or paracetamol can lead to a number of side effects including nephrotoxicity, pancreatitis, depression and paracetamol hepatotoxicity. Physical tolerance can develop over time and unpleasant withdrawal-type effects can occur when usage stops.

While codeine may be prescribed for management of moderate pain or for its antitussive properties, it is widely available in some countries, including Ireland, in OTC preparations, albeit in lower dosages or combination products. This availability, according to the research, is associated with public lack of awareness of its potential for habit-forming use, risk of tolerance developing and dependence.

Some countries, including Australia and Italy, have moved to restrict codeine availability to prescription-only. Calls for revised scheduling and enhanced surveillance and pharmacovigilance have been made in countries where OTC non-prescription misuse of combination analgesics is rising.

The aim of the three-country study was to consider codeine misuse and the potential control and management of codeine according to pharmacy staff. The Irish participants were identified by the local regulatory body, the Pharmaceutical Society of Ireland. There were 464 Irish participants, 123 from South Africa and 129 pharmacists taking part from the UK.

It was found that there was a significantly larger proportion of codeine containing cough medicines sold in South Africa than in the other two countries. In all three countries combination medicines containing codeine were reported as the most popular.

Pharmacists in all three countries saw codeine misuse as a public health issue, particularly the South African participants, although almost two-thirds of participants in Ireland had this view. Respondents in all three countries reported a low to medium amount of codeine sold in their pharmacies as being misused, with no significant differences in this across the three jurisdictions.

Lack of training

The majority of all participants reported they had not received any kind of training in substance misuse issues. In Ireland, only 15% of pharmacists surveyed had received such training, significantly lower than the figure in South Africa and the UK. Most of the study participants reported a need for more training and education.

The majority of participants across the three countries were willing to take part in a centralised system that monitors the provision of codeine products within pharmacies. Also, significantly more pharmacy staff in the UK than in Ireland and South Africa said they believed the current level of codeine control in their jurisdiction was high enough.

The majority of study participants reported that from their experience, a medium to high amount of codeine provided at pharmacies is misused by clients in all three countries.

The researchers suggest that prescription drug monitoring through an online system for prescriptions, combined with real-time monitoring systems for both OTC and prescription codeine-containing products should be developed and used in pharmacies. Such systems would help ensure that patients who present with genuine therapeutic needs receive OTC codeine-based products, while flagging customers purchasing large quantities of these products.

Such systems, they say, may be useful to track and monitor levels of dispensing and reduce inappropriate prescribing. Other initiatives suggested include detecting and assessing consumer codeine misuse, providing information to clients on dependence and associated harms, and how to prevent adverse events, in addition to increasing the level of training for staff in substance misuse issues.

– Niall Hunter

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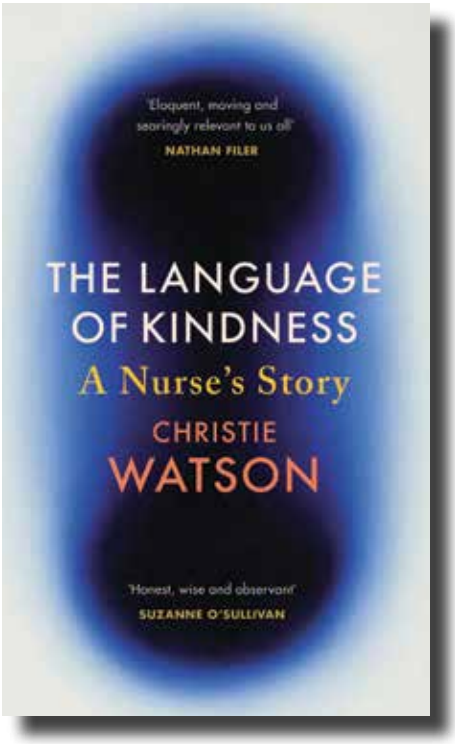
Universal language of kindness

CHRISTIE Watson was a registered nurse in the UK for 20 years before she took up writing on a full-time basis. Fiction was her first calling and her debut novel, *Tiny Sunbirds Far Away*, won the Costa First Novel Award in the UK and her second novel, *Where Women are Kings*, was also published to international critical acclaim. Her third book is a work of non-fiction that draws on her experience as a nurse. Taking us from birth to death and from the ED to the mortuary, *The Language of Kindness: A Nurse's Story* is an astonishing account of a profession defined by acts of care, compassion and kindness.

According to the book's publisher, *The Language of Kindness,* the rights of which were the subject of "an international bidding frenzy", is set to be one of 2018's "most talked about and best-loved books".

The book is a unique insider account of life on the wards: we watch Christie with a new mother holding her premature son who has miraculously made it through the night, we stand by her side as she spends many hours watching agonising heart and lung surgery, and we hold our breath as she washes the hair of a child fatally injured in a fire, attempting to remove the toxic



smell of smoke before the grieving family arrives. Christie herself also recounts her experience of what it is like to receive such care and compassion as her own father is nursed while losing his fight to cancer.

We will all be nursed during our lifetimes and we will all nurse a loved one, yet the general population hear very little about the extraordinary work nurses do, and the huge differences that can be made by the smallest actions.

The message of this book will resonate with Irish nurses and midwives who, as a result of working in understaffed, overcrowded environments, often feel they can't provide the care that patients deserve.

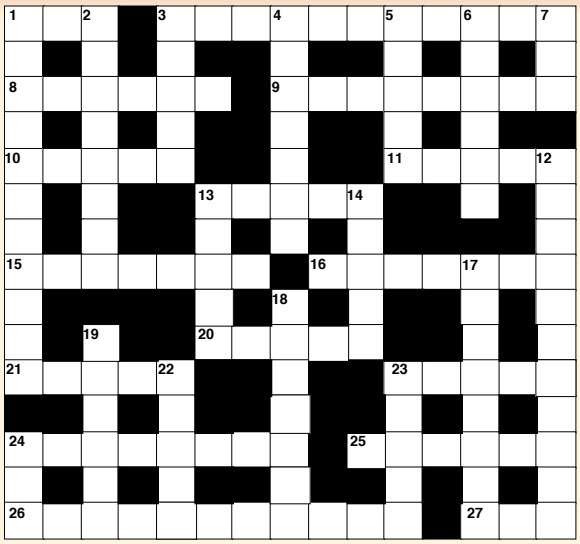
"If how we treat our most vulnerable is a measure of our society, then the act of nursing itself is a measure of our humanity. Yet it is the most undervalued of all the professions," says Christie Watson

Remarkable, moving and important, *The Language of Kindness* is a book that encourages us to learn from the universal language of kindness. In the words of Janet Davies, chief executive and general secretary, Royal College of Nursing: "It is very hard to describe the essence of nursing but Christie's story captures it. Through her powerful writing the true value of the nurse becomes clear".

The Language of Kindness: A Nurse's Story by Christie Watson is published by Chatto & Windus ISBN: 9781784741983. RRP STG £12.99

Crossword Competition

WIN A €30 BOOK TOKEN



Across

1 Achieve victory (3)
3 Clones Inn, as reconstructed? How meaningless is that! (11)
8 Hip-hop performer (6)
9 It goes beneath the carpet? Beneath the ballad, by the look of it! (8)
10 The name of the first cloned sheep (5)
11 & 13 How many obese jurors? All twelve (5,5)
15 Roman goddess of wisdom or Prof McGonagall in Harry Potter (7)
16 Japanese warrior class (7)
20 Considers, judges (5)
21 Clever or chic (5)
23 Ascend (5)
24 & 25 Can a prevalent pica literally evolve into this condition during pregnancy? (8,6)
26 For good, not temporarily (11)
27 Failure (3)

Down

1 Of global renown (5-6)
2 Waterloo was the end of the line for him (8)
3 Poor, in want (5)
4 Apply pressure (7)
5 Here's a change that is completely smooth (5)
6 Hue (6)
7 Use it when digging turf with a learner to be near Offaly (3)
12 From which to plunge into a swimming pool (6,5)
13 Find many keen for Mr Walliams to appear (5)
14 Draws closer (5)
17 Brought ease, ere devil was confused (8)
18 "Give the umpire precipitation", goes the chorus (7)
19 This kind of fair sounds strange (6)
22 The thank-you letter from Greece (5)
23 Spicy oriental food (5)
24 Seed found within a fruit (3)

May crossword solution

Across: 1 Nil 3 Caramelised onions 8 Number 9 Tarragon 10 Ochre 11 Heels 13 Ronan Keating 16 Sporran 20 Handy 21 Sings 23 Ceili 24 Smoulder 25 Bounce 26 Discernment 27 Lip

Down
1 Non-Hodgkin's lymphoma 3 Crete 4 Antenna 5 Lurch 6 Sagged 7 Din 12 Sunny side up 13 Ranch 14 Nappy 17 Rational 18 Anagram 22 Salve 23 Clout 24 Sod

Name:
Address

The prize will go to the first correct entry opened
Closing date: Tuesday, June 19, 2018
Post your entry to: Crossword Competition, WIN, MedMedia Publications, 17 Adelaide Street, Dun Laoghaire, Co Dublin

The winner of the May crossword is:
Jo Roche
Rathcoole
Co Dublin

MONEY MATTERS

Maximising an SPSPS pension

Ivan Ahern highlights what you need to know about the Single Public Service Pension Scheme

IF YOU started working in the Public Sector after January 1, 2013, then you are most likely in the Single Public Service Pension Scheme (SPSPS). Your pension entitlements therefore differ substantially from nurses or midwives who joined the Public Sector before 2013.

Given this, it's important to prepare financially. An additional voluntary contributions (AVC) plan could make a big difference to your lifestyle and finances in retirement.

How the SPSPS will affect you at retirement

- You will receive a significantly reduced pension in comparison to your colleagues who are members of earlier pension schemes
- If you choose to retire early, for example at age 60, you will have to wait up to eight years before receiving the State Pension (which is increasing to 67 years of age in 2021 and to 68 years in 2028)
- When you stop working, you will face a cut in annual income of almost 80%, meaning you may need to seek further employment in order to maintain your lifestyle.

What to do about reduced benefits

An AVC allows you to make additional contributions towards your retirement benefits.

At retirement, you can use your AVC to 'buy' extra benefits (subject to Revenue limits), such as:

- A tax-free lump sum (gratuity)
- An investment in a retirement fund
- An additional pension.

Other benefits include:

- AVCs are deducted from your payslip, so you get tax relief directly at source. For example, if you are a higher-rate taxpayer at 40%, for every €50 you invest in your AVC, the actual cost to you is €30
- Unlike a savings plan, the money that you invest in your AVC cannot be accessed until you retire, which is a good thing.

Table: Pension case study comparison of those who joined public sector before April 1995 and after January 2013

Paul and Laura are in different pension schemes. They are both retiring at age 60, with 36 years' service, on a salary of €60,000 per annum:	**Paul**	**Laura**
Joined Public Sector	Before April 1995	After January 2013
Income before Retirement	€60,000	€60,000
Employer Pension at age 60	€27,000	€10,670
State Pension at age 68	€0	€12,695
Total Pension at age 68	€27,000	€23,365

All figures are estimates

For the eight years between retirement at age 60 and receiving the State Pension at age 68, Laura who is in the Single Public Sector Pension Scheme could be on an Annual Income of just €10,670; over €16,000 a year less than Paul. When Laura reaches 68, the State Pension will close some of this gap but will still leave Laura approximately €4,000 worse off each year. These differences would total almost €210,000, if Laura receives the pension until the age of 88

If you start an AVC today

It is important to note that with an AVC you can stop, start, increase or decrease your AVC payments whenever you want. Here is an example of the savings fund you could have at retirement if you start an AVC today:

Weekly contribution	After 30 years
€12.50	€36,602
€25	€73,611
€50	€148,887

Assumptions: 2% contribution charge, 1% annual management charge, assuming 4% investment growth per annum, contribution increases by 2% annually. The actual charges on your AVC may differ.

For more information on pensions contact Cornmarket at Tel: 01 420 6794.

Ivan Ahern is a director of Cornmarket Financial Services ltd

Warnings:
- *Past performance is not a reliable guide to future performance.*
- *The value of your investment may go down as well as up.*
- *This product may be affected by changes in currency exchange rates.*
- *If you invest in this product you may lose some or all of the money you invest.*
- *If you invest in this product you will not have any access to your money until you receive your Superannuation Benefits.*
- *These figures are estimates only. They are not a reliable guide to the future performance of the investment.*

Cornmarket Group Financial Services Ltd. is regulated by the Central Bank of Ireland. A member of the Irish Life Group Ltd. which is part of the Great-West Lifeco Group of companies. Telephone calls may be recorded for quality control and training purposes.

Labour could help C-section mothers

Mild induced labour before caesarean may aid breastfeeding

A SWISS research project is examining how mild induced labour prior to caesarean section may help mothers to better initiate breastfeeding

The Family Larsson-Rosenquist Foundation (FLRF) is financing a new clinical study by the University Children's Hospital Basel, in close co-operation with the University Hospital of Zurich and with the support of three other Swiss hospitals. The study examines how the mild induction of labour and the concomitant release of hormones prior to a caesarean section help mothers to initiate and maintain breastfeeding.

Breastfeeding has multiple health benefits for both mother and child. The WHO and UNICEF recommend newborns and infants be exclusively breastfed for the first six months of life. To help this recommendation become reality, FLRF invests globally in research projects on breastfeeding. The FLRF aims to provide health professionals with science-based information to support mothers more effectively in achieving their breastfeeding goals, and consequently, sustainably promote the well-being of mother and child.

In recent years, caesarean section rates have risen significantly; in some regions, caesarean deliveries outpace those of spontaneous deliveries. Epidemiological studies indicate that mothers who give birth to babies by caesarean section are more likely to experience difficulties initiating breastfeeding than mothers who give birth by spontaneous delivery. These difficulties have been attributed to an absence of necessary hormones that are released during spontaneous deliveries. Recent initial evidence suggests that the mild induction of labour prior to a caesarean section can trigger the release of these important hormones. They support the lung breathing of newborns, but at the same time can help with the initiation of breastfeeding. These first findings need to be further examined and verified in a major study.

The study will further examine initial epidemiological findings and investigate whether the mild induction of labour prior to medically indicated caesarean sections improves lactation initiation and leads to better breastfeeding outcomes in the short and long-term. Should results be positive and robust, they could form the scientific basis for improving the overall medical protocol of caesarean sections. This would have the potential to help mothers worldwide achieve their breastfeeding goals.

Eileen Higgins RIP

IT WAS with deep sadness and a great sense of loss that Eileen Higgin's colleagues in Portiuncula Hospital received the news of her death, following a short illness with cancer which she fought with great courage and strength.

Having joined Portiuncula in 1989 as a staff nurse, Eileen became an assistant director of nursing in 2002. In 2005 she completed a BA in healthcare management and in 2013 completed a masters in leadership and healthcare management at the RCSI. She made a wonderful contribution to the health service, giving 100% to every project she undertook. She had extraordinary energy coupled with great academic ability, which was evident in her daily work.

Eileen's memory will live on and we will remember her as a great friend, a reliable colleague and a conscientious worker.

We extend our sympathy to her husband Noel, sons Conor, Diarmuid and Niall, her mother Bridget and her brothers and sisters and her wider family.

PDC staff celebrate official opening of Richmond with Minister for Health

Historic day:
Pictured (l to r) at the official opening of the INMO's Richmond Education and Events Centre at the end of April were: PDC staff Wayne McNeill; Helen O'Connell; Deborah Winters; Marian Godley; Steve Pitman, head of education and professional development; Simon Harris, Minister for Health; Catriona McDonnell; Edel Reynolds; and Linda Doyle.
Speaking at the event the Minister congratulated all involved in bringing what was the old Richmond Hospital to the state-of-the-art Education and Events Centre that it is today. He said it was the ideal venue for nurses and midwives to continue with their professional development and wished the Organisation many long and successful years at the Richmond

June

Saturday 9
Third Level Student Health Nurses Section meeting. INMO HQ. Contact jean.carroll@inmo.ie for further details

Thursday 21
ODN Section meeting. INMO HQ at 6pm. Teleconferencing facilities available. Contact jean.carroll@inmo.ie for further details

Saturday 23
PHN Section meeting. INMO HQ. Contact jean.carroll@inmo.ie for further details

Wednesday 27
CPC Section meeting. INMO HQ. 10.30am. Contact jean.carroll@inmo.ie for further details

Wednesday 27
Care of the Older Person Section meeting. Richmond Education & Event Centre. Contact marian.godley@inmo.ie for further details

Wednesday 27
Research Nurses/Midwives Section meeting, Richmond Education & Event Centre. See *page 37* for full details, or Contact marian.godley@inmo.ie for further details

September

Wednesday 12
OHN Section Annual Conference Limerick Strand Hotel. Log onto www.inmoprofessional.ie for further details.

Tuesday 18
Retired Nurses and Midwives Section meeting, including a talk on the Fair Deal Scheme by journalist Sinead Ryan

Saturday 22
PHN Section meeting, INMO HQ. 11am-1pm. Contact jean.carroll@inmo.ie for further details.

Saturday 22
Community RGN Section meeting. INMO HQ. 11am-1pm. Contact jean.carroll@inmo.ie for further details

Saturday 22
School Nurses Section meeting, INMO HQ. 10.30am. Contact: jean.carroll@inmo.ie for further details

Monday 24
National Children's Nurses Section meeting. INMO HQ. 11am. Contact jean.carroll@inmo.ie for further details

October

Wednesday 3
Telephone Triage Nurses conference. INMO Richmond Education & Event Centre. Contact jean.carroll@inmo.ie for further details

Retired Section

❖ Day Trip to Wexford on July 10. The Expressway bus service number 2 leaves Busarus at 10.30am. Bus originates in Dublin Airport at 10am and there are many pickup points en route. Trains leave Heuston at 9.05am and 1.01pm. Contact Margaret Nordell for details or check on the Retired Section on the INMO Website. Tel: 087 616 7774 or email: magnordell@gmail.com

Golf Society

❖ Irish Nurses and Midwives male/female Golf Society annual outing will take place on Thursday, September 13 at Ballinrobe Golf Club, Co Mayo. The cost is €50 which includes coffee on arrival, golf and dinner. To book Tel: 0949541118 or send your name, club details and fee to Peggy Butler, c/o Ballinrobe Golf Club. Cheques are payable to Irish Golf Society (nonrefundable)

INMO Membership Fees 2018

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

Condolences

❖ The Letterkenny Branch would like to offer sincerest sympathies to Branch secretary Marian Skelly on the recent death of her mother Sheila Skelly. May she rest in peace.