

# WIN



Journal of the  
Irish Nurses and  
Midwives Organisation

Special report  
from the  
INMO ADC 2015  
See pages 11-36

## World of Irish Nursing & Midwifery

**Worst trolley  
figures since  
records began  
January-April  
2015**

page 6



**Public service  
pay talks get  
underway**

page 7



**INMO joins  
fight against  
racism**

page 62



Organising – Protecting – Delivering



## NEWS & VIEWS

- 5 Editorial**  
As HIQA increases its vitally important work, while maintaining its independence, it must demonstrate best practice in the use of fair procedure, transparency and openness, writes Liam Doran, INMO general secretary
- 6 News**  
Worst trolley figures since records began... Pay talks get underway... New entrants win access to pension scheme... Serious concerns at HIQA procedures... CUH members accept oncology unit proposals... New maternity strategy group welcomed... Beaumont ED to commence work to rule... Educated nursing workforce leads to high quality of care  
*Plus:* Section focus, page 48 & Section news, page 49
- 61 Students & new graduates**  
Dean Flanagan updates readers on news for students and new graduates

## ADC SPECIAL REPORT

- 12 Presidential address**  
Claire Mahon urges nurses and midwives to work together to meet the challenges ahead
- 15 Professional development**  
Members are centre stage in developing new PDC services, Elizabeth Adams said
- 16 Health Minister's address**  
Leo Varadkar told delegates that everyone was 'in it together' wanting the same outcomes for patients and clients
- 19 General secretary's response**  
Responding to the Minister's address, Liam Doran said the INMO won't rest until nurses and midwives have parity
- 20 Keynote speaker**  
HIQA CEO Phelim Quinn stated that the HSE was explicitly responsible for hospital safety issues
- 22 Industrial relations review**  
Phil Ní Sheaghdha set out the state of play ahead of the post-HRA talks
- 24 Social policy**  
Edward Mathews introduced the INMO's position paper on 'Human Right to Health'
- 26 Review of 2014**  
2014 was a year of tragedy but brought some rays of hope, said Dave Hughes
- 27 Debates and motions**  
Round-up of motions from the ADC

## FEATURES

- 47 Membership update**  
Members are urged to keep their details up to date with the INMO membership department
- 48 Section focus**  
This month we focus on the Care of the Older Person Section
- 51 Questions and answers**  
Bulletin board for industrial relations queries
- 52 Quality and safety**  
This month Maureen Flynn looks at the National Office of Clinical Audit (NOAC)
- 55 Midwifery matters**  
Deirdre Munro discusses new NICE guidelines on midwifery staffing
- 57 Media Watch**  
Ann Keating reviews INMO activities reported in the news
- 59 Branch update**  
This month we focus on the INMO's Mullingar Branch
- 62 Focus**  
Shane O'Curry of the European Network Against Racism outlines the central role that trade unions play in the fight against racism
- 69 Update**  
Round up of international and Irish news items

## LIVING

- 65 Book review**  
*Pain Management in Nursing Practice* by Shelagh Wright – a valuable learning tool for today's practice  
*Plus:* Monthly crossword competition
- 67 Finance**  
Ivan Ahern discusses how to go about checking if you are due a tax refund

## JOBS & TRAINING

- 37 Professional Development**  
Eight-page pull-out section from the INMO PDC
- 70 Diary**  
Listing of meetings and events nationally and internationally
- 71 Recruitment & Training**  
Latest job and training opportunities in Ireland and overseas

*WIN – World of Irish Nursing & Midwifery* is distributed by controlled circulation to over 36,000 members of the INMO. It is published monthly (10 issues a year) and is registered at the GPO as a periodical. Its contents in full are Copyright© of MedMedia Ltd. No articles may be reproduced either in full or in part without the prior, written permission of the publishers. The views expressed in this publication are not necessarily those of the INMO. Annual Subscription: €145 incl. postage paid. Editorial Statement: *WIN* is produced by professional medical journalists working closely with individual nurses, midwives and officers on behalf of the INMO. Acceptance of an advertisement or article does not imply endorsement by the publishers or the Organisation.



(ISSN: 2009-4264)

Volume 23 Number 5  
June 2015

WIN,  
MedMedia Publications,  
17 Adelaide Street,  
Dun Laoghaire,  
Co Dublin.

Website: [www.medmedia.ie](http://www.medmedia.ie)

  
medmedia  
publications

Editor Alison Moore

Email: [alison.moore@medmedia.ie](mailto:alison.moore@medmedia.ie)

Tel: 01 2710216

Production editor & news Tara Horan

Sub-editor Sharon Murphy

Designers Fiona Donohoe, Paula Quigley

Advertising manager Leon Ellison

Email: [leon.ellison@medmedia.ie](mailto:leon.ellison@medmedia.ie)

Tel: 01 2710218

Publisher Geraldine Meagan

WIN – World of Irish Nursing & Midwifery  
is published in conjunction with the  
Irish Nurses and Midwives Organisation by  
MedMedia Group, Specialists in Healthcare  
Publishing & Design.



Irish Nurses and Midwives Organisation

Editor-in-chief: Liam Doran

INMO editorial board:

Claire Mahon; Geraldine Talty; David O'Brien;  
Moirá Craig; Theresa Dixon; Martina Harkin-Kelly;  
Eileen Kelly; Catherine Sheridan; Mary Leahy

INMO editor: Ann Keating

Email: [annkeating@inmo.ie](mailto:annkeating@inmo.ie)

INMO editorial assistant: Freda Hughes

INMO photographer: Lisa Moyles

INMO correspondence to:

Irish Nurses and Midwives Organisation,  
Whitworth Building,  
North Brunswick Street,  
Dublin 7.

Tel: 01 664 0600

Fax: 01 661 0466

Email: [inmo@inmo.ie](mailto:inmo@inmo.ie)

Website: [www.inmo.ie](http://www.inmo.ie)



[www.facebook.com/](http://www.facebook.com/)

[irishnursesandmidwivesorganisation](http://irishnursesandmidwivesorganisation)



[twitter.com/INMO\\_IRL](https://twitter.com/INMO_IRL)

# HIQA: Independence carries responsibility



THE Health Information and Quality Authority (HIQA) is the independent entity established under statute law to carry out inspections, both announced and unannounced, on public and private health service facilities.

It is absolutely right and proper that all health service providers should be subject to independent scrutiny and objective assessment to ensure high standards and best practice. It also increases the confidence of patients and their families in the quality of services when they know that they are subject to wholly independent examination, and that reports on all such examinations and inspections are published and open to critical scrutiny.

In recent weeks the manner in which HIQA carries out its function has been the subject of a rather unedifying public spectacle as the HSE disputed the content of a draft final report on the Midland Regional Hospital Portlaoise. In parallel with this particular report, the subject of much media attention, we also had reports, which received slightly less attention, with regard to intellectual disability services in Tipperary, Mayo and Kildare.

The INMO has, in the past, had a number of engagements with HIQA in relation to such issues as: its scrutiny of the person in charge (PIC) without reference to the actual authority/autonomy that person holds; its commentary on staffing levels without stipulating what it believes to be safe levels; and, repeatedly, its emphasis on documentation without similar attention to the availability of staffing and other resources.

In relation to the report into the MRH Portlaoise we found it necessary to remind HIQA that it cannot draw conclusions, on any matter, without affording all parties the right to comment, with full representation on the issue.

With regard to another recent report, the INMO has found it necessary to challenge HIQA as to how it can assert, in a published report, that it found evidence to support a complaint without, at any time interviewing the individual staff members involved, giving them the access to all complaints and related documentation, and, fundamentally, the right of reply with full representation. At the time of writing, the Organisation is final-

ising our next steps, with legal advice, on this matter as HIQA has declined, despite our requests, to withdraw the report, notwithstanding that they have inferred findings of wrongdoing without due process or fair and proper procedures.

The INMO has also had repeated difficulties, with HIQA, on the pivotal issue of the PIC. We accept that every facility must have a designated PIC who must have the necessary authority and autonomy to always ensure that services are provided at optimal levels. This matter remains the subject of an ongoing engagement with HIQA.

It is regrettable, particularly as the INMO very much supports an independent watchdog for our health services, that, on an increasing basis, we have found it necessary to challenge HIQA and its procedures and processes. It is our view that HIQA, in fulfilling its independent role, must, at all times, respect fair procedure and due process throughout the inspection/review process.

The fact that HIQA has also been at loggerheads with the HSE, again with regard to its procedures, does nothing for our health service, reduces the confidence of the general public and, ultimately, undermines the service as a whole.

As HIQA increases its vitally important work, while maintaining its independence, it must demonstrate best practice in the use of fair procedure, transparency and openness. The identification of poor standards, in any part of our health service, is absolutely right and proper. However, this must be done while ensuring that no individual, in the absence of fair procedure and due process, is impugned in a manner that damages their professional and personal representation in their workplace, locality or community.

Liam Doran  
General Secretary, INMO

# Worst Jan-April since records began

## Trolley figures up 79% since 2006 national emergency

IN THE first four months of 2015, 35,135 patients waited on trolleys for an inpatient bed – the highest figure recorded for this the Jan-April period since records began. This stark fact emerged from the INMO's analysis of its trolley/ward watch figures ahead of its ADC last month.

This revealed a 26% increase on the same period in 2014 and a 37% increase on the 2006 figures – a time when the then Minister for Health declared the crisis “a national emergency”.

Two sets of figures were analysed by the INMO: April 2015 compared with April figures going back to 2006; and

January-April 2015 compared to the same period in the previous nine years.

In April 2015, 7,860 patients spent time on trolleys awaiting an inpatient bed. This was up 26% on the same month last year and a staggering 73% increase on the 'national emergency' figure in 2006.

The issue of emergency department overcrowding was debated at the ADC, with motions calling for:

- The opening of at least 1,000 public beds (acute, short stay, rehabilitation, respite and long stay) with the necessary additional nursing staff, to address the increasing demand for services

- A major examination, with an international chair if necessary, of current hospital practices within and between all health professionals

- The application of 85% bed occupancy as a trigger for managing admissions/discharges

- The elimination of any trolleys on corridors or inappropriate areas by October this year (*see page ?? for debate report*).

INMO general secretary Liam Doran said: “Delegates debated this ongoing crisis during our ADC and outlined the conditions in overcrowded EDs and wards where they work. These latest statistics

confirm that our health services continue to be too small to adequately, and safely, meet demand”.

While welcoming the extra funding announced recently by Minister for Health Leo Varadkar, Mr Doran said: “It is imperative that the Minister immediately establishes the monitoring group to oversee the speedy delivery of all of the changes and initiatives contained in the Emergency Department Taskforce Report. Sustained action, in the form of additional bed capacity and staff, is the only long term solution to this problem and these must be brought forward immediately.”

Table 1. INMO trolley and ward watch analysis January-April 2006-2015

Hospital	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Beaumont Hospital	1,629	2,123	2,785	3,020	3,384	2,316	2,670	2,547	2,185	2,750
C Connolly Hospital, Blanchardstown	900	1,035	928	1,140	714	1,544	1,348	1,903	1,813	2,066
Mater Misericordiae University Hospital	1,826	1,601	2,078	1,772	2,037	1,185	1,427	1,269	1,003	1,837
Naas General Hospital	1,616	669	897	1,504	1,143	2,103	853	853	890	1,430
St Colmcille's Hospital	914	306	190	909	838	870	829	619	n/a	0
St James's Hospital	1,692	492	971	1,000	666	664	472	834	546	1,190
St Vincent's University Hospital	1,491	1,633	1,975	1,952	2,003	2,015	1,574	1,718	819	1,924
Tallaght Hospital	2,937	1,242	2,397	2,829	2,254	2,439	928	1,254	1,288	1,545
<b>Eastern</b>	<b>13005</b>	<b>9101</b>	<b>12221</b>	<b>14126</b>	<b>13,039</b>	<b>13,136</b>	<b>10101</b>	<b>10997</b>	<b>8544</b>	<b>12742</b>
Bantry General Hospital	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	79	163
Cavan General Hospital	1,508	1,241	892	625	1,042	1,825	1,179	799	198	224
Cork University Hospital	1,503	1,237	1712	1,398	2,555	2,732	2,299	1,519	1,362	1,477
Kerry General Hospital	472	237	513	153	303	319	173	376	298	441
Letterkenny General Hospital	1,090	1,020	174	142	206	178	235	424	1,128	1,544
Louth County Hospital	78	45	137	87	23	n/a	n/a	n/a	n/a	0
Mayo General Hospital	819	768	567	543	724	380	672	798	896	968
Mercy University Hospital, Cork	707	569	558	609	625	836	595	1,095	775	908
Mid Western Regional Hospital, Ennis	346	718	132	95	133	362	96	244	0	41
Midland Regional Hospital, Mullingar	52	59	71	181	905	1,012	1,105	1,207	1,433	1,877
Midland Regional Hospital, Portlaoise	196	111	214	184	93	492	381	222	708	807
Midland Regional Hospital, Tullamore	45	11	10	47	203	750	630	514	1,152	898
Monaghan General Hospital	12	203	138	100	n/a	n/a	n/a	n/a	n/a	0
Nenagh General Hospital	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	39
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
Our Lady's Hospital, Navan	125	399	367	461	216	724	384	412	710	446
Portiuncula Hospital	245	190	240	129	397	276	359	527	278	629
Roscommon County Hospital	282	290	423	372	372	475	n/a	n/a	n/a	0
Sligo Regional Hospital	433	281	375	372	729	735	576	554	799	945
South Tipperary General Hospital	418	194	441	190	414	275	598	763	984	887
St Luke's Hospital, Kilkenny	n/a	n/a	n/a	n/a	n/a	169	272	546	1,017	1,061
University Hospital Galway	819	766	1,179	1,246	1,517	2,088	1,942	1,619	1,807	2,243
University Hospital Limerick	852	569	592	836	1,265	1,187	1,264	2,491	2,154	2,442
University Hospital Waterford	n/a	n/a	60	253	349	431	435	567	1,337	787
Wexford General Hospital	1,417	434	510	424	461	1,200	388	681	322	981
<b>Country total</b>	<b>12,660</b>	<b>10,577</b>	<b>10,226</b>	<b>9,993</b>	<b>13,764</b>	<b>18,380</b>	<b>16,005</b>	<b>16,793</b>	<b>19,391</b>	<b>22,393</b>
<b>NATIONAL TOTAL</b>	<b>25,665</b>	<b>19,678</b>	<b>22,447</b>	<b>24,119</b>	<b>26,803</b>	<b>31,516</b>	<b>26,106</b>	<b>27,790</b>	<b>27,935</b>	<b>35,135</b>
<b>Comparison with total figure only:</b>	Increase between 2014 and 2015: 26%		Increase between 2011 and 2015: 12%		Increase between 2010 and 2015: 31%		Increase between 2008 and 2015: 79%			
	Increase between 2013 and 2015: 26%		Increase between 2009 and 2015: 46%		Increase between 2007 and 2015: 79%		Increase between 2006 and 2015: 37%			
	Increase between 2012 and 2015: 35%									

# Public service pay talks underway

## INMO calling for a significant first step in pay restoration

AT THE time of going to press, negotiations on the restoration of pay and conditions, cut over recent years, had commenced between public service unions (including the INMO) and representatives on behalf of the government.

In entering the talks, the INMO has repeatedly stated that, while it was acknowledged all of the cuts could not be restored at this time, a significant first step would have to be made by government, with a clear timetable for further restoration.

In particular, in addition to making a first step to restoring the pay that was cut, and reducing the pension levy that was introduced unilaterally, the discussions would also have to:

- Review our claim for a 37 hour week for nursing/midwifery grades
- The restoration of the time-and-one-sixth premium pay between 6pm and 8pm
- Other matters, including the registration fee levied by the Nursing and Midwifery Board of Ireland.

In parallel with the specific issues of concern to the INMO, health unions have also tabled,

collectively, further issues of concern on such matters as outsourcing (effectively the continuing privatisation of health services) and the workplace arrangements that apply in Section 39 funded health agencies.

It is expected that, in relation to pay, the discussions will focus upon a significant reduction in the pension levy, introduced by legislation in 2009, which would lead to an increase in the take home pay of every public servant. There is a preference, as stated publicly, by public service unions that any first step, in this restoration, must be weighted towards the lower paid.

It is expected that the discussions will continue for three to four weeks but, at the time of going to press, it was not possible to say with certainty when they will be completed. Throughout the discussions members will be updated on a regular basis, through regular updates on our website ([www.inmo.ie](http://www.inmo.ie)) and through emails to members.

If a set of proposals emerge, from this negotiating process, they will, as always, be subject to information meetings and



*Liam Doran, INMO general secretary: "The coming weeks will determine whether the government, having cut so quickly and repeatedly, is willing to show equal speed with regard to restoration to nurses, midwives and public servants"*

ballot, by our entire membership, in workplaces around the country.

Speaking during the first days of the negotiations INMO general secretary Liam Doran said: "It is over seven years since nurses and midwives, and indeed any public servant, received a pay increase. During this period all public servants have suffered a minimum of a 14% reduction in pay, with others suffering a third/fourth cut under various premiums and, in addition, worked extra

hours. All of this has taken place against a backdrop of a recruitment moratorium, reduction in posts and increased workloads.

"It is now imperative that government, through the process just commenced, demonstrates it understands that public servants, having shouldered more than their fair share of the burden of recovery, are now entitled to a significant restoration of pay and the return of other conditions of employment cut in recent years".

Mr Doran concluded: "Our recent annual conference gave the Organisation a clear agenda and mandate for these talks. The coming weeks will determine whether the government, having cut so quickly and repeatedly, is willing to show equal speed with regard to restoration to nurses, midwives and other public servants.

"It must be remembered most public servants earn very ordinary salaries, pay all their taxes and simply want to provide for their families, pay their bills and be part of a society, not just an economy eaten up by austerity".

## New collective bargaining legislation 'progressive'

THE Irish Congress of Trade Unions has described new draft legislation on collective bargaining as 'progressive' and said it had the capacity to "significantly improve the rights of workers seeking to negotiate collectively with employers, through their unions".

Responding to the publication of the bill, ICTU general secretary Patricia King said: "This is progressive legislation that is capable of addressing

most of the deficits exposed by the 2007 Supreme Court ruling and bringing union rights in Ireland into line with international norms.\*

"It provides an avenue for workers, through their trade unions, to secure improvements in pay and conditions, when an employer refuses to engage in collective bargaining," Ms King said.

"The legislation contains some significant advances in

terms of the establishment of collective bargaining rights and the exercise of those rights. It allows for the Labour Court to make a determination in a dispute, which can then be enforced by way of a Circuit Court order. Critically, it also contains measures to prevent workers from being victimised through dismissal, specifically the right to seek injunctive relief prior to any attempted dismissal taking place."

Ms King said the inclusion in the legislation of measures to provide for the establishment of Registered Employment Agreements was "very helpful", but said Congress would be seeking amendments in relation to the non-compliance provisions it contained.

\*A 2007 ruling from the Supreme Court – in a case involving *Ryanair and Impact* – rendered existing legislation on collective bargaining inoperable, in the view of trade unions.

# Maternity strategy group welcomed

## INMO consistently calls for an expansion of midwifery services

THE establishment of a group to advise on a possible new maternity strategy was welcomed by the INMO last month. In particular, the Organisation welcomed the inclusion in the review group of midwives from all areas of the health service and, specifically, the frontline.

The INMO has consistently called for the expansion of midwifery in this country, particularly through the creation of midwifery led services and enhanced community based midwifery services.

The work of this review group should also be informed by the outcome of the current study of midwifery manpower in Ireland, which is due to complete its work imminently. In a survey last year, the INMO found that the current maternity services in Ireland required more than 500 extra midwives to bring staffing levels up to international norms.

Births in this country continue to be at a very high level, relative to the EU, and have increased in the last decade while midwifery staffing num-

bers have been cut. It is also a fact that births are becoming increasingly complex which, in turn, puts even greater demands on midwives and maternity services generally.

The announcement was made by Health Minister Leon Varadkar in the run up to International Day of the Midwife.

INMO president Claire Mahon said: "It remains the absolute conviction of the INMO that midwifery standards and best practice are being increasingly pressurised due to our continuing high

birth rate against a background of a shortage of midwives.

"Research and clinical practice has confirmed that midwifery-led services are efficient, effective and preferred by women who have a normal pregnancy. The policy goal in this country should, therefore, be to extend and expand these high quality midwifery-led services and the INMO will be seeking this as part of on-going service reconfiguration.

"Immediate action is now required on recruitment of additional midwifery staff."

## Work to rule in Beaumont over danger levels in ED

THE INMO is set to commence industrial action in the form of a work to rule at Beaumont Hospital on June 10 in protest at the unsafe conditions in the emergency department for patients and staff.

Notice of the action has been served on management. During the work to rule all essential care required by patients will continue to be provided but non-essential/administrative work will not be done. The action will escalate to work stoppages if the situation does not improve.

INMO members had agreed to defer industrial action earlier this year following agreement reached at the Labour Relations Commission (LRC) in respect of increased staffing and measures to address overcrowding. However, management has failed to honour this agreement. The extra nursing staff promised have not been recruited and the ED is constantly left short staffed. In addition, overcrowding levels remain dangerously high

due to insufficient bed capacity in the hospital. Delayed discharges are at the same level as they were in December/January despite the release of additional funding to address this problem. On top of this, in recent weeks, management has closed 33 beds thus reducing capacity further in the hospital.

Lorraine Monaghan, INMO IRO said: "It is a disgrace that both patients and staff are exposed to such appalling conditions. Management has had four months to implement measures agreed at the LRC to bring about desperately needed change, however, they have failed to do so and they have compounded the problem further by closing 33 beds. Our members, on behalf of the patients they look after, will no longer tolerate this situation or accept empty promises.

"This unsafe situation has to be addressed, once and for all, in the interest of safe patient care and the health and safety of staff working in the department."

## Educated nursing workforce leads to high quality care

INMO general secretary Liam Doran took the occasion of International Nurses Day last month to salute nurses at home and abroad.

The theme of the day, *Nurses: a force for change – care effective, cost effective*, "underpins the simple but vital message that an educated nursing workforce alongside a positive, enabling work environment, leads to high quality, cost effective healthcare," Mr Doran said.

"All of this is predicated on the need for governments to understand that high quality health services cannot be achieved without an adequate number of appropriately educated, empowered and autonomous nurses. The nurse is, without doubt, the health professional closest to the population they serve.

"The issues of staffing levels and patient safety were debated at the INMO's ADC and members repeatedly spoke about short staffing and ward overcrowding and

their impact on patient outcomes as a source of real and growing concern. The INMO's safe staffing campaign will continue until we secure the necessary staffing resources to allow nurses and midwives to deliver safe and cost effective care to patients."

International Nurses Day is celebrated annually by the International Council of Nurses (ICN) to reinforce the fact that global health cannot be achieved without nurses' participation at all levels of the healthcare system.

According to the ICN president, Judith Shamian and CEO David C Benton: "The cost of healthcare is rising worldwide, placing a heavy financial burden on health systems and populations globally. Nurses, as the single largest profession in the health workforce, are well positioned to drive efficiency and effectiveness improvements while providing quality care and attaining optimal patient and population outcomes."



# New entrants win access to pension

## Labour Court ruling on new staff's access to superannuation scheme

THE Labour Court has found in favour of the INMO in a claim over access to the superannuation scheme for new entrant nursing staff working in Marymount University Hospital, Cork.

The issue in dispute arose when the HSE informed management of the hospital that it would not permit new staff members, with the exception of the CEO and a consultant, access to the Voluntary Hospital Superannuation Scheme.

In its recommendation, the Court said: "It is accepted that the employer in this case is in an anomalous position *vis-à-vis* other similarly funded organisations in that its staff traditionally had access to the pension scheme in issue.

"It is, however, clear that the longstanding and well established position is that the staff of this hospital are treated as covered by the terms and conditions of employment applicable to public sector workers, including pension entitlements. In the Court's view that is a custom and practice that should be regarded as equivalent to a collective agreement. The Court is further of the opinion that the current arrangements in that regard cannot be altered other than by agreement.

"The Court also regards it as significant that the disputed exclusion from the pension scheme is not universally applied to all newly recruited staff of the hospital. In all cir-



INMO IRO Michael Dineen:  
"This is a significant win for our members in Marymount"

cumstances prevailing, the Court considers the union's claim as reasonable and it recommends that it be conceded.

"In making this recommendation, the Court is conscious of the circumstances in which

this matter arose and that the employer was, in effect, acting on the instructions of its funding agency. Consequently the implementation of this recommendation will require further discussions between all parties and the funding agency."

Welcoming the recommendation, INMO IRO Michael Dineen said: "This is a significant win for our members employed within Marymount University Hospital. It ensures that they are afforded the same terms and conditions enjoyed by their colleagues with greater service."

Negotiations will now commence between hospital management, the HSE and the INMO to give effect to the recommendation.

## Serious concerns at HIQA procedures

THE INMO has expressed "serious concern" at HIQA's publication of allegations relating to the treatment of residents at St Anne's care centre in Roscrea without first putting the allegations to accused staff.

The allegations had been previously investigated and dismissed by An Garda Síochána and INMO members had fully participated in an independent, external investigation, following which they were advised that no evidence had emerged to suggest inappropriate or unprofessional behaviour by them.

"The same allegations were the subject of a Garda investigation and the Gardai have confirmed that no evidence exists to support any such claim made last December. We have been advised that the DPP has closed the file,"

said Mary Fogarty, INMO IRO. "On behalf of all nurses working in the Daughters of Charity Services Roscrea, the INMO is satisfied there is no evidence of shouting or any other form of inappropriate behaviour towards any resident. The allegations published by HIQA were never put to staff by HIQA inspectors."

Ms Fogarty went on to express her regret and astonishment that "the regulatory authority HIQA has published reports in the absence of any investigation which ensures due process and the constitutional right of all to fair procedure. The perception created by these HIQA reports has the potential to impugn and tarnish the professional reputation of professional nurses, our members, without foundation and we call upon HIQA to clarify immediately."

## CUH members accept oncology unit proposals

PLANNED industrial action in the form of a work to rule was deferred by INMO members from the oncology unit at Cork University Hospital (CUH) last month as they entered talks with management at the Labour Relations Commission.

Proposals emerged covering additional education for staff, an increase to staffing numbers particularly on night duty, an immediate staffing review to be conducted in the oncology unit, and additional staff support being made available as it was acknowledged that their working conditions are extremely difficult.

The INMO recommended acceptance of the proposals and met with staff to appraise them of the details and gave them the opportunity to ballot on:

- Increased nurse cover at night

- Increased clinical management presence
- A concrete plan to relocate the unit within CUH
- An immediate nurse staffing review
- Education and training opportunities.

INMO IRO, Patsy Doyle said: "These proposals have been accepted and are a first step on the long road of recovery post moratorium at CUH.

"We acknowledge the important role that the LRC has played in this process.

"Our members have tried everything to advocate for the patients in their care. This is a clinical area that was meant to be exempted from the moratorium under the National Cancer Strategy. The nurses who work there strive every day to care for patients during very difficult times of the patient journey."







# The future starts now

If we work together, the future will be brighter, INMO president Claire Mahon tells delegates in her address at the ADC. **Alison Moore reports**

WHILE the 2015 ADC afforded INMO president Claire Mahon the opportunity to highlight some good news in the presidential address for the first time in many years, she warned that there were still many challenges ahead, and that the unity of individual nurses and midwives was critical to overcoming them.

While the past year had seen an overall improvement in the country's finances and the welcome move of a marginal increase in funding for the health service, Ms Mahon stressed that in the context of €3.5 billion being cut, the additional €300 million allocated was "wholly inadequate" and that there was a lot more ground to be made up in this area.

#### **NMBI campaign**

A significant win for the INMO and its members this year was the campaign, to restore the NMBI annual retention fee to €100.

According to Ms Mahon, the decision

to increase the fee demonstrated that the NMBI was completely out of touch with registered nurses and midwives across the country. She commended the "courage and fortitude" of the tens of thousands of members who, despite intimidation, followed the INMO's direction to pay €100 only.

"Through this collective action, involving strong communication, determination and dignified protest, we secured the reversal, and the €100 fee has been restored for 2015. The success of this campaign confirms that we can look forward, when other challenges present, confident in the knowledge that the INMO will always do what is right for its members and has the tenacity to succeed when many said we could not deliver," she said.

#### **Staffing levels**

The dominant concern among members continues to be the critical issue of short staffing, and its catastrophic impact on the delivery of safe care.

Ms Mahon told delegates that the INMO has prioritised this issue at all local, regional and national meetings with the Minister and health service management.

"As a direct result of our safe staffing campaign the previous Health Minister, James Reilly, established the Taskforce on Nurse Staffing and Skill Mix with an initial brief to examine adult medical and surgical wards. That Taskforce is now completing its initial work, and its recommendations are expected to be brought, to the Minister, within a matter of weeks.

"It is imperative that the Taskforce clearly stipulates what is required for every nurse, on medical/surgical wards, to deliver safe care through safe practice. In that regard pivotal issues such as a completely supervisory/supernumerary role, for the CNM2, adequate ratios with regard to staffing levels and a guarantee that the stipulated staffing levels, reinforced by measurement of acuity and dependency,

are always maintained," she said.

It is imperative, Ms Mahon added, that the Taskforce uses scientific, internationally recognised data to create a staffing framework that will ensure safe care and manageable workloads.

"We will settle for nothing less and we will be demanding that our new Minister should settle for nothing less either," she said.

In parallel with this Taskforce, the INMO is an active member of the Midwifery Manpower Review. Ms Mahon once again stipulated that a midwife to birth ratio of 1 to 29 – as exists in the UK and other OECD countries – is required for Irish maternity hospitals.

"All of the recent reports and investigations, into maternity services in this country, will only deliver real change when the government invests in midwifery, invests in midwives, and ensures that we have midwifery staffing levels that are safe, reflect international norms and underpin safe practice. I am calling on the Minister to acknowledge this and commit the necessary resources, over an acceptable period, to the one to 29 midwife to birth ratio required," she said.

#### ED overcrowding

Following the publication of the report of the ED Taskforce, according to Ms Mahon, if Ireland is finally to address the overcrowding problem, it is imperative that the government accepts that we need to increase bed capacity; recruit additional staff; and restore community services.

"The Minister's commitment to the Taskforce and the establishment of an implementation group to measure progress on this issue is welcome. However, the Minister's concern for this problem must be supported by all of government, in the form of additional resources, both financial and human, which will expand our health service and make it fit for purpose. This must be given absolute priority ahead of next winter so that we never again see the levels of overcrowding, with the loss of dignity and privacy felt by patients and excessive workloads on staff as recorded last winter in our trolley/ward watch," she said.

#### Patients First campaign

Over the past 12 months the INMO, alongside the Irish Patients Association, Patient Opinion and the Irish Medical Organisation, set up the Patient First campaign – a platform providing a forum where patients, their families and frontline staff can come together to share their views and experiences of the Irish health service.

The objective of the campaign is to seek a commitment from all political parties, in the run up to next year's general election, to restore the public health service and make it fit for purpose.

Ms Mahon told delegates that the INMO will be calling for members to participate in the campaign in due course and would be seeking clear definitive commitments regarding our public health service from all political parties.

“ Colleagues and friends it is onwards and upwards. The challenges never end, but leaning on each other, supporting each other and, as our motto says, working together, the future will be brighter and the future starts now ”

#### Bullying

Following a motion to last year's ADC the INMO, in partnership with NUI Galway and the National College of Ireland, recently published the findings of a large scale survey in relation to the current levels of workplace bullying being experienced by nurses and midwives. The survey found there had been an increase of over 13% in perceived incidents of bullying in the workplace since a previous study in 2010 by University of Limerick.

According to Ms Mahon, other important findings included that almost 6% of respondents felt bullied on an almost daily basis. She noted that the percentage of non-union members who experienced frequent bullying was almost double that of union members, which she felt showed the value of INMO membership and the protections that it brings.

Government cutbacks and the resulting stress and strain arising from excessive workloads and reduced staffing were put forward as a common explanation for the significant rise in reported bullying between 2010 and 2014.

"As a direct result of this survey the INMO has sought an immediate engagement, with

all health employers, where we will call upon them to proactively address this issue. We have also launched a Code of Advice for members (see page 56).

"As a result of the survey we will redouble our efforts to have workplace bullying, identified, tackled and eliminated. We must have zero tolerance for workplace bullying," she said.

#### Nurse/midwife recruitment

In recent months, the recruitment of nurses and midwives has recommenced and the graduate programme has been shelved. Ms Mahon told conference that the appointment of almost 500 permanent nursing posts – in seven workplaces across the country – have been agreed locally but noted that "we cannot rest until we restore the 5,000 nursing and midwifery posts that have been lost over the past six years".

She went on to explain that the INMO had been working with the HSE with a view to commencing an international recruitment campaign, particularly targeted at the UK.

"This must offer permanent, attractive posts, with the best possible conditions of employment, to the thousands of Irish nursing/midwifery graduates who have left these shores in the past six years.

"We currently have a health service where other countries, particularly the UK, are openly recruiting our young graduates with offers that we have to beat if we are to survive in this global market place.

"This government has often spoken about the need to have favourable and attractive terms and conditions of employment for the executives of multinational companies so that they will come and work here. The government now has to realise that before it looks after anyone else it must look after its own, starting with nurses and midwives," she said.

#### Post-Haddington Road talks

Ms Mahon told delegates that at the very outset of the new public service pay negotiations, the INMO would be asking for the government to restore the time-and-one-sixth premium payable to nurses and midwives between 6pm and 8pm.

"We are not going to work harder to get this money back, we just want our money back," she added.

"They are, correctly, restoring the third pay cut to others. They must treat nurses and midwives fairly and restore these premiums without delay. These talks cannot be just about core or basic pay, they must address all of the elements of pay that were cut.



Pictured at a press conference at the start of the ADC in Trim last month were: Elizabeth Adams, director of professional development; Geraldine Talty, first vice president; Liam Doran, general secretary; Claire Mahon, president; David O'Brien, second vice president; Phil Ní Sheaghda, director of industrial relations; and Edward Mathews, director of regulation and social policy

"This government must understand it owes a debt to nurses and midwives and all public servants. We expect it to be repaid and we expect it to be repaid quickly. After all they cut it very quickly and without any attention as to whether nurses, midwives and other public servants could afford to give it," warned Ms Mahon.

She said that the Organisation would be realistic but emphasised that the government must understand that the INMO expects a clear timetable for full pay restoration and the return to a 37-hour week, like all other healthcare grade professionals.

"I will lead this Organisation into another campaign, if it is necessary, in order to secure from this or any future government an acceptable timeframe for the full repayment of the debts they owe us and the application of a 37-hour week, to nurses and midwives. We have endured these cuts, we have paid our taxes and we have maintained services. We now want this acknowledged by getting back our money and hours," she told delegates.

#### Vulnerable patient groups

In positive news, Ms Mahon remarked on the "sterling work" of the INMO's RNID Section's officers who initiated a focused campaign aimed at putting the RNID back at the centre of delivering services to the person with special needs.

"It began with a national RNID conference attended by almost 200 members. The theme of the conference was 'Future proofing the role of the RNID' and I know that the campaign is already generating a dynamic response from our 2,000 plus RNID members.

"In the next year I look forward to this initiative developing and growing. I commit the Organisation's full support for the campaign," she said.

Ms Mahon told delegates that the Organisation was also currently engaged in a campaign to safeguard staffing levels, and the quality of care available to senior citizens, across the nation's care of the elderly facilities.

"In the past year we have seen a misguided, but persistent, effort by senior management in the HSE to impose cuts, and reduce the presence of registered nurses, purely for the purpose of saving money regardless of the impact upon the quality of care."

It is a source of anger, she said, that despite these failings and in spite of an LRC agreement, that the HSE was continuing to try to reduce the number of director of nursing posts in the care of the elderly settings.

"This must be resisted and wherever proposed should be reported to this Organisation immediately. We will always oppose any attempt to impose a 40/60 skill mix, as a maximum, and we will continue to insist on a minimum of 50/50 skill mix in care of the elderly services.

"Let the message go out from this conference that we will not join with the HSE in this race to the bottom. We will always respect, and advocate for, the needs of our senior citizens and we will never let them be treated as second class citizens," she said.

In addition to these issues, Ms Mahon told delegates that the INMO was currently actively involved in wider social issues through its membership of the Women's and Disability Committees of the Irish Congress of Trade Unions, the National Women's Council and the Turn off the Red Light campaign.

"These are critically important aspects, of the work of the INMO, as we seek to influence the society in which we live to

ensure true equality and full integration," she said.

#### Membership

Ms Mahon also discussed the critical issue of the recruitment and retention of members, stating that there was a "need for each and every one of us to play our part" in this area as the number of nurses/midwives increases following the lifting of the recruitment ban.

"This Organisation has shown remarkable resilience in recent years and has remained steady in our membership despite the fact that the overall level of nurse/midwife employment fell by over 13%. However, at the same time, we know that many nurses and midwives are hugely challenged in relation to meeting their financial outgoings and, as a result, they have to think twice about maintaining membership of the INMO," she said.

Ms Mahon stressed that given the current work environment, INMO membership was "absolutely essential" as it brings a necessary, and otherwise unaffordable, protection.

"I call on you to make it your absolute priority, as you return to your workplaces, to identify non-members and to ask them to join. This will further grow and develop our collective strength as we strive to organise, protect and deliver on behalf of every member, in every workplace, across the country," she said.

#### The future

While the overall economic landscape of the country was improving, Ms Mahon said that many nurses and midwives had yet to feel the improvements and that the INMO must redouble its efforts to bring about the changes required.

"I am confident that we can, having weathered the onslaught of austerity and cuts, avail of the improving situation to demand the much needed additional resources for our health system and for you our members.

"This will require effort. However, I know, armed with our strength and fortitude, sharpened by the recent challenging years, we will succeed. We will, beginning with the Post-Haddington Road talks, demand the government pays its debts to us and respects us, we who have given so much for so little thanks in recent years.

"Colleagues and friends, it is onwards and upwards. The challenges never end, but leaning on each other, supporting each other and, as our motto says, working together, the future will be brighter and the future starts now," she said.



# Future proofing

Members are at the centre of developing new services for the Professional Development Centre, Elizabeth Adams told the ADC



FOR more than 20 years, the INMO, through its Professional Development Centre and library, has been working to empower nurses and midwives to achieve their full potential as key contributors to the health services. In order to ensure its services are relevant and sustainable, the PDC has set out a clear vision for the future, Elizabeth Adams, INMO director of professional development, told delegates.

This vision is set out in the *INMO Professional Development Centre Strategic Plan 2015-2020*, which lays the framework for how best to obtain long-term sustainability and growth. At the heart of this plan is the need for capacity building in key areas such as infrastructure, human resources, internal governance, finance and information technology. The strategy has five priorities:

- To deliver contemporary CPD, education and information to meet current and future needs
- To be the definitive nursing and midwifery organisation through which the profession influences the national and international health context
- To increase and diversify partnership networks through the professional development agenda
- To practise sound governance and effective monitoring of resources to ensure financial viability
- To explore a digital, data and technology management strategy to support new and innovative ways of delivering education and professional development.

Emphasising the importance of one of the PDC's key values of member-centredness, Ms Adams said: "This ensures that services are organised, located and accessed in ways that take greater account of the needs and preferences of the

members, accommodating differences in member preferences. It supports shared decision-making where members are given greater input, but also greater responsibility for their own professional development monitoring and requirements."

With appropriate support and investment in this plan, the PDC will continue to be the authoritative body for professional development and advocacy of the nursing and midwifery professions well into the future, she said.

### Education philosophy

The first INMO education philosophy was also presented by Ms Adams. "We aspire to deliver relevant and innovative education in keeping with our recognition as a centre of excellence for continuing professional development and lifelong learning for INMO members in all settings and at every stage of their careers," she said.

"With our dedicated facilitators, the centre possesses the combined ability, talent, expertise and creativity to meet the many challenges of the educational environment. It is our responsibility to provide a collaborative and welcoming environment based on adult learning principles that will stimulate nurses and midwives to actively participate in the learning process."

### Three new publications

Ms Adams gave an overview of how the PDC can help nurses and midwives through the professional networks (national and international), education opportunities and evidence-based resources. As well the usual communication channels, which include the monthly eight-page pull out in *WIN* (see *centre pages*), three new publications were launched at the ADC including:

- *Education and Continuing Professional Development Directory for Nurses and Midwives -Maintaining Your Competency; Maintaining Your Registration*, which includes more than 70 education programmes and an additional 30 new programmes since the last publication
- *Continuing Professional Development Education Programmes, Calendar 2015*, which lists 72 education programmes and conferences up to November 2015
- *INMO Professional E-Newsletter* (Issue 2), which features education opportunities and conferences, and an update from the library on national topics such as the Emergency Department Task Force Report, Open Disclosure and new Midwifery Standards.

All publications are available on the INMO Professional website, which provides a one-stop-shop to customised, quality education programmes and research services, see [inmoprofessional.ie](http://inmoprofessional.ie)

This website provides a facility to maintain your professional profile, supporting you to demonstrate evidence of your ongoing learning with individual continuing education units (CEUs) accumulated automatically. There is a safe and secure online booking system with discounts for booking on the website.

Finally, Ms Adams spoke about influencing the policy agenda through the professional voice of nursing and midwifery and the power of the collective membership of the INMO. She said: "The single most important factor in influencing health sector policy is SOLIDARITY within the professions... the aim is to reach agreement on key issues and maintain that stance in public."

Report by Tara Horan



# Working together

The atmosphere at the ADC gave the impression that Leo Varadkar is a minister with whom the INMO can do business.  
Alison Moore reports

THERE was a different feeling in the conference room at the 2015 ADC than there has been in many years as the incumbent Minister for Health prepared to address INMO delegates. Perhaps it was because there are hints that austerity is finally loosening its vice-like grip on our lives, bringing an air of optimism that has not been felt in some time, or perhaps because there is a sense that Leo Varadkar is a health minister that the INMO can work well with.

Mr Varadkar's healthcare pedigree is from the top drawer – his mother is a nurse, his father a GP, one of his sisters is a midwife and another a paediatrician. Also, of course, he himself trained as a doctor before deciding to take the path into politics.

"Inspired by my family's idealism and values, for a long time I thought I would follow in their footsteps and pursue a career in medicine. However I found myself wanting to help in a different way, and see if I could serve people through politics. But I never lost that initial idealism, and I would like to think that I still bring those shared medical values to my job as a politician," Mr Varadkar told the ADC.

He told delegates that the best part

of his job was meeting with the front-line practitioners to hear their views and concerns. He stated his belief that, while nurses and midwives would not always agree with his views or solutions, everyone was "in this together" and wanted the same outcomes for those using our health service.

"We all want the same things, and we will all try and do what is best for the patients and the people who matter most," he said.

He went on to say that the experience and expertise of nurses and midwives, the single largest cohort of healthcare workers in the health service, matters and that this is why he supports nurses and midwives having a voice at every level of policy.

Speaking generally on the health service, he said that the cuts to the health budget were reflected in excessive wait times for outpatient treatment and ED overcrowding, making it a "real challenge" for everyone to deliver the kind of health service aspired to.

"It's a challenge that I welcome and I'm determined to meet it head-on. None of the challenges in the health service are insurmountable, and I think we can achieve pretty much anything if we all

work together. Change is coming, and we should welcome it. It won't happen overnight but it will happen," he said.

He paid tribute to the sacrifices that have been made by the Irish people and that the green shoots of recovery must be protected and quality of life restored.

"If the first phase of the recovery was about repairing our economy, the second should be about restoring our society. That is our ambition and our vision."

The Minister wanted to highlight some positive changes in the health service and started with the end of the recruitment moratorium in nursing and midwifery. He recognised that it wasn't all about numbers and that leadership was also critical.

"In acknowledgement of the vital role that nursing and midwifery leadership plays at all levels in the health service, six group directors of nursing and midwifery have been appointed for the hospital groups, and the appointment process for the seventh is underway," he said.

He also made the very welcome announcement that the HSE had approved 100 sponsorships for student public health nurses in 2015.

Echoing the sentiments of many speakers to the ADC before him, Mr Varadkar

said it was important that the health service was not viewed merely as a drain on the exchequer.

"It provides tens of thousands of jobs and a huge amount of revenue. The HSE is the country's biggest single employer with 100,000 people under its remit.

"I'm not trying to suggest that everything is fine in health. I know that it's not and that we have much more to do. But there are a lot of good things happening in health that we should be proud of, and a lot of people like you are making them happen – nurses and midwives – who deserve to be recognised," he said.

Mr Varadkar agreed that the health service was under resourced, citing the evidence of bed ratios and lack of primary care investment, however he made the comment that the resources that we have are not used as efficiently as they could be and that co-operation in this area was lacking.

#### HRA talks

Mr Varadkar prefaced his comments on the new round of public sector pay talks by stating the government's acknowledgement of the enormous contribution that the public sector, especially the health service, has made to the country's recovery but hit a warning note that we are still borrowing to cover day to day expenditure. He said that any request for a reversal of pay cuts must be viewed from a cross-government perspective and that money that in the past might have gone into pay increases is now being spent on services, such as the €30 million allocated to pay for new oral medicines which cure hepatitis.

However, he recognised that regular pay rises were part of a normal economy.

"That's why the government wants to formulate a sustainable policy on public sector pay, which can play its part on the economic recovery over the next few years. That's why we need to draft an agreement that delivers for health sector staff, for patients, and for employers, as well as for the expanding economy. Last year's Budget took the first steps, by removing more low paid workers from the USC net and other tax reductions," he told delegates.

"I think pay restoration for public servants is well deserved. Public servants didn't cause the crisis, but they did contribute enormously to the recovery. But the money is also limited. It's the same pot of money that has to go into providing tax

cuts and enhanced services, and it has to benefit everyone in the economy. And my preference would be to have more staff in the health service, not fewer staff earning more.

"I hope that we can find a mutual agreement that develops our partnership to achieving a health service that we can be proud of and one that you are adequately rewarded for, added the Minister.

**I think pay restoration for public servants is well deserved. Public servants didn't cause the crisis, but they did contribute enormously to the recovery**

#### Emergency departments

On the issue of emergency department overcrowding, Mr Varadkar said that the recent Emergency Department Taskforce Report needed to be fully implemented and that this was something he wanted to lead himself.

"We will always have surges in demand, and all health services have patients on trolleys from time to time but trolley waits of nine, 12 and 24 hours represent a real patient safety risk and we all need to work together to alleviate it as a phenomenon in our hospitals.

"I understand the distress and hardship that it is causing to patients and their families. I know that you are at the front line of their distress and are often abused for the shortcomings. I welcome the INMO's contribution to the Taskforce Report and ask for your ongoing engagement in implementing it," said the Minister.

He said that treatment delayed can be treatment denied and that he shared the INMO's concerns about worsening waiting times for appointments, investigations and procedures, announcing plans to cut the maximum waiting times by the end of the year.

"I have mandated the HSE to ensure that nobody is waiting more than 18 months for any of these by July and no more than 15 months by the end of the year. I know that may not seem very ambitious but within current resources, it is realistic and achievable

in all but a small number of sub-specialties. I will continue to try to do better but any future waiting list initiatives need to be well designed and sustained. Some of the examples we have from the past are not to be followed and my strong preference is that we make maximum use of under-used capacity in our public hospitals, where it exists, and then turn to the private sector."

Skillmix provides another avenue by which to tackle the ED crisis. The advanced nurse practitioner (ANP), according to Mr Varadkar, has made a significant difference to the experience of patients in our EDs.

"I think there are opportunities to repeat the success of ANPs in other areas of nursing – not only in EDs, but also in wards and primary and community care settings. This would also alleviate pressure on our EDs, he said.

He added that the Taskforce has recognised the potential of further developing nursing roles to address ongoing problems in our EDs.

"To date, the role of ANPs in EDs has tended to focus on treating those with minor injuries. But there is the potential for ANPs to see and treat patients with low acuity chronic illness, not only in our EDs, but also in our AMAUs.

"Further roles are also being developed in the community to care for older or frail elderly patients. This can make a real difference to patients in our communities and our hospitals.

"I know that the nurses working in EDs and AMAUs have a genuine drive to be part of the solution. They see the potential to tap into their skills, said Mr Varadkar.

He acknowledged that there can be barriers to using or developing these skills and said that the Staffing and Skillmix Taskforce is examining ways to capitalise on this potential: firstly, to enable competent nurses working under protocol to be allowed to order diagnostic tests, interpret them, and escalate them. These could include tests like blood work.

"Another way is to develop nursing skills and competence through further education, allowing nurses to undertake advanced clinical assessment, interpretation and treatment across a standard range of skills. These could include chest auscultation, palpation percussion, medicinal prescribing, and ECG interpretation. This would be done through a combined ED-AMAU education programme, alongside the existing medicinal and x-ray prescribing programmes," he said.



### Chief nursing officer

According to the Minister, the office of the chief nursing officer (CNO) plays an important role in the Department and the broader health service, by providing professional policy direction and evidence-based advice about nursing and midwifery.

"I think the theme of your conference – 'Organising, Protecting, Delivering' – sums up the role of the CNO's office," he said.

Mr Varadkar explained that this office is built on a partnership model, with clinicians and civil servants working together to develop and implement policy. The CNO, Dr Siobhan O'Halloran, is supported by specialist nursing and midwifery expertise from three deputy CNOs, Susan Kent, Dr Anne-Marie Ryan and Dr Philippa Ryan Withero.

According to the Minister, the CNO's Office will continue to expand and develop and has an ambitious programme of work. This includes a three-year strategy for the office, which is designed to ensure it has input and influence right across health policy, both inside and outside the Department.

"The Strategy sets out the Vision, Mission and Values for the Office and its objectives for the years from 2015 to 2017. The success of the Office will be measured against these objectives at the end of those three years," he added.

### Taskforce on staffing and skillmix

Mr Varadkar told conference that he was aware of the importance that the INMO placed on staffing levels and skillmix in relation to patient safety.

"Having the right number of nurses and the right mix of skills makes a real difference to patient safety. I know that it matters to you as professionals in your everyday work, so that you can provide the best possible care.

"I know you would like to have dependency and acuity tools that capture the individual care needs of patients, rather than a 'nursing by numbers' approach, which doesn't reflect an individual patient's nursing needs," he added, but without confirming when, or if, such tools would be introduced.

### Recruitment

The Minister confirmed that a number of initiatives were underway to address the ongoing issue of supply in relation to candidates now that the recruitment ban had been lifted.

He explained that the first initiative that has been put in place has been designed to

speed up the recruitment process at local level. The National Recruitment Service is already working with regional HR departments to interview and process a large volume of staff nurse applications at local level, for all areas of the country.

Mr Varadkar then told delegates that a new initiative will be announced in the near future to retain graduating nurse, but he acknowledged that other avenues would also need to be pursued to attract and retain the nurses needed, and that this included sourcing nurses from other countries.

"I'm happy to announce that we now have advanced plans in place to launch a targeted nurse recruitment campaign across the UK, starting this June, and focusing initially on four major cities.

"We all know that large numbers of nurses who trained in Ireland have left to work overseas. We want to target these nurses and persuade many of them to return to practice in Ireland.

"We want to change the perception about nursing in Ireland. The HSE will work with unions and engage with Irish nurses in the UK, partly through social media. Traditional media will also be used to highlight the campaign to the parents and families of these nurses. Nurses in the UK will be able to do an on-the-spot interview at one of seven recruitment centres and the campaign will target areas with a high density of Irish nurses," said Mr Varadkar.

Importantly, he added that the HSE would recognise the experience that these nurses have gained abroad and that they would get incremental credit for their time working in the UK.

Mr Varadkar also acknowledged the partnership approach taken by the HSE and the INMO in devising this recruitment campaign.

### CNM2

The Minister highlighted the role played by the CNM2 in terms of co-ordination and management of ward and nursing teams.

"I know that you place a high value on the relationship between the patient, nurse staffing and hospital leaders. And I know that you value the role played by directors and group directors of nursing in providing a link between the ward and the board, and vice versa.

"All of these elements, and many others that have emerged through the consultations, are being considered in drafting the skillmix framework. I also hope to develop a pilot to look at the resupply of nurses in key areas. This will be an important test of the framework's capability to deliver.

"I understand the importance of this work to nurses and midwives. This will mean a shift away from the current approach we have inherited, to one where nursing resources are allocated on the basis of evidence, and on patient needs for nursing care, Mr Varadkar told delegates.

He also acknowledged the role that the CNM2 has played in managing patients through hospital wards, and in co-ordinating discharge planning at ward level.

"Since many hospital wards have a number of consultant rounds at various times of the day, the CNM2 has an important role in co-ordinating discussions and outcomes, as part of the overall discharge planning process. This is recognised as an essential role in the ED Taskforce report," he said.

### National maternity strategy

The Minister explained that the Department of Health was developing a maternity strategy to guide maternity services, and ensure that women have access to safe, high quality maternity care in a setting most appropriate to their needs.

A new steering group to guide the Strategy will be chaired by Sylda Langford, former director general of the Office of the Minister for Children and Youth Affairs

"It has an excellent membership, including midwives. I intend to publish the Strategy this year," he said.

In terms of financial resources, €2 million has been included in the HSE National Service Plan 2015 to address the pressures on the maternity services. Mr Varadkar said that this funding has allowed additional obstetricians, midwives and other front line staff to be appointed.

He told the ADC that the HSE has commissioned a midwifery workload and workforce review, in conjunction with the Joint Standing Maternity Committee at the three Dublin maternity hospitals, and supported by his Department. The review will use Birthrate Plus to calculate midwife to birth ratios, validating staffing levels for midwives in maternity units nationally. He said that it is expected to recommend appropriate midwifery staffing levels, and ensure that standards of safety and quality care are met.

Mr Varadkar further congratulated the 18 maternity hospitals that have implemented the Irish Maternity Early Warning System that has been developed in recent months.

His delivery was met with an overall enthusiastic response from delegates, the first such response in many years.

# "We won't rest until we have parity"

WHILE welcoming the Minister's speech to conference, Liam Doran, INMO general secretary, said that it was of vital importance that public services are available to everyone regardless of their ability to pay and this may require those who can afford it to pay more to help restore our public services.

"These are political choices. A society is not an economy. A society is where people grow and prosper and develop, and to have that you have to have accessible public services."

Mr Doran also welcomed the Department of Health and HSE's latest moves on recruitment but he noted that many of the new posts filled to that point had been conversions from agency worker to permanent post, which while very welcome, did not increase the overall nursing hours in the system, which remains depleted.

He stressed that it was hugely important when trying to entice nurses and midwives working abroad to return to Ireland that the environment presented to them needed to be better than the one we are asking them to leave.

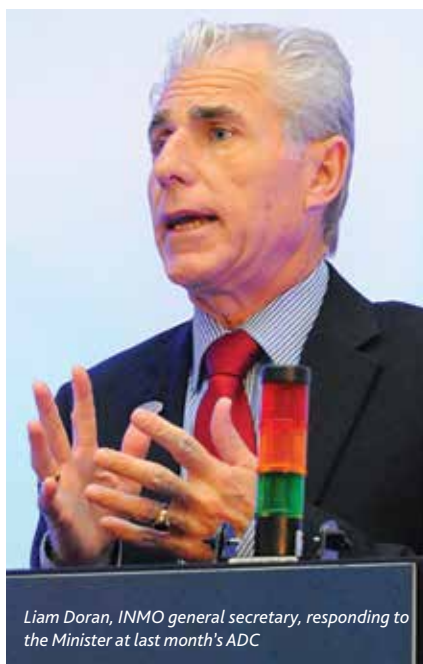
"Of course that's about pay but it is also about the working environment, the workloads and rosters – they have a 37-hour week in the UK. It is also about access to continuing professional development that is not done on the back of the individual but in partnership with the employer who recognises that a professional nurse or midwife is enhancing the service by enhancing themselves," he said.

Mr Doran stressed to Mr Varadkar that as the UK had incentivised staff to get them over in the first place, Ireland would need to do the same to get them back.

"I think Health gets that but I'm not sure the Departments of Finance and Public Expenditure and Reform get that," he said.

Speaking about the Taskforce on Staffing and Skillmix – which he said had worked very well under the chairmanship of Siobhan O'Halloran, CNO – Mr Doran said that until we apply science as to why we staff wards in accordance with patient need we will never achieve stability.

"This is what we have been striving for at the Taskforce – that it will be consistent, that it will reflect the patient needs and reflect the number of hours they need from a nurse every day to give them the highest quality of care that returns them to good health. That will mean more nurses, it will mean more healthcare assistants in some areas.



*Liam Doran, INMO general secretary, responding to the Minister at last month's ADC*

We are willing to expand our role, but it means more nurses and we cannot achieve that without active, dynamic recruitment. Everything is interlinked in health. We are on the verge of getting to a better place but how quickly we get there will depend on the next few months which will be pivotal.

A major concern of the INMO's that Mr Doran highlighted was that the number of director of nursing posts in the community were being reduced by the HSE at every opportunity.

"We are vehemently against that. All evidence suggests that when a service is directed by a nurse at a managerial level, the patient experience is better," he said.

Mr Doran said the Organisation was also extremely concerned about the perception of the role of the RNID which had been "minimised and reduced".

"We have a worldclass undergraduate degree programme in intellectual disability nursing and yet an increasing number of employers, who are getting taxpayers' money, want to employ other people who have minimal experience in intellectual disability," said Mr Doran.

Another area the INMO would like to see better resourced was community care.

"We are in favour of universal access to primary care but please, Minister, remember that you have a pool of excellence and experience in the community that wasn't really referred to in recent GP contracts. I am talking about public health nurses and community RGNs."

They, Mr Doran said, were an underuti-

lised group that was stable and could provide universal access to all patients if resourced to do so.

"Please remember that primary care services are not just about the GP. It is also about nurses," he said.

The INMO "unequivocally welcomed" the maternity strategy, said Mr Doran.

"We have a passionate view about midwifery in this country. We are on record as saying to you that there is a huge staffing deficit in terms of midwife to birth ratio, applying Birthrateplus. We want an expanded role of midwifery, midwifery-led services, moving away from a hospital, medical model of midwifery. We are up for that so we welcome your strategy," Mr Doran told the Minister.

Competence assurance was another issue that Mr Doran wanted to raise with Mr Varadkar. While the INMO wants to support a higher level of care both funding and protected time must be facilitated, he said.

"The Department and health employers will have to be willing partners in assisting the nurse or midwife to realise their CPD requirements. It cannot be a cost and responsibility imposed on nurses and midwives," he added.

On the issue of pay, Mr Doran told the Minister that the people in front him were approximately 16% worse off at least than they were six years ago, before including the universal social charge and other new taxes.

"Government has to understand that this was money they borrowed and there is a significant first step required to allow the people in this room and their colleagues to pay their bills," he said.

There is a specific need to look at what nurses and midwives have lost and how to begin to restore this, including premium pay and time-and-one-sixth.

"We won't rest until we have parity of pay and hours. We mean it Minister," he added.

All of this notwithstanding, Mr Doran spoke of his sense that the INMO and Mr Varadkar, "who knows what it is like in the real world", had more in common than what separated them, and wished him well in his role.

"Since the Minister's appointment it is fair to say he has been available and accessible to us. He is right, we don't agree with him on everything but he has always been willing to listen and we will continue to develop that."

Report by Alison Moore



# Buck stops with HSE

In the keynote address to the ADC, HIQA CEO Phelim Quinn stated that the HSE was explicitly responsible for hospital safety issues. **Niall Hunter reports**

IDENTIFIED clinical risks or patient safety issues in all our hospitals are the explicit responsibility of the HSE, the chief executive of the Health Information and Quality Authority (HIQA) Phelim Quinn told the annual delegate conference.

Delivering the keynote address to the meeting, Mr Quinn, who has a background in nursing, said as the service provider, the HSE is responsible and accountable for ensuring that the appropriate arrangements are in place to ensure a safe quality service for patients.

Referring to previous concerns raised by HIQA about hospital EDs, he said if rec-

ommendations it previously made were to be implemented, HIQA believed risks within EDs would be significantly reduced.

Mr Quinn said he welcomed the creation of the Ministerial taskforce and the INMO's involvement in it.

Earlier at the conference, INMO general secretary Liam Doran had welcomed the taskforce report and extra funding to tackle overcrowding, but said much more needed to be provided to deal with the problem.

#### Persons in charge

Mr Quinn referred to concerns expressed by the INMO on the appoint-

ment of persons in charge of designated centres for people with disabilities, and he said he appreciated the issues that had been raised.

These had related to some providers appointing individuals to the position of person in charge of these centres where they were perceived as not having the authority and competence to act in line with the provisions of the relevant legislation and regulations.

"I want to reassure the INMO that we will be unequivocal in our application of the regulations if we assess that the identified PIC (person in charge) is unable to



act with authority within the position. It is my intention to respond more formally on this matter within the coming weeks to the INMO," Mr Quinn said.

Outlining the current and future range of assessment, reporting and regulatory activities carried out by HIQA, Mr Quinn said its work programme for 2015 will include the development of new approaches in the assessment of patient experience of the health services.

#### **Patient experience**

HIQA hopes to work collaboratively with service providers and the Department of Health in the development of a comprehensive patient experience survey, he said.

"We believe that a partnership approach in the area of patient experience surveys is vital and supported by approaches taken internationally. We also believe that nurses and midwives play a key role in this," he said.

Mr Quinn said the Francis Report into the Mid-Staffordshire scandal concluded that patient experience data appeared to be a key indicator of when things were going wrong within services.

A HIQA review is also to take place of current arrangements to ensure that patients in acute hospital services are adequately, assessed, managed and evaluated to meet their hydration and nutrition needs.

HIQA's healthcare team, he said, will also continue its work in monitoring standards across maternity services and it also hopes to commence a thematic review of certain aspects of unscheduled care. Mr Quinn said HIQA would be developing specific maternity service standards.

#### **Disability services**

Mr Quinn said its largest programme of work will continue to be the regulation of designated centres for adults and children with a disability.

He said HIQA had seen and assessed excellent examples of progressive services in this area but it has also highlighted some fundamental breaches of regulations and standards and, in some instances, of human rights of individuals.

"These examples exist in services provided in the public, voluntary and private sectors. It is in these instances that I would seek the assistance of providers and relevant membership of the INMO to address and influence where possible these issues in order that we can improve services and the experience of people living in designated centres," Mr Quinn said.

He outlined how throughout this year HIQA would continue its work in the regulation of designated centres for older and dependent persons. In 2015 HIQA had the challenging target of having 250 centres to re-register but had also committed to ensuring that it continued to promote good practice in centres through HIQA's thematic inspection programme.

In this area, said Mr Quinn, HIQA in 2015 would concentrate on the theme of dementia care.

"Throughout the year we will seek to assess a number of services against a specific assessment framework based on the relevant elements of the national standards."

#### **Social services**

Mr Quinn said HIQA would be engaging in new approaches to the monitoring and oversight of some children's social services based on the fact that they are provided by a single national provider with a single governance structure.

"This approach will use external expertise in the assessment of the (Child and Family) Agency's governance systems in the provision of child protection and welfare standards. This review will be in addition to our inspection in a range of other services," he said.

Mr Quinn said while HIQA aimed to remain responsive to significant risk and service failures in the healthcare system, its programme for 2015 would be based on its desire to test how its national Standards for Safer Better Healthcare published in 2012 have translated into better care for patients and other service users in the healthcare system.

"The programme approach is aimed at sharing advance knowledge to providers of the sorts of assessments we wish to undertake in the coming years."

#### **Healthcare associated infection**

On healthcare-associated infection, Mr Quinn said HIQA is introducing assessment against a number of infection control bundles. It has recently developed a self-assessment tool in relation to antimicrobial stewardship in hospitals. The results of this self-assessment would enable HIQA to target inspections in at least 14 hospitals before the end of the year.

Mr Quinn said there was a significantly increased focus on the importance of and dependence on high quality health information across the health sector.

It was envisaged that a new entity called

'eHealth Ireland' will be established which will be headed by the newly-appointed chief information officer. This body will operate in partnership with relevant stakeholders including HIQA.

#### **Health technology**

On health technology assessment, Phelim Quinn said HIQA's forthcoming work in this area could include chronic disease self-management; mechanical thrombectomy in stroke, HPV DNA testing for cervical screening, selective versus universal BCG vaccination, smoking cessation interventions, and screening for atrial fibrillation.

Health technology assessments recently carried out included those on electronic early warning and clinical handover systems, referral and treatment thresholds for scheduled procedures, and public access defibrillation programmes.

HIQA's core objectives, reflected in its current work programme, Mr Quinn said, were to ensure that:

- Care is improved
- People are safeguarded
- People are informed
- Policy and service decisions are informed.

Mr Quinn outlined how HIQA's role would continue to expand in future into areas including monitoring of acute private hospitals, the eventual licensing for public and private healthcare services, extension of regulation into homecare services, the development of a national patient safety surveillance system, and the development of standards to support the introduction of the individual health identifier.

He said he would welcome the views and contributions of the INMO in the development of HIQA's priorities for the next three years under its new corporate plan.

"Since coming to HIQA I have found our engagement on issues of policy and practice to be positive and constructive and I hope that we can continue to develop that relationship for the betterment of our health and social care services for the future."

Mr Quinn said that with his nursing and trade union background, he believed he had a significant degree of insight into nurses and midwives' needs as a professional group and as a trade union and was committed to working collectively with bodies such as the INMO in striving to make health and social care services better in Ireland.

# 'It's time for real pay restoration'

In the week before post-HRA talks were due to begin, Phil Ní Sheaghda set out the state of play for delegates. Tara Horan reports

"THIS YEAR has to be the year of real pay restoration," INMO director of industrial relations Phil Ní Sheaghda told the ADC, speaking five days before the start of post-Haddington Road talks with government.

Setting the scene ahead of these talks, Ms Ní Sheaghda recounted in detail the seven years of pay pauses and reductions that have taken place in the public service since 2008, under FEMPI legislation (Financial Emergency Measures in the Public Interest).

Among these measures were:

- The implementation of the pension levy
- The removal of time-and-one-sixth from those rostered between 6pm and 8pm
- A 40% reduction in pay for student nurses and midwives on work placement and the removal of their incremental credit for the 36-weeks work placement
- Further pay cuts for those who earn over €65,000
- An increase in the working week by 1.5 hours, which effectively reduced the hourly rate of pay for all
- The moratorium on staff recruitment and promotion.

In addition, section 2b of FEMPI 2, which was introduced as part of the HRA, gave individual ministers power to alter the terms and conditions of employees.

"With the health budget slashed, we were concerned that a legislative power such as this would allow an individual minister to decide that the pay of those who work in the worst funded service should be reduced to compensate for the lack of investment," said Ms Ní Sheaghda. "We certainly didn't think agreeing to that would be in anybody's interest

and that section of the legislation doesn't apply to nurses and midwives because we reached a collective agreement."

The INMO succeeded in securing other concessions also since the cuts began, including:

- Maintaining double pay for Sunday, time-and-a-quarter for night duty and time-and-one-sixth after 8pm
- The reintroduction of the senior staff nurse grade (5% pay increase).

"We had to go to the Labour Court to argue that the senior staff nurse grade was erroneously removed. It's not a promotional grade – it is an increment for long service. The Labour Court agreed, but still the HSE would not implement. Therefore, as part of the HRA we told them we were not agreeing to anything until they 'released our hostages' and that was one of our main hostages. The senior staff nurse grade was then reintroduced and 4,500 nurses have benefited from this since 2009," Ms Ní Sheaghda said.

"We also looked at the scourge of 'acting' in the health service, where many nurses are acting up with no remuneration. We now have an agreement that replaces acting, so that when you are doing a job in a higher capacity post, you are appointed on a temporary fixed term basis to that post, with all the authority and the remuneration of that post. No questions asked. This is an important improvement and we have to make sure that the health service applies it correctly and our IROs are constantly policing this."

In addition, those who were acting for more than two years in December 2012 were appointed to the posts when they were vacant. To date, 1,200 INMO mem-

bers have been promoted into such posts.

The merged salary scale for new entrants was another part of the 40% cut that applied to student nurses and midwives. When the reduced salary scale for new entrants in the public service was introduced, it reduced the salary of anyone starting after January 1, 2011 by 10%. This was applied to student nurses on placement also, so as well as reducing their salary to 50%, the HSE reduced it by a further 10% as the reference grade of staff nurse had been reduced by 10%.

"This actually tipped that rate for student nurses into an illegal rate. It was below the legal minimum wage in Ireland. We had to lobby heavily on that and, grudgingly, the legal minimum of €6.70 an hour was applied," said Ms Ní Sheaghda, adding that this fact will be highlighted to government in the talks on any new pay agreement.

#### Staffing review

The INMO has lobbied heavily for a review of staffing in the health service. The taskforce on nursing staff in medical and surgical wards is ongoing and staffing ratios in care of the elderly are also under review.

Under the Haddington Road Agreement, the INMO set forth an agenda, in conjunction with SIPTU Nursing and the Irish Medical Organisation, that if four tasks transferred from junior doctors to nurses and midwives, money could be saved for the health service.

"We put that proposition in May 2013, we expanded on it and had a number of meetings with the good assistance of the Labour Relations Commission. Four tasks were set out and it was agreed that

if measurement mechanisms were not in place to price it, the tasks should not and could not transfer," said Ms Ní Sheaghda.

"We have done measurement exercises and, for example, we have demonstrated that in one hospital alone, Beaumont Hospital, we could save up to €1 million per annum by transferring two of the four tasks from medical NCHDs to nursing staff. Have the HSE and the health service taken up the mantle on this? No they haven't. They have been very hesitant and have focused on if they did that they would have to give time-and-one-sixth back to nurses and midwives. That is a very small envelope of money we are talking about when you compare it to when the IMO lodged its claim in Europe that the Irish government is in breach of the Organisation of Working Time Act in respect of the hours of work of junior doctors. The Advocate General has reported that Ireland is not fulfilling its obligation under the Act and conservatively the fines we are looking at are €1 million per annum.

"Health service workers are not going to pay those fines. We did not cause that, we proposed means to assist in reducing junior doctors' hours. The IMO and the INMO joined in that proposal and the HSE was, to put it politely, extremely disinterested."

Apart from the national issues, there is a myriad of other ongoing IR issues, with INMO IROs representing more than 18,000 members since last year's ADC in areas including:

- Grievance and disciplinary in the workplace
- Trust in care and other workplace investigations
- Third party IR claims on matters of interest to members
- Loss of earnings and pension-related issues.

National agreements negotiated by the INMO this year included:

- A transfer policy for public health nurses
- Security of employment post training for PHNs
- Prevention of indemnity insurance becoming compulsory under the EU Cross Border Directive on Healthcare
- Maintaining the PHN qualification for early years inspectors in TUSLA, the child and family agency.

Ms Ní Sheaghda outlined imminent major changes in Ireland's industrial relations mechanisms. At present there is a number of different forums for IR cases to be heard depending on the legisla-

tion that applies, including the Rights Commissioner, the Employment Appeals Tribunal, the Equality Tribunal and the Labour Court. However, Richard Bruton, Minister for Jobs, Enterprise and Innovation, is streamlining the system. The INMO, as part of Congress, supports this and made detailed submissions when the Workplace Relations Bill was introduced. INMO IR staff have been trained in the upcoming changes to ensure they are up to speed before the legislation comes into place, which is planned for mid-June.

Under the new legislation, IR claims will remain the same but all other claims will go to an adjudicator first, which will be a private hearing, and from there to the Labour Court, which will be a public hearing. The Employment Appeals Tribunal and the Equality Tribunal will no longer exist. IR claims will be dealt with by the adjudicator and the Labour Court, as they have been up to now. Collective claims will go to the Workplace Relations Commission, which is the renaming of the Labour Relations Commission.

The Labour Court has had to expand to cater for the volume of cases to come and recently appointed two new vice chairs. New adjudicators for hearing at first instance have also been appointed. Patsy Doyle, INMO IRO, has been appointed as one of the new adjudicators and will be moving on from the Organisation. The IRO post in the Cork office has been advertised and filled by Mary Rose Carroll.

#### Collective action works

Ms Ní Sheaghda also spoke about emergency department overcrowding and the stand ED nurses took in protesting outside hospitals. Those protests and the immensely successful campaign against the NMBI fee increase demonstrated how collective action truly works, she told delegates.

She also spoke about dignity at work issues and bullying in the workplace. Currently 100 members are being represented under the dignity at work policy or related policy on bullying and harassment.

Outlining the changes in sick leave regulations introduced in April 2014 as part of the HRA, Ms Ní Sheaghda said the INMO has been questioning the HSE's application of these regulations and also challenging its interpretation of the injury at work scheme.

"We need to make sure that you are getting your entitlements and we are happy to meet with you and advise you of

your entitlements," Ms Ní Sheaghda said.

A significant consequence of these changes is the phenomenon of 'presenteeism' and the INMO conducted a survey of our members on this.

#### Next steps post HRA

The public service committee of Congress was set to begin talks with government four days after the INMO ADC. Ahead of the talks, the government was indicating it was time to restore pay by 'gently unwinding' the FEMPI legislation. It had stated that the hours are permanent and not reversible, that the progress that has led to the recovery cannot be undone, and had made contradictory statements on the issue of productivity measures being a prerequisite to going into talks.

Minister Howlin has said that he accepts that the seven-year pay pause and three pay cuts need to be addressed, Ms Ní Sheaghda said.

"I am repeating that nurses and midwives have not had three pay cuts – they have had six and across the grades and the lowest paid employee in the health service – the student on work placement – has had a 40% decrease. We believe that requires addressing and we don't believe a 'gentle unwinding' or a tinkering at the edges will produce that, and we certainly won't settle for that.

"The rapid imposition of the moratorium and the pay cuts to nursing and midwifery grades were nothing like a gentle unwinding. They were rapid and they were blunt, and you suffered the consequences," she said.

The supply of nursing and midwifery posts is now critical. The demand is very high. The health service is recruiting again. You will never recruit nurses and midwives back to this country or to this country for the first time to work unless pay restoration is a priority. All of the pay that we had in 2008 must be looked at and we must know when that is coming back and it has to start now, inclusive of time-and-one-sixth for 6pm to 8pm and the working hours that reduced the hourly rate of pay. All other professional grades in the health service are on a 37 hour week. Nurses and midwives are professional grades in the health service – they should be on the same hours.

"So our message is that 2015 has to be the year of real pay restoration. Our position is that INMO members deserve to benefit from this recovery because they have contributed significantly to it."





## Edward Mathews introduced the INMO's new position paper on the 'Human Right to Health' at the ADC. Alison Moore reports

FOLLOWING last year's annual delegate conference, during which the state of the health service and developments within it and the wider economy were discussed, the Executive Council decided to commission research on the human right to health in both a domestic and international context.

According to Edward Mathews, INMO director of regulation and social policy, the resultant work – *The Human Right to Health* position paper – is a "substantial piece of research".

In its preface, author Marcus Gatto notes that the Irish healthcare experience, under current economic constraints, with significant reductions in expenditure and entitlements and widening gaps in coverage and disparities in care, "attests to the fact that a notional right to health is not sufficient

to protect individuals. Rather, Ireland must enshrine the obligation to 'respect, protect and fulfil' the right to health in law".

This, he says, will promote greater levels of accountability in the provision of healthcare in Ireland and ensure that everyone is able to avail of a quality health service as a matter of right.

"In sum, Ireland must acknowledge that the human right to health is not a principle, but a practice," wrote Mr Gatto.

The position paper, provides a survey of the right to health in international, regional and domestic legal regimes. For context, it includes the history and sources of the modern human rights systems, and the decisions and guidance that has been issued from the committees and courts established to interpret and safeguard them.

It offers an analysis of the deficiencies of current healthcare policy in Ireland and proposals for reform, both of which, according to Mr Gatto, militate strongly for the legal protection of the right to health.

Speaking at the annual delegate conference, Mr Mathews said that the research illustrated how Ireland attends international meetings and lectures on the importance of human rights and votes in favour of human rights treaties only to come home and tell its own citizens that they do not enjoy those same rights.

"Nor do the courts have the ability to enforce such rights and you cannot even complain to an international committee because you cannot achieve that right, but we feel free as a nation to lecture others in relation to their rights," he told conference.

According to Mr Mathews, we, the citizens of Ireland, should be “extremely critical” in this regard. Ireland is a member of the EU, a union founded on international law and political and social union. He remarked, as a country we were very quick to embrace political and economic laws, but yet we resist the many social rights that should be extended to all citizens.

“We ran a race to embrace that international law regime into our domestic law. When the Supreme Court told the government of the time that such international law regime was incompatible with our own constitution we raced to change our constitution.

“There is also an international law regime that gives us the right to health. It is not a right to be healthy. It is a right to the conditions, institutions and structures within our society that facilitate the highest possible attainable standard of health. Yet that is absolutely inaccessible to us. It is a right that Ireland has failed to enshrine,” he said.

Mr Mathews made reference to the denial of these rights through the many shortcomings of the health service, which the INMO has been highlighting, in many cases for over a decade now.

He explained that the context of this examination of our right to health, is one of multibillion euro cuts in the health service funding; the loss of thousands of registered professional staff; appalling trolley numbers, appalling numbers of patients who are placed on corridors, corners, treatment rooms or worse; where 400,000 people are waiting on outpatient appointments; where 35,000 people are waiting on inpatient or day procedures; where the elderly are seen as a burden; and where disability services are seen as a burden on the State.

“The nature of our health service has been reduced to numbers. The number of people who were seen, the number of people who have not been seen, but what has been lost entirely from that discussion is the nature of a person, the nature of human dignity.

“Every element of the health service should be underpinned by maintaining and improving the human dignity of the people who we meet. It should be increasing their self determination, increasing their autonomy and increasing their comfort, but what we do instead is count. We count the number we saw, the number

we didn't see and that is what we have reduced people to and it is not acceptable,” Mr Mathews said.

He went on to say that reform has become a synonym for ‘cheaper’ and that spending less was the real drive behind all so-called healthcare reforms.

“Whenever you hear the words the ‘reform’ and ‘better’, I urge you to replace them with one word, ‘cheaper’. They are really asking how can we care for people ‘cheaper’ because we regard them as a burden on the State?”

“Anything else we say is rhetoric, it is a fallacy and it is a lie because all our State appears to be concerned with is how we can do some thing cheaper,” he said.

“Every element of the health service should be underpinned by maintaining and improving the human dignity of the people who we meet. It should be increasing their autonomy and comfort, but all we do is count

Mr Mathews went on to say how as a nation we are very good at enshrining civil and political rights but that we do not believe in social and economic rights as a society.

Furthermore, he said that when it has been approached in the courts to try to enforce social and economic rights, at every opportunity the State has fought “tooth and nail” to ensure that no such rights are recognised in this State.

“That is unacceptable and this is a call to action today to change this,” he said.

In discussing the right to health in this context, Mr Mathews stressed that we are not talking about the absence of a diagnostic or symptomatic condition, but rather we are talking about

our wellbeing as human beings and “our ability to go about our lives in a manner that allows us to realise all of our rights within our lives and not just the right to health itself”.

This right to health, he explained, requires a system that recognises that above every other right, health is the determinant that facilitates the access to every other right.

“If the right to health is not facilitated, we are unable to identify or enjoy the other rights and entitlements that we have as a member of a society,” he said.

Mr Mathews told the ADC that a fully functioning health system should embody three distinct principles: continuous progression; non regression; and a consistent ethic of care articulated around the core obligations of the state under human rights law.

“Every step that we reach on the attainment of the right to health is a step that cannot be reversed, and any economic or service changes that cause any regression in our right to health must prompt members of our society to go to the courts and say ‘we in Ireland enjoy a human right to health and what you are doing by removing funding, by sending staff overseas, by privatising, by saying that services can be delivered in a substandard location using substandard facilities, is a breach of my individual right’. As a result of enshrining that right in legislation, the courts can direct the State to stop what it is doing,” explained Mr Mathews.

“Until we inhere in an individual the absolute right to achieve the highest attainable standard of health through services that are properly funded and properly staffed, we will continue to go round and round in circles,” he added.

He went on to say that there are some underlying determinants of health that the INMO, as an organisation that is interested in a just society and the advancement of our society overall, must recognise.

“The only call that we can make as an organisation, is for a service that is universally accessible and which is publicly funded from the central taxation fund and that the introduction of any form of privateering or any form of private enterprise influence is not positive. We must, at every turn, fight back when we hear the private sector say they can do it cheaper and better – they only mean cheaper,” he said.

# A year of tragedy with rays of hope



2014 was a year of tragedy but brought some hope of new beginnings, Dave Hughes told delegates. Tara Horan reports

"FROM a European point of view, 2014 proved to be tragic in many ways," Dave Hughes, INMO deputy general secretary, said at the ADC, in his review of the year.

"Instead of commemorating the centenary of the start of World War I through an affirmation of 'Peace for our Time', political conflict became increasingly the chosen method for factions or countries to resolve their differences. A mixture of European indifference and political folly significantly contributed to this – spectacular examples being the political flirtation with Ukraine, which led to the predictable brinkmanship of Russia annexing Crimea and dividing the people of Ukraine in brutal civil war at the cost of thousands of lives. This was matched by the political indifference which condemned thousands to death by drowning in the Mediterranean by withdrawing support from the Italian rescue programme, the only chance those souls had to survive.

"It was a tragic way to remember the centenary of WWI, the war which saw the greatest ever loss of life in a conflict," said Mr Hughes.

"The dominance of economic interests over social responsibility has set back the early vision of European peace, justice, liberty and equality and is leading European political thinking in a direction increasingly unacceptable to many ordinary citizens across the EU."

"European citizens are questioning the political leadership in Europe and the whole dominance of multinational corporations that have avoided tax with the wilful acquiescence of European governments right across Europe," said Mr Hughes. "I think we will see a greater awareness among the populations of

Europe of the need for greater accountability among our political leaders on the whole issue of taxation and the funding of public services. On the question of peace in Europe, we should not be backing European policies that cause the loss of human life as we saw in 2014."

In Ireland, it is hard to think of 2014 without reflecting on all that happened in the preceding year. The changes that emerged from the Haddington Road Agreement just after the INMO ADC in 2013 had set the pace for the year ahead.

"The INMO entered 2014 with severe impositions, including increased working hours for nurses and midwives. Although this applied across the public service, in the case of nursing and midwifery it required extra days of attendance in many cases, which wasn't the case in other groups," said Mr Hughes.

"In many respects 2014 was shaping up to be a year when people might feel very held down and undervalued in their workplace. We also entered that year with the health service having ended 2013 with a deficit that required an extra €500 million just to survive and with the government announcing a budget that required it to cut a further €600 million from the health budget in 2014. It was predictable where that was going to go – another input was required to deliver the health services at the end of 2014, which is indeed what happened."

The INMO was active throughout 2014 in activating patient groups to lobby to end the constant underfunding of health services and to push for a period of investment to meet public demand for healthcare.

With the launch of the Patients First

campaign, the INMO attracted public support, but the campaign had even more weight politically, Mr Hughes said. It served as one of the influencing factors that led the Minister for Health to negotiate for at least a stabilisation of the health budget and a slight increase.

It was also evident that INMO members were not cowed, Mr Hughes said. "A new found strength emerged from among our membership and that strength was seen by increasing numbers being prepared to stand up on the issue of so poor staffing levels and make a stand that it could not get any worse.

"Where it really came to its height was in the NMBI campaign – sometimes it's the small things that make the big difference; it's the banana skin that you slip on that changes everything. The protest against the retention fee increase lit a spark among nurses and midwives that set the tone for this ADC and for where we'll go into the future. The campaign was a demonstration that when nurses and midwives work together they are a powerful force. There aren't many situations where government or regulators' decisions have been completely overturned – and this is one of which we can be proud", Mr Hughes said.

The other major movement that happened at the end of 2014 and into 2015 was the almost spontaneous mobilisation of emergency department nurses marching on the streets outside their hospitals for their patients – not for themselves.

Mr Hughes completed his review of the year by introducing a video entitled *You are the Voice*, which highlights in pictures what INMO members did and achieved throughout 2014. This can be viewed on the INMO website: [www.inmo.ie](http://www.inmo.ie)



## Community RGNs call for recognition

CALLING for a clear definition of and national recognition for the role of the community RGN within the public health nursing team, Mary O'Shea, from the Community Nurses Section, outlined her wide-ranging role in her own team.

She said she makes a lot of decisions on her own for which she is accountable but receives no recognition for this. In other specialties nurses are credited with their own caseloads for which they receive an allowance.

Kaye Garvey, Athlone Branch, supported the motion saying it has come up repeatedly over the years and needs to be addressed nationally.

Mary Leahy, Executive Council and PHN, said the complexity of the case demands and caseload in public health means that community RGNs need to hold caseloads. Many cRGNs have specialty training such as Masters in gerontology, and it would prevent cRGNs being moved from area to area on a daily basis.

Orla Lombard, Cork HSE Branch, spoke of her time as a cRGN when she spent a lot of time being moved around. "I was appalled at how the cRGN was treated with no autonomy, no say. "There are very skilled people out there who are being undervalued," she said.

Patricia Marteinsson, chair of the PHN Section, said cRGNs deserve to be professionally respected for their abilities and also that they are due financial reward if they manage caseloads.

The motion was carried.

# End to trolleys by October 1

A KEY motion calling on the INMO to lead a campaign to eliminate trolleys in corridors by October 1 was passed unanimously, following a robust and heartfelt debate.

Proposing the motion, Karen Clarke, Executive Council, said the INMO had been counting patients on trolleys in emergency departments since the overcrowding was declared a national emergency in 2006. Since then the numbers have increased, with January to April this year being the highest on record.

"Behind these figures are real patients enduring unacceptable waiting times in unsafe and overcrowded EDs. These figures are real, these figures are frightening, and they are dangerous for both patients and staff," Ms Clarke said.

The motion also called for the opening of at least 1,000 public beds with the necessary additional staff and other measures.

Geraldine Talty, INMO first vice president, said: "We've been counting, counting, counting for years and years and years. The numbers on the trolleys are going up. And we've been counting, counting, counting the nurses that are looking after them going down, down, down. What that means is quality care for the patients is going down and the safety for them is also going down.

"Why have successive governments allowed this to happen? Why are we coming into work every day and accepting this and enabling it to happen? Even livestock when they are being transported have standards on how much space there should be between them," Ms Talty said.

"Beds need to be opened, and trolleys and chairs need

*Karen Clarke, INMO Executive Council:  
"Behind these figures are real patients enduring unacceptable waiting times in unsafe and overcrowded EDs"*



to be a thing of the past. But nurses we need first. We will not get them though if we don't respect them, if we don't pay them, if we don't recognise them for their contribution to healthcare in this country."

Anne Price, Waterford Branch, told delegates that for more than 25 years they had been putting patients on corridors in Waterford General Hospital (then Ardkeen Hospital). "We've changed our title twice in the past 25 years, but some things never change. What is the new Minister for Health's new solution for us? Put the patients on corridors."

While supporting the motion, Caroline Gourley, Care of the Older Person Section, warned that beds were being outsourced to the private sector where there are lower staffing ratios and lower skill mixes. "We are looking for extra public beds," she said.

Theresa Dixon, Executive Council, said HIQA inspectors were carrying out 'paper exercises' and asked "where is HIQA when our patients are blocking the fire exits in ED? Where is HIQA when patients with *C. diff* are nursed side by side with frail elderly patients. We have infection control standards. We need to stand up and say 'no'. HIQA and the HSE has to take responsibility for this – it has to stop."

Following this strong

debate, Liam Doran acknowledged the ED taskforce report was a step in the right direction. However, he said: "Every day we are counting is another day we have failed as a nation to solve this problem. Our collective goal must be – no more placement of patients on trolleys in corridors by October 1.

"The taskforce actions are very welcome but are nowhere near enough to solve the problem. That is why we are calling for 1,000 *public* beds. I agree absolutely with (Caroline Gourley) – we are racing to privatise our care of the elderly services. When you privatise, you introduce profit. When you introduce profit, quality is always in second place. Standards always drop."

He said the Minister was wrong to say 'will you take one or two beds up to the wards?' "The tolerance level among the general public is far too high. You kind of get used to a 'war zone'. Until it becomes the general public's concern, the politicians will walk away and not invest in our health service.

"Among the measures needed is consultants working seven days a week and the introduction of nurse-led discharge. But ultimately this is about more beds and more staff. Tweaking actions and privatising care of the elderly is not going to solve our problem."

# Call for early restoration of pay cuts

INMO mandated to enter national talks to reverse FEMPI cuts

"WE CALL on the government to apply the same haste and urgency to the restoration of the pension levy and pay cuts as was given by the government for their introduction," Jean O'Connell of the Cork Branch said, as she proposed the pivotal motion mandating the INMO to enter into national talks with government.

"We must seek a full reversal of all pay cuts experienced by our members and all public servants over the past few years, with the introduction of the FEMPI Act," she said.

Margaret Frahill, Executive Council, said: "Not only have the pay cuts damaged nursing, but the moratorium has done untold damage to the Irish health service. At the moment we cannot recruit or retain because of the moratorium. People know that if they come back to Ireland they are facing unsafe and unmanageable workloads, and less pay."

Dean Flanagan, INMO student and new graduates officer, said: "We have an absolutely fantastic resource and all we are doing is exporting it. I want to say to Ministers – I want my money back. I want my hours reduced and I want the staffing to be there so I can provide care. And respect me because I can go to

Mary Leahy, INMO Executive Council: "We will not relent until every cent you took from us is returned, until we have a 37 hour week and until all our terms and conditions are reinstated"



Canada, Australia, the US and the UK, and I will be valued there."

Mary Leahy, Executive Council, had a clear message for the government: "You put your sticky hands into our pay packets on three occasions and you said it was the last ask. You also left us drowning in grossly understaffed conditions and you increased our hours. It is now our time to do the asking and we won't accept a 'no' and neither will we accept a drip-feed of restoration.

"You insulted and demeaned our professions and you drove thousands of nurses and midwives away with your failed and demeaning grad scheme. We will not relent until every cent you took from us is returned, until we have a 37 hour week and all of our terms and conditions are reinstated."

Speaking about her imminent retirement from the HSE, Therese Gallacher, Letterkenny Branch, said: "The really sad thing is that everyone I speak to says 'you are so lucky'. The fact that we are all looking to get out is such a sad state of affairs. The patients of Ireland deserve better".

Liam Doran, INMO general secretary, urged delegates not to forget that "public servants, and nurses and midwives in particular, have suffered huge injustice and huge cuts over the past seven years which are still totally under-appreciated by other sections of Irish society.

"We can't forget that because it has to galvanise us for what we now have to do to get it back. We have to get to a stage when we rise up and say 'not any more' – galvanised by the journey we have just trav-

elled and galvanised by the fact that people need money back.

"Let's be quite clear. Nurses and midwives in this country were never overpaid. Nurses and midwives have got what they've got in this country because they extracted it from government. No-one has ever offered you anything that you didn't deserve and you have always been under-appreciated and underpaid."

He said: "The challenge now in the process about pay restoration is to how quickly and how much we can get back immediately, and then the framework for full restoration.

"As an Organisation we have to commit to lead the campaign, lead the demand, lead whatever efforts are necessary to secure the greatest possible restoration in phase 1, and a short sharp timetable for full restoration of whatever's left.

"We will never rest until we get pay parity with all other health professions – and that includes a 37 hour week.

"The INMO is going to be at the vanguard and lead the campaign for restoration of all that was taken. Even beyond that we won't settle until we have parity of pay with other degree health professionals and the same hours.

The motion was carried.

## Support for TORL campaign reaffirmed by delegates

"THERE is no such thing as a safe place to have your body sold", Naomi O'Donovan, Executive Council, told delegates, in a motion calling on the government to amend the Criminal Law (Sexual Offences) Bill 2014 to ensure adequate and appropriate

penalisation of the purchasers and organisers of those who are prostituted.

She called on delegates to support the work of Turn Off the Red Light campaign (TORL).

"Let us call a spade a spade – the perpetrators of violence,

rape and coerced drug-use against vulnerable women and children are criminals, and they must be treated as such," Ms O'Donovan said.

Seconding the motion, Darren O'Cearuill, Executive Council, said: "The Bill as it stands does not go all the way

and leaves those involved in street prostitution as committing a criminal offence. These people are often the most vulnerable of those that are prostituted.

"Plain and simple, prostitution is exploitation"

The motion was carried.

# INMO to detail stance on govt policies

Delegates call for policy document on future direction of health

DELEGATES at the ADC agreed that the INMO should draw up a policy document outlining its position on the future of the health service.

A motion from the Dublin South West Branch and Public Health Nurses Section proposed that in order to facilitate this, the Executive Council should hold a national conference and debate on the issue to inform and develop such a document.

Proposing the motion, Anne O'Neill from the Dublin South West Branch said the INMO needed to outline where it stood on issues such as universal health insurance, free GP care for the under sixes and other policies.

She said an important issue was that a good deal of the health service was now being privatised, with increasing reliance on agencies, and the union needed to show where it stood on these issues.

Patricia Marteinsson, chair of the Public Health Nurses Section, told the ADC that multiple components of HSE corporate were currently making decisions about nurses/midwives without consultation.

"Our vision of where the service is going doesn't seem to come into it."

She said nurses and midwives, through the INMO, needed to outline clearly where they wanted to go



*Patricia Marteinsson warned delegates that 'HSE corporate' was making decisions about nurses and midwives without consultation*

rather than where they were led.

Jo Tully, of the Dublin South West branch, stressed it was important for the INMO to state what sort of health ser-

vice its membership wanted to see and who and what would fund it in future. A debate needed to take place on universal health insurance, she said.

## ADC - Staffing contraction in community hospitals and ID services is unsafe

A MOTION from the Leitrim Branch highlighted the severe contraction of staffing resources in community hospitals, older person units and intellectual disability services.

The motion stressed the need to fully resource these services and to ensure that they had professionally regulated staff, that would ensure safe practice.

Proposing the motion, Deirdre Lynan of the Leitrim Branch outlined the staffing pressures in these units and the difficulties caused by having to 'do more with less', which was to the detriment of safe standards.

She said the recruitment moratorium had decimated the RGN staff complement in these units.

Eilis Farrell, of the Sligo Branch, said nursing staff lev-



*"It is a totally unacceptable practice to replace nurses with healthcare assistants" - Geraldine Talty, INMO first vice president*

els in this sector were grossly inadequate, and nursing staff vacancies were often currently filled by healthcare assistants.

Mary Barrett of the Ballinasloe Branch said it was common practice for members of the cleaning team to replace a nurse in this sector.

Geraldine Talty, INMO first vice-president, said it was a totally unacceptable practice to replace nurses with healthcare assistants.

Meanwhile, the social policy session of the AGM also passed a motion from the Executive Council criticising the government's 'two-tier' policy on taxation.

The motion highlighted the need for a uniform application of the 12.5% corporation tax rate, the need to clamp down on cross-jurisdiction tax evasion schemes and rigorous enforcement of tax law on people with great wealth who seek to avoid tax by illegally placing their wealth in overseas bank accounts.

This call was made in the context of 'draconian increases in taxation and charges' imposed on ordinary workers.

## Paid sick leave

THE issue of paid sick leave was the subject of a motion by the Clonakilty/Skibbereen Branch. It called on Conference to direct the Executive Council to call on the Public Service Committee of ICTU to demand a review leading to a reversal of the recent reduction in paid sick leave for nurses/midwives and all public servants. The Branch called for a restoration of the previous sick leave arrangements of six months (26 weeks) full pay, followed by six months half pay.

A speaker in favour of the motion, while acknowledging that a small number of people may take advantage of sick leave, emphasised that nursing is a 'very stressful profession' that can take a major toll on people's health. "The HSE must recognise when people are genuinely ill. Presenteeism is killing us all physically and psychologically. We are the caring profession, but who cares for us?" she said.

The motion was carried.



# Push for safe staffing must continue

CONFERENCE affirmed that the INMO should continue its safe staffing campaigns until it secures staffing levels which are agreed, consistent, provide a stabilised workforce and which ensure acceptable workloads leading to safe care through safe practice.

While welcoming the Taskforce on Nurse Staffing and Skillmix, Mary Barrett, Ballinasloe Branch, said its recommendations must be consistent with INMO policy if the Organisation is to give its support. "It is a sad day in the nursing profession that staff have to resort to the threat of taking industrial action in our hospitals to improve staffing levels," she said.

David O'Brien, INMO second vice president, said: "The main aim is to ensure that patient care is safely provided and patients are cared for with the proper amount of nursing staff. Importantly, I hope that once the taskforce report is produced, that it won't become a fossilised document based on an assessment of a snapshot at any one given point in time. It's important that it responds to changes as we go through them. So it must be reflective to any challenges that happen. Re-assessment must be continuous at all times."

James Geoghegan, Executive Council, spoke about the lifting of the recruitment embargo. "It may be lifted, but where are the staff to fill the posts? We are going across to England and asking for our colleagues to come back from there. But to what? If you go to England you get your education and study days. This government needs to wake up and acknowledge and help and support the staff they have on the floor. Until that happens it's very difficult to ask people who went abroad to come back to work in this country. I won't be asking them to come back under current conditions."

Cres Abragan, Dublin East Coast Branch, outlined work permit difficulties faced by people being recruited from the Philippines and other countries outside the EU. He spoke about the importance of new nurses and midwives coming here being informed about the INMO to protect them from restrictive contracts.

Liam Doran, INMO general secretary, rounded off the debate by giving delegates a brief update on the taskforce's work. He said the report, which will be published within weeks, will be the most important thing to happen for the



David O'Brien, INMO second vice president warned that the taskforce report cannot be allowed to become 'fossilised' but must respond to any challenges that happen

profession since the Commission on Nursing.

"We must secure from the taskforce a very clear measurement tool. One element of it will be that the ward manager will measure patient dependency and that staffing levels will be amended to provide for the changing nature of the patient profile using the tool, he said.

"My concern is that we have got to get it applied locally. Until we get an accepted tool that will be our version of the teacher/pupil ratio we will be forever seeking more staff to maintain safe care through safe practice. For as long as the system enables those who sit in an office far removed from any healthcare facility and only focus on budgets with no consequence about standards of care and patient outcomes,-

for as long as they're able to dominate the scenario, then we will be forever running to stand still.

"The dream I have about the taskforce is that it will give you the absolute certainty that if you have this type of patient profile then you will require this quantum of nursing hours and support hours.

"When this taskforce reports it will really matter and really take us out of that black hole where somebody else makes the decisions about how you can practise, into a situation where the ward itself will determine what quantum of nursing hours we require to look after patients properly."

He called on delegates to engage with the report, study it and participate. "It really is a road to a better place."

## Nurse/midwife managers need to be given time to manage

IT IS imperative that clinical nurse/midwife managers are given the time to carry out their managerial functions, Michelle Cullinane, CNN/CNM Section, told delegates.

She called on the HSE to ensure that all CNM2s or their deputy have supernumerary status so that they can fulfil their roles and responsibilities, as managers, as recommended

by the Francis Report (which followed the Mid-Staffordshire debacle).

"The shortage of nursing staff has resulted in CNMs increasingly being drawn into clinical work in order to maintain the services. This has resulted in crucial areas such as education, professional development, health and safety, and performance management

being neglected," she said.

Ann Judge, Sligo Branch, said: "It is not possible to carry a caseload of patients and carry out the clinical nurse managers' duties too. The captain of the ship isn't on duty half the time because they are doing the work down the ward. You can't give 100% of your attention to your clinical case work and 100% attention

to your role as a clinical nurse manager.

"The HSE is quick to ask who's in charge if something goes wrong."

Speaking from the point of view of a staff midwife, Edel Peoples, Letterkenny Branch, said: "If I'm rostered with a clinical manager then I'm effectively working one down". The motion was carried.



Delegates pictured at the 2015 ADC

## 'Presenteeism' now a major issue

82% of nurses and midwives report attending work despite being ill

WORKPLACE environments are contributing to an increase in presenteeism, where nurses and midwives are turning up to work despite being unwell.

Following the results of a recent INMO survey on health and wellbeing of members, delegates addressed a motion that called on conference to demand an immediate review of the application of provisions of the sick leave policy as it applies to nurses and midwives.

The INMO survey found that the incidence of presenteeism, which is the opposite of absenteeism, was growing. Some 82% of respondents said they had attended work in the past year despite feeling sick.

Nurses and midwives are compromising their own health and the health of their patients by being present at work while ill. Conference heard some of the consequences of presenteeism were burnout, increased stress, poor and longer recovery time and a reduced quality of patient care.

INMO Executive Council member, Martina Harkin-Kelly, proposing the motion, said that happiness and wellbeing were inextricably linked with a flourishing society.

"The evidence demonstrates that those of us who achieve good standards of wellbeing at work are likely to be more creative, show better loyalty, be more productive and, as a result, give better care," she said. "These sick leave policies result in nurses attending for work when they are unfit to do so."

Ms Harkin-Kelly remarked that IBEC was prompt to tell workers that absence from work costs €1.5 billion annually, but that it failed to mention the qualitative human cost "of employees turning

up to work, the transmission of illness to colleagues and to the very vulnerable patients who we care for, the errors of judgement, the omissions, the lack of concentration, the accidents, the stress, the burnout, and longer times for recovery."

She said that Kieran Murphy, professor of psychiatry at the RCSI, has found that presenteeism goes up enormously when times are tough.

"People are afraid to ring in sick and if they do come into work they are functioning at less than 100%."

"Research has found that presenteeism can cut productivity by a third or more and in fact can cost employers three times as much as if the employee rang in sick," Ms Harkin-Kelly told delegates.

Seconding the motion, Geraldine Talty, INMO first vice president, said shortages of staff and busy work environments are contributing to this increase in presenteeism.

"Showing up while unwell has negative implications for our wellbeing. 82% of respondents in our survey reported that they showed up for work while unwell and the main reason was because they didn't want to let down the team as they knew that they were short-staffed already."

"We see from the study that 41% of nurses and midwives feel that their health and wellbeing are not important to their employer. 87% perceive that their employer promotes health and wellbeing in the workplace," she said.

Naomi O'Donovan, also from the Executive Council, said presenteeism was not sustainable and that nurses and midwives must look after themselves first and also look out for each other.

The motion was carried.

# Bullying problem has 'festered'

Taskforce with employer buy-in needed to tackle the issue

BULLYING is endemic in our hospitals, the problem has festered for too long and the employer has ignored the issue. This was the view of Eileen Lawrence of the INMO Executive Council who was proposing a motion that called for a taskforce to deal with this issue for once and for all.

The motion called for the establishment of a Taskforce, involving all stakeholders, to consider and review the current environment; to report within three months; and to bring forward all necessary recommendations to address/improve the current working environment, with particular focus on preventative measures, to minimise the incidence of bullying in the workplace

"We need zero tolerance, we need education and we need

to work collaboratively to prevent bullying.

"Speaking out must be encouraged. Nurses and midwives should use empathy with their colleagues. We need to prevent people leaving the profession," said Ms Lawrence.

Also speaking to the motion, Geraldine Talty, first vice president, said that the working environment was "intolerable, deplorable and disrespectful" and that it should be declared a national emergency.

Ann Price said that it was important to acknowledge that many of the bullies were nurses which placed the INMO in a catch 22 position as they could represent the bully as well as the victim.

Catherine Sheridan, Executive Council, said that the



Catherine Sheridan, Executive Council

situation had been accepted for too long, with line managers often responsible.

"It comes from the top down. We need to educate each other on dignity at work policy. It is incumbent on every one of us to educate our colleagues," she said.

David O'Brien, second vice president said that we "need

to call bullying what it is and stop its dilution and deal with it head on".

Elizabeth Adams, director of professional development, highlighted that there were a number of programmes on conflict management and confidence building available at the PDC that might be beneficial to members.

## ADC demands review of travel/subsistence allowance

WITH many nurses and midwives having to travel as part of their job alongside the rising costs associated with keeping a car on the road, the INMO's Wicklow Branch proposed a motion demanding a review, leading to an increase, in relation to the travel and subsistence allowance.

Delegates were told of the often poor state of the roads that some nurses are expected to travel on, with one speaker noting that she has to drive on boreens on a regular basis, which has taken a subsequent toll on her car.

Delegates were also reminded of the rising costs associated with car ownership, from tax and insurance, to ever increasing petrol or diesel

costs, NCT charges and repair expenses.

The last review of this allowance was carried out in 2009. However, INMO deputy general secretary, Dave Hughes, had some good news for delegates in this respect. He pointed out that allowance reviews are negotiated at civil service level and then applied to the relevant area 'and sometimes there is a gap'.

However, he said that the subsistence rates have been reviewed and will increase marginally. These will not be reviewed again until 2018.

Furthermore, a review of the travel allowance 'will take place in the next six months'.

The motion was carried.

## HSE should show more flexibility around family leave

THE issues of family time and work-life balance were very much at the forefront of a motion proposed by the Offaly Branch.

In industrial motion 11, noting that nursing and midwifery are female-dominated professions, the Branch called on the HSE to demonstrate maximum flexibility in the granting of all types of family friendly leave, eg. parental leave, in a manner that suits the individual circumstances of the nurse or midwife in order to maintain the current workforce and to prevent nurses and midwives leaving the Irish health system to seek better terms and conditions elsewhere.

Delegates heard various

speakers report that in most cases, family-friendly requests were not accommodated and nurses and midwives were constantly being told that such requests 'have to suit the service'.

It was pointed out that many nurses and midwives have demands on them outside of work, such as elderly parents who they may have to provide care for, or their own sick children.

One speaker noted that when a colleague requested parental leave after their child had undergone surgery, the request was denied.

"People forget – we are nurses, but we are also human beings," she said.

The motion was carried.



# ADC: Protected time needed for CPD

ON EDUCATIONAL matters, the annual delegate conference called for health services to standardise educational structures for nurses and midwives to adequately support and mentor newly-qualified staff, particularly in the first six months post-registration.

Speaking to a motion from the Dublin Northern Branch, Ann Martin from the Galway Branch pointed out that there is currently no protected time provided for undergoing professional development and education in the Nurses and Midwives Act.

Ann Marie O'Reilly from the Dublin Northern Branch, proposing the motion, said some services had no mentorship programmes whatsoever in place. The motion was carried.

A motion from the Execu-

tive Council was also carried calling on the HSE to enhance the study leave provided to nurses undertaking the Higher Diploma in Specialist Nursing courses.

The motion particularly highlighted the need to provide paid study leave for external placements undertaken as part of this course and the need for uniformity in study leave provision in all hospitals for nurses/midwives undertaking post-graduate courses.

Executive Council member Karen Clarke stressed that retention of current nursing/midwifery staff was vital to ensure services were maintained, and recruitment of staff into specialist areas was particularly challenging.

In view of this, nurses and midwives who undertake rel-



Liam Doran, INMO general secretary speaking at last month's ADC

evant courses should be fully supported, the meeting was told.

This point was echoed by general secretary Liam Doran at a press conference at the outset of the ADC, when he spoke about the need to attract nurses who had emigrated back to the Irish health service.

He pointed out that UK health

services were currently offering a range of incentives to Irish nurses to work there, including continuing education support, as well as other incentives such as 'sign-on' payments.

Mr Doran said our health service must provide similar incentives to attract nurses and midwives back to Ireland to take up posts here.

## Homelessness on ADC agenda

THE fact that homelessness is becoming an increasing concern for Irish society was reflected in a motion by the Galway Branch that called on the government to meet the basic human rights of families in the State.

Ellis Hearn, who proposed the motion, said that homelessness was becoming a child welfare issue and that homeless populations were at higher risk of contracting HIV and developing addictions.

Karen Clarke of the Executive Council said that children had been hardest hit by austerity and that vulnerable groups were being asked to carry too large a burden. "This is a serious child welfare issue. Being homeless means that they have an inability to form friendships and to engage in play. Political speak is not enough. Childhood won't wait."

The motion was carried.

## NMBI must define competence and CPD in advance of new schemes starting up

COMPETENCE is absolutely key to the nursing and midwifery profession, but how is this defined? This was a key question posed in a professional-related motion proposed by the Executive Council.

The motion called on the Nursing and Midwifery Board of Ireland (NMBI), in advance of establishing and operating any schemes for the purpose of monitoring the maintenance of nurses and midwives' professional competence as required by the Nurses and Midwives Act 2011, to:

- Clearly define what constitutes competence and continuing professional development to meet their requirements
- Ensure that schemes intro-

duced are achievable, affordable and relevant, supported by the profession, employer, key stakeholders, and include a remediation process in addition to support for the nurse or midwife

- State clearly what is mandatory/essential training or education
- Ensure that any schemes place equal responsibilities on employers to support every nurse or midwife in their employment with financial or other resources, to achieve the requirements, within working hours, in order to demonstrate the maintenance of professional competence to maintain registration.

Speakers in support of this motion emphasised that staff

need to know exactly what competence is and what it means for them.

"We also need to know that we will get full support from employers in relation to CPD, such as study leave," delegates were told.

Speaking to this motion, Liam Doran, INMO general secretary, insisted that this is one of the key issues facing the nursing and midwifery profession following progress being made in other areas.

"The fee campaign was just the first step. It was something that had to be done and had to be won, but we need to move on from that now. This is one of the most pressing issues of the day," Mr Doran told delegates.

The motion was carried.

# Meath nurse wins prestigious award

CNM presented with Gobnait O'Connell award at ADC in Trim

DYMPNA Fegan, received the prestigious Gobnait O'Connell Award at the ADC in Trim. Dympna, who works as a clinical nurse manager at Our Lady's Hospital Navan, was nominated by her nursing colleagues in the Meath Branch for this award, which commemorates the late Gobnait O'Connell.

The award is presented annually in memory of Gobnait, who died tragically in a car accident some years ago, in recognition of her contribution to nursing and midwifery in Ireland.

This award is given every year to a local representative who has given great service to the Organisation in a manner that seeks to enhance the interests and welfare of their local colleagues.

Dympna is a long-time stalwart of the INMO's Meath Branch, having played an active role as chairperson, vice chairperson and secretary over the past 36 years. She has been very successful in recruiting and supporting new members during this time. Dympna has been an invaluable



**Gobnait O'Connell Award 2015:** Pictured (l-r) at the presentation of the award at the ADC were: Claire Mahon, INMO president; Dympna Fegan, clinical nurse manager, Our Lady's Hospital Navan; and Liam Doran, INMO general secretary

support and resource to members during many difficult times, particularly during the nine-day strike in 1999, the 2007 work to rule, and in recent years during the reconfiguration of services in Our Lady's hospital Navan.

Dympna is a fountain of knowledge in all union affairs. She is the 'go to' person on all union matters. She gives generously of her time and energy to resolve issues.

She is a most deserving winner of this award as, for those who know her will agree that her energy is boundless, her enthusiasm never ending and her professionalism unquestionable.

Speaking following the award, Liam Doran, INMO general secretary, said:

"Dympna is one of the most loyal and dedicated members of the INMO it has been my privilege to meet.

She is a steadfast member of the INMO who works quietly behind the scenes for members.

She is a true professional and trade unionist while being a tremendous advocate for her patients and we, in the INMO, are proud to have her as one of ours. She truly deserves this award. I thank her sincerely, on behalf of all of us in the INMO, for her sterling work for both members and patients."

## Preceptor of the Year 2015



**INMO's 'Preceptor of the Year' for 2015:** This award went to Gillian Carter from Tallaght Hospital who was nominated by Mary Escoto a student from Trinity College Dublin. The award is kindly sponsored by Cornmarket. Pictured (l-r) were: Claire Mahon, INMO president; Gillian Carter; Ivan Ahern, Cornmarket; and Liam Doran, INMO general secretary

## CJ Coleman Award 2015



**CJ Coleman Award 2015:** This was presented to Denise McGuinness, a clinical midwife specialist at the National Maternity Hospital, for her research entitled 'An exploration of the experiences of bereaved mothers as they suppress lactation following late miscarriage, stillbirth or neonatal death'. Pictured (l-r) were: Claire Mahon, INMO president; Denise McGuinness; and Nancy Layton-Cook, CJ Coleman





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



**Pull Out**



# Continuing Professional Development

for Nurses and Midwives



**Professional**  
DEVELOPMENT CENTRE



**Maintaining your competency – Maintaining your registration**



**Elizabeth Adams**  
Director of Professional Development, INMO

**Welcome to the INMO Professional Development Centre.** The aim of the INMO Professional Development Centre is to empower nurses and midwives to achieve their full potential as key contributors to health services in Ireland. Easily accessible and relevant professional development is central to this goal.

**How the INMO Professional Development Centre can help**

The INMO Professional Development Centre (PDC) offers a variety of services to support the professional development of nurses and midwives in Ireland. Continuing professional development and lifelong learning have become cornerstones of nursing and midwifery professional practice.

 **Education and CPD**

Our contemporary, clinically relevant courses assist nurses and midwives to consolidate foundation knowledge, update their professional and specialty knowledge, and contribute to life-long learning within the profession. We also provide a number of additional services to facilitate nurses and midwives in their professional development. One of the PDC's newest initiatives is the INMO Professional website, which provides a one-stop-shop for access to a listing of customised quality education programmes and research services tailored to meet your educational requirements. This website includes a safe and secure online booking system offering discounted fees and a facility to maintain your professional profile where Continuing Education Units (CEUs) are accumulated automatically and certificates

 **Library**

The INMO PDC's Library is a dedicated specialist nursing and midwifery library. It has facilities to obtain information from national and international resources to help customise learning and research to support the changing legal and medical requirements in all fields of practice.

 **Conferences**

In addition, the INMO supports a number of National 'Sections'. Sections are groups of specific nursing grades or nursing or midwifery specialist areas throughout Ireland. National Sections provide additional networking and educational support, and offer members a range of opportunities such as national meetings, seminars, courses and conferences throughout the year. In addition, the INMO PDC delivers more than 70 tailored education programmes on-site at various health facilities throughout the country each year. This on-site training is designed around an individual health facility's needs and is priced 'per day', as opposed to 'per head', making it an affordable training option.

 **Professional Networks**

Furthermore, available on the INMO Professional website is the new *Education and Continuing Professional Development Directory for Nurses and Midwives – Maintaining Your Competency; Maintaining Your Registration* and the new Calendar of Events. Visit the INMO Professional website at [inmoprofessional.ie](http://inmoprofessional.ie) to find out more. The online service provides you access to booking all events, such as education programmes and conferences 24 hours a day, seven days a week. Additionally our telephone booking service is available to you during office hours (01 664 0641/2) or you can email at [pdcc@inmoprofessional.ie](mailto:pdcc@inmoprofessional.ie).



**Website**



A one-stop-shop for education programmes, research and continuing professional development opportunities for nurses and midwives.

- Online booking
- Personalised account for professional development activity tracking
- Discounts on educational programmes
- Reading lists
- Calendar of events.

Visit [inmoprofessional.ie](http://inmoprofessional.ie) to find out more.

**Library**



Your comprehensive nursing and midwifery specialist library and information service.

Library Services:

- Literature searching service
- Full text article retrieval
- Access to electronic research resources
- One-to-one database training
- Assistance with referencing
- Assistance with research
- Book, journal and official report collections
- Reading room with internet access.

For more information tel: 01 664 0614/25, email: [library@inmo.ie](mailto:library@inmo.ie) or visit [www.nurse2nurse.ie](http://www.nurse2nurse.ie)

**On-site Education**



Earn Continuing Education Units (CEUs) at your own site with a programme designed specifically around your needs.

- More than 70 tailored education programmes
- Highly skilled, expert facilitators
- Provided throughout Ireland
- One and two-day programmes
- Category 1 Approved by the Nursing and Midwifery Board of Ireland.
- Course packs and materials provided.

For more information call Marian Godley, course co-ordinator, at 01 664 0642 or email: [marian@inmo.ie](mailto:marian@inmo.ie)

**National Sections**



Join your relevant INMO 'Section' – consisting of other members of your nursing grade or specialist area – and benefit from:

- Specialised networking
- Information sharing
- National meetings
- Seminars and Courses
- Conferences.

National Sections enable INMO members to influence policy, bring forward joint work, and campaign on issues of concern.

For more information call Jean Carroll, section officer, 01 664 0648 or email [jean@inmo.ie](mailto:jean@inmo.ie)

# EDUCATION PROGRAMMES

Venue: INMO Professional Development Centre, The Whitworth Building, North Brunswick Street, Dublin 7  
 Tel: 01 664 0641/2. Email: [pdc@inmoprofessional.ie](mailto:pdc@inmoprofessional.ie)

Registration for most courses will take place at 9.45am unless otherwise stated.

All programmes have Category 1 approval from the Nursing and Midwifery Board of Ireland (NMBI) with Continuing Education Units (CEUs).

Courses are colour coded for ease of reference.



CEUs = Continuing Education Units

Check out our New Courses at the Professional Development Centre!  
 For more information log onto [inmoprofessional.ie](http://inmoprofessional.ie)

Date	Programme	Fee	(CEUs)
June 11, 2015	<b>Assessment and Care Planning in Residential Care Settings for Older People</b>	€80 members; €140 non-members	6
This workshop is aimed at providing nurses working in this sector with the most up-to-date information regarding policy and standards in older person care and will focus on the need for comprehensive assessment, including risk assessment and care planning for older people in residential care settings.			
June 12, 2015	<b>Healthcare Provider CPR and AED</b>	€125 members; €195 non-members <i>(including cost of book)</i>	6
This Healthcare Provider Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillation (AED) course provides the information, rationale and practical skills training for the 2010 CPR and ECC guidelines. Nurses and midwives are required to adhere to the two-year certification period for both basic and advanced life support, as recommended by International Liaison Committee on Resuscitation as the best practice standard. Limited to six participants per instructor. A fee of €50 will be charged if you wish to cancel your booking 10 days before the course begins. Time: 9.15am-4.00pm			
June 15, 2015	<b>Practical Skills in the Management of People with Diabetes</b>	€80 members; €140 non-members	5
This course aims to provide nurses/midwives with understanding, knowledge and confidence when delivering care to individuals with diabetes. This course offers a practical approach to diabetes, whether based in the hospital or community setting. Many theoretical aspects of diabetes are covered such as: the different types of diabetes, national and international guidelines, how to offer lifestyle advice to patients, treatment options, and understanding blood results, as well as dealing with complications in diabetes.			
June 16, 2015	<b>Leg Ulcer Study Day</b>	€80 members; €140 non-members	5
This study day provides participants with information to best inform their practice in accordance with patients' needs. Participants will learn to distinguish between the different causes of ulceration and associated pathophysiology and relate to epidemiology, risk factors and assessment.			
June 17, 2015	<b>Competency-based Interview Training</b>	€80 members; €140 non-members	6
This one-day course helps participants prepare for a competency-based interview. Competency-based interviews, which are based on the premise that past experience can predict future behaviour, are an increasingly common style of interviewing that enables candidates to show how they would demonstrate certain behaviours/skills in the workplace, by answering questions about how they have reacted to, and dealt with, previous workplace situations. This course is suitable for all levels of nurses/midwives.			
June 17, 2015	<b>Nursing the Cardiac Patient</b>	€80 members; €140 non-members	6
This study day provides a forum to update nurses on national and international trends in the holistic management of patients with cardiac disease. A particular focus on the day is to ensure that presentations are based on current evidence-based practices within the field of cardiology. The day is designed to examine new developments in cardiac nursing, particularly in the area of medications and chronic heart failure. This reflects the diversity of, and challenge in, providing quality care which is individualised to cardiac patients. 9.15am-4.15pm.			
June 18, 2015	<b>ECG Interpretation</b>	€80 members; €140 non-members	6
This one-day workshop is aimed at enhancing the general nurse's knowledge of cardiac electrophysiology. It will provide participants with knowledge of cardiac rhythms, rhythm analysis and ECG interpretation. It is advisable to complete the 'Nursing the Cardiac Patient' course prior to registering for this course. 9.15am-4.15pm.			





Date	Programme	Fee	(CEUs)
June 23, 2015	<b>Wound Care Management</b>	€80 members; €140 non-members	5
<p>This programme will allow participants to ensure professional competency in the area of wounds as per NMBI's Code of Professional Conduct and Scope of Practice for Nursing and Midwifery, which state that nurses/midwives must work within their competence. Furthermore, it will provide participants with continuing professional development to ensure that their practice is founded in the latest research and guidance as per the Health Service Executive National Best Practice and Evidence-based Guidelines for Wound Management.</p>			
June 24, 2015	<b>Assessment and Management of the Patient with Respiratory Conditions</b>	€80 members; €140 non-members	4.5
<p>The study day is designed to provide nurses from the hospital setting with the knowledge to manage patients with respiratory conditions. Nursing services are now delivered in an environment involving greater complexity and increasing levels of technology. Nurses may have to intervene promptly in response to sudden changes in a patient's respiratory status. This course will provide the skills and knowledge required to carry out respiratory assessment and recognise compromised respiratory function.</p>			
June 25, 2015	<b>Delegation and Clinical Supervision</b>	€80 members; €140 non-members	5
<p>This workshop explores the issues surrounding delegation and decision making, including appropriate clinical supervision for delegated functions. Participants will learn what is meant by delegation and how it differs from assignment of a task. The course also provides an understanding of the professional, legal and quality of care issues involved when deciding to delegate a function to a healthcare assistant.</p>			
June 29, 2015	<b>Phlebotomy</b>	€80 members; €140 non-members	3.5
<p>This course provides the nurse with the skill, theory and practise of phlebotomy. The course will begin by discussing accountability in undertaking phlebotomy. It will cover topics such as sites used for phlebotomy, criteria for evaluating a vein, principles of an aseptic technique as well as complications that may arise during and after the procedure. Guidance will be given on how to reassure the individual in relation to the procedure and on gaining their consent. The ultimate aim of the course is to advise nurses on how to carry out phlebotomy in a competent and safe manner. This course will provide the necessary knowledge and skills to undertake phlebotomy; however, it will be necessary for each nurse attending to ensure that they abide by their local policy on phlebotomy in their place of work.</p>			
June 30, 2015	<b>Management Skills for Clinical Managers and Staff Nurses</b>	€80 members; €140 non-members	5
<p>This course is focused on the key competencies required for ward managers to be effective in their roles as leaders and managers in healthcare delivery. Clinical managers perform both managerial and leadership functions in order to provide effective healthcare delivery to patients. For this reason, this workshop explores both management and leadership functions and how these are applied in practice so as to promote quality and safety of care. It also highlights the importance of the role of ward manager in leading a team and its role in both national and international initiatives aimed at improving care.</p>			
June 30, 2015	<b>Assessment and Management of the Patient with Sepsis</b>	€80 members; €140 non-members	5
<p>This study day is designed to provide an innovative academic opportunity to increase the knowledge, experience and clinical skills needed to meet the complex and varied needs of patients with sepsis. Sepsis can occur at any age and in any clinical situation. It is considered a medical emergency and continues to have a high mortality rate despite advances in treatment. This course assists nurses/midwives with the skills and knowledge to take the lead in the assessment and management of sepsis.</p>			
July 1, 2015	<b>Preparing for Dementia Thematic Inspections: A Practical Approach</b>	€80 members; €140 non-members	6
<p>This one day programme is designed to prepare participants to implement practices in order to adhere to regulations and standards within person centred dementia care thematic inspection criteria. It will outline national standards and regulations and thematic expected outcomes and how they can be applied to person centred assessment, care planning and evaluation.</p>			
July 2, 2015	<b>Caring for Patients with Renal Impairment</b>	€80 members; €140 non-members	7
<p>This study day focuses on developing nurses' competency in the assessment and management of patients presenting with impaired renal function. Common causes of acute kidney injury and chronic renal failure are sepsis, diabetes and hypertension which are extremely prevalent in the acute hospital, older person and community patient populations. This study day will both inform and equip nurses to more comprehensively assess and care for patients with renal dysfunction. 9.30am-4.45pm.</p>			
July 7, 2015	<b>Principles and Practices of Infection Control</b>	€80 members; €140 non-members	5
<p>This study day has been developed in response to the many challenges nurses/midwives face regarding infection control. It is suitable for nurses/midwives working in acute care and community care settings.</p>			
July 8, 2015	<b>Dementia Thematic Inspections: Person Centred Care Planning</b>	€80 members; €140 non-members	5.5
<p>This one day programme is designed to prepare nurses to implement effective care planning for a resident who is diagnosed with dementia or cognitive impairment in line with regulations, standards and Health Information and Quality Authority thematic inspection criteria. The focus of the course is to provide practical strategies for individualised care planning across all activities of living.</p>			

Date	Programme	Fee	(CEUs)
July 9, 2015	<b>Caring for a Person with Parkinson's</b>	€80 members; €140 non-members	4
<p>This one day interactive course is designed to deliver up-to-date information while outlining care practices to all nursing staff with an interest in the management of a patient with Parkinson's. It covers process of diagnosis, clinical features, holistic care approaches, medication therapy, assessment, care planning and evaluation across all activities of daily living. The course outlines the role of the nurse and the interdisciplinary health care team in assessment, planning, implementing and evaluating care with the patient and their carer/family.</p>			
July 15, 2015	<b>Introduction to Palliative Care</b>	€80 members; €140 non-members	4
<p>This one-day course will introduce participants to the basic concepts of palliative care – caring for people suffering from a terminal illness as well their families. It will focus on physical, psychosocial and philosophical aspects of palliative care. Specifically, the ethos of palliative care, symptom control and psychological care will be examined..</p>			
July 20, 2015	<b>Best Practice in Medication Management</b>	€80 members; €140 non-members	5
<p>This programme has been developed to support nurses in providing safe evidenced-based practice in the area of medication management. It supports nurses/midwives by ensuring that they are up to date and meet the requirements of the Nursing and Midwifery Board of Ireland (NMBI) and HIQA in the area of medication management.</p>			
July 22, 2015	<b>Peripheral Intravenous Cannulation</b>	€80 members; €140 non-members	4
<p>The aim of this course is to provide guidance to the registered nurse/midwife in the skill of intravenous peripheral cannulation. Instruction will be provided on the sites used. Advice will be given on identifying criteria for evaluating a vein, as well as guidance on adhering to the principles of an aseptic technique. The course will also provide information on techniques for reassuring the individual in relation to the procedure and in gaining their consent. The overall aim is for participants to be able to carry out the procedure in a competent and safe manner. This course will provide you with the necessary knowledge and skills to undertake peripheral intravenous cannulation. However, it will be necessary for each nurse attending to ensure that they abide by their local policy on peripheral intravenous cannulation in their place of work. Time: 9.15am-2.00pm</p>			
Aug 31, 2015	<b>Nursing the Cardiac Patient</b>	€80 members; €140 non-members	6
<p>This study day provides a forum to update nurses on national and international trends in the holistic management of patients with cardiac disease. A particular focus on the day is to ensure that presentations are based on current evidence-based practices within the field of cardiology. The day is designed to examine new developments in cardiac nursing, particularly in the area of medications and chronic heart failure. This reflects the diversity of, and challenge in, providing quality care which is individualised to cardiac patients. 9.15am-4.15pm.</p>			
Sept 1, 2015	<b>ECG Interpretation</b>	€80 members; €140 non-members	6
<p>This one-day workshop is aimed at enhancing the general nurse's knowledge of cardiac electrophysiology. It will provide participants with knowledge of cardiac rhythms, rhythm analysis and ECG interpretation. It is advisable to complete the 'Nursing the Cardiac Patient' course prior to registering for this course. 9.15am-4.15pm.</p>			
Sept 2, 2015	<b>Practical Skills in the Management of People with Diabetes</b>	€80 members; €140 non-members	5
<p>This course aims to provide nurses/midwives with understanding, knowledge and confidence when delivering care to individuals with diabetes. This course offers a practical approach to diabetes, whether based in the hospital or community setting. Many theoretical aspects of diabetes are covered such as: the different types of diabetes, national and international guidelines, how to offer lifestyle advice to patients, treatment options, and understanding blood results, as well as dealing with complications in diabetes.</p>			
Sept 3, 2015	<b>Assessment and Care Planning in Residential Care Settings for Older People</b>	€80 members; €140 non-members	6
<p>This workshop is aimed at providing nurses working in this sector with the most up-to-date information regarding policy and standards in older person care and will focus on the need for comprehensive assessment, including risk assessment and care planning for older people in residential care settings.</p>			
Sept 3/4, 2015	<b>Management in Practice</b>	€150 members; €280 non-members	13
<p>Stimulate your thinking and be guided through a review and assessment of how you put your managerial skills into practice. People and processes focused on understanding the changing role of management, as well as coaching, motivating and developing yourself and others. This is an intense, comprehensive and participative workshop developed to ensure improved effectiveness in managing. Time 9.15am-4.00pm</p>			
Sept 9, 2015	<b>Caring for a Patient with Epilepsy</b>	€80 members; €140 non-members	5
<p>This one day interactive course is designed to deliver up-to-date information while outlining care practices to all nursing staff with an interest in the management of a client/patient with Epilepsy. This programme content includes process of diagnosis, assessment and treatment relating to a client whom is diagnosed with epilepsy. In addition this course outlines and reviews a range of topics covering epilepsy syndromes, seizures in adults, anti-epileptic drugs, comorbidities, treatment options, epilepsy immediate management, the role of the nurse and the healthcare team in assessment, planning, implementing and evaluating care with the client in healthcare settings.</p>			
Sept 9, 2015	<b>Retirement Planning Seminar</b>	€10 members; €45 non-members	None
<p>We have designed this seminar to ensure you are fully prepared for a secure retirement. The topics being covered on the day are superannuation, options for increasing your retirement benefits, planning your finances, taxation and budgeting. Time: 9.45am-2.30pm</p>			



# EDUCATION PROGRAMMES COMING TO THE CORK OFFICE, Sheraton House, Hartlands Avenue, Glasheen, Co Cork

Date	Programme	Fee	(CEUs)
June 18, 2015	<b>Understanding Obesity and Weight Management</b>	€80 members; €140 non-members	5
<p>This one-day workshop aims to provide a comprehensive understanding of the causes of obesity and knowledge of the physiological principles involved in the onset of obesity and associated illnesses. Lifestyle treatment options such as dietary, exercise and behavioural interventions will be covered in depth on the day, as well as non-pharmacological, pharmacological and surgical interventions.</p>			
June 24, 2015	<b>Best Practice in Medication Management</b>	€80 members; €140 non-members	5
<p>This programme has been developed to support nurses in providing safe evidenced-based practice in the area of medication management. It supports nurses/midwives by ensuring that they are up to date and meet the requirements of the Nursing and Midwifery Board of Ireland (NMBI) and HIQA in the area of medication management.</p>			
Sept 10, 2015	<b>Preventing and Responding to Responsive Behaviours in the Older Person</b>	€80 members; €140 non-members	6
<p>This course outlines a person-centred approach to preventing and responding appropriately to responsive behaviours in elderly residents. The course includes advice on how to conduct assessment and care planning for residents with responsive behaviours.</p>			
Sept 14, 2015	<b>Preparing for Dementia Thematic Inspections: A Practical Approach</b>	€80 members; €140 non-members	6
<p>This one day programme is designed to prepare participants to implement practices in order to adhere to regulations and standards within person centred dementia care thematic inspection criteria. It will outline national standards and regulations and thematic expected outcomes and how they can be applied to person centred assessment, care planning and evaluation.</p>			
Oct 21, 2015	<b>Best Practice in Medication Management</b>	€80 members; €140 non-members	5
<p>This programme has been developed to support nurses in providing safe evidenced-based practice in the area of medication management. It supports nurses/midwives by ensuring that they are up to date and meet the requirements of the Nursing and Midwifery Board of Ireland (NMBI) and HIQA in the area of medication management.</p>			

## Applying for PDC Courses



**inmoprofessional.ie**

**Log on to our website and get a 10% discount when you  
book a course online  
(Offer ends June 30, 2015)**

If you forgot your User Name / Password – Tel: 01 664 0641/2 or email: [pdc@inmoprofessional.ie](mailto:pdc@inmoprofessional.ie)



## EDUCATION PROGRAMMES COMING TO THE LIMERICK OFFICE, Unit 4B, Courtfields, Raheen, Limerick

Date	Programme	Fee	(CEUs)
July 21, 2015	Wound Care Management	€80 members; €140 non-members	5
This programme will allow participants to ensure professional competency in the area of wounds as per NMBI's Code of Professional Conduct and Scope of Practice for Nursing and Midwifery, which state that nurses/midwives must work within their competence. Furthermore, it will provide participants with continuing professional development to ensure that their practice is founded in the latest research and guidance as per the Health Service Executive National Best Practice and Evidence-based Guidelines for Wound Management.			
Sept 1, 2015	Best Practice in Medication Management	€80 members; €140 non-members	5
This programme has been developed to support nurses in providing safe evidenced-based practice in the area of medication management. It supports nurses/midwives by ensuring that they are up to date and meet the requirements of the Nursing and Midwifery Board of Ireland (NMBI) and HIQA in the area of medication management.			
Sept 29, 2015	Assessment and Care Planning in Residential Care Settings for Older People	€80 members; €140 non-members	6
This workshop is aimed at providing nurses working in this sector with the most up-to-date information regarding policy and standards in older person care and will focus on the need for comprehensive assessment, including risk assessment and care planning for older people in residential care settings.			

# inmoprofessional.ie

There is a 10% discount when you book a course online (Offer ends June 30, 2015). If you forgot your User Name / Password – Tel: 01 664 0641/2 or email: [pdc@inmoprofessional.ie](mailto:pdc@inmoprofessional.ie)

All programmes have Category 1 approval from the Nursing and Midwifery Board of Ireland (NMBI) with Continuing Education Units (CEUs)

## INMO SAFE PRACTICE WORKSHOPS

The Professional Development Centre is providing a nationwide series of workshops in venues across the country. This programme provides safe practice tools to protect the nurse and midwife and patient within current healthcare settings. This is an awareness session to ensure all staff have an understanding of the process involved regarding patient alerts, clinical incidents and thorough assessment, while remaining focused on patient and individual staff. The programme addresses patient safety and staff safety and provides five key tools on areas of documentation, clinical incident reporting, safety statements, best practice guidelines regarding assessment, and communication practices in a complex multifaceted healthcare arena. 'Tools for Safe Practice' is Category 1 approved by the Nursing and Midwifery Board of Ireland and awarded with 4 CEUs.

### Dates and venues for safe practice workshops:

June 8 – Beaumont Hospital; June 23 – Clonmel; July 2 – Midland Regional Hospital, Mullingar; July 29 – Kerry Regional Hospital; Sept 30 – Rotunda Hospital

More dates and venues are available on our website [inmoprofessional.ie](http://inmoprofessional.ie)

If you would like to arrange this workshop in your area and can guarantee a minimum of 25 participants, please contact your IRO.

Log on to [inmoprofessional.ie](http://inmoprofessional.ie) to book your place

Fee: INMO members FREE; €150 non-members

**TOOLS FOR  
SAFE PRACTICE**



## STANDARDS FOR SAFEGUARDING VULNERABLE SERVICE USERS



HIQA continues to work to promote safety and quality in the provision of healthcare and social services, writes assistant librarian **Aileen Rohan**

Promoting safety and quality in the provision of health and personal social services for the benefit of the health and welfare of the public is the primary objective of the Health Information and Quality Authority (HIQA). Along with this, and in line with government policy in regulatory reform, is the protection and safeguarding of vulnerable service users in receipt of these services such as older people, adults and children with a disability and children in the care of the state.

Phelim Quinn, CEO of HIQA, spoke at the recent INMO Annual Delegate Conference discussing the range of functions that HIQA is involved in generally, and more specifically he spoke about their current programme.

The focus of HIQA for 2015 includes expanding the scope of the hospital hygiene inspections to include a focus on how hospitals use antibiotics to fight infections, a system called antimicrobial stewardship. Later in the year, HIQA will begin focused inspections on malnutrition and dehydration in patients in acute hospitals. They are working on three further Health Technology Assessments including chronic disease self management, selective versus universal BCG vaccination and smoking cessation interventions.

The documents are outlined below can be located by logging on to **inmoprofessional.ie/library** or by signing directly in to the Nurse2Nurse website (**www.nurse2nurse.ie**).

### Recently published HIQA documents

- Report of the investigation into the safety, quality and standards of services provided by the Health Service Executive to patients in the Midland Regional Hospital, Portlaoise
- Data model for an electronic medicinal product reference catalogue – a national standard
- ePrescription dataset and clinical document architecture standard
- Health technology assessment of the use of information technology for early warning and clinical handover systems
- Assessment Framework for Designated Centres for Persons (Children and Adults) with Disabilities
- Judgment Framework for Designated Centres for Persons (Children and Adults) with Disabilities

### Dementia Thematic Inspection Programme

- Guidance on Dementia Care for Designated Centres for Older People
- Assessment Framework for Dementia Care: Designated Centres for Older People

- Judgment Framework for Dementia Care at Designated Centres for Older People
- Provider Self-Assessment Tool on Dementia Care
- Provider Quality Improvement Questionnaire for Dementia Care

### Other relevant literature

- O'Farrell L, Byrne M, Moore L. National standards: improving patient rights and safety of health services. *Clinical Governance: An International Journal* 2014; 19(3): 194-206.
- Cahill S. Developing a National Dementia Standard. *International Journal of Geriatric Psychiatry* 2010; 25 (3): 912-916.
- Donlon S, et al. A national survey of infection control and antimicrobial stewardship structures in Irish long-term care facilities. *American Journal of Infection Control* 2013; 41(6): 554-7.
- Ladenheim D, et al. Antimicrobial stewardship: the role of the nurse. *Nursing Standard* 2013; 28(6): 46-9.
- Ruxton C. Promoting and maintaining healthy hydration in patients. *Nursing Standard* 2012; 26(31): 50-56.
- Jefferies D, Johnson M, Ravens J. Nurturing and nourishing: the nurses' role in nutritional care. *Journal of Clinical Nursing* 2011; 20(3/4): 317-30.

### How the INMO Professional Development Centre Library can help

- Contact us for further assistance:
- Log in details for **www.nurse2nurse.ie**
- Search advice/copy of Cinahl guide
- To book an appointment for a one to one training session on how to effectively search databases
- Literature searching service (€6 fee for this service).

For further information or assistance from the Professional Development Centre Library, please call: 01 664 0614 by email: [library@inmo.ie](mailto:library@inmo.ie), or on the web at: **inmoprofessional.ie/Library**. Opening hours are: Monday to Thursday: 8.30am-5.00pm, Friday: 8.30am-4.30pm.

### Professional Development Centre courses

Don't forget there are a number of workshops run through the INMO's Professional Development Centre, including *Preparing for Dementia Thematic Inspections: A Practical Approach* the upcoming July 1, 2015 and *Dementia Thematic Inspections: Person Centred Care Planning* on July 8, 2015.

A complete suite of educational programmes is available in the new Professional Development Directory and updated Education Programmes calendar which can be found at **inmoprofessional.ie**

*Aileen Rohan is assistant librarian at the Irish Nurses and Midwives Organisation*

Get **10%** off when booking your PDC educational programme by booking online at **inmoprofessional.ie**

**Offer ends June 30, 2015**

# Update your membership details

Contact the INMO Membership Department, Tel 01 664 0600

IT IS so important that the INMO membership department has your up-to-date contact and place of employment details, on record.

If you have moved employment over recent months and inadvertently overlooked advising the INMO, please ensure that you contact the membership department immediately, to update your details .

You may be aware that a colleague of yours has been on maternity leave/ sick leave/carers leave/career break and forgot to advise the INMO membership department that they were back in full time employment. Here again, it is most important that they re-activate their INMO membership and update their personal details. In most cases your colleague may not realise that their membership may have lapsed and this could have implications if they require INMO assistance.

You may also be aware of a colleague who has retired (or is going to retire) and omitted to advise the INMO membership department. The Organisation has a very active Retired Section and your retiring colleague may wish to join same. Please



Mary Cradden, INMO membership officer, encouraging delegates to update their membership details at the INMO ADC in Meath

let your colleague know that they should contact the INMO membership officers, who will amend their details on the INMO system and activate their membership of the Retired Members' Section.

If you would like a supply of 'Update your Membership' forms to be forwarded to your work location, please contact the undersigned and we will send them out immediately. In addition, the member-

ship department can send you a supply of INMO Membership Application forms – again please contact the Membership Office and we will forward a supply for your work location. As always, we greatly value your membership, as together we are stronger, in these challenging times.

– **Mary Cradden and Michaela Gonzales,**  
**INMO Membership Department,**  
**Email: [mary.cradden@inmo.ie](mailto:mary.cradden@inmo.ie)**



# Spotlight on Care of the Older Person Section

The past two years has seen a great resurgence in the Care of the Older Person Section. The section officers work in a variety of settings across Ireland and this aids us in meeting the complex needs of nurses working within this sector. Much of the section's focus is on education and better empowering and enabling nurses who work with older people in public, private and voluntary organisations. The inclusion of thematic inspections by HIQA, advanced care directives and dementia care are very topical issues at the moment.

Our annual conference is planned using the feedback of those who attended the previous year, so we can be sure it is meeting the needs of the nurses within the section. Throughout the year we incorporate educational workshops with our section meetings to encourage greater participation. We would encourage any nurses working in a care of the older person setting to affiliate to our section. There are currently 4,125 members in the section.

## Section Officers

Chairperson



*Eileen O'Keeffe*  
eileenok\_belarus@  
hotmail.com

Secretary



*Margo Lydon*  
mclydon@eircom.net

Vice chairperson



*Caroline Gourley*  
caroline.gourley@hse.ie

Education officer



*Noreen Watts*  
noreenwatts1958@  
hotmail.com

## Affiliation Form for INMO Section Membership

Name: \_\_\_\_\_

INMO membership No: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel (work): \_\_\_\_\_

Tel (home/mobile): \_\_\_\_\_

Email: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Job title: \_\_\_\_\_

Second section option (to obtain information only):

\_\_\_\_\_

**Forward completed form to:**

Mary Cradden, membership services officer,  
INMO, Whitworth Building, North Brunswick St, Dublin 7

### Tick ONE relevant Section you wish to affiliate with

- |   |   |
|---|---|
| <input type="checkbox"/> Assistant Directors of Nursing/<br>Public Health Nursing/<br>Night Superintendents | <input type="checkbox"/> National Children's Nurses                     |
| <input type="checkbox"/> Care of the Older Person   | <input type="checkbox"/> National Rehabilitation Nurses                 |
| <input type="checkbox"/> Clinical Placement<br>Co-ordinators  | <input type="checkbox"/> Nurse/Midwife Education                        |
| <input type="checkbox"/> CNM/CMM  | <input type="checkbox"/> Occupational Health                            |
| <input type="checkbox"/> CNS/CMS  | <input type="checkbox"/> Operating Department                           |
| <input type="checkbox"/> Community RGN Nurses   | <input type="checkbox"/> Orthopaedic                                    |
| <input type="checkbox"/> Directors of Nursing/<br>Public Health Nursing                                     | <input type="checkbox"/> PHN  |
| <input type="checkbox"/> Emergency Nurses   | <input type="checkbox"/> Retired Nurses                                 |
| <input type="checkbox"/> GP Practice Nurses   | <input type="checkbox"/> RNID   |
| <input type="checkbox"/> International Nurses   | <input type="checkbox"/> School Nurses                                  |
| <input type="checkbox"/> Interventional Radiology<br>Nurses   | <input type="checkbox"/> Student Allocation Liaison<br>Officers Network |
| <input type="checkbox"/> Midwives   | <input type="checkbox"/> Student Nurses                                 |
|   | <input type="checkbox"/> Telephone Triage Nurses                        |
|   | <input type="checkbox"/> Third Level Student Health<br>Nurses           |

# Care of Older Person conference

Robust presentations and thought provoking topics addressed

ANOTHER successful conference was held by the national Care of the Older Person Section in The Sheraton Hotel in Athlone.

The conference was attended by 170 nurses from the across the public, private and voluntary sectors.

The Athlone venue was chosen in order to best facilitate nurses travelling from all over Ireland.

As officers of the national Care of the Older Person Section we were energised and empowered by the enthusiasm of colleagues who attended the 2014 conference.

The programme for this year's conference was as a result of suggestions we received in feedback from last year's conference.

Robust presentations and thought provoking topics such as sexuality in older people,

responsive behaviours, the legal perspective of advanced care planning, fitness to practise and the challenges of the daycare setting were addressed.

The day was lively and interactive with numerous day-to-day scenarios discussed.

Feedback from those who attended has been invaluable and we are currently planning next year's conference with reference to the suggestions received.

We would like to thank the companies who supported the conference by taking trade stands. In particular we would like to thank Mundi Pharmaceuticals, which also sponsored educational seminars on chronic pain management in older people.

**Eileen O'Keeffe,**  
Section chairperson



Pictured (l-r) at the Care of the Older Person conference were: Carmel McLoughlin; Anna Dembna; Teresa Diviney; and Vier Hreskova, who were all from Coral Haven Nursing Home, Galway



Pictured (l-r) at the Care of the Older Person conference were: Claire Mahon, INMO president and Joshua Odemefun

## Retired Nurses and Midwives Section goes west

THIS year the April trip of the Retired Nurses and Midwives Section was to Sligo, the 'land of heart's desire'.

Brendan, our driver from McGinleys of Donegal, ensured that we had an action-packed experience, taking in many amazing sights and experiences.

On the first day, we were very lucky to have Lissadell House, former home of the Gore Booths, opened especially for us and we were guided around its many artefacts and treasures as well as the gardens.

'Great windows open to the south' – It was a short walk from there to view the majestic Glencar Waterfall. Following this we went on to Rosses Point for lunch. After lunch we went for a bracing walk that took in

the Metal Man Lighthouse and the 'Waiting on Shore' monument to those lost at sea.

The end of the day saw most of us up on our feet, dancing the night away!

The following day we crossed the border to Co Fermanagh to explore the Global Geo Park. The more adventurous among us – who were many – took the trip underground to view the Marble Arch Caves, including a boat trip through huge caverns along a subterranean river.

On the way home we stopped off to visit the Belleek Pottery Centre, finishing the day with dinner at our hotel The Glass House in Sligo, overlooking the Garavogue River on its way to join the Atlantic.

The following day was yet another fantastic sunny day



Go west: Members of the Retired Nurses and Midwives Section who recently made the trip to the west of Ireland

for our drive to Donegal to catch the waterbus for a cruise around the islands and seal colony of Donegal Bay.

Then it was back to Stranhill for seaweed baths and walks by the sea.

Finally, before our drive back to Dublin on the last day of the trip, we visited WB Yeats' grave at Drumcliff situated under

bare Ben Bulbin's head.

*The Cloths of Heaven*  
by William Butler Yeats

*I would spread the cloths under your feet,*

*But I, being poor, have only my dreams,*

*I have spread my dreams under your feet,*

*Tread softly because you tread on my dreams.*



## Bulletin Board

With INMO director of industrial relations Phil Ní Sheaghda



### Query from member

I have recently seen a lot of information in respect of presenteeism. This is a term that I am not familiar with, can you please explain what it refers to?

### Reply

Thank you for your query. Presenteeism describes a situation where an employee attends work although they are unwell. Many studies have been done into this phenomenon, particularly in relation to the effects

of presenteeism in the workplace in a healthcare environment.

The INMO has recently undertaken a survey of its members in respect of the incidences of presenteeism. Not surprisingly, our study shows that many nurses and midwives, over 80%, indicated that they have attended work while unwell in the past 12 months. Full details of our survey will be carried in next month's *WIN*. We also have related articles which were relied upon for comparison purposes by the researchers from Dublin City University. We have no difficulty in providing you with all of this background information should you require further details on this subject. Thank you for your interest in this topic.

### Query from member

I was recently refused compassionate leave, on the grounds that I was on annual leave when I suffered a bereavement. Is this correct? My uncle died and I sought the compassionate leave to attend his funeral when I returned to work. Can you please advise in respect of entitlements to compassionate leave?

### Reply

Condolences on the loss of your uncle. I set out below the normal arrangements for compassionate leave. I take it that you are working in the public service as what I am setting out is the agreement for the public service. There are slight variances in some locations which go beyond the standard rules, however, you would have to give further details in order for us to advise in respect of this matter. Please contact us if you have any further questions in respect of your entitlements. Thank you for your query.

- The provisions regarding special leave with pay which may be granted to an employee in the event of the death

of a relative are up to a limit of:

- (a) Five working days in the case of a spouse (including a cohabiting partner), child (including adopted children and children being cared for on the basis of 'in loco parentis' or any person in a relationship of domestic dependency, including same sex partners
- (b) Three working days in the case of other immediate relatives as follows: father, mother, brother, sister, father-in-law, mother-in-law

- In exceptional circumstances, eg. where the employee concerned has lived in the same house as the deceased or has to take charge of funeral arrangements, an employee may be granted up to three working days' special leave on the death of a more distant relative
- In a case where an employee has to travel abroad to make funeral arrangements in respect of a relative specified in paragraph 1, special leave with pay in excess of the limits prescribed above may be granted at the discretion of the employer
- Compassionate leave is granted only at the time of the bereavement to facilitate the employee with time off from work and cannot be granted retrospectively where it occurs during days when an employee is not normally scheduled to work.



# Quality & Safety

A column by  
Maureen Flynn



## Staff guide to patient and public participation

THIS month we focus on one of the National Standards for Safer Better Healthcare, HIQA (2012) *Person-centred Care and Support*. On April 17, 2015 Liam Woods, HSE national director of acute hospitals, launched a staff guide to patient and public participation entitled *Doing it with us, not for us: Strategic Direction 2015-2017* for Cork University Hospital Group.

### What is patient and public partnership?

Improving the hospital experience for patients and loved ones is at the heart of everything we do as individuals and collectives working in the health services. However, on occasions, it can be difficult to provide tangible evidence that we are striving to improve the individual experience for each patient. There is an internationally recognised cultural shift in working with patients and the public, a shift from a culture of 'doing to and for patients' to a culture of 'doing with patients'. Embracing this culture requires a deliberate and focussed effort by leaders, managers and individual staff.

### Purpose of the guide

This guide was developed by the hospital group as a quality improvement plan when undertaking their self-assessment against the Standards and is informed by the Standards, by the report *Building a Culture of Patient Safety* (2008) and examples of international best practice in developing a model for staff, patient and public engagement and participation. At the heart of the staff guide is an explicit commitment by the hospital group in their statement of intent to improve Individual patient's care and experience, service planning and the care and treatment offered to the wider community.

Strengthening partnerships with patients and their families is paramount and will entail a paradigm shift in healthcare from a culture which traditionally is paternalistic to one which fully embraces patients as partners in their own care and views them as co-creators of healthcare



services. The guide sets out an integrated strategic direction through stated strategic objectives and implementation tasks to be achieved across the five levels of the hospital group (see figure above).

At each level staff and managers are supported to achieve the strategic objective and the implementation tasks through an explicit request to complete an action plan for the next 12 months where all objectives link to national and local resources for staff to access in developing their plans.

### Implementation

The guide contains practical action plan templates designed to support implementation which are clear, accessible to all, describe the role of each member of staff and above all are achievable. Leaders at every level of the group will be asked to demonstrate how their commitment to and implementation of partnership is evidenced in both culture and practice within their service.

### Opportunity for nurses and midwives to get involved

At your next ward or team meeting you might talk about how you partner with

patients and their families in planning, monitoring and evaluating their individual care. Reflect on how you gather feedback from patients. Consider adapting the template in the guide developed for Cork University Hospitals for your own area.

Talk to your managers and/or quality and safety team on how they can help you to strengthen patient partnership in your area.

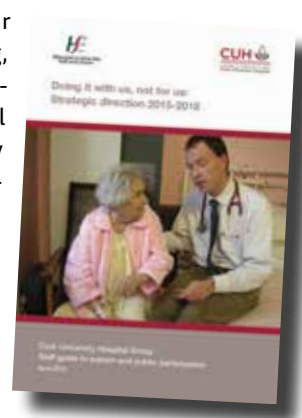
### To learn more

To learn more contact Celia Cronin at [celia.cronin@hse.ie](mailto:celia.cronin@hse.ie)

*Maureen Flynn is the director of nursing and midwifery and priority lead supporting staff to improve quality*

### Acknowledgement

A special thanks to Celia Cronin, Clinical Governance Manager, Cork University Hospital and June Bolger, National Lead Patient and Public Partnership in Healthcare, Acute Hospital Division HSE (authors of the guidance document) for so willingly sharing information and their assistance in preparing this column.



# Safe midwifery staffing

## Deirdre Munro discusses new NICE guidelines on midwifery staffing

FOLLOWING the midwifery staffing survey by INMO last year that reported inappropriate midwife-to-birth ratios in Irish maternity settings, I attended the launch of the National Institute for Health and Care Excellence (NICE) safe midwifery staffing in maternity settings guidance March 2015. Here is a brief overview of the new guidelines.

NICE launched the new guidelines to support safe staffing in the NHS. They offer advice on how to make the right decisions about midwifery staffing levels for women and their babies and are applicable in an Irish setting.

The guidelines and supporting information are important and assist day-to-day decisions about how many midwives are needed so that women are reassured they receive the necessary support and care. This is a significant first step to progress safe midwifery care, advancing knowledge and research.

### Responsibility

Senior managers' responsibilities are outlined, as well as actions organisations should consider as part of their midwifery staff planning. This guideline includes how registered midwives on a shift should monitor whether there is sufficient staff to provide safe care for the needs of women and babies.

The guidelines instruct hospital boards and senior management to ensure there are enough midwives employed to provide safe care, regardless of the time of day or the day of the week with a clear focus on the needs of each woman and baby.

Step-by-step guidance is offered for organisations to calculate the number of midwives required, including local records, to help predict requirements and any potential variations in demand. Hospital boards are accountable for the final staffing decisions, but the guideline recommends how management should best work alongside senior midwives when making staffing decisions.

Prof Gillian Leng reported that 'the working committee recognised that giv-

ing birth can be associated with serious safety issues and in order to ensure that a woman has a safe experience of giving birth, recommend that women in established labour should receive supportive one-to-one care'. Midwifery values include recognising birth as a normal physiological process<sup>1</sup> and women benefit from continuous one-to-one support as identified by a systematic review of research.<sup>2</sup>

NICE offers a systematic process to decide how many midwives need to be employed while allowing for flexibility to respond to fluctuating demand. The recommendations assist service planning to assure provision of safe midwifery care and respond to changing demands accordingly.

The guidelines include recommendations for appropriate escalation plans as a safety net to respond to unexpected changes in demand. These include sourcing extra staff, redistributing midwives' workload to other competent staff or rescheduling non-urgent work. However, it must be stressed that any action taken must not be detrimental to other areas and closing services should only be contemplated as a last resort.

They also recommend that senior midwives regularly monitor positive and negative occurrences. Consistent monitoring provides information on whether staffing is adequate or inadequate. Routine data collected for monitoring includes; staff missing breaks, overtime, mothers needing help breastfeeding.

The guidance highlights warning signs or red flags for patients and hospital staff to identify when there may be too few midwives on duty. These 'midwifery red flag events' may include a woman having to wait more than an hour for stitches or to be washed after giving birth or delays with medication administration. Red flag events should be reported to the midwife in charge to determine whether any action is needed.

### Resources

Implementation of the guidelines impacts resources and NICE has also pro-

duced a separate report reviewing the potential impact. Precise estimates of the cost of the guideline nationally are very difficult to produce because it is difficult to estimate the current cost of midwifery staffing countrywide.

Further details are available on the NICE website: [www.nice.org.uk/guidance/ng4](http://www.nice.org.uk/guidance/ng4)

Tools and resources can be accessed at: [www.nice.org.uk/guidance/ng4/resources](http://www.nice.org.uk/guidance/ng4/resources)

*The Lancet* Midwifery Series 2014, identified midwifery is vital to all women and newborns in all countries. Midwifery is associated with an efficient use of resources and improved outcomes when provided by educated, trained, licenced and regulated professionals.

Midwives are only effective when integrated into the health system and a referral mechanism with sufficient resources and effective teamwork (Renfrew et al 2014, *Lancet Midwifery Series Summary* 2014).

The Royal College of Midwives (RCM) welcomes the report as it highlights the vital importance of ensuring adequate staffing in the antenatal and postnatal periods, as well as in labour. RCM chief executive officer, Cathy Warwick is pleased that "the guidance focuses primarily on the needs of women and babies, and the importance of making time to give them individualised care; this will help ensure women and babies get the care they deserve."

Irish maternity settings urgently need to utilise the NICE midwifery staffing guidelines and tools available and invest in more midwives.

Investing in midwives simply makes sense to achieve quality healthcare provision and most importantly because women, babies and partners are worth it.

*Deirdre Munro is a midwife, member of the INMO Executive Council, the education officer of the Midwives Section and a lecturer at the University of Limerick*

### References

1. NMBI. Practice and standards for midwives 2015 [www.nursingboard.ie/en/sponsored-project](http://www.nursingboard.ie/en/sponsored-project)
2. Hodnett ED, et al. Continuous support for women during childbirth. *Cochrane Database Syst Rev*. 2012



# ADC hits the headlines

The INMO held its own when it came to media coverage of this year's annual delegate conference. Ann Keating reports

DESPITE a number of major news stories breaking during the INMO's three-day annual delegate conference in Trim, and three other unions holding their conferences over the same period, the Organisation got widespread media coverage of the event. The following is a small snapshot.

**Review of patient nutrition planned** was a headline over an article by Paul Cullen in *The Irish Times* (May 7). "A major review of the quality of food and other nutrition provided to hospital patients is being planned by the State's health watchdog. The Health Information and Quality Authority (HIQA) said the review would ensure the individual hydration and nutrition needs of patients were being adequately assessed, managed and evaluated in the acute hospital system. Hospitals would be encouraged to self-assess their performance...This self-assessment programme would be checked through inspections in 13 hospitals, according to HIQA Chief Executive, Phelim Quinn. Mr Quinn, who was delivering a keynote address at the conference in Trim, Co Meath also promised a further review of "certain aspects" of maternity care...Mr Quinn said recent inspections of institutional services in the public, private and voluntary sectors had highlighted a number of fundamental breaches of regulations and, in some cases, of the human rights of individuals...Liam Doran said nurses shared the wish of HIQA to enhance services where they had failed. However, all too frequently, when issues on the ground were not addressed, it was the individual nurse who was left isolated and alone before a professional body. 'This has to stop', he told delegates."

Sinéad Ballantyne wrote an article in *The Irish Examiner* (May 7) under a headline – **Emigrant nurses will only return 'if**

**they feel valued'**. "Thousands of nurses and nursing graduates will not return to this country unless the profession is respected and properly rewarded. The claim was made at the annual Irish Nurses and Midwives Organisation delegates conference where restoration of pay and improved working conditions topped the agenda...INMO president, Claire Mahon said: "The key issues are overcrowding, short staffing, workload and intolerable working conditions...the INMO is calling for improved terms and conditions to entice nurses to take up posts here. Recruiting our young nurses back to this country is going to take a very concerted effort. 'We need to start valuing them,' Ms Mahon said."

**"We feel too guilty to go sick, say nurses"** was a headline on page one of the *Irish Daily Mail* (May 7) in an article by Petrina Vousden. "Sick nurses are going to work instead of taking time off because they feel guilty about leaving colleagues and patients in the lurch...INMO director of industrial relations Phil Ni Sheaghda said that the phenomenon was known as 'presenteeism' – the opposite of absenteeism – where staff battled illness at work rather than leave fellow staff short-handed. Ms Ni Sheaghda said that nurses were also often concerned about patient care if they stayed away, or afraid they might use up their sick pay entitlement too quickly. 'They feel guilty. They know how many people are on a shift, they may know there are only two for 30 patients. It's almost like they don't have a choice.'"

*The Irish Times* (May 8) also reported on the ADC – **Varadkar to announce campaign to bring Irish nurses home**. "A recruitment campaign targeted at Irish nurses working in the UK is to get under way in four British cities next month. Nurses applying to work in the Irish health

system will get incremental credit for their years working in the UK, in a clear attempt to attract qualified staff back to the country. The recruitment drive, details of which will be given by Minister for Health Leo Varadkar...is urgently needed to plug skills shortages in many parts of the health service." The paper carried another article also by Paul Cullen – **Nurses call for independent review of HIQA**. "Nurses are demanding an independent review of the Health Information and Quality Authority as tensions between staff and the regulator increase. Delegates...voted unanimously for the review to establish whether HIQA "has actually improved the quality and standard of care for patients in Ireland."

*The Industrial Relations News* (May 14) ran a headline **Nurses want 'twilight payment' & hours back, but will be "realistic"** over an article by Martin Frawley. "In addition to all pay cuts and the restoration of the 37-hour week, the Irish Nurses and Midwives Organisation want their 'twilight payment' restored under the public service pay talks...Phil Ni Sheaghda said that nurses have experienced six pay cuts, including the elimination of the twilight payment, cuts of 40% for student nurses and the elimination of incremental credit...she said that the HSE will not get those much needed nurses back unless pay is addressed...On the 1.5 hours increase in the working week agreed under the HRA, Ni Sheaghda said that the INMO was merely seeking that nurses be on the same working week as their colleagues in the health service." Liam Doran said "what the union will not countenance in any agreement, is a statement that the extra hours agreed under the HRA are a permanent feature."

Ann Keating is the INMO media relations officer, email: [annkeating@inmo.ie](mailto:annkeating@inmo.ie)





## MULLINGAR

INMO Mullingar Branch  
email: [derek.reilly@inmo.ie](mailto:derek.reilly@inmo.ie)  
Tel: 01 6640644

### Branch workplaces and areas covered

- Cluain Lir Community Nursing Unit
- Midland Regional Hospital, Mullingar
  - Muiriosa Foundation
  - St Francis Private Hospital
- Public Health Nurses & Community RGNs

### Branch Officers

#### Chairperson



*Ann Eighan*  
[ameighan@eircom.net](mailto:ameighan@eircom.net)

#### Secretary



*Ann Quinn*  
[avquinn7@gmail.com](mailto:avquinn7@gmail.com)

#### Treasurer



*Veronica Tighe*  
[newgrangedesign@eircom.net](mailto:newgrangedesign@eircom.net)

#### IRO



*Derek Reilly*  
[derek.reilly@inmo.ie](mailto:derek.reilly@inmo.ie)

### Latest news

THE Mullingar branch meets on a bi-monthly basis as well as at local meetings in areas of work. Branch delegates recently attended the ADC and supported motions pertinent to their area of work in both the acute and elderly care settings.

The main issues facing the Branch are staffing levels; hospital overcrowding and skillmix in all areas of clinical practice. Branch members are also active within their sections, theatre nursing, care of the elderly, emergency nursing, paediatrics and midwifery.

The Branch, having being particularly busy in the past year in seeking better staffing levels, balloting for industrial action and holding lunchtime protests, hopes to see the HSE implement recent agreements to increase the number of nurses and midwives working on the frontline.

The next meeting is on Wednesday, June 24 at 8pm in the Mullingar Park Hotel.

### Industrial relations update

Derek Reilly is the IRO for the Mullingar Branch.

- A major campaign has taken place over recent months to address severe staff shortages in the Midland Regional Hospital, Mullingar. This has seen numerous meetings between, local representatives and management and attendances at the Labour Relations Commission. The HSE has finally agreed to additional staffing for the maternity unit, emergency department and ward areas. This, if implemented, will see the replacement of all staff lost through the moratorium and an additional 35 whole time equivalent posts added to the previous ceiling level. This was only achieved through the hard work of all members and staff representatives. The Mullingar Branch will not be found wanting if the HSE fails to live up to recent agreements
- National talks are currently taking place in relation to skill mix and staffing levels within the care of the elderly area. Moves by the HSE locally to decrease nursing numbers have been stopped pending the outcome of these talks
- A number of members covered by the Haddington Road Agreement have not had their positions regularised as had been agreed. This is a source of great frustration and all such cases have now been referred to third parties
- Throughout the Mullingar area there are ongoing individual issues involving grievance and disciplinary matters, trust in care and clinical incident reviews
- A number of 'Tools for safe practice sessions' have been held. The next one is due to be held in The Mullingar Park Hotel on Thursday, July 2, 2015.



# A good news month

## Dean Flanagan details the INMO's summer workshops and the latest hearings at the Labour Court on pay rates for nurses awaiting registration

THE INMO IS delighted to announce their summer workshop for young workers on July 3 and 4 in Dublin. The workshop will look at difficulties the younger members of the INMO face in the workplace and what the INMO can do to assist in the future.

This event will be run on a first-come, first-served basis, and costs will be covered, so I urge you to ensure you apply as soon as possible by emailing [martina@inmo.ie](mailto:martina@inmo.ie). This is a fantastic opportunity for younger nurses and midwives to meet up, network and have some fun while doing so. Remember, this event is for young workers as well as students.

### Outcome of Labour Court hearings

As you are aware the INMO has pursued three claims to the Labour Court regarding the pay for qualified nurses and midwives awaiting registration, pay rates for the 36 weeks placement and incremental credit for the 36 week placement. The Labour Court has now issued its recommendation and the following outlines its position:

- In respect of the rate of pay for student nurses and midwives, the Labour Court has made no findings on the merits of the substantive issues before it. What this means is that the court is not making comment on the circumstances of how the reduction to pay came about. However, the court is stating that the next round of public service talks is an appropriate forum in which a discussion around this matter between the unions, the employer (the HSE/Department of Health) and the government should take place. *The INMO welcomes this statement and has written to the Public Service Committee of the Irish Congress of Trade*



Pictured (l-r) at last month's INMO ADC in Trim were: Michelle Garvey, first-year student at Dundalk IT; Kate Fynamore, Drogheda Branch and member of the INMO Youth Forum; and Evelyn Farrelly, Drogheda Branch and member of the INMO Youth Forum

### Unions to place this matter on the agenda for the round of talks currently taking place

- In respect of the pay for qualified nurses/midwives awaiting registration, the INMO argued, that a rate was set below that of a healthcare assistant. The Labour Court has said that the employer must engage formally with the trade unions to discuss the appropriate rate
- Finally, the matter of the restoration of incremental credit for the 36 weeks work placement in fourth year. Again, the Labour Court has stated that the employer must engage on this issue during the current pay talks. Interestingly, at the INMO ADC a delegation of undergraduate students and new graduates met with Minister for Health Leo Varadkar to discuss measures that will help entice Irish nurses and midwives back to work in Ireland and this was mentioned.

### Recruitment opportunities announced

Minister Varadkar announced at the ADC that he is planning a recruitment

drive in the UK to bring back many of our colleagues who left Irish shores due to job opportunities, or lack thereof. He also stated that he will be announcing a deal for the 2015 graduates and those who stayed in Ireland.

The INMO can confirm that the HSE has given a commitment that all 2015 graduates will be offered permanent contracts. It is so important that all undergraduates now start to ask their employer about job prospects. Where people are having difficulty in getting an answer please contact me by email: [deanflanagan@inmo.ie](mailto:deanflanagan@inmo.ie), so that the INMO can assist you.

### Preceptor of the year

Congratulations to the winner of the INMO's 'Preceptor of the Year' for 2015: Gillian Carter from the AMNCH Tallaght (see page 35). Congratulations also to the student who nominated her Mary Escoto, who is studying at Trinity College Dublin. The award is kindly sponsored by Cornmarket.



Comedian Tara Flynn, footballer Jason Sherlock and singer Maureen Aku-Disu join members of the ENAR network for the launch of iReport.ie in July 2013 (Photo: Derek Speirs)

# Fighting racism

Trade unions have a central role to play in the fight against racism, writes Shane O'Curry of the European Network Against Racism

I AM absolutely delighted that the INMO has joined the ENAR Ireland network. This development brings not just a very experienced Trade Union voice to our network of 47 organisations, but one representing a significant proportion of people from migrant and ethnic minority backgrounds in the Irish workforce. At the same time, the development also brings ENAR Ireland's practice, and the use of **iReport.ie** as an instrument for monitoring racism, into the heart of the INMO's work for equality and dignity for all who work in health.

#### ENAR Ireland

ENAR Ireland is a networking organisation of more than 47 civil society organisations, including grassroots groups, non governmental organisations and trade unions, all working together to combat racism at an interpersonal, cultural and institutional level.

ENAR Ireland offers data and analysis

on racism and contributes to solutions to racism in workplaces, in local communities, and at State level. It also works at a European level through ENAR, the European Network Against Racism, a network of networks in 30 European States.

ENAR Ireland is the Irish co-ordination of ENAR, one of 120 member organisations. The European Network Against Racism brings together civil society actors to offer a broad response to racism across Europe. It offers both analysis on the problem of racism at European and local levels, and campaigning and policy responses directed at member states and at European institutions. We are the voice of anti racism, in Ireland, and in Europe.

#### Workplace racism

In Ireland, what evidence we do have shows that racial discrimination and racism has been on the increase since the crisis struck in 2007. The gap in unemployment rates between Irish nationals

and the crudely entitled 'non Irish' has doubled in the period 2008-2012, while the unemployment rate for Travellers has rocketed. Discrimination in accessing work and within the workplace are also on the increase for all minorities, and attitudes are hardening.

An ESRI study commissioned by The Integration Group in 2013, showed a five-fold increase in hostile attitudes towards ethnic minorities in Ireland since 2008. The most recent ESRI study on workplace racism and discrimination, demonstrates that workplace racism is an ongoing – if complex – problem, particularly for people whose difference from the white-Irish 'norm' is visible.

#### Under reporting

But in reality we only have part of the picture. As is the case in comparable societies, we know that in Ireland some 70-90% of racist incidents and incidences of discrimination never get reported to



the authorities. This under reporting, caused in some cases by fear of reprisal, fear of re-victimisation and mistrust of the authorities, but mostly by a lack of faith in the mechanisms for finding redress, leads to a situation where as a society we can only see the tip of the iceberg in terms of the extent and details of racist incidents which people are subjected to, daily. In our society there is a 'silence' around racism, a 'silence' that is deafening for those at the sharp end of it, because the isolation from the rest of us that it brings compounds the harm done by racism to people and their communities.

If the under reporting of racism is a widespread societal problem, it is even more of a problem in the workplace. People just don't, as a rule, report incidences of racism in the workplace. Reasons vary. While some studies emphasise peoples reluctance to be labelled as troublemakers, others reveal that people don't see the point. Workplace racism has a deep negative impact on the individual, affecting their psychological and even physical well-being, and their ability to fulfil their duties. In the context of the 'silence', it can have a particularly corrosive effect on solidarity among workers.

**Effects of racism**

Racism can affect every kind of workplace. Some workplaces will be better placed to address the issues than others – as with bullying – but some that are adept at dealing with other workplace problems may struggle to address racism properly if diversity is new in those workplaces, or if the procedures and practices within them have yet to catch up with our diverse reality.

Institutional racism can thrive even in the most diverse of workplaces if the rules and procedures do not adequately and equally support all members of staff. A strong – and well informed – trade union presence in a workplace can make a difference.

In nursing and midwifery, we still have too little hard data relating to the experiences which workers have of racism in the workplace. Anecdotal information, including information from shop stewards and union activists, suggest that the problem is very real, and that most people experiencing it, just put up with it. This situation isn't good enough.

The INMO understands this, and in this respect the organisation, in its championing of equality, is very well placed as a leader in guaranteeing workplace dignity for all.

In its report on workplace bullying, published in March of this year, the INMO set the standard and the tone of the work to be done in combating the workplace racism to which its members are being subjected.

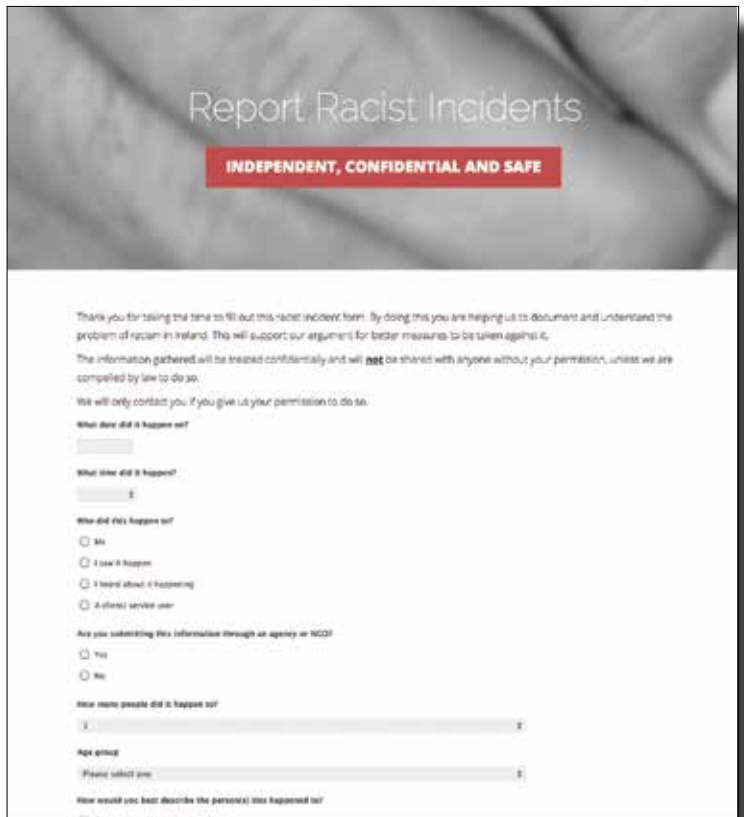
By incorporating iReport.ie in its practices, the INMO is bringing to its members a mechanism by which anyone can record instances of racism in total confidence, and anonymously if they so wish. The recorded information is anonymised and reported back to the union, giving it reliable information about the patterns of racism which its members are experiencing.

**Break the silence on racism**

iReport.ie (see image of the online form above), as an online racist incident monitoring mechanism, is designed to capture experiences of racism that would otherwise go unreported.

Contrary to what its name might suggest, it is not a mechanism for reporting to the authorities, but an easy-to-use and accessible online system for recording experiences of racism and the impacts it has on people. It can be accessed from anywhere or any device with an internet connection. It can be filled out by someone who has experienced or witnessed a racist incident, by a third party, or by someone supporting someone who experienced the incident.

With the additional data on workplace racism which iReport.ie promises to deliver, the INMO is best placed to tackle the silence around the racism experienced by nurses and midwives in Ireland. The information will help embed an informed anti-racist perspective at the heart of its practice as a champion for equality and



dignity for all. The INMO and ENAR Ireland will shortly be offering training on the use of iReport.ie to members.

The fight against racism and other forms of discrimination is the fight for labour rights and decent working and living conditions for all; and the fight for labour rights is the fight against racial discrimination.

ENAR Ireland's website can be found at: [www.enarireland.org](http://www.enarireland.org) and [www.iReport.ie](http://www.iReport.ie)  
Shane O'Curry is the director of ENAR Ireland

# Learning to manage pain

PAIN and its management is a key part of patient care but can be a challenging area for healthcare professionals to get to grips with.

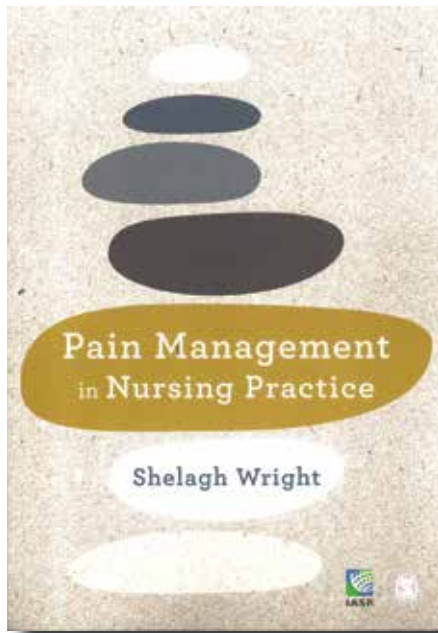
This is not least because it is a field where advancements in research, treatments and interventions are developing rapidly. Then there is the inescapable fact that pain is a subjective experience, which of itself poses its own therapeutic challenges.

Any resource that provides nurses with a clear understanding of this changing field is to be welcomed, given the key role nurses play in the delivery of pain management.

Shelagh Wright is a retired nurse, a registered psychologist, a former lecturer at DCU and she has been a frequent contributor of continuing education articles to *WIN* in the past.

She has written a comprehensive text on pain management, specifically aimed at nurses. *Pain Management in Nursing Practice* is an easy-to-read yet detailed and learned overview and guide to theory and practice in modern pain management.

The book starts out by tracing back to ancient times, the philosophy and clin-



ical tenets around pain. Shelagh Wright says multiple factors at different times through the ages provided a context for discoveries that improved understanding of the mechanisms of pain as well as developments in diagnosis, treatment and management.

Hippocrates is cited as the first physi-

cian to take on the perspective of viewing pain as a symptom.

The book covers its subject in 14 chapters their range including the biopsychosocial model of pain, assessment and measurement, communication, cancer pain, palliative care, and pain and human rights.

*Pain Management in Nursing Practice* takes a life-course approach, focusing on how pain affects people at different points in their lives, and usefully provides case scenarios, diagrams and a glossary.

Each chapter is clearly presented with key learning objectives outlined at the outset, with summaries and reflective exercises at the conclusion of each section.

The book, which is co-published with the International Association for the Study of Pain ([www.iasp-pain.org](http://www.iasp-pain.org)), is a valuable learning tool for undergraduates. It will also benefit health professionals interested in pain management, as well as more advanced postgraduate students of pain management in nursing care.

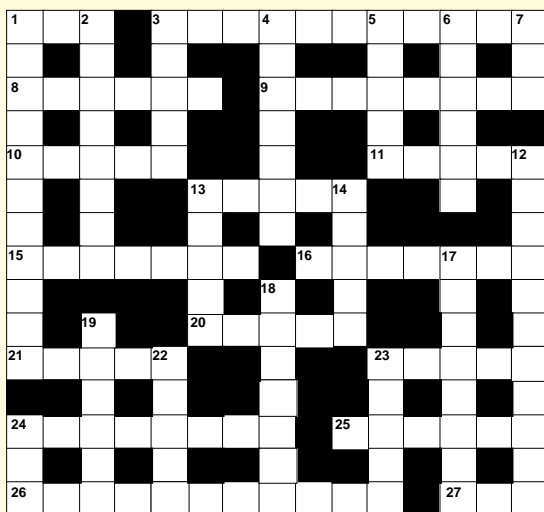
– Niall Hunter

*Pain Management in Nursing Practice* is published by Sage Publications ([www.sagepublications.com](http://www.sagepublications.com)) – RRP paperback Stg£24.99. ISBN: 9781446282007

## Crossword Competition



WIN A €30 BOOK TOKEN



### Across

1. Dairy animal (3)
3. Place where you can access different services in a single visit (3-4,4)
8. Quietly, Mr Presley can identify a joint (6)
9. One with a presiding role in a committee (8)
10. Have an altercation (5)
11. Middle-distance runner (5)
13. Absolutely necessary (5)
15. Mathematical subject involving letters (7)
16. Shrink; diminish (7)
20. Winter sports enthusiast (5)
21. See 18 down
23. Of greater breadth (5)
24. Ballet by Tchaikovsky (4,4)
25. Bird allowed around the tavern (6)
26. Feat; accomplishment (11)
27. Member of a scooter-riding subculture in 1960s Britain (3)

### Down

1. Being obsessed with Moby Dick, he might break a china bat, Pa (7,4)
2. Mozart's forename (8)
3. Surmise (5)
4. Parts of certain joints you might put plugs into? (7)
5. Shape that can break sunlight into its constituent colours (5)
6. Sermon (6)
7. A play on words (3)
12. How the crate eroded when one did the place up again (11)
13. Unhealthy bug (5)
14. Not as high (5)
17. Part of the digestive system has a mound due for treatment (8)
- 18 & 21 across. Short school holiday (3-4,5)
19. Might he spar with an angel? (6)
22. Ms Minogue played Charlene Robinson in 'Neighbours' (5)
23. Card game involving the taking of tricks (5)
24. Take the waters here (3)

### Solutions to May crossword:

- Across:
1. VIP 3. Intoxicated 8. Reside
  9. Southpaw 10. Latex 11. Plumb
  13. Larch 15. Iceberg 16. Pounces
  20. Shins 21. Spoof 23. Shear
  24. Harassed 25. Portia
  26. Mollycoddle 27. Yak
- Down
1. Virologists 2. Positive 3. Index
  4. Obscure 5. Cut up 6. Typhus
  7. Dew 12. Blister pack 13. Lords
  14. Hoops 17. Coventry
  18. Divided 19. Corral 22. Fussy
  23. Scope 24. Hum

The winner of the May crossword is:  
**Jessica Spendlow from Mullingar, Westmeath**

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

The prize will go to the first all correct entry opened.  
Closing date: Monday, June 22, 2015  
Post your entry to: Crossword Competition, WIN, MedMedia Publications,  
17 Adelaide Street, Dun Laoghaire, Co Dublin

# MONEY MATTERS

## Are you due a tax refund?

Ivan Ahern discusses how nurses and midwives can recoup overpaid tax

OVER the past few years everyone has become more savvy; looking for more value for money and ways to reduce regular bills. But when was the last time you gave tax some attention? It's most likely the biggest bill you paid last year and, surprisingly, can amount to even more than the cost of a mortgage.

Don't just assume you are paying the correct amount of tax each year. Treat it like you would any other expense and check if you could recoup some money. You may be surprised by how much you could get back in overpaid tax. The average tax refund was €1,200 for public sector employees last year<sup>1</sup> and many of these were nurses and midwives.

### Why you could be due a refund

If you have had any changes in your personal circumstances, or have not reviewed your tax affairs in a few years, then you may discover you are entitled to some additional tax relief, credits or allowances and you could be due a tax refund. For example, if you recently got married, changed employer, changed work pattern, etc.

Many nurses and midwives don't claim for all their entitlements, and their unclaimed tax relief accumulate year on year. You can claim back tax refunds for a period of up to four years. That means many of you could be due a substantial amount of money if you haven't been filing a return on an annual basis. Some 82% of public sector employees overpaid in tax last year.<sup>1</sup>

### Flat rate expenses

As a nurse or midwife you can also claim for a job-related tax relief at your marginal rate of tax as follows:

- Supply and launder your own uniforms – tax relief of €733
- Supply your own uniforms but are laundered free – tax relief of €638

- Launder uniforms that are supplied by employer – tax relief of €353
- Uniforms supplied and laundered by your employer – tax relief of €258
- Nurses on short-term contracts through an agency – additional tax relief of €80.

Claiming this allowance alone could be worth €300 per year to your pocket (based on a nurse earning €40,000 and claiming the relief of €733).

### Check your payslip

When was the last time you checked your payslip? This is another area you should review regularly. From our experience, upon inspection, public sector employees often discover they have been on the incorrect point of the salary scale or their standard rate cut-off point and tax credits are incorrect.

### Medical and dental expenses

This is another area where tax refunds can accumulate over the years. You can claim for tax relief at 20% on the following expenses:

- Doctor, GP, consultant or hospital fees
- Medicine or treatments prescribed by a doctor, dentist or consultant
- Other treatments prescribed by a doctor, eg. physio, acupuncture
- Transport by ambulance
- Non-routine dental treatments, eg. crowns/veneers/root canal
- Certain dietary products, eg. coeliac/diabetic.

### Tax credits

Tax credits are like money-off vouchers against your tax bill. The more credits you have, the less tax you will pay and the higher your net salary will be. Your basic credits, which will normally automatically apply, are your personal credit (worth €1,650) and if you work as an employee a PAYE credit (worth another €1,650). After these two credits, it is up to the individual to claim any more that they may be enti-



tled to and there are quite a few of these such as:

- Married person credit: €3,300
- Widowed person credit: €2,190
- Incapacitated child credit: €3,300
- Dependent relative credit: €70
- Home care credit: €810.

There is also tax relief available in other areas such as college fees, single premium pension contributions, mortgages, renting, approved nursing home fees, etc.

For more information on our tax return service phone us at Tel: 408 6261.

*Ivan Ahern is a director of Commarket Group Financial Services Ltd*

### Reference

1. Source: Midas PAYE customer statistics, 2014

*Midas is a tax based service and not a regulated financial product. Commarket Retail Trading Ltd. is a wholly-owned subsidiary of Commarket Group Financial Services Ltd. Telephone calls may be recorded for quality control and training purposes. This information is intended only as a general guide and has no legal standing*



# Kevin Downey retires from INMO

Membership officer leaves Organisation after more than 35 years

KEVIN DOWNEY, the INMO's membership services officer, retired recently after more than 35 years with the Organisation.

During his career, which began in 1980, Kevin (pictured with Liam Doran, right) worked in three separate head office buildings and with four different general secretaries. He saw membership of the Organisation soar from 7,000 to almost 40,000 and has been instrumental in developing the membership system necessary to underpin a growing and dynamic professional trade union that the INMO is today.

Many members will have spoken to Kevin over the years regarding their membership and he always dealt with them in a very professional manner. He ensured the smooth running of his department through sheer hard work and attention to detail.

Liam Doran, INMO general secretary, said: "Kevin has given most of his working life to the Irish Nurses and Midwives Organisation and I say, without hesitation, that every member of the Organisation over that period should be grateful for the determination and excellence of his work. He has been a totally loyal member of staff who worked diligently to ensure the Organisation worked efficiently and effectively in the interests of its members. Kevin has been absolutely meticulous in managing membership services and has been actively involved in the growth of the Organisation.

"Both personally, and professionally, I will greatly miss Kevin who has always undertaken his duties in a conscientious

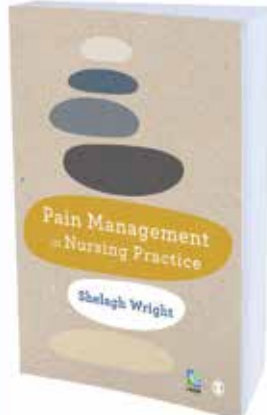


and loyal way. The INMO could not have had a more dedicated and effective employee and, for his unswerving support, each and every one of us is deeply appreciative. All of us wish him well, we thank him for being a kind and generous work colleague, and sincerely hope that

he will have a long, healthy and enjoyable retirement. The INMO's door will always be open to Kevin who has served the Organisation so brilliantly for more than 35 years. We do hope he continues to enjoy his love of travelling now that he has a lot more time on his hands."





€3,000 raised for Meath River Rescue at ADC Quiz: Pictured (l-r) in Trim were: Meath Branch members Dympna Fegan, Joan Kelly and Margaret O'Reilly; Martin White, Meath River Rescue; Caroline Carpenter, chairperson, Meath Branch; Christy Rennicks, chairman Meath River Rescue; Peter Boland, Meath River Rescue; and Meath Branch members Marie McConnell, Teresa Lee and Anne Tully, secretary



**Pain Management in Nursing Practice**

Co-published with the International Association for the Study of Pain and based on IASP's nursing curriculum, Shelagh Wright's book begins with an examination of the neurobiology of pain, and then explores key topics including pain assessment, acute pain and palliative care and prevention and treatment of chronic pain.

December 2014 • 320 pages • €24.99  
Paperback (978-1-4462-8200-7)

## June

**Saturday 6**

**CNM CMM Section** meeting. 10am-2pm including short section meeting. Workshop on Risk Assessment. Booking is essential. Contact: jean@inmo.ie or Tel: 01 6640648 for further details

**Saturday 6**

**Midwives Section** meeting. University Hospital Galway, First Floor Maternity Unit, 2pm. Contact: jean@inmo.ie or Tel: 01 6640648

**Saturday 6**

**Third Level Student Health Nurses Section** meeting. INMO HQ 10am-1pm. Contact: jean@inmo.ie or Tel: 01 6640648 for further details

**Wednesday 10**

**Assistant Directors Section** meeting. 11am-1pm at INMO HQ. Contact: jean@inmo.ie or Tel: 01 6640648 for further details

**Wednesday 10**

**RNID Section** meeting. 11am-1pm INMO HQ. Contact: jean@inmo.ie or Tel: 01 6640648 for further details

**Wednesday 10**

**Orthopaedic Nurses Section** meeting. Mater Hospital 11am. Contact: jean@inmo.ie or Tel: 01 6640648 for further details

**Saturday 13**

**PHN Section** meeting. INMO HQ 11am-1pm. Contact: jean@inmo.ie or Tel: 01 6640648 for further details

**Saturday 13**

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

**Tuesday 16**

**Clinical Placement Co-ordinators Section** meeting. INMO HQ 11am-1pm. Contact: jean@inmo.ie or Tel: 01 6640648 for further details

## September

**Tuesday 8**

**Care of the Older Person Section** workshop on Risk Assessment INMO HQ. 11am-1pm. Booking is essential. Contact: jean@inmo.ie or Tel: 01 6640648 for further details

**Thursday 10**

**Retired Nurses Section** meeting. INMO HQ. 11am-1pm. Contact: jean@inmo.ie or Tel: 01 6640648

**Saturday 12**

**PHN Section** meeting. INMO HQ. 11am-1pm. Contact: jean@inmo.ie or Tel: 01 6640648 for further details

**Saturday 12**

**Community RGN Section** meeting. INMO HQ 11am-1pm. Contact: jean@inmo.ie or Tel: 01 6640648

**Saturday 19**

**CNM CMM Section** meeting. INMO HQ. 11am-1pm. Contact: jean@inmo.ie or Tel: 01 6640648

**Wednesday 30**

**Telephone Triage Nurses Section** Conference. Castletroy Park hotel. Contact: jean@inmo.ie or Tel: 01 6640648 for details

## October

**Saturday 10**

**School Nurses Section** meeting from 10am, INMO head office on Policy Development. Contact: jean@inmo.ie or Tel: 01 6640648

**Thursday 15**

**All Ireland Midwifery conference.** Contact: jean@inmo.ie or Tel: 01 6640648 for further details

**Saturday 17**

**ODN Section** meeting, Sligo. Contact: jean@inmo.ie or Tel: 01 6640648 for further details

**INMO Professional Development Centre Library Opening Hours**

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

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

## INMO Membership Fees 2015

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

## Condolence

- ❖ Sincere condolences to Martina Dunne, from all her INMO colleagues, on the recent death of her father, Michael Dunne. RIP.

## Crumlin 1970-74

- ❖ A reunion of Our Lady's Children's Hospital Crumlin Class of 1970-1974 is planned for October. If interested, contact Marie Coughlan at email: mariefrcn@gmail.com or Mary Caulfield at Tel: 087 2849062 or email: marycronin8183@gmail.com

## Congratulations

- ❖ Congratulations from all her colleagues to Executive Council member, Moira Craig on the recent birth of her daughter Clara.
- ❖ Congratulations from all at the INMO to staff member, Asad Ahmed on the recent birth of his son Adam.
- ❖ Congratulations from all at the INMO to staff member, Karen Redmond on the birth of her son Harvey.

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