

# WIN

INMO

Journal of the  
Irish Nurses and  
Midwives Organisation

Latest course  
information from  
the INMO PDC  
See pages 31-42

World of Irish Nursing & Midwifery

## What's next for nurses and midwives?

See centre pages for  
briefing document

## INMO secures more than 650 new posts

page 6

## NMBI to consider amending fee

page 9

## Respiratory syncytial virus on the rise

page 44

## Human trafficking: Could your patient be affected?

page 49

# Enough is enough

We have paid our share – time to reverse the pay cuts



6



44



49

## NEWS & VIEWS

- 5 Editorial**  
It is time for nurses and midwives to regain some of the pay cuts they have taken in recent years, writes INMO general secretary Liam Doran
- 6 News**  
INMO secures more than 650 new nursing and midwifery posts... NMBI board to consider amending fee... Nursing staffing taskforce reaching key stage... INMO calls for full payback post-HRA... Pension calculations on pre-HRA salaries until June 2016... New Statement of Concern launched... Ballot for action at St Aidan's, Gorey over increments... 'Greece is the word' – Ruthlessness of ECB exposed in Greece  
*Plus:* Section news page 17
- 18 International news**  
Safeguarding the health of medical workers in conflict areas remains key to the WHO's agenda. Elizabeth Adams reports
- 35 After HRA: What's next for nurses and midwives?**  
*See centre pages for pull-out briefing document*
- 53 From the President**  
INMO president Claire Mahon rounds up news from the Executive Council and beyond
- 57 Student focus**  
Dean Flanagan updates readers on news for students and new graduates

## FEATURES

- 21 Questions and answers**  
Bulletin board for industrial relations queries
- 22 Quality and safety**  
This month Maureen Flynn discusses the Improving Quality Exchange Hub
- 25 Executive Council focus**  
A new series that features three members of the Executive each month
- 26 Branch update**  
Branch update returns to *WIN* with a focus on the INMO's Drogheda Branch

- 28 Legal focus**  
In the second of a three-part series, Edward Mathews explains the process involved in a fitness to practise hearing
- 46 Domestic violence**  
Women's Aid has launched a new national public awareness campaign '2in2u' to highlight the issue of dating abuse
- 49 Human trafficking**  
The Department of Justice describes what healthcare workers should look out for and what to do in suspected cases of human trafficking
- 55 Media Watch**  
Ann Keating reviews INMO activities reported in the news
- 59 Update**  
Round-up of Irish and international news items

## CLINICAL

- 44 Children's nursing**  
Respiratory syncytial virus in children is a leading cause for hospital admission and its incidence is rising, writes Eilish Moore

## LIVING

- 61 Book review**  
Alison Moore reviews *Slim with Tina* by Tina Murphy, a book on how to achieve weight loss and a positive self image through healthy eating and lifestyle change  
*Plus:* Monthly crossword competition
- 63 Finance**  
Marc Evans discusses finding the right fit home insurance policy for you

## JOB'S & TRAINING

- 31 Professional Development**  
Eight-page pull-out section from the INMO PDC
- 64 Diary**  
Listing of meetings and events nationally and internationally
- 65 Recruitment & Training**  
Latest jobs and training opportunities in Ireland and overseas

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# Irish Nurses and Midwives Organisation

## Working Together



**“You insure your car, you insure your house; Why not insure your profession?”**

## Nurses and Midwives; Together we are Stronger

*Join INMO, Ireland's only dedicated union for Nurses and Midwives*

- Advocating for safe quality care delivered by registered nurses and midwives
- Representing nurses and midwives individually and collectively in the workplace
- The leading voice for nurses and midwives in Irish health care
- Campaigning for restoration of Nurse and Midwife pay and hours
- Providing expert representation in workplace relations
- Full support in NMBI fitness to practice public hearings with expert professional and legal representation
- Professional development offering career development and professional education
- Professional library service
- Employment information service – law – conditions of employment – your rights and entitlements
- Access to income continuance protection plan (supplementary to the sick leave scheme)
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- Free legal aid for occupational or bodily injury claims
- Legal and counselling helplines

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# Time for us to get something back



THE centre pages of this issue of *WIN* contain a briefing document that summarises the issues, choices and priorities facing the Organisation as we approach talks with government on the post Haddington Road scenario.

The purpose of this document is to stimulate debate at all levels of the Organisation, with regard to restoring the pay cuts suffered in recent years and securing a reduction in our working week – back to 37 hours – in the shortest possible timeframe. No-one is suggesting that all of the cuts in pay and attacks on our terms and conditions of employment, can be restored overnight but we must discuss, and agree, a clear strategy which will deliver this goal.

Discussions with government will take place in the context of a recovering economy that has already led to some private sector workers securing very welcome pay increases in recent months. It is the view of the Irish Congress of Trade Unions, of which the INMO is an affiliate, that 2015 must be viewed as the year of the pay rise – when all workers seek improvements in pay to improve their living standards and overall wellbeing.

Notwithstanding that the economy is recovering, that companies are making profits and that there is an overall need to stimulate our economy, the usual commentators, ie. the employer bodies and certain media outlets, are already attacking the idea by saying our competitiveness will be damaged. This is just more of the usual negative comment towards workers from sectors in society, which, quite frankly, have been very happy to impose the greatest burden on those least able to carry it. These are the people who pushed for a cut in the minimum wage; they are the ones who pushed for a cut in social welfare payments, affecting the unemployed, the sick and pensioners; and these are the people who will tell you that workers do not have a right to be represented by a trade union.

The truth is that all workers, including public sector workers, have suffered greatly over the past five to six years. The truth is that the powerful players in Europe have demanded austerity,

when expansion was required, and have demanded cuts in living standards and income, regardless of the impact on ordinary workers, their families and essential public services, such as healthcare.

We must not accept criticism from those who would tell us that the time is not right, who tell us that the minimum wage should be cut, who tell us that zero-hour contracts are fair, and who tell us that workers cannot be represented by a recognised trade union.

Now is the time that we discuss the issues that must be addressed, prioritise them in order of importance and, most importantly, unite in pursuance of the earliest possible restoration of proper pay and conditions for nurses and midwives – who have never worked harder.

So, I ask you to study the briefing document in this journal in detail. If possible, please come to the forthcoming regional meetings or, thereafter, other meetings that will take place in workplaces across the country in the lead up to annual conference.

Now is the time to say, collectively, that we want our money back. Now is the time to say that we want a 37-hour working week, the same as all other professional grades in the health and wider public sector. Now is the time to say we want a major increase in the numbers of nurses and midwives in our public health service, so that workloads are manageable and safe care can be delivered to patients who enjoy privacy and dignity.

Yes, the agenda is long and, yes, the challenge is great. However, we have come through dark days and it is now up to us to decide how quickly we will move from the dark into the light and get our money and hours back.

Liam Doran  
General Secretary, INMO



# INMO in action:

## INMO secures more than 650 new

2015 began with the INMO calling for specific measures, to be implemented immediately, to alleviate the severe, and unacceptable, overcrowding in many emergency departments (EDs) across the country.

As the situation continued to escalate, members took action in the form of lunch-time protests and ballots for

industrial action. The INMO demanded that the HSE, and other acute hospital employers, immediately audit their compliance with health and safety legislation in relation to the working environment of nursing, and other frontline staff, in these overcrowded departments.

The INMO also stressed that the government's five-

year recruitment embargo has resulted in the loss of more than 5,000 nursing and midwifery posts. The impact of this misguided policy is that services have been left understaffed, posts have been left unfilled and our young graduate nurses/midwives have left, in their thousands, to work in other countries where they are sought after and valued.

The INMO's multifaceted campaign yielded fruit when the Organisation secured a total of 489.5 new nursing and midwifery posts in acute hospitals, with a further 175 in continuing care facilities, bringing the total to 664.5 new nursing and midwifery posts created. The INMO will continue to engage at local level to progress the proposals and to ensure that nurses and midwives are recruited and beds opened as a matter of priority.

Welcoming this development, Phil Ni Sheaghda, INMO director of industrial relations, said: "Every effort to recruit nurses and mid-

wives must now be made. Posts agreed between management and the INMO in Beaumont, Galway, the Mid West, Drogheda, Mullingar and Naas are necessary posts to allow safe service delivery and impact on the chronic overcrowding. We now need immediate visible action to prioritise this necessary recruitment."

Despite these positive developments ED overcrowding remains an exigent issue. At the time of going to press, trolley figures remain at record high levels with more than 500 people on trolleys nationwide on several days. The INMO has identified 532 additional beds within the system, of the 2,032 beds that have been closed, that could immediately be re-opened in both step-down facilities and in acute hospitals.

INMO general secretary Liam Doran said: "It can always be predicted that trolley figures will spike in February, but this year the numbers are higher than ever. We are still riding on the back of five or six

### Beaumont Hospital, Dublin

In late January members working in the ED at Beaumont Hospital agreed to defer industrial action following agreement reached at the Labour Relations Commission (LRC). The agreement contained:

- ➔ Increased staffing levels in the department on both days and nights with nine whole time equivalent posts (WTEs) in ED and 50 further WTEs hospital wide
- ➔ A commitment to continuing to try to secure additional community beds to address the problem of delayed discharges in the hospital
- ➔ An agreement to engage in a joint review of the hospital escalation policy.

### University Hospital Galway

Sufficient progress was made at the LRC in early February to allow members in the ED at University Hospital Galway to defer industrial action while discussions took place. Subsequent hearings under the LRC resulted in:

- ➔ A significant increase in staffing levels, including nurses, porters, ward clerks and healthcare assistants. The process has already commenced to recruit approximately 18 WTE nurses for the ED
- ➔ A commitment to opening additional beds
- ➔ The appointment of Garrett Martin, deputy director and senior officer (employment relations), Royal College of Nursing, Belfast, to carry out a review and make recommendations to improve patient flow within the department.

The parties are due to meet again at the LRC on Monday, March 9 to finalise the details of the agreement.

### Naas General Hospital

Members in Naas General Hospital were also advised to defer industrial action when the INMO secured extra nursing posts at a hearing under the auspices of the LRC on February 2 in relation to the overcrowding crisis. Under the agreement:

- ➔ 39 nursing staff are to be recruited at Naas General Hospital
- ➔ Inclusive in this figure are 29 WTEs and an additional rapid action triage nurse for the ED.

The LRC will remain in contact with the parties and is committed to provide immediate assistance if requested.



# INMO delivers

## nursing and midwifery posts

years of cuts to our health system which have progressively caused complete meltdown in some areas with the result that the ED is the only door open for some people.

"EDs are the pressure points within our health service that can be seen on an almost daily basis for the last six months.

We need to open additional beds and increase homecare packages, but the biggest problem now is the availability of nursing staff," he said.

"We've lost over 5,000 nurses and midwives; we are not competitive, we don't offer the kind of workplace which is akin to other work-

places in terms of manageable workloads, so now where you might have available beds, you don't have available staff. It is a reality that is still not sinking through to the policy makers. This problem cannot be changed without sustained additional investment and incentivised recruitment."

### Midlands Regional Hospital, Mullingar

Industrial action has also been averted at Midlands Regional Hospital, Mullingar as the INMO managed to secure 90 new nursing and midwifery posts at the hospital after negotiations with local management. The initiatives agreed with management include:

- ➔ Additional funding for 39 posts which are in the process of being filled
- ➔ 10 staff nurses to be recruited for the ED
- ➔ 26 staff midwives to be recruited
- ➔ 15 staff nurses to be recruited for general ward areas
- ➔ 100% permanent contracts to six 2014 graduate nurses retrospective to October 2014 and one staff midwife retrospective to August 2014
- ➔ 2015 graduates to be offered permanent posts at 100% salary
- ➔ Supernumerary status for CNM2s.

Furthermore the hospital committed to:

- ➔ Adherence to the HSE full capacity protocol
- ➔ A staffing ratio of 1:6 for admitted patients in the ED and ward areas.

It was also agreed that the deployment of the additional recruited staff nurses will be a matter for the director of nursing, having regard to safe staffing levels and patient care.

### University Hospitals Group, Mid West

INMO members in the University Hospitals Group in the Mid Western region deferred industrial action in light of the agreement reached at the LRC on February 2. The agreement states:

- ➔ 70 nursing staff are to be recruited for the University Hospitals Group, including University Hospital Limerick, Ennis Hospital, Nenagh Hospital and Croom Orthopaedic Hospital
- ➔ A ratio of 1 nurse to every 7 admitted patients in the ED
- ➔ A commitment to ensure there is a relevant paediatric ED qualified nurse in the paediatric section of the ED
- ➔ The setting up of a hospital bank
- ➔ The appointment of an independent chair to oversee a process at local level in respect of a range of issues
- ➔ 100% salary is to be paid to all current nurse graduates, and 100% salary and permanent contracts are to be offered to the upcoming graduates in September 2015.

Subsequent to the initial agreement, the HSE has agreed that once a nursing panel/relief pool is in place, applications for parental leave and reduced hours will be considered more favourably.

### Our Lady of Lourdes Hospital, Drogheda

Following earlier LRC talks, and the deferral of industrial action by members at Our Lady of Lourdes, the hospital continued to be in breach of HIQA recommendations by placing patients on corridors. At an LRC hearing on February 11 the INMO sought that this practice cease immediately and that additional beds that management promised by the end of 2014 be delivered immediately. The INMO also sought additional staff to address current staffing deficits. Positive initiatives agreed at the LRC hearing include:

- ➔ 88 additional nursing posts to address current staffing deficits
- ➔ One additional nurse to be provided for every six admitted patients in ED
- ➔ Engagement to commence on finalising an agreement for additional staffing to allow the opening of a 24 bedded modular unit at OLOL and to increase bed capacity at Louth County Hospital to provide 17 rehab beds
- ➔ 24 additional step-down beds, in a private provider, to come on stream from February 27, 2015
- ➔ Agreement that the practice of caring for patients on trolleys on corridors to cease by October 1, 2015
- ➔ 2015 graduates to be recruited on 100% salary
- ➔ HSE to prioritise clinical discharge of patients into community
- ➔ Structured stress management training to be offered to staff.

# NMBI board to consider amending fee

## INMO remains resolute that €100 fee must be restored

THE campaign of opposition to the NMBI fee increase, which has been maintained by the INMO together with other unions representing nurses/midwives, continues and has grown, strengthened and become more visible in recent weeks.

In late January the Minister for Health asked the NMBI to re-engage with the INMO and other unions, with a view to resolving the dispute. A meeting with the NMBI president and senior management then took place, at which the INMO stressed that the first requirement, in any process, is for the Board to restore the €100 fee. The INMO, and other unions, clearly stated that if this was done, they would then be willing to look at all issues that need to be addressed to

agree a medium-term funding framework for NMBI.

The INMO, and the other unions, have declined to participate in any further discussions, including any chaired by an independent third party, unless and until the Board decides to restore the fee to €100, and begin the process of restoring some degree of confidence within the nursing and midwifery professions.

Arising from this stance, the NMBI Board is to hold an emergency meeting in early March, at which a proposal will be put forward to amend the fee. At the time of going to press, it is not known what the outcome of this special Board meeting will be. However, the INMO position remains resolute that the €100 fee must be restored before any further

discussion can take place.

In recent weeks there was also public disclosure, via a Sunday newspaper, that the NMBI has made significant payments, to a communications/PR company, and that the CEO travelled to New Zealand/Australia by business class, at a cost of almost €6,500.

These revelations only served to consolidate the conviction of the tens of thousands of nurses and midwives who have signed up to the campaign, that the Board must reconnect with the professions and the first step in doing that is to restore the €100 fee.

INMO general secretary Liam Doran said: "The strength, solidarity and visibility of this campaign has grown considerably in recent

weeks. It is now very apparent that tens of thousands of members fully support our demands that the €100 fee should be restored and that the NMBI must recognise the error it made in seeking this draconian, and unwarranted, increase.

"We again remind members to pay the €100, at this time, and to maintain a record of the payment submitting the payment with your PIN number to NMBI.

"The INMO will be in contact with all members, through further updates and the website, after the special Board meeting, indicating whatever position emerges from the NMBI, and responding accordingly, consistent with the mandate of demanding the €100 fee".

## Nursing staffing taskforce reaching key stage

The Taskforce on Nurse Staffing and Skill Mix, established by the Minister as a result of the INMO's campaign for safe staffing, continues its work and has begun finalising initial draft proposals.

As we were going to press, the taskforce is continuing to consider such key issues as:

- How to consistently measure patient dependency and acuity
- How to translate that measurement into acceptable staffing levels using scientific tools delivering consistent staffing in medical/surgical wards
- The need to have a supernumerary role for the CNM2
- The need to redevelop the role of the CNM1
- How nursing/midwifery recruitment can be decentralised and handled locally, to

INMO consultation meetings on taskforce (second round)
• Tuesday, March 3, 10am, Tullamore General Hospital
• Wednesday, March 4, 10am, St James's Hospital, Dublin
• Wednesday, March 4, 2pm, Mater Hospital, Dublin
• Friday, March 6, 10am, Letterkenny General Hospital
• Friday, March 6, 2pm, Sligo General Hospital
• Tuesday, March 10, 10am, Galway (Merlin Park)
• Friday, March 13, 10am, Cork University Hospital.

improve flexibility, speed of filling posts and ensure consistent staffing at all times

• Ensuring that the director of nursing holds the budget for nursing and support staff and that her/his decision making about staffing requirements to meet patient need cannot be overruled.

These, and many other, issues are currently being discussed with a view to arriving at a set of draft proposals which will be discussed with

members from the frontline at consultation meetings around the country.

### Consultation meetings

Members, particularly those working in the surgical/medical units, should note the schedule for this second round of consultation meetings set out in the *Table*.

INMO general secretary and member of the taskforce Liam Doran said: "The work of the taskforce is now reaching a key stage. Whatever draft pro-

posals emerge it is critical that they are the subject of critical analysis by members in medical and surgical wards/units. This is to ensure that the staffing changes flowing from any final set of recommendations, will ensure a stable nursing workforce, enhancing patient care and ensuring management workloads.

"The INMO has already written to members, and directors of nursing, in the hospitals, where these meetings are taking place in an effort to encourage them to come along and participate in these discussions".

The taskforce is expected to continue its deliberations, following this second round of consultation, with a view to finalising its report by the end of April when it will be presented to the Minister for Health.

# INMO calls for full payback post-HRA

THE INMO is currently in the process of an intensive period of consultation with members on the Organisation's approach in the post Haddington Road period.

Early last month the INMO Executive Council demanded a process that would deliver 'full payback'. The following approach has been adopted:

- A detailed briefing document is included with this issue (see centre pages)
- Regional meetings will be held with INMO members to discuss the process in early March
- Members' opinions and mandate will then form the basis of the INMO position on entering any possible talks on the successor to the HRA.

In considering the issues,

the INMO Executive Council felt it was important to remind members of the government's promise to revisit the financial emergency measures introduced if the economy recovered.

The economy is recovering, which is welcome, and substantial pay improvements are now evident in industry across the country. The INMO Executive therefore has called for talks to commence well ahead of the expiry of the current agreements. The expectation is that any outcome of that process will see a return to pre-2009 salaries and working hours that compare with all other professional grades in the public health service.

As the Haddington Road Agreement is due to expire in

Key goals
• Working hours - 37 hours per week
• Removal of pension levy
• Restoration of pay rate to pre-2009 rates
• Safe, and agreed, nursing and midwifery staffing levels in all clinical areas

July 2016, the Executive Council is of the view that these talks should commence now, as it is payback time. It also expects the government to honour its commitments by applying the same urgency to this restoration, as it did to the early renegotiation of the Pub-

lic Service Agreement in 2013.

"Put simply, nurses and midwives have contributed massively to the national recovery. They have seen their pay reduced and their working conditions deteriorate to, in many situations, unsustainable, unmanageable and unsafe levels. They have provided unpaid additional hours since July 2013," said Phil Ní Sheaghda, INMO director of industrial relations.

"The INMO is seeking the restoration of all pay cuts, the abolition of the pension levy, a working week of 37 hours, which is the same as all other professional grades in the public health service, and agreed safe staffing levels."

• See pull-out briefing document at centre pages

## Dublin city hospitals update

- A BRIEFING session on the NMBI fee dispute was held at the Mater Hospital in late January. This was well attended and well received.
- The INMO is seeking to have a significant number of vacancies at the Mater Hospital filled.
- Fitness to Practise workshops for members have been piloted in Beaumont, the Mater, Tallaght and Crumlin hospitals. These 30-minute sessions comprised a video, a presentation and question and answer session. Attended by over 100 INMO members, the feedback was extremely positive. The course is to be rolled out on a national basis.
- I represented the INMO at an ICTU Training Needs Analysis for Organisers session. Congress is to develop courses for organisers in the near future.

– Albert Murphy, INMO IRO

## Extended retirement date welcomed

### Pension calculations on pre-HRA salaries until June 2016

THE government has extended the deadline for staff in the public service to retire and to have their pensions calculated on the higher salaries in place prior to the cuts introduced under the Haddington Road Agreement. The new deadline is set at June 2016.

According to the Minister for Public Expenditure and Reform, Brendan Howlin, the decision was taken "following concerns that had been raised with his office by both public service management and trade unions regarding the potential impact of the loss of key managerial and specialised staff at a single point in time where many would, in any event, need to be replaced to maintain vital frontline services."

Phil Ní Sheaghda, INMO director of industrial relations, said: "The INMO particularly welcomes this commitment on the basis that nursing and mid-



**Phil Ní Sheaghda:**  
"We now urge the government to augment this decision by lifting all barriers to the recruitment of nurses and midwives"

wifery figures have decreased by 5,000 since the introduction of the moratorium on public service recruitment and we are now facing two problems – that of recruitment and retention. The INMO believes that this announcement will allow for senior nursing staff with important and vital expe-

rience to make decisions to remain in the service for an additional year which, in turn, would act as a great support to junior staff and those hopefully to be recruited over the next short period."

Ms Ní Sheaghda continued: "We would now urge government to augment this decision by lifting all barriers to the recruitment of nurses and midwives who are essential to frontline public health services.

"Currently we are facing a very real recruitment problem in that other countries, especially the UK, are offering more attractive packages to nurses and midwives. The nursing/midwifery qualification is a globally recognised one which is in short supply, therefore to retain and attract nurses and midwives we have to offer packages as attractive to compete in this market."





Irish Nurses and Midwives Organisation  
Working Together

## STATEMENT OF CONCERN RE: SAFE STANDARDS OF PRACTICE

I have sought to have this issue addressed, through the allocation/employment of additional appropriate staff and/or the curtailment of activity, and/or appropriate orientation (*delete as appropriate*) and as the situation remains unsafe, I am now bringing it to your attention.

To:	From:
Clinical Area:	Hospital/Community Care Area:
<b>Nature of Concern(s)</b>	
Inadequate number RNs/PHNs <input type="checkbox"/>	Inadequate Support Staff <input type="checkbox"/>
Inappropriate Skill Mix <input type="checkbox"/>	Inadequate Equipment <input type="checkbox"/>
Lack of appropriate competence for this setting <input type="checkbox"/>	Other <input type="checkbox"/>
Unfilled Vacancies <input type="checkbox"/>	Short term (greater than a week) <input type="checkbox"/> Long term (greater than a month) <input type="checkbox"/>
Additional Comments: _____ _____ _____ _____ _____	
I, as a (grade) _____, am informing you as my Manager that in my professional opinion, the safety of patients in my care, and my ability to practise to the required standard, is at risk due to the above concern/s.	
Signed: _____	Date: ____ / ____ / _____

*Completed form should be returned to your Manager, copy to the Risk Manager and retain a copy for your records.*

**Our code of Professional Conduct States:**

Patients have a right to receive quality care by competent nurses and midwives who practise in a safe environment...You must report any safety concerns you have about the healthcare environment and help to find solutions through appropriate lines of authority (such as your manager, employer or relevant regulatory body).

*Principle 2, Code of Professional Conduct and Ethics for  
Registered Nurses and Midwives, NMBI, December 2014*

# New Statement of Concern launched

## Triplicate form enables formal recording of concerns about safe care

THE INMO Executive Council recently launched a revised Statement of Concern form for use by members.

This form is an essential part of the nursing and midwifery toolkit.

The Statement of Concern form is designed to allow members in a formal and recorded fashion to bring concerns to the attention of management regarding their ability to deliver safe care in the workplace.

The form allows members to bring to the attention of management matters such as:

- Inadequate numbers of registered nurses or midwives
- Inadequate levels of support staff
- An inappropriate skill mix
- Inadequate equipment
- Lack of appropriate professional competence for the

setting in question

- Unfilled vacancies that impinge upon the delivery of safe care
- Other matters of concern.

The procedure for submitting this form is that members should bring the concerns to the attention of their manager in the first instance.

If the concerns are not resolved, the member should then complete the form and submit it to their manager.

These forms are available from all INMO industrial relations officers in the form of triplicate books which allow:

- A copy to be kept by the member
- A copy to be sent to their manager
- A copy to be sent to the risk management department at the workplace.

Although it is a paper

exercise, it is essential that members record that they have brought to the attention of their managers, any concerns they have in relation to safety in the workplace.

This procedure is, in accordance with the Code of Professional Conduct and Ethics for Registered Nurses and Midwives, the obligation of a nurse and midwife to bring matters of concern to the attention of management.

Furthermore, it is the case that nurses/midwives have been accused of poor professional performance or professional misconduct before the Nursing and Midwifery Board of Ireland (NMBI) for failing to bring safety concerns to the attention of management.

Members are urged to use the Statement of Con-

cern form. If in doing so they encounter any difficulties, they are urged to contact their local industrial relations officer.

Ultimately it is the duty of nurses and midwives to ensure the safest possible care environment for patients and colleagues, and to ensure that in bringing matters of concern to the attention of management, they have a record to support the fact that they fulfilled their professional obligation.

See opposite page for a copy of the revised Statement of Concern form.

Books of these forms, in triplicate format, are available from INMO industrial relations officers.

– Edward Mathews,  
INMO director of regulation  
and social policy

## Ballot for action at St Aidan's, Gorey over increments

THE INMO, the PNA, IMPACT and SIPTU are jointly balloting members at St Aidan's Day Care Services, Gorey, Co Wexford on industrial action due to the non-implementation of a Labour Court decision on salary increments.

Back in January 2013, the Labour Court stated that the staff were entitled to increments. However, to date, St Aidan's management and the HSE have not addressed the issue.

St Aidan's provides services for people with a wide range of disabilities, children with special needs and for the older person.

It currently provides services for more than 300 people in north Wexford including res-

idential care, day services for older persons and for adults with special needs, pre-school education for children with special needs, rehabilitative training and respite care in the community.

Due to difficulties over the past five years, funding has reduced significantly and some staff have not been replaced.

The existing staff have co-operated with the re-configuration of services and have continued to maintain services, despite the funding difficulties.

A recent HIQA inspection reported favourably on service provision within the care centre.

Staff have already taken a pay cut and have agreed to reduced sick pay entitlements.



*Liz Curran, INMO IRO: "Having exhausted all other avenues of securing a resolution to this dispute, staff now feel that they have no option but to ballot for industrial action to ensure that their correct salaries are paid to them in full"*

However, the non-payment of increments is a step too far

and staff have now decided unanimously to proceed with a ballot on industrial action.

INMO IRO Liz Curran said: "Staff working in St Aidan's Services are entitled to have their contractual entitlements honoured in full by their employer.

"This has not been the case in respect of increments owed to our members over several years now. Staff find this ongoing denial of their correct salary entitlements to be unacceptable.

"Having exhausted all other avenues of securing a resolution to this dispute, staff now feel that they have no option but to ballot for industrial action to ensure that their correct salaries are paid to them in full," she said.

## Cork South East update

### Waterford walkabout

CLAIRE Mahon, INMO president, and Mary Power, IRO visited University Hospital Waterford in January for a 'walkabout'.

"A high percentage of staff at the hospital are INMO members and the majority of those we spoke to are holding the line on the NMBI campaign. However, unfortunately very few of the recent nursing graduates remained on to consolidate their training and indeed some of those who did are also planning to leave to work abroad," said Ms Power.

Local discussions have commenced on the opening of the final phase of the new emergency department at the hospital. Five paediatric beds currently remain closed due to refurbishment.

### Branch AGMs

Several branch AGM meetings have taken place in the Cork South East area recently, including the Cashel, Clonmel, Mallow and Waterford Branches. The Cashel Branch has successfully re-established its branch structure with specific branch officers elected and a plan agreed for 2015. The Waterford Branch has elected new reps and has established a separate PHN/community RGN meeting to take place an hour preceding all branch meetings. The INMO would like to extend its thanks to all outgoing reps and branch officers for their commitment to the Organisation.

### Safe practice

A number of Tools for Safe Practice workshops have been arranged and circulated to members in the relevant areas.

– Mary Power, INMO IRO

# 'Greece is the word'

## Ruthlessness of ECB exposed in Greek crisis

GREECE is the word that exposed the ruthlessness of the European Central Bank (ECB), the arrogance of the German government and, in Ireland, the bewilderment at the position adopted by our Taoiseach with regard to the call for a debt conference.

The election of the Syriza Party as the dominant force in the Greek government was no surprise, given the devastation imposed on the country by Troika-imposed austerity policies. Reports suggest that two people every day in Greece commit suicide, that more than half of those under the age of 25 are unemployed, tens of thousands of public servants have been dismissed, the minimum wage has been almost halved and entire families are living off the pension of their grandparents.

But to describe Syriza as hard left or simply pursuing populist policies is wide of the mark; far from the party's policy threatening the European Union, it is probably the last chance to protect it from more extreme forces which are building throughout Europe in the growth of far right and neo-Nazi parties.

In reality the newly-elected Greek government is simply stating the obvious, which is that the debt burden imposed on the Greek people can never be paid unless the economy grows and it simply cannot grow given the level of austerity imposed in the attempt to correct the country's fiscal position.

Contrary to the suggestion that it is seeking a write off, the Greek finance minister, Yanas Varoufakis, who is one of the few economists holding such a position, has proposed the conversion of Greek debt into perpetual bonds, which would be paper indexed to nominal economic growth.

The German government, which has rejected and taken a hard line on the Greek position, was itself the beneficiary of a 55% write down in its debt in 1953 and only repaid the final tranche of its reparations debt in respect of World War I, in 2012.

The ECB decision to no longer accept Greek debt as collateral for its loans was both swift and vicious, and gives some clue as to the pressure our former finance minister Brian Lenihan was under when he was forced by the same ECB to give blanket guarantees to the banking system. European central banks profited to the tune of €14 billion in the year 2012 from holding sovereign bonds of crisis-hit countries such as Italy, Greece, Spain, Portugal and Ireland, all of which were forced by the Troika to cut spending and impose austerity on their populations.

The Greek election may turn out to be a major watershed for Europe. Support for the German and ECB line may well lead to major demonstrations across Europe as ordinary citizens show solidarity with their counterparts in Greece. Indeed the German-led opposition to a Greek restructuring, combined with the German-led position on the Ukraine, may pose a bigger threat to democracy in Europe than the cry for help registered by the Greek people.

Here in Ireland, for all of the positive spin put out regarding the recovery of our economy, there are still major structural problems. Highest among those is the level of individual debt combined with the level of state or governmental debt.

The Troika-imposed policies and their adoption into the Irish scenario has seen the vast bulk of the additional money collected to pay off the debt

coming from the PAYE worker and the reduction in expenditure on public services. That reduction in public spending has been most harshly felt in the public health service and the huge loss of employment in the health sector, including 5,000 nursing positions.

There is no better case study of the misguided nature of austerity policies than the current state of the Irish health service. The mantra of doing more with less is now little more than a meaningless cliché with the numbers of admitted patients waiting on trolleys breaking all records and remaining consistently high. Waiting lists have grown and suddenly the government, which still presides over an official moratorium, has woken up to the fact that we need more nurses and is desperately scrambling to recruit them back from abroad.

For all of the austerity imposed on the Irish people, it took the arrogance of Irish Water to bring masses onto the streets and for the first time to register a blow which forced the government to back track.

In nursing and midwifery, it was the arrogance of the NMBI, which imposed a 50% increase in its fee, that brought nurses and midwives to the peak of their anger.

Likewise, it is how the rest of European governments behave that will seal the faith of democracy in Europe. Any relaxation in Greek debt will benefit the Irish people. Even if that was not the case, Irish people would agree with the Greek finance minister who told Channel 4: "It is preposterous that in 2015 we have people who had jobs and homes, and some of them had shops until a couple of years ago, now sleeping rough".

– Dave Hughes, INMO deputy general secretary

# Spotlight on Retired Nurses and Midwives Section

The National Retired Nurses/Midwives Section is an information source for nurses and midwives who are retired, or preparing to retire. It provides access to the resources of relevant INMO services inclusive the following:

- Regular social events, tours and other events
- Informative talks, conferences and seminars
- Lively section meetings and reunions
- Advice and assistance with pension/entitlement issues

To affiliate to your section, simply fill out the form below and return it to the INMO Membership Office or alternatively contact Jean Carroll, INMO section development officer at Tel: 01-664 0648 or email: [jean@inmo.ie](mailto:jean@inmo.ie)

## Section Officers

Chairperson



Deirdre Ronan  
[dronan15@gmail.com](mailto:dronan15@gmail.com)

Vice chairperson



Mary O'Hara  
[mary.ohara@live.ie](mailto:mary.ohara@live.ie)

Secretary



Helen Buckley  
[helenmariebuckley@gmail.com](mailto:helenmariebuckley@gmail.com)

## Affiliation Form for INMO Section Membership

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

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

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

\_\_\_\_\_

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

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

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

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

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

Second section option (to obtain information only):

\_\_\_\_\_

**Forward completed form to:**

Kevin Downey, membership services officer,  
INMO, Whitworth Building, North Brunswick St, Dublin 7

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

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

# Practice nurses commit to education

THE GP Practice Nurse Section committee has been committed to organising educational sessions that aid the practice nurses to deliver evidenced-based, high quality practice. At the end of January, they had their annual general meeting in INMO HQ in Dublin.

The day started with an educational session on developing policies, procedures and guidelines delivered by Michelle Russell. This excellent session was attended by 63 practice nurses. Attendance certificates from this session can be downloaded from the INMO website.

The next session, sched-

uled for May 2015, is entitled 'Preparing practice nurses for HIQA inspection'. The study day will be advertised in *WIN* and an email will be sent to all members of the Section.

Last year, with the support of the INMO, the committee organised educational sessions on safe practice and developing a professional portfolio. The committee met with John Hennessy, the national lead for primary health care, and discussed the contribution of the practice nurse in developing a nursing team in the community.

In order to represent an up-to-date profile of the current

practice nurse, the committee has developed a survey based on Benner's Model of Advanced Practice. This survey will be sent to practice nurses in the INMO via SurveyMonkey in the next few weeks. The committee hopes that the results of the survey will accurately represent the specialist contribution that the practice nurse brings to care in the community.

The committee is committed to supporting practice nurses and have written to the INMO, highlighting the concerns of practice nurses with the HSE embargo on recruitment. There are now

five professional development co-ordinator posts vacant leaving nurses in that area unsupported with regards to professional development.

Lastly, Winnie McCabe retired as committee secretary after a long service, but continues to serve on the committee. We thank her for her dedicated service and wish her well in her relocation to Donegal. The current committee are: Sharon Kinsella, chairperson; Margaret O'Connor, vice-chair; Ruth Dougan, secretary; and ordinary committee members Winnie McCabe and Ruth Ring. We look forward to seeing you all in May at the next meeting.

## Clinical managers focus on FTP at workshop

THE CNM/CMM Section met in early February for a workshop on Fitness to Practise (FTP), incidence and consequences. The session was delivered by Edward Mathews, INMO director of regulation and social policy.

More than 50 CNM/CMMs attended this intensive four-hour session and feedback from members was extremely positive.

The workshop was followed by the Section's annual general meeting at which the group decided on their motion for debate at the forthcoming INMO annual delegate conference.

Members were also elected to represent the Section and the officers for the year were ratified.

The CNM/CMM Section officers are: Michelle Cullinane, chairperson; Berni McKeon, vice-chairperson; Jacqui Bracken, national secretary; and Patricia McCartney education officer.

The next meeting for the CNM/CMM Section will take place on Saturday, June 6 and will be on risk assessment. Bookings can be made on [www.inmoprofessional.ie](http://www.inmoprofessional.ie) – just sign in and register for your free place. Places are restricted, so early booking is encouraged.

## Retired Section: change at the helm



Pictured at the recent AGM of the Retired Nurses and Midwives Section meeting were (l-r): Helen Buckley, national secretary, Marianne McGiffin, outgoing national chairperson; Mary O'Hara, incoming national vice chairperson; and Deirdre Ronan, national chairperson. This was Marianne's last meeting as chairperson, and a token was presented to her as a mark of appreciation for all her dedication and hard work for, and on behalf of, the Section during her term of office. Every good wish is extended to Marianne, and the Section welcomes Mary O'Hara as the new officer to the committee. Plans are well underway for the spring break which is taking place in Sligo this year from Sunday, April 19, returning April 23. To book, phone Annette McGinley at Tel: 074-9135201. Full details available on [www.inmo.ie](http://www.inmo.ie)

## International Section AGM at HQ



Pictured at the International Nurses Section AGM in INMO HQ were (l-r): Bolatito Aderemi; Cres Abragan; Jimmy Almodovar; Raquel Panganiban; Manimegalai Boopathy; Ibukun Oyedele; Grace Oduwole; and Diana Malata

### RNID Section national conference

*'Future proofing disability services  
- the role of the RNID'*

Wednesday, March 11, 2015 at the  
Crown Plaza, Santry, Dublin 9

To avail of a 10% discount when booking go to:  
[www.inmoprofessional.ie/course/offering/297](http://www.inmoprofessional.ie/course/offering/297)

Alternatively, contact Jean Carroll Tel: 016640648 or  
email: [jean@inmo.ie](mailto:jean@inmo.ie)

# Intervention at the WHO Executive Board meeting

## Safeguarding the health of medical workers in conflict areas remains key

THE INMO is a member of the Safeguarding Health in Conflict Coalition which was created in 2010 by leading international organisations to address this under-reported problem of attacks on health workers and facilities in conflict areas.

The Coalition is chaired and is under the leadership of Prof Leonard S Rubenstein, director, Program on Human Rights, Health and Conflict Center for Public Health and Human Rights at the Johns Hopkins Bloomberg School of Public Health. The establishment of this group was based on driving the World Health Organization (WHO) to adopt the World Health Assembly Resolution 13.15 in May 2012, which mandated the commencement of the systematic data collection on violence against health in situations of armed conflict.

Our goal is to promote adherence to international humanitarian and human rights laws that protect health facilities, health workers, ambulances, and patients during conflict. The Coalition promotes the security of health workers and services threatened by war or civil unrest. We monitor attacks on, and threats to, civilian health; strengthen universal norms of respect for the right to health; demand accountability for perpetrators; and empower providers and civil society groups to be champions for their right to health.

As part of the Safeguarding Health in Conflict Coalition, we have consistently focused on driving the agenda and lobbying international bodies including the United Nations, WHO and other key stakeholders including governments throughout the world.

At the end of 2014, the United Nations General Assembly passed a milestone res-



olution to protect health workers from violence and assure patients access to quality care in circumstances of insecurity.

The resolution:

- Affirms the human rights and humanitarian law requirements for protection of healthcare
- Recognises the responsibility of all parties to respect obligations of impartial medical treatment
- Sets out specific steps states should take to advance protection of medical and health personnel.

The secretary general of the United



Nations and the WHO must report to the General Assembly at the end of 2015 on progress made on protection of health workers, including measures for physical protection, strengthened domestic legal frameworks, and collection of data on attacks on health services.

Prof Rubenstein stated: "It is now up to all of us to make sure states and other actors carry out their responsibilities."

Another opportunity for the Coalition to influence and highlight the issues of protecting health workers and human rights during conflict was at the WHO Executive Board, which met on January 28 to February 3, 2015. The WHO Executive Board is composed of 34 technically qualified members elected for three-year terms from the membership of the World

Health Assembly, which is the forum through which the WHO is governed by its 194 member states. It is the world's highest health policy setting body and is composed of health ministers from member states.

At this annual meeting the Executive Board agrees upon the agenda for the World Health Assembly (WHA) and the resolutions to be considered by the WHA held in May of each year.

This year the board members discussed priority issues in the areas of communicable and non-communicable diseases; promoting health through the life course; preparedness, surveillance and response; and health systems as well as matters relating to programme, budget, management and governance, and WHO reform. A special session also focused on the response to Ebola in West Africa.

At the WHO Executive Board meeting on behalf of the Coalition, IntraHealth International made an intervention condemning the worldwide issue of violence and attacks on health workers and the implications for population health. *See box on right for the full text of this statement.*

#### **Findings of an Independent Medical Fact-Finding Mission – Gaza 2014**

Physicians for Human Rights–Israel commissioned a fact-finding mission to investigate the Israeli military offensive in the Gaza Strip that began in July 2014. Eight independent international medical experts gathered evidence on the types, causes, and patterns of injuries and attacks; attacks on medical teams and facilities; evacuation; impact of the conflict on the healthcare system; and longer-term issues.

The new report presents their findings, including that medical teams were killed or injured in the course of evacuating the injured and that at least one apparent deliberate attack on a hospital resulted in several people being killed and injured.

The number of residents of Gaza killed in the 50-day armed conflict stands at over 2,100, of whom at least 70% were civilians, including over 500 children. Over 11,000 were wounded and over 100,000 made homeless.

According to Israeli official accounts, 73 Israelis were killed: 67 soldiers and six civilians, including one child and one migrant worker. 469 soldiers and 255 civilians were wounded. The report can be accessed at: [https://gazahealthattack.files.wordpress.com/2015/01/gazareport\\_eng.pdf](https://gazahealthattack.files.wordpress.com/2015/01/gazareport_eng.pdf)

## WHO Executive Board Intervention

IntraHealth International, a US-based NGO partnering with the World Health Organization and the global health community to empower health workers, is pleased to submit this statement on behalf of the Safeguarding Health in Conflict Coalition on the need to ensure the safety of all health workers. The Safeguarding Health in Conflict Coalition is a group of over 30 organizations working together to protect health workers from violence during war and civil unrest.

Ongoing threats and attacks on Pakistan's polio frontline vaccination workers have severely limited the country's ability to effectively halt transmission. Targeted attacks against polio vaccinators in Pakistan and other countries have interrupted immunization efforts and resulted in the closure of critical immunization drives in polio-endemic areas.

Brutal attacks on frontline health workers have severely impacted the human resources needed to respond to global health threats— as witnessed recently in South Sudan, Syria, Iraq, and beyond. These egregious assaults contribute to immediate human resource shortages and impede the ability of countries to face health challenges once stability returns. This was most recently demonstrated in Liberia, where decades of civil conflict and brutal assaults against health resulted in a largely reduced health workforce which, along with Guinea and Sierra Leone, was ill-prepared to contain the rapid spread of Ebola in 2014.

We strongly urge the WHO and its partners to continue their commitment to provide global leadership in ensuring health workers are protected from violence by condemning attacks, documenting incidents, and strengthening accountability mechanisms. Until the safety of frontline health workers is assured in Pakistan—and everywhere—the provision of essential care and containment of public health threats like poliomyelitis will be threatened, and the global eradication of polio will not be achieved.

#### **Syria: latest report**

The latest report on Syria to the UN Security Council highlights ongoing atrocities and breaches of humanitarian law. The UN Security Council has primary responsibility for the maintenance of international peace and security. Resolution 2139 was unanimously adopted by the Security Council in February 2014. It called on all parties to increase humanitarian access, to cease attacks against civilians and lift sieges of populated areas.

In a recent briefing this year to the Security Council, delivered on behalf of humanitarian chief Valerie Amos, UN Deputy humanitarian chief Kyung-wha Kang highlighted a litany of failings by all sides and renewed the humanitarian community's call for a political end to the conflict. However, reports from the ground indicate that government forces have continued to conduct airstrikes in populated areas. Similarly, armed opposition groups and designated terrorist groups have persisted with their practice of using explosive weapons in populated areas. Ms Kang reported attacks against medical facilities and staff.

She said that hospitals and schools have not been spared. According to one medical organisation, there were eight attacks on medical facilities in December alone. During the same period, seven medical personnel were killed, including three who were tortured to death and one who was executed.

It was also reported that violence and destruction has caused the worst displacement of people (7.6 million within Syria) the world has seen in decades, in addition to 3.8 million refugees in the neighbouring countries. Five years ago at the beginning of the conflict, one million people needed humanitarian assistance now the figure is set at 12.2 million.

The full report to the UN Security Council can be accessed at: [www.unocha.org/top-stories/all-stories/syria-latest-report-security-council-highlights-continued-atrocities-and-breaches](http://www.unocha.org/top-stories/all-stories/syria-latest-report-security-council-highlights-continued-atrocities-and-breaches)

For more information on the Safeguarding Health in Conflict Coalition and to sign up for the newsletter, visit: [www.safeguardinghealth.org](http://www.safeguardinghealth.org)

*Elizabeth Adams is the INMO director of professional development*



## Bulletin Board

With INMO director of industrial relations Phil Ní Sheaghdha



### Query from member

I have recently been advised that a Trust in Care complaint has been made and that an investigation is now underway. I have not been advised that a complaint has been made against me. I have absolutely no details and feel very exposed. Can you please advise as to my rights and entitlements?

### Reply

Trust in Care is a policy document for health service employers that sets out the procedure for managing allegations of abuse against staff members. Central to this policy is the right to a fair hearing and due process. The approach that should be taken can be divided into three steps:

Firstly, on receiving an allegation of this nature, management should carry out a preliminary screening to establish the facts pertaining to the complaint. As set out in the policy, the purpose of the preliminary screening is to ascertain if it is possible that an abusive interaction could have occurred. The preliminary screening should be carried out by the immediate line manager. The staff member against whom the complaint is made must immediately be notified of the details of the allegation and that a preliminary screening is underway.

Secondly, the next part of the process would depend on whether the preliminary screening indicates that an abusive

interaction could or could not have occurred. If it is the findings of the preliminary screening that an abusive interaction could have occurred then a formal investigation may be required. Prior to this a meeting should be arranged to advise the staff member under investigation of the intention to carry out a formal investigation. This staff member should be advised of his or her right to be accompanied at this meeting by a union representative or a work colleague. The staff member should be given details of the complaint at the meeting and afforded an opportunity to make an initial response if he or she wishes. He or she should be advised as to what happens next and told not to make contact with the complainant.

Thirdly, the investigative team will have to be agreed between management and/or management representatives and the trade union representing the employee. Therefore, you should never be advised, as you have indicated, that an investigative team is investigating your complaint. Remember the policy affords you the right to be consulted and given the right to agree or otherwise to the party who is proposed to conduct the investigation.

You should request all details in respect of the allegations made against you, advise that you are being represented by a trade union, ie. the INMO, and ask that all correspondence be addressed to your trade union official. You should not attend any meeting on this matter until you are fully aware of the allegation made against you and afforded the right of representation in accordance with the policy. Please contact us directly to organise representation in respect of this issue.

### Query from member

I trained and qualified as a registered general nurse in the US. I have been advised that I require an additional six weeks clinical training in a supernumerary status prior to being eligible for registration with the NMBI. When I asked the Board how I could access this training, it was unable to help me.

I have made several attempts to contact hospitals directly, only to be advised that this facility does not exist and that there are no back-to-nursing courses being run in the Republic of Ireland at present. I believe this is grossly unfair as I am now being prevented from earning a living in my profession. I wonder can you advise what my best options are and is there anybody who can examine this issue on my behalf?

### Reply

Yes, we have been made aware of a number of similar cases in the past and have successfully gained access to supernumerary placement with mentorship in some of the acute hospitals. This is usually on the basis of an informal request and the hospitals are not under any obligation to agree but some have accommodated the request from the INMO.

We understand from the Office of the Ombudsman that it can now consider such matters. Go to [www.ombudsman.gov.ie](http://www.ombudsman.gov.ie) and follow the steps to make an online complaint. This service is free and the complaint should be examined in a fair and impartial way. Both the party making the complaint and the party against whom the complaint is made, will then be notified of this outcome. If you require further information or assistance please do not hesitate to contact the INMO.



# Quality & Safety

A column by  
Maureen Flynn



## Improving Quality Exchange (IQX) Hub

THIS month's column is about sharing good news about quality improvements and the methods used to achieve the improvement. The purpose of a 'hub' is to provide a common connection point via the 'web' which becomes an active place for members of a network to share, learn and inform their own area of practice.

### What is the IQX?

The Improving Quality Exchange (IQX) Hub was launched in January 2015. It is a 'hub' on HSEland, the elearning portal for healthcare professionals in Ireland. It provides access to information on the major national quality improvement initiatives being undertaken in services across the country.

### What is the purpose of the IQX?

The objective of the IQX is threefold: Firstly, it was developed as a means of providing a networking and communications platform for teams currently involved in implementing one of the major national quality improvement initiatives within the HSE – Productive Ward: Releasing Time to Care™ (Productive Ward). The IQX hosts contact details of all Productive Ward Project leads so that improvement sites can communicate, share their learning and advise one another on the implementation of the various elements of Productive Ward.

Secondly, the IQX was developed to provide 'getting started' information on Productive Ward for those sites who were not yet engaged in implementation but who wanted to know more.

Lastly, as work on the IQX progressed, the opportunity for linking the major national quality improvement initiatives (Productive Ward, The Productive Operating Theatre, Clinical Microsystems, RCSI Institute of Leadership improvement projects and the RCPI/HSE national quality improvement programme) became apparent and the IQX was developed to provide a cross-programme platform for sharing of learning.

### How can I access it?

To gain access to the IQX healthcare professionals first enter the HSE's elearning portal at hyperlink [www.hseland.ie](http://www.hseland.ie). The user will then be prompted to either log in (if already registered) using a username and password or to register on the site, in which case a username and password will be issued from HSEland via email. Once logged in, the user is brought to the 'Practice Development Hubs' page and enters the IQX by clicking the logo.

### How does the IQX work?

The IQX Hub welcome page then directs users to the quality improvement initiative they wish to find information on. Currently the Productive Ward site is at a further stage of development than the other four initiatives hosted on IQX. On the Productive Ward site, information is separated into several sections that include information on what Productive Ward is all about; getting started with Productive Ward for those not already involved; and videoed stories of Productive Ward teams speaking about their improvement work.

### Why should I use the IQX?

The most exciting thing about the IQX is that it provides the means for staff at all levels of the HSE, in all departments or specialities, to link up with one another to talk about, learn from and share their experiences of improvement work.

The Productive Ward 'In Action' section of the IQX contains short videos of nurses, doctors, healthcare assistants, directors of nursing, project leaders and technical services/estates departments all speaking about the benefits of Productive Ward, what their involvement was and what exactly they've done.

The IQX allows users to contact these people and teams directly if a user wants to hear more or indeed to arrange to visit a site to see Productive Ward 'in action'.



### Opportunity to get involved

At your next team ward or unit meeting/journal club you might schedule a discussion on the IQX – look at the information and think about quality improvements that you might start or have been involved in that you would like to share through the hub. We look forward to reading your improvement stories in the future.

### To learn more

The IQX Hub is now being administered by the Quality Improvement Division (QID) of the HSE. The lead for Innovation, Communications and Connectivity within QID is leading on Phase II of IQX Hub development. If you would like to learn more about the IQX during this transition phase contact either Miriam Bell at email: [Miriam.bell@hse.ie](mailto:Miriam.bell@hse.ie) or the system administrator Noemi Palacios at email: [noemi.palacios@hse.ie](mailto:noemi.palacios@hse.ie)

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

*Acknowledgements:  
Special thanks to the Productive Ward project leads and teams from the 38 pilot sites for sharing their stories and resources. Particular thanks to Miriam Bell, interim director/NMPD HSE South East for her assistance in preparing this column*



# Annual Delegate Conference 2015

The Barbican Suite, The Knightsbrook Hotel,  
Trim, Co Meath

Wednesday-Friday, May 6-8, 2015



Irish Nurses and Midwives Organisation  
Working Together

Following the recent Branch and Section AGMs, motions for debate and delegate names should have been submitted to the General Secretary's Office, by the deadline of **Wednesday, February 18, 2015**

## BRANCH AND SECTIONS SECRETARIES ARE ASKED TO NOTE THE FOLLOWING:

- An election for all three seats of the Standing Orders Committee will be held at Annual Delegate Conference 2015. Branches and Sections should submit nominations, to the General Secretary, for the Standing Orders Committee, on the appropriate nomination form, by **5.00pm on Friday April 24, 2015**.
- Accommodation for all nominated delegates will be in The Knightsbrook Hotel, Trim, Co. Meath. Accommodation has been reserved, from Wednesday May 6, 2015, till Saturday May 9, 2015, inclusive (*see below*).
- Branch and Section Secretaries should reserve the required accommodation for their appointed delegates, by sending the official INMO Booking form direct to: Central Reservations, The Knightsbrook Hotel, Trim, Co. Meath by **Friday March 27, 2015**



## ELECTION OF STANDING ORDERS COMMITTEE

In accordance with Rule 7.1 "The Standing Orders Committee for the Annual Delegate Conference shall consist of three members elected by the Annual Delegate Conference."

In accordance with Rule 7.2, there shall be an election for all three seats of the committee, at Annual Delegate Conference, and the elected members shall hold office for a period of two years.

Therefore, an election for all three seats of the Standing Orders Committee will be held at Annual Delegate Conference 2015.

## HOTEL RESERVATIONS FOR ANNUAL DELEGATE CONFERENCE 2015

This year the accommodation will be provided in **The Knightsbrook Hotel, Trim, Co Meath**. Accommodation will be reserved for all nominated delegates, from **Wednesday May 6, 2015, to Saturday, May 9, 2015, inclusive**.

Accommodation is available on a **shared** basis only. The INMO will **not** be responsible for any expenses incurred by delegates, other than the agreed package negotiated with the hotel. Delegates who wish to have a single room will be asked to pay the single person supplement. **Delegates who are unable to arrive on the Wednesday evening, or who are departing earlier than the Saturday morning, May 9, 2015, must inform the hotel and Oona Sugrue, ADC Co-ordinator, as early as possible, but no later than Tuesday, May 5, 2015.**

Branch and Section Secretaries should reserve the required accommodation for their appointed delegates, clearly indicating the number of nights required by delegates, by sending the official INMO Booking form direct to:

**Central Reservations, The Knightsbrook Hotel, Trim, Co Meath prior to Friday, March 27, 2015.**

All reservations will be made through the Central Reservations Team. All rooms will be allocated on a first-come, first-served basis. Confirmation of hotel bookings will be made direct to the Branch/Section Secretaries, by The Knightsbrook Hotel Reservations Team.

**For all enquiries regarding Annual Delegate Conference, please contact Oona Sugrue, INMO HQ**

Tel: 01 664 0626 Email: [osugrue@inmo.ie](mailto:osugrue@inmo.ie)

# Introducing Executive Council members



## Geraldine Talty

First-vice president  
CNM2, Midland Regional  
Hospital, Tullamore

We all know and the research demonstrates that skilled nursing makes a difference.<sup>1</sup> It is difficult however to say what difference and how. The more skilful a nurse or midwife is in what they do, the less likely will be the observer, or even the patient, to recognise exactly what has been done.<sup>2</sup>

- Based on this, my current issues are:
- The decimation of nursing and midwifery numbers in Ireland since 2009, as part of a national policy to save money. How much has this cost the public in financial terms, quality of life for patients and the nursing and midwifery professions?
  - The Department of Health, the Department of Public Expenditure and Reform and health policy strategists must now reverse this and open our doors for recruitment and retention. We need skilled nurses and midwives, we need them now
  - Quality of care in general and patient safety in particular must be placed at the top of their list of priorities and this cannot be achieved without adequate staffing
  - Pay and conditions for new graduates must improve must improve

if we expect them to remain in Ireland.

### Aspirations

- We as a profession must be willing to speak out when we believe that a lack of resources, lack of skills and lack of knowledge places patients at risk of harm.
- Foster growth and development of all staff
- Everyone should be able to come to work daily and know that their working environment is safe, that they will be treated with respect, supported to expand their skills and be appreciated for what they do.

Email: [gmtalty@eircom.net](mailto:gmtalty@eircom.net)

### References

1. Needleman J et al. Nurse staffing levels and the quality of care in hospitals. *NEJM* 2002; 346: 22,1715-22
2. Royal College of Nursing. *Defining Nursing*.



## David O'Brien

Second-vice president  
Staff nurse, South Infirmar-  
y-Victoria University Hospital, Cork

David has worked in many areas of the health service, including emergency department, theatre, intensive

care, palliative care, bed management and general medical/surgical wards. He has extensive experience in nursing regulation and currently sits on the Independent Fitness to Practise Panel for the Nursing and Midwifery Regulator in the UK. He is also chairperson of the INMO Cork Voluntary/Private Branch and has a degree in Law from UCC.

He has been an active member of the INMO for more than 16 years and is mid-way through his second term on the Executive Council. His stated priorities on the Executive are to:

- Advocate for nurses and midwives

on the frontline at a local and national level

- Advocate for the recruitment of an adequate number of nurses and midwives to ensure the provision of safe care
- The implementation of safe nurse/midwife to patient ratios, reflective of the real needs on the ground
- Ensure that the public is always reminded and aware of the integral role nurses and midwives play in contributing to the health needs of the Irish public.

Email: [davidcorkcity@gmail.com](mailto:davidcorkcity@gmail.com)



## Anne Burke

CNM2 (ED)  
University Hospital Galway

Anne works as a CNM2 at University Hospital Galway and was previously chairperson of the INMO Galway Branch. She is also the INMO released representative for Galway University Hospitals and has been

an Executive Council member since 2010. She was the recipient of the Gbnait O'Connell award in 2009.

Anne has completed the INMO rep training courses and is a keen activist on issues such as the overcrowding crisis and all issues pertaining to the provision of safe practice in our hospitals and workplaces.

As overcrowding in emergency departments and hospitals has worsened in recent years, Anne has been to the forefront in trying to expose the experiences of nurses/midwives at the coalface to the general public via the media.

Reminding nurses and midwives

themselves of how abnormal our practices have become as a result of persistent short-staffing is one of Anne's daily objectives. She is a frequent contributor on both local and national media and, by her own admission, thrives on educating the public about the enormous value that nurses and midwives bring to the healthcare setting.

Anne believes that nurses and midwives of all grades need to be more cohesive in order to retain and safeguard the future of the professions in Ireland in the coming years.

Email: [anneburke007@hotmail.com](mailto:anneburke007@hotmail.com)

# INMO DROGHEDA

INMO Drogheda Branch,  
c/o Our Lady of Lourdes Hospital, Drogheda  
Email: [tony@inmo.ie](mailto:tony@inmo.ie)  
Tel: 086 1251221

## Branch workplaces and areas covered

- Our Lady of Lourdes Drogheda
- St Mary's Hospital, Drogheda
- St John of God Services
  - St Mary's Drumcar
  - Cottage Hospital
  - Boyne View House
  - St Joseph's, Ardee
  - St Brigid's, Ardee
  - PHNs & CRGNs

## Branch Officers

### Chairperson



Mary Gorman

### Vice chairperson



Maeve Gaynor

### Secretary/Executive Council



Karen Clarke

### IRO



Tony Fitzpatrick

## Latest news

Committee members and INMO reps hold monthly meetings with our director of nursing. This is a new forum that has been set up to deal with issues which have not been resolved at ground level. It gives members the opportunity to voice their concerns in an open, supportive and confidential manner in an effort to resolve issues.

Committee members have bi-monthly meetings with senior management alongside our IRO, Tony Fitzpatrick.

All correspondence via email from Head Office is forwarded to a group within the Drogheda Branch. Members who wish to receive these emails are asked to phone the Branch secretary via the number listed above.

Dates for Branch meetings are circulated well in advance and members are encouraged to attend. Our IRO also holds clinics to allow individuals or groups to meet with him to discuss current issues or to get advice on issues or concerns.

## Industrial relations update

- The INMO secured an agreement under the auspices of the Labour Relations Commission to address overcrowding in Our Lady of Lourdes Hospital emergency department. This included an agreed ratio to care for admitted patients; the end of corridor care by October 1; 102 additional nurses; additional acute and step-down bed capacity; and the recruitment of 2015 nursing and midwifery graduates on 100% salary
- The recruitment of 2014 nursing and midwifery graduates on 100% salary has also been secured
- The INMO secured changes to study leave policy in Our Lady of Lourdes Hospital, Drogheda to ensure part-time workers are treated the same as full time staff as per law
- We negotiated staffing levels in the Cottage Hospital's transitional care unit to open additional bed capacity
- The INMO prevented a reduction in staffing and skill mix in services for older persons in Drogheda and Ardee
- The Organisation has been involved in ongoing negotiations on rosters, premium payment, annual leave entitlement, time in lieu and preserving the central and specialist role of the RNID in St Mary's in Drumcar
- The INMO has represented several individual members at Rights Commissioner hearings
- Other issues include ensuring the correct application of annual leave for PHN/CRGN members, engagement with Louth CCA on weekend working, ongoing representation of members in private nursing homes.

Tony Fitzpatrick  
INMO industrial relations officer  
Dublin North East region



# Fitness to practise focus

In a series of articles **Edward Mathews** explains how the NMBI fitness to practise process works. Part two discusses the procedure of a full enquiry

IN THIS article, we continue our consideration of the Fitness to Practise (FTP) process for nurses and midwives. In this issue we consider what happens where a full inquiry into fitness to practise takes place.

If the Preliminary Proceedings Committee (PPC) forms a view that the complaint should be subject to full investigation, or if it does not, but the NMBI directs an inquiry, then a referral to the FTP committee will be made pursuant to section 61 of the Nurses and Midwives Act 2011. The basis for this complaint can be the subject matter of the original complaint, or can contain other grounds that have come to the attention of the committee during the course of considering the original complaint.

The NMBI must inform the registrant within 30 days of the complaint being referred to the FTP committee that such referral has been made, that the registrant will be afforded an opportunity to attend and defend themselves, and notice that the registrant may make an application for all or part of the hearing to take place otherwise than in public.

At this stage the CEO of the NMBI in essence takes over the process and will, through legal representatives, commence preparation of the case against the registrant. This includes: drawing up a notice of inquiry; gathering documentary evidence; and gathering witness statements.

#### Timeframe

At some stage following referral of the complaint, the CEO's team will generally try to agree dates for a hearing with the parties. It is impossible to foresee the timeframe between a complaint being referred to inquiry by the PPC and the date of the inquiry. The best we can say is that

it is likely to take a minimum of a year and in some cases there have been delays of three to four years, though it is hoped that these types of delays will no longer occur.

The CEO's team will prepare a Notice of Inquiry, and a book of evidence, which will make up the case against the registrant. The notice of Inquiry is a legal document that sets out the specific allegations against the registrant and formally notifies them of the place, date and time of the inquiry, and finally advises which witnesses the CEO intends to call. The allegations may be the same as the original complaint, but will often be worded in a different manner, and will often contain additional allegations that may be supported by evidence uncovered by the CEO's legal team while preparing the case.

#### Evidence and record gathering

The CEO's team will also procure documentary evidence relating to the complaint, which often includes: patient files; disciplinary files; workplace statements; documents prepared by managers; any internal reports into matters being considered; documents relating to criminal prosecutions; training records; and any other materials they consider relevant.

These records will be sought from your employer, or other persons who hold the records, and if they fail to comply with a request for the production of the documents then the CEO will apply to the FTP committee pursuant to section 64 of the Act for an Order compelling production of the documents. Failure to comply with such an order is an offence punishable by a fine up to €5,000. In addition, the CEO will seek permission from you to obtain a copy of your HR file and, if relevant to the allegations against you, also a copy of your GP

or other medical/counselling records. The CEO does require your consent for these records, however, if your consent is not provided the CEO can seek an order from the FTP committee as described above, and may obtain them in any event.

The last step for the CEO in preparing the case will involve taking witness statements from the witnesses that they intend to call to give evidence.

#### Next step

The procedures of the FTP committee state that the CEO will seek to send the notice of inquiry and a book of documents comprising all the material they have gathered in preparing the case to the registrant six weeks before the hearing date. At that stage, we should know all the evidence that the CEO intends to rely on in attempting to prove the allegations set out in the notice of inquiry, so my office then meets with you to start preparing your defence.

#### Defence

In preparing your defence, we consider the notice of inquiry and, in relation to each allegation, we first consider whether you accept the facts of the allegation, ie. that they are true, and, if so, if it is an allegation of professional misconduct or poor professional performance and whether you accept that the conduct rose to the threshold for these two types of violation.

Having considered those points, we have a better sense of your position in relation to the case, and we will also consider in detail the evidence that is to be presented by the CEO, what evidence we accept or contest, what your position is in relation to the evidence, what points we will make to the witnesses for the CEO, and, finally, what your evidence will be.

This should lead us up to the day of the hearing, however, as the preparation of the case is ongoing, there will be opportunities for us to make, and respond to, preliminary applications in relation to the case. The main application we will consider making is an application that the hearing, or part of it, does not take place in public. In the next article, we will consider how applications for privacy are dealt with, but it suffices for the moment to note that section 63(3) provides that all hearings shall be in public save where the committee decides otherwise.

### Hearing

On the day of the hearing you will meet with me and our team approximately an hour before the hearing, which generally takes place in the NMBI building. We will discuss any last minute matters relating to the hearing, and show you the room where the hearing will take place. In general, the hearing takes place in a boardroom type setting.

The panel will consist of five members of the FTP committee, at least one of whom will be a nurse or midwife. The panel is assisted by a legal assessor who is a practising lawyer, generally a barrister, who sits with the committee and provides legal advice to them when requested to do so. Of their own initiative, they may provide advice on a matter that has arisen which they believe the committee should receive advice on.

The assessor may advise the committee during its private deliberations, however, any such advice is disclosed to both parties which can make submissions in relation to the advice. At the conclusion of the hearing, the assessor generally advises the committee in relation to its duties, however, the assessor does not participate in the deliberations on the outcome of the case. The committee is free at any stage to disregard the advice of the assessor.

Other persons present at the hearing will be a stenographer who will take detailed notes of proceedings which will be available to all present at a later date.

The committee and the assessor sit at a table at the top of the room and in front of them, and to either side, sit the CEO's representative who presents the case against the registrant and opposite the registrant and their representative. In the middle, in front of the committee, there is a table where witnesses sit while they are being questioned. Off to the side there is a public gallery where members of the media and public may sit unless the hearing is

being heard in private, which is the exception rather than the rule.

Registrants are accompanied at all times coming into and out of the hearing by myself, and at no time are subject to questions or interactions with the public or media during the hearing or breaks. Unfortunately, the media can wait outside. However, we do everything in our power to ensure an orderly exit from the building, and we will support you every step of the way.

The hearing begins with an opening statement from the CEO's representative setting out the nature of the allegations and a summary of the proposed evidence, which in general is followed by a brief statement by the registrant's representative outlining the case of the nurse or midwife. After this the witnesses for the CEO are called.

As the FTP committee operates with the powers and privileges of the High Court, the proceedings are quite formal, much like a court case. Each witness must swear an oath or affirmation, and they will first be questioned by the CEO's representative, and then will be cross examined by the representative of the registrant.

The questions that we put on your behalf to the CEO's witnesses are based on the discussions we have in preparing the case and, very importantly, must be based, in the main, on the evidence you will give later in the hearing. Daunting as it may be there is no substitute in a legal forum such as this for your evidence, and we build our case and our questions on your evidence.

### Witnesses

Often the CEO will call an expert witness who will speak about your conduct; this is quite normal, and we will most probably also call a witness on your behalf. Once the CEO's witnesses have finished giving their evidence we then call witnesses. The most important witness will be you; we will lead you through your evidence in a controlled and robust fashion, and then the CEO's representative will cross examine you. There is no doubt that this is daunting, but in reality there is little room for *Perry Mason* or *Law and Order* type behaviour, and telling the truth is all that is required.

We may have evidence from medical or professional witnesses, and we may also have witnesses in relation to your character or previous performance in work. After the witnesses have concluded their evidence, both sides make closing submissions relating to the law and the facts. In

general, we will make a longer submission that will address not only the law but the facts of the case, and how we are asking the committee to proceed.

After this the committee retires. While it may deliberate for a short time and deliver its findings on the same day, it is more likely that it will deliver the findings on a later date.

If the hearing took place in public, the committee will either sit in public to announce the findings on the same day, on a later date, or notify the public by way of notice on its website.

### Findings

The findings of the committee will explain whether it accepts, beyond all reasonable doubt, that the facts of an allegation have been proven. Also, it will then indicate whether it accepts, beyond all reasonable doubt, that these facts amount to professional misconduct, poor professional performance, or non-compliance with the code of ethics.

In cases of relevant medical disability it will make a finding as to whether, beyond all reasonable doubt, it accepts that such a disability exists. In addition, it will generally make recommendations in relation to the sanctions to be imposed, if any, and the rationale underpinning these recommendations. Following this, the matter of what sanction to impose, if any, falls to be considered on a later date by the overall Board of the NMBI. The recommendations as to sanction will not be made public ahead of being considered by the overall Board.

As you can see this is a complex and inherently legalistic procedure. Not only does it require navigation of the legal rules ahead of and during the hearing, but also an astute appreciation of the profession and proceedings when preparing for the process, and selecting experts to give evidence on your behalf. This is a service that is inherent to your membership of the INMO.

In future articles, we will consider what the Board does when it is faced with what it believes to be an urgent case that may require suspension from the register pending any investigation of a complaint, what is the legal standard that must be met for a hearing, or part thereof, to take place in private, the sanctions that may be imposed by the Board, the procedure for considering which sanction to impose, and the aftermath of a hearing for the registrant.

*Edward Matthews is INMO director of social policy and regulation*

**Pull Out**



# Continuing Professional Development

for Nurses and Midwives



**Professional**  
DEVELOPMENT CENTRE



**Maintaining your competency – Maintaining your registration**



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

**Welcome to the INMO Professional Development Centre** – a dedicated education and professional development hub for nurses and midwives, offering access to professional networks, educational programmes, conferences, library services and focused research for nurses and midwives.

We offer a wide variety of outstanding meeting and education options for nurses and midwives in a range of geographical areas, with face-to-face workshops, seminars, conferences with online research and reading options. Our new online booking system for education programmes and conferences available at: [www.inmoprofessional.ie](http://www.inmoprofessional.ie). This service provides you access to booking all events, such as education programmes and conferences 24 hours a day, seven days a week. It is additional to our telephone booking service which is available to you during office hours (01 664 0641 or 01 664 0625) or email: [pdc@inmoprofessional.ie](mailto:pdc@inmoprofessional.ie).

Our contemporary, clinically relevant education programmes assist nurses and midwives to consolidate foundation knowledge, update their professional and specialty knowledge and contribute to life-long learning within the profession. Education programmes include a range of one and two day continuing professional development (CPD) opportunities that are Category 1 Approved by the Nursing and Midwifery Board of Ireland (NMBI), with Continuing Education Units (CEUs) awarded to each event. Our facilitators have a proven track record in training and education and all are experts in their field of practice.

In this issue we feature a wide variety of dedicated and affordable nursing and midwifery continuing education programmes covering such topics assessment and care planning in residential setting for older people, assessment and management of the patient with sepsis, best practice in medication management, caring for a patient with epilepsy, delegation and clinical supervision, ECG interpretation, introduction to dementia care, management in practice, non-violent crisis intervention, nursing the cardiac patient, preparing for HIQA inspections within acute settings, strategies for managing conflict and many more. In addition, there are six INMO national conferences this year including:

- **RNID Nurses Section Conference**, Wednesday, **March 11, 2015**, Crowne Plaza Hotel, Santry, Dublin
- **Operating Department Nurses Conference**, Friday and Saturday, **March 20 and 21, 2015**, The Limerick Strand Hotel, Limerick
- **Care of the Older Person Conference**, Tuesday, **April 21, 2015**, Sheraton Hotel, Athlone
- **Occupational Health Nurses Conference**, Wednesday, **May 20, 2015**, Maryborough House Hotel, Cork
- **Telephone Triage Nurses Section Conference**, Wednesday, **September 30, 2015**, Castletroy Park Hotel, Limerick
- **All Ireland Midwifery Conference**, Thursday, **October 15, 2015**, Armagh City Hotel



Conferences are open to all nurses and midwives and further information is available on the [inmoprofessional.ie](http://inmoprofessional.ie) website or by contacting the Professional Development Centre. The team and I look forward to welcoming you our education programmes, conferences and library services.

## ON-SITE TRAINING: LET US COME TO YOU



The Professional Development Centre successfully delivers on-site training throughout the country each year. On-site training is a more cost-effective solution for larger group training. We currently have 99 tailored education programmes which can be brought directly to you for a standard fee. We use highly skilled facilitators, who are experts in their fields. Each participant on completion of a course is awarded with a certificate that is Category 1 approved by the Nursing and Midwifery Board of Ireland with Continuing Education Units (CEUs).

**For further information on our courses please contact:**  
**Marian Godley, Course Co-ordinator, Email: [pdc@inmoprofessional.ie](mailto:pdc@inmoprofessional.ie)**  
**Tel: 01 664 0642 [inmoprofessional.ie](http://inmoprofessional.ie)**

- 2 (CEUs)
- 3.5 (CEUs)
- 4/4.5 (CEUs)
- 5 (CEUs)
- 5.5 (CEUs)
- 6 (CEUs)
- 7 (CEUs)
- 10 (CEUs)
- 13 (CEUs)



# EDUCATION PROGRAMMES

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

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

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

Courses are colour coded for ease of reference.

2 (CEUs)
3.5 (CEUs)
4/4.5 (CEUs)
5 (CEUs)
5.5 (CEUs)
6 (CEUs)
7 (CEUs)
10 (CEUs)
13 (CEUs)

CEUs = Continuing Education Units

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

Date	Programme	Fee	(CEUs)
<b>Mar 10, 2015</b>	<b>Wound Care Management</b>	<b>€80 members; €140 non-members</b>	<b>5</b>
<p>This programme will allow participants to ensure professional competency in the area of wounds as per NMBI's Code of Professional Conduct and Scope of Practice for Nursing and Midwifery, which state that nurses/midwives must work within their competence. Furthermore, it will provide participants with continuing professional development to ensure that their practice is founded in the latest research and guidance as per the Health Service Executive National Best Practice and Evidence-based Guidelines for Wound Management.</p>			
<b>Mar 11, 2015</b>	<b>Principles and Practices of Infection Control</b>	<b>€80 members; €140 non-members</b>	<b>5</b>
<p>This study day has been developed in response to the many challenges nurses/midwives face regarding infection control. It is suitable for nurses/midwives working in acute care and community care settings.</p>			
<b>Mar 12, 2015</b>	<b>Practical Skills in the Management of People with Diabetes</b>	<b>€80 members; €140 non-members</b>	<b>5</b>
<p>This course aims to provide nurses/midwives with understanding, knowledge and confidence when delivering care to individuals with diabetes. This course offers a practical approach to diabetes, whether based in the hospital or community setting. Many theoretical aspects of diabetes are covered such as: the different types of diabetes, national and international guidelines, how to offer lifestyle advice to patients, treatment options, and understanding blood results, as well as dealing with complications in diabetes.</p>			
<b>Mar 19, 2015</b>	<b>Nursing the Cardiac Patient</b>	<b>€80 members; €140 non-members</b>	<b>6</b>
<p>This study day provides a forum to update nurses on national and international trends in the holistic management of patients with cardiac disease. A particular focus on the day is to ensure that presentations are based on current evidence-based practices within the field of cardiology. The day is designed to examine new developments in cardiac nursing, particularly in the area of medications and chronic heart failure. This reflects the diversity of, and challenge in, providing quality care which is individualised to cardiac patients. 9.15am-4.15pm.</p>			
<b>Mar 20, 2015</b>	<b>ECG Interpretation</b>	<b>€80 members; €140 non-members</b>	<b>6</b>
<p>This one-day workshop is aimed at enhancing the general nurse's knowledge of cardiac electrophysiology. It will provide participants with knowledge of cardiac rhythms, rhythm analysis and ECG interpretation. It is advisable to complete the 'Nursing the Cardiac Patient' course prior to registering for this course. 9.15am-4.15pm.</p>			
<b>Mar 24, 2015</b>	<b>Assessment and Care Planning in Residential Care Settings for Older People</b>	<b>€80 members; €140 non-members</b>	<b>6</b>
<p>This workshop is aimed at providing nurses working in this sector with the most up-to-date information regarding policy and standards in older person care and will focus on the need for comprehensive assessment, including risk assessment and care planning for older people in residential care settings.</p>			
<b>Mar 24, 2015</b>	<b>Leg Ulcer Study Day</b>	<b>€80 members; €140 non-members</b>	<b>5</b>
<p>This study day provides participants with information to best inform their practice in accordance with patients' needs. Participants will learn to distinguish between the different causes of ulceration and associated pathophysiology and relate to epidemiology, risk factors and assessment.</p>			
<b>Mar 25, 2015</b>	<b>Best Practice in Medication Management</b>	<b>€80 members; €140 non-members</b>	<b>5</b>
<p>This programme has been developed to support nurses in providing safe evidenced-based practice in the area of medication management. It supports nurses/midwives by ensuring that they are up to date and meet the requirements of the Nursing and Midwifery Board of Ireland (NMBI) and HIQA in the area of medication management.</p>			



Date	Programme	Fee	(CEUs)
Mar 25, 2015	<b>Peripheral Intravenous Cannulation</b>	<b>€80 members; €140 non-members</b>	<b>4</b>
<p>The aim of this course is to provide guidance to the registered nurse/midwife in the skill of intravenous peripheral cannulation. Instruction will be provided on the sites used. Advice will be given on identifying criteria for evaluating a vein, as well as guidance on adhering to the principles of an aseptic technique. The course will also provide information on techniques for reassuring the individual in relation to the procedure and in gaining their consent. The overall aim is for participants to be able to carry out the procedure in a competent and safe manner. This course will provide you with the necessary knowledge and skills to undertake peripheral intravenous cannulation. However, it will be necessary for each nurse attending to ensure that they abide by their local policy on peripheral intravenous cannulation in their place of work. Time: 9.15am-2.00pm</p>			
Mar 26, 2015	<b>Introduction to Dementia Care</b>	<b>€80 members; €140 non-members</b>	<b>5</b>
<p>This one-day programme is designed to enhance the healthcare practitioner's knowledge, strategies and skills that will improve quality of life for clients with dementia. This interactive day, inclusive of case studies, DVD analysis and group work, aims to enhance the participant's knowledge, while providing practical strategies in promoting a person-centred approach to caring for a person with dementia.</p>			
Mar 26, 2015	<b>Strategies for Managing Conflict</b>	<b>€80 members; €140 non-members</b>	<b>6</b>
<p>Conflict in the workplace can be incredibly destructive to good teamwork. Managed in the wrong way, real and legitimate differences between people can quickly spiral out of control. Conflict is not necessarily destructive; managing conflict effectively may result in positive outcomes. This course takes a very practical approach utilising a blend of group work, self-evaluation and case-study based discussion.</p>			
Mar 31, 2015	<b>Assessment and Management of the Patient with Sepsis</b>	<b>€80 members; €140 non-members</b>	<b>5</b>
<p>This study day is designed to provide an innovative academic opportunity to increase the knowledge, experience and clinical skills needed to meet the complex and varied needs of patients with sepsis. Sepsis can occur at any age and in any clinical situation. It is considered a medical emergency and continues to have a high mortality rate despite advances in treatment. This course assists nurses/midwives with the skills and knowledge to take the lead in the assessment and management of sepsis.</p>			
Mar 31, 2014	<b>Caring for a Patient with Epilepsy</b>	<b>€80 members; €140 non-members</b>	<b>5</b>
<p>This one day interactive course is designed to deliver up-to-date information while outlining care practices to all nursing staff with an interest in the management of a client/patient with Epilepsy. This programme content includes process of diagnosis, assessment and treatment relating to a client whom is diagnosed with epilepsy. In addition this course outlines and reviews a range of topics covering epilepsy syndromes, seizures in adults, anti-epileptic drugs, comorbidities, treatment options, epilepsy immediate management, the role of the nurse and the healthcare team in assessment, planning, implementing and evaluating care with the client in healthcare settings.</p>			
Apr 15, 2015	<b>Delegation and Clinical Supervision</b>	<b>€80 members; €140 non-members</b>	<b>5</b>
<p>This workshop explores the issues surrounding delegation and decision making, including appropriate clinical supervision for delegated functions. Participants will learn what is meant by delegation and how it differs from assignment of a task. The course also provides an understanding of the professional, legal and quality of care issues involved when deciding to delegate a function to a healthcare assistant.</p>			
Apr 16, 2015	<b>Falls: Prevention, Management and Review</b>	<b>€80 members; €140 non-members</b>	<b>5</b>
<p>The purpose of this programme is to promote a consistent approach to falls reduction for older people through assessment, individualised care planning and post-falls review. It promotes excellence amongst nurses who provide care to the patients at risk of falls, informed by current evidence.</p>			
Apr 21/22, 2015	<b>Art and Science of Antenatal Education</b>	<b>€150 members; €280 non-members</b>	<b>10</b>
<p>This two-day workshop will prepare midwives to design an effective antenatal education programme for expectant mothers and fathers. The philosophy of this course is based on the principles of adult learning and on the belief that antenatal education is a health promotion activity. This course will prepare midwives to encourage expectant parents to see themselves as competent and able to make informed choices for themselves and for their baby.</p>			
Apr 21, 2015	<b>Assessment and Management of the Diabetic Foot</b>	<b>€80 members; €140 non-members</b>	<b>5</b>
<p>This programme will support the professional decision making of nursing staff who care for patients with, or who, are at risk of diabetic foot. It ensures that nurses/midwives use evidence-based practice to ensure patients' needs are met. It allows nurses/midwives to ensure they are competent and working within their scope of practice in accordance with their Code of Professional Conduct.</p>			
Apr 22, 2015	<b>Non-Violent Crisis Intervention</b>	<b>€80 members; €140 non-members</b>	<b>7</b>
<p>This one-day programme is designed to assist staff to provide the best care, safety and security for staff working in healthcare environments. The programme identifies behaviours that contribute to the development of a crisis and outlines appropriate staff intervention for each response. It also identifies verbal and non-verbal techniques to de-escalate behaviour. In addition, the course outlines break-away techniques that can be adopted in a physical crisis situation while maintaining the care, welfare, safety and security of clients and staff. It also helps participants to identify the triggers and patterns of behaviour and, therefore, develop a person-centred care plan and a consistent approach in order to prevent the behaviour from reoccurring. Time: 9.15am-5.00pm.</p>			
Apr 23, 2015	<b>Introduction to Clinical Audit</b>	<b>€80 members; €140 non-members</b>	<b>5</b>
<p>This one-day course is designed to equip participants with the necessary skills to implement Clinical Audit in their practice and to be able to deliver evidence of improved performance for safer and better care for patients. Participants will be provided with an overview of Clinical Audit and be taught about each stage in the Clinical Audit Cycle - topic selection, standards development, data collection, data analysis, reporting, implementing changes and re-audit.</p>			

Date	Programme	Fee	(CEUs)
<b>Apr 24, 2015</b>	<b>Healthcare Provider CPR and AED</b>	<b>€125 members; €195 non-members</b> <i>(including cost of book)</i>	<b>6</b>
<p>This Healthcare Provider Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillation (AED) course provides the information, rationale and practical skills training for the 2010 CPR and ECC guidelines. Nurses and midwives are required to adhere to the two-year certification period for both basic and advanced life support, as recommended by International Liaison Committee on Resuscitation as the best practice standard. Limited to six participants per instructor. A fee of €50 will be charged if you wish to cancel your booking 10 days before the course begins. Time: 9.15am-4.00pm</p>			
<b>Apr 27/28, 2015</b>	<b>Management in Practice</b>	<b>€150 members; €280 non-members</b>	<b>13</b>
<p>Stimulate your thinking and be guided through a review and assessment of how you put your managerial skills into practice. People and processes focused on understanding the changing role of management, as well as coaching, motivating and developing yourself and others. This is an intense, comprehensive and participative workshop developed to ensure improved effectiveness in managing. Time 9.15am-4.00pm</p>			
<b>Apr 29, 2015</b>	<b>Competency-based Interview Training</b>	<b>€80 members; €140 non-members</b>	<b>6</b>
<p>This one-day course helps participants prepare for a competency-based interview. Competency-based interviews, which are based on the premise that past experience can predict future behaviour, are an increasingly common style of interviewing that enables candidates to show how they would demonstrate certain behaviours/skills in the workplace, by answering questions about how they have reacted to, and dealt with, previous workplace situations. This course is suitable for all levels of nurses/midwives.</p>			
<b>Apr 29, 2015</b>	<b>Chronic Pain Management in the Older Person</b>	<b>Free members; €65 non-members</b>	<b>2</b>
<p>This session is especially for nurses/midwives working in nursing homes/community units. Registration 6.15pm with light refreshments (6.45pm-9.45pm) in the Portlaoise Heritage Hotel. For more information please see pg 20.</p>			
<b>Apr 30, 2015</b>	<b>Management Skills for Clinical Managers and Staff Nurses</b>	<b>€80 members; €140 non-members</b>	<b>5</b>
<p>This course is focused on the key competencies required for ward managers to be effective in their roles as leaders and managers in healthcare delivery. Clinical managers perform both managerial and leadership functions in order to provide effective healthcare delivery to patients. For this reason, this workshop explores both management and leadership functions and how these are applied in practice so as to promote quality and safety of care. It also highlights the importance of the role of ward manager in leading a team and its role in both national and international initiatives aimed at improving care.</p>			
<b>May 13, 2015</b>	<b>HIQA (2009) Health Care Associated Infections Standards – Completing Audits and Developing Quality Improvement Practices</b>	<b>€80 members; €140 non-members</b>	<b>4.5</b>
<p>This workshop aims to educate community facilities with regard to the importance of auditing, continuous quality improvement, the importance of infection prevention, and their responsibilities with regard to HIQA Infection Prevention &amp; Control standards. This knowledge will assist when they are planning the delivery of care to clients, and also how they manage their infection prevention and control. 9.45am-4.00pm.</p>			
<b>May 19, 2015</b>	<b>Wound Care Management</b>	<b>€80 members; €140 non-members</b>	<b>5</b>
<p>This programme will allow participants to ensure professional competency in the area of wounds as per NMBI's Code of Professional Conduct and Scope of Practice for Nursing and Midwifery, which state that nurses/midwives must work within their competence. Furthermore, it will provide participants with continuing professional development to ensure that their practice is founded in the latest research and guidance as per the Health Service Executive National Best Practice and Evidence-based Guidelines for Wound Management.</p>			
<b>May 20, 2015</b>	<b>Management of Patients with Tracheostomy</b>	<b>€80 members; €140 non-members</b>	<b>5</b>
<p>This one-day interactive workshop will introduce nurses from the hospital and community setting to the importance of adapting an holistic and inter-disciplinary approach to the management of the patient with a tracheostomy. Participants will be given the necessary knowledge, skills and confidence to assess, manage and evaluate the nursing care of a patient with a tracheostomy.</p>			
<b>May 21, 2015</b>	<b>Best Practice in Medication Management</b>	<b>€80 members; €140 non-members</b>	<b>5</b>
<p>This programme has been developed to support nurses in providing safe evidenced-based practice in the area of medication management. It supports nurses/midwives by ensuring that they are up to date and meet the requirements of the Nursing and Midwifery Board of Ireland (NMBI) and HIQA in the area of medication management.</p>			
<b>May 23, 2015</b>	<b>Preparing for HIQA Inspections within Practice Nurse Settings</b>	<b>€80 members; €140 non-members</b>	<b>5.5</b>
<p>This one day programme aims to assist Practice Nurses to identify strengths and challenges within their practice services using the National Standards for Safer Better Healthcare. Time: 9.30am-4.45pm. For more information please see pg 43.</p>			
<b>May 27, 2015</b>	<b>Preparing for HIQA Inspections within the Acute Services</b>	<b>€80 members; €140 non-members</b>	<b>6</b>
<p>The National Standards for Safer Better HealthCare (HIQA, 2012) drive continuous improvement in Ireland's health and personal social care services within the acute setting. This one day programme aims to assist staff to identify strengths and challenges within their services and create a clear framework for quality improvement. From this perspective the monitoring of safety and quality within these services can enhance a person-centred care approach to all service users and individuals within the hospital setting. Time: 9.30am-4.15pm.</p>			



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

Date	Programme	Fee	(CEUs)
Mar 5, 2014	Delegation and Clinical Supervision	€80 members; €140 non-members	5
<p>This workshop explores the issues surrounding delegation and decision making, including appropriate clinical supervision for delegated functions. Participants will learn what is meant by delegation and how it differs from assignment of a task. The course also provides an understanding of the professional, legal and quality of care issues involved when deciding to delegate a function to a healthcare assistant.</p>			
Apr 16, 2014	Assertion Training	€80 members; €140 non-members	5
<p>This course is designed to help nurses and midwives to understand themselves in various situations and also to enable individuals to generate their own solutions to achieve what they want. Learning self-management skills is an important part of development and can help replace passivity and dependent behaviours with behaviours that will increase personal effectiveness at work, as well as in all areas of life.</p>			
Apr 23, 2014	Advanced Diabetes Management	€80 members; €140 non-members	5
<p>This one-day workshop is aimed at nurses and midwives who already have a very good understanding of basic diabetes management and who want to build on their knowledge. The workshop will focus on a number of key areas such as: injectable therapies for both Type 1 and Type 2 diabetes, carbohydrate counting for Type 1 diabetes, complications of diabetes, the nursing role and management of diabetes, as well as advances in the future of diabetes management.</p>			
May 15, 2015	Non-Violent Crisis Intervention	€80 members; €140 non-members	7
<p>This one-day programme is designed to assist staff to provide the best care, safety and security for staff working in healthcare environments. The programme identifies behaviours that contribute to the development of a crisis and outlines appropriate staff intervention for each response. It also identifies verbal and non-verbal techniques to de-escalate behaviour. In addition, the course outlines break-away techniques that can be adopted in a physical crisis situation while maintaining the care, welfare, safety and security of clients and staff. It also helps participants to identify the triggers and patterns of behaviour and, therefore, develop a person-centred care plan and a consistent approach in order to prevent the behaviour from reoccurring. Time: 9.15am-5.00pm.</p>			
May 19, 2015	Assessment and Care Planning in Residential Care Settings for Older People	€80 members; €140 non-members	6
<p>This workshop is aimed at providing nurses working in this sector with the most up-to-date information regarding policy and standards in older person care and will focus on the need for comprehensive assessment, including risk assessment and care planning for older people in residential care settings.</p>			
May 28, 2015	Interview Skills	€80 members; €140 non-members	5
<p>This one-day course increases participants' self-awareness and self-knowledge so that they can best present themselves at an interview. It also highlights the level of preparation required for a selection interview and teaches participants how to develop competency-based answers.</p>			

## Applying for PDC Courses



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

Date	Programme	Fee	(CEUs)
Mar 30, 2015	<b>Non-Violent Crisis Intervention</b>	€80 members; €140 non-members	7
<p>This one-day programme is designed to assist staff to provide the best care, safety and security for staff working in healthcare environments. The programme identifies behaviours that contribute to the development of a crisis and outlines appropriate staff intervention for each response. It also identifies verbal and non-verbal techniques to de-escalate behaviour. In addition, the course outlines break-away techniques that can be adopted in a physical crisis situation while maintaining the care, welfare, safety and security of clients and staff. It also helps participants to identify the triggers and patterns of behaviour and, therefore, develop a person-centred care plan and a consistent approach in order to prevent the behaviour from reoccurring. Time: 9.15am-5.00pm.</p>			
April 15, 2015	<b>Understanding Obesity and Weight Management</b>	€80 members; €140 non-members	5
<p>This one-day workshop aims to provide a comprehensive understanding of the causes of obesity and knowledge of the physiological principles involved in the onset of obesity and associated illnesses. Lifestyle treatment options such as dietary, exercise and behavioural interventions will be covered in depth on the day, as well as non-pharmacological, pharmacological and surgical interventions.</p>			
May 11, 2015	<b>Practical Skills in the Management of People with Diabetes</b>	€80 members; €140 non-members	5
<p>This course aims to provide nurses/midwives with understanding, knowledge and confidence when delivering care to individuals with diabetes. This course offers a practical approach to diabetes, whether based in the hospital or community setting. Many theoretical aspects of diabetes are covered such as: the different types of diabetes, national and international guidelines, how to offer lifestyle advice to patients, treatment options, and understanding blood results, as well as dealing with complications in diabetes.</p>			

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

## INMO SAFE PRACTICE WORKSHOPS

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

### Dates and venues for safe practice workshops:

Mar 6 – Monaghan General Hospital; Mar 9 – Hibernian Hotel, Mallow; Mar 18 – Castlecomer District Hospital; Mar 24 – Louth County Hospital; Apr 2 – The Bush Hotel, Carrick-on-Shannon; Apr 7 – Midland Regional Hospital; Apr 15 – Cavan General Hospital; Apr 20 – University Maternity Hospital, Limerick; Apr 21 – Portlaoise; Apr 27 – Dungarvan Community Hospital; Apr 29 – Our Lady Of Lourdes Hospital, Drogheda; May 12 – Trident Hotel, Cork; May 12 (PM) – INMO Cork office; May 13 – Cork; May 14 – Cork office; May 18 – St Vincent's University Hospital, Dublin; May 25 – Mount Errigal Hospital, Donegal; May 26 – Cregg House, Sligo

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

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

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

Fee: INMO members FREE; €150 non-members

**TOOLS FOR  
SAFE PRACTICE**



## OPERATING DEPARTMENT NURSES IN THE PERIOPERATIVE SETTING



The Professional Development Centre Library is a valuable resource for information on nursing in the perioperative setting, write assistant librarians **Edel Reynolds** and **Niamh Adams**

The Operating Department Nurses Section will hold its annual conference on March 20 and 21. With this in mind, the library team have decided to focus on resources of interest to nurses who work in the perioperative setting. These articles and guidelines can be accessed by logging on to **www.nurse2nurse.ie** with your username and password, and then clicking on N2N Directory and selecting the topic perioperative nursing

### Articles

#### Perioperative patient

- Cousley A, Martin DSE, Hoy L. Vulnerability in the perioperative patient: a concept analysis. *Journal of Perioperative Practice* 2014; 24 (7/8): 164-71.

#### Family-centered care

- Hamilton G, Corlett J, Dowling M. Adult-trained perioperative nurses' practice of family-centered care. *British Journal of Nursing* 2014; 23 (9): 477-82.

#### Surgical Site Infection

- Spruce L. Back to Basics: Preventing surgical site infections. *AORN Journal* 2014; 99 (5): 601-8.

#### Nursing Model

- Carter Monahan J. Using an age-specific nursing model to tailor care to the adolescent surgical patient. *AORN Journal* 2014; 99 (6): 733-46.

#### Perioperative anxiety

- Chieng YJ, Chan WC, Klainin-Yobas P, He HG. Perioperative anxiety and postoperative pain in children and adolescents undergoing elective surgical procedures: a quantitative systematic review. *Journal of Advanced Nursing* 2014; 70 (2): 243-55.

#### Double gloving

- Maqbali A, Mohammed A. Using double gloves in surgical procedures: a literature review. *British Journal of Nursing* 2014; 23 (21): 1116-22.

#### Preoperative fasting

- Kyrtatos PG, Constandinou N, Loizides S, Mumtaz, T. Improved patient education facilitates adherence to preoperative fasting guidelines. *Journal of Perioperative Practice* 2014; 24 (10): 228-31.

#### Error reporting

- Cutter J, Jordan S. The systems approach to error reduction: factors influencing inoculation injury reporting in the operating theatre. *Journal of Nursing Management* 2013; 21 (8): 989-1000.

### Policies and Guidelines

#### Safe surgery

- Health Service Executive. Quality and Patient Safety Directorate. National policy and procedure for safe surgery, 2013

#### Non-cardiac surgery

- European Society of Cardiology and European Society of Anaesthesiology. Guidelines on non-cardiac surgery: cardiovascular assessment and management, 2014

#### Recovery

- Association of Anaesthetists of Great Britain and Ireland. Safety guideline: immediate post-anaesthesia recovery, 2013.

### E-journals in full text available via Nurse2Nurse

E-journal	Coverage
AORN Journal	2004-Present (2 month delay)
Canadian Operating Room Nursing Journal (ORNAC) Journal	2005-Present
Journal of Advanced Perioperative Care	2008-2010
Journal of Perioperative Practice	2004-Present
OR Manager	2005-Present

### Useful websites

#### World Health Organisation (WHO) Safe Surgery

**www.who.int/patientsafety/safesurgery/en/** – This part of the WHO website provides access to information concerning patient safety in surgery. Here can be found the Safe Surgical checklist and the WHO safe surgery guidelines.

#### European Operating Nurses Association (EORNA)

**www.eorna.eu/** – This website provides access to perioperative nursing information from across Europe. Under the publications section can be found the Association's Common Core Curriculum for Perioperative Nursing and the Framework for Perioperative Nurse Competencies.

#### Association of Perioperative Registered Nurses (AORN)

**www.aorn.org** – This website is home to American Perioperative Nurses. Although some of the information is for members only, there is some publicly available information, for example the Association's position statements, some toolkits and clinical FAQs.

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

Contact us for further assistance:

- For log in details for [www.nurse2nurse.ie](http://www.nurse2nurse.ie)
- For search advice/copy of Cinahl guide
- To book an appointment for a one to one training session on how to effectively search databases
- For literature searching service (€6 fee for this service)

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

*Edel Reynolds and Niamh Adams are assistant librarians at the Irish Nurses and Midwives Organisation*

## Date for Your Diary

**Operating Department Nurses Section  
Conference Continuing to Care**

**The Strand Hotel, Limerick, March 20 and 21, 2015**

Book online and save 10% at [www.inmoprofessional.ie/Course/Offering/2444](http://www.inmoprofessional.ie/Course/Offering/2444)  
Or contact the INMO directly on 01-664 0641



## Briefing Document for Members

### 1. Background

In recent months various government Ministers have referred to the Irish economy as being in recovery. A recovering economy is good news for all workers and especially those who have been subjected to emergency legislation which reduced pay since 2009 i.e. all public servants. This Financial Emergency Measures in the Public Interest (FEMPI) legislation imposed wage cuts and also introduced a pension levy on those who contribute to a public service pension.

The resulting average reduction to pay was 14%. In addition workers in the public service, including nurses and midwives, were told, by government, that they had to 'do more with less'. This policy solidified the public service moratorium on recruitment and promotion. This, in turn, led to staff shortages, across the health service, and the introduction of the flawed, and now failed, Nursing and Midwifery Graduate Programme.

#### FACT 1

**NURSING AND MIDWIFERY HAS LOST 5000 POSTS SINCE 2007.**

These policies and decisions directly contributed to:

- inability to retain nurses and midwives in Irish hospitals;
- forced emigration of new graduates to the UK/Australia/North America;
- persistently overcrowded, and understaffed, public hospitals;
- unsafe, and unmanageable, workloads for nurses and midwives; and
- the closure of 2000 public hospital beds.

### 2. Nurses/Midwives Contribution to the National Recovery through FEMPI, Croke Park Agreement and the Haddington Road Agreement.

#### FACT 2

The cuts suffered by nurses and midwives included:

→	1 ½ hours unpaid each week (37.5 to 39 hours per week);
→	14% pay reduction - average pay reduction of 7% and average pension levy of 7%;
→	10% reduction to pay - new entrants from January 2011;
→	delayed increments over three years;
→	removal of time and one-sixth between 6.00 p.m. and 8.00 p.m.
→	more work with less staff;
→	permanent changes to public service sick pay from April 2014; and
→	permanent changes to public service pension for new entrants from 2013.



### 3. What did the INMO achieve despite these Agreements being in Place?

#### FACT 3

By collective assertive action, fully supported by members, the INMO led the campaign of resistance to further attacks and defended the following:

→	refusal to accept cuts to premium pay;
→	maintained double time for Sunday working;
→	maintained time and one-quarter for night duty;
→	maintained time and one-sixth for hours after 8.00 p.m. on day duty;
→	refusal to accept cuts to overtime after midnight and maintained double time for overtime after midnight;
→	reintroduction of the Senior Staff Nurse - immediate pay rise of 5% and reintroduced for all nurses and midwives reaching 20 years service each November;
→	removal of Graduate Nursing/Midwifery scheme as single recruitment method for new entrants;
→	regularisation of long-term acting with many promotions secured;
→	new entry scales merged to provide equal pay for all staff nurses and midwives. INMO successfully challenged non-application of 2010 salary for nurses and midwives with EU nursing service pre 2011;
→	LRC led process to measure the value of transferring four identified tasks from medical staff to nursing. Savings to be utilised to restore time and one-sixth between 6.00 p.m. to 8.00 p.m. to nursing and midwifery staff;
→	successful lobbying for removal of FEMPI section 2(b). This allowed individual government Ministers change terms and conditions of staff, by legislation, not requiring consultation or negotiation with those involved, in the absence of a collective agreement;
→	sought, and achieved, the establishment of government Taskforce on Nursing and Midwifery staffing levels (acute services) - aim is to agree staffing levels based on dependency levels and skill mix;
→	National Forum established to agree skill mix and staffing levels in care of the elderly services;
→	representation of members on employment rights issues. Over 600 INMO members represented, in this area, in 2014 alone;
→	workplace representation, on matters of interest, provided to over 16,000 INMO members in 2014;
→	LRC led process in respect of nursing/midwifery management structures commenced; and
→	successful in claim to have moratorium, on recruitment of nursing and midwifery staff, removed.

**This is in addition to ongoing professional development/education services and representation of members referred for Fitness to Practice enquiries to the NMBI.**

### 4. Current Economic Situation

The government has publicly announced that they are now expecting the States' spending to go below the target of a 3% budget deficit, in 2015, due to the recovery of the Irish economy. It is significant that the improving economy has led to pay increases, across the economy, industry including construction, finance and retail sectors (average pay increases of 3.5%). This is a welcome development and needs to continue.





#### FACT 4

**Pay restoration, to pre-FEMPI rates of pay, must now also be secured for public servants, through their unions, to ensure further growth in employment in Ireland.**

When the economy was still in recession, and before the scheduled review date of the Public Service Agreement 2010-2014, the government, in 2013, sought a review of the Public Service Agreement to aid the national recovery.

The INMO led the campaign against the initial attempt (the rejected Lansdowne Road Agreement - Croke Park 2) to further downgrade many hard won conditions of employment, held by nurses and midwives and other public sector workers. This correct, and brave step by INMO members, resulted in the rejection, by the majority of public sector workers, of these proposals. Further renegotiation was then necessary, with all public service trade unions, which culminated in the very reluctantly accepted Haddington Road Agreement (HRA) by all public sector unions.

#### 5. **We Want our Money and Hours Back**

##### FACT 5

**The economy is now recovering.**

We must therefore utilise the commitments, and provisions in PSA and HRA, allowing for talks to commence ahead of the expiry of the agreements in the event that improvements were evident in the economy. The HRA is due to expire in July 2016. The INMO Executive Council is of the view that these talks should now commence, as it is payback time. We expect government to honour their commitments by applying the same urgency, to this restoration, as they did to the early re-negotiation of the Public Service Agreement in 2013.

Nurses and midwives have contributed massively to the national recovery. They have seen their pay reduced, and their working conditions deteriorate, to, in many situations, unsustainable, unmanageable and unsafe levels. They have provided unpaid additional hours since July 2013.

**The time has now come to reverse these unfair, and now unnecessary, emergency measures taken in the name of the public interest. The process leading to full restoration of all cuts to, and reductions in, pay and conditions starts now.**

#### 6. **Government Position**

Government spokespersons are already dampening expectations. The Taoiseach, Mr Enda Kenny TD, in January 2015, spoke about the HRA running well into 2016 and expressed the view that it was important not to 'spend away' gains secured under the HRA.

The Tánaiste, Ms Joan Burton TD, stated that it was 'far too early now to forecast what exact shape discussions might take'.

In the meantime Mr. Brendan Howlin TD, Minister for Public Expenditure, has indicated that talks around restoration of public sector pay are expected to begin in the spring of 2015.



## 7. INMO Position

The INMO, in entering these talks, will seek the restoration of all pay cuts, the abolition of the pension levy and a working week, of 37 hours, which would be the same as all other professional grades in the public health service.

It must be recognised that full restoration may be spread over time. However, the campaign will continue until all cuts are restored.

## 8. Prioritising the Nursing and Midwifery Agenda for Recovery - Your Role

The issues facing nurses and midwives must now be fully discussed at INMO branch, section and workplace meetings, prior to the commencement of these talks.

Many of the challenges, faced by the INMO in the past, will undoubtedly still exist when we enter this talks process. Therefore, the Executive Council needs a clear, and strong, mandate from members on entering these talks. Please be part of this process and attend the briefing meetings in your area.

Together we will prioritise, unite and work to restore pay and conditions for nurses and midwives within an acceptable timeframe.

## 9. Key Goals

- Working hours – 37 hours per week.
- Removal of pension levy.
- Restoration of pay rate to pre-2009 rates.
- Safe, and agreed, nursing and midwifery staffing levels in all clinical areas.

Briefing Meeting Date	Start Time	Location	Venue
Tuesday, 3rd March 2015	7pm	DUBLIN	INMO, The Whitworth Building, North Brunswick Street, Dublin 7
Wednesday, 4th March 2015	7pm	SLIGO	Tucana Room, Clarion Hotel, Sligo
Thursday, 5th March 2015	8pm	CORK	Gresham Metropole Hotel, Cork
Tuesday, 10th March 2015	7pm	GALWAY	Clayton Hotel, Galway
Tuesday, 10th March 2015	7pm	DROGHEDA	Westcourt Hotel, Drogheda, Co Louth
Wednesday, 11th March 2015	7pm	WATERFORD	Tower Hotel, Waterford
Wednesday, 11th March 2015	7pm	CAVAN	Kilmore Hotel, Cavan
Thursday, 12th March 2015	7pm	TULLAMORE	Millenium Suite, Bridge House Hotel, Tullamore, Co Offaly
Thursday, 12th March 2015	7pm	LIMERICK	Castletroy Park Hotel, Dublin Road, Limerick

### THREE STEPS

**PRIORITISE → UNITE → RESTORE**

# Preparing for HIQA Inspections within Practice Nurse Settings

Saturday, May 23, 2015

9.30am-4.45pm

INMO Professional Development Centre

12.30pm-1.30pm (*GP Practice Nurses Section Meeting*)

This one day programme aims to assist practice nurses to identify strengths and challenges within their practice services using the National Standards for Safer Better Healthcare. Aims and objectives of the day include:

- To focus on key areas of practice and to assist practice nurses in preparing for inspections
- To identify the requirements from HIQA's National Standards from a *Safer Better Care* perspective
- To outline the inspection process
- To outline the role of the inspector
- To prepare participants for inspection based on learning from the inspections of other services and other disciplinary inspections to date
- To explain the role of governance within the inspection process
- To clarify the practice nurse's role within the inspection process and as a key member of the interdisciplinary team.

On completion of this course each person will receive a **certificate which is Category 1 approved by the Nursing and Midwifery Board of Ireland (NMBI) and awarded 5.5 CEUs.**

## Fee:

€80

INMO members

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# Viral attack



## Respiratory syncytial virus in children is a leading cause for hospital admission and its incidence is rising, writes Eilish Moore

ANYONE working in a paediatric setting will be familiar with the annual chaos attributed to the respiratory syncytial virus (RSV). Throughout the winter months cots fill up with coughing and wheezing babies infected with this virus.

RSV is a respiratory pathogen; it is the most common cause of hospitalisation in infants during the winter months during their first year of life.<sup>1</sup>

It is a seasonal virus occurring throughout the winter months in temperate climates. There is some seasonal variation from year to year but generally we can expect this virus to appear in late autumn and continue through to February/March.

Our experience of this virus in Our Lady's Hospital in Crumlin over the past 10 years has demonstrated an overall increase in the numbers of babies admitted with RSV. *Table 1* shows the number of patients testing positive for RSV each month between 2005 and 2014. There is a variation from year to year, when the virus appears, what month it peaks and when levels of the virus begin to fall.

RSV has an incubation period of two to eight days and symptoms may last for one to two weeks. Viral shedding occurs between three to eight days but may persist for longer in neonates and immunosuppressed patients, persisting for up to three to four weeks.

### Symptoms

Symptoms of mild RSV infection are: cough; rhinitis; low grade fever; tachypnoea; and wheezing. Symptoms of moderate RSV infection are: increasing irritability; difficulty in feeding; and increased wheezing.

**Table 1: Numbers testing positive for RSV in OLCH over past 10 years**

Year	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May
2004/5	0	0	3	25	40	19	8	-	-	-
2005/6	1	4	5	16	35	45	5	3	1	2
2006/7	1	0	7	33	33	17	2	0	3	0
2007/8	1	2	15	55	59	22	7	1	2	0
2008/9	2	5	18	56	23	17	6	4	3	5
2009/10	2	1	12	32	64	40	7	7	1	1
2010/11	1	1	4	8	50	41	48	28	8	1
2011/12	1	1	2	10	53	71	59	32	9	2
2012/13	3	2	2	62	97	22	13	5	2	2
2013/14	0	1	2	25	60	70	18	5	8	4

Symptoms of severe RSV infection are: nasal flaring; grunting; intercostal retractions; listlessness; and hypoxia.

During the first few weeks of life, particularly in the pre-term population, infection with RSV may result in minimal respiratory symptoms. Infected babies may present with lethargy, irritability and poor feeding, this group are very vulnerable to apnoeic episodes.<sup>2</sup>

### RSV Management

The majority of healthy term-infants who contract this virus can be managed at home once they are able to feed orally. Small frequent feeds are encouraged.

Babies with a more severe infection may present to their GP or arrive at an emergency department (ED). These babies tend to be having difficulty feeding due to nasal

congestion and may require admission for hydration. There is no treatment for RSV infection so care is supportive until the virus runs its course.<sup>3</sup>

Supplemental hydration may be indicated for infants unable to maintain adequate hydration. Close clinical assessment of the baby's respiratory status must be observed; respiratory effort and oxygen saturations need to be monitored. Infants showing a decrease in oxygen saturations below 95% in room air may need supplemental oxygen. Saline nebulisers are often prescribed in an effort to ease nasal congestion. Suctioning of upper airways may be indicated.

Treatment with antibiotics is not recommended unless there is evidence of a secondary bacterial infection. Acute otitis

media occurs in up to one-third of children with RSV illness.<sup>4</sup>

For a minority of infants who fail to respond to supplemental oxygen, the airway system may be used to deliver high flow air/oxygen nasally to aid oxygen exchange.

A further minority of infants with severe bronchiolitis require intubation and ventilation and admission to the paediatric intensive care unit.

Over the past ten years in Our Lady's Hospital, between 7% to 19% of patients with RSV have ended up requiring PICU – see Figure 1.

#### Vulnerable populations

Certain populations are identified as been higher risk of developing severe RSV disease; these include premature infants born less than 32 weeks gestation within six months of the RSV season.

As well as having smaller airways and less developed immune systems babies born prematurely have an incomplete maternal antibody transfer.

Premature infants who develop chronic lung disease have a higher rate of hospitalisation related to RSV infection. Also known to be at risk are babies with haemodynamically significant cardiac defects. Cardiac babies tend to have a more complicated course of RSV disease with higher rates of admission to PICU and requiring supplemental oxygen for a longer duration.

Other at risk groups are babies with immunodeficiency and babies with neuromuscular impairment and babies with Down's syndrome.<sup>5</sup>

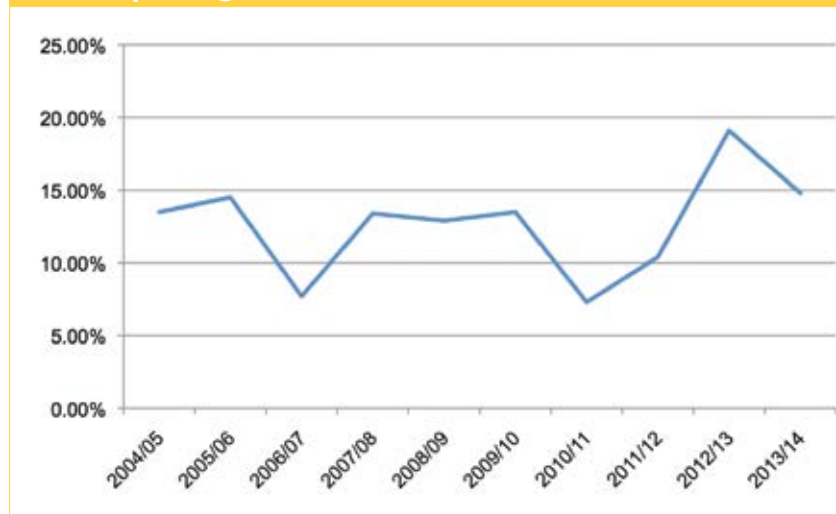
There is a lower threshold for admission for these vulnerable babies if they present to ED with respiratory symptoms.

Children who have been hospitalised with RSV are often reported to present more frequently with recurrent wheezing in subsequent years. Genetic and environmental factors must also be considered in such cases.

#### Prophylactic medication

There is currently no vaccine available for RSV. Prophylaxis with a monoclonal antibody palivizumab may be considered for babies who fall into the high-risk groups as identified by the American academy of paediatrics who issued revised guidelines on the use of palivizumab in 2014.<sup>6</sup> This involves monthly injections throughout the winter season. These have been shown to decrease hospitalisation rates of these babies with RSV infection. The IMPact-RSV Study Group report, published in 1998, demonstrated an overall 55% decrease in hospitalisation rates in pre-term infants

Figure 1: Percentage of RSV positive patients requiring PICU admission OLCH 2004-2014



receiving palivizumab.<sup>7</sup> In 2003 a similar study was published looking at babies with congenital heart disease. It found that there was a 45% decrease in hospitalisation rates with RSV disease among these babies who received palivizumab.<sup>8</sup>

#### Transmission

RSV is a highly infectious virus that spreads directly from respiratory secretions in close contact with an infected person or from contaminated objects or surfaces. The virus remains stable on non-porous surfaces for up to seven hours and for approximately 20 to 30 minutes on skin. Hand washing with soap and water effectively destroys RSV and surfaces can be decontaminated by wiping down with a mild detergent.<sup>9</sup>

During the winter months babies admitted with RSV should be isolated where possible and cohort nursed. Visitors should be restricted in an effort to minimise any spread of the virus.

#### Conclusion

Respiratory syncytial virus can cause acute respiratory illness in people of all ages but causes particular difficulty in the old and very young population. Vulnerable infants with underlying health issues are more likely to develop a complicated course with this viral infection. Parents of such infants are advised to avoid crowded areas, avoid exposure of their baby to cigarette smoke and to be vigilant with regard to hand hygiene.

By March/April each year the levels of circulating RSV reduces significantly but it will return without fail the following autumn.

**Eilish Moore is a clinical nurse specialist at the infectious disease department of Our Lady's Children's Hospital, Crumlin, Dublin 12**

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# If it feels wrong, it probably is...

Women's Aid has launched a new national public awareness campaign '2in2u' to highlight the issue of dating abuse

WOMEN'S Aid, the national charity supporting women and children experiencing domestic violence, launched '2in2u' national public awareness campaign on dating abuse. The campaign is aimed at young women, aged 18-25 years old, and it highlights abusive and controlling behaviour in dating relationships. A key part of the campaign is to encourage young women to trust their gut instincts with the campaign tagline, 'If it feels wrong, it probably is.'

## Why young women?

Young women don't need to be in a 'domestic' relationship to experience abuse. Research has shown that while young women can be at even higher risk of abuse in a relationship than their older counterparts, there is low recognition of controlling and coercive relationship behaviour among young women. According to Women's Aid, one in five women in Ireland experience abuse in relationships and in a national survey on domestic abuse in Ireland, almost 60% of those who had experienced severe abuse in intimate relationships first experienced it when they were under the age of 25. A stark reminder of this risk is that one in every two women, aged between 18-25, killed in Ireland since 1996 were murdered by their boyfriends or exes.

## Know the difference between safe and sinister

Women's Aid is encouraging young women to know the difference between safe and sinister behaviour in intimate relationships. According to Margaret Martin,

director of Women's Aid, education is crucial to prevent the next generation of abuse. The 2in2u relationship health check explores subtler forms of control, which can be warning signs of further abuse, and provides examples of healthy and unhealthy relationship behaviours, to start conversations about what is acceptable in a relationship. The campaign also helps young women to spot the danger signs of dating abuse and provides useful information to combat online stalking and abuse.

## Stalking and online abuse

Women's Aid is very concerned for young women facing the threat of internet shaming to control them, and the use of the internet to stalk them. More and more, Women's Aid is hearing from women using its services about various forms of digitally assisted stalking where technology is being used by abusive boyfriends and ex-boyfriends to monitor and control women, particularly younger women. Women have disclosed abuse such as their mobile phone calls and texts being monitored and social media and technology being used to stalk and control them. Women are also disclosing how they

are bombarded with texts and calls often telling them, in explicit detail, how they will be attacked or even killed. Some women disclosed that their current or ex-boyfriends were

stalking them on social networking sites."

Women's Aid also hears from women whose online use was being tracked and scrutinised, and whose boyfriends demanded access to their private email and social networking accounts. It also hears from women whose boyfriends and ex-boyfriends had placed lies about them on internet sites. It hears from women who had been photographed and filmed without their consent, sometimes having sex, and having the images uploaded to the internet. Women have said they feel like they are constantly being watched and that their privacy is completely invaded and controlled. Quite often it prevents women from seeking help as they fear their boyfriend will see that they have rung a helpline, looked at a domestic violence support website or spoken of the abuse to their friends, family or colleagues in an email or text.

## Support the 2in2u campaign

- Let women know that they can speak to someone in confidence on the Women's Aid National Freephone Helpline Tel: 1800 341900 to help make sense of what's going on in their relationship
  - Display the Women's Aid 2in2u campaigns posters and postcards in your workplace
  - Encourage young women to visit the [www.2in2u.ie](http://www.2in2u.ie) website to spot the danger signs, take the quiz and protect themselves online
  - Request more campaign materials by email to: Christina.sherlock@womensaid.ie
- For more information visit [www.2in2u.ie](http://www.2in2u.ie) or visit [www.womensaid.ie](http://www.womensaid.ie)

The Women's Aid National Freephone Helpline Tel: 1800 341 900 is open from 10am to 10pm, seven days a week.



# Not all binds are visible

## The Department of Justice describes what healthcare workers should look out for and what to do in suspected cases of human trafficking

TRAFFICKING of human beings is the acquisition or control of people through the use of force, coercion or other means with the aim of exploiting them. It has three distinct elements:

- The act – recruitment, transfer, transport, receive, harbour
- The means – threat or use of force, coercion, abduction, fraud
- A purpose – exploitation including prostitution of others, sexual exploitation, forced labour, slavery or similar practices, forced begging, criminal activities, or removal of organs.

It should be noted that for a child/minor, ie. a person under 18 years of age to be trafficked only two of the elements, an act and a purpose are necessary.

People can be trafficked into different types of situations: labour - including restaurant and hotel work, domestic work, construction, agriculture and entertainment, as well as prostitution and other forms of commercial sexual exploitation.

All healthcare providers, particularly those engaged in primary care, emergency care, reproductive health, mental health, occupational medicine and paediatrics are well positioned to identify and assist trafficked persons as well as those who may be at-risk but have not yet been actively exploited. Healthcare providers who are aware of the risk factors and clinical manifestations of human trafficking and who can provide efficient and compassionate assistance to patients, have the potential to play a key role in tackling this age-old yet newly recognised problem.

### Trafficking versus smuggling

There is a general misconception that human trafficking and the smuggling of persons/illegal immigration are the same issue. This is not the case. Trafficking is a crime that infringes the fundamental rights of persons, while smuggling is a violation of legislation protecting the borders. In the case of illegal migration facilitated by a smuggler there is an agreement between the migrant and the smuggler that ends when the migrant arrives at their destination. In the case of trafficking, illicit means such as coercion, deception or abuse of a position of vulnerability are



used at a certain stage of the trafficking process. In addition, the transfer of the person is carried out for the purpose of further exploitation, which normally starts in the country of destination.

Smuggling must take place across international borders but there is no requirement that a person must have crossed a border for trafficking to take place – it can and does take place within national borders. Indeed, there is no requirement for movement of any kind for trafficking to take place. While some traffickers may be strangers, others can be known and trusted by the victim, eg. family members or acquaintances. Irish people have been both the perpetrators and victims of human trafficking in Ireland.

### What is being done in Ireland?

In Ireland, the government has undertaken a number of legislative, administrative and operational initiatives to deal with human trafficking and assist victims. The Criminal Law (Human Trafficking) Act, 2008 makes human trafficking for sexual exploitation, labour exploitation or the removal of body organs a criminal offence with penalties of up to life imprisonment and (at the discretion of the Court) a fine. The Criminal Law (Human Trafficking) (Amendment) Act, 2013, which came into effect in August 2013, among other things, extends the definition of human trafficking to include trafficking for forced begging and trafficking for criminal activities for financial gain.

The State provides the following free support services to victims of human trafficking: accommodation; medical care

and planning; psychological assistance; material assistance; legal aid and advice; immigration permissions, access to the labour market – vocational training and education; police services – crime prevention; repatriation; compensation; translation and interpretation services.

Four dedicated State units were established to deal with the issue of human trafficking:

- The Anti-Human Trafficking Unit in the Department of Justice and Equality
- The Human Trafficking Investigation and Co-ordination Unit in An Garda Síochána
- The HSE Anti-Human Trafficking Team
- The specialised Human Trafficking legal team in the Legal Aid Board.

The HSE Anti-Human Trafficking Team develops individual care plans for all persons who are potentially victims of human trafficking. These care plans include a range of issues including medical health, GP referral, counselling, psychological care, sexual health, material assistance, accommodation, training needs, education, etc. The HSE Anti-Human Trafficking Team can be contacted at Tel: 01-6699515 or by email: linda.latham@hse.ie.

In addition, NGOs such as Ruhama, Migrants Rights Centre Ireland, Immigrant Council of Ireland, Doras Luimni, and Stop Sex Trafficking Cork also provide supports for victims of human trafficking.

All other measures, such as administrative immigration arrangements for the protection of victims of human trafficking, training and awareness raising, services for victims, etc, are set out on the website [www.blueblindfold.gov.ie](http://www.blueblindfold.gov.ie).

### Identifying human trafficking victims

Victims of human trafficking may look like many of the patients attending a medical appointment. Victims can be young children, teenagers, men and women. By looking beneath the surface and asking yourself questions such as the following, you can help identify potential victims:

- Is the patient accompanied by another person who seems controlling, possibly the trafficker?

- Can you detect any physical or psychological abuse?
- Does the patient seem submissive or fearful?
- Does the patient have any identification?

Gaining the trust of a victim of human trafficking is an important step in providing assistance. Remember that this may be the first and only contact a victim of human trafficking has with someone apart from the trafficker or it may be their one and only opportunity to explain their situation or ask for help.

#### Common health Issues

Trafficking victims may suffer from an array of physical and psychological health issues stemming from inhumane living conditions, poor sanitation, inadequate nutrition, poor personal hygiene, brutal physical and emotional attacks at the hands of their traffickers, dangerous workplace conditions, occupational hazards and general lack of quality healthcare.

Preventive healthcare is virtually non-existent for these individuals. Health issues are typically not treated in their early stages, but tend to fester until they become critical, even life-endangering situations. In many cases, healthcare is administered at least initially by an unqualified individual hired by the trafficker with little, if any, regard for the well-being of their 'patients', and even less regard for disease, infection or contamination control.

Health issues seen in trafficking victims include the following:

- Sexually transmitted diseases, HIV/AIDS, pelvic pain, rectal trauma and urinary difficulties from working in the sex industry
- Pregnancy, resulting from rape or prostitution
- Infertility from chronic untreated sexually transmitted infections or botched or unsafe abortions
- Infections or mutilations caused by unsanitary and dangerous medical procedures performed by the trafficker's so-called 'doctor'
- Chronic back, hearing, cardiovascular or respiratory problems from endless days toiling in dangerous agriculture, sweatshop or construction conditions
- Weak eyes and other eye problems from working in dimly lit sweatshops
- Malnourishment and serious dental problems. These are especially acute with child trafficking victims who often suffer from retarded growth and poorly formed or rotted teeth
- Infectious diseases like tuberculosis

- Undetected or untreated diseases, such as diabetes or cancer
- Bruises, scars and other signs of physical abuse and torture. Sex-industry victims are often beaten in areas that won't damage their outward appearance, like their lower back
- Substance abuse problems or addictions either from being coerced into drug use by their traffickers or by turning to substance abuse to help cope with or mentally escape their desperate situations.

#### Conducting ethical and safe interviews with victims of trafficking

It is important to be aware that victims of human trafficking may be conditioned to mask the truth on the basis that they have been led to believe that no-one will believe their story. Furthermore they may fear repercussions for their family if they disclose the truth. Bearing this in mind, and, if you suspect that a patient is a victim of human trafficking, it is important to discretely separate the patient from any individual who may be accompanying him/her since this person may be the trafficker posing as a spouse, other family member or employer. Then:

- Ask questions in a sensitive and sensible manner
- Listen actively and responsively and acknowledge what is being said
- Observe signs that a victim of human trafficking needs a break
- Believe and do not judge - leave aside any preconceptions or prejudices
- Maintain professionalism while treating the victim with respect and compassion
- Provide reassurance to the victim that he/she is not to blame
- Ensure confidentiality
- Inform the victim that he/she has a right to a forensic medical exam and report
- Inform the victim that he/she has a right to all health and medical records.

Using the Harvard Trauma Questionnaire to assess trafficked women's potential risk for post-traumatic stress disorder it was found that symptoms associated with the disorder include

- Re-experiencing traumatic events
- Psychological arousal
- Avoidance and numbing.

One of the main findings of the report is that victims of trafficking require medical attention to treat urgent medical complications and also medical care that responds to their basic needs, such as rest and good nutrition that will



facilitate recuperation from post-traumatic stress-related symptoms, fatigue and loss of appetite. A full copy of the report 'Stolen Smiles', is available at: [www.lshtm.ac.uk/genderviolence](http://www.lshtm.ac.uk/genderviolence)

#### Know the signs

No one willingly signs up to becoming a slave. Traffickers frequently recruit victims through fraudulent advertisements which promise legitimate jobs such as hostesses, domestic work or work in the agricultural industry. Trafficking victims can be recruited by family members and can come from rural and urban settings. However, recognising that a person may be a victim of human trafficking is a difficult task. Being familiar with some of the general indicators of trafficking will be of assistance. A list of the UN GIFT (Global Initiative to Fight Human Trafficking) indicators of trafficking is available at: [www.blueblindfold.gov.ie](http://www.blueblindfold.gov.ie).

#### Report suspicions anonymously

You can help prevent human trafficking from becoming a problem in Ireland. We ask you to be vigilant and to report any suspicions or information to An Garda Síochána:

- Email: [Blueblindfold@garda.ie](mailto:Blueblindfold@garda.ie)
- Call: Crimestoppers 1800 250025.

For more information contact:

Anti-Human Trafficking Unit,  
Department of Justice and Equality,  
51 St Stephen's Green,  
Dublin 2.

Email: [ahtudivision@justice.ie](mailto:ahtudivision@justice.ie)

*This article is supported by the INMO Social Policy Committee and the office of the director of social policy and regulation*



# On the ground with the president



## Hospital walkabouts and branch meetings

THE past month has been extremely busy with much of my time spent visiting workplaces and attending Branch meetings across the country. I have gone from Bantry, Co Cork to Carrick-on-Shannon, Co Leitrim and on to Sligo, to mention but a few. In each location and at each meeting members have reiterated their position in relation to the NMBI fee increase and I am delighted to see so many nurses and midwives standing together on the issue. At the time of going to press we had commenced meetings with the NMBI and will issue frequent updates to members. We are asking you to stay strong and stand together in the campaign. Regular updates will be available on our website [www.inmo.ie](http://www.inmo.ie).

A number of other issues are also high on everyone's agenda, in particular staffing issues. As you all know, following our call for safe nurse/midwife to patient ratios at our annual conference last year, taskforces on staffing were set up. The taskforce for the acute sector has been meeting and is due to return to regional meetings this month. Please try to make every effort to attend these meetings as it is extremely important that your voices are heard. The taskforce will issue a report in the coming months following the meetings.

I would like to once again thank all of our activists for their hard work and commitment to the Organisation. It is not easy to give up your personal time on a continuous basis. It is truly appreciated. By working together we can achieve positive outcomes and it is fantastic to see so many local issues being resolved and, indeed in recent weeks, the number of staffing agreements that have been reached as a result of our many lunchtime protests. The ED and hospital overcrowding is continuing at this time. We are determined to keep it high on our agenda and indeed the agenda of the Department of Health. Step-down beds can only be opened with additional staffing. We need you, members on the ground, to keep us informed of changes in workplaces, particularly if there are staffing issues.

## Retirements

I, LIKE many of you, attended a retirement celebration in University Hospital Waterford to say goodbye to a colleague Marian Galvin who retired after many years in nursing. I would like to wish Marian a very happy retirement and I would like to extend that out to all of our colleagues across the country who have recently retired, or are about to, as they set out on a new phase of their lives. I am sure it was a pleasure to work with these colleagues and I sincerely thank them for the wealth of knowledge and years of service that they have given.



Claire Mahon, president of the INMO, pictured with Marie Galvin at her retirement

## Graduates

THIS time two years ago we were deep into our campaign on the graduate scheme. I am delighted that we can now say that our graduate nurses and midwives are being employed on full salary. The graduate scheme is disappearing and most of our members are now on 100% salary. It is extremely important if you are on the graduate scheme, or you know colleagues who are, that you email: [deanflanagan@inmo.ie](mailto:deanflanagan@inmo.ie) in order for us to ensure that you receive the correct salary.

## ICTU Disability Committee

I RECENTLY attended a joint officer meeting of the All-Ireland ICTU Disability Committee. I chair the committee in the Republic. This year's disability seminar will be held here and I am hoping to host it in my very own Waterford. The seminar will be held in October and it is a great opportunity for people with disabilities, and organisations who advocate for them, to meet and share our experiences from both jurisdictions.

## Conferences

OVER the coming weeks and months we have a number of conferences planned, ie. RNID in Dublin on March 11; ODN in Limerick on March 20 and 21; Care of the Older Person in Athlone on April 21; and Occupational Health in Cork on May 20. I hope to see many of you supporting these events. It is a great opportunity to network with colleagues working in the same area of nursing.

## Get in touch

You can contact me at the INMO headquarters at Tel: 01 6640 600, through the president's corner on [www.inmo.ie](http://www.inmo.ie) or by email to: [president@inmo.ie](mailto:president@inmo.ie)

Claire



# INMO gets widespread media coverage

Good news dominates as INMO secures more than 650 additional posts and stakes claim for return of pay cuts. Ann Keating reports

THE past few weeks have been extremely busy for the INMO in the media. Once again the ED crisis dominated the news when we recorded very high figures nationwide. The good news stories around the country, i.e. the agreements reached following action by our members in the mid-west, Galway, Naas, Drogheda, Beaumont and Mullingar (see pages 6-7) were reported on widely in local and national media. Some of the headlines included – **Nurses at Beaumont Hospital defer industrial action after deal** (98fm.com – January 23); **Further talks today after deferral of industrial action at UHG** (Galway Advertiser – February 5); **Strike deferred as nursing jobs sanctioned for Limerick** (Limerick Post – February 7); **Additional nurses for Naas Hospital** (Kildare Times South - February 10); **Extra nurses and beds for Drogheda** (Irishhealth.com – February 12); **Ninety nursing and midwifery posts secured for Mullingar Hospital** (Advertiser.ie – February 19).

The crisis continues however and the *Irish Daily Mail* (February 6) ran a headline – **100-year-old lady spends 24 hours on a hospital trolley**. Centenarian battling infection spends a day and a night waiting for a proper emergency department bed in Tallaght hospital. “A hundred-year-old woman was left waiting 24 hours on a trolley – suffering from a potentially serious infection in one of the country’s top hospitals. The woman was admitted to Tallaght Hospital on Wednesday after she felt unwell. Medics suspected she had an infection. Despite her age and frailty, she was left until yesterday evening on a trolley. And she was one of up to ten patients over the age of 80 left waiting on trolleys up to 23 hours to be seen.”

## Post HRA

**Doran lays down marker on pay and conditions** was a headline in the *Industrial Relations News* (February 5). “The Irish Nurses and Midwives Organisation has

fired what is perhaps the first salvo in the public service pay restoration talks, which are expected to get underway in summer. Speaking this week on RTE Radio’s *Drive-time* programme, after the union said it had secured agreement at the LRC for an extra 109 nurses in Midwest and Naas hospitals, the union’s general secretary, Liam Doran said that the terms and conditions for these extra nurses will have to be attractive enough to entice nurses to work in Irish hospitals rather than in the UK, Australia and Canada.” Liam Doran said: “We are competing against the NHS (the UK health service) which is offering a €1,000 signing on bonus, free trip home once a year and paid guaranteed education.” He said “We have got to pay the best possible terms, have career progression opportunities and full incremental credit... This is not just about salary, though that is major. It is also about managing the workload, hours of work, career progression and professional educational opportunities.”

“The INMO has already made it clear that it will be demanding the restoration of the 37-hour week for nurses as part of the pay restoration talks. Under the HRA, all public servants agreed to work up to two extra hours a week, including nurses who agreed, albeit reluctantly, to go from a 37 to a 39-hour week. The HSE and the Department of Public Expenditure & Reform (DPER), however, regard the extra hours as a permanent concession, not something to be discarded when the agreement expires.”

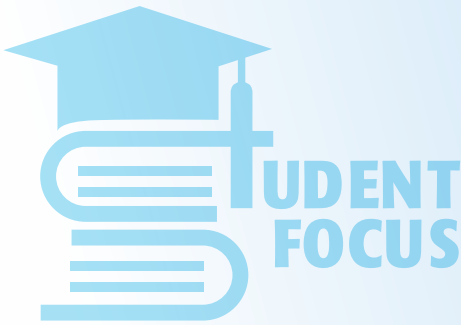
The story was also carried in *The Irish Times* (February 9) – **Nurses seek return to pre-2009 salaries – Irish Nurses and Midwives Organisation say it is ‘payback time’ – Union to talk with government on unwinding Haddington Road Agreement**. “Nurses are to seek a full reversal of pay cuts which averaged about 7%, as well

as the abolition of the pension levy which reduced take-home earnings by a further 7%, as part of forthcoming talks on public service remuneration with the government. Nurses also want the re-introduction of a 37-hour working week to be on the table for the negotiations between the government and public service unions which are likely to get underway after Easter. The INMO said its executive council believed it was ‘payback time.’” Phil Ni Sheaghda, director of industrial relations said “the government should be in no doubt that the various cuts were conceded by nurses for a period but this was not forever.” She said: “Put simply, nurses and midwives have contributed massively to the national recovery. They have seen their pay reduced, and their working conditions deteriorate to, in many situations, unsustainable, unmanageable and unsafe levels. They have provided unpaid additional hours since July 2013. The INMO is seeking the restoration of all pay cuts, the abolition of the pension levy, a working week of 37 hours, which is the same as all other professional grades in the public health service and agreed safe staffing levels.”

## St Aidan’s Day Care Centre

The *Gorey Guardian* (February 10) reported on a joint press release by INMO, PNA, SIPTU and IMPACT regarding a ballot for industrial action – **Strike threat at St Aidan’s over pay**. Four trade unions have announced that they are to ballot staff for industrial action at St Aidan’s Day Care Services in Gorey, following the employer’s failure to implement a Labour Court decision on pay scale increments... In January 2013, the Labour Court found that staff had an entitlement to increments. However, St Aidan’s management and the HSE have still not addressed the issue.

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



# Internship pay rates



Student and new graduate officer  
Dean Flanagan discusses the latest  
developments in internship pay rates and  
new recruitment opportunities

WHILE we have come a long way in recent months in the dispute over internship pay, the next step is that the Labour Court will investigate the internship pay scale and the salary received while awaiting registration.

The Court will sit on Wednesday, March 25 at 2.30pm. The INMO is looking for students to come along and join us on the day to give their opinion to the court. If you are able to attend please contact me by email: deanflanagan@inmo.ie with the heading 'Labour Court' in the subject field.

It is very important that we meet with students planning to attend in advance of the court date so we can brief them on the protocol and proceedings. It is vital that we get as many of you out to support this campaign as possible. I have been in contact with Union of Students Ireland in relation to spreading the word to those in all universities and colleges in the country but please pass the word on to your friends and colleagues.

#### Current recruitment

The INMO has recently secured more than 650 new nursing and midwifery posts. Our aim has been to not only recruit, but to retain graduates who will be finished their internships in September 2015.

The INMO is now calling for an aggressive recruitment campaign to have more posts filled in order to alleviate the continued suffering of patients in inhumane conditions and to allow our members to provide safe care. All barriers to recruitment must now be lifted.

The following new posts were agreed:

- Beaumont - nine whole time equivalents (WTE) in the emergency department and 50 more WTEs hospital wide



**Preceptor of the year award:**  
Pictured at the 2014 ADC were (L-r) – Ivan Ahern, director of marketing and distribution, Cornmarket; last year's winner of the preceptor of the year award Orla Quirke; Claire Mahon, INMO president; and Liam Doran, INMO general secretary

- UHG – approximately 18 WTEs and two ANPs
- Naas – 39 nursing. Inclusive in this figure are 29 WTEs and an additional rapid action triage nurse for the ED
- University Hospitals Group, Mid Western Region – 70 nursing staff
- Our Lady of Lourdes, Drogheda - 88 additional nursing posts
- Mullingar – 39 posts are in the process of being filled plus 10 staff nurses to be recruited for the ED; 26 staff midwives to be recruited; 15 staff nurses to be recruited for general ward areas
- The director of nursing at Tallaght Hospital has confirmed to the INMO that the hospital will be in a position to offer pre-registration nursing experience and permanent contracts to those due to qualify in September, 2015. These posts will be paid at 100% of the correct rate.

Overall, the INMO secured a total of 489.5 new nursing and midwifery posts in acute hospitals with a further 175 in continuing care facilities bringing the total to 664.5 new posts.

The announcement that recruitment will begin is very welcome. However the

HSE and the government will need to ensure that Ireland can compete with the overseas recruitment which has happened over the past five years. This will mean that the terms and conditions for these posts must be very attractive so that we can bring back some of the thousands of young professional nurses and midwives we have lost to emigration in recent years.

#### Preceptorship award

The 'Preceptor of the Year' award from the INMO has gone live. The award will be given to an INMO member, who has inspired and motivated a nursing/midwifery student to reach their potential. Students can nominate their preceptor before April 10 online via the form on the INMO website [www.inmo.ie](http://www.inmo.ie)

The Preceptor of the Year will be invited, with a guest, to receive their award at the awards dinner at the annual delegate conference on May 7, 2015 to be held in the Knightsbrook Hotel, Trim, Co Meath. The winner will also receive a €1,000 cash prize sponsored by Cornmarket. The student member who nominates the winning preceptor will also be invited, with a guest.

# Paternal PND affects 12% of Irish fathers

## New research results delivered at RCSI nursing and midwifery conference

AS MANY as one in nine Irish fathers suffer with paternal postnatal depression, according to the results of a new study presented at the recent international conference on advancing nursing and midwifery practice at the Royal College of Surgeons in Ireland (RCSI) recently.

According to a new study carried out by researchers at University College Cork, 12% of Irish men show symptoms of paternal postnatal depression.

The study involved 100 fathers, all with a child who was less than 12 months old. It found that factors that increased the risk of postnatal depression among fathers included a history of depression, having a baby with sleep problems, a lack of support from their partner, a lower level of education and having a premature or overdue baby. Living in rented accommodation, being unmarried and having poor

finances also increased the risk, as did not having any paternity leave.

According to Lloyd Philpott and Dr Paul Corcoran, who carried out the study, paternal postnatal depression is a significant public health issue, but one that is currently underscreened, underdiagnosed and undertreated.

Details of these findings were presented at the 34th Annual International Nursing and Midwifery Research and Education Conference at the RCSI in Dublin.

More than 200 nurses and midwives attended the event to hear speakers from the US, UK, Middle East and Ireland on the latest developments in areas such as ageing and palliative care; wound management and tissue viability; acute, intensive and emergency care; community and primary health care; and midwifery and mental health issues.

Prof Marie Carney, dean of the Faculty of Nursing and Midwifery at RCSI said: "Nurses and Midwives are at the fore-



front of the clinical and leadership needs of the health service. The theme of this year's conference provides a great opportunity for critical debate regarding the policy, regulation, education and health service challenges in relation to advancing professional practice for nurses and midwives both in Ireland and internationally.

## Diabetes Ireland launches new fundraising trips for 2015

NEW YEAR... NEW TARGETS...  
NEW EXPERIENCES...



IF YOU are interested in walking the Camino de Santiago while fundraising for Diabetes Ireland this year or are a more experienced hiker with an interest in tackling the Tour du Mont Blanc, you can contact Diabetes Ireland at Tel: 01 8428118 or email: [gary.brady@diabetes.ie](mailto:gary.brady@diabetes.ie) to receive a full brochure on these charity fundraising trips in August and September 2015. Information is also available at: [www.diabetes.ie](http://www.diabetes.ie)

## Obesity response 'unacceptably slow'

THE global obesity epidemic is not being tackled effectively, medical experts have said. According to their claims, which are published in *The Lancet*, childhood obesity rates have jumped significantly in less than a generation and, while these rates have started to level off in some countries, no country to date has recorded a decline in childhood obesity.

In fact, efforts to tackle the problem worldwide have been 'unacceptably slow', with just one in four countries introducing healthy eating policies up to 2010. According to the article's co-author, Dr Tim Lobstein of the World Obesity Federation, it is estimated that children in the US are eating an average of 200 extra calories per day when compared with their peers in the 1970s. This is an extra \$400 (€350) worth of food per child per year, or \$20 (€17.5) billion for the food industry in the US.

"Fat children are an investment in future sales," said Dr Lobstein. He pointed out that the food industry has a particular interest in targeting children, as if they are repeatedly exposed to processed foods and sweetened drinks, they will develop a taste for these products, which can lead to brand loyalty and big profits.

This year alone, the processed infant food market is expected to be worth \$19

(€16.6) billion. In 2007, it was worth \$13.7 (€12) billion. Yet most countries are not taking any regulatory steps to protect children from the effects of obesity. Instead, most rely on voluntary moves by the food industry, despite there being no evidence that these are effective.

According to Dr Christina Roberto of the Harvard TH Chan School of Public Health in the US, people's understanding of obesity 'must be completely re-framed if we are to halt and reverse the global obesity epidemic'. She insisted that this 'vicious cycle of supply and demand for unhealthy foods' can be broken with smarter food policies by governments, as well as efforts by industry and civil society.

The authors call for a change in food policies, such as taxes on unhealthy food products like sugary drinks, subsidies on healthier foods for low-income families like fruit vouchers, an international code of marketing when it comes to children's health and the regulation of food quality in schools.

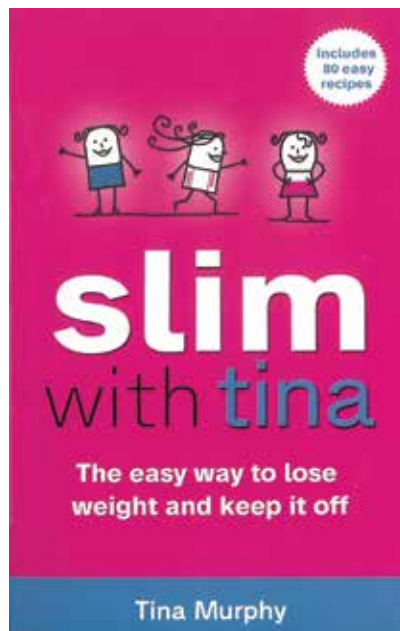
They emphasised that the answers do not just lie with governments, but with all of society. They also pointed out that health professionals are poorly prepared to deal with obesity and called for better training in this area.

# Don't diet just 'eat clean'

AS A nation, we are on a slippery slope into an obesity abyss. It is the single greatest public health issue we face and our lifestyle and attitude to food is largely at the root to this problem. Our compatriots from only 50 years ago would find our diet of processed foods and meals laced with sugar and salt unrecognisable from their meals made from scratch using simple ingredients.

Tina Murphy, a qualified personal trainer who continues to study fitness, nutrition and health, is an avid runner who got into the fitness industry by designing courses to help beginners to start running. When her clients began to ask for nutrition advice her 'Slim with Tina' online courses were born. These proved both popular and successful and ultimately led to the publication of her first book.

*Slim with Tina* is described as an 'easy guide to a healthier lifestyle for busy people'. It is not, repeat not, a diet plan that promises you will lose X pounds in X days, rather Tina Murphy's easy-to-follow plan aims to teach you everything you need to know about nutrition and healthy eating in order to become healthier and feel better. Perhaps, more importantly, it shows



you how to see the food you eat and your health in a new light so that you can lose weight without needing to go on a deprivation-based 'diet'.

Essentially, this is a clean eating plan; clean eating involves avoiding processed foods in favour of whole foods, eliminating refined sugars, eating enough food

throughout the course of the day, combining proteins and carbs, and cooking your own meals from scratch the majority of the time.

The idea is that by fuelling your body with healthy, but tasty and nourishing food you will be satisfied and can begin to wean yourself off bad foods that are all too addictive and damaging to our health. *Slim with Tina* is a guide to what you should be eating and explains in a user-friendly way how you can change your eating habits and reap the weight loss rewards while doing so. As you are not depriving yourself it is easy to stick to, though organisation and planning are key to your success.

Included in the book are 80 simple recipes that are of course sugar free. There is plenty of lifestyle advice, a beginners' exercise programme and the eating plan itself. If you have a family to feed, work long hours or are on a tight budget this could work for you – just make sure your cupboards are stocked with all you will need so you don't fall off the healthy eating wagon.

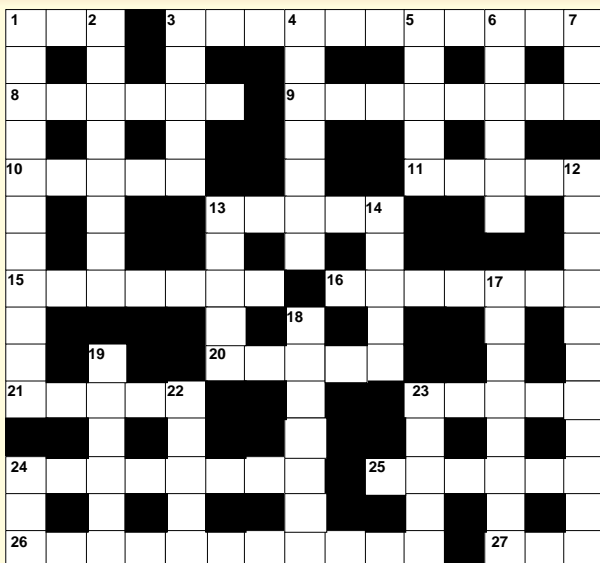
– Alison Moore

*Slim with Tina* by Tina Murphy is published by Mercier Press and has a RRP of €14.99. ISBN: 9781781173138

## Crossword Competition



WIN A €30 BOOK TOKEN



### Across

1. Surface beside a fireplace (3)
3. One likely to be consulted by a sick sorceress? (5-6)
8. Coeliacs are intolerant of this protein of grain (6)
9. Steadfastly maintained (8)
10. Hawser (5)
11. Mediterranean island country, capital Valletta (5)
13. Quay (5)
15. Malcolm has a song on tropical disease (7)
16. Renowned Russian ballet company (7)
20. They are secreted by the lacrimal glands (5)
21. Extinguish (5)
23. Hard leavened bread-roll (5)
24. Ambled in, in order to get a jawbone (8)
25. Horned coverings of the feet of horses, etc (6)
26. Peter Pan's arch enemy (7,4)
27. Flatfish (3)

### Down

1. The top brass, as ordered by one on drugs? (4,7)
2. This flower has a sad ring to it, it appears (8)
3. In what place? (5)
4. An idle chat (7)
5. Drug that contains morphine (5)
6. The answers to addition sums (6)
7. Get free from the middle of the pride (3)
12. Make some ponytail sag as a vascular procedure! (11)
13. The carpus (5)
14. Material used to clean between the teeth (5)
17. One rang Hove, possibly – during the morning after, probably! (8)
18. Actors refer to this as 'The Scottish Play' (7)
19. Swede (6)
22. Lady I care about (5)
23. Stream (5)
24. Waterproof coat (3)

### Solutions to February crossword:

#### Across:

1. Conserving
6. Owes
10. Later
11. Gabardine
12. Fillies
15. Salem
17. Kent
18. Axis
19. Least
21. Torture
23. Bunch
24. Dare
25. Aver
26. Tap-in
28. Scapula
33. Oppresses
34. Noble
35. Ears
36. Persistent

#### Down

1. Calf
2. Nutrition
3. Enrol
4. Vogue
5. Nibs
7. Whirl
8. Stepmother
9. Wrestle
13. Iago
14. Skaters
16. Rabbit-hole
20. Available
21. Thanked
22. Riga
27. Paper
29. Costs
30. Pines
31. Isle
32. Heat

The winner of the February crossword is:  
**Jennifer Moynihan**  
Westport, Co Mayo

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

The prize will go to the first all correct entry opened.

Closing date: Thursday, March 19, 2015

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



# MONEY MATTERS

## The right fit home insurance

Marc Evans discusses home insurance policies

WHEN looking for home insurance it's important to make sure you have the right cover when you need it the most. Unfortunately during cold snaps a lot of households find themselves in a situation where they need to make a claim. With this time of year in mind, we have put together some tips on how you can avoid these types of claims and what to do if you find you have a burst or frozen pipe.

Hopefully these tips will help you to avoid any claims and save you money along the way.

### Preventing frozen pipes

- Turn off any indoor valves on pipes leading to taps outside your home. Then open the outside tap and leave it on to let any water drain. This will ensure there's no water in the pipes to freeze
- In cold weather, check all your taps in your home from time to time. If little or no water flows, there may be frozen water in the pipes.

### What should I do if a pipe bursts?

- Turn off the main stop tap – you should find it under the kitchen sink or where the service pipe enters your home
- Drain the system – turn on all cold taps
- Switch off the central heating, immersion heater and any other water heating systems
- If the central heating uses solid fuel, let this die out. Once water heating has shut down, turn on the hot taps to help drain the system
- If water leaks near your electrics or electrical appliances, switch off the mains immediately. If it is wet, don't touch it.

### What do I do next?

If you find yourself in a situation where a pipe has burst, you will want to make sure you limit the damage and get help as soon as possible. At Cornmarket we offer all our clients a home rescue service.<sup>1</sup> This benefit goes beyond your standard home insurance policy.

Home Rescue will give you peace of mind knowing that you will have a trades-

person who is on call 365 days a year for these types of emergencies. The aim of this service is to make sure that you have someone you can rely on to come out to your home and stop any further damage to your belongings and secure your property.

### What is covered?

This benefit provides an emergency repair service to secure your home and prevent further loss or damage occurring following an emergency, as a result of one of the following occurrences:

- Breakdown or damage to piping, leaks from sanitary fixtures/fittings and fixed water installations within your home
- Failure of the electrical supply within your home as a result of a fault or damage to the internal electrical installations
- Your home being made insecure or if entry is impeded, due to loss/theft of keys or damage to locks, as a result of theft or any other accidental cause, or in the event that a child may have locked themselves in a room
- Storm damage or any other accidental damage to the roof, which renders your home insecure
- Breakage of glazing to external windows or doors, which render your home insecure.

This benefit allows you to get to the source of the problem quickly any time, day or night. As this service is an added benefit, it won't go down as a claim against your home insurance policy.

### What if I need to make a claim?

If you do need to make a claim you can do so by calling the claims number found in your insurance underwriter policy booklet.

### Essential benefits

With so many different levels of cover under home insurance it is important to make sure you have a checklist of benefits to look for on any home insurance policy:

- Insurance company/broker
- Accidental damage

- Loss of oil
- Home rescue
- Freezer contents
- Fire brigade cover
- Door locks
- Alarm discount
- Smoke alarm discount
- Christmas gifts
- Wedding gifts
- Alternative accommodation
- Personal money
- Contents in transit
- Public liability
- Unoccupied period
- Unspecified all risks cover
- Policy excess
- Satellite aerials.

### Always ask for ways to save

You should ensure you are availing of whatever additional discounts you may be eligible for, such as:

- If you have had no previous claims or have been claims free within the past three years
- If your house has an alarm (it may reduce the cost of your home insurance)
- If your house has smoke alarms.

You can avail of three months free discount when you buy a new home insurance policy before April 30, 2015 with Cornmarket.<sup>2</sup> For more information call Cornmarket at Tel: 01 470 8042.

Marc Evans is director of Cornmarket Group Financial Services Ltd

1. Cover provided by Mapfre Assistance. MAPFRE ASISTENCIA Compania de Seguros y Reaseguros SA trading as MAPFRE ASSISTANCE Agency Ireland and Mapfre Warranty is regulated by the Direccion General de Seguros y Fondos de Pensiones del Ministerio de Economia y Hacienda, Spain, and is subject to the Central Bank of Ireland's conduct of business rules. Mapfre Assistance Agency Ireland is registered in Republic of Ireland. Reg No 903874

2. Three months free insurance in year one is based on a 25% discount off the normal year one Allianz premium and is only available to new customers taking out a new home insurance policy through Cornmarket and underwritten by Allianz. Any applicable discounts are applied at quotation stage, we are unable to issue discounts retrospectively. Allianz plc is regulated by the Central Bank of Ireland. Cornmarket Group Financial Services Ltd is regulated by the Central Bank of Ireland. A member of the Irish Life Group Ltd. Telephone calls may be recorded for quality control and training purposes.

## March

### Wednesday 11

**RNID Section** conference 'Future Proofing Disability Services – The Role of the RNID'. Crowne Plaza Hotel, Santry, Dublin 9. Go to [www.inmoprofessional.ie](http://www.inmoprofessional.ie) – sign in, and register for the conference to avail of a 10% discount. Alternatively, contact the INMO directly to book your place at Tel: 6640641.

### Friday 13

**Health Effects of Prostitution Conference.** INMO HQ from 11am-3pm. Contact: [noeleen@inmo.ie](mailto:noeleen@inmo.ie) or Tel: 01 6640611 to book a place.

### Friday 20-Saturday 21

**ODN Section** Conference 'Continuing to Care'. Limerick Strand Hotel, Limerick City. Go to [www.inmoprofessional.ie](http://www.inmoprofessional.ie) – sign in, and register for the conference to avail of a 10% discount. Alternatively, contact the INMO directly at Tel: 01-6640641 to book your place.

### Saturday 21

**School Nurses Section** meeting. INMO HQ from 11am-1pm. Contact: [jean@inmo.ie](mailto:jean@inmo.ie) or Tel: 01 6640648 for further details.

### Saturday 21

**PHN Section meeting** 11am-1pm. INMO head office. Contact: [jean@inmo.ie](mailto:jean@inmo.ie) or Tel: 01 6640648 for further details.

### Saturday 21

**International Nurses Section** meeting 11am-1pm. INMO head office. Contact: [jean@inmo.ie](mailto:jean@inmo.ie) or Tel: 01 6640648 for further details.

## April

### Thursday 16

**Retired Nurses Section** meeting. INMO head office at 11am. Contact: [jean@inmo.ie](mailto:jean@inmo.ie) or Tel: 01 6640648 for further details.

### Friday 17

**Irish Nephrology Nurses** Association national conference and AGM. Tallaght Hospital. For information email: [Glenda.Taylor@amnnh.ie](mailto:Glenda.Taylor@amnnh.ie)

### Friday 17- Saturday 18

**Irish Student Health Association** annual conference. Venue: Crowne Plaza, Blanchardstown. For further information and registration email: [hannah.glackin@lyit.ie](mailto:hannah.glackin@lyit.ie) or Tel: 074 9186855.

### Saturday 18

**Annual ENT nursing conference** Category 1 Approved by NMBI. Four continuing educational units apply. Education & Conference Centre, Royal Victoria Eye & Ear

Hospital, Adelaide Road, Dublin 2. Contact: Sabrina Kelly, nurse tutor at Tel: 01 6644652 or email: [sabrina.kelly@rveeh.ie](mailto:sabrina.kelly@rveeh.ie)

### Tuesday 21

**National Care of the Older Person Section** Annual Conference. Sheraton Hotel, Athlone. Go to [www.inmoprofessional.ie](http://www.inmoprofessional.ie) – sign in, and register for the conference to avail of a 10% discount or alternatively contact the INMO directly to book your place at Tel: 6640641.

### Thursday 23

**Telephone Triage Nurses Section** meeting, Portlaoise Heritage hotel. 11am-1pm. Contact: [jean@inmo.ie](mailto:jean@inmo.ie) or Tel: 01 6640648 for further details.

### Wednesday 29

**Chronic Pain Management in the Older Person workshop** 6pm-9.45pm Portlaoise Heritage Hotel. Places must be booked in advance. Go to [www.inmoprofessional.ie](http://www.inmoprofessional.ie) – sign in, and register for the workshop to avail of a 10% discount or contact the INMO directly at Tel: 01-6640642 to book your place.

## May

### Wednesday 7 - Friday 9

**INMO annual delegate conference.** Kingsbrook Hotel, Trim, Co Meath

### Tuesday 12

**Student Allocations Officers** group meeting. INMO HQ from 12pm-3pm. Contact: [jean@inmo.ie](mailto:jean@inmo.ie) or Tel: 01 6640648 for further details.

### Friday 15

**Irish Nurses Golf Society** annual outing Tullamore Golf Club. Cost €50 includes coffee on arrival, golf and dinner. To book email: [nursesouting2015@gmail.com](mailto:nursesouting2015@gmail.com) or Tel: 0863950801. Alternatively, send your name, club and fee to Martina Taaffe, c/o Tullamore Golf Club, Tullamore, Co Offaly. Cheque, bank draft or postal order payable to 'Irish Nurses Golf Society'.

## Class reunion

- ❖ St James's Hospital's class of 1975-1978 is planning a get together in Athlone in August. If interested contact Nuala at Tel: 0872563846 or email: [ncmahon@gmail.com](mailto:ncmahon@gmail.com)

## Condolence

- ❖ Condolences from the INMO staff to industrial relations officer Liz Curran, her partner Ned Larkin and daughter Saoirse on the recent sudden death of Ned's daughter Carrie Larkin Coyle. RIP

**INMO Professional DEVELOPMENT CENTRE Library Opening Hours**

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

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

## INMO Membership Fees 2015

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

## Register now for ICN conference 2015

Registration is open for the International Council of Nurses' (ICN) international conference 'Global Citizen, Global



Nursing' to be held on June 19-23, 2015 at the Coex Convention and Exhibition Centre in Seoul, Republic of Korea. Members of nursing associations, other health professionals, and members of the public may register online at the ICN Conference website: [www.icn2015.com](http://www.icn2015.com).

Participants can register for the spectacular opening ceremony, the popular biennial fundraising luncheon for the Florence Nightingale International Foundation, a wide range of concurrent sessions including dynamic papers accepted through a highly competitive abstract selection process; and a host of options to learn about nursing practice and healthcare in Korea. This international gathering of thousands of nurses will explore the importance of cross-cultural understanding and global co-operation in nursing and provide opportunities for nurses to build relationships and to disseminate nursing knowledge across specialties, cultures and countries.

Visit [www.icn2015.com](http://www.icn2015.com) to view the full programme and list of confirmed speakers. **The early-bird discount price for registration closes on March 13, 2015. See page 60 for details of an INMO travel bursary for members**

## Retired Section

- ❖ The INMO Retired Nurses Section is organising a five-day McGinley Coach Tour holiday to Sligo. Members will be staying in the stunning four-star Glasshouse Hotel in Sligo Town for four nights from April 19
- ❖ Cost is €275pp sharing (€10 per night single supplement). Maximum of 15 single rooms available, so please book early if you require a single room
- ❖ Tour will depart from Parnell Square, Dublin at 11am on Sunday, April 19, returning Wednesday, April 22
- ❖ To book phone Annette McGinley Tel: 074 9135201