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WIN

INMO

Journal of the
Irish Nurses and
Midwives Organisation

Special report
from the 2019
INMO ADC
See pages 11-31

World of Irish Nursing & Midwifery

INMO at 100

Strike
committees
lauded

page 6

Pride:
celebrating
LGBTQ+
progress

page 55

Supporting
children's
nursing
graduates

page 52

Breastfeeding
research

page 59

The next 100 begins

INMO looks forward at its centenary ADC





11



20



30

Cover image: Student nurses and midwives pictured at the centenary ADC in Trim, Co Meath last month (l-r, back row): Tara Moran, Ciaran McHugh, Cian Milofsky and James Leonard; (centre) Elaine Smyth and Melissa Plunkett; (front) Fiona Hannon, Aisling Byrne and Róisín O'Donnell

NEWS & VIEWS

- 5 Editorial**
Phil Ni Sheaghda offers a snapshot of events at the ADC
- 6 News**
A comprehensive update of industrial relations news
Plus: Opinion by Dave Hughes, *page 10*
Plus: Section news, *page 33*
- 46 Students & new graduates**
Neal Donohue shares some of the issues raised by nursing and midwifery students at the ADC

ADC SPECIAL REPORT

- 12 Presidential address**
President Martina Harkin-Kelly said that it is time that nurses and midwives get the respect and recognition they deserve
- 14 Minister's address**
Simon Harris pledged to build on the Labour Court agreement in his ADC address
- 16 Review**
Dave Hughes looks back on events of the past year including the recent strike
- 17 Industrial relations**
We have achieved the impossible by working together – Tony Fitzpatrick
- 18 Professional and regulation**
The INMO is there for you in good times and bad – Edward Mathews
- 20 Book launch**
A Century of Service author Mark Loughrey launched his book on 100 years of the INMO at the ADC
- 22 Motions and awards**
A round up of the debates and awards
- 30 Photo gallery**
A selection of photos from the ADC

FEATURES

- 35 Questions and answers**
Your industrial relations queries answered
- 47 Executive Council focus**
The last in a series profiling three members of the Executive each month
- 48 Quality and safety**
This month Maureen Flynn evaluates Schwartz Rounds in Ireland

- 51 Making memories**
How midwives and nurses can support parents following perinatal death
- 52 Children's nursing**
A transition programme offers valuable support for new graduate children's nurses during their first year of practice
- 55 Pride focus**
David Field shares his hopes for the progression of LGBTQ+ rights in healthcare
- 57 Hospital nutrition**
A new policy provides a national nutrition framework for care in acute hospitals
- 72 Update**
Round up of healthcare news items

CLINICAL

- 59 Breastfeeding**
Alison Moore reports in the first of a new series on breastmilk research
- 61 Dermatology**
Research is needed to assess the impact of isolation on vulnerable patients' access to specialist care
- 63 Diabetes**
Role of the clinical nurse specialist in primary care
- 65 Chronic pain**
Pain conditions have been included in the international classification of diseases for the first time

LIVING

- 67 Book review**
Max Ryan reviews *Great Irish Reportage*, edited by John Horgan
Plus: Monthly crossword competition
- 69 Finance**
Ivan Ahern ranks the best summer holiday destinations of 2019

JOBS & TRAINING

- 37 Professional Development**
Eight-page pull out section from the INMO PDC
- 74 Diary**
Listing of meetings and events
- 75 Recruitment & Training**
Latest job and training opportunities

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Now comes implementation



OVER 350 nurses and midwives attended our annual delegate conference (ADC) in Trim this year. Representing local branches and professional sections, your motions set the union's agenda for the coming year.

Debates and discussions looked at a variety of topics, ranging from language skills to environmental policies, and from IV medications to aggression in the workplace. This issue of *WIN* contains detailed reports on ADC 2019 (see pages 11-31).

The conference also featured two emergency motions, both relating to our recent campaign of industrial action. The first, from the Cork HSE Branch, called on the INMO to engage with branches and strike committees to look at the recent strike and see what we can learn from it.

In particular, we will be reviewing the guidelines for strikes and balloting as decided by members in 2017's ADC. Delegates fully endorsed the proposal and the Executive will, at time of print, move to implement it. It will involve regional meetings with members and committees over the coming months. All our guidelines are set by members, so the outcome will be decided by members at ADC 2020.

The second motion was proposed by your Executive Council. It thanked the strike committees across Ireland for their work. And rightly so. Our incredible member-led committees successfully organised safe and effective strikes across the country over three days. Those committees demonstrated the very best of our professions: dedication, a commitment to care, and incredible skill and organisation.

The motion required the INMO to immediately focus on fully implementing the proposals from the Labour Court, to ensure members get the pay rises as quickly as possible, that the safe staffing framework is rolled out urgently, and that the expert review group is established soon.

This motion further called on the HSE to agree a robust implementation strategy at frontline level: working with INMO workplace reps to oversee implementation.

Both motions were passed unanimously and we already have made some progress on them. At time of going to print, we have held two meetings with the HSE on implementation of the proposals. The meetings

have gone well and circulars should be issued to payroll departments by the end of May. This means backdated allowances and the option to move to a new, higher salary scale. There is also work ongoing to establish the expert review group and roll out the safe staffing framework.

I would strongly encourage members to attend their next branch meetings to ensure these proposals are fully implemented. Our strike worked because we were united, determined and active in our union – we should take the same approach in implementation.

As we have long said, there is no single solution to the problems facing our health services, professions and workplaces. The resolution to this strike does not resolve all issues, nor does it answer all of our demands. However, this agreement begins the process of significant change in nursing and midwifery. The government must honour the proposals and the INMO will insist on nothing less.

Between higher wages and allowances and scientific staffing levels, we have a real opportunity to recruit and retain sufficient staff to practise safely. We are a highly skilled workforce – we deserve to not only be paid fairly, but to be given the resources to do the jobs we were trained for.

We intend to continue our work until all nursing and midwifery staffing levels are determined only by patient dependency and insulated against financial fluctuations.

As we look to another century of organised nurses and midwives, within our own union, we must move forward together towards a brighter future for our professions and the public health service.

Phil Ní Sheaghda
General Secretary, INMO

World news



Nurses and midwives in action around the world

Australia

- Staffing levels of greatest concern to workers
- Nearly two out of three nursing homes are understaffed

Canada

- Nurses' sit-ins at hospitals seem to bear fruit
- SHA launching new voucher system to address hospital parking issues
- 'Save our emergency room': Rally aims to keep Concordia ER from closing
- Training programme for RNs to write prescriptions to be ready by Fall

Kenya

- Health centres facing shortage of nurses

Mexico

- Nursing students' strike continues; demand for resignation of director

New Zealand

- Aged care nurses added to long-term skills shortage list

Spain

- SATSE 'at war' over conditions of social services nurses
- SATSE: "Ceuta needs to triple number of midwives on staff"

UK

- NHS nursing crisis worsened by Brexit exodus
- NHS will recruit tens of thousands of foreign nurses over next five years to fill gaps on struggling hospital wards, leaked report says

US

- Nurses, health care workers push for better protections from violence
- Nurses demand Medicare for all



Members of INMO strike committees nationwide went above and beyond their duty to ensure success of the campaign

Mammoth work by strike committees nationwide

ON behalf of the entire INMO industrial relations team, the directors and the Executive Council, I would like to extend our thanks and gratitude to the members of all the local INMO strike committees for their dedication and commitment in recent months.

Mammoth work and effort went into planning and coordinating the three strike days, mobilising for the rally, organising ballots and information sessions, and ensuring all strike pay applications were submitted and payment received.

We know that you have fielded a huge amount of questions and queries and worked hard to keep your colleagues well informed over the past few months. We commend your patience and tenacity and thank you for all of the extra time and effort you have put in during this dispute. However, most of all we commend your commitment to the INMO, your profession and your patients.

Nursing and midwifery impact on so many people's lives. When the public came out in their droves and joined us to protest on February 9 at the rally in Dublin, we saw the magnitude of public support for our professions.

We stood together and demanded recognition and respect for the work that we do, the qualifications we have achieved, and the care that we go above and beyond to provide.



It's so important now that we stay united, and work together to ensure full and immediate implementation of the Labour Court Recommendation. We have much work to do, and we are only just starting. Thank you for all that you do.

Since the annual delegate conference last month, the INMO has met the employer on three occasions to expedite implementation of the agreement.

The Organisation expects

circulars to issue immediately on:

- Allowance increases (20%)
- Application of new allowances
- The senior staff/midwife allowance at 17 years rather than 20 years.

The INMO is also pursuing the Department of Health on the expert review and the HSE on the assimilation process to the new higher enhanced scale. We will have a full update in the next issue of WIN.

– Tony Fitzpatrick, INMO director of industrial relations



Tony Fitzpatrick, INMO director of industrial relations, reports on current national IR issues

Claim for improved compassionate leave heard in Labour Court

THE INMO, along with the staff panel of trade unions, set out its case before the Labour Court last month seeking improvements to the level of compassionate/bereavement leave granted to health sector staff.

The unions are seeking improvements for health sector employees along the lines of those introduced in the civil service and local government in recent years.

The INMO is of the view that the current level of

bereavement and compassionate leave is insufficient and often requires nurses, midwives and other frontline workers to take annual leave or sick leave following the death of a relative. The number of days allowed particularly following the death of a spouse or child is far too low.

The reality is that this is an incomparable time of emotional distress for staff and the support and compassion of the employer is required with regards to assisting staff deal

with such a crisis.

In recent years there has been a drive within the public sector to standardise the terms and conditions of employment, the unions argued. In fact, they pointed out, much of this standardisation has involved a reduction in terms and conditions of employment. Therefore, the unions sought that an improvement in one sector, ie. the civil service and local government, with regards to compassionate leave should be applied by the employer in

other sectors, ie. the health sector.

The unions also argued that considering that staff working in the health sector often deal with extremely difficult situations which involve assisting bereaved families, it is unfair to expect staff with greater exposure to these situations to receive less benefit to those working in other sectors.

The hearing took place on May 22, 2019 and a Labour Court Recommendation is awaited.

Maternity Protection Act amendments on premature births are welcomed

THE implementation of amendments to the Maternity Protection Acts regarding premature births has been welcomed by the INMO, which has been pursuing this matter for almost a year with the HSE and the Department of Health.

HSE HR Circular 013/2019 on this matter was recently issued.

The INMO has been raising this matter at the National Joint Council since July 2018. The Department of Health circular 07/2019 relates to the implementation of amendments to the Maternity Protection Acts in respect of premature births. This circular sets out the remuneration arrangement which apply to health service employees while on additional maternity leave due to premature birth.

Previously, the Social Welfare Act 2017 extends the

maternity leave entitlement of the State's maternity benefit in cases where a baby is born prematurely. Section 16 of the 2017 Act amends the Maternity Protection Act 1994 to provide for a further period of maternity leave for mothers of babies born prematurely on or after October 1, 2017.

The further period of maternity leave is equal to 'the premature birth period' defined by section 15.2 of the 2017 Act, commencing on the actual date of birth and expiring on the date when the maternity leave was expected to commence (ie. ordinarily two weeks before the expected date of birth).

Provisions are also made for extended payment of maternity benefit for the length of the premature birth period. The maternity pay scheme for public health service

employees, as provided for under Department of Health circular 08/1998, applies to this premature birth period. These additional entitlements apply after the end of the standard 26-week period of maternity leave and are effective from October 1, 2017.

The INMO has welcomed that the HSE and the Department of Health have finally issued a circular on this matter as the INMO has taken a number of cases to the adjudication service of the Workplace Relations Commission.

Any nurse or midwife who have had a premature baby since October 1, 2017 should contact their line management to ensure the application of the circular to their particular situation. If you have any queries on the matter, please contact the INMO Information Office, Tel: 01 6640610/19.

INMO seeks extension to period of paid breastfeeding breaks

THE INMO has lodged a claim at the National Joint Council seeking improvements to paid breastfeeding breaks in the health service for nursing mothers.

Currently the law allows that paid breastfeeding breaks should be given up to 26 weeks. However, improved terms exist in other sectors within the public sector, where paid breastfeeding breaks exist up until the child is two years of age.

The INMO has lodged a claim in this regard and has also presented supportive documentation on the matter to the HSE. A response is awaited and members will be updated when received.

Parental leave changes to be phased in from September

THE government has announced the phased introduction of an additional eight weeks parental leave, following the passing of the Parental Leave (Amendment) Bill 2017 by the Seanad recently.

The Bill will now be returned to Dáil Eireann for final approval before being presented to the president for signature and enactment.

The Parental Leave Act 1998 will be amended in order to extend the period of unpaid parental leave from 18 to 26 weeks and to allow any parent who has already availed of their current entitlement of 18 weeks to receive a further eight weeks of parental leave.

The additional leave will be introduced on a phased



Collette Mullin:
Period of unpaid parental leave set to increase from 18 to 26 weeks

basis with an extra four weeks parental leave from this September and an additional four weeks from September 2020. It also increases the age of the

child for which parental leave is available from eight to 12 years.

In addition to the eight weeks additional parental leave, a new paid parental leave scheme is expected to commence from November 1 this year. This new scheme will initially provide for two weeks of paid, non-transferable leave per parent to be taken within 52 weeks of the birth of the child.

This paid parental leave will increase to seven weeks per parent by 2021. The payment will be at the same rate as Maternity Benefit and Paternity Benefit, currently paid at €245 per week.

– Collette Mullin, INMO information officer

Special leave secured for Executive service

A MEMBER of our Executive Council is employed in a Section 39 funded service. This service is obliged to honour the terms and conditions of the public health sector.

When successful in her appointment to the Executive Council in May 2018, the employer only provided five

days per annum to attend the monthly INMO Executive Council meetings.

Circular S146/11 identifies the application of 20 days per annum to attend all such meetings.

The INMO challenged this on behalf of the member and the claim was successful on

appeal at the Adjudication Service of the Workplace Relations Commission.

The member can now claim and receive, with full retrospective, 20 days special leave for Executive Council meetings in accordance with the national circular.

– Mary Power, INMO IRO

Update on midlands WRC cases

RECENTLY in the Longford area the INMO has been successful, through the auspices of the Workplace Relation Commission, in ensuring that a member working for the HSE in two different locations received their full allocation of sick leave.

This was a longstanding case over 4.5 years and resulted in payment and compensation for this member.

St Hilda's Services, Athlone

The INMO is currently engaged in a number of issues in St Hilda's Services, Athlone. Firstly, there has been a decision to change terms and conditions of some members on a closed pension scheme, on which the INMO is currently engaging in the WRC. Members will be updated as this proceeds.

Secondly, management here

is attempting to change the sick leave policy in place without any negotiation. The INMO and others have written to the management of St Hilda's to outline its dissatisfaction at the manner in which this has been communicated, that is with no information or consultation afforded to or members. The INMO will continue to pursue this issue.

– Dean Flanagan, INMO IRO

Regional update

- An urgent meeting has been sought with HSE management on the implications of the potential closure of Cardas House, Drumconrath, Co Meath. David Miskell, IRO for the North East Region, has requested details of service changes that form the rationale for the closure of this community house within the Meath Disability Services, and the options that will be available to staff. It is expected that the full procedure detailed in the Public Services Stability Agreement will be adhered to. The INMO will ensure that an appropriate set of options are available to the affected staff.

- A meeting has been sought with management around the opening of a new 15-room inpatient hospice facility in Wicklow town. While this is a welcome development, it is imperative that INMO members are kept fully apprised of developments, and that all terms and conditions are fully honoured. David Miskell, IRO, said that INMO members on the home-care team have provided an excellent palliative care service in the area for many years and it is vital that they are fully consulted on the project. Additionally, reassurances are sought that all existing terms and conditions will be honoured.

- A WRC conciliation conference to achieve pay restoration at St Catherine's Association in Co Wicklow was set to resume as we went to press following an initial hearing in April. The issues at hand include restoration of increments, premium payments and annual leave cover. St Catherine's Association provides education, training, healthcare and residential/respite care to those with intellectual and other disabilities in the Wicklow area. David Miskell, IRO said that having achieved pay restoration under the Public Services Stability Agreement for most of our members, it is imperative that this is replicated in services such as St Catherine's.

Along with the health service, housing is the major crisis facing Irish society and solutions must be found, writes **Dave Hughes**



Raise the roofs, not the rents

ON Saturday, May 18, 2019 thousands of people marched through Dublin for the Raise the Roof campaign. Supported by the Irish Congress of Trade Unions, this campaign seeks to highlight the plight of homelessness which besets many working families and threatens many more.

Ireland now not only has a housing shortage in major urban areas, but it is also experiencing excessive rent inflation to the point where affordability for workers, even on medium scale salaries, is a challenge.

The ability of individuals and working couples to purchase their own home on current wage levels is proving impossible for many. Strictly applied Central Bank rules, brought on by the crash a decade ago, means that maximum mortgages and deposit requirements put the cost of housing beyond the scope of even those in what would once have been regarded as reasonably-paid secure employment.

Using the average industrial wage, multiplied by two for a couple and applying the Central Bank deposit and maximum mortgage rules, means such a couple could only afford a house valued at €245k. Yet in Leinster the average first-time buyer home is selling for €370k, while closer to Dublin a new home can cost €447k.

Affordability is, therefore, a massive issue if we are to rely on private purchased houses to have an impact on the housing crisis. In 1991, 91% of private homes were owner-occupied. By 2016 this had fallen to 68% nationally and 59% in urban areas. It is clear that for both financial and societal reasons the reliance on rented accommodation is increasing.

According to a *daft.ie* survey

rents have risen nationally quarter on quarter for the past 27 quarters. This was true in all 54 markets analysed in the report. The national annual rate of rent inflation was 8.3% for the first quarter of 2019, which was the lowest level of increase for five years. In Dublin rents are 6.8% higher than they were a year ago, while in Leinster it is 7.3%. This indicates that there is a shortage of rental accommodation as well as shortages for people on the housing list and for those in the housing market. On May 1, 2019 there were just 2,700 properties available to rent nationwide on *daft.ie*. That was the lowest figure for stock on the market in a series that goes back to the start of 2006.

According to Ronan Lyons of *daft.ie*: "It has become fashionable among some market commentators to deny the realities of supply and demand. The roots of this stem from the Celtic Tiger period, when – at first glance – it seemed that supply and prices moved up together. Prices rose at double digit rates when the country was building twice as many homes as it needed – surely, supply is irrelevant for prices? The answer to that conundrum is, of course, that demand was increasing at an even faster rate. Credit conditions alone drove higher sales prices from 2001-2007 and, once loose credit is stripped out, the normal relationship between supply and prices was still there. That is why prices fell by so much once the loose credit had stopped, 2007-2012. A similar argument has now emerged in the rental segment. It argues that supply cannot be the answer because newly built rental supply – for example purpose-built student accommodation or more

recently built to rent homes – is expensive".

Mr Lyons goes on to say that such an argument misses the point. The building of student accommodation at a very high price, taking Dublin as an example – for rent to stabilise the city would need 1,000 dwellings coming on the market each week. Currently the market is getting half that at about 500 a week, hence the price can only go up because demand exceeds supply. To close the gap Dublin needs to build thousands more rental homes. An extra 500 rental homes would need to come on the market each week for three years to close the gap, and that is assuming turnover for the average tenancy of three years.

There are no easy solutions to the current housing problem which is multifaceted, but the immediate problem of providing affordable rental accommodation and reasonably priced housing for those working and able to become owner occupiers requires dealing with the thousands queuing for rental accommodation and the many more waiting on housing lists.

The combination of public housing, which in the past was built by local authorities and cost rental housing should form part of the equation. Cost rental housing involves the use of State lands and infrastructure with long-term financing. This combination can reduce the cost of providing housing and, therefore, the rents charged. The costs of such provisions reduce over time and the State must be prepared to think in the long term, say about 50 years. There are no signs that the many reports which suggest that land prices need to be controlled so as to

stabilise the cost of purchased housing will ever be implemented. Therefore, only rising incomes can really deal with the affordability issue for those working who cannot meet the current Central Bank rules of deposit and mortgage requirements for the average priced house in an urban area.

The current government has made a puzzling suggestion aimed at single individual tenants, with regard to the rental market. The concept is co-sharing which essentially means that units would be built to accommodate a large number of individuals who would share living areas such as kitchens and recreational rooms. It is a concept many find hard to stomach and is alien to the Irish experience so far. The first example of this was recently advertised in Dun Laoghaire and raised controversy. It was suggested by a TD that one floor, with 42 people accommodated on it, would share one kitchen between them and pay €1,300 rent for the privilege. This was described by the TD as "not co-sharing but co-existing".

The Raise the Roof campaign deserves the support of all of us fortunate to have a roof over our heads. Along with our health service, housing is the major crisis facing Irish society and solutions must be found which allow State assets to be used for the benefit of society. Political philosophy must not stand in the way of publicly funded housing, including rental accommodation, rather than the State subsidising a private market which cannot meet the demand through the provision of rent allowances which still fall short of real prices.

Dave Hughes is deputy general secretary of the INMO

INMIO ADC



Reporting
Alison Moore and Tara Horan
Photos
Lisa Moyles



Looking back on the past 100 years of the INMO's history, president Martina Harkin-Kelly said that it is time that nurses and midwives get the respect and recognition they deserve.
Alison Moore reports

The future starts today

ADDRESSING delegates at the INMO's centenary ADC in Trim last month, president Martina Harkin-Kelly praised the vision and determination of those women who founded the Organisation in 1919. It was this same vision and determination on the part of INMO members, Executive council and staff, she said that resulted in the recent gains made for the professions.

Ms Harkin-Kelly paid homage to the strike committees, full-time officials and members of the Executive Council for their "incredible work" throughout the period of industrial action. She also thanked the of the HSE who worked with the INMO to ensure a safe strike.

"All nurse and midwife representatives should be proud of the professionalism with which they conducted themselves. Their driving concern throughout the strike was care for patients – ensuring safety during what was a difficult dispute and a very busy time in the health service.

"They demonstrated the very best in nursing and midwifery – showing that in all weathers and conditions they are women and men of strength, courage, determination and professionalism," she said.

Ms Harkin-Kelly gave special mention to Patricia King, general secretary of ICTU, who she said was with the INMO "every step of the way".

Reflecting on the past

The domain of the INMO has always been to serve and represent nurses and midwives in the workplace, Ms Harkin-Kelly noted. She said that the Organisation's early founders – Louie Bennet and Marie Mortished – had a radical vision. That they had "the courage to hope and fight for what nurses and midwives truly deserved". Just as the union, led by Phil Ní Sheaghda,

still believes and continues to fight for.

She remarked that it was significant that the founders of the INMO recognised the importance of deriving their mandate and voice directly from the members.

"This requirement to elect its representatives has prevailed as a founding principle over the century – the elected Executive, officers and presidents. Many of our surviving presidents are still actively involved in this Organisation and have left their legacies."

Ms Harkin-Kelly spoke about the legacy of many of the presidents who had gone before her.

- Kay Craughwell a "true advocate for standards in nursing", who always stood to remind ABA (now NMBI) of its role
- Ita O'Dwyer, who took up the mantle embodied in Kay Craughwell's time and went on to become president of ABA
- Ann Martin – for "her commitment to the Commission on Nursing" from which we gained the promotional grades
- Ann Cody – whose legacy stems from the 1999 strike. "She personified fortitude and determination"
- Madeline Spiers, Sheila Dickson and Clare Mahon "saw us through both the best and worst of times"
- The late Clare Spillane, who oversaw the move of HQ to the Whitworth Building.

Ms Harkin-Kelly told delegates that while the presidents have to display characteristics of strength, toughness and resilience, it must be remembered that they were rank and file nurses and midwives – professionals for whom these characteristics come naturally.

"Nurses and midwives, you are the backbone of our health service and there's no mistaking that. We are the true

embodiment of 'When the going gets tough, the tough get going'. Every single day – through our labour, dedication and skill – we drive for a progressive, caring health service."

This is why, Ms Harkin-Kelly told Health Minister Simon Harris that the INMO and its members fought for the Labour Court proposals – to develop our professions and the future of this health service.

"Nurses and midwives offer care, compassion, commitment, communication, courage and competence. When all combine, the health of our patients improves," she said.

Navigating the present

Ms Harkin-Kelly referred to the fact that nurses and midwives often work in very difficult circumstances and that the health service does not have enough capacity to meet patient needs, meaning that members are forced to work in understaffed, overcrowded, unsafe environments.

For this reason, the INMO's campaign will now shift to ensuring the implementation of the "hard-won proposals". Implementing the proposals will mean that staffing numbers will be based on patient dependency.

"The crude instrument of setting staffing solely by what budgets allow – regardless of consequence – has to go. The HSE's recruitment pause for nurses and midwives has to go. The safe staffing framework is agreed. It is government policy. The debate of 'how many do we need on the ward?' is over.

"It took a strike to get this funding commitment and by god we're going to hold them to it," she told delegates.

This progress, the president emphasised, was not gained because the INMO asked for it, rather it was achieved

because the members fought hard for it.

"You secured a new, higher salary scale for the staff grades – recognising the high level of clinical competence which you already bring to the job

"You secured increased, expanded allowances – raising the pay of thousands.

"You secured extra opportunities for RNID nurses and anyone looking at advanced practice.

"And you secured an independent expert review for pay in the management and related grades," said the president.

The Labour Court has directed that review must take place soon to allow the outcome to form part of the next public service pay agreement and the president stressed that the INMO will accept nothing less.

"And let me sound a warning. Many of our members voiced scepticism that the employer would implement these proposals or improve staffing and safety. Failure to do so, or any attempt by individual employers or managers to worsen conditions, will be met with the resolve this union and workforce has amply demonstrated these past months," Ms Harkin-Kelly said.

Modelling the future

The president told delegates that in accepting the Labour Court

Recommendations, nurses and midwives have made a choice that maps their future direction. But she stressed that as no single proposal will resolve all of the problems, the Organisation will always "look to the future" to continue to improve the conditions of nurses and midwives and the health service.

She added that the INMO will – as part of the ICTU public services committee – require government to honour its commitments in the Labour Court proposals as part of the next public service agreement and, in addition, will seek the total unwinding and removal of FEMPI legislation.

"The government is rightly reversing the cuts in pay across the public sector. This must also include the extra working hours required of nurses and midwives since 2013. Hours must be understood as being of equal importance to pay. The INMO proudly stands with other low-paid public service workers in this regard," she said.

Ms Harkin-Kelly said that over the past century the INMO has endeavoured to be at the table of power to influence legislation, policy and strategy.

"We have always abided by the rules of engagement; we have always acted with professionalism, we have always been mindful, respectful and supportive of those

who sat at the table with us. At the table we have always read the menu closely, making choices to benefit our members.

"This union is positioned to only go from strength to strength over the next 100 years with leadership working for you, that is decisive and strategic. For this, again I must thank our leadership team and Executive Council members, to whom we are indebted," said the president.

Concluding her speech, Ms Harkin-Kelly summed up what she felt the Organisation had achieved over the past century.

"We have proven that we are strong when we are united. We have proven that we are a caring, skilled profession, who put our patients first. Colleagues, we are nurses, we are midwives. We endure through it all. And of this we should rightly be proud. The belief that we have come from somewhere is closely linked with the belief that we are going somewhere.

"What's left for me to say is bring on the next 100 years."

Ms Harkin-Kelly went on to introduce student nurse Roisin O'Connell to address the conference and ended her presentation with the song *I am Giant*, symbolising the union's representation of nursing and midwifery in the past, present and for the future.

Never forget: Nurses and midwives are "the beating heart of the Irish health service"

"I THINK nurses take for granted how special and unique they are. They have forgotten how much of an impact they make on a person's life."

These are the words of Roisin O'Connell, a final-year student nurse. Roisin spoke at the launch of the Nursing Now Ireland campaign and she impressed Martina Harkin-Kelly so much with what she had to say that the INMO president invited her to address delegates at the centenary ADC in Trim last month.

"When I heard Roisin speak last month she reminded me, and rooted me in, what it means to be a nurse. She and her generation embody the very best of our professions," said Ms Harkin-Kelly.

Ms O'Connell said: "When I filled in my CAO application I never knew the amazing journey that I was starting on. Although these last four years have been full of difficult moments they all now seem worth it as I edge closer to graduation this September." She told delegates that while her degree and training have been difficult at times, she felt that it had shaped her as a person.

"It showed me that if I had the determination to do this that I could do anything. Nursing has taught me compassion, empathy and respect for not only my patients but also my co-workers.

"No one can prepare you for the cry of a wife who has lost her husband, or the smiles of joy when someone learns to walk again. Nursing has



taught me that although healthcare in Ireland is stretched to the limit, that all around the world nurses are respected for the amazing work we do."

Ms O'Connell stressed that due to hospitals being understaffed and overcrowded that it was time for change.

"Many nurses and midwives are becoming exhausted and stressed due to this difficult working environment. Nurses work tirelessly from dusk till dawn, 24/7, 365 days a year to ensure that their patients receive the highest level of care possible no matter the conditions. This year we decided to stand up for patients and plead for

investment in recruitment and retention of staff.

"Backed by the public, change is coming. Through the implementation of the safe nurse staffing framework and the voting which has concluded on the Labour Court recommendation, nurses will hopefully start to see change in our health service," she said.

Ms O'Connell said that becoming an INMO rep had shown her what one voice could achieve.

"I have met the most amazing and inspirational people through this career and I look forward to all my future adventures.

"I am proud to call myself a student nurse, and, come September 2019, I will be proud to call myself a staff nurse. This has been the most challenging four years of my life, filled with blood, sweat and tears. But I would do it all again to become part of this amazing team of men but mostly women.

"I ask you now if there is only one thing I say that you remember, remember this, each and every Irish nurse and midwife is worth their weight in gold, if not more. And no matter what anyone tells you, you are the ray of sunshine in your patient's day, you are the beating heart of the Irish healthcare service. You can make a difference if you put your mind to it, and every day we do make a difference to society in Ireland by improving patient care in Irish hospitals," said Ms O'Connell.

Positive outlook

Minister for Health Simon Harris told delegates he was committed to continued engagement with nurses and midwives to build on the Labour Court agreement. Tara Horan reports

AFTER what he called a difficult and challenging year for nursing and midwifery, a tentative Minister for Health Simon Harris arrived at the ADC not quite sure of the reception he would receive.

He had been apprised that nurses and midwives would be happier as soon as they saw the new Labour Court deal being acted upon, so was quick to assure delegates that "It will be implemented. We'll implement it quickly and we'll implement every letter in that agreement. I will make sure that happens and we'll work together to ensure it."

Mr Harris paid tribute to the "formidable INMO negotiating team" he had come up against during the negotiations. The talks were far from easy and were done in very difficult circumstances, but the outcome would be "good for nurses, good for midwives, good for patients and good for the health services", he said.

"The Labour Court recommendation describes a range of tangible and specific enhanced nursing practice measures which the Court views as the basis for a 'fundamental change in the role of the staff nurse, which could be regarded as phase one of the development of nursing and midwifery'. It also describes how the development of a new enhanced nurse practice salary scale will 'begin a transformation of the profession'.

"This to me is key," Mr Harris told delegates. "I share the concerns of the INMO that our health service needs to attract

and retain talent in order to operate effectively and to thrive. I believe the Labour Court recommendation will help in this regard.

"Be clear – I accept we have a recruitment and retention challenge in nursing and midwifery. There is no doubt about that. This agreement will help address that. I hope the positive changes on pay, conditions and professional development will encourage those who work here to stay, and I hope over time they will help attract back many of our nurses who left our healthcare system or who have left Ireland to practise abroad in recent years."

The new enhanced practice nurse and midwife contract delivers increases in pay, in particular, weighted to newer entrants to the profession. He said it also facilitates nurses to practise to the full scope of their licence, acknowledging the key role of the nurse in our health services. The deal also sees improvements to a range of allowances, and their extension to additional nurses and midwives, and a new allowance for those in medical surgical wards.

Advanced practitioners

The agreement also includes a commitment to increase the number of advanced nurse/midwife practitioners to a minimum of 2% of the nursing/midwifery workforce.

"Again, this contributes to the positive outlook for those pursuing a career in the professions. There are clear road maps for career progression and the opportunities

for nurses and midwives are increasing."

The Minister welcomed the policy within Sláintecare on the development from graduate to advanced practice, which provides a framework that enables nursing/midwifery care to be delivered at graduate, specialist and advanced level, responding to the spectrum of patient needs.

This policy recommends a reduction in the minimum regulatory timeline to become an advanced practitioner (AP). "It was madness how long it was taking to become an advanced practitioner in this country compared to other jurisdictions," Mr Harris said.

The first 124 candidate APs under this policy commenced their programme in October 2017, working in the areas of chronic disease management, older person care and unscheduled care. A further 40, including 10 in the area of child and adolescent mental health, commenced in October 2018.

Mr Harris said the evidence coming from these programmes is really good.

"It's showing increased capacity in outpatient clinics, reduced admission rates in EDs for patients with chronic diseases, and showing that more than 11,000 patients were seen by APs in unscheduled care settings in the first six months of 2018," he said. "We can see, when an initiative is embedded in our health service, nursing and midwifery is actively contributing to solving some of our biggest challenges. I

fully expect we will hit the really important milestone of 2% of our nursing and midwifery workforce practising at advanced level."

Safe staffing framework

The Minister pointed to the implementation of the Framework on Safe Staffing and Skill Mix as "absolutely key to the agreement".

The Labour Court recommendation provides for the continued national rollout of phase one of the framework. Mr Harris confirmed that the government has allocated €5 million to commence implementation of the safe staffing framework this year, and that funding is already in place for the eight safe staffing coordinators to support the implementation plan.

"The pilot of the framework is so encouraging; not only have we seen it is possible to improve patient outcomes, it is also increasing satisfaction among the workforce."

The phase two pilot in emergency care areas is currently being implemented in four sites – Mater Hospital, Cork University Hospital, South Tipperary General Hospital and Ennis Hospital Local Injury Unit.

"These pilot sites give a good cross representation of our emergency care areas across the country and include areas that have faced significant challenges as well," Mr Harris said. "The international evidence is clear – we know there are positive results. We now need to roll this out to other areas."

The Minister confirmed that phase three of the framework is set to commence next month (June 2019), with a focus on safe staffing and skill mix for care of the older person and for community care areas.

Sláintecare

The Minister stressed that nurses and midwives are central to the transformation of the health service envisaged by Sláintecare. Acknowledging that this plan for the future of the Irish health service has INMO backing, he updated delegates on the progress of Sláintecare.

He confirmed the implementation plan is in place with an implementation team and office within the Department of Health. Also the Sláintecare Implementation Advisory Council has been established and a series of action plans have been published to ensure the vision becomes a reality.

"Central to the implementation of Sláintecare will be meaningful engagement with the health workforce to ensure that the plan is not simply owned within the

Department of Health or the HSE, but is owned by everybody working in the health service.

He pointed to a number of workshops that nurses and midwives had engaged in which have focused on how to bring about a decisive shift in the delivery of healthcare. These have covered a wide range of topics including care of patients with chronic diseases and care of the older person.

"I am pleased to see the workshops are bringing front-line clinicians, including nurses and midwives, to share their expertise and their vision of how to create an integrated care system.

"I can see that progress is being made. We are already seeing for example the importance of achieving a level of stability with community interventions for patients in the first 30-days following an acute event. The evidence shows this can avoid unnecessary hospital admissions and inform the need for support services, ensuring access to the right healthcare professionals, with the right skills at the right place at the right time. This is what Sláintecare is about."

He pointed out that there is a strong nursing element included on the Sláintecare Advisory Council, including Annette Kennedy, president of the International Council of Nurses; Joanne Shear, CEO and president of Primary Care Transformation Experts LLC; and, Liam Doran, former INMO general secretary.

Students

Before the Minister's address to all delegates, a group of student nurses and midwives, along with INMO student and new graduate officer Neal Donohue, outlined the difficulties experienced by students particularly in their early years of training, with the costs of travel and accommodation during unpaid clinical placements.

The Minister made a commitment to work with the INMO and the Chief Nurses Office to look at how financial support could be put in place for this cohort of students. He also gave a firm commitment to every student nurse/midwife graduating this year of a full time and permanent job in the Irish health service.

Advocacy

As well as being advocates for safe staffing levels, the Minister pointed to another tangible example of patient advocacy by INMO members working in sexual assault treatment units (SATUs) in Ireland. A group of four SATU nurses had opened his eyes at

the previous INMO ADC in Cork about the depletion of what had been a world-class and innovative service when it was established a decade earlier, to one that was in real trouble and struggling to provide the support needed by women and men who are the victims of sexual assault.

The SATU nurses had convinced the Minister of the need to carry out a full policy review of the service. This review was published recently and, while it found areas of excellence, it also highlighted a number of issues that require urgent action.

"We would not have got to this point were it not that your members highlighted the issues to me and engaged with me on this," said Mr Harris, who confirmed that all actions have now been approved and €0.5 million has been committed this year to support their implementation.

An implementation team is being set up to drive this. He said this year alone will see the number of forensic nurse examiners increasing from six to 15, and funding is in place for two additional training programmes for forensic medical examiners. In addition, for the first time, rapid-responder forensic examiners will be able to travel to patients in their local unit if there are staff shortages.

Colposcopy nurses

The Minister also paid tribute to the nurses working in colposcopy services who stepped up and helped the Irish health service above and beyond over the past year.

"The past year has been very challenging for our screening services. I remember talking to you at your conference last year, only days after the incredibly courageous Vicky Phelan had exposed the Cervical-Check audit on the steps of our High Court. Since then so many women have sought reassurance from our screening programme, visiting our colposcopy clinics. I would like to say thanks to the nurses in our colposcopy services who have worked above and beyond the call of duty during this very difficult time."

Continued engagement

The Minister was keen to assure delegates that he and the government would continue to engage with the INMO to build on the Labour Court agreement

"I don't see the agreement as an indication that we have solved all the challenges. Absolutely not – far from it. All this agreement does is endeavour to stabilise nursing and midwifery, stabilise and reform the professions. But we now need to continue to engage and build on that agreement," the Minister said.



Looking back on the past year, Dave Hughes believes that the recent industrial action of nurses and midwives has broken a 'cycle of fear' among public servants.
Alison Moore reports

Making the pressure pay

LOOKING back at 2018, INMO deputy general secretary Dave Hughes noted that internationally it was dominated by Brexit, Trump and climate change, while a strong feminist theme emerged with a majority female government in Spain, Angela Merkel becoming the longest serving leader in the west and Theresa May at the helm in the UK, while the rise of the #metoo movement brought sexual harassment to the fore.

In the INMO context, the long-awaited Pay Commission findings into the Organisation's pay claim were interminably delayed.

"When they eventually came out, to say they were disappointing would be an understatement," said Mr Hughes.

"They did extend allowances and they did look at the long-service increment but they said there wasn't a general problem with recruitment and retention of nurses and midwives in the health service. And therein lay the problem that led to all that has happened this year," he said.

Because it was such an incredulous finding, 95% of INMO members rejected the findings of the Commission and voted to take industrial action. But it wasn't a simple matter of jumping from strike notice to strike action, said Mr Hughes.

He said that it was clear that nursing and midwifery would never progress without the application of pressure.

"We've never made the step forward without significant pressure being put on governments. The Commission on Nursing didn't just happen. It happened because of an industrial dispute that was averted by the promise of it.

"We didn't get ANPs because someone thought it was a good idea. We got it through pressure from the INMO on government to do it," he said.

According to Mr Hughes, this latest situation was the same.

"We were never going to break the back of the staff nurse scale being the lowest professional grade in the public service without the extreme of strike action."

Mr Hughes said that there was no real engagement when the strike notice was served, that there was a pretence of an engagement through the WRC, but no real engagement of substance.

"What was said at the time was that the INMO is trying to break the agreement, the INMO is trying to blow it up and cause mayhem. That wasn't what was being attempted. All we were seeking was that the agreement would deal with the issue of recruitment and retention," he added.

The notice for three days of strike action didn't lead to an engagement from the employers about the substance of the dispute, rather most of the engagement was about contingency planning. However, Mr Hughes said that the public knew that there was a problem and responded by turning up in their thousands at the national march in February. This added to the pressure on the government and led to the Labour Court intervention.

Mr Hughes stressed that it was "a huge credit" to the strike committees that the INMO was able to deliver a safe strike.

"You delivered a very safe strike, but also a very effective public demonstration

of your anger and frustration about recruitment and retention," he said.

Mr Hughes also paid tribute to the skilful manoeuvring of Phil Ní Sheaghda, the Executive Council and the staff of the INMO to stay inside the agreement, despite all that was going on. He explained that through very skilful negotiation the INMO avoided penalties being imposed by the National Implementation Body.

"Before any action was taken, there was an attempt to declare the INMO in breach of the agreement. It took major skill to prevent that happening. And you have your general secretary to thank for this. Part of that was ensuring that the strike didn't happen until the pension adjustment on January 1, 2019 was actually paid to you. That was very well done in terms of negotiating," he said.

"They said the Pay Commission was the only show in town, they said it couldn't be done but it was. It did happen and it was delivered. And the issue now is to get on and do it," he said.

"You as members of the INMO have broken the fear that has kept nursing and midwifery at the bottom of the pile. We've shown that we can stand together and break that locked-in public service arrangement, which says everybody stays where they are.

"I'm saying to you that you have a leadership that is second to none. You have an Executive Council who are rock solid in the most difficult of circumstances.

"Be loud, be proud. You can change the health service. Nurses and midwives have shown the way," concluded Mr Hughes.

Only the INMO represents nurses and midwives exclusively, and by working together we have achieved what many would have considered impossible, said Tony Fitzpatrick at the ADC. Alison Moore reports

Achieving the impossible

THERE was a very different mood in the room as the INMO's director of industrial relations took the floor at this year's ADC. There was an air of positivity that has not been evident in previous years and this was reflected in Tony Fitzpatrick's address.

Under an image of Nelson Mandela, alongside his famous quote *It always seems impossible until it is done*, Mr Fitzpatrick marked off many of the gains that the Organisation and its members had achieved since last year's conference.

"If you said to me last September, that I would be standing at conference today and saying that a new graduate, after a year and 16 weeks working on a medical ward, will be earning €38,000 instead of €32,000, I would have said that was nearly impossible.

"If you said to me that those with 18 years' experience were going to get €3,700, and if they are on a medical or surgical or they're going to get another €2,230 to almost €6,000 more than they are earning now – I would have said that was nearly impossible.

"If you had said to me that a senior staff nurse who is currently earning €47,000, would get an increase of €1,500 and if they're on a medical surgical ward they will get €2,230 in addition, I would have said that was nearly impossible.

"If you said to me that the INMO would keep you within the PSSA ensuring the 1.75% pay increase in September and the 2% due next October will be paid – which means that the senior staff members currently on €47,000, will go to €49,000 and by the end of next year will be €51,600 – I would have said that was nearly impossible.

"But the reality is this, all of us, nurses

and midwives on the front line, our reps, our activists, our branch officers, our strike committees, all worked together and delivered the impossible," said Mr Fitzpatrick.

He said that the complexion was rather different at last year's ADC. At the time other unions were saying that nurses and midwives didn't deserve anything more than other public servants within the PSSA. The INMO had asked the government to engage on the recruitment and retention crisis in the Irish healthcare system and widespread understaffing in the workplace but the government refused to meet.

It was this intransigence that led to the INMO balloting for industrial action, a move that was backed by 95% of members.

"They didn't realise the fortitude of nurses and midwives. They didn't realise the public respect that existed for nurses and midwives and our Executive Council had to make a very brave decision last January, where they said enough is enough," he told delegates.

According to Mr Fitzpatrick, only the INMO stepped forward and stood up to the government. He said that it had underestimated the resilience of nurses and midwives as well as the public support that existed. During the ensuing industrial action He said that nurses and midwives asserted themselves and stood up for their professions, "knowing that they do a great job for patients".

"Because we care about our patients we care about the fact that we can't recruit and retain nurses and midwives. We did something about it, even if everybody else was against us. And because of that, we did the impossible, all of us together," he said.

Mr Fitzpatrick said that he knew that

anyone who voted no to the proposals cares as much about the professions of nursing and midwifery as those who voted yes.

"The reality is this, all of us care about the professions, all of us together, prosecuted this dispute and all of us together must move forward, to implement the proposals from this dispute. That must be our focus. Our work only starts now.

He told delegates that the INMO had already written to the Department of Health seeking engagement on implementation. He said that the Organisation would ensure that those due to get new allowances, retrospective to the first of March this year, receive them immediately and that those staff nurses that are going from the current scale onto a new higher enhanced salary scale, who have already got their increments since March 1 this year, receive that money immediately.

"We will work tirelessly on your behalf to ensure that this happens," he stated.

But, he emphasised, that none of the gains made would have been possible without the expertise and fortitude of the Executive Council, reps, branch officers and staff of the Organisation and he gave special mention to the strike committees.

"I think it's only appropriate that we recognise the invaluable work that they did in organising the workforce, ensuring the patients were safe throughout the strike. And I believe the ADC should recognise what they've done.

"Everybody worked as hard as they could to get the best possible outcome for nurses and midwives, despite others working against us. We did what was necessary in that regard," he said.

From professional development to support during a fitness to practise inquiry, the INMO is there for you, Edward Mathews assured delegates. Tara Horan reports

In good times and bad

"EVERYWHERE there's a conversation taking place in relation to nursing and midwifery practice, the INMO is there and we are influencing it," Edward Mathews told delegates, in his update as INMO director of professional, regulatory and social policy services.

Professional

"On the professional side, there is no discussion of substance on nursing and midwifery in this country that takes place when we're not there," he said, pointing to working groups that are ongoing on advanced practice and occupational health services as examples.

Internationally, the INMO has a significant impact also, with former INMO colleagues, Elizabeth Adams as president of the European Federation of Nursing Associations (EFN) and Annette Kennedy as president of the International Council of Nurses. Mr Mathews, the INMO president, general secretary and head of education Steve Pitman are all consistent contributors to the work of EFN.

INMO Professional ensures its wide-ranging portfolio of courses is responsive to the professional needs of members and is working to refresh this portfolio this year to keep up with changing demands.

Following a motion to ADC, the INMO is pioneering a programme, which it piloted with Jigsaw, on the mental health of students. We're working with clinical placement co-ordinators on how best to support students in their learning.

"We also believe it's part of our work to be at the forefront of developing professional policy and position papers on issues of concern to our members," Mr Mathews said, outlining two draft position papers

which are out for consultation at the moment. They are available on the INMO website and he urged members to provide feedback.

The first of these is in relation to instant e-messaging in the workplace, which deals with issues of confidentiality. "We feel it's important to lead both in informing our members on issues that can arise from instant messaging, but also to drive the NMBI and employers to have appropriate policies in place," Mr Mathews said.

The second current position paper is on menopause at work. "Particularly in a predominantly female workforce, where people may require support, this is an issue for an employer. We want experienced people to remain within the workforce and to be facilitated to remain," he said.

INMO Professional encourages the sharing of nursing and midwifery practice, Mr Mathews said, such as with the poster presentations in the ADC exhibition area which are excellent examples of nurses and midwives sharing their research work and best practice. In addition, leaders in nursing and midwifery practice nationally are encouraged to share their expertise through *WIN*. A professional practice newsletter is also planned for later this year also.

Nursing Now

Mr Mathews urged delegates to get involved with the extraordinary global Nursing Now campaign, which the INMO is leading out on in Ireland,

"One of the key things Nursing Now recognises is that when we raise the status of nursing, we improve the situation for patients and improve the economy of the delivery of healthcare. At a broader level, when we improve the status of nursing,

we improve the lot of women. And when we improve the lot of women, we improve society extensively. This is about lifting all boats internationally in relation to nursing practice and the status of nursing."

At the recent launch of Nursing Now Ireland advanced practitioners, staff nurses and students spoke passionately about why they engage in nursing, what they do and what difference it makes.

"We are one of a large number of countries who are working tirelessly to increase the status of nursing, to improve health outcomes, to improve our communities and to improve the economy of healthcare.

"The INMO Executive Council has put its shoulder full square behind the wheel to ensure that we make Nursing Now a real campaign in Ireland. It's important that we make a contribution to what is an effective international campaign to make nursing more readily accepted by the system as a key contributor to improving health outcomes."

Social policy

As part of the trade union movement, the INMO works to create a more just and equitable society for all. The Organisation's social policy initiatives include:

- Taking a stand in relation to drug misuse, saying it should be treated primarily as a health issue and not a criminal issue
- Contributing widely to the work of the Irish Congress of Trade Unions in relation to homelessness, in particular, the issue of child homelessness
- Support for LGBTQ colleagues and LGBTQ people in society, including a screening of the BAFTA-nominated film *Pride* in the Richmond Education and Event Centre on June 20 (see page 54)
- Taking a strong stand in support of



Nursing Now: "When you raise the status of nursing, you improve the situation for patients and the delivery of healthcare"

nursing and midwifery colleagues internationally who are the subject of violence and oppression in the delivery of care. "It's a very important part of our work to show solidarity with our colleagues because there should be no greater principle than when you deliver care, you deliver it based on need only and should never be the subject of attack, vilification or torture for the delivery of nursing or midwifery services," Mr Mathews said.

Regulation

On the Organisation's regulatory services, Mr Mathews outlined the importance of keeping pace with the ever changing regulatory environment for nurses and midwives and keeping members abreast of these changes.

Examples of this is sharing outcomes from coroners' inquests, and briefing members on revised reporting relationships in the protection of children and vulnerable persons, including mandatory reporting arising from legislation.

The INMO has worked to achieve changes in the nursing and midwifery rules issued by the NMBI. Mr Mathews said the Organisation made a substantial submission on this and virtually every change it sought has been implemented. "Those changes, and anything we advocate to the NMBI, are always about ensuring the Board can support people to maintain professional standards to ensure the safety of patients."

A matter of concern has been the ongoing efforts of the NMBI to revise the outdated medication guidance document. The INMO has made mammoth submissions on this, which are available on the website. "The reason new versions have not issued is because they're going back for revision again and again because we will not surrender key principles. Any guidance that issues has to be based on the practice

of nurses and midwives in the real world. It can never surrender the professional status of nursing and midwifery. We can never have the NMBI surrendering to external pressure to allow unregulated persons a greater role in the administration of medication, which will compromise safety. We will never agree to that."

The INMO also made a submission on Deprivation of Liberty legislation. "We are concerned at proposals to give CNM2s powers of detention temporarily – not because the CNM2 isn't capable but because the CNM2 is managing a ward and that level of responsibility should be remunerated at a higher level. We have achieved substantial changes on this."

There is important ongoing consultation on the Regulated Professions Health and Social Care Amendment Bill, which proposes to change the fitness to practise regime for every practising profession.

"While there are many good things in this, a serious concern is a proposal that every sanction, without exception, will be published by the NMBI. We have mounted a vigorous campaign with TDs and the Oireachtas Health Committee on this issue.

"Our members do not deserve that type of public scrutiny. If you become unwell, it can affect your nursing practice and you may validly come to the attention of the NMBI. But there is no public interest in the ventilation of every single one of our members' health matters which come to the attention of the regulator in a public fashion. It is oppressive, it is tortuous and it is unjustified. We must resist this change. It is prurient interest, which never serves the public interest. If the Oireachtas proceeds with this reform, very vulnerable nurses and midwives and other health professionals will not be able to survive the fitness to practise process."

Fitness to practise

The INMO is a leader in the field of fitness to practise work. Mr Mathews reported that there was a 100% increase in the number of FTP complaints being dealt with by the INMO in 2018. "We support professional regulation, but we want a fair process. Nurses and midwives suffer going through this process. It's a very traumatic experience. It's a great privilege to be able to assist people who've fallen on bad times, who've become unwell. We manage to stop about 75% of complaints at the preliminary proceedings stage. We give extensive and expert assistance to our members in the preparation of detailed and professional statements of response to complaints. We engage in professional practice development and structured reflection to help people appearing before the preliminary committee.

"Some matters go forward to inquiry. We spend thousands of hours and hundreds of thousands of euro of your money every year preparing people for inquiries. We do that because our members deserve nothing less than the best possible defence. We spend money as well employing expert witnesses to sit through multi-Day inquiries to support our members.

2018 was also a record year for the length of inquiries, two in particular – one lasted 14 days, the other lasted eight days. "Rare is the nurse or midwife that could put their hand in their pocket, go to the bank, or even ask for a loan to cover the amount that would be required to defend yourself. But that's not a problem when you're a member of this great organisation.

"When our members fall on bad times, when they become unwell, when you're at your lowest moment, you will never ever be better defended than when you're a member of this Organisation," Mr Mathews concluded.

Marking a milestone

A Century of Service author Mark Loughrey officially launched his book on 100 years of the INMO at the ADC. Alison Moore reports



INTRODUCING Mark Loughrey to the delegates at last month's 100th annual delegate conference, INMO general secretary Phil Ní Sheaghda described him as "one of our own", a nurse and longstanding member from Cork who had done a very fine job in setting out the history of the Organisation.

"Those of us who have worked with the union for 20 plus years were unaware of much of our very proud and good history. Mark has depicted it in a manner that is very humorous, very factual and also very historical in the context of Ireland," she said.

Mark Loughrey is a research nurse at University College Cork and he told delegates that he had written *A Century of Service* as 'a nixer or foxer' in his spare time over the past four years. He said that he was very lucky that both Annette Kennedy and Sheila Dickson, past director of professional development and past president of the INMO respectively, had the foresight to want to document the past 100 years and commissioned him to write the book.

"I was really fortunate to be given a PhD scholarship to go to UCD and study history there. At the end of that scholarship, it was time to give something back, so what we did was we set about writing a book about the history of the Organisation in time for today," Mr Loughrey explained.

A Century of Service offers a comprehensive history of the INMO, looking back at the union's origin in 1919 before detailing the Organisation's relatively conservative middle years and finishing with the INMO we know today.

Mr Loughrey explained that the seeds for the INMO were sown in 1919 when 20 nurses and midwives, who were absolutely fed up with the dire conditions in which they were working, met in a small office at 29 South Anne Street in Dublin.

"Their working conditions were really deplorable. Some of them were paid part of their wage in milk, butter and potatoes. The men who were working at the Ford car company in Cork were earning £239 a year but those nurses who were working in Dublin hospitals were earning £65 a year," he said.

They had to make up for any sick leave or holidays they took by working those hours back.

"So these nurses met and decided to establish a 'society for the prevention of cruelty to nurses' - all of us are members of that society," joked Mr Loughrey. He went on to detail some of the fascinating stories of those founding women, including Marie Mortished who, having founded what was to become the INMO, ended her days living with Barry FitzGerald, her Oscar-winning brother, in Hollywood

and rubbing shoulders with the stars.

He explained that until now, the stories of those women had been elusive.

"We didn't know their names. We didn't have pictures of them. But with thanks to the assistance of their grandchildren, we now know who they were, we now have pictures of them for the first time, and we've ploughed all of that information into the book," Mr Loughrey said.

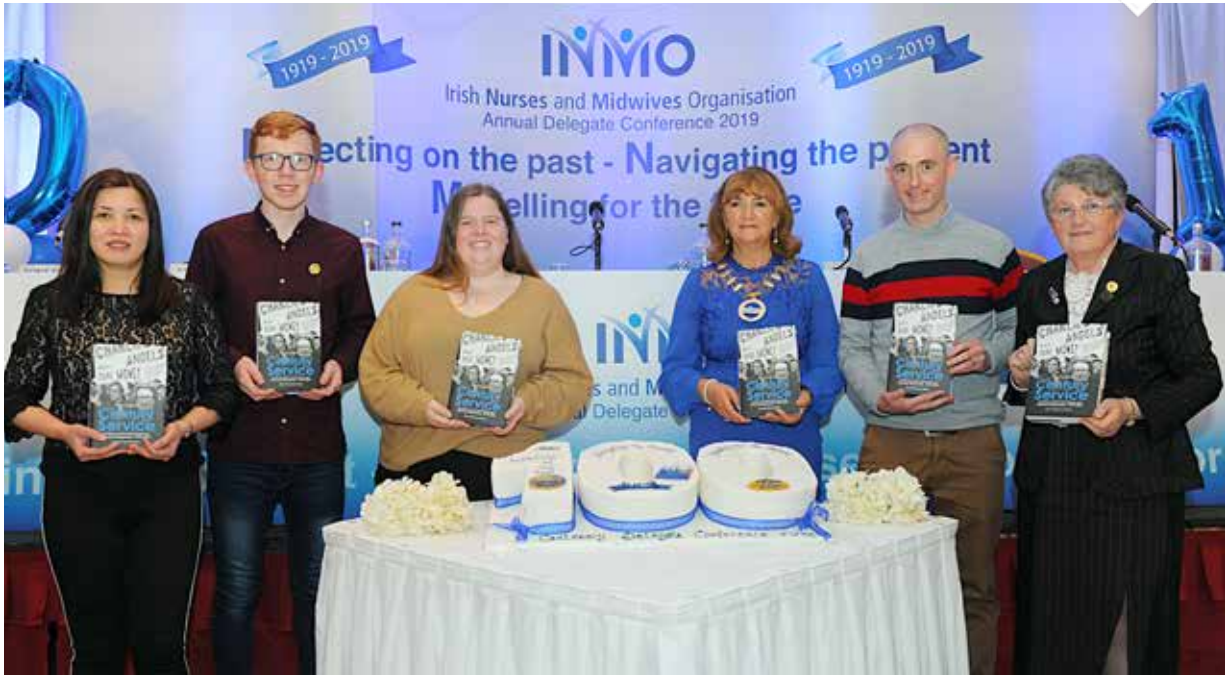
A lot of the research for the book focused on periods of industrial action. Mr Loughrey told delegates that the union's first ever industrial action involved a work to rule and refusal to carry out non nursing duties, namely, compiling lists of patients' belongings.

"The book explores the nationwide protest marches of 1970. It also examines the protest at Dáil Éireann in 1978. An arresting image from that particular protest, featuring the Organisation's Roscommon Branch, adorns the book's cover.

"And of course, the book looks long and hard at the national nurses' strike of 1999, which many of you will remember very well," he said.

Mr Loughrey's research strongly suggests that the INMO was the first trade union of its kind for hospital nurses in the whole world.

He also uncovered many stories that were unknown until now, including



Launch of INMO history book 'A Century of Service' at the INMO Centenary ADC. Pictured (l-r) were: Diana Malata, staff nurse, Royal Victoria Eye and Ear Hospital, Dublin; James Leonard, fourth-year internship student in general nursing, DKIT; Melissa Plunkett, third-year student midwife, UCD; Martina Harkin-Kelly, INMO president; Mark Loughrey, nurse and author of the book; and former INMO president, Kay Craughwell

the 'unsung role' that the midwives of Carrick-on-Shannon played in the establishment of the Union, and the stories of the whist drives that were held in the 1920s to prop up the Organisation's coffers.

"The book reveals how the Organisation held a meeting at Miss Ryan's sweetshop in Kilkenny in 1919 and introduces readers to Annie Smithson, who was once the Organisation's general secretary and who also happened to be one of the best-selling authors of her day.

"The book also uncovers the Organisation's plan in 1947 that two counties could hold a charity football match in Croke Park and donate the proceeds to its benevolent fund. Those two counties were Roscommon and Cavan.

"It also draws attention to the local authority in Co Meath who dispatched a manure cart to take a midwife to a case. And it tells the tale of the bike that the Organisation raffled when petrol supplies were rationed during World War II so that nurses could get to see their patients in the community.

"And then there was the nurse who was suspended for putting highlights in her hair. Her mother, a journalist, showed up at the matron's office wearing her press badge and looking for answers.

"We also make acquaintance with Louie Bennett in the book. She was the first president of the union and she also happened to be one of Ireland's foremost suffragettes," Mr Loughrey told the conference.

The aim of the book, which he refers to as 'our book' rather than 'his book',



Geraldine Talty from the Ballinasloe Branch gets her copy of 'A Century of Service' signed by author Mark Loughrey at the ADC in Trim, Co Meath

was to capture the stories, big and small, which make up the tapestry of the INMO's journey to this 100-year milestone.

Referring to capturing some of the INMO's more recent history, Mr Loughrey explained he had been fortunate that a number of members – not just the decision makers but also rank and file nurses and midwives – were kind enough to tell him their stories and allow them to be featured in the book.

"I just learned to keep my mouth shut and let people talk because that's what many of them wanted to do. Some of those people were telling their stories for the first time," Mr Loughrey said.

"How less engaging would this book be if it wasn't for these people's bravery in

giving me these narratives – and they are here now for all of posterity," he remarked.

Mr Loughrey said that nurses and midwives have to write a great deal at work but are often not great at keeping journals outside of this. He therefore urged members to keep accounts and records of events as they occur.

He asked members to give the INMO their testimonies so that they could be documented now and be available to those who will be celebrating the 200th anniversary in 2119 "because none of us will be there then".

A Century of Service, A History of the Irish Nurses and Midwives Organisation: 1919-2019 by Mark Loughrey is published by Irish Academic Press and is out now. See iap.ie

Implementation is key

Conference backs emergency motion calling on government to engage on swift implementation of the pay deal. Alison Moore reports

GOVERNMENT must live up to its promises and "get the deal done" when it comes to implementing the new agreement with the INMO. This was the warning from the Executive Council at the Organisation's centenary conference in Trim last month.

An emergency motion put down by the Executive Council called for the HSE to demonstrate its commitment to implementing the recent agreement by ensuring efficient and speedy implementation of all elements of the agreements in the interests of the safe staffing and recruitment and retention measures. Proposing the motion, Executive Council member Donna Hyland stated that equal weight must be given to the rollout of the safe staffing framework, the necessary adjustments to pay and allowances, and the phase 2 review of nursing and midwifery, with particular emphasis on promotional grades.

Conference further called on the HSE to immediately engage with the INMO at national level, to put in place a robust implementation strategy at hospital and community healthcare organisation level with full involvement of the INMO representatives in all workplace locations.

Ms Hyland commended the work of the strike committees, which organised a safe and effective nationwide strike on three working days.

"The expertise shown by the committee members must be sustained to ensure transparency and universal implementation of the agreed measures across all services," said Ms Hyland. The motion also stated that the timeframe for the implementation must

be adhered to "in order to deliver safety in a well managed, and adequately staffed positive working environment".

Calling on delegates to support the motion Ms Hyland said: "We have honoured our commitment, and we do so every day in our workplaces. If there's one thing that I've learned after coming through the strike is that when we stand together we have a voice in the health service and we can, and do, make progress. The implementation of the recommendations must be managed locally through our reps, through our strike committees, regionally through our IR teams and nationally through the Executive to ensure uniformity of application. This is too important to leave to individual interpretation."

Margaret Frahill, also of the Executive Council, in seconding the motion said that nurses and midwives had worked hard to achieve the deal and implementation must be ensured.

"We achieved this with pride, commitment and unity of all grades by working together. We now need to use this enthusiasm to ensure the government lives up to its promises and implements this deal.

"We've shown the citizens of this country that we have a voice and will continue to use it. Remember delegates, we are the mighty mighty nurses and midwives. We will work together to get this deal delivered, ensuring a brighter future for the nursing and midwifery professions."

Ann Noonan, a member of the Executive Council, commended the skill of the

strike committees for running a safe strike through the worst trolley crisis the country has seen and called for the individuals involved to be brought into other areas where their skills might be beneficial.

"We need to get these strike committees involved in the implementation of the deal. These people have ideas. They are inclusive and open. They have talents outside of their professional talents and these need to be utilised to get this deal across the line," she said.

A member of the Offaly Branch took to the podium to call on members to work together. He said that everyone needed to be cognisant that a proportion of the membership felt that the deal fell short.

"Once we get these things crystallised, we must work on the things that haven't been achieved yet and we can do that if we stick together and keep our focus on the horizon of where we want to be," he said.

The motion was carried.

INMO general secretary Phil Ní Sheaghda took the opportunity to thank members, the Executive Council, the president Martina Harkin-Kelly and the management team for their excellent support throughout the period of industrial action. "I am humbled by the congratulations from the floor but nobody does anything like this on their own and I couldn't have countenanced many days without the excellent support from the management team, the IROs and from the Executive, and from all the good positive messages we got from branches saying 'keep strong and keep going' so I thank you for that."

Recruitment pause must go

IF THE implementation of the new agreement, arising from the INMO's recent industrial action, is to be successful then the recruitment pause can no longer be applied to nurses and midwives. This was according to INMO general secretary Phil Ní Sheaghda.

Ms Ní Sheaghda was responding to the Minister's address to the ADC in which he acknowledged the ongoing recruitment and retention issues. She underlined the difficulties faced in implementation under the recruitment pause.

"Minister, the recruitment pause is a problem. We briefly spoke with Paul Reid (new HSE chief) earlier. He is starting his new job on Tuesday and he will have a lot of files on his desk. We are asking him to immediately open the file that says 'Why nurses and midwives should not be subject to a recruitment pause' because



*Phil Ní Sheaghda:
The implementation plan has to be driven by government*

he has just heard it from the Minister; there is a clear understanding that we do have a recruitment and retention crisis in nursing and midwifery."

Ms Ní Sheaghda welcomed the minister's confirmation that the next phase of implementation is in good faith.

"We certainly intend to continue with the good faith negotiations that we have engaged in but we do remind the Minister that there is a

mutuality of obligation attaching to these proposals.

"We believe that the implementation plan has to be driven very clearly from the Minister's office, from his colleagues in the Department of Expenditure and Reform and the HSE in good faith," she said.

"The important next phase for us will be the implementation of these agreements. We believe that the expert group must be immediately formed. The next step would be that this goes to government for implementation. We have agreed that it will be independently chaired, we have agreed that an international expert will sit on it and we have agreed that the INMO will have representation," said Ms Ní Sheaghda.

"I think Minister, from where we sit, there is a lot of work to do and we believe that work has to start immediately," she added.

Call for management to engage with staff prior to seeking practice change

A MOTION calling for greater engagement between management and staff prior to the implementation of changes to work practices was carried at the recent ADC.

Proposing the motion, Ellen Looby of the Clare Branch said that members wanted this to be addressed as they felt it would reduce the "marked increase in workloads which caused record staff burnout" and led to overwhelming frustration.

Ms Looby said that in her workplace it was not unusual, under current practices, to return to work following any kind of leave to discover a major change had been made without any discussions.

"We discover a new plan or

audit on our desk without any consultation," she said.

Ms Looby said that the HSE policy document on stress prevention and management in the workplace, published in June 2018, was a "welcome recognition of the deficiencies that exist in this area" but said it was of little use to employees if it is not implemented.

"How many of us have even seen it?" she asked, urging delegates to make themselves familiar with its contents.

"The document makes reference to the varying roles and responsibilities of all staff at all levels. When implemented, it will ultimately enhance our roles, thereby ensuring that all our service users receive the highest quality of care in a

healthy and safe environment.

"The areas in particular that have been highlighted are the inadequate levels of staff cover for annual leave and sick leave."

She said that when staff have taken the time to complete risk assessment there are usually no resources available to address the concerns that have been raised to management.

Ms Looby called for the HSE to implement, without delay, its own policy document in conjunction with "the proposed enhanced nurse/midwife contract, thereby enabling all nurses and midwives to deliver safe, quality care without stress".

The motion was carried.

ADC: undergrads seek changes to clinical placement arrangements

THE Cork Youth Forum called for a review of the organisation of time for undergraduate students on clinical placements and internships.

The Forum wants to ensure that clinical placements are not scheduled during holiday periods from first to third year.

Roisin O'Connell of the Cork Youth Forum explained that the fact that nursing and midwifery students have to take up clinical placements in the summer prevents them from taking up summer jobs to offset the cost of living in term time.

She told delegates that due to this practice, her academic year in second year had actually lasted for 11 months, meaning that she had no chance to earn extra money, conversely having to fund an additional two months.

She said that working while on placement was "immensely difficult" given the course work that had to be completed.

Several speakers also argued for compassionate leave to be available to students on placement. Damien McCann from the Letterkenny Branch said: "We are a caring profession but we don't care for ourselves," he said.

Gobnait Magner of the Cork Voluntary Branch said: "The time should be long past when universities treat our students as secondclass citizens."

Ciaran McHugh of the Dublin Youth Forum commended the Cork Youth Forum for bringing the motion forward noting that nursing and midwifery students have to grow up very fast and are in need of support.

The motion was carried.

Are members optimistic about the future?



Jan Reyes, Kildare Branch (Naas General Hospital): *"In terms of recruitment of international nurses, the new deal will attract more from the Philippines to come over to Ireland." Referring to a motion discussed earlier she said: "Focusing too much on language skills overlooks the high levels of competency and skills of many overseas nurses."*



Tim Stevens, Roscommon Branch: *"I'm very optimistic for the future, looking at what we achieved in recent years on professionalisation. And we're ahead of the ball in terms of politicisation."*



Mary Dunne, Waterford Branch: *"Being at conference makes us feel we have the backing of the union behind us. With the vote passing at 62% we are hopeful that €5 million funding for safe staffing is going to come into play in our hospitals. That is something every nurse wants – to work on a ward with safe staffing. Having listened to the review of the three pilots you think 'I want to work somewhere like that' where it's safe and where we have enough nurses to care for patients safely. That's where we hope to go but the pessimists among us will wonder where those nurses will come from. But you always have to be hopeful."*

Nurses and midwives need to be at heart of Sláintecare

NURSES and midwives are highly trained and their skills should be maximised to improve patient outcomes under the full implementation of Sláintecare.

This was according to Eilish Fitzgerald of the INMO Executive Council who proposed a motion calling on the government, and future governments, to accelerate investment and reform in the Irish health service in order to deliver the "ambitious agenda" set out by Sláintecare.

Some €2.8 billion by year 10 has been allocated to the implementation of Sláintecare and Ms Fitzgerald said that it was imperative that the HSE and Department of Health develop their integrated workforce planning capacity, to guarantee sufficient numbers of "well-trained and well-motivated staff who are deployed in a targeted way to deliver care in the most appropriate care setting".

This can be achieved, she said, by "empowering and engaging people, strengthening governance, accountability and co-ordinating services, creating an enabling environment".

Ms Fitzgerald said that the health service must be delivered in an effective, integrated

manner at the lowest level of complexity to meet its challenges.

"A growing elderly population with chronic illness demands new approaches to manage complex needs. This has consequences not only on the health and wellbeing of individual patients, but also on our health systems," she said.

Ms Fitzgerald said that research has demonstrated that addressing chronic illnesses such as cancer, cardiac failure, diabetes, asthma, angina, epilepsy and hypertension, through clinical leadership in primary care settings, results in better outcomes and more appropriate care than in hospital.

"Putting the patient at the centre of the system also includes placing a priority on the well-being of the staff providing health services," she said.

Urging delegates to support the motion, Ms Fitzgerald added: "Evidence shows that promotion of the health workforce environment contributes to positive healthcare for the patient. This is based on achieving safe staffing levels and skill mix, which must be implemented in all acute services, in elderly care and in the community.

"It is imperative that the number of advanced practice nurses and midwives must be further enhanced in order to deliver this care. The government must invest and deliver in this as it has promised."

Colette O'Regan from the Clonakilty/Skibbereen Branch raised her concerns as to how these ambitions would be realised and said that current issues should be dealt with before trying to implement new plans.

Karen McGowan from the Executive Council said the INMO was committed to the implementation of Sláintecare to reform and reshape the delivery of health services in Ireland.

"Nurses and the midwives are the experts in our field, and will be the cornerstone to the implementation of Sláintecare. As someone who is fortunate enough to work in advanced practice, I see, live and breathe the benefits to patient care. This area needs further expansion in numbers. Without the implementation this won't happen. It is now time to call for investment from the government to pave the way for reform and reshaping of healthcare."

The motion was carried.

Members call for better health cover

A MOTION that called on the Organisation to negotiate a better deal with health insurance companies in order to facilitate better cover at a reduced rate for INMO members was tabled at last month's annual delegate conference in Meath.

Proposing the motion, Trudi Cooper from the Clonakilty/Skibbereen Branch asked

delegates if they were aware that members of An Garda Síochána and members of the Navy received free GP cover.

"Plus they get free dental cover, free A&E cover and hospital care and stay.

"We are a caring profession and we need equal care rights too. We deserve free GP care too. Income protection should be paid up to retirement age

when protection is most needed, not just up to the age of 62. We need it up to actual retirement time.

"We have over 40,000 members and we need to use this as a bargaining tool," Ms Cooper added.

The motion, seconded by Colette O'Regan, also of the Clonakilty/Skibbereen Branch, was carried.

Safe staffing key to safe care

IT HAS been established both nationally and internationally that safe nursing and midwifery staffing is key to the effective and efficient provision of safe care to patients. This was the assertion of Ailish Byrne of the Executive Council who was proposing a motion, alongside the Ballinasloe Branch, that safe staffing ratios be underpinned by legislation.

The motion called for "steadfast guarantees" in this area and for the INMO to pursue the enactment of such legislation to ensure safe staffing and skill mix is implemented in all work locations.

"The framework for safe nurse staffing and skill mix in general and specialist medical and surgical care settings in acute hospitals in Ireland is now accepted Department of Health policy. The framework is a scientific method to determine how many nurses are needed to provide safe, efficient and effective care to patients. Unequivocally, it has been established that there is a direct relationship between safe staffing levels and patient outcome and experiences. And we all know that the opposite is stark," Ms Byrne told delegates.

She said that in the pilot sites where the framework methodology had been implemented, better outcomes for patients and for nurses had been observed.

"All patient outcomes improved by ensuring you had the appropriate skill mix of 80:20 on a general or specialist medical or surgical ward and sufficient levels of registered nurses to care for patients.

"For staff on those wards, the workforce stabilised due to the correct allocation of additional nurses to the service. This demonstrated improved patient outcomes and, indeed, nurse satisfaction.



Safe staffing: Ailish Byrne of the INMO's Executive Council said that safe staffing ratios must be underpinned by legislation

In a nutshell, the findings were amazing. Patients were safer, the staff workforce was stabilised and staff were more satisfied and money was saved," said Ms Byrne.

Based on this evidence and as part of the outcome of the recent dispute, the INMO has secured ring-fenced funding to ensure the implementation of the framework.

According to Ms Byrne, if the framework is underpinned by legislation, it will ensure into the future that safe staffing on the ward is not left to local management and is not based on anything other than the scientific method to establish appropriate staffing.

Geraldine Talty, Ballinasloe Branch, seconding the motion, said that the government has committed to providing the money to supply the staff numbers needed to deliver quality care but that in order for this to endure in the years after this agreement, legislation would be required.

Ms Talty called on members to lobby politicians on the need for this vital legislation for nurse/midwife patient ratios at every opportunity. The benefits of this, according to Ms Talty, would be manifold.

"Not only do we need adequate nursing and midwifery numbers to provide safe care

for patients, but it also leads to the higher job satisfaction, less exhaustion, less burnout and less fatigue for those of us who are delivering care," she said.

"God knows, Leo knows, Paschal knows and Simon knows, whether they want to acknowledge it or not, that people who are happy going to work – and are not petrified and worried about what's going to happen – are going to give better care. We will be more compassionate, more considerate and more understanding.

"And as we've said already, that leads to happier patients and happier families by providing safe and effective care to patients 24 hours a day, seven days a week, 365 days a year," she told delegates.

Ms Talty stressed that it was an internationally accepted fact that the standard of care provided by the nursing and midwifery professions was "inseparably linked" to patient safety and patient outcomes.

"It's incredible to think we have to beg the HSE for everything that we need. We, as nurses and midwives, are an asset and not a cost and should never have been treated as such," she added.

The motion was carried.



Moira Whyte, Galway Branch:

"I am a lot more positive now than I was even a few months ago, when it felt that everything was going very negatively. In reality in the hospital situation it's still chronic and very difficult. But after being here at the ADC I'm very positive – especially with the launch of the INMO history book. From listening to my aunt who is a retired nurse, her enthusiasm fuelled me to keep going. Listening to delegates at the ADC fuels me as well and makes me feel more positive. We need this group positivity."



Joan Kelly, Meath Branch:

"I would be optimistic that new graduates will be more tempted to stay because there is an incentive for them now as opposed to before. It'll definitely be good for the staff on the ordinary ward who are going to get a location allowance, which is fantastic – they never got it before. And they work equally as hard as in the specialist areas."



Tony Lynch, Kildare Branch:

"I am optimistic that things are going to get better. Obviously, only a small majority voted in favour but I think the majority of people are pleased, that it is going to be worth it and it is going to improve things. But it's a waiting game until then. I know it won't be implemented overnight but I hope it will be implemented sooner rather than later. I am confident it will be."

Calling a halt on box-ticking exercises

WE need to highlight and halt the taking over of nursing duties by the pointless gathering of statistics and other useless data, Mary Tully from the Cavan Branch told delegates.

With patient contact time being progressively eroded by non-nursing, administrative duties, a joint motion from the Cavan and Dublin South West branches called for community setting and all clinical areas to have access to clerical services. Nurses need to be allowed to focus on nursing care, delegates said.

"Nurses and midwives are being turned into recording secretaries, statisticians and social historians, replacing other staff categories. We are spending ever increasing parts of our day, ticking boxes on spreadsheets," said Ms Tully. She warned that the



Mary Tully, Cavan Branch

importance of nursing is fading as "we tick boxes that in no way measure the complexity of the cases we deal with. We tick boxes that hide what is not being done, and do not measure the unmet needs."

Urging colleagues to support this motion, Aidan Wilson,

Dublin South West Branch said: "It seems every time that one form is completed and sent, that a new template is sent back that needs to be filled in. This is taking the nurse or nurse manager away from care delivery".

Siobhan O'Brien, Cork HSE Branch, outlined the challenges with getting clerical support in North Lee public health nursing services where she works. "It has been necessary for us to take this to the WRC. Despite having put through risk assessments and business cases over a long period of time, in our area the home help staff were having to supplement our service – but this was not sustainable and obviously it was very erratic. It is now at WRC level and we are trying to get some definitive supports in place."

She carried out a time and motion study to quantify how

much clerical support was needed in their area. This identified the need for four hours clerical support for each public health nurse.

"It is very important to take our nurses back to the clinical role, and away from these areas. This is an area where clerical workers could do it more efficiently."

However, she added a note of caution. Having been involved in introducing primary care metrics in the community, she reminded delegates that many statistics are very beneficial at a management level, because they give tangible information in advocating for more staff.

Delegate after delegate spoke about nursing care being eroded and not having enough time with patients to give them time to talk.

The motion was carried.

ADC: English language test proves challenging

A MOTION brought by the International Nurses Section to reduce the score on the international language test (IELTS) necessary to practise in Ireland proved contentious and was remitted to the Executive Council.

Proposing the motion, Elizabeth Allauigan of the International Section said the test is set at too high a level and that much-needed staff from abroad are being held back from filling nursing and midwifery vacancies in Ireland by this.

She pointed to a recent report in the *Nursing Times* that candidates are taking up to eight months to get a high enough grade in all four sections of IELTS and many are falling just a point short on one of the four sections.

Fidelia Ogunko, Dublin

Northern Branch, who is from Nigeria, said a lot of the time people's accents are the problem, rather than their command of the English language. She said very competent and confident nurses and midwives with English as the language they have been educated through all their lives are failing the IELTS just because of their accents.

However, many speakers highlighted the need for high standards in English as to miscommunicate would be a patient safety issue.

Bridget Brennan, Kilkenny Branch, pointed out that when Irish nurses/midwives travelled to work abroad they had to pass the tests set by their destination country in order to practise there.

Tim Stevens, Roscommon Branch, pointed out that the



Elizabeth Allauigan, International Section

IELTS was a general standard used all over the world. While the score necessary for practising in the UK has been reduced in recent years, he warned that this was a "neoliberal way of sorting out staffing problems and what you're really doing is reducing standards". He pointed out that what we

should really be focusing on to attract more international staff was fighting any visa restrictions they face.

Bairbre Webb-O'Maolagain, National Children's Nurses Section, said "We don't need to lower our standards. We need to give every help to our international colleagues to up their standards."

The motion was remitted to the Executive Council.

Commenting after the debate, INMO director of professional and regulatory services Edward Mathews said that the Executive Council had been exploring other ways of addressing this issue, such as clubbing together scores from two sittings of the test etc. He confirmed discussions would continue between the Executive Council and the International Section.

HSE needs to act on climate change

ADC calls for vastly improved waste management protocols

AT A time when the environment is in crisis, as the largest state employer, it is incumbent on the HSE to take positive steps to reduce and manage its waste.

This was the basis of a motion that was put down by the Letterkenny Branch which called on the HSE to expand on its current waste management approach and to deliver a waste segregation recycle and disposal programme that is applied consistently throughout the country.

Proposing the motion, Mags Walsh said that the HSE must immediately implement robust recycling facilities in every HSE work area. She said that this must include a system for managing the large volumes of packaging that come with the medical and allied products procured by the agency to ensure that these do not enter the general landfill waste sites,

"According to research the following is the estimated timeframe for different types of general waste to degrade or decompose at landfill sites: plastic bottles 72,450 years, plastic bags 500-1000 years, tin cans around 50 years, leather shoes 25-40 years, thread three to four months, cotton one to five months – and that's not even talking about the water it takes to grow the cotton, rope three to



Climate change: Mags Walsh from the Letterkenny Branch said the HSE must immediately implement waste management changes

14 months and glass bottles one million years.

"Plastic waste is one of many types of waste that takes too long to decompose. Normally plastic items can take up to 1,000 years to decompose in landfills," she told delegates.

The plastic that finds its way to the oceans is a huge issue, she said.

"As the plastic pollution crisis grows, more and more animals are found dead with their stomachs full of plastic. In 2015 scientists estimated that around 90% of all sea birds had ingested some amount of plastic. UNESCO estimates that 100,000 marine mammals die because of plastic pollution each year. We know plastic is harming marine life, but what about us? There often are tiny bits of plastic in the fish and shellfish we eat, scientists are racing to figure out what that

means for our health. Some of these chemicals are considered endocrine disruptors, capable of causing damage and interfering with normal hormone function that can cause brain development, cancer, birth defects.

"We know enough to act to reduce this risk," added Ms Walsh, urging support for the motion.

Seconding the motion, Damien McCann, also of the Letterkenny Branch, said: "The HSE is the largest employer in our state. It has 67,000 directly employed staff, and 35,000 additional agency employed staff. That's over 100,000 people that can make a difference. It consists of a multitude of hospitals, health centres, clinics and other office facilities and resources."

He noted that the HSE waste management handbook from 2014 is due to be updated this

year and that the time was ripe to influence any changes.

Mr McCann explained that the objectives of the handbook are to foster commitment from all staff to participate actively in waste avoidance, waste reduction, waste reuse and waste recycling programmes to comply with environmental safety and welfare legislation and policies, and to adopt and implement the waste management policy through the HSE.

"The handbook already contains a great deal of detail with regards to the safe management of high-risk waste, however what we now face as a rising amount of what is considered to be low-risk waste management of household waste, plastics and papers. This appears very low down on the strategy ladder, with no consistency and application nationwide eight.

He gave examples showing that while one HSE location only provides for recycling of paper, another provides robust facilities for the segregation of plastics, Tetra Paks, paper, food waste, glass, batteries and ink cartridges.

"Given that the handbook is due for review this year as a timely opportunity for us to stand, take action and work on the amount of waste in our workplaces," said Mr McCann. The motion was carried.

Patient flow ADONs must be allowed do their jobs

PATIENT flow ADONs must be fully supported in their roles in every hospital and must not be redirected into other operational and site nurse manager duties.

Calling for the INMO to engage with the HSE to ensure

this, Michael Farrell of the ADON/M/PHN/Night Superintendent Section said this was particularly important at a time when the number of admitted patients on trolleys was growing exponentially across the country. He spoke of

his devastation at the number of trolleys the previous two months exceeding 10,000. With an increasingly aging population, this is unlikely to get better, he said.

These patient flow ADON appointments were supported

by the INMO to accommodate such ever-increasing presentations to emergency departments.

"The patient flow manager must be allowed to do their job and their job alone," he said.

The motion was carried.

New standing orders committee

A NEW standing orders committee was elected at the INMO centenary delegate conference. The committee members are Beverly Stafford, Diana Malata and Edel Peoples. They will hold the positions until 2021.



Beverly Stafford



Edel Peoples



Diana Malata

MedMedia competition winner

THE winner of the MedMedia competition for a €100 One4all gift card at the ADC was Patricia Treacy from Kilkenny.

MedMedia, the publishers of WIN, would like to thank all the participants for their very positive comments about the journal.

Section 39 workers still fighting for pay restoration

AN urgent call for the INMO to ensure alignment of pay and conditions of nurses working in section 39 organisations with those in the public sector was made in a motion proposed by Cork Voluntary/Private Branch.

"During the recent strike we looked for parity with our co-healthcare workers – physio- and radiotherapists. As nurses in section 39 organisations we are looking for continuing pay parity and conditions with our fellow nurses in the public sector," Caroline Rea of the Cork Voluntary/Private Branch said.

While section 38 organisations are 100% funded by the HSE, section 39 organisations are part-funded by the HSE – sometimes by as much as 80%, Ms Rea said. These voluntary organisations deliver vital services for the HSE that it is not providing itself.

Nurses working in these organisations have had to fight hard for their pay restoration over the past year; the HSE refused to provide additional funding to extend the pay restoration agreement to this sector, Ms Rea said. "It was fast enough to take it away from us during the austerity years."

Following engagement through the INMO and other unions, 50 of the country's section 39 organisations have now signed up to an agreement on pay restoration, with further work to be done for the remaining 250 organisations.

"I thank the INMO for the work on this so far, but there is much more to be done," Ms Rea said.

Kathryn Courtney, Executive Council, said: "As section 39 nurses we were not in dispute but supported our HSE colleagues; we now ask our HSE

colleagues to stand with us section 39 nurses in our claim for pay parity with you."

Eileen O'Keeffe, Cork Voluntary/Private Branch, said: "When we look back to the austerity years we increased our working hours from 37.5 to 39 hours with no extra pay. When there were cuts to the income of nurses the funding that was allocated to us was immediately reduced and we took the cuts, but it is time now that things are being restored that our cuts are reversed as well."

Supporting the motion, Siobhan O'Brien, HSE Cork Branch, who works in the community very closely with colleagues in section 39 organisations, said: "We really value the work that they do. There is no reason that they should be treated any differently to the rest of us."

The motion was carried.

Call for allowances to be extended and subsumed into basic salaries

AN Executive Council motion called on the INMO to immediately engage with the relevant stakeholders to secure the universal application of the location allowance to encompass all areas.

Currently, there is a specific number of specialist qualifications that attract the specialist allowance, provided the nurse works in the relevant area and holds the relevant qualifications. "We want to extend this to all nurses who hold a category 2 specialist qualification," said Catherine Sheridan, first vice president, proposing the motion.

"These allowances were originally introduced in an

effort to attract nurses and midwives to work in specific locations where recruitment and retention was considered to be challenging. However, we know that recruitment and retention challenges are a reality in every location within the health service.

"Therefore it is a matter of priority that engagement commences to expedite the universal application of these allowances to all areas, beginning the process of improving the recruitment and retention of nurses and midwives and growing our workforce – which is the very reason why we engaged in strike action earlier this year."

In addition, the motion called on the INMO to seek that once universally applied, all of these allowances would be subsumed into basic salaries.

"This would reduce the administrative burden of managing these allowances for the HSE but, more importantly, enhance basic pay. Furthermore, this increase in basic pay will equally increase hourly rate, overtime pay and premium pay. In addition subsuming these into basic pay would provide protections during any future period of financial austerity", said Ms Sheridan.

The motion was carried.

Sandra Morton wins this year's Gobnait O'Connell Award

Winner lauded for her 'steadfast commitment' to the INMO

SANDRA Morton, an operating department nurse at Our Lady's Children's Hospital, Crumlin, was presented with the Gobnait O'Connell Award at this year's annual delegate conference in Meath last month.

Ms Morton was nominated by Audrey Al-Kaisy, chairperson of the ODN Section, and section colleagues for her commitment to, and work on behalf of the Organisation over many years.

Speaking at the ADC, Ms Morton paid tribute to the nurse after whom the prestigious award is named.

"A friend rang me after I told her I'd won the award and said that Gobnait had fought for a 39-hour week in the Adelaide Hospital back in late 90s, because they actually worked 40 hours a week.

"Gobnait came in, fought for them and won. For that reason I have been a beneficiary of a day off every eight weeks. So thanks very much Gobnait. And I'm sure she's looking down on us all today. I believe she was a



Gobnait O'Connell Award 2019: Pictured at the presentation of the award at the ADC were (l-r): Martina Harkin-Kelly, INMO president; Avril Morton, Sandra's sister; Sandra Morton, award winner; Joan Morton, Sandra's sister; Winifred Morton, Sandra's mother; Phil Ni Sheaghda, INMO general secretary

very witty, diligent and charming individual – someone who was gone too soon."

Ms Morton joined the INMO in 1992 as a student nurse but admits to only having become active in 1999, during the national nurses strike.

"I ended up in the Dáil trying to support nurses in that strike and I felt very passionately about it at the time as a theatre nurse.

"I had put a surgical sheet up on the notice board at work with the names of every theatre nurse that had left Tallaght Hospital in the previous year."

Ms Morton said that she sometimes thinks student nurses don't realise what the INMO is about, and she ended her speech by imploring the younger members in attendance to maintain the values and standards established by those

who have gone before them.

"You can do these jobs too and you have to be passionate about it and passionate about the patients you're going to be looking after.

"Because we are the patients you will be looking after in the future and I don't want to see a poor standard or anything less than the best offered to anyone belonging to me because I'll pull you up on it!"

CJ Coleman Award 2019



CJ Coleman Award 2019: This award was presented to Hazel A Smith and Mong Hoi Tan, both from Our Lady's Children's Hospital, Crumlin, for their cohort study into the risk of pressure ulcers and for developing a care bundle within the paediatric intensive care unit at the hospital. Pictured at the award presentation in Meath were (l-r): Edward Mathews, director of professional and regulatory services; Mong Hoi Tan, Hazel A Smith, award winners; Steve Pitman, head of education and professional development

Preceptor of the Year 2018



INMO 'Preceptor of the Year' for 2018: This award was presented to Lizzie Kelleher, an ICU nurse at Cork University Hospital who was nominated by Orna Griffin, a postgraduate student at CUH. Pictured at the award presentation at the ADC in Meath were (l-r): Phil Ni Sheaghda, INMO general secretary; Elizabeth Kelleher, award winner; Ray O'Leary, Cornmarket; Derek Delaney, Cornmarket; and Martina Harkin-Kelly, INMO president

ADC 2019



Phil Ni Sheaghda, INMO general secretary at the ADC in Trim last month, with Martina Harkin-Kelly, INMO president, in the background

Pictured at the ADC in Trim last month were (top, l-r): Michaela Ruane, INMO, with local organising committee: Aoife Carr, Anita Roddy, Caroline Carpenter, Joan Kelly, Noeleen Kanley, Ann Tully, David Miskell, INMO IRO, and Marie Wade. (Committee members missing from photo – Maeve Gaynor and Karen Clarke)



*(centre photos)
Delegates listening and voting on the motions for debate.*



*(Bottom left)
Members of the student delegation at the ADC met with Simon Harris, Minister for Health, and Siobhan O'Halloran, chief nurse at the Department of Health, alongside Phil Ni Sheaghda, INMO general secretary, and Martina Harkin-Kelly, INMO president*





(top) The delegation from the north east celebrating the 100 years of the INMO at the ADC in Trim



(Left) The centenary committee pictured at the ADC (l-r): Moira Wynne-Craig, Beaumont Hospital; Eilish Fitzgerald, INMO second-vice president; Marie Chambers, Castlebar Branch; Catherine Sheridan, INMO first-vice president; Martina Harkin-Kelly, INMO president; Mary Dunne, Waterford University Hospital; Margaret Frahill, Executive Council; Kay Garvey, INMO member; Edel Peoples, Letterkenny University Hospital; and Gobnait Magner, Mercy University Hospital (also on the centenary committee but not pictured are Phil Ni Sheaghda, Michaela Ruane and Cathy Cashell)

(right) The Galway delegation on their way to the ADC centenary gala dinner



(Below left) Some of our Executive Council members at the ADC centenary gala dinner: (back row, l-r): Donna Hyland; Catherine Sheridan, first-vice president; Bernadette Stenson; Margaret Frahill; Helen Butler; Kathryn Courtney; Maeve Gaynor. (front row, l-r): Breege Creaven; Marie O'Brien; Clare Hoban; and Ailish Byrne.

(Below right) The centenary celebration cake

Photos by Lisa Moyles



OHN Southern Section workshop hears from industry experts

FOURTEEN OHN Section members attended the second quarterly OHN Southern Section workshop, which took place in Cork last month.

The workshop, which was hosted by Eileen Hannan, occupational health adviser to Voxpro, featured expert speakers in the area of occupational health.

Data protection

Kenneth Baker, a GDPR consultant from data protection company Enguard, presented on the issues of consent and handling subject access requests and data breaches correctly.

Questions flew back and forth and participants shared

experiences in what emerged as a lively discussion.

Mr Baker's speech made it apparent that, due to the different businesses we serve, with differing data management requirements and practices, occupational health departments are still feeling their way to some extent.

For those who are unsure if they comply with GDPR requirements, an audit is a sensible starting point towards highlighting weaknesses in data protection in the occupational health setting.

Enguard is becoming increasingly well known in the occupational health setting as the industry endeavours to

understand the intricacies of GDPR. Enguard offers GDPR audits, cyber audits, employee training and cyber protection.

For more information visit www.enguard.ie

Returning to work

Mary Finn, founder of work absence management company Connect4Work, spoke about 'work as a health outcome'. The service the company offers is about integrated care planning for issues surrounding rehabilitation back to work.

Ms Finn noted that while there is significant social media attention being paid to staff wellbeing, the focus is generally aimed at those present in

work, and there is less focus on staff who are absent through illness or injury.

Connect4Work has been effective in supporting people with a variety of conditions to return to work within an appropriate timeframe and with the necessary supports in place.

The company works with stakeholders to ensure that returning to work after an absence is timely, supported, sustainable and cost-effective.

'Meeting of Moms' – another service offered by Connect4Work – aims to support mothers on maternity leave in transitioning back to work.

For more information visit www.connect4work.ie

Representatives from 28 countries attend seventh FOHNEU International Congress in Budapest



The seventh FOHNEU International Congress was held in Budapest last month under the theme 'Workforce Health = National Wealth'. The aim of the congress, hosted by the Chamber of Hungarian Healthcare Professionals, was to share professional expertise and knowledge, and develop new networks. The congress attracted more than 140 participants from 28 countries. The keynote speakers covered a wide range of topics such as the economic value of occupational health, education, a healthy work environment and disease prevention. The congress was followed by the biannual board meeting. Irish board member Margaret Morrissey chaired the congress and was re-elected as FOHNEU treasurer for another term. The new secretary is Gemma Arevalo from Spain and Dr Henriët Hird remains as FOHNEU president. Pictured above (left) are attendees of the congress. Also pictured at the conference (above right) were (l-r): Margaret Morrissey, FOHNEU board member and congress chair; Jorge Cabrita, research manager of the Working Life Unit at Eurofound; and Prof Vicki Culpin, clinical psychologist and sleep expert

OHN Section conference



Thursday November 21 | Richmond Education and Event Centre



Please contact jean.carroll@inmo.ie for details





Bulletin Board

With INMO director of industrial relations Tony Fitzpatrick



Query from member

I am a staff nurse working in the public health service. I had planned to start my maternity leave at week 37 of my pregnancy, two weeks before the end of the week when my baby was due. However, my baby came seven weeks before I planned to go on maternity leave. This would mean that I start my maternity leave earlier than expected. I believe that there have been some changes in the maternity legislation in relation to premature births.

Reply

If your baby was born before the date when you were due to start maternity leave, your maternity leave lasts for 26 weeks from the date of your baby's birth. For premature births on or since October 1, 2017, maternity leave is extended for an extra period after the end of this 26 weeks with maternity benefit payable for this extra period. The duration of this corresponds to the time period between your baby's actual birth date and the expected start date of your maternity leave. To make a claim for any additional period due to a premature birth, you will need to contact the Maternity Benefits Section of the Department of Employment Affairs and Social Protection to inform them of the premature birth. This must be done before the end of the first 26 weeks of maternity benefit.

Query from member

I am a staff nurse who has recently commenced employment with the HSE. Can I still qualify for the two weeks of paternity leave or is there a service requirement before I am entitled to apply for this leave?

Reply

The entitlement to two weeks' paternity leave from employment extends to all employees regardless of how long you have been working for the organisation. You can choose to take paternity leave at any time in the 26 weeks following the birth. You must notify your employer in writing that you intend to take paternity leave and provide your intended dates no later than four weeks before your leave. You will be required to provide a certificate from your spouse or partner's doctor confirming when your baby is due or confirmation of the baby's actual date of birth if you apply for leave after the birth has occurred.

Know your rights and entitlements

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

Contact Information Officers Catherine Hopkins and Karen McCann at

Tel: 01 664 0610/19 or

Email: catherine.hopkins@inmo.ie/

karen.mccann@inmo.ie

Mon to Thur 8.30am-5pm/Fri 8.30am-4.30pm



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





Student voices from the ADC

INMO student and new graduate officer, **Neal Donohue** shares some of the issues raised by nursing and midwifery students at the ADC

ON May 8, 9 and 10 the INMO held its centenary annual delegate conference in Trim, Co Meath. Delegates from all areas of nursing and midwifery and from all over Ireland gathered to celebrate 100 years of supporting our professions and to debate and vote on the union's future direction.

It was a poignant time considering recent strikes and balloting. The recruitment and retention campaign has been a difficult one but during this time we stood together determined and unified to enhance our pay and conditions and to promote our professions. Together we have brought about real change, but there is always more work to be done.

Throughout the campaign there has been an awakening of the student body and youth activists who have realised the absolute necessity in standing up for what they believe in. Their work will require courage and dedication and having met so many nursing and midwifery activists all over Ireland in recent months, I am confident in saying that these are attributes our professions have in abundance.

To complement their dedication and courage, these student and graduate representatives have proven themselves to be consummate professionals. They understand that where the INMO provides opportunity, every member has a responsibility and their active participation will be integral to shaping the future of our professions.

Here is what the Student Section and Youth Forum delegates have to say:

Fiona Hannon, general nursing student

"I attended the 2019 INMO annual delegate conference on behalf of the Cork Youth Forum. During the conference I witnessed nurses and midwives of all ages,

genders and various nationalities stand up and speak about their profession and look for change on various issues. On behalf of the Cork Youth Forum I proposed a motion calling for a review of the organisation of time for undergraduate students on clinical placement and internship with a particular focus on placements during holiday periods, compassionate leave, and protected reflective time. The motion was passed with immense support. I left the conference feeling proud to be a nurse and empowered knowing that one voice can spark change."

Melissa Plunkett, midwifery student

"I was delighted to be a representative for student midwives and mature students at the ADC this year. It was inspiring to see that the INMO is a bottom-up organisation that truly listens to its members and encourages discussion and healthy debate on topics raised. The INMO is a community of people who care and are striving for better – not just for themselves or the clients in their service area but for the future of nursing and midwifery."

Ciaran McHugh, general nursing intern

"I thought conference was a fantastic environment for any representative to experience and be part of. Everyone in the room, regardless of background, place of work, qualification or number of years nursing came together with one common goal – to make things better for nurses and midwives everywhere."

Aoife Collins intellectual disability nursing internship student

"Since becoming involved with the INMO I have been supported and empowered to effect change in my profession. Equally, I have been able to support my colleagues through what I've learned. In

intellectual disability nursing we are often quite isolated since services are mainly located across communities. Through the INMO I am connected to my peers locally and nationally. We are supported in promoting the interests of the RNID. I proposed a motion on behalf of the Dublin and Western Youth Forums that highlighted the need for more structured supports for undergraduate students, new graduates, and post graduate students. The motion received tremendous support. I look forward to working towards improving the experiences and opportunities available to those entering the nursing and midwifery workforce."

Finding your voice and getting involved

Through the INMO these individuals have found their voice and are helping to shape a more positive profession for those who follow in their footsteps.

The Student Section and Youth Forum delegates also met with Minister for Health Simon Harris, who has promised a contract to all 2019 graduates. He also promised to meet with this group again in June 2019 to discuss possible ways that he can support supernumerary student nurses and midwives.

If you have an interest in supporting your colleagues and promoting your profession whether it be in the realms of industrial relations or academia, the INMO provides opportunities for students and new graduates to engage. You can connect with your colleagues all over Ireland and influence change. The INMO is a democratic organisation so every member has a say. All you need to do is get in touch.

Neal Donohue is the INMO's student and new graduate officer. If you have a question about the above article, or need support or information, you can contact him at email: neal.donohue@inmo.ie or Tel: 01 6640628

Introducing Executive Council members



Niamh McKeon
CNM2, Roscommon
University Hospital

NIAMH was attracted to nursing as she felt it would give her the ability to help people at a time when they need it most. She saw nursing as a way to learn and apply the skills necessary to make a difference. She trained at University Hospital Galway and worked there for a short period after qualifying. She then moved to St Luke's

Oncology Centre in Dublin, where she worked for several years before moving back home to Roscommon.

When Niamh started working in Roscommon University Hospital, the rep there was about to retire. She suggested Niamh apply for the role. She undertook basic and advanced rep training with the INMO. She realised there was so much to learn and so much that workers on the ground didn't know. The more she became involved with the union, the more engaged she became.

She said: "Workers need the collective voice of a union. It's a big part of the progression of nursing but also, locally, there is so much that is unknown. Nurses need to learn about their entitlements and rights. Being

informed is crucial. The union can be objective on behalf of members when they need it most. There is constant support within a union. Union membership is invaluable to anyone working in healthcare. It provides a voice for nursing and midwifery."

For Niamh it is important to be able to bring members' issues forward so that the union can address them. She feels nurses should be at the centre of decision-making within the health service. Being a member of Executive Council is, for Niamh, "about dealing with facts and communicating these to people. The recent dispute highlights this clearly. I feel privileged to be active with my union and to learn and pass that learning on to progress nursing issues for my colleagues."



Gráinne Walsh
ADON, Waterford
Community Care

GRÁINNE always wanted to be a nurse and to help people. Her mother's friend was a nurse and she always admired her. She trained in Luton and Dunstable Hospital in England but came home to do her midwifery training in Holles Street and later, a theatre course in University Hospital Waterford. She

then went into public health nursing.

Waterford is well known as a trade union town. Trade unionism is in Gráinne's family – her father worked in Waterford Crystal and was actively involved in the union there. As a student she became class rep as she was always interested in representing people. After her first ADC about 15 years ago, she began rep training to become a rep for PHNs and progressed from there.

She said: "Being in a union is really important for collective bargaining. It is important that people take an interest in the collective and in the professions in general. It's important for everyone to know their rights. In general, with the way the world is changing, unions are becoming more and more

important. It's like a race to the bottom – all about money and capitalism and the lowest common denominator. Trade unionism is about maintaining and raising standards for the professions. It's also about your own dignity at work and knowing your rights."

As a PHN, Gráinne concentrates on community issues. It is important that the move to Sláintecare is done right with patients at the centre of it. Gráinne feels it is important to hold the government accountable and make sure it is not just a report, but that it gets implemented: "The implementation of Sláintecare must be done in a responsible way. Expectations can be high, but we can't always deliver a good service in a cost neutral environment."



Bernadette Stenson
ANP, St Vincent's
University Hospital

THE opportunity to meet people from many different backgrounds attracted Bernie to nursing. She trained in St Vincent's University Hospital and went on to study paediatrics in Temple Street, before returning to St Vincent's where she now works as an ANP.

Bernie says: "Everyone has a story to

tell. You meet them at their happiest times and their worst times. People are amazing. They let you into their lives, sometimes even in the last few days or hours of their lives or in other cases at the very beginning of a new life."

In 2000, Bernie became active with the INMO. She was always aware of her rights and entitlements but wanted to help other nurses. Bernie believes it's important for workers to be part of a union because, from a collective bargaining point of view, it gives members a stronger voice. She feels that people join the INMO for the protective rights offered in relation to workplace issues as well as for the professional development opportunities offered through the education centre.

"It is phenomenal to see the impact that nursing has had, and this was evident during the strikes. We really saw the magnitude of support on the rally. Looking forward, the biggest thing for me is to make sure that everything that has been offered is implemented.

"For the first time in a long time nurses and midwives stood together and demanded acknowledgement of the work we do. There has been a change in nurses' attitudes and I'm so proud of this. We were not only trying to get recognition for the university degrees required to work, but for everything we do that goes above and beyond what is considered the norm. We are stronger united – this is how we can chip away at our other claims."

Quality & Safety

A column by
Maureen Flynn



An evaluation of Schwartz Rounds in Ireland

THE Schwartz Rounds journey in Ireland started with two test of concept sites: one palliative inpatient and community care setting, and one large university acute hospital. At that time, we did not know if Schwartz Rounds would be a fit for the Irish health context. To help us understand this, the National Quality Improvement Team of the HSE commissioned an external evaluation. This was undertaken by a research team at Trinity College Dublin.

Schwartz Rounds

Over 24 services across Ireland are now introducing Schwartz Rounds (see box) and in this month's column we are delighted to share the highlights of the evaluation and where you can find out more about Schwartz Rounds.

Schwartz Rounds are a support for staff. They seek to enable compassionate and supportive cultures for those working in health care settings and ultimately help promote improvement in healthcare outcomes and experiences for patients and service users. The methodology for rounds, originally developed in Boston, is now supported across the UK and Ireland by the Point of Care Foundation which provides education, mentorship and licensing to facilitate rounds.

Schwartz Rounds are based on sharing stories in confidence. They provide a structured multidisciplinary forum designed for all staff to come together, once a month, to discuss and reflect on the emotional and social impact of our work. At each round, which begins with breakfast or lunch, the clinical lead introduces the panel and a previously agreed theme or case. Each panellist then verbally shares their experiences, followed by an open discussion for all participants facilitated by the facilitator.

The panel includes clinical and non-clinical staff and discussions introduce multiple perspectives on selected themes, sharing of experiences and acknowledgment of feelings. The Schwartz Rounds are unique in that

unlike other supports for staff they do not seek to solve problems or look for outcomes.

Benefits

The evaluation report, launched on May 27, 2019, shares valuable insights and key lessons. The findings indicate that the ethos of Schwartz Rounds is compatible with the HSE strategic drive for quality and safe healthcare.

"The two test of concept sites were of sufficient difference in size and context to provide valuable information on the practical experience of implementing Schwartz Rounds. Staff involved in the introduction, facilitation, steering committee and those who attended found the experience largely positive."¹

"Schwartz Rounds render issues discussable that may not have been previously and present a means to articulate deep-rooted questions or concerns within the organisation. They also offer a forum for staff to share experiences in a potentially safe and structured medium, irrespective of their role or status within the organisation. This creates a culture of shared communication, trust, collegiality and teamwork."¹

"While specific challenges were evident for test of concept sites, positive aspects of Schwartz Rounds were reported by staff who participate in and embrace the concept. This ultimately improved staff interaction and teamwork, and for some respondents, Schwartz Rounds has impacted positively on their own practice."¹

Get involved

At your next team meeting why not talk about Schwartz Rounds and explore how you can support members of your team to attend the monthly meeting in your service, or talk to your manager to see if this



Organisations introducing Schwartz Rounds

- Adult Mental Health Service, HSE CHO 5 Carlow/Kilkenny
- Adult Mental Health Service, HSE CHO 5 Waterford/Wexford
- Adult Mental Health Services, HSE CHO 7
- Beaumont Hospital Dublin
- Cavan and Monaghan Hospital
- Children's Health Ireland at Tallaght
- Children's Health Ireland at Temple
- Community Healthcare West, Roscommon CHO2
- Connolly Hospital Blanchardstown Dublin
- Cork University Hospital
- Laura Lynn Children's Hospice
- Mater University Hospital Dublin (in process)
- Mayo University Hospital
- Midland Regional Hospital, Tullamore
- National Ambulance Service (South Operational Area)
- National Maternity Hospital, Holles Street (in process)
- Our Lady of Lourdes Hospital, Drogheda
- Our Lady's Hospice & Care Services, Harold's Cross and Blackrock Hospice
- Portiuncula University Hospital
- Resilience care
- St. Michael's House
- The Royal Hospital, Donnybrook
- UL Hospitals Group
- University Hospital Galway/Saolta University Health Care Group

is something being planned for your service. You can find more information on the evaluation at: www.staffengagement.ie or nursing-midwifery.tcd.ie and the Point of Care Foundation at: www.pointofcare-foundation.org.uk

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

Acknowledgement: We very much appreciate the guidance and support of the Schwartz Rounds evaluation steering group, members of the research team from Trinity College Dublin and all those who participated in the evaluation. With particular thanks to Juanita Guidera, HSE National Quality Improvement QI Connections Team for sharing this information and assistance in preparing this column. For further information please contact Juanita by email to: juanita.guidera@hse.ie or members of the research team via Vivienne Brady at email: bradyvi@tcd.ie

Reference

1. Brady V, May P, Lombard-Vance R, Hynes G and Corry M. (2019). Final Report of the Evaluation of the Introduction of Schwartz Rounds in Ireland: Executive Summary, Dublin: The University of Dublin, Trinity College Dublin

Memory making for bereaved parents

Sarah Cullen discusses the ways in which midwives and nurses can support bereaved parents following perinatal death

THE loss of a baby during pregnancy or after birth is a devastating, life changing experience for parents. Midwives and nurses can support parents to take some positive memories away from one of the most traumatic and difficult times of their lives. Spending time with their baby and memory making following the loss of a baby has been found to be beneficial to parents.^{1,2} Memory making can provide some comfort at the time of the loss and into the future.² Nurses and midwives can play a vital role in encouraging and supporting parents to spend time with their baby and creating mementos.

At the time of their baby's death, parents are in a state of shock and memory making should be sensitively discussed and parents should be given time to consider what they would like. It is important to remember that all bereaved parents will have different needs/preferences and an individualised approach to memory making should be taken. Gentle encouragement may be needed but if parents decline to spend time with their baby or have mementos, this should be respected.

The aspects of memory making that can be offered to parents will depend on the gestation and condition of the baby after birth. An individualised assessment should be taken by the midwife or nurse and suitable forms of memory making offered to parents following miscarriage, stillbirth, termination of pregnancy for foetal or maternal reasons or neonatal death.³

Mementos

Mementos provide parents with tangible reminders of their baby and are valued highly by mothers and fathers.⁴ Féileacáin (the Stillbirth and Neonatal Death Association of Ireland) offer beautiful memory boxes to all maternity hospitals in Ireland (see image). These memory boxes provide an excellent starting point for memory making and are treasured by parents for years after the birth of their baby. Midwives and nurses complete the memory

boxes and explain them to parents. Items in the memory boxes include a blanket, two small teddies, a candle, a kit for taking hand or foot prints, a box for a lock of hair and a folder to contain all the baby's details (height, weight, time of birth etc.).

Staff and parents can add other mementos to the box including the baby's arm band, cot card, clothes and cord clamp. Photographs can also be added. Parents may wish to have all of these mementos or just one or two. Each baby's memory box is unique. If parents decline a memory box or it is not suitable for their situation, they can still be offered mementos such as foot prints or photos. Féileacáin can also take clay imprints of the baby's hands and feet – these beautiful mementos are highly valued by parents. Parents may also like to keep any items of clothing or blankets belonging to their baby.

Photographs

Parents may wish to take photographs of their baby themselves or have hospital staff take them. Parents can also use the 'Now I lay me Down to Sleep' service which provides a professional photographer, free of charge, to take remembrance photos. Hospital staff can provide parents with all these options and allow them time to consider them. Parents can be given a digital camera and encouraged to take photos of their baby and any siblings and other family members if they wish.

Bathing the baby

The option of bathing their baby can be given to bereaved parents. A baby bath gives parents the opportunity to spend time with their baby in a meaningful way. Parents have described bathing their baby as the opportunity 'to do things every mum or dad would do'.

The nurse or midwife can offer help to parents in bathing their baby. Parents can often be surprised that it is possible to bath their baby but value the opportunity to do so. A baby bath, lightly scented bubble bath and soft towels are used.



A Féileacáin memory box

Parents may wish to place the towel in their memory box after it has been used. The midwife or nurse can bathe the baby or assist the parents to do it themselves. Parents are encouraged to take photographs of their baby in the bath if they wish. The midwife or nurse can then help the parents to dress their baby in clothing of their choice and take more photographs if they wish. Siblings can also be included in bathing and dressing the baby.

Parents value the opportunity to bath their baby and create memories in the process.¹ Parents' feedback on their experience has been extremely positive, with many describing it as a cathartic experience. A number of parents have stated that bathing their baby gave them the chance to admire and love every part of their baby's body, an opportunity they would not otherwise be afforded.

Memory making can provide comfort to bereaved parents, and midwives and nurses play a vital role in ensuring parents' preferences are respected. Memory making is a vital part of high-quality bereavement care and should be offered to all bereaved parents.^{3,5}

Sarah Cullen is a clinical midwife specialist in bereavement at the National Maternity Hospital, Dublin

References available on request. Email nursing@medmedia.ie (Quote Cullen S. WIN 2019: 27(5): 51

Support for graduates in their first year

A transition programme offers valuable support for new graduate children's nurses during their first year of practice, writes Naomi Bartley

TRANSITION is the process of adjusting from the role of a nursing student to a registered nurse, which is accepted as a challenging and stressful experience.^{1,2} This period of transition has been associated with poor retention,² fear, uncertainty,³ and stress.⁴

Current support for new graduate children's nurses includes clinical orientation and induction, preceptorship and ongoing, robust support within clinical areas from registered nurses, CNMs and clinical nurse education facilitators. Structured transition programmes are widely available in the UK, Australia and the US. They support the socialisation and transition of new graduate nurses in their first year of practice. Research has associated such programmes with enhanced nursing care,^{2,5} competence, development and job satisfaction,⁶ improved nursing support,^{5,7} and enhanced retention.^{5,7,8}

An increasing national focus is being placed on the recruitment and retention of new graduate nurses and midwives. It is essential that newly registered nurses and

midwives are supported effectively in their clinical roles. In Ireland, the average length of employment nationally after graduation for newly registered children's nurses is between one and two years.⁹

To support this transition and promote national recruitment and retention strategies, the New Graduate Children's Nurse Transition Programme was developed by the Centre of Children's Nurse Education (CCNE) at Our Lady's Children's Hospital, Crumlin.

New Graduate Children's Nurse Transition Programme

The CCNE acknowledges that new graduate children's nurses require additional and specific support at the start of their professional career. To support positive transitions for new graduate children's nurses and to enhance their continuing professional development, a bespoke programme was developed by the CCNE. This programme was introduced in Our Lady's Children's Hospital, Crumlin in 2016.

Since then, five transition programmes have been completed at the hospital with

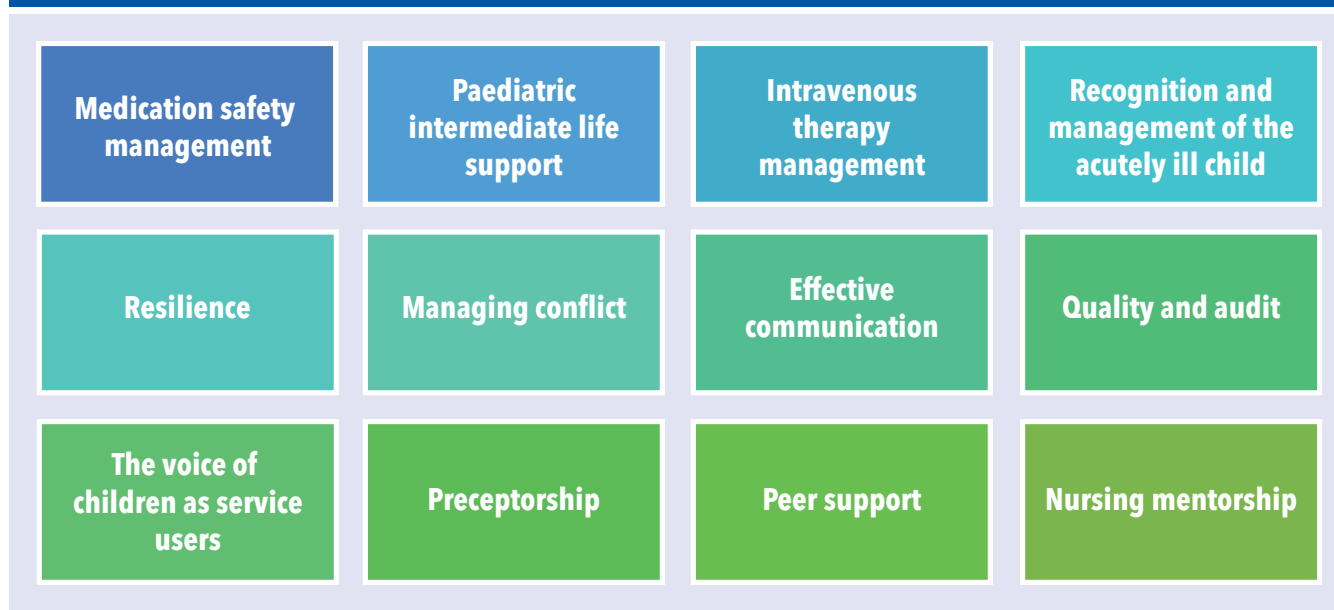
a total of 135 participants. In 2018, the transition programme was also introduced at Temple Street Children's University Hospital and the National Children's Hospital at Tallaght University Hospital. A further 43 new graduate children's nurses have participated in this programme at these two sites. As the programme is now delivered across the newly established Children's Health Ireland group, standardised support and continuing professional development is offered to all new graduate children's nurses in the group.

Aims

The programme aims to assist new graduate children's nurses in their transition from nursing student to registered children's nurse, supporting their development from an advanced beginner to a competent practitioner.¹⁰ The programme provides regular education and support



Figure 1: Content of New Graduate Children's Nurse Transition Programme



opportunities that enhance the development, support and socialisation of new graduate nurses.

The programme also supports newly registered nurses to develop and maintain their competence through structured continuing professional development, as required by the NMBI.¹¹ It is envisaged that this new programme will also support national nursing recruitment and retention strategies.

Programme delivery

A learner-centred approach is used to foster essential lifelong learning and self-directed, individual learning that registered nurses and midwives require.¹¹ Competencies are developed throughout this programme via learner-centred activities such as simulation, reflective practice, peer support, supervised clinical practice and formal education. Peer support is embedded within the programme in order to provide opportunities for new graduate nurses to share their learning with their peers and foster positive working relationships.

The programme is delivered across a 12-month period, incorporating six structured study days, in tandem with continuing clinical experience in the working environment. The programme is designed to meet the needs of new graduate children's nurses within their individual settings. As a result, the programme content differs slightly across the three sites but basically consists of some or all of the elements listed in *Figure 1*.

Programme quality

All six of the study days are approved by

the NMBI, supporting the quality assurance of the programme. In addition, all participants are invited to complete an evaluation at the conclusion of the programme. Feedback is also sought from those who support new graduate children's nurses in the clinical environment (CNMs and clinical nurse education facilitators).

Programme feedback

Evaluation results have demonstrated high levels of satisfaction from both the new graduate children's nurses and the clinical staff who support them in practice. Participants have valued the opportunities to engage with their peers and the structured approach to their continuing professional development, within their first year of practice. Peer support has constantly been perceived as the most valued aspect of their transition programme.

Participants acknowledged the challenges of their transition from student to registered children's nurse and the demanding nature of clinical environments. Participants felt that peer support offered opportunities to engage with colleagues and facilitated positive relationship building among co-workers. Staff who support new graduate children's nurses in clinical practice have highlighted the benefits of the structured and staged approach to continuing professional development for these junior nurses.

Conclusion

The New Graduate Children's Transition Programme offers structured support for new graduate children's nurses in the Children's Health Ireland group during their

first year of practice. This programme facilitates opportunities for knowledge and skill development and, in doing so, supports new graduate children's nurses to deliver safe and effective care to children and their families.

The CCNE will continuously develop this programme to ensure it remains responsive to the evolving needs of new graduate children's nurses in this organisation.

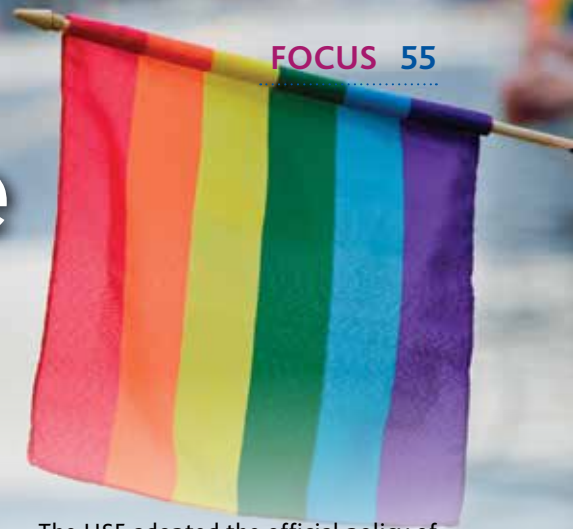
Naomi Bartley is director of nursing at the Centre of Children's Nurse Education, Our Lady's Children's Hospital, Crumlin

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A point of pride

Though great strides have been made in wider society, more can be done in healthcare settings to improve the lives of the LGBTQ+ community, writes David Field



FOR many people across Ireland, June marks the beginning of summer. As temperatures climb, children finish school and the Leaving Certificate exams come and go, the country comes alive with the vibrant bloom of pretty perennial petals. We will also welcome the increasingly familiar splash of colour that comes with Dublin's annual LGBTQ+ Pride festival. Much like the summer flowers, Pride has roots that go much deeper than its colourful facade.

Then

What we now call the LGBTQ+ Pride festival began in New York City in the summer of 1969. Homosexuality was still criminalised at that point and police routinely raided any spaces where gay, bisexual and trans people congregated. Healthcare pathologised homosexuality with the American Psychiatric Association listing it in the *Diagnostic and Statistical Manual* of the time. As temperatures climbed towards 30°C in the Greenwich Village neighbourhood of Manhattan, the tensions between the LGBT community and local law enforcement reached boiling point.

In the early hours of Saturday, June 28, 1969, NYPD officers raided the Stonewall Inn, a popular speakeasy for the local gay community. This proved to be the final straw for many of the 205 patrons. Trans clientele and drag queen performers united in refusing to allow officers to 'verify their sex' in demeaning strip searches. It is said that a sense of frenzy overtook the establishment as a community collectively decided that enough was enough. This was the start of what would become known as the Stonewall riots. Led by trans women like the indomitable Marsha P Johnson, an African American 'street queen', these riots sparked the gay rights movement which continues to this day – the first gay pride march would take place in June 1970, marking the first anniversary of Stonewall.

In Ireland, the first gay rights protests took place in 1974 and built a steady momentum up to the first pride week in 1979, organised by community activist members of the National Gay and Lesbian Federation.

In Ireland, it was the tragic death of Declan Flynn in 1982 which led the gay community to say "no more". A young gay man, Declan was set upon and murdered in a homophobic attack in Fairview Park, Dublin, and that changed Ireland forever. When all five of Declan's attackers walked free from court, given only suspended sentences, the largest gay rights demonstration ever seen in Ireland took place. Hundreds of Irish men, women and children took to the streets and marched from Liberty Hall to Fairview Park to demonstrate that violence against the LGBT community would no longer be tolerated.

That year would also bring the first case of a new and frightening infection being diagnosed in Ireland. No different to any other country in the developed world, the Irish gay community was disproportionately affected by HIV/AIDS and hundreds would die in the years that followed. Families and communities were torn apart and a new stigma that would become intrinsically linked to gay men everywhere was born.

Now

In the decades that followed, the LGBTQ+ community in Ireland continued to make great strides in terms of social change. Thirty-three years after Declan Flynn's murder and 22 years after the decriminalisation of homosexuality, the referendum for the 34th amendment would take place in 2015. After more than a decade of campaigning from many groups and activists like Katherine Zapone and Ann Louise Gilligan, who fought for the right to have their marriage recognised, the Yes Equality movement won the right for same-sex couples to marry in Ireland, with a 62% majority.

This landslide victory was quickly followed by the Gender Recognition Act which allowed legal gender changes without medical intervention or assessment, showing that Ireland can also lead the way on trans rights issues, becoming one of only four jurisdictions in the world to give people the autonomy to change gender legally, solely through self-determination.

The HSE adopted the official policy of 'U=U' (undetectable equals untransmissible), based on extensive longitudinal research that has shown that people with HIV who are on effective treatment cannot pass on the virus to their sexual partners.

Although we've come so far since the days of the Stonewall riots, Pride this year will be about protest as well as celebration. While we no longer have to campaign for basic rights in Ireland, recent research from www.belongto.org shows that 90% of young LGBTQ+ people struggle with their mental health. PrEP medication, which has been proven to decrease transmission of HIV in high-risk groups, remains difficult to access and prohibitively expensive for some. Sexual health services are not available in every county and disparities continue to exist in blood donation policies for men who have sex with men, contrary to scientific evidence. Trans people are unable to access appropriate healthcare anywhere in the country and the gay community is facing new challenges in the form of addiction to party drugs and chemsex.

Internationally, the reaction to Brunei reintroducing the death penalty for 'homosexual acts' shone a light on the problems faced by LGBTQ+ communities worldwide. At a time when xenophobic and nationalistic politics is dividing people, we must remain vigilant in ensuring Ireland remains a place of refuge for all those seeking it.

Whether campaigning for gender neutral bathrooms in healthcare settings, reviewing documentation and changing trans/non-binary exclusive language or completing training in an area appropriate to your practice area, nurses can play an important role in making small changes to improve the lives of the LGBTQ+ community in Ireland.

I'll be marching in the Dublin Pride parade this year with my colleagues from the Gay Men's Health Service and thinking about the people who got us to where we are today. I'll be hoping for more progress over the next year and I'll be so, so proud.

David Field is a staff nurse with the Gay Men's Health Service

Nutrition and hydration policy for acute hospitals

The new Food, Nutrition and Hydration Policy provides a national framework for care in acute hospitals. Deborah Condon reports

THE food provided to patients in acute hospitals is an important factor that influences both their clinical outcome and their overall satisfaction with their hospital experience, according to clinical specialist renal dietitian, Barbara Gillman.

Speaking at the recent launch of the new Food, Nutrition and Hydration Policy, which she was project lead on, she explained that it “provides us with a national framework for food, nutrition and hydration care in all locations in acute hospitals”.

Around 10,500 patients are fed in acute hospitals every day and the aim of this new policy is to improve the quality and safety of the food and nutritional care available, by providing a minimum nutrition standard for all hospitals.

All staff involved in the provision of food and nutrition care will be given an interactive implementation toolkit, which will ensure that patients are properly assessed, fed and monitored. Such staff include chefs, catering staff, dietitians, nurses, doctors, speech therapists and occupational therapists.

“Different sections of the policy address the cycle of interlinking steps that are required to reach the ultimate goal - that of the patient eating the food. It is essential that on admission to hospital, a thorough food nutrition and hydration needs assessment is undertaken.

“This includes screening for the risk of malnutrition and other conditions such as diabetes and swallowing difficulties, or perhaps, the patient may need assistance with feeding, or aids for eating and drinking,” Ms Gillman explained.

Once the patient's needs are assessed, they will be assigned an appropriate hospital menu, or will be referred to a dietitian for a nutritional care plan and assistance if necessary. Ms Gillman pointed out that the policy highlights the need to continually look at patients.

“The patient will be screened weekly

to ensure their needs continue to be met. The ongoing review and monitoring of patients' nutrition needs are essential. Patients at risk of malnutrition should have intakes monitored and all patients should have weight checked weekly,” Ms Gillman insisted.

The policy was produced by a multidisciplinary team from all hospital groups in all geographical locations.

“The policy development group engagement stakeholders took cognisance of the evidence base for nutritional care provision and also international practises. We also took on board recommendations from the recent HIQA report of their review of nutrition and hydration in acute hospitals.

“Equally important, we took on board patients' feedback – feedback we get every day, but also feedback from the National Patient Experience Survey. Some 13,000 responses highlighted clearly the importance of a high-quality food service and identified a need for improvements,” Ms Gillman explained.

The policy contains eight sections, including Nutrition Standards for Catering for Adult Patients, Nutrition Standards for Catering for Texture Modified Diets and Thickened Drinks and Making Mealtimes Matter.

Making Mealtimes Matters is particularly relevant for nurses and midwives. The aim of this initiative is to “promote and maintain an environment that is conducive to people enjoying their meals and having appropriate assistance to safely consume optimal amounts of their food and drinks”.

According to the policy, this requires a “ward multifaceted approach provided by all members of the multidisciplinary team and led by the nurse manager”.

The policy makes a number of recommendations to attempt to achieve this. It states that all members of the multidisciplinary team should be aware of the nutrition processes on the ward, such as the food ordering system used, and they

should ensure that nutritional needs are identified and addressed as part of individual care plans.

This, the policy says, will require an effective communication system and the development of ward nutrition processes/protocols.

It also recommends that ward staff “should avoid interrupting patients while they are eating and prioritise assisting the patient with eating food where this is required”.

The minimum nutrition standard is 2,100 calories per day, including 90g of protein, which should be provided in the form of three meals, two snacks and eight cups of fluid.

“Each policy section is colour coded and gives a specific set of recommendations based on evidence and current practises. Practical guidance is provided in the support and implementation toolkit, which will really help us on the ground to roll out these recommendations.

“This is a real opportunity to make life better for patients, both in terms of optimising nutritional care and influencing clinical outcomes, but it also gives us a chance to increase satisfaction with the hospital experience,” Ms Gillman said.

Also speaking at the launch of the policy, Minister for Health, Simon Harris, thanked everyone involved in its development.

“This is an excellent example of collaborative working and I would like to thank all those involved and to encourage catering and health professionals in all acute hospitals to embrace the policy recommendations and put them into practice. By doing this, they will help patients attain and sustain good health during their hospital stay,” he commented.

The Food, Nutrition and Hydration Policy will apply to all adult patients in acute hospitals, including those in inpatients wards, EDs and day procedure units. It was launched at the Mater Hospital in Dublin in April.

The role of breastmilk in body composition

Breastfed babies grow very differently to those who are formula fed and their body composition regulates over time. Alison Moore reports in the first of a new series on breastmilk research

WE KNOW that childhood obesity, rates of which are on the rise globally, predisposes us to obesity later in life. This, in turn, increases our risk of cardiovascular and metabolic disorders, but is there a silver bullet that can mitigate against this in the form of breastfeeding?

Prof Donna Geddes from the Faculty of Science at the University of Western Australia was one of the speakers at a recent international breastfeeding and lactation symposium hosted by Medela in London last month. Her paper was entitled 'How fat is too fat? Development of body composition over the first year of life in breastfed infants'.

"The incredible thing about breastfeeding is that, despite our diets nowadays, the meta-analyses still show a 10-20% lowering of risk of obesity if you have been breastfed," she said.

"More and more benefits of being breastfed are being documented in the literature. The diseases for which risk factors are reduced in children that are breastfed include cancers such as childhood leukaemia and lymphoma, non-alcoholic fatty liver disease and endometrial cancer, as well as non-communicable diseases such as cardiovascular disease and type 1 and 2 diabetes. The mechanisms by which these protective benefits are conferred to the baby are still elusive because of their complexity."

The study of animal models has provided support for the idea that nutrition provided to babies very early in life impacts both obesity and metabolic programming and subsequently disease risk later in life, explained Prof Geddes.

"Constant signalling occurs between the mother and foetus during pregnancy which affects foetal growth and development. Breastmilk may be perceived as an extension of maternal signalling, modulating growth, development and programming in the first two years of life," she said.

Prof Geddes said that while breastfed

babies grow rapidly in the first six months they then slow down in the next six months, "so that period of exclusive breastfeeding is very different to formula feeding, and it is thought to be protective".

"However, we have this hypothesis in the literature that rapid weight gain is bad. That it's linked to obesity later on in life. But are breastfed children programmed to have better outcomes? So is it growth, or is it modulation of body composition?"

"We have a severe lack of understanding of how that body composition develops through the first year of life," she added.

Prof Geddes and her team set out to run a longitudinal cohort study of lactation. They recruited mothers and babies and took a series of measurements over a year.

"We measured the baby's body composition and growth and we measured the mother's body composition and milk production, which we then tracked throughout the first 12 months. We looked at gastric emptying, which is involved in appetite regulation because we know breastfed children regulate their appetite really well."

The data this study generated suggests that intervening in any way when a breastfed baby is considered to be 'too fat' can do more harm than good. While they grow faster, their milk intake does not actually increase over the first six months and then starts to decrease.

"For breastfed babies, there was no correlation between dose and weight gain. The dose of human milk components modulates the infant's body composition over 12 months," she explained.

The study also looked at the components in the milk as being more than just food for the baby. Taking 24-hour milk production and intake, they established the 24-hour 'dose' of each component and they found that several of the component doses related to the adiposity and the lean mass of the baby, for example leptin.

"The mother was modulating, through



Prof Donna Geddes presenting at the symposium

the dose of leptin, how the baby's body composition was being developed.

"Leptin levels in milk are related to the mother's adiposity. We found the same scenario with casein, where an increased dose of casein was related to higher infant adiposity and lower lean tissue accretion.

"Part of the puzzle of how milk affects infant body composition development also lies in breastfeeding patterns and the volume of milk consumed by the baby. Typically, we found if the baby fed more frequently they received more milk over 24 hours, and therefore higher doses of milk components, which were linked to increased infant adiposity. The feeding frequency or milk volume was not however, associated with the mother's adiposity, explained Prof Geddes.

In terms of modulating breastmilk, according to Prof Geddes we now have a window of intervention where perhaps we can encourage mothers to change their body composition, pre-pregnancy ideally, that will affect the amount of leptin in their milk to hopefully achieve better outcomes for the baby.

This area is now the subject of further study by her research team at the University of Western Australia.



Call for equity of access to dermatology services

Further research is needed to assess the impact that isolation has on vulnerable or disadvantaged patients' access to specialist care

FURTHER research is needed to examine the impact of 'distance decay' on dermatology patients' access to specialist services, according to the Irish Skin Foundation (ISF).

Some patients living with chronic skin disorders have difficulty accessing specialist dermatology services because of where they live and the ISF is calling for research to assess the impact this is having on their care.

At present, according to the foundation's chief executive David McMahon, the health outcomes of more vulnerable dermatology patients are being compromised by the distance between many households in isolated areas and specialist clinics.

"We know anecdotally from the ISF helpline, that disadvantaged, less-abled, and marginalised patients, who don't live near urban centres with public transport, don't or can't travel to access specialist services clustered in Ireland's major hospitals.

"This means that the most vulnerable and less well-off patients are having difficulty accessing services where they are needed, leading to more suffering, poorer health outcomes and greater severity of disease."

Distance decay

According to the ISF, utilisation of health services is often influenced by cultural,

behavioural and financial factors. Chief among such factors is thought to be the distance of the patient's household from a specialist clinic. The phenomenon of decreasing healthcare utilisation coinciding with increasing distance from a facility is often referred to as the 'distance decay effect'.

"It appears that the current model for delivering services is weighted too far in favour of hubs based in major cities. It is failing to deliver equity in access for thousands of children and adults living with skin conditions in many parts of Ireland – most notably in the midlands, north west and south east.

"We don't understand the full impact of the distance-decay phenomenon on people living with chronic skin disorders. Policy research is urgently needed to feed into an evidence-based service planning process, so that care is delivered in a manner that guarantees better access for all people living with a chronic skin disease."

Outreach clinics

Although some peripheral hospitals already offer phototherapy services, more can be done to make outreach clinics and onsite dermatology consultations widely available to patients with chronic skin disorders, according to the ISF.

There are currently five regions in Ireland

that are serviced by outreach clinics in peripheral hospitals, with plans to add a sixth – Mullingar – as part of the Ireland East Hospital Group.

Outreach clinics – as part of a hub-and-spoke model – currently deliver services in the following centres:

- Tralee, Bantry, Clonmel and Mallow for Ireland South
- Nenagh, Ennis for the University of Limerick network
- Ballinasloe, Castlebar, Roscommon and Letterkenny for the Saolta network
- Cavan and Connolly for Dublin North East
- Naas and, in the coming months, Portlaoise for the Dublin Mid-Leinster network.

Commenting, Mr McMahon said: "Outreach clinics each operate from a hub hospital, seeing up to 20 new patients or 30 returning patients each day. Some services operate one or two clinics each week, others less frequently; nationwide such clinics can potentially care for between 250-450 patients each week depending on a number of variables.

"Research into service planning is needed to determine whether or not patients' long-term health outcomes can be optimised by delivering more services along this model."

Role of the diabetes CNS in primary care

Injectable therapies can be initiated in primary care for patients with type 2 diabetes who have not met their glycaemic targets, writes Angie O'Connor

THE CNS diabetes service was introduced to practices in the Diabetes Interest Group in General Practice (DiGP) scheme in early 2011. As the CNS, I work 80% of the time in primary care and 20% in secondary care. My task is to ensure successful integration of patient care between primary and secondary care.

My role is to review patients on a one-to-one basis where they have been referred from general practice with sub-optimum glycaemic control. Type 2 diabetes is a progressive condition, thus additional medication is the rule and not the exception. However, healthy eating and exercise are the cornerstones of type 2 diabetes management and shouldn't be overlooked, none the less, frequently people need additional medications to help improve overall glycaemic control.

We know from research, as far back as the UKPDS Landmark Trial (UKPDS) that optimising treatment improves patient outcomes.¹ Tight control of blood glucose with lifestyle modifications, and/or medication reduces long-term diabetes-related complications and is paramount to the overall management of people with diabetes,² while being cognisant of an individualised approach that is tailored to the specific needs of that individual.³

If glycaemic targets in type 2 diabetes are not met with lifestyle modification and oral medications, my role is to educate the patient on prescribed injectable therapies. Historically, once the patient was adding injectable therapy to existing oral therapy, they were referred to diabetes centres in hospitals.

However, nowadays it can be initiated in the primary care setting where collaboratively the GP and patient have agreed that

this is the appropriate next step. I would then educate the individual on the preferred injectable therapy.

There are two types of injectable therapies available today for people with type 2 diabetes requiring optimisation of their glycaemic control and thus reducing their risk of complications:

- GLP1-agonist given as a subcutaneous injection
- Insulin therapy.

Commencement of injectable therapy

Commencing a patient on injectable therapy is labour intensive with a number of face-to-face consultations and follow-up telephone conversations to monitor the patient's progress and in order to facilitate further education on titrating the insulin dose. Education is paramount for success of outcomes. It is crucial when I am educating a patient that they understand the following:

- How to inject safely, adhering to FIT guidelines 2017⁴
- Understand the mode of action of the insulin
- Potential side-effects and effective management
- Self-monitoring (frequency and home targets, including RSA guidelines and current driving regulations)⁵
- Hypoglycaemia, signs, symptoms and management
- Educating on the safe disposal of sharps as per HSE sharps disposal patient leaflet⁶
- Dietary understanding
- Continuing telephone support
- Listen, reassure and elevate any fears.
- When commencing on GLP1 injectable therapy:
 - That it is an injection but not insulin.

It is similar to the natural hormone

glucagon-like peptide-1, produced in the body (explaining action of medication can lead to improved adherence)

- May also be used in conjunction with other medications
- Does not cause hypoglycaemia, but if used in conjunction with insulin or sulphonylureas, be aware of increased risk of hypoglycaemia
- Adhering to FIT Guidelines best practice with injection technique as with insulin therapy and safe disposal with the needles⁴
- The difference is that these therapies are mainly once weekly, as opposed to daily with basal insulin, and will either be a one dose (one pen per week) per pen or four doses per pen (one month's supply).

Injectable therapies are not to be feared as they improve patient outcomes. All companies have step-by-step guidebooks to assist with patient education.

Angie O'Connor is a clinical nurse specialist in diabetes working with DiGP practices and the diabetes day centre at South Infirmary Victoria University Hospital, Cork

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Classifying chronic pain

Chronic pain conditions have been included in this year's ICD-11 in a bid to improve access to adequate treatment

CHRONIC pain conditions have been included in the International Classification of Diseases for the first time.

The new classification will come into effect in January 2022 and aims to highlight the recognition of chronic pain as a health problem in its own right and should lead to improved access to adequate pain treatment for patients. The new classification recognises chronic primary pain syndromes as health conditions in their own right.

Chronic pain is believed to affect 20% of people worldwide, impacting on quality of life and also creating an economic burden. In the current version of the International Classification of Diseases (ICD-10), chronic pain diagnoses are not represented systematically.

However, the 11th revision of the International Classification of Diseases, ICD-11, which the World Health Organization agreed to adopt last month, will be the first version to include chronic pain. It will be dealt with in the context of both specialised and primary care.

The chronic pain classification was developed by a taskforce of the International Association for the Study of Pain (IASP) and is based on the current scientific evidence and the biopsychosocial model. Chronic pain is defined as pain that lasts or recurs for more than three months.

Features of chronic pain

A series of 10 papers published in the January 2019 issue of *PAIN*¹ provides an

overview of the classification and explains the distinctive features of both chronic primary and chronic secondary pain.

Chronic primary pain is represented as a disease in itself, while chronic secondary pain is where the pain is a symptom of an underlying condition.

Primary pain is characterised by disability or emotional distress not better accounted for by another diagnosis of chronic pain.

Often chronic widespread pain and chronic musculoskeletal pain are described as 'non-specific'. This also applies to primary headaches and other conditions such as chronic pelvic pain and irritable bowel syndrome. These are also included in ICD-11.

Chronic secondary pain is organised into the following categories in the new classification:

- Chronic cancer-related pain is chronic pain that is due to cancer or its treatment, such as chemotherapy
- Chronic post-surgical or post-traumatic pain is chronic pain that develops or increases in intensity after a tissue trauma (surgical or accidental) and persists beyond three months
- Chronic neuropathic pain is chronic pain caused by a lesion or disease of the somatosensory nervous system. Peripheral and central neuropathic pain come within this classification
- Chronic secondary headache or orofacial pain contains the chronic forms

of symptomatic headaches (primary headaches in the ICHD-3 are part of chronic primary pain). Chronic secondary orofacial pain, such as chronic dental pain, supplements this section

- Chronic secondary visceral pain is chronic pain secondary to an underlying condition originating from internal organs of the head or neck region or of the thoracic, abdominal or pelvic regions. It can be caused by persistent inflammation, vascular mechanisms or mechanical factors
- Chronic secondary musculoskeletal pain is chronic pain in bones, joints and tendons arising from an underlying disease. It can be due to persistent inflammation, associated with structural changes or caused by altered biomechanical function due to diseases of the nervous system.

Other issues

In further papers in this series, the taskforce addresses other issues. In conjunction with the International Society of Physical and Rehabilitation Medicine (ISPRM) it explains the functioning properties of chronic pain that cross-link the diagnoses to the International Classification of Functioning, Disability and Health (ICF).

The taskforce set out a classification for both specialised and primary care settings. The series of articles concludes with a discussion of the applicability of the new classification to primary care.

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Reporting from the past

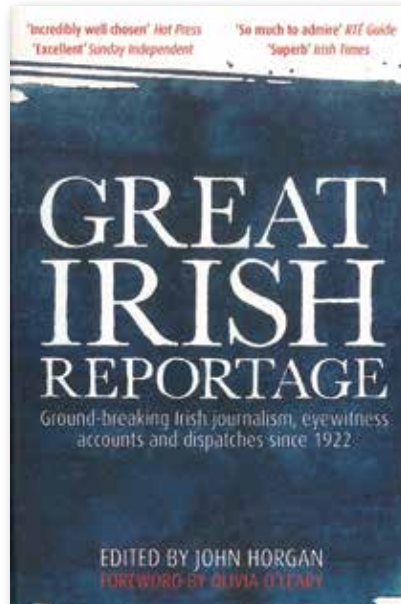
IF an alien landed in Ireland and wanted to learn a little bit about the place, after buying him a pint I would lend him this book to read.

An anthology of reports, features and dispatches – from the establishment of the Free State in 1922 to the travails of Irish soccer fans at Euro 2012 – *Great Irish Reportage*, edited by Ireland's first press ombudsman John Horgan, charts the country's modern history through the words of some of its most storied journalists.

Each entry is preceded by an introductory paragraph explaining the article's context and giving background information on the author and publication.

Mary Maher's article *The Baby Factories*, which featured in the *Irish Times* 'Women First' section in 1973, tells the story of how under-equipped public maternity wards staffed by overworked midwives were resulting in the rushed and often brusque treatment of labouring mothers, and the excessive and unsupervised use of syntocin drips to effect shorter labours.

Maher concludes that the onus must be on the community of doctors making



'handsome livings', with whom distressed mothers have only cursory contact, to instigate a top-down change in how working-class women are viewed in clinical settings.

Also featured is an early instalment of satirical *Irish Times* column 'An Cruiskeen Lawn', by Myles na gCopaleen, in which Myles, the pseudonym of novelist and

playwright Brian O'Nolan, laments the changing face of Irish pub culture. Written in 1940, he describes how sawdust-strewn floors decorated with simple furniture had made way for carpeted lounges, and how black-clothed barmen with steel armbands on their shirt sleeves had been replaced by "obsequious servers in white coats [who] will refuse point-blank to give you beer, even if your doctor has certified under his own hand that you will drop dead after one glass of spirits".

Other highlights from this catalogue of journalistic gems include: Maeve Binchy's wonderfully cynical eyewitness account of the royal marriage of Princess Anne and Mark Phillips in 1973; Eamon Dunphy's sardonic take in the pages of *Magill* on the 1984 summer Olympics in Los Angeles; and the profanity-littered transcript of the infamous interview by John Waters with Charlie Haughey for *Hot Press* from the same year.

Wherever your interest lies, this book is likely to pique it.

– Max Ryan

Great Irish Reportage. Published by Penguin Ireland
RRP €12.95. ISBN: 9780241967126

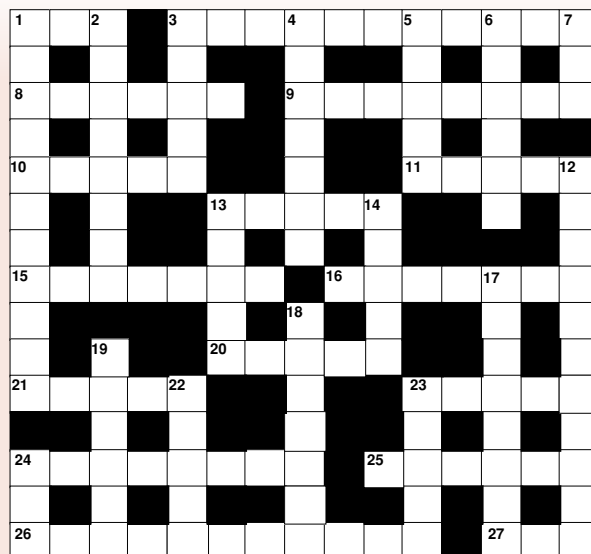


CROSSWORD Competition



- Across**
- 1 Tot up (3)
 - 3 Change your mobile, Maria, to get noteworthy souvenirs (11)
 - 8 & 9 Condition often referred to by its initials, CF (6,8)
 - 10 See 19 down
 - 11 A farewell in Spanish (5)
 - 13 Supports sporting defenders (5)
 - 15 Lingered anticipation of something happening (7)
 - 16 Large breed of dog (7)
 - 20 Dagger (5)
 - 21 Rita's mad about an Asian instrument (5)
 - 23 Adorned hem on garment; ruffle (5)
 - 24 Male horse (8)
 - 25 A trip to look at big game in the wild in Africa (6)
 - 26 Dog that fears matadors (4,7)
 - 27 Ovum (3)

- Down**
- 1 Gathers together, piles up (11)
 - 2 Word blindness can make for axes idly distributed (8)
 - 3 American state, capital Augusta (5)
 - 4 Crime of spilling coffee around the Pole? (7)
 - 5 Asian country with the alternative name Myanmar (5)
 - 6 Famous film dog (6)
 - 7 A sailor's 'six-pack' (3)
 - 12 Temporary structure erected around a building for maintenance work (11)
 - 13 As cheerless as Dickens' house (5)
 - 14 Serpent (5)
 - 17 Thus, a trite air might get on one's nerves (8)
 - 18 Wine-seller (7)
 - 19 & 10a Just my retina and cornea? Nonsense – it's much more than that! (3,3,2,3)
 - 22 Ignited once more (5)
 - 23 Panache (5)
 - 24 Replacement player, in short (3)



May crossword solution

- Across:** 1 Bar 3 Ringleaders
 8 Legume 9 Affluent 10 Essex
 11 Sheaf 13 Welsh rarebit
 16 Stiffen 20 Gales 21 Flood
 23 Pilot 24 Detected 25 Azalea
 26 Tachycardia 27 Yet
- Down:** 1 Bullet-proof 2 Register
 3 Remix 4 Granola 5 Axles
 6 Eleven 7 Set 12 French toast
 13 Wring 14 Hates 17 Foul play
 18 Slender 19 Poetic 22 Duchy
 23 Pizza 24 Dot

The winner of the May crossword is:
Mary McCreesh
Dundalk, Co Louth

You can now email your entry to us at nursing@medmedia.ie by taking a photo of the completed crossword with your details included.

Closing date: Monday, June 24, 2019

If preferred you can post your entry to: Crossword Competition, WIN, MedMedia Publications, 17 Adelaide Street, Dun Laoghaire, Co Dublin, A96E096

Name:

Address:

.....

MONEY



MATTERS

Top 10 holiday destinations

Ivan Ahern ranks the best holiday destinations to take your family to this summer

BOOKING a family holiday can be tough; it's hard to find one place to please everyone. To give you some inspiration, here is a list of the top holiday destinations for you and your family in 2019.¹

Tenerife, Spain

With nearly all of the hotels offering kids' clubs to entertain children while parents spend some time in the sun relaxing, it's the perfect family holiday destination. It is only a short flight too and if you book flights well in advance you will avoid paying over the odds.

Denmark

If you and your family fancy something a bit different to a sun holiday, Denmark could be the place for you. It is safe and family friendly with lots of activities for both young and old. When there, a visit to the beautiful capital Copenhagen is a must.

Portugal

The beautiful Algarve boasts some fabulous resorts and beautiful beaches; there is something to suit every taste. With 300 days of sunshine every year, it is no surprise this is a popular family holiday location all year round.

Italy

Experience a warm welcome for you and your family in Italy, with beautiful beaches, lots of family attractions and amazing food. If culture and exploring are more your scene, there is lots to see with more than 50 historical landmarks. It is a great family holiday destination.

Cyprus

Clean beaches, warm Mediterranean weather – sounds a bit like heaven right? Cyprus has lots to offer with plenty of land and water-based activities to keep you busy, from scuba diving to mountain biking and everything in between.

Gozo, Malta

Sun, sea and culture – Malta has it all in abundance. The Island is small which makes it ideal for travelling with your family. If diving is your thing, Gozo is



Tenerife, Spain

home to some of the Mediterranean's best diving sites.

Orlando, Florida

Make your children's dreams come true with a trip to Orlando. With 12 theme parks to choose from, a trip to the Walt Disney World Resort and Universal Studios is top of the agenda. The kids will be in paradise and parents can unleash their inner child.

Benidorm, Spain

If you fancy something a bit closer to home with a short flight and guaranteed sunshine, Benidorm could be the spot for you. Renowned for its sandy beaches and home to some of the best water parks, kids and adults can splash their way through the holiday.

Perth, Australia

If you are looking to book a once-in-a-lifetime trip for your family, this is the place. With wildlife parks, beaches, nature reserves, museums aplenty and endless hours of sunshine, what more could you ask for?

Hawaii

With gorgeous beaches, amazing landscapes and crystal blue water as far as the eye can see, a trip to Hawaii could have

you duped into thinking you are in paradise. There are lots of islands to explore within a short boat trip. It's a trip the kids will never forget.

Travel insurance

Whatever destination you choose, make sure travel insurance is on your holiday checklist. Cornmarket offer travel insurance policies² for you and your family, allowing you to relax without having to worry about things going wrong.

Ivan Ahern is a director at Cornmarket Group Financial Services Ltd

References

1. Source: <https://www.travelrepublic.co.uk/blog/20-best-family-holidays>

2. www.cornmarket.ie/product/travel-insurance.

Cornmarket cannot be held responsible for information contained on external websites

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Tullamore Hospital celebrates diversity on International Nurses Day

NURSES and HCAs at Midland Regional Hospital, Tullamore marked International Nurses Day last month by celebrating the cultural diversity among the hospital's staff.

As part of the celebrations, nurses from around the world working at the hospital gathered with their native flags and filmed a video describing what nursing means to them and why they choose to practise at Midland Regional Hospital, Tullamore.

Louisea Burke, director of nursing at the hospital said: "International Nurses Day celebrates the contribution that nurses make to our society. We take this opportunity to celebrate our nurses working here in Tullamore. They come from all over the world, and are essential to the care received by all of our patients.

"I think this video demonstrates how dedicated, caring and committed our



Nursing staff at Midland Regional Hospital, Tullamore pictured celebrating the multiculturalism of the nursing teams

nursing staff are to patient centred care, as well as the collegiality and sense of team that exists in Midland Regional Hospital, Tullamore."

Also speaking on the day, Eileen Whelan, chief director of nursing and midwifery and quality of the Dublin Midlands Hospital Group said: "It's

important to recognise and celebrate the exceptional work and the commitment of our nurses and midwives 24/7, 365 days a year.

"Thank you and congratulations to all the staff who recently celebrated their international days across all hospitals in the Dublin Midlands Hospital Group."

New education programme aims to empower cancer patients

A NEW immunotherapy patient education programme, designed by the cancer nurse specialist team at the Mater University Hospital, was launched in Dublin last month.

The programme aims to educate cancer patients on how immunotherapy works, and support them throughout their treatment.

The nurse-led initiative, supported by pharmaceutical company Roche, includes a video series featuring three patients speaking about their immunotherapy treatment, the cancer specialist nurses and consultant discussing the treatment process, an immunotherapy information booklet with practical advice and an animated video explaining the treatment in a visual, simplified way.

Immunotherapy is an innovative treatment that helps the body to defend itself against cancer by working with the immune system to detect, fight and destroy cancer cells. It is used to treat different types of cancer and causes fewer side effects than other treatments.

Explaining the initiative, Noeleen Sheridan, cancer nurse specialist at the Mater Misericordiae University Hospital said: "Immunotherapy treatment activates



Pictured (l-r) at the launch event in the Mater Hospital's Pillar Centre are speakers: Michelle Brady, oncology clinical nurse specialist; Suzanne Dempsey, DON; Denise Eggleston, Roche; Prof Michaela Higgins, medical oncologist and Noeleen Sheridan, oncology clinical nurse specialist

your immune system, helping to detect cancer cells, and helps your body to recognise and defeat or halt this disease.

"We found there was a lack of structured education for patients commencing treatment, so we felt an education series would help us explain immunotherapy, support our patients through their cancer journey and improve their overall treatment. We hope this will become a resource for all immunotherapy patients nationwide."

Speaking at the launch, Pierre-Alain Delley, general manager of Roche in Ireland said: "Education programmes such as

this immunotherapy series are incredibly important for patients and their carers, and we are proud to partner with the Mater Misericordiae University Hospital in supporting this initiative. Immunotherapy is offering hope to cancer patients and those who treat them, and we are committed to providing innovative solutions that will improve cancer care."

The programme booklet and video series are available at the Mater University Hospital.

The video series can also be accessed online at: www.vimeo.com/335800198

A stitch in time: INMO seeking volunteers to help create centenary tapestry

INTERNATIONALLY renowned Irish artist Robert Ballagh has designed a tapestry template (pictured right) for the INMO to help mark the union's centenary.

Mr Ballagh also designed the 1913 Lockout tapestry with the late Cathy Henderson, which was made by 200 volunteers, following its commission to commemorate the 1913 Dublin Lockout.

As there are many keen needle-workers

and embroiderers among the Organisation's membership, the INMO is looking for nurses and midwives willing to volunteer their time to participate in this project to mark the Organisation's centenary year.

If you are interested in taking part, please send your contact details to Michaela Ruane by email at: michaela.ruane@inmo.ie or at Tel: 01 6640626.



Building empathy for dementia patients

HEMOCARE provider Right at Home will bring the 'Virtual Dementia Tour' bus to five locations across Ireland between June 10 and 13, as part of Carers Week in 2019.

The tour will give participants the opportunity to experience what life is like for people with a dementia diagnosis.

David McKone, managing director of Right at Home, said: "The Virtual Dementia Tour is designed to provide visitors with a greater understanding of the difficulties experienced by people living

with dementia.

Visitors have their vision, touch and sound distorted in a similar way to someone with dementia. This builds not only their understanding of the condition, but also their empathy for people affected by dementia.

"At Right at Home, we pride ourselves on the ever-evolving role of our carers and recognise the specific skill set required for caring for clients with dementia."

The tour will begin at Right at Home main office in Blanchardstown before

moving on to the following locations:

- Rathfarmham Shopping Centre car park – 9.30am to 12pm, Tuesday, June 11
- Tesco car park, Moorefield, Newbridge, Kildare – 3pm to 5pm, Tuesday, June 11
- Douglas Court Shopping Centre car park, Cork – 9.30am to 5pm, Wednesday, June 12
- Right at Home Galway, 7 Mulvoo Park, Sean Mulvoo Road, Galway – 9.30am to 5pm, Thursday, June 13.

Further information about the tour is available at: www.rightathome.ie

MedMedia team at INMO Centenary ADC in Trim



MedMedia, the publishers of WIN, was in attendance at the INMO annual delegate conference in Trim last month. Pictured here is the MedMedia team: Geraldine Meagan, publisher; Leon Ellison, commercial director; Alison Moore, editor; and Tara Horan, news and production editor. The MedMedia team works alongside the INMO editorial board and editors in producing WIN each month

New app designed to support IBD patients



The Irish Society for Colitis and Crohn's Disease (ISCC) launched a mobile app last month in conjunction with World IBD Day. 'IBDWELL' features support information for patients and has a number of functions to locate nearby toilet facilities, track diet and medication and connect with other people living with the condition. New research from the ISCC has revealed that 75% of IBD patients feel isolated in managing their condition. More than three quarters feel that IBD has negatively impacted their mental health and 52% admitted to feeling exhausted when their symptoms flair. Pictured at the launch were (l-r): Mary Forry, IBD nurse; Sinead Cummins, IBD patient; and Angela Mullen, specialist IBD nurse

Laois schoolchildren illustrate their appreciation for nurses

'AMAZING', 'kind', and 'caring' were just a few of the words used by children from Culohill National School in Laois when asked, ahead of International Nurses Day last month, to illustrate what nurses mean to them.

Nurses and HCAs at Midland Regional Hospital, Portlaoise celebrated the day with a display of the children's artwork. Director of nursing at the hospital, Sandra McCarthy presented all nurses on duty with a celebratory gift bag containing the following symbolic items:

- A pen – because communication is essential
- A bobble – to help you keep it together
- A Kit-Kat – because taking a break is important
- A packet of tissues – because some days are hard
- A packet of love hearts – because some days you need courage.



Pictured at Midland Regional Hospital, Portlaoise were (l-r): Ethan Laverty, sixth class; Ellie Laverty, third class; Siobhán Conroy, staff nurse surgical; Sandra McCarthy, director of nursing MRHP; Catherine Healy, staff nurse medical; Eoin Holland, fourth class; and Orlaith Brophy, fifth class

Speaking on the day, Ms McCarthy said: "We very much appreciate and value our nurses and HCAs in Portlaoise Hospital. Today is about celebrating our profession, the long history of nursing and acknowledging the courage, strength, kindness and high levels of care our nurses and

HCAs provide to our patients every day. "I am so happy to share this day and our profession with the children of Cullohill National School. The lovely art and messaging demonstrate the many important values that we as a caring profession regard as the fundamentals for nursing."

Annual CPC seminar at the Richmond

More than 50 clinical placement co-ordinators (pictured right) attended their annual seminar at the Richmond Education and Event Centre on May 15, 2019. The speakers on the day were: Dr Lynda Sisson, HR lead, staff health and wellbeing and occupational health, diversity and inclusion lead at Dr Steevens Hospital; Eithna Coen, project officer at the NMPDU; and Theresa Keane, programme director at the RCSI Institute of Leadership. The day was a great success with excellent collaboration and sharing of ideas. The valuable, evolving role of CPCs was acknowledged. The workshop enhanced participants' knowledge while giving them the tools to continue to advance their skills in supporting students and preceptors in a challenging health environment.



SAVE THE DATE

All Ireland Annual Midwifery Conference

'Being a midwife - love it or leave it'

Thursday, 17 October 2019

Armagh City Hotel, Armagh, Northern Ireland

Call for Posters

Poster addressing the Conference theme may be submitted by individual midwives, groups of midwives, midwifery students or service users.

Application forms and guidelines are available to download from www.inmo.ie/midwives or by contacting jean.carroll@inmo.ie

June

Wednesday 5

Orthopaedic Nurses Section meeting. 11am, University Hospital Limerick

Saturday 8

PHN Section meeting. INMO HQ. 11am-1pm

Saturday 8

Community RGN Section meeting. INMO HQ. 11am-1pm

Saturday 8

Midwives Section meeting. Galway University Maternity Hospital. 2pm

Tuesday 11

National Care of the Older Person Section meeting. Richmond Education and Event Centre, following the dementia workshop. See page 37 for details

Friday 14

Third Level Student Health Nurses Section meeting. Richmond Education and Event Centre. From 11am

Wednesday 26

CPC Section meeting. Richmond Education and Event Centre. 10.30am

September

Saturday 7

Midwives Section meeting. Limerick University Maternity Hospital. 2pm

Tuesday 10

National Care of the Older Person Section annual conference. Richmond Education and Event Centre

Saturday 14

School Nurses Section meeting. Midland Park Hotel, Portlaoise. 10am

Thursday 19

Retired Section meeting. Richmond Education and Event Centre. 11am

Tuesday 24

Telephone Triage Section conference. Richmond Education and Event Centre

October

Saturday 12

PHN Section meeting. INMO HQ. 11am

Thursday 17

All Ireland Midwifery Conference Armagh

Thursday 17

Student Allocation Liaison Officers meeting. INMO HQ. From 12pm

November

Tuesday 12

Care of the Older Person Section meeting. INMO. 10.30am

Thursday 21

Occupational Health Nurses Section conference. Richmond Education and Event Centre

Wednesday 27

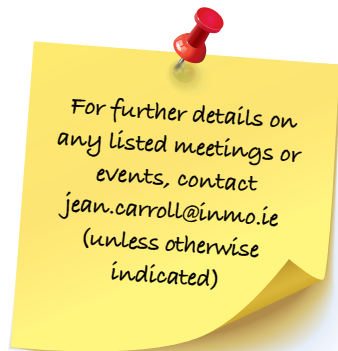
CPC Section meeting. Richmond Education and Event Centre

Saturday 30

ODN Section conference. Richmond Education and Event Centre

Saturday 30

PHN Section meeting. Richmond Education and Event Centre



INMO Membership Fees 2019

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

Condolences

- ❖ Tracey Brennan worked as a staff nurse in Roscommon University Hospital. She was diagnosed with cervical cancer nearly two years ago and died unexpectedly on Friday morning. Tracey was one of the leading campaigners along with Vicky Phelan for access to pembrolizumab. All of our staff and members send their sincere condolences to her husband, son, parents and siblings.
- ❖ All of the staff at the INMO would like to extend their deepest sympathies to Margaret O'Donohoe in the Galway office on the recent death of her father. May he rest in peace.