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# WIN

INMO

Journal of the  
Irish Nurses and  
Midwives Organisation

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information from  
the INMO PDC  
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SUPPORT

BULLYING

S.A.F.E.

# Protect yourself

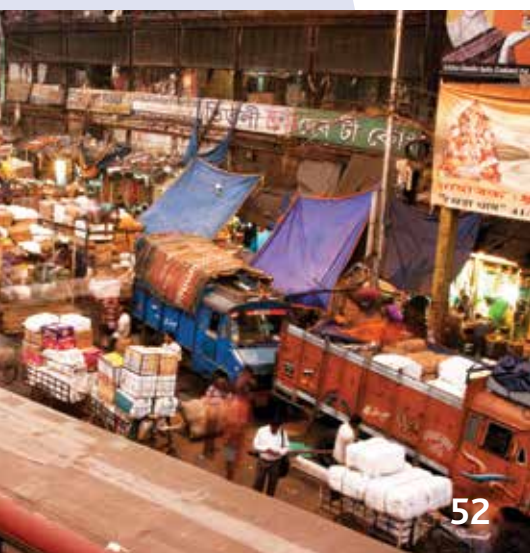
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## Bullying: sobering reality

THE recent publication, by the INMO in partnership with NUI Galway and the National College of Ireland, of the findings of a large-scale survey of nurses and midwives on workplace bullying represents the sobering reality of health service workplaces across the country.

The findings, which identified a 13% increase in incidence compared to a similar survey in 2010, serve to confirm the many negative factors that very quickly emerge when a work setting is under stress, under resourced and has poor HR procedures.

A sobering aspect of the findings was the number of respondents who indicated that they felt bullied every day, as well as poorly supported. Many had not reported their experiences as they felt it would serve no purpose and only make things worse. This is testament to the abject failure of health employers to provide a safe system of work where people can deliver high quality care in a positive work environment.

This Organisation is, as you will see from more detailed coverage of this survey elsewhere in *WIN*, calling for zero tolerance of any bullying and a strong, assertive and persistent strategy of investigating any incident and in dealing with the offender without hesitation, fear or favour. The current laissez-faire policy of many health employers is totally unacceptable and, without doubt, harmful to the mental and physical well-being of so many good employees.

In addition, the INMO has launched a 'Code of Advice'. This will clearly indicate to members how to maintain their health, wellbeing and dignity when faced with the trauma and stress that arises when they are confronted with inappropriate behaviour and treatment at the hands of fellow workers, regardless of their grade or standing. The INMO is determined to ensure that every member goes to work safe in the knowledge that their person, professionalism and individuality will be respected by all and any attempt to consistently undermine them in an inappropriate way is tackled immediately.

The results of this study, and all of the implications in terms of workload, stress, pressure and safe practice, will undoubtedly be on the minds of the 300 plus delegates who will shortly be travelling to Trim for this year's annual delegate con-



ference. This year we have many things to debate and deliberate on as the country leaves behind six years of debilitating and harmful recession. Comprehensive coverage of the ADC will appear in the next issue of *WIN*.

A fundamental issue to be discussed will be the Organisation's approach to the imminent discussions on a post-Haddington Road agreement. This will be the first step in the restoration of pay and conditions, attacked so severely over the past six years. In the course of the recent nationwide consultation meetings, members have indicated that there must be early improvements with regard to staffing levels, restoration of pay and allowances, and a move to return the 37-hour working week. Members recognise that it will not be possible to immediately undo the damage done by six years and three rounds of cuts, but it is clearly expected that the forthcoming talks will commence that process and indicate a timetable for restoration in the medium term.

It is quite clear, when one combines the results from the bullying survey and the legitimate expectation of members that their pay and conditions must be restored quickly, that great change needs to take place in health service workplaces. This process of recovery must begin immediately. Our new Minister, Leo Varadkar, beginning with his first address to conference, can clearly indicate that he understands the challenges and recognises the magnificent contribution of nurses and midwives in recent years by committing the required resources to make our health service both a safer place to be cared for and work in immediately. We await his words with interest.



Liam Doran  
General Secretary, INMO

# ED taskforce report "a positive step"

Key aim is a sustained reduction of patients on trolleys by October

THE final report from the Emergency Department Taskforce has been welcomed by the INMO. While stating it falls short in some areas on what it believes to be required actions, the INMO acknowledged that the report is a positive attempt towards alleviating the blight of emergency department overcrowding in the short to medium term.

However, the Organisation has clearly stated that if we are to address the crisis of the current consistent overcrowding in EDs and the compromising of care that results, the merit of any report can only be judged with reference to continuous implementation.

While welcoming the additional earmarked funding for the Fair Deal Scheme, the INMO believes that additional resources will be required throughout the implementation phase, to ensure:

- The required additional nursing staff to facilitate the



**Phil Ní Sheaghda:**  
"In implementing the report, the INMO will be seeking the additional resources required to expand the capacity of our health system to allow it to deal with the demands of all patients"

opening of extra bed capacity (acute and continuing care)

- The required enhancement of community nursing services to deal with admission avoidance, early discharge and, on an ongoing basis, the growing number of frail older people in the community
- Enhanced support for more

active and progressive management of chronic disease in the community

- Additional resources to provide for the expansion of the role of the nurse, both in the acute and continuing care/community environment, to improve the response time for patient needs and, vitally, avoid unnecessary re-admissions to hospital from long-stay facilities.

The INMO will be involved in the Implementation Oversight Group, to be established by Health Minister Leo Varadkar, and will work with the Minister, through this group and other avenues, on all measures designed to greatly alleviate the chronic and unacceptable levels of overcrowding.

Speaking after the launch of the report, taskforce member Phil Ní Sheaghda, INMO director of industrial relations, said: "This report is a necessary initial step required to address,

on a health service wide basis, the chronic problem of emergency department overcrowding in this country. While the report does not contain all that we believe is necessary, we will work to implement the actions, on a short to medium term basis, in the interests of patients and alleviating the pressure on our members on the frontline.

"In implementing the report the INMO will be seeking the additional resources required to expand the capacity of our health system to allow it to deal, with dignity, privacy and through quality-assured care, the demands of all patients/clients whether they are in hospital, the community or their own homes," she said.

"The target for all parties to this process must be to have significantly reduced the daily level of overcrowding, in all of our acute hospitals, by October 1 – before the next winter period begins".

## ADC debates will set INMO agenda for the next year

THE INMO will hold its 96th annual delegate conference in the Knightsbrook Hotel, Trim on May 6-8, with the theme 'Organising – Protecting – Delivering'.

The conference will once again see more than 350 delegates from the Organisation's branches and sections gather to discuss and debate 64 motions over the three days. The text of the motions can be viewed on the INMO website [www.inmo.ie](http://www.inmo.ie), together with full details of the ADC agenda.

The conference will kick off with a press conference at 12 noon on Wednesday, May 6. Newstalk 106FM plans to broadcast its Lunchtime

programme live from the Knightsbrook on May 6. Following a debate on motions, commencing at 2pm, Phelim Quinn, chief executive officer of HIQA, will give a keynote address at 5.30pm.

In addition to the debate on motions, time will be set aside on Thursday for the following:

- 10.30am – launch of 'Human Right to Health' document by Edward Mathews, director of regulation and social policy
- 11.15am-12.15pm – Presentation by Phil Ní Sheaghda, director of industrial relations, regarding post Haddington Road, followed by a debate on industrial motion no 1
- 1.45pm – Review of the Year

by Dave Hughes, deputy general secretary

- 2pm – Presidential address by Claire Mahon

As well as the business of the conference, there will be an awards dinner on the Thursday evening at which the following awards will be presented:

- Gobnait O'Connell Award
- Preceptor of the Year Award
- Coleman Research Award.

Minister for Health Leo Varadkar will address delegates at 2.30pm on Friday. There will be an election of the Standing Orders Committee (2015-2017) at 2.15pm.

The conference will close with the gala dinner on the evening of Friday, May 8.

INMO general secretary, Liam Doran said: "As members congregate for ADC they will be buoyed up by the successes of the past few months, ie. the decision by the NMBI to restore the €100 retention fee for 2015 and the agreement to recruit extra staff and open beds to alleviate the overcrowding crisis, following action by members.

"Delegates will be energised as they set the agenda for the next year as they proceed with the next challenge, which is the restoration of pay and conditions post HRA. In unity there is strength and working together we can achieve our goals."

# Worst March trolley figures in a decade

THE INMO's monthly comparative analysis of the number of patients on trolleys in the country's hospitals has confirmed that almost 9,000 admitted patients were left on trolleys in March this year.

The figures again confirm the extent of the growing crisis in a number of hospitals. They show a very significant increase in the levels of overcrowding, when compared to March 2014.

While most hospitals showed an increase in figures for the month, several hospitals logged exceptionally high increases, including:

- St Vincent's University Hospital, Dublin up by 237% (from 178 to 599)

- Midland Regional Hospital, Mullingar up by 125% (from 250 to 562)
- St James's Hospital, Dublin up by 120% (from 152 to 335)
- Mater Hospital, Dublin up by 105% (from 264 to 541)
- Beaumont Hospital, Dublin up by 88% (from 342 to 643)

The figures also confirm that, contrary to best practice and previous HSE commitments, most hospitals now place extra trolleys on inpatient wards, every day – a total of 1,814 in March. Examples of these hospitals include:

- Connolly Hospital, Blanchardstown (220)
- Midland Regional Hospital, Mullingar (215)

- Tallaght Hospital, Dublin (208)
- University Hospital Galway (202)
- St Luke's Hospital, Kilkenny (196).

This level of overcrowding reaffirms the need for the immediate implementation of all of the actions contained in the recent report from the Emergency Department Taskforce. These actions must involve, in addition to the extra funding for Fair Deal, the opening of closed acute beds with additional staffing, in certain hospitals, to alleviate the constant demands for acute services.

INMO general secretary, Liam Doran said: "This is the

ninth month in a row when the number of admitted patients left on trolleys has increased when compared to previous years. This is confirmation that our health service continues to be too small to adequately, and safely, meet the demands being placed upon it.

"It is now imperative that the Minister for Health immediately establishes the monitoring/implementation group to oversee the speedy delivery of all of the changes and initiatives contained in the ED Taskforce Report. Firm and sustained action is now required. The time for talking is over in the interests of patients and the frontline staff trying to care for them."

Table 1. Trolley and ward watch analysis March 2007-2015

Hospital	Mar 2007	Mar 2008	Mar 2009	Mar 2010	Mar 2011	Mar 2012	Mar 2013	Mar 2014 ED/ward total	Mar 2015 ED/ward total
Beaumont Hospital	598	615	744	937	610	655	581	342	643
Connolly Hospital, Blanchardstown	288	176	288	170	375	257	573	364	452
Mater Misericordiae University Hospital	416	422	375	496	311	380	262	264	541
Naas General Hospital	286	225	384	234	778	240	227	234	389
St Colmcille's Hospital	32	34	155	219	210	189	150	n/a	n/a
St James's Hospital	95	257	234	136	210	75	216	152	335
St Vincent's University Hospital	464	429	515	594	560	456	404	178	599
Tallaght Hospital	339	381	686	509	643	211	389	392	409
<b>Eastern</b>	<b>2,518</b>	<b>2,539</b>	<b>3,381</b>	<b>3,295</b>	<b>3,697</b>	<b>2,463</b>	<b>2,802</b>	<b>1,926</b>	<b>3,368</b>
Bantry General Hospital	n/a	n/a	n/a	n/a	n/a	n/a	n/a	42	39
Cavan General Hospital	238	121	113	312	489	249	125	36	65
Cork University Hospital	341	373	331	586	843	596	308	304	412
Kerry General Hospital	30	148	12	69	81	34	118	76	125
Letterkenny General Hospital	275	42	11	86	51	43	180	277	281
Louth County Hospital	12	26	1	2	n/a	n/a	n/a	n/a	n/a
Mayo General Hospital	163	148	48	216	68	220	203	186	247
Mercy University Hospital, Cork	145	98	163	135	186	172	292	222	251
Mid Western Regional Hospital, Ennis	128	38	38	27	81	27	58	n/a	14
Midland Regional Hospital, Mullingar	11	11	28	230	331	288	403	250	562
Midland Regional Hospital, Portlaoise	39	78	63	24	90	55	60	166	217
Midland Regional Hospital, Tullamore	0	0	5	68	224	158	199	396	204
Monaghan General Hospital	45	37	35	n/a	n/a	n/a	n/a	n/a	n/a
Nenagh General Hospital	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	15
Our Lady of Lourdes Hospital, Drogheda	386	194	398	356	541	660	333	474	533
Our Lady's Hospital, Navan	100	55	105	66	249	117	175	60	75
Portiuncula Hospital	23	38	16	74	71	105	162	45	99
Roscommon County Hospital	36	95	91	55	121	n/a	n/a	n/a	n/a
Sligo Regional Hospital	46	77	96	153	156	104	242	238	235
South Tipperary General Hospital	88	55	53	89	104	150	158	250	233
St Luke's Hospital, Kilkenny	n/a	n/a	n/a	n/a	48	49	214	265	284
University Hospital Galway	189	209	305	443	626	409	401	387	634
University Hospital Limerick	42	188	199	237	269	319	924	499	558
University Hospital Waterford	n/a	19	69	64	148	110	102	352	289
Wexford General Hospital	86	112	159	34	348	127	273	42	194
<b>Country total</b>	<b>2,423</b>	<b>2,162</b>	<b>2,339</b>	<b>3,326</b>	<b>5,125</b>	<b>3,992</b>	<b>4,930</b>	<b>4,567</b>	<b>5,566</b>
<b>NATIONAL TOTAL</b>	<b>4,941</b>	<b>4,701</b>	<b>5,720</b>	<b>6,621</b>	<b>8,822</b>	<b>6,455</b>	<b>7,732</b>	<b>6,493</b>	<b>8,934</b>

Comparison with total figure only:

Increase between 2014 and 2015: 38%  
 Increase between 2013 and 2015: 16%  
 Increase between 2012 and 2015: 38%  
 Increase between 2011 and 2015: 1.3%

Increase between 2010 and 2015: 35%  
 Increase between 2009 and 2015: 56%  
 Increase between 2008 and 2015: 90%  
 Increase between 2007 and 2015: 81%



Irish Nurses and Midwives Organisation  
Working Together

## INMO Code of Advice

Be

# S.A.F.E.

## FROM BULLYING

- S** – Stay calm and walk away
- A** – Act to document incidence
- F** – Follow bullying procedures
- E** – Engage support

### **S – Stay calm and walk away from bullying behaviour with alleged perpetrator**

- Remove yourself from inappropriate behaviour and walk away. To interrupt you can draw on a phrase such as: “Will you excuse me, but I need to see a patient/patient’s family”; “Excuse me: I need to go”; “sorry I feel you are being very confrontational at the moment, I am going to leave and ask that we talk about this later”.
- Examples of what may constitute bullying behaviour: Constant humiliation; Verbal abuse; Hostility through sustained exclusion; Inappropriate overruling of a person’s authority; Persistently finding fault with a person’s work and causing humiliation; Constantly picking on a person (HSE D&R Policy).

### **A – Act to document incidence of bullying behaviours**

- Record incidences of bullying behaviours by alleged perpetrator.
- Include dates and location.
- Note if there are observers/bystanders to the bullying.
- Note how the behaviour made you feel.
- These notes become your journal/diary – keep in a safe place; keep at home.

### **F – Follow bullying procedures**

- Check the organisation’s bullying policy for steps on how to report bullying behaviour. The HSE ‘Dignity at Work’ Policy is available from [www.hse.ie](http://www.hse.ie) and [www.inmo.ie](http://www.inmo.ie)

### **E – Engage support**

- Employment support contact person, the organisation’s HR Dept; Family and friends; your GP (you must stay healthy); your INMO representative.

# INMO seeks talks to address bullying

## New Code of Advice launched to aid members being bullied

OVER the past four years there has been an increase of over 13% in perceived incidences of workplace bullying being experienced by nurses and midwives in Ireland.

This was highlighted by the findings of a large-scale survey of nurses and midwives published by the INMO, in partnership with NUI Galway and the National College of Ireland (NCI), last month.

The survey on the current levels of workplace bullying being experienced by INMO members provides an updated analysis of one conducted by the University of Limerick (UL) on nurses, in conjunction with the INMO in 2010.

The 2014 study was headed by Prof Maura Sheehan at NUI Galway who has published widely on issues of workplace discrimination and injustice. The key findings include that:

- Over the past four years there has been a 13.4% increase in perceived incidences of bullying (the 'likelihood' of bullying)
- Almost 6% of respondents (nurses and midwives in Ireland) reported that they are bullied almost daily
- The percentage of non-union members who experience almost daily bullying is almost double that of union members
- Government cutbacks are a probable explanation for the



*Pictured at the announcement of the findings of the INMO survey on workplace findings were (l-r): Phil Ni Sheaghda, INMO director of industrial relations; Dr Juliette McMahon, UL; Claire Mahon, INMO president; Prof Maura Sheehan, NUI Galway; and Dr TJ McCabe, NCI*

significant rise in reported bullying from 2010 to 2014.

According to Ms Sheehan: "The finding that almost 6% of respondents perceive to be bullied on an almost daily basis is very disturbing. The personal consequences in terms of health, wellbeing and family relationships of people who experience workplace bullying are extremely serious.

"Almost all organisations (93.5%) have a formal anti-bullying policy in place. Clearly there is a significant gap between the presence and implementation of such policies. There needs to be a fundamental culture change in hospitals and care facilities – a zero tolerance policy for any bullying must be implemented. This must apply to all employees, no matter how senior, specialised and experienced."

Workplace bullying was found to have negative consequences both personally and professionally, on nurses and midwives, by for example:

- Having more time off work through sickness
- Thinking or talking about leaving the job
- Decreased job satisfaction
- Increased levels of stress leading to reduced performance at work
- Actively searching for work elsewhere.

Phil Ni Sheaghda, INMO director of industrial relations, said: "Unfortunately this result is not a surprise as it confirms some of the information our members have been reporting to us. They believe the problem has been accelerated due to the effects the cutbacks in healthcare have had in the workplace, particularly as the activity levels have increased,

hospitals are constantly overcrowded and staffing levels have reduced.

"Employers need to be proactive now and become aware of trends and intervene early to ensure policies are fit for purpose and managers are trained to intervene early and appropriately."

**INMO seeking urgent talks with employers to address increase in bullying**

The INMO is now seeking immediate engagement with employers on these issues and is launching a 'code of advice' for members being bullied with key SAFE points as follows:

- S** – Stay calm and walk away
- A** – Act to document incidence
- F** – Follow bullying procedures
- E** – Engage support.

See page 30-31 for further details; An Executive Summary of the survey on bullying in the workplace can be found on [www.inmo.ie](http://www.inmo.ie)

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# Staffing taskforce analysing pivotal research ahead of final report

THE Taskforce on Nurse Staffing/Skill Mix, established by the Minister for Health as a direct result of the INMO's campaign for safe staffing, is continuing its work and entering its final phase.

In recent weeks the taskforce has received important staffing profiles, including:

- A current critique from DCU of the original staffing census undertaken by the RN4Cast Survey in 2010/2011
- A desktop staffing review of a surgical and medical ward at each of Nenagh General Hospital, Naas General Hospital and Beaumont Hospital.

The taskforce, which is chaired by Dr Siobhan O'Halloran, chief nursing officer, has been focusing on these findings at its recent meetings. Its aim is to establish valid comparisons, using recognised dependency tools, for the purpose of measuring the current shortfall in nursing/support staff and the measures needed to address these in the final taskforce report.

In addition, in its recent discussions, the taskforce has agreed that its final report will explicitly state that its work

centred on what nurses currently do on medical/surgical wards, and any expanded role and additional work arising from same, would have to be dealt with, including the staffing implications, in other fora.

Critical issues that continue to be the subject of ongoing discussions include:

- The future role of the clinical nurse manager 2 in any medical/surgical unit, and how they must be free to manage the unit with a particular focus on maintaining a stable nursing workforce and optimising the outcome for patients
- How to apply, on a consistent basis the quantum of nursing resource required; that is the number of nursing hours per patient day/ranges/ratios that best provide the quantum of qualified nursing resource required to maintain safe care, supplemented by the appropriate healthcare assistant support
- How to identify, and clearly stipulate, what are unsafe staffing levels and how to measure same
- The pivotal issue of ensuring that the senior nurse manager, in any location,

has absolute authority and autonomy to hold a fully adequate budget, to provide safe care, to actively manage manpower needs and planning, and, in particular, to recruit nursing staff, on an unfettered basis, necessary to maintain a stable workforce.

In tandem with its participation in the taskforce, through the membership of general secretary, Liam Doran, the INMO has also maintained contact with sister nursing associations that have recently participated in similar projects in their own countries. This has included colleagues in the Royal College of Nursing in the UK, a number of sister associations in Australia, and colleagues in North America.

At the time of going to press, the taskforce was continuing its deliberation as it enters the critical, final stage when all research, evidence and views are pulled together into a final report. At this point it is still expected that the taskforce will issue its final report by mid-year, when it will be presented to Health Minister Leo Varadkar.

Speaking on this critically

important issue, Mr Doran said: "The taskforce, which I have stated in the past is, in my view, the most important development for nursing and midwifery since the Commission on Nursing, is now reaching its final phase when critical decisions will have to be made, leading to a final set of recommendations.

"The INMO remains clear in its objective that the taskforce recommendations will clearly map out how to restore the nursing workforce to a stable level, that will allow all members, with manageable workloads, maintain safe care through high quality safe practice.

"It is likely that any set of recommendations finally emerging from the taskforce, will be put forward for an initial pilot so as to test their validity, consistency and ease of application in all wards up and down the country.

"Members will be kept fully appraised in relation to all developments pertaining to this taskforce through future issues of *WIN* and, specifically, the INMO website in the weeks ahead".

## Dunnes workers are acting for all future workers

THE INMO called on all members to support the Dunnes Stores workers on the day of their strike last month.

Dave Hughes, INMO deputy general secretary, said: "The cause of the Dunnes Stores workers is shared by many nurses and midwives who themselves have been subjected, in the past, to precarious contracts, by letters of

employment and years of temporary insecure tenure.

"The INMO has successfully fought this battle in many health employments and continues to challenge wherever health employers seek to exploit it. The precarious nature of such contracts means that workers cannot plan or provide for their families on a consistent basis



due to the insecurity of their contracts," Mr Hughes said.

"The cause of the Dunnes Stores workers is our cause – they are striking for all future workers. Please support them in whatever way you can and do not pass their pickets".

## Karen Buckley RIP

THE INMO extends sincere sympathy, on behalf of all its members, to the family, friends and nursing colleagues of Karen Buckley who died tragically in Glasgow.

Karen was a member of the INMO as a student nurse in University Hospital, Limerick.

Her family and her former colleagues in UHL are in our thoughts and prayers at this very difficult time.

*Ar dheis Dé go raibh a hanam dílis.*



# 99 years on, is this a sovereign state?

Dave Hughes calls for a real debate on tax and trade agreements

NOW 99 years since the historic rising of Easter 1916, this year saw a higher level of celebration and commemoration than usual. Many of the events acted as a prelude for the plans to fully celebrate the stand made by Irish men and women for independence at Easter 1916.

With the major political parties competing for the most solemn or celebratory remembrance ceremony, the word 'sovereignty' featured prominently in practically every speech. But would the patriots agree that Ireland today remains a sovereign country or would it bring a tear to their eye to see the Irish health budget scrutinised by the German parliament before it can be adopted by Dáil Éireann? Would those patriots weep at the sight of a record 601 patients waiting on trolleys for a hospital bed in January 2015 as a result of austerity imposed by a Troika involving a European Central Bank, a European Union and the international monetary fund?

The Proclamation of Independence in 1916 declared *"the right of the people of Ireland to the ownership of Ireland, and to the unfettered control of Irish destinies, to be sovereign and inalienable. The long usurpation of that right by a foreign government has not extinguished the right, nor can it ever be extinguished except by the destruction of the Irish people."*

The sovereignty espoused in the proclamation was ultimately written into the Irish Constitution and could only be changed by referendum of the people. The sovereign Irish people have, on a number of occasions since the 1970s, ceded portions of that sovereignty to the EEC/EU through

treaties like Maastricht and Lisbon, having been persuaded by their leaders that economic interests and the need of governments to deliver the other aspirations of the proclamation *"religious and civil liberty, equal rights and equal opportunities to all its citizens, and declares its resolve to pursue happiness and prosperity of the whole nation and all of its parts, cherishing all the children of the nation equally, and oblivious to the differences carefully fostered by an alien government, which have divided a minority for the majority in the past"*.

Arguably membership of the EEC/EU has brought unprecedented prosperity to the Irish people, though many will argue it has not cherished the children equally and falls well short on equal rights and equal opportunities. However, when voting on the various treaties it is doubtful that the Irish people anticipated that a single European government, based in Germany, would vet the Irish budget. In addition, it is beyond credulity that the Irish people would have voted to cede their sovereignty in any part to multinational corporations, yet that is what may happen if the current EU/US negotiations on the Transatlantic Trade and Investment Partnership (TTIP) conclude with an agreement providing for investor-state dispute settlement (ISDS) mechanisms. The inclusion of such a provision is widely opposed by civil organisations across the EU and has led to the European Commission insisting on wider public consultation.

ISDS provides for investment protection and investor-to-state dispute settlements where an investor considers that a state law, regulation or action has jeopardised their investment, prevented it,

or reduced potential profits. These are essentially commercial courts, however, they do not operate in public and their decisions are legally binding on the state concerned.

The Irish government is pro-TTIP and its public consultation has been supportive of an agreement being reached. The presumed benefits are often quoted by Ministers but ISDS is rarely mentioned. Even official data plays down the potential of ISDS and offers reassurance by pointing out that many EU countries already have ISDS procedures with global corporations. However, those countries individually decided to do that whereas the EC is negotiating the TTIP.

The Irish government's approach seems to be that all business is good and that whatever is in the interest of multinational corporations is ultimately in the interest of the Irish people because it will provide more jobs. That may be a persuasive argument but are the Irish people happy that corporations promoting genetically-modified foods, fracking or other controversial interests could effectively usurp their sovereignty regarding the protection of natural resources?

It is foolish to think that corporations will act in the interests of nations; this is not their role and, indeed, is arguably contrary to Company Law, which requires them to act in the interests of their shareholders. Some major corporations operating in Ireland temporarily took money out of Ireland during our recession for fear that they might lose some of their wealth or be required to pay more tax. The 'double Irish' tax strategy (which was modified but *defacto* consolidated in the last budget) protects some corporations from paying tax

proportionate to their earnings registered in Ireland. An example of how such corporations threaten the Irish government is the pharmaceutical industry alleging that hundreds of jobs would be lost if the Health Minister continued to seek to reduce the cost of drugs to the Irish health service. Even without an ISDS, Japan Tobacco is opposing the right of the Irish Minister for Children to impose plain paper packaging on the tobacco industry. ISDS has been used in countries outside the EU to prevent minimum wage legislation and curtailment on the advertisement of tobacco products.

The conflict between the provision of health services through the private sector and a universal public health service is currently evident in the fact that although the Irish government has decided to provide free GP care to all children under six, it cannot be universally implemented as GPs are individual private businesses. The rampant increase of private providers in the health service will multiply that difficulty and one could see trade agreements, such as are currently being negotiated, preventing the Irish people from regaining control over future health services.

With regard to the 2016 celebrations, they are indeed appropriate but let them be realistic. Sovereignty is more than a word. A real debate about sovereignty requires an open even-handed discussion on TTIP and other legitimate governmental measures to achieve a fair contribution from global corporations in each country as opposed to playing one against the other to avoid paying in any country.

– Dave Hughes, INMO  
deputy general secretary

# Extra nursing posts secured for UHG

Lengthy LRC talks also agree 35 more beds to deal with overcrowding

THE INMO has secured an agreement that four extra nurses will work in University Hospital Galway's emergency department each day and 35 more beds will be opened to deal with the overcrowding crisis at the hospital. This follows a number of conciliation conferences, under the auspices of the Labour Relations Commission.

An early date has been promised for the building of a new 75-bed unit. It has been acknowledged that the existing ED is not fit for purpose and approval is being sought for construction of a new ED.

INMO members in the ED had agreed to defer industrial action, due to commence in February, to facilitate further discussions. The initiatives agreed include:

- A significant increase in the number of nurses rostered each day – from 10 to 14

- The staffing ratio for admitted patients in the ED was agreed at 1:7, including a newly-recruited CNM2 co-ordinator (Monday to Friday)
- 10 additional beds are to be opened in Merlin Park University Hospital and 25 in Portiuncula Hospital to assist with delayed discharges
- A designated paediatric area to be opened with agreed staffing levels
- An external review will be carried out by a nurse expert and a medical expert on internal policies/procedures; work practices and communication
- An early commencement date is expected for the building of a new 75 bed unit
- Management has committed to review all reported risks in the ED
- Significant improvement to security systems
- A capacity contingency plan



**INMO IRO Clare Treacy:**  
"We are now calling for an aggressive recruitment campaign to have the posts filled immediately so as to alleviate continued suffering of patients"

- for 2015 is being finalised
- Management has also committed to extra support staff including HCAs, ward clerks and porters.

As we went to press, the INMO was putting these proposals to members with a recommendation for acceptance.

INMO IRO, Clare Treacy

said: "The INMO welcomes the commitment to recruit extra nurses in Galway University Hospital and the provision of additional bed capacity. This is a positive outcome for our members who have continued to struggle with unmanageable workloads on a daily basis due to persistent overcrowding and understaffing.

"Every effort must now be made to bring additional beds on stream as a matter of urgency. We are now calling for an aggressive recruitment campaign to have the posts filled immediately so as to alleviate the continued suffering of patients in inhumane conditions and to allow our members to provide safe care."

The INMO is continuing to engage at local level to progress the proposals and to ensure that nurses are recruited and beds opened as a matter of priority.

## First 16 of new midwife posts filled in Limerick

SIXTEEN midwives have been recruited to permanent positions at University Maternity Hospital, Limerick since January and a further seven permanent posts are due to be filled by HSE National Recruitment Services (NRS) immediately. This was confirmed by hospital management at a meeting with local INMO representatives early last month.

This is a direct result of INMO representation to management about midwives' concerns regarding the safety of mothers and babies due to unsafe staffing levels at the hospital.

In addition, management

advised that recruitment for a further eight temporary midwife posts is proposed to backfill for maternity leave, etc.

The INMO has counter-proposed that the temporary posts be converted to permanent posts to address in the medium term the long waiting list at the hospital for reduced working hours for parental leave, etc.

Management has committed to examine the Organisation's proposal and to revert on the issue at the next meeting, which is scheduled for May 14.

– Mary Fogarty, INMO IRO, Mid Western Region

## Five-point plan proposed for UL hospitals

A PROCESS chaired by Janet Hughes, former Rights Commissioner, has commenced to oversee the implementation of Labour Relations Commission proposals on staffing to address the overcrowding at the University Hospital Limerick (UHL) and within the UL Hospitals Group.

The HSE confirmed the recruitment of 19 staff nurses since February 2 and a further 37 nurses are in process of appointment to the group. In addition, all fourth-year rostered students have been notified of available permanent posts in the group or of the opportunity to avail of one and two-year fixed-term contract options.

Ms Hughes has proposed a five point plan to assist the process as follows:

- A staffing forum for the opening of a new emergency department at UHL in the latter part of 2016 with two union nominees to participate in a sub-group
- An independent facilitator to oversee the current requirements and rostering arrangements in the ED
- Medical reconfiguration updates
- A new nursing bank
- Professional development opportunities for nurses in conjunction with the University of Limerick.

– Mary Fogarty, INMO IRO

## Regional update

- Tallaght Hospital is planning to open a new emergency department in the near future. The INMO is seeking additional nursing posts due to the new geographical layout of the department. Continued overcrowding remains a problem in all areas of the hospital. Management is recruiting, but staff shortages remain chronic and the biggest concern for INMO members working in this hospital.
- The recruitment process at Naas General Hospital is slow and, while conversion posts are being implemented, no new nursing staff from outside the hospital have commenced work as yet. The INMO is monitoring the situation closely to ensure the agreement reached at the LRC is honoured in a timely manner.
- The ink was barely dry on the agreement reached on Midland Regional Hospital, Mullingar in late February when the INMO learned that the HSE now does not have the money to fund the posts that it agreed to and is aware are necessary. An urgent hearing at the Labour Relations Commission was due to be held as we went to press. The INMO claim is that the agreement signed must be honoured. Members will commence a work to rule if the agreement is not implemented in full.
- A claim has been lodged to recruit staff for 10 nursing posts for RNID services at Peamount Healthcare, Dublin. This claim is simply to replace posts lost during the recruitment moratorium.

– Derek Reilly, INMO IRO  
Kildare, West Wicklow,  
Mullingar Region

## St James's vote for action

## Safety concerns in CCU and coronary cath lab

INMO members in the coronary care unit and the cardiac catheterisation lab at St James's Hospital, Dublin have voted overwhelmingly for industrial action, due to unsafe staffing levels and concerns about safe patient care.

The cardiac cath lab has been unable to recruit and retain enough staff to allow one cath lab nurse to be on call seven nights of the week. In the absence of a cath lab nurse on call, hospital management instructs two CCU nurses to leave their unit and attend to emergencies in the cath lab, in an out-of-hours setting.

This causes huge pressure on the remaining CCU staff, and there are grave concerns of an adverse incident occurring in either unit due to this practice.

This situation is compounded by an on-call arrangement in the cath lab whereby hospital management refuse to apply TOIL (time off in lieu) to cath lab staff who are on call and called in during weekend periods.

Joe Hoolan, INMO IRO, said "This is a very serious issue in

St James's Hospital, and our members have shown great solidarity in their efforts to bring their concerns to local management's attention. Unfortunately, to date, their concerns have not been listened to and the untenable on-call practice in the cath lab and the redeployment of CCU staff to the cath lab, regardless of the acuity in CCU, continues.

"LRC intervention is pending on this matter, however INMO members will not allow this situation to continue indefinitely."

**New on call contract in CCU**

Meanwhile, despite the concerns regarding patient care in CCU, management in St James's unilaterally introduced a new on-call contract for new staff members joining CCU. There was no consultation or negotiation with the INMO on this issue, as provided for under HRA and PSA.

"This contract, if implemented, brings an on-call system into a department that has never had such an arrangement in place before. This has



Joe Hoolan, INMO IRO:  
"The untenable on-call practice in the cath lab at St James's Hospital continues"

serious implications for our members on this unit and for any new staff member who may be contemplating working in CCU," said Mr Hoolan.

Nationally, there is no agreement to introduce an on-call system into CCUs and the INMO has lodged its objections to this matter. The Organisation was due to attend the LRC at the time of going to press, and has also referred this issue to the National Oversight Committee of Haddington Road. This committee has recommended a meeting at national level on the matter, for which a date is awaited.

## Injury at work claim settled

THE INMO recently represented a member working in ID services who was injured in work and had exhausted her sick leave entitlement. The employer argued that she did not have an occupational injury as they had no record of an incident form.

However, the member received occupational injury benefit from the Department of Social Welfare, and this can only be granted if the employer agrees the injury was incurred at work.

When the member returned

to work, no risk assessment was completed, and she aggravated her injury. The INMO requested that an injury at work grant be applied to her, however the employer resisted and the matter was referred to a rights commissioner.

At a further meeting, the injury at work issue was conceded and the member received nine months back pay, an agreement to allow her retire on the grounds of ill health and a compensation payment of €22,500.

– Joe Hoolan, INMO IRO

## North Tipperary retirement seminar

At a recent meeting of the INMO North Tipperary Branch held in Roscrea, members requested a regional retirement seminar, which is now being organised for early autumn.

Further details of this seminar will be given at the next meeting of the Branch which will be held at the Mid-Western Regional Hospital, Nenagh on September 9 at 7pm.

– Mary Fogarty, INMO IRO

## Regional update

- A final draft of the emergency department staffing review at Kerry General Hospital, involving management and INMO members, is almost complete. Both parties have agreed on the staffing complement and the enhanced level of staff required following an extensive review of the numbers and systems within the ED. A final report will be issued shortly.
- Agreement has been reached between the INMO and management at South Infirmary-Victoria University Hospital with regard to the rosters within the orthopaedic ward. This will result in additional hours being available to theatre. The new roster will be reviewed after a three-month trial period.
- The INMO recently met with management of Mercy University Hospital in order to initiate regular engagement on issues of concern to members. At this meeting the INMO outlined issues of immediate concern that could be addressed without significant costs arising to the hospital. These centred around staff changing facilities, the provision of a rest area/sitting room for nursing staff and parking charges. Management has committed to review these matters and a further meeting is awaited.
- A successful pension seminar was held at the School of Nursing in Kerry General Hospital recently. This was attended by 52 INMO members who heard a presentation from Denis Brophy and David Rowles of Cornmarket. Such was the level of interest that the seminar was over-subscribed. A further seminar will be held at St Columbanus Nursing Home, Killarney on May 28 at 9.30am. Book now at INMO Cork Office, Tel: 021 4703000.

– Michael Dineen, INMO IRO, Southern Region

## HR circular sees reversal of 2011 pay scale for many

THE INMO has given a warm welcome to HSE HR circular 005/2015 that guarantees nurses and midwives on the 2011 new-entrant payscale with previous EU public sector service a complete reversal of salary scale in favour of the 2010 pay scale, with full retrospection to the date they started in employment.

The issuing of this circular is a direct result of the successful challenge by two student midwives in Cork, based on the EU Freedom of Movement of Workers Directive.

The INMO has drawn up a template to assist in reaching out to each eligible member, so that they can all benefit from this important victory.

Over the next three months, the INMO will seek to identify all beneficiaries and ensure payment and retrospection is fast tracked.

Patsy Doyle, INMO IRO, said, "This is an important landmark victory for INMO members. It was driven from the floor, where members informed the complaint to Europe. We were so proud of everyone's work when we received HR05/2015 and it is important that we take the time to celebrate this member-driven initiative, which restores hope and confidence in the workplace.

"It was never fair that nurses and midwives who merely worked in EU were



expelled from a fair salary. A sincere thanks to everyone involved. I hope that all beneficiaries will now step forward with pride for this financial compensation."

## Letterkenny bids farewell to stalwart

THE Letterkenny Branch recently bid a fond farewell to a loyal stalwart member after many years of dedicated service to the INMO at a gathering in the Day Services Unit in Letterkenny General Hospital.

Mary Caldwell was held in the highest esteem by her work colleagues as was evident by the number of people present from all disciplines. Mary worked in LGH permanently since 1990 in areas including Surgical Two, Theatres, the Discharge Lounge and Day Services.

Mary received the Gonnait O'Connell award in 2013 following nomination by her colleagues in recognition of the dedicated voluntary service given to the INMO down through the years. Mary had been an extremely active INMO representative championing the rights and entitlements of nurses and



**Dedicated service honoured:**

Mary Caldwell (right) received the Gonnait O'Connell award in 2013 in recognition of her years of dedicated service to the INMO. She is pictured above being presented with the award by INMO president Claire Mahon at the ADC 2013

midwives in LGH. Some years ago, Mary single-handedly prevented management from opening the extension in Surgical Two until they increased the nursing levels that were required to staff the new extension safely.

LGH director of nursing, Dr Anne Flood, said: "Mary was firm in pursuing the rights of the nurses and midwives in

the hospital and was always professional in her industrial relations dealings".

Maura Hickey, INMO industrial relations officer, said: "Mary has been a stalwart loyal activist who was always there for members, but a new chapter begins and the INMO wishes Mary long life, good health and happiness in her retirement".

# ODN conference warmly received

'CONTINUING to Care' was the decidedly appropriate theme of the Operating Department Nurses Section's annual conference held in the Limerick Strand Hotel in late March.

Perioperative nurses in Ireland continue to experience growing pressure to do ever more with increasingly shrinking resources. Despite this, many perioperative nurses made their way to Limerick to reinforce their knowledge and network with colleagues from nursing and industry. Without the continued support of our industry colleagues the costs to attend would be considerably more.

The conference featured national and international speakers, including nurses and consultants from surgical specialties. This year a session was devoted to hearing from members who are involved in research in their practice.

On the first day, we welcomed Michael Comyn to deliver a session on 'The Resilient Individual'. Michael is a broadcaster, trainer and lecturer with many years experience of informing, entertaining and energising individuals and groups. Judging

## Calling clinical placement co-ordinators

A CALL has been put out to CPCs to come together to re-activate their section. Given the new standards and requirements alongside the ever-changing clinical environment, it is felt that a reactivation of this section is timely. The CPC Section is open to INMO members covering all disciplines – general, midwifery, ID and psychiatry. The inaugural meeting will take place in INMO HQ on Tuesday, June 16 at 11am. We hope that you can attend.

by the number of people heard quoting him following this session, and from evaluation forms, many nurses will develop as more resilient individuals as a result of this session.

The day finished with a section meeting, which always provides an opportunity to inform and receive feedback from perioperative nurses around the country.

Saturday commenced with a welcome address from INMO president, Claire Mahon, who brought delegates up to date with the work of the INMO. Our first presenter, Dr Jennie Wilson, a reader of healthcare epidemiology from the University of West London, gave an extremely informative lecture. The queue of people lined up to discuss her topic, preventing surgical site infection, was a testament to her knowledge, and the level of enthusiasm of the attendees on this pertinent issue.

Mr Jurgen Muslow, from the Mater Hospital and Dr Noreen Gleeson from St James's University Hospital presented next. Mr Muslow spoke on HIPEC (hyperthermic intraperitoneal chemotherapy), a sub specialty confined to the Mater Hospital. Dr Gleeson gave a fascinating presentation regarding ovarian cancer, including the fact that ovarian cancer cannot be screened for as it is a tumour originating from the fallopian tubes.

Prior to lunch and an opportunity to visit the exhibition stands again, Caroline Higgins, president of EORNA (European Operating Room Nurses Association) addressed delegates, and gave them a flavour of the organisation. She spoke of the considerable work carried out on our behalf by the Irish nurses on the EORNA board, Liz Waters and Sandra Morton, who are scientific chair and chairperson of Perioperative Nursing Care Group respectively. Liz is central



Pictured at the recent INMO Operating Department Nurses Section conference in Limerick were: Top (l-r): Teresa Herity, committee member; Mary Spinks, CBE, speaker; Liz Waters, committee member; Michael Comyn, speaker; Monica Griffin, committee member; and Sandra Morton, committee member  
Below (l-r) were: Theatre nurses from the Mater University Hospital

to organising EORNAC 2015, which is being held in Rome this month. Sandra has been working equally hard, leading her committee on projects such as standards and position statements.

The afternoon session commenced with four Irish nurses giving short presentations on their work: Teresa Donnelly, from Sligo General Hospital, on surgical counts; Margaret Given, from Sligo General Hospital, on anti embolic stockings; Doreen Philips Atkinson, from Wexford General Hospital, on surgical smoke; and Rebekah Meinders, from St James's Hospital, Dublin, on stress in perioperative nursing.

The final speaker was Mary Spinks, CBE, who gave the Joan Gallagher Memorial Lecture. Mary is originally from Cork, and has had a stellar nursing

career in the UK. She regaled us all with various anecdotes from her career, from the serious to the comical. A true inspiration!

The conference closed with the presentation of the awards for the poster competition. This competition was again sponsored by Teckno Surgical to whom we give our thanks. There were 14 entries and all judges commented on the difficult job in choosing the winners, as they were all of an exceptionally high standard. First place went to Ruth Oyewande from Kerry General Hospital, second to Rebekah Meinders from St James's Hospital and third to Karen Kennedy from The Mater Hospital. We congratulate them and indeed all entrants for their hard work.

**Audrey Al-Kaisy, ODN Section, national chairperson**

# Spotlight on International Nurses Section

Going strong for 13 years, the INMO's International Nurses Section continues to take part in monitoring effective ways for international nurses to integrate not only within the Irish healthcare system, but also into society in general, while at the same time strengthening their respective communities and affiliations with line agencies.

There are an estimated 8,000 international nurses working in Ireland. The Section, one of the most vibrant within the INMO, continues to provide assistance to nurses who need referrals and close co-ordination with INMO IROs regarding workplace issues, fitness to practise, staff shortages, redeployment, employment entitlements, bullying and even racism. We advocate the protection of migrant rights, promotion of their welfare, dignity at work, professional development and collaboration in advocating shared governance and empowerment of international nurses.

## Section Officers

Chairperson



*Ibukun Oyedele*  
dare4succex@yahoo.com

Secretary



*Grace Oduwole*  
grace.oduwole@hse.ie

Vice chairperson



*Diana Malata*  
dmalata@gmail.com

Education officer



*Cres Abragan*  
cres415@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:**

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

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

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

# International celebrations of the professions of nursing and midwifery

## Midwives for a Better Tomorrow - International Day of the Midwife May 5, 2015

THE International Confederation of Midwives (ICM) in celebrating the International Day of the Midwife on May 5 has launched the annual campaign to highlight the important contribution that midwives make globally.

The Midwives Section of the INMO is a member of ICM and works closely in collaboration and partnership with the Confederation to promote, support and drive the strategic direction of midwifery practice and celebrate the value of midwives.

The International Day of the Midwife (IDM) is an occasion for every individual midwife to reflect on the difference midwifery makes globally and establishing new contacts within and outside midwifery. In the years leading up to 2015, the ICM is using the overarching theme 'The World Needs Midwives Today More Than Ever' as part of an on-going campaign to highlight the need for midwives. This reflects the World Health Organisation's (WHO) call for midwives and the need to accelerate progress towards United Nations (UN) Millennium Declaration Goals (MDGs).

The MDGs take a holistic approach to reducing poverty – the Goals cover not only income poverty reduction but also education, gender equality, health and environmental sustainability and the need for a 'global partnership for development' that will facilitate the delivery of these aims.

The MDGs consist of eight goals but two are a particular focus for midwives:

- Goal 4: Reduce child mortality
- Goal 5: Improve maternal health.

Over the lifespan of the MDGs agenda, unprecedented efforts have been undertaken to meet the needs of the world's poorest. The UN is also working with



governments, civil society and other partners to build on the momentum generated by the MDGs and continue with an ambitious post-2015 development agenda. The UN is in the process of defining a post-2015 development agenda which will be launched at a Summit in September 2015. It is currently being developed through informal consultations of the UN General Assembly.

According to the ICM, "This year the International Day of the Midwife is more important than ever before: as the MDGs come to an end in September, this is the last chance to shine a spotlight on midwifery before the world enters into a new era". Therefore, the ICM calls on all midwives globally to come together this year on IDM to promote and showcase the importance of having midwives involved in the development of the new era.

The theme "Midwives: for a better tomorrow" captures the importance of involving midwives to achieve a new set of goals called the sustainable development goals for the best possible outcome for mothers, babies, families and the wider population. The overarching theme "The World Needs Midwives Now More Than Ever" will

accompany the sub theme of the year 2015.

### Resources

ICM has developed a new resource pack to support all midwives in planning their own IDM event. It is available on the ICM website with use and distribution encouraged. The materials include ideas, tools and information to promote midwifery with a set of messages and images for use, plus suggestions of how you can leverage the media and highlight local activities. In addition, there are guidelines and suggestions for use of social media such as Facebook, Twitter, Pinterest and blogging. Please access this excellent resource at:

[www.internationalmidwives.org/events/idotm/international-day-of-the-midwife-2015](http://www.internationalmidwives.org/events/idotm/international-day-of-the-midwife-2015)

On behalf of all the Executive Council and staff of the INMO we want to wish all our midwife colleagues nationally and internationally every success celebrating the International Day of the Midwife on May 5, 2015.



### Nurses: A Force for Change – Care Effective, Cost Effective – International Nurses Day – 12 May 2015

Nurses worldwide will celebrate International Nurses Day on May 12 (the anniversary of Florence Nightingale's birth), which has the theme: 'Nurses: A Force for Change – Care Effective, Cost Effective'.



According to Judith Shamian, president and David Benton, chief executive officer, the theme reflects International Council of Nurses (ICN) commitment for action to strengthen and improve health systems around the world. It leverages the contribution that nurses can make and acknowledges that nurses are closest to those requiring health services and therefore have a significant influence on reducing health costs and increasing quality of care.

The theme also "resonates with commitment for action to change health systems around the world to achieve better health outcomes for all. In order to do this, nurses need an understanding of the landscape of healthcare delivery including financing, cost effectiveness and resource management, cost of healthcare and access to care".

#### Resources

The ICN, of which the INMO has been a member since 1925, commemorates this important day every year with the circulation of the International Nurses' Day (IND) Kit. This year's IND Kit provides valuable information on health system financing and the importance of providing effective quality of care for patients given current budget restrictions and rising costs. It is designed to be used by nurses around the globe throughout the year. It includes a poster image that can be downloaded for use by individual nurses, associations, health ministries and health institutions.

The ICN states the "IND Kit is intended to provide tools and information to assist and encourage nurses and national nurses associations to become engaged in and knowledgeable about health system financing as an important means to achieving quality of care and patient safety in a cost effective way".

There is a comprehensive publication included as part of the Kit that provides an overview of health financing, including efficient use of resources, and highlights

efficient service delivery, effective management, effective health workforce and the value of nursing.

There are a number of examples that demonstrate nurse creativity and professional perspective to the transformation agenda. Chapter 5 focuses on the 'Way Forward' and provides action-ideas for nurses and national nursing associations including:

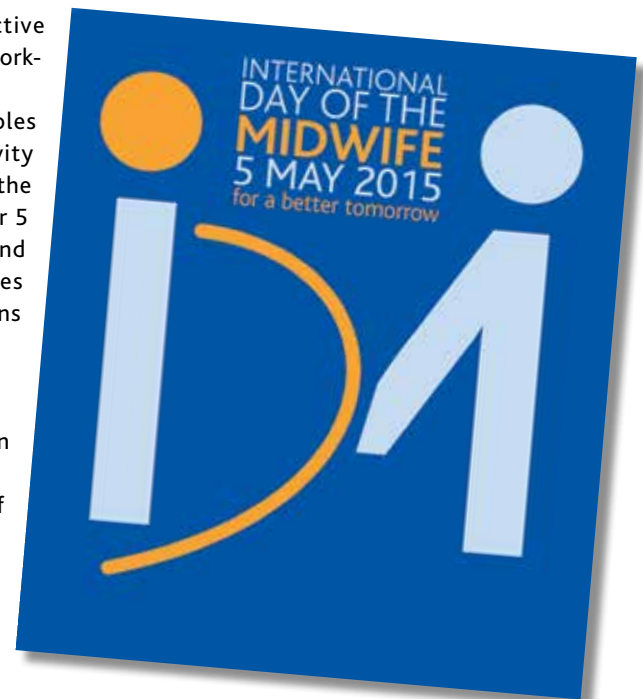
#### ICN – An Agenda for Action

- Action 1: Map out the vision
- Action 2: Conduct situation analysis
- Action 3: Use the language of economists
- Action 4: Be aware of current and emerging government priorities
- Action 5: Position National Nursing Associations as an expert resource
- Action 6: Lobby government and policy-making bodies
- Action 7: Be alert to health and public issues, both locally and nationally
- Action 8: Form strategic alliances with other organisations
- Action 9: Develop unified positions with other nursing organisations
- Action 10: Educate members on policy issues
- Action 11: Prepare younger nurses for leadership roles in influencing health policy.

In addition, a number of relevant ICN position statements are incorporated into the Kit including:

- Promoting the value and cost-effectiveness of nursing
- Participation of nurses in health service decision making and policy development
- Management of nursing and healthcare services
- Publicly funded accessible health services.

The ICN encourages nurses everywhere to make extended use of the 'Nurses: A Force for Change: Care Effective, Cost Effective' Kit throughout the year, through individual action and group activities.



The Kit can be downloaded from: [www.icn.ch/publications/2015-nurses-a-force-for-change-care-effective-cost-effective](http://www.icn.ch/publications/2015-nurses-a-force-for-change-care-effective-cost-effective).

On behalf of all the Executive Council and staff of the INMO we want to wish all our nurse colleagues nationally and internationally every success celebrating the International Nurses Day on May 12, 2015.

*Elizabeth Adams is INMO director of professional development*





## Bulletin Board

With INMO director of industrial relations Phil Ní Sheaghda



### Query from member

I am a registered PHN who did my training pre-2000 but was not sponsored. I am aware that at this stage, I will not get any reimbursement of the fees that I paid. However, could this year be reflected in my superannuation entitlement as, if nothing else, at least this would be an acknowledgement of my training. Can you please advise if this is possible?

### Reply

The facility for non-sponsored PHNs to buy back the training year was raised as a motion at last year's conference. The INMO lodged this matter as a claim to the National Joint Council in 2014 and have followed it up in 2015. The Health Service Employers Agency has sought additional information in respect of the claim. The INMO has submitted this additional information and what we have sought is that the facility that is currently available to nurses who trained as public health nurses prior

to the year 2000, and were sponsored by the HSE doing this training, should also be made available to those who were not sponsored. The rules in respect of those who were sponsored are set out in respect of the purchase of service as follows:

- If the employee is a D PRSI class, they pay 5% of the historic salary of the grade at the time, when the service was given, ie. historic pay of 80% of the first-year PHN rate
- If the employee is an A PRSI class currently, they pay 1.5% of salary plus 3.5% of co-ordinated salary based on the salary that the individual was on within three months of them becoming pensionable.

In addition, there would be an obligation to pay into the spouses and children's scheme and the rules in respect of it depend on whether this is paid at retirement or when the year is bought. If paid on retirement, it is 1% of pensionable pay, if it is paid at the time that the year is purchased, it's 1.5% of pensionable pay. The INMO awaits the response of the employer and members will be notified when this has been received. Thank you for your query.

# 11th Annual Telephone Triage Nurses Section Conference

Wednesday September 30, 2015  
Castletroy Park Hotel, Limerick

Based on previous conference feedback, and requests received from telephone triage nurse members, the following topics will be covered at this, the 11th National Telephone Triage Section Conference:

- Communication skills – dealing with difficult patients and relatives over the phone
- UTI /renal pain
- Back pain and sports injuries
- The first-line management of asthma and respiratory conditions
- Fever in children – rashes
- CPR update

Log on to [www.inmoprofessional.ie](http://www.inmoprofessional.ie) for more information or contact [jean@inmo.ie](mailto:jean@inmo.ie)



€65 INMO members  
€100 non-members

This conference is open to all nurses and midwives working in the primary care setting.

# Introducing Executive Council members



**Theresa Dixon**  
CNM2, ICU  
Naas General Hospital

I work as a CNM2 in the ICU at Naas General Hospital and am chairperson of the Kildare Branch. I am serving my second term on the Executive Council. Having worked for the past 35 years in the acute hospital setting, I can honestly say that these are the most

challenging times we have faced as we strive to regain strength in numbers and cope with the ever-increasing demands being placed on us daily.

My current priorities include:

- The improvement of pay and conditions for nurses and midwives with restoration of all pay cuts and the reduction in the working week to 37 hours
- The provision of safe staffing levels reflective of the needs of the patient population taking account of skill mix, patient acuity, complexity and dependency, all of which must be assessed by nurses/midwives responsible for the delivery of patient care
- Fostering a culture of risk assessment using tools for safe practice whereby nurses/midwives have the

authority and willingness to report issues of concern such as inadequate staffing or poor skill mix

- Advocating for changes to pay and conditions for graduates and pre-registration as a prerequisite to a successful retention strategy
- I am passionate about the role of the nurse/midwife as a clinician and patient advocate who has ultimate responsibility for assessment and delivery of care
- It is essential that nurses/midwives have access to ongoing education. The provision of study leave is necessary to enable us to fulfil our regulatory obligations and to deliver optimum safe care to our patients

Email: [t.dixon001@yahoo.ie](mailto:t.dixon001@yahoo.ie)



**Karen Eccles**  
Perioperative nurse  
Cavan General Hospital

I work in Cavan General Hospital as a perioperative nurse. I have attended Joint Reviews, Labour Relations Commission and Labour Court sittings as an INMO rep. I am the current vice chairperson of the Cavan Branch and am delighted to have been elected to Executive Council to represent my nursing and midwifery colleagues in addition to

offering a special interest and representation for perioperative nurses.

My current issues are:

- We have complied with all the demands put upon us under the Haddington Road Agreement and must now seek full restoration of all losses at the earliest opportunity and stand united together to take this forward
- Inappropriate redeployment of nurses and midwives with failure to acknowledge that not all nursing skills are fully transferable, as already acknowledged by the NMBI, is a continuing concern
- The establishment of mandatory staffing levels as early as possible and formal structures to establish and ensure appropriate skill mix in all care settings is something I fully support

- I support engagement with NMBI seeking acknowledgement from them, that they recognise that in order for nurses and midwives to practice safely and protect all individuals utilising health services, the environment and sufficient, experienced staff must be in place

Education and future requirements for professional registration will impact on all nurses and midwives. I look forward to seeing these new developments being fully acknowledged, supported and shared by the relevant employers with expanding roles not only been accepted professionally, but with financial remuneration, and the facilitation of established periods of study leave for same.

Email: [karen\\_eccles@hotmail.com](mailto:karen_eccles@hotmail.com)



**Margaret Frahill**  
CNM3 Theatre Department  
Mercy University Hospital, Cork

I have been actively involved in the INMO since 1986, holding branch positions of chairperson, treasurer and secretary at various times throughout my career. This is my first

term on the Executive Council and so far it has been a great insight and experience. As a manager of a busy theatre department I am acutely aware of the huge challenges faced by nurses and midwives daily.

Following the recent success of the campaign on the NMBI restoration of €100 fee, I now believe that if we work collectively, with the same strength and unity, we will achieve what we as professionals justly deserve: the restoration of pay to pre 2009 rates; removal of the pension levy; and a 37-hour week. These can be achieved if we remain united and determined.

Working with the taskforce we will aim to achieve safe and agreed staffing levels in all clinical areas. It is important that we use the recent positivity to retain our nurses and midwives and ensure our graduates remain in this country to protect the future of the Irish nursing and midwifery professions.

I am vigorously campaigning for all new work colleagues and new graduates to become members of the INMO as it is the unity and strength of our membership that will help us all achieve the same goal as has been proven this year!

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

# Quality & Safety

A column by  
Maureen Flynn



## Turning clinical data into quality information

THIS month we are looking at the National Office of Clinical Audit (NOCA), which was established in 2012. Nurses and midwives play a key role with NOCA in the process of turning clinical data into quality information described through the audit process.

### Clinical audit

Clinical audit is described as a 'clinically led, quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and to act to improve care when standards are not met' (Commission on Patient Safety and Quality Assurance, 2008). The National Standards for Safer Better Healthcare (HIQA, 2012) recommends that where national audits exist, hospitals should have an agreed audit plan for participation.

### NOCA

NOCA was set up from a collaboration between the HSE Quality Improvement Division and the Royal College of Surgeons in Ireland. It has an independent voluntary governance board that oversees the design, establishment and implementation of sustainable clinical audit in agreed specialties.

- Major Trauma Audit (MTA)
- National Intensive Care Unit Audit
- National Audit of Hospital Mortality (NAHM)
- Irish Hip Fracture Database (IHFD)
- Irish National Orthopaedic Register (INOR).

NOCA engages with multidisciplinary stakeholders from both public and independent hospitals to encourage participation and engagement with its clinical audit processes. Recommendations arising from the audits are returned to hospitals via structured governance systems, and any required changes are applied to the care of patients.

### Foundations in governance

Clinical audit in isolation without the rigour of governance and action on output

## NOCA National Office of Clinical Audit

is ineffective. For this reason the NOCA team works with clinical directors, directors of nursing and midwifery, and hospital quality and safety committees, to ensure its audit outputs are interpreted and used to direct quality improvement.

Providing feedback of audit output to individual clinicians or specialties alone could miss the opportunity for learning and quality improvement. Therefore NOCA aims to work to ensure output and findings are shared and actionable at individual, hospital and system-wide levels to the benefit of patients.

### Achievements

Over the past 18 months, NOCA has successfully implemented Major Trauma Audit (MTA) in 26 hospitals and the Irish Hip Fracture Database (IHFD) in 16 hospitals, both of which are now well established with collection and monitoring of data from trauma-receiving hospitals nationwide.

### Work in progress

In parallel, NOCA has continued work to develop an Irish National Orthopaedic Register (INOR) and National ICU Audit. After detailed configuration and interfacing ICT systems, an ICU audit has commenced in the Mater Misericordiae University Hospital. The continued support and patience of the ICU team in technical configuration is integral to NOCA's ability to build a sustainable ICU audit tool fit for national deployment. University Hospital Limerick (UHL) is now also participating in ICU audit. NOCA is continuing to work to bring all ICUs into this important national audit over time.

The bespoke design of the INOR and its longer-term management has required significant support from nurses. Original concepts of design could only be truly verified with their input at pre, peri and

post-operative stages of the arthroplasty patient's journey. Staff at the South Infirmary Victoria University Hospital, the national development site for INOR, continue to contribute to the refinement and user testing of this web application. NOCA is now confident that challenges have been turned into solutions and looks forward to the full implementation of this important arthroplasty register that will be deployed to elective hospitals in both the independent and public sectors.

### Pivotal role

Nurses and midwives are playing a central role with NOCA audits in data collection, interpretation of quality information and in leading quality improvements. For example:

- For the IHFD, nurses and midwives are the drivers to ensuring timely clinical information is captured working in collaboration with geriatricians, orthopaedic surgeons, and health and social care professionals
- For MTA, nurses and midwives play an integral role in the success of and its ability to garner information from multiple specialties. While there are excellent non-clinical data co-ordinators for MTA, predominately these roles attract nurses with an interest in quality improvement initiatives.

### Get involved

At your next team, ward or unit meeting/journal club you might schedule a discussion on NOCA audits – look out for information on the national clinical audits your service is participating in and for reports from the audit. Think about quality improvements that you might start. You can read more about NOCA at [www.noca.ie](http://www.noca.ie)

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

### Acknowledgement

*Special thanks to the NOCA Executive team and in particular Fiona Cahill, NOCA manager, and Marina Cronin, NOCA hospitals relations manager, for their enthusiasm and assistance in preparing this column. I also wish to acknowledge the whole NOCA team. Full contact details can be found at [www.noca.ie](http://www.noca.ie)*



## Prof Maura Sheehan and Dr TJ McCabe present the findings of the INMO workplace bullying survey over the past four years (2010-2014)

IN JULY 2014 the INMO in partnership with NUI Galway undertook a large-scale survey of nurses and midwives in Ireland on the issue of workplace bullying. This survey provides an updated analysis of a survey of nurses conducted by the University of Limerick (UL) in conjunction with the INMO in 2010.

Both surveys had high and representative response rates from INMO members with 2,929 responding to the UL survey and 2,442 to the NUIG survey. Of the latter 88% were nurses and 11.7% were midwives.

### Likelihood and intensity of bullying

Over the past three years, the surveys show that there has been a significant shift from a majority of respondents *not* experiencing bullying (38.5% experienced bullying in the UL survey), to a majority of respondents (51.9%) experiencing bullying in the most recent survey. Thus, over the past four years, there has been a 13.4% increase in perceived inci-

dences of bullying (the 'likelihood' of bullying). Not only has the likelihood of experiencing bullying increased overall, the intensity/frequency of bullying has shown a significant increase. In 2010, 1.7% respondents indicated that they were bullied on an almost daily basis; in 2014, respondents who reported that they were bullied on an almost daily basis were 5.6%. This is an increase of 3.9%. Thus, almost 6% of nurses and midwives in Ireland reported that they are bullied on an almost daily basis.

### Profiles of those experiencing bullying

There are no significant demographic patterns associated with reported bullying patterns, including:

- No significant gender differences; 51.3% of males (4.7% of sample) reported some degree of workplace bullying in the past six months; for women this was 52% (95.3% of sample)
- No marked geographical patterns – no urban/rural divide

- Older nurses and midwives (aged 56-65 and over 65) were more likely to have reported being bullied than their younger counterparts

- No significant difference between nurses and midwives in reported bullying (51.7% nurses and 53.1% midwives)

- Respondents working in private health-care organisations were slightly more likely to have reported being bullied (55%) compared to counterparts in the public voluntary sector (52.8%) and public hospitals (51.5%).

The vast majority (97.1%) of respondents stated that they have a written contract of employment with just 2.9% answering no to this question, with 98.5% of the latter working in the private sector. Thus, not all employees have written contracts, this is much more likely to be in the private sector and these employees are slightly more likely to have reported being perceived to be bullied.

Of respondents, 93.1% were categorised

## Comparison of bullying likelihood and intensity 2010-2014

Frequency	2010 survey	2014 survey	% change
Never	61.5%	48.1%	-13.4% (decrease in 'NO' bullying)
Yes, rarely	18.7%	16.9%	-1.8% (decrease in 'RARE' bullying)
Now and then	10.7%	21%	+10.3% (increase in at least 'OCCASIONAL' bullying)
Yes, several times	5.8%	-	n/a
Weekly	1.6%	-	n/a
Yes, several times per week	-	8.4%	n/a
Yes, almost daily	1.7%	5.6%	+3.9% (increase in 'INTENSIVE' bullying)

as being members of the INMO, with just 6.9% (169 respondents) not being members. Overall, the level of bullying is higher for non-members at 55.6%, while it is still high at 51.6% overall.

Over half of respondents in both categories report having experienced some degree of workplace bullying in the past six months: 17 (10.1%) non-members reported to have experienced the highest frequency of bullying ('almost daily'), while 119 (5.2%) of members reported the highest degree.

Thus, the percentage of non-union members who experience almost daily bullying is almost double that of members.

#### Cutbacks to resources and staffing

Respondents consistently reported that cutbacks in the HSE generally (overcrowding of wards etc.) and associated staffing cutbacks in the past several years had exacerbated stress levels among staff and they indicated this has contributed to bullying.

Government cutbacks are likely to be an important explanation for the significant rise in reported bullying between 2010 and 2014.

#### Policies and procedures

The vast majority of organisations had an anti-bullying policy in place. However, not having a policy in place and not making employees aware of a policy are both associated with a greater likelihood and intensity of bullying. In other words, organisations must be sure to have proactive and sustained policy awareness measures in place.

While the vast majority of organisations have an anti-bullying policy in place, given the high rate of reported bullying, it is clear that the mere presence of a policy is insufficient to prevent bullying. Cultural change – a zero tolerance for any bullying, by any member of staff, no matter how senior or junior – is required.

#### Formal reporting of bullying

Only 11% of respondents who perceived to have been bullied, formally reported it.

A culture of fear exists in relation to formally reporting bullying.

Once bullying is formally reported, respondents indicated that the use of a trained mediator to resolve the conflict yielded the best results (163 respondents indicated that a trained mediator was used; 84% of these respondents were 'satisfied' or 'very satisfied' with the outcome).

#### Consequences of workplace bullying

A number of negative consequences of bullying in the workplace are evident from these results. Workplace bullying was found to have negative consequences both personally and professionally. In relation to more personal consequences, the majority of respondents, reported 'having more time off work through sickness than usual' (26.1%), 'thinking or talking about leaving the job' (21.7%), 'decreased job satisfaction' (23.2%) and 'increased levels of stress' (26%) were a 'definite consequence' of workplace bullying.

In relation to more professional consequences, the majority of respondents reported 'reduced performance at work' (16.3%) 'reduced commitment to your employer' (15.1%) and 'increased actively searching for work with another employer in Ireland' (14.4%), were a 'definite consequence' of workplace bullying. Despite experiencing bullying, the vast majority of respondents indicated this did *not* 'reduce the quality of care provided to patients' (84.8%) or 'reduce commitment to patients' (79.5%).

Thus, the most significant consequences of bullying were personal, not professional – nurses and midwives are much more likely to internalise rather than externalising (potentially impacting on patient care) the effects of bullying.

#### Respondents' policy recommendations

Of the six policy interventions identified in the survey, the majority (81.5%) of respondents indicated that formal and mandatory training (at least once a year) on workplace bullying for all staff would

be 'very helpful', with a further 12.4% considering it would be 'helpful'. Therefore, overall, such training was viewed to be the most helpful or effective policy or intervention.

Following training, increased support from line managers when perceived incidences of bullying is reported was deemed 'very helpful' by a majority (77%) of respondents, with a further 16.7% deeming it 'helpful'. Meanwhile, 45.5% of respondents answered that increased support from HR when perceived incidences of bullying is reported would be 'very helpful', with a further 38.2% saying that this would be 'helpful'.

Some 29% of respondents answered that increasing the awareness of how to report perceived incidences of bullying would be 'very helpful' and 53.8% answered that this would be 'helpful'. Finally, 12.9% of respondents answered that increasing awareness of anti-bullying policies would be 'very helpful', and 57.3% asserted that this would be 'helpful'.

Overall, 64.4% of respondents reported that all policies and interventions would be 'very helpful' and 26.8% that they would be 'helpful'. Respondents who reported being bullied, emphasised the importance of employers increasing 'awareness of anti-bullying policies', in particular.

It is critical that CM2s/ward managers are trained on how to handle bullying once it is reported to them informally by someone experiencing bullying or by a bystander. It is also critical that bystanders are trained on how to respond if they observe bullying in their workplaces.

*Prof Maura Sheehan, NUI, Galway has published widely on issues of workplace injustice and discrimination. She has previously conducted research for the Standing Advisory Commission on Human Rights in Northern Ireland. She is a member of the recently-announced task force at NUI, Galway, which has a wide ranging remit aimed at helping NUI, Galway to achieve gender equality*

*Dr TJ McCabe is a lecturer in human resource management at the National College of Ireland. He lectures and publishes in the areas of strategic human resource management and human resource development*

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

The third edition of the *Education and Continuing Professional Development Directory for Nurses and Midwives – Maintaining Your Competency; Maintaining Your Registration* will be launched at the Annual Delegate Conference.

Part 11 of The Nurses and Midwives Act, 2011, places responsibilities on registrants, the Nursing and Midwifery Board of Ireland (NMBI) and employers in relation to the maintenance of professional competence. It is expected that continuing professional development (CPD) will form part of the professional competence schemes that the NMBI are required to develop. The NMBI has not yet announced the schemes, therefore, we cannot pre-empt the requirements of the Board to maintain competence or what constitutes CPD.

The Directory includes more than 70 education programmes with Category 1 approval from the NMBI and dedicated continuing education units (CEUs). In addition, the Directory provides information about the many ways the INMO Professional Development Centre (PDC) can assist nurses and midwives with their professional development needs. For example, the INMO PDC's library is Ireland's most comprehensive nursing and midwifery library, providing a tailored specialist information service. It has facilities to obtain information from national and international resources to help customise learning and research to support the changing legal and medical requirements in all fields of practice. Also, the INMO supports a number of National 'Sections'. Sections are groups of specific nursing and midwifery grades or nursing or midwifery specialist areas throughout Ireland. National Sections provide additional networking, education and support, and offer members a range of opportunities such as national meetings, seminars, courses and conferences throughout the year.

The new Directory provides a full listing of all our education programmes with an overview, outline of the day, aims, and a sample reading list. To assist in recording continuing professional development, sample templates are included. It also provides information on how to use the new INMO Professional website – an online resource dedicated to education, research and continuing professional development for nurses and midwives in Ireland. The website includes a safe and secure online booking system offering discounted fees and a facility to maintain your professional profile where CEUs are accumulated automatically and certificates uploaded upon completion. It also includes reading lists and a calendar of events. Visit the INMO Professional website at **inmoprofessional.ie** to find out more.

Furthermore, there is a newly published Calendar of Events 2015 which provides a list of 73 education programmes and conferences up to November 2015. Details of dates, events, venues, cost and CEUs are included. Both publications are available on our website (**inmoprofessional.ie**). The online service provides you access to booking all events, such as education programmes and conferences 24 hours a day, seven days a week. Additionally our telephone booking service is available to you during office hours (01 664 0641 or 01 664 0625) or you can email [pd@inmoprofessional.ie](mailto:pd@inmoprofessional.ie).

## 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: [pd@inmoprofessional.ie](mailto:pd@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)
May 13, 2015	<b>HIQA (2009) Health Care Associated Infections Standards – Completing Audits and Developing Quality Improvement Practices</b>	€80 members; €140 non-members	4.5
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 & 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. Time: 9.45am-4.00pm.			
May 19, 2015	<b>Wound Care Management</b>	€80 members; €140 non-members	5
This programme will allow participants to ensure professional competency in the area of wounds as per NMBI's Code of Professional Conduct and Scope of Practice for Nursing and Midwifery, which state that nurses/midwives must work within their competence. Furthermore, it will provide participants with continuing professional development to ensure that their practice is founded in the latest research and guidance as per the Health Service Executive National Best Practice and Evidence-based Guidelines for Wound Management.			
May 20, 2015	<b>Management of Patients with Tracheostomy</b>	€80 members; €140 non-members	5
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.			
May 21, 2015	<b>Best Practice in Medication Management</b>	€80 members; €140 non-members	5
This programme has been developed to support nurses in providing safe evidenced-based practice in the area of medication management. It supports nurses/midwives by ensuring that they are up to date and meet the requirements of the Nursing and Midwifery Board of Ireland (NMBI) and HIQA in the area of medication management.			
May 23, 2015	<b>Preparing for HIQA Inspections within Practice Nurse Settings</b>	€80 members; €140 non-members	5.5
This one day programme aims to assist Practice Nurses to identify strengths and challenges within their practice services using the National Standards for Safe Better Healthcare. Time: 9.30am-4.45pm.			
May 27, 2015	<b>Preparing for HIQA Inspections within the Acute Services</b>	€80 members; €140 non-members	6
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.			
June 11, 2015	<b>Assessment and Care Planning in Residential Care Settings for Older People</b>	€80 members; €140 non-members	6
This workshop is aimed at providing nurses working in this sector with the most up-to-date information regarding policy and standards in older person care and will focus on the need for comprehensive assessment, including risk assessment and care planning for older people in residential care settings.			





Date	Programme	Fee	(CEUs)
June 12, 2015	<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>			
June 15, 2015	<b>Practical Skills in the Management of People with Diabetes</b>	<b>€80 members; €140 non-members</b>	<b>4</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>			
June 16, 2015	<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>			
June 17, 2015	<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>			
June 17, 2015	<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>			
June 18, 2015	<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>			
June 23, 2015	<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>			
June 24, 2015	<b>Assessment and Management of the Patient with Respiratory Conditions</b>	<b>€80 members; €140 non-members</b>	<b>4.5</b>
<p>The study day is designed to provide nurses from the hospital setting with the knowledge to manage patients with respiratory conditions. Nursing services are now delivered in an environment involving greater complexity and increasing levels of technology. Nurses may have to intervene promptly in response to sudden changes in a patient's respiratory status. This course will provide the skills and knowledge required to carry out respiratory assessment and recognise compromised respiratory function.</p>			
June 25, 2015	<b>Delegation and Clinical Supervision</b>	<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>			
June 29, 2015	<b>Phlebotomy</b>	<b>€80 members; €140 non-members</b>	<b>3.5</b>
<p>This course provides the nurse with the skill, theory and practise of phlebotomy. The course will begin by discussing accountability in undertaking phlebotomy. It will cover topics such as sites used for phlebotomy, criteria for evaluating a vein, principles of an aseptic technique as well as complications that may arise during and after the procedure. Guidance will be given on how to reassure the individual in relation to the procedure and on gaining their consent. The ultimate aim of the course is to advise nurses on how to carry out phlebotomy in a competent and safe manner. This course will provide the necessary knowledge and skills to undertake phlebotomy; however, it will be necessary for each nurse attending to ensure that they abide by their local policy on phlebotomy in their place of work.</p>			

Date	Programme	Fee	(CEUs)
June 30, 2015	<b>Management Skills for Clinical Managers and Staff Nurses</b>	€80 members; €140 non-members	5
<p>This course is focused on the key competencies required for ward managers to be effective in their roles as leaders and managers in healthcare delivery. Clinical managers perform both managerial and leadership functions in order to provide effective healthcare delivery to patients. For this reason, this workshop explores both management and leadership functions and how these are applied in practice so as to promote quality and safety of care. It also highlights the importance of the role of ward manager in leading a team and its role in both national and international initiatives aimed at improving care.</p>			
June 30, 2015	<b>Assessment and Management of the Patient with Sepsis</b>	€80 members; €140 non-members	5
<p>This study day is designed to provide an innovative academic opportunity to increase the knowledge, experience and clinical skills needed to meet the complex and varied needs of patients with sepsis. Sepsis can occur at any age and in any clinical situation. It is considered a medical emergency and continues to have a high mortality rate despite advances in treatment. This course assists nurses/midwives with the skills and knowledge to take the lead in the assessment and management of sepsis.</p>			
July 1, 2015	<b>Preparing for Dementia Thematic Inspections: A Practical Approach</b>	€80 members; €140 non-members	6
<p>This one day programme is designed to prepare participants to implement practices in order to adhere to regulations and standards within person centred dementia care thematic inspection criteria. It will outline national standards and regulations and thematic expected outcomes and how they can be applied to person centred assessment, care planning and evaluation.</p>			
July 2, 2015	<b>Caring for Patients with Renal Impairment</b>	€80 members; €140 non-members	7
<p>This study day focuses on developing nurses' competency in the assessment and management of patients presenting with impaired renal function. Common causes of acute kidney injury and chronic renal failure are sepsis, diabetes and hypertension which are extremely prevalent in the acute hospital, older person and community patient populations. This study day will both inform and equip nurses to more comprehensively assess and care for patients with renal dysfunction. 9.30am-4.45pm.</p>			
July 7, 2015	<b>Principles and Practices of Infection Control</b>	€80 members; €140 non-members	5
<p>This study day has been developed in response to the many challenges nurses/midwives face regarding infection control. It is suitable for nurses/midwives working in acute care and community care settings.</p>			
July 8, 2015	<b>Dementia Thematic Inspections: Person Centred Care Planning</b>	€80 members; €140 non-members	5.5
<p>This one day programme is designed to prepare nurses to implement effective care planning for a resident who is diagnosed with dementia or cognitive impairment in line with regulations, standards and Health Information and Quality Authority thematic inspection criteria. The focus of the course is to provide practical strategies for individualised care planning across all activities of living.</p>			
July 9, 2015	<b>Caring for a Person with Parkinson's</b>	€80 members; €140 non-members	4
<p>This one day interactive course is designed to deliver up-to-date information while outlining care practices to all nursing staff with an interest in the management of a patient with Parkinson's. It covers process of diagnosis, clinical features, holistic care approaches, medication therapy, assessment, care planning and evaluation across all activities of daily living. The course outlines the role of the nurse and the interdisciplinary health care team in assessment, planning, implementing and evaluating care with the patient and their carer/family.</p>			
July 15, 2015	<b>Introduction to Palliative Care</b>	€80 members; €140 non-members	4
<p>This one-day course will introduce participants to the basic concepts of palliative care – caring for people suffering from a terminal illness as well their families. It will focus on physical, psychosocial and philosophical aspects of palliative care. Specifically, the ethos of palliative care, symptom control and psychological care will be examined..</p>			
July 20, 2015	<b>Best Practice in Medication Management</b>	€80 members; €140 non-members	5
<p>This programme has been developed to support nurses in providing safe evidenced-based practice in the area of medication management. It supports nurses/midwives by ensuring that they are up to date and meet the requirements of the Nursing and Midwifery Board of Ireland (NMBI) and HIQA in the area of medication management.</p>			
July 22, 2015	<b>Peripheral Intravenous Cannulation</b>	€80 members; €140 non-members	4
<p>The aim of this course is to provide guidance to the registered nurse/midwife in the skill of intravenous peripheral cannulation. Instruction will be provided on the sites used. Advice will be given on identifying criteria for evaluating a vein, as well as guidance on adhering to the principles of an aseptic technique. The course will also provide information on techniques for reassuring the individual in relation to the procedure and in gaining their consent. The overall aim is for participants to be able to carry out the procedure in a competent and safe manner. This course will provide you with the necessary knowledge and skills to undertake peripheral intravenous cannulation. However, it will be necessary for each nurse attending to ensure that they abide by their local policy on peripheral intravenous cannulation in their place of work. Time: 9.15am-2.00pm</p>			



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

Date	Programme	Fee	(CEUs)
May 19, 2015	<b>Assessment and Care Planning in Residential Care Settings for Older People</b>	€80 members; €140 non-members	6
<p>This workshop is aimed at providing nurses working in this sector with the most up-to-date information regarding policy and standards in older person care and will focus on the need for comprehensive assessment, including risk assessment and care planning for older people in residential care settings.</p>			
May 28, 2015	<b>Interview Skills</b>	€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>			
June 18, 2015	<b>Understanding Obesity and Weight Management</b>	€80 members; €140 non-members	5
<p>This one-day workshop aims to provide a comprehensive understanding of the causes of obesity and knowledge of the physiological principles involved in the onset of obesity and associated illnesses. Lifestyle treatment options such as dietary, exercise and behavioural interventions will be covered in depth on the day, as well as non-pharmacological, pharmacological and surgical interventions.</p>			
June 24, 2015	<b>Best Practice in Medication Management</b>	€80 members; €140 non-members	5
<p>This programme has been developed to support nurses in providing safe evidenced-based practice in the area of medication management. It supports nurses/midwives by ensuring that they are up to date and meet the requirements of the Nursing and Midwifery Board of Ireland (NMBI) and HIQA in the area of medication management.</p>			
July 1, 2015	<b>Preparing for Dementia Thematic Inspections: A Practical Approach</b>	€80 members; €140 non-members	6
<p>This one day programme is designed to prepare participants to implement practices in order to adhere to regulations and standards within person centred dementia care thematic inspection criteria. It will outline national standards and regulations and thematic expected outcomes and how they can be applied to person centred assessment, care planning and evaluation.</p>			
Sept 10, 2015	<b>Preventing and Responding to Responsive Behaviours in the Older Person</b>	€80 members; €140 non-members	6
<p>This course outlines a person-centred approach to preventing and responding appropriately to responsive behaviours in elderly residents. The course includes advice on how to conduct assessment and care planning for residents with responsive behaviours.</p>			
Sept 14, 2015	<b>Preparing for Dementia Thematic Inspections: A Practical Approach</b>	€80 members; €140 non-members	6
<p>This one day programme is designed to prepare participants to implement practices in order to adhere to regulations and standards within person centred dementia care thematic inspection criteria. It will outline national standards and regulations and thematic expected outcomes and how they can be applied to person centred assessment, care planning and evaluation.</p>			

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

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

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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:

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

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

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

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**TOOLS FOR  
SAFE PRACTICE**



## QUALITY NURSING CARE IN TIMES OF ECONOMIC HARDSHIP



The Professional Development Centre Library is a valuable resource for information on nursing writes assistant librarian **Niamh Adams**

International Nurses Day takes place on May 12 each year, commemorating the birth of Florence Nightingale. The day celebrates the important work of nurses and the nursing profession around the world. The International Council of Nurses each year produces a toolkit on a specific theme to mark the occasion. This year's theme is *Nurses: A Force for Change: Care Effective, Cost Effective*. The toolkit provides valuable information on health system financing and the importance of providing effective quality of care for patients given current budget restrictions and rising costs.

Exploring this year's theme, the library staff have pulled together a number of articles, reports and research of international and national importance. Internationally, the evidence provides a great insight into the important role nurses play in providing cost effective quality healthcare throughout the world.

From a national perspective, a number of key documents have been identified which may assist in looking at the future of the Irish healthcare system and how this will affect the provision of high quality care. This is by no means an exhaustive list but instead provides a flavour of what topics and documents are available. The documents are outlined below and can be located by logging on to **inmoprofessional.ie/library** and or by signing directly in to the Nurse2Nurse website (**www.nurse2nurse.ie**).

### International literature

#### Nurses Day Toolkit

- International Council of Nurses (ICN). A force for chance, care effective, cost effective. 2015.

#### Nurse staffing and skill mix

- Cookson G et al. The cost-effectiveness of nurse staffing and skill mix on nurse sensitive outcomes; a report for the National Institute for Health and Care Excellence. NICE, 2014.

#### Nurse staffing levels

- Twigg DE et al. The economic benefits of increased levels of nursing care in the hospital setting. J Adv Nursing 2013; 69(10): 2253-61.

#### Nurse staffing and education

- Aiken LH, et al. Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study. The Lancet 2014; 383(9931): 1824-30.

#### Value of nursing and cost effectiveness

- Caird J et al. The socioeconomic value of nursing and midwifery: a rapid systematic review of reviews. EPPI Centre, Social Science Research Unit, Institute of Education, University of London, 2010.
- Dall T et al. The Economic Value of Professional Nursing. Medical Care 2009; 47(1): 97-104.
- International Council of Nurses. ICN position statement on Promoting the value and cost effectiveness of nursing. 2001.
- Walker A, The cost of pressure ulcers in the United Kingdom. J Wound Care 2012; 21 (6): 261-4.

### Austerity

- Newbold D, et al. Managing in economic austerity. J Nursing Management 2010; 18 (5): 495-500.

### Key literature from Ireland

#### RN forecast

- Scott AP, et al. Report of the Irish RN4CAST Study 2009-2011: A nursing workforce under strain. RN Forecast, 2013.

#### Public health

- Department of Health. Healthy Ireland; a framework for improved health and wellbeing 2013-2025. Department of Health, 2013.

#### Universal healthcare

- Government of Ireland. The path to universal healthcare; white paper on universal health insurance. University of Surrey, 2014.

#### Healthcare financing

- Defining financial management: A finance operating model for health in Ireland. PA Consulting, 2013.
- World Health Organisation (WHO). Health system responses to financial pressures in Ireland: policy options in an international context. Final report: 2012; Nov 16.

### Austerity

- Carney M, Challenges in healthcare delivery in an economic downturn, in the Republic of Ireland. J Nursing Management 2014; 18 (5): 509-14

### Stroke rehabilitation

- Wren MA, et al. Towards Earlier Discharge, Better Outcomes, Lower Cost: Stroke rehabilitation in Ireland. Irish Heart Foundation; Economic Social Research and Institute (ESRI), 2014.

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

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

### Not registered? Need further information?

The library staff can be contacted directly at 01 664 0625/14, by email: [library@inmo.ie](mailto:library@inmo.ie), or on the web at: **inmoprofessional.ie/Library**. Opening hours are: Monday to Thursday: 8.30am-5.00pm, Friday: 8.30am-4.30pm.

*Niamh Adams is assistant librarian at the Irish Nurses and Midwives Organisation*

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# Vote YES for EQUALITY

As mandated at ADC 2014, the INMO is calling on members to vote 'Yes' for marriage equality on May 22, writes Edward Mathews

ON MAY 22, the people of Ireland will participate in an historic referendum that seeks to establish marriage equality. Unusually in a referendum, the INMO has taken a position on this occasion, and the Organisation is advocating a Yes vote. Historically, the INMO has always advised members to take into account the information available from all sides and make a reasoned decision, and of course you must do so on this occasion too. However, following a motion to the INMO ADC in 2014, which was unanimously supported, the Organisation was mandated to support the introduction of marriage equality for all.

As you read this, you will be bombarded with messages, and some of those will seek to portray a view that Ireland is on a path to family annihilation, and that a Yes vote will represent an unwelcome and destructive change in our law. I do not agree with this. I think that any debate on the family in Ireland is divisive, but I lament that the destruction of family is an oft-used, but poorly considered argument, and one which was deployed vehemently at the time of law reform in the areas of divorce and contraception.

### Why marriage equality?

First I want to address – why marriage equality? Marriage is an important social and cultural institution that carries with it significant duties, and protections. It is a constitutionally-recognised institution in Ireland and one which, irrespective of whether there are children, is guarded with special care. The marriage I am talking about is civil marriage, that institution which is recognised by the State, and not religious marriage, which is a separate ceremony taking place in a church.

Marriage matters in our day-to-day lives; we say “we are married”, “she’s my wife”, “that’s my husband” – it is part of our lexicon and much more besides. It is a societal expression of commitment, love and togetherness, and it is important.

Currently in Ireland same-sex partners can avail of a civil partnership, and many say “well that is different”, “but it’s virtually the same”, “that’s the way it should be” or “what’s the difference?” While the introduction of civil partnerships was welcome, it is not the same; in fact there are 160 legal differences between marriage and civil partnership. But more profoundly, the distinction between same and opposite sex couples in the manner in which they display and solemnise their loving commitment before the law perpetuates an unwelcome, unequal and discriminatory message that being gay is wrong and deserving of less than others.

Marriage is good for people: married people are healthier, happier and earn more. Marriage is also a commitment device – it keeps couples together and families together. It is accepted by the majority of people as good for society, in that the family unit looks after itself, takes on a caring role for the members of that family and therefore is less dependent on the State for support. Therefore, if you believe gay and lesbian people would benefit from marriage and that society would too, then why deny these benefits based on sexuality alone?

I think Irish people believe in equal rights regardless of sexuality, and our Organisation certainly does. Irish people believe that gay and lesbian people are equal citizens. Personal freedom is a

foundation of our democracy, something to be protected, unless of course it harms others. Gay and lesbian people marrying the person they love will not harm others. If we really believe gay and lesbian people are equal, then we must allow committed same sex couples to marry. This goes to the heart of acceptance that it is okay to be lesbian or gay.

Civil marriage equality has now been achieved in many countries worldwide, with 18 countries, including the UK, allowing same sex marriage, two more are to do so shortly, many states in the US are doing so, and the debate is being considered in many more. I genuinely hope Ireland will be next.

It is equally important that we listen to those who have concerns, and a respectful debate is essential to the functioning of our democracy. It is being alleged that same sex marriage cannot exist as a construct as marriage is inherently about children as part of a family; this must be rejected as infertility has never been a basis to question the validity of marriage. It is additionally being alleged that the referendum will create a right for a religiously-conducted marriage ceremony; this is clearly not the case as religious bodies enjoy a prohibition from being forced to conduct themselves at variance to their beliefs, and as such cannot be forced to conduct such ceremonies. Related to this latter point it is argued that it will not be possible for civil marriages to take place within a religious institution, such as a church; again this is an argument which is without legal foundation.

### The role of children

Considerable attention is now being devoted to the role of children, and spe-

cifically the role of the marital family including children. Firstly it must be made clear that the Oireachtas, through the Child and Family Relationships Act 2015, has made significant changes to the law relating to children and their relationships to their parents, including on matters such as guardianship and adoption. In essence this referendum is about the status of people, be they adults or children. It is about whether being gay is some form of lesser existence, and whether children born into loving same sex families have equal rights. This is important, and in reality the issue is family status, whether or not there are children present.

Children have never been a prerequisite to forming or being a member of a constitutionally-recognised family, and what the No side is in fact arguing is that a same sex union is a lesser form of union, and the forming of that union will degrade the pre-eminent heterosexual union – marriage. I cannot see any logical reason why extending marriage equality to same sex partners in any way degrades the individual marriages of opposite sex couples, or the institution of marriage itself, and in reality why should a same sex couple be regarded as a second class family unit?

#### Equal protection

That said, the existence of same sex unions, and the children of those unions, is a current reality and deserves equal protection. By that I mean if an opposite sex couple is married and has a child, and that child has particular constitutional rights arising from their membership of a marital family, why too should children of same sex unions not be afforded equal rights, and their parents as well? Such children are not of a lower order or distinct class, and neither are their parents, and they should not be regarded as such.

As a person who grew up with a father and a mother, I believe this is an excellent and, in many respects, the most common form of family unit. Indeed where a child has the opportunity for such an upbringing – provided the parents are happy together, loving, not abusive, one partner doesn't leave, both partners were 'together' at birth, no one dies, or any of the other life events which cause a breakdown – then I think it is an excellent environment. But what we cannot allow is the frequency with which something happens, and the potential for it to be excellent, to be the touchstone for the degrading of other forms of relationship.

In particular, it seems quite irrational to me when people suggest that the intro-

duction of marriage equality will rob a child of their right to a mother and father, this I have to say just doesn't sound logical. If a child is born to a mother and father, married or otherwise, and none of the aforementioned intervening events occur, then how will the introduction of marriage equality interfere with that child's right to the care and comfort of their mother and father? It simply won't.

#### New legislation

The recent introduction of the Child and Family Relationships Act 2015 will provide a wider range of suitable and loving homes for children being adopted, but again, adoption has always existed, and surely the wider availability of loving parents can't be a bad thing. Yes this Act allows same sex, and opposite sex, unmarried partners to adopt, all other things being equal, but this only recognises the reality of family relationships in Ireland today, and in no way robs a child of any rights.

Aside from these points, a Yes vote will in no way affect these matters as the new law has already been enacted. What is really at play here is a side argument, totally unrelated to marriage equality, but squarely aimed at what appears to be a distaste for the use of assisted human reproduction outside of a heterosexual marriage. This is in itself another debate, and the referendum will in no way impinge on this.

On this point, if you consider a child born to a heterosexual married couple, that child will have all the legal and societal protections that currently exist – nothing will change. The No argument seems to say that the child born to a same sex married couple will be robbed of its right to a mother and father, or that all future children are robbed of that right; this of course presumes that such a right exists, which seems questionable given the nature of life and the circumstances in which children are born.

However, in this context, if it were not for the marriage, union or partnership, and whatever steps were taken with the assistance of IVF or some other form of assisted human reproduction, then the child would not have been born. Thus, it is not the case of taking something away from that child, it is simply that a same sex couple wanted, like so many other couples, to bring into the world and nurture a precious human life. This life is in and of itself unique, distinct, inherently beneficial and unrelated to the separate child born to the opposite sex married couple. If the child had not been brought

into the world by the same sex couple, then it would not exist, and as such attention must be focused on the substance of that couple's relationship with the child, and to ensuring that the parents, like any other parents, fulfil their fundamental duties towards that child.

If this is not the position taken then the No arguments fall dangerously close to what is known as the non-identity problem, which would suggest that a child born to a same sex married couple is in some way inherently flawed, or the decision to have a child in those circumstances is morally flawed. To be fair, this is not what is being said, but a careful analysis of the arguments pushes me in this direction, and I fundamentally reject any such premise.

In fact the ability of same sex couples to have children will in no way be affected by the referendum, thus this argument, despite its inherent frailty, must fall before it rises. What is at issue is why a same sex couple should be regarded as a lesser form of union, and the children of their union be regarded as having less legal rights. What is sought is to improve the lot of families as a whole, and not to damage any family at all.

Family life has changed in Ireland, and so too has marriage. The vote on May 22 is about recognising each of our people as equal before the law without regard to their sexuality. To be gay is not wrong, it is not a subordinate position, and in modern Ireland I hope that we will say this loud and clear.

#### The referendum

The proposal before the people is one that deserves careful attention, please look past the arguments which have been used in every major referendum on any family matter, and look to the core of the issue. Ask yourself the question, how will two people of the same sex getting married in any way affect the rights or status of two opposite sex people getting married, or who are married? It won't. Ask yourself another question, what single right or entitlement will any child born or to be born lose as a result of a yes vote? None.

Having considered these questions, turn then to the nature of marriage – it predates Christianity and it has changed over time and place. What is now proposed is a positive change and one which will do much for some, and harm to none. I ask you to vote Yes on May 22, but above all VOTE!

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

#### Acknowledgement

*I gratefully acknowledge that a small amount of material was drawn from the Marriage Equality submission to the Constitutional Convention.*

# DELEGATION

## Responsibilities of a registered nurse/midwife when deciding to delegate to non-registered colleagues

### Dear Member

In recent weeks the INMO Executive Council has devoted considerable time to the issue of ensuring that every nurse/midwife understands their continuing responsibilities when deciding to delegate a task/role to a non-registered colleague. The need for this discussion, and for absolute clarity on this issue, arises from the revised Code of Professional Conduct and Ethics published by the Nursing and Midwifery Board of Ireland (NMBI) in December 2014.

It was also felt necessary to consider this issue in the context of the practice, in some units/wards, to delegate direct care tasks, eg. recording patients observations under the Early Warning Score (EWS) to non-registered work colleagues. According to the NMBI *"Delegation is the transfer of authority by a nurse or midwife to another person to perform a particular role/function."*<sup>1</sup> In addition the *"delegation of any task must be in the best interest of the patient"*.

Against this background the Executive Council feels it appropriate to remind you of the following:

1. Under the new Code of Professional Conduct and Ethics the responsibilities of the registered nurse/midwife are clearly stated to include:
  - You are responsible and accountable for your decisions and actions (including inactions and omissions) in your practice
  - You are accountable if you make a decision to delegate a nursing or midwifery task to someone who is not a registered nurse or midwife
  - The role of a Health Care Assistant (HCA) *"supports the delivery of patient care under the supervision and direction of a registered nurse or midwife"*.<sup>2</sup> Further Education and Training Awards Council (FETAC) Level 5 is the recognised qualification for a HCA.<sup>3</sup>
  - If you delegate tasks or roles, you should provide comprehensive and effective assessment and planning, communication, monitoring and supervision, and evaluation and feedback.
2. Against this background it is imperative that every member exercises their professional judgement, against clear criteria, when deciding to delegate a task or role.
  - The INMO will be engaging immediately, with the NMBI, seeking the required criteria arising from the obligations/responsibilities stipulated in the new Code.
3. It is also necessary to exercise this judgement each time delegation is being considered, in the context of the skills, knowledge, competence and experience, at that point in time, of the person to whom you are proposing to delegate a task/role.
4. Very careful consideration, with regard to delegation, is particularly necessary when the task or role involves direct interaction with the patient/client, and you must specifically consider how you will access the feedback from your colleague.

In order to maximise awareness of, and clarity about 'delegation', the INMO will be seeking, in direct contact with the Office of the Nursing and Midwifery Services Director of the HSE, the roll out of a national education/awareness programme with regard to delegation. This must be a priority, throughout 2015, in the context of staffing/skill mix developments and, critically, the obligations which are clearly stipulated in the new Code.

Further updates will issue, on this matter, following our discussions with NMBI and HIOA. However the INMO Executive Council is anxious that every member clearly understands the issues that arise when delegating. Every member must exercise, on each occasion, clear professional judgement in the interests of best practice, patient care and their continued registration.

**Issued by INMO Executive Council**

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1. Scope of Nursing and Midwifery Practice Framework (ABA 2000). The NMBI is currently revising the Scope of Nursing and Midwifery Practice Framework (NMBI 2015).
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# Fitness to practise focus

In his series on the NMBI fitness to practise process, Edward Mathews discusses the application procedure to have a hearing held in private

THIS month we examine how the Fitness to Practise (FTP) Committee approaches applications for hearings, or a part of hearing, to be in private, or to have a name anonymised.

An FTP complaint is a source of great worry and when this moves to a full hearing there is naturally attendant fear and anxiety about the process and the future, but with the advent of public hearings the stress experienced by nurses and midwives is of a different magnitude. I say this not to frighten, but in reality the nurses and midwives we are helping every day are extremely concerned about the ventilation of allegations in a public forum, and the reporting of the proceedings in the media.

#### New protocol

Notwithstanding our concerns regarding whether or not it is advisable for hearings to take place in public, the legislature through the Nurses and Midwives Act 2011, has made it clear that hearings should presumptively take place in public. Indeed, this is now the position with nearly all regulated professions. Section 63(3) of the Act provides that a hearing before the Committee shall be in public unless the registrant or a witness makes an application for the entire hearing, or part of the hearing, not to be held in public.

For the purposes of clarity, a hearing not held in public also includes anonymisation of a person's name, albeit that the public and media can still attend the hearing itself. A witness may make such an application in cases where they are required to give evidence, or where sensitive information pertaining to them will be dealt with during the hearing, even if they will not give evidence personally.

The making of an application is not a sufficient basis for a hearing to be held in private. On the basis of combined effect of section 62(1)(c) and 63(3)(b) the Committee must be satisfied that the person applying for the hearing, or part thereof, to be heard in private, has shown reasonable and sufficient cause, and that the committee believes that a hearing otherwise than in public would be appropriate in the circumstances.

Such applications take place after the Preliminary Proceedings Committee has referred the complaint to a full hearing and before that hearing takes place. The opportunity to make such applications arises at what are called 'call over hearings'. These are regular procedural hearings of the FTP Committee, where the committee sits to hear preliminary applications on a wide range of matters such as compelling witnesses to attend, seeking production of documentation, and applications relating to privacy or anonymisation.

#### Call over hearings

Shortly after the complaint is referred for a full hearing – bear in mind it can take a considerable amount of time to prepare a case – the registrant and their representative will be invited to attend a call over hearing and make any applications they wish. It is important that applications for privacy or anonymisation are not made too early as the registrant will not have the Notice of Inquiry, which will specify the nature of the allegations and the witnesses to be called, nor will they be in possession of the documents the CEO intends to rely on in presenting the case against the registrant. These materials are essential, as the

witnesses to be called, the material they will give evidence on, and the documents to be considered, can have a significant impact on whether an application for privacy or anonymisation will be granted.

Given that the NMBI has only been dealing with cases under the 2011 Act since the latter part of 2014, there is a limited amount which can be said about how the Committee has, or will, approach such applications. Indeed, given that the composition of the Committee sitting on a given day may be different to the next, this too adds difficulty in predicting how it might approach a particular application. Furthermore, the provisions of the 2011 Act in relation to such applications have not been considered by the superior courts, and as such there is no definitive pronouncement as to what factors should, or must, be considered by the Committee, nor in relation to categories of cases that should or must be regarded in particular manner when considering such applications.

In such circumstances one would normally have regard to the law governing, or procedures of, other statutory regulators, both domestically and internationally. While we have made arguments on such matters to the Committee in the course of making applications, the legal advice they have received is that the 2011 Act is a unique regime, and as such the practices or procedures of other regulators are not relevant *per se* to their deliberations.

#### Supreme Court decision

It is not my intention to adopt a pejorative stance in relation to this advice, or to misrepresent the nature or import of the advice given, however, I would observe

that in the absence of any NMBI guidelines as to what the committee should, or must, consider, then the practice of other regulators should have much to commend itself in these uncharted waters, recognising of course that the practice of others must be understood in the context of the particular language of the statute governing a particular regulator's activities. Indeed, I am heartened in this conclusion by the very significant attention given by Justice Hardiman in the recent Supreme Court decision in *Corbally*, concerning the FTP Committee of the Medical Council, to guidelines issued by the Medical Council in the UK. It is my view that a similar approach should be taken by the NMBI FTP Committee, and indeed I think registrants and others should have access to a policy document setting out the criteria used by the Committee when considering applications for privacy or anonymisation.

Uncertainty aside, we return to the substantive issue that a registrant must show reasonable and sufficient cause that the hearing should not be heard in public. Key here is the requirement to show reasonable and sufficient cause. These are the terms used in the statute, and they are not defined, nor, as mentioned, is there any guidance from the NMBI as to what may be considered as reasonable or sufficient.

#### **Reasonable and sufficient cause**

From the wording of the statute, it is clear that embarrassment or reputational damage arising from the holding of public hearing into allegations of misconduct, in itself, will not amount to reasonable and sufficient cause. This is a harsh and unwelcome reality. The legislature has determined that nurses and midwives are to run this gauntlet when misconduct is alleged and therefore that the embarrassment associated with that is to be regarded as inherent to the process. That is not to say that such factors cannot, or should not, have a role in the overall FTP regime.

Referring again to the recent *Corbally* decision, the Supreme Court has cautioned that taking into consideration the nature of public hearings, and the associated personal and professional trauma, the PPC and Board must exercise their functions in a serious and deliberative manner and in so doing ensuring that only serious matters are the subject of a public inquiry.

#### **Experience to date**

Given our experiences to date, it would seem that if a registrant is alleged to be suffering from a relevant medical disa-

bility, where there may or may not be associated allegations of misconduct, and it is proposed to call detailed evidence in relation to: their medical condition; their medical records; their attendance at physicians or other treating experts; and perhaps extensive detail regarding their family and life history, the Committee has granted an application for the hearing to be heard in private. This is not to be taken as a given however, and each application is very much dealt with on its own facts. However, it would seem appropriate that where it is alleged that a person is suffering from an illness, and this has or is impacting on their ability to practice, then the public interest is not served by dragging that person through the additional stress and trauma of a public hearing.

It is worth noting that other regulators have established health committees that deal with such allegations and such deliberations are in private. The NMBI does have the facility to institute such a regime under the section 24(5) of 2011 Act, but has yet to do so.

#### **Applications made by others**

In terms of applications made by others, it is becoming relatively common for managers to make applications for either a private hearing, or that their evidence be heard in private, or that their name be anonymised. While again it is impossible to give any indication as to how such an application may be approached, and each application must be assessed on its individual merits, it would seem that in the absence of very special circumstances they will be unlikely to be granted. If this is the case the registrant must run the gauntlet of public scrutiny, as must other professionals who reported or witnessed the conduct of the registrant in question.

Another party who may make such an application is a treating physician, particularly in circumstances where a physician is treating a registrant, and the registrant discloses something that may amount to misconduct, and the physician has reported the matter to the NMBI.

Physicians in such cases might be concerned regarding a breakdown in trust with their patients if the report they made becomes public knowledge. Physicians may also apply for a private hearing because they are concerned regarding the impact of evidence relating to a registrant's condition being heard in public. Again such applications will be considered in light of the merits of the case before the Committee. It is often the case that

hearings where physicians are making such applications are the same ones where the registrant is making a similar application.

#### **Process**

When the registrant is making an application, their representative will inform the CEO's legal representative and in turn any applications from the CEO or other parties will be notified to the registrant and their representative. When the Committee sits to hear such applications they do so in private and in general the registrant is not required to attend. Concerning an application on behalf of a registrant, the INMO will make the application. This will be based on a mix between the facts of the case and the applicable law.

It has been the position of the CEO of the NMBI, to date, not to take a position on any application which a registrant makes, except to remind the Committee that the default position is that the hearing should take place in public unless the Committee is satisfied that there is reasonable and sufficient cause shown for the hearing to proceed in private.

Having heard the factors that the registrant believes amount to reasonable and sufficient cause, the Committee hears legal advice and then retires to consider the matter. In essence they then have two things to decide, first has the registrant displayed reasonable and sufficient cause for a private or part private hearing, or for their name to be anonymised. If they have not then the application will fall at this stage. If they have, the Committee must then assess whether it is appropriate in the circumstances for the hearing to proceed otherwise than in public. They will then notify the parties of their decision.

At this early stage it is difficult to offer predictions, but more worryingly we are not in a position to advise registrants in relation to any of the factors, goals, or principles that are in play when the Committee are considering such applications, save the brief terms provided in the statute. In some cases it is clear that no application can or will be made, but in others there is a considerable imperative to make an application. In this context registrants and witnesses would be well served by the production of a guiding document by the NMBI, which would assist all parties to better understand how the Committee will approach this delicate and important subject, and also provide the Committee with clear guidance as to how such applications should be dealt with.

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

# On the ground with the president



## EFN

I ATTEND EFN meetings twice a year along with Elizabeth Adams, INMO director of professional development. This year we were accompanied by Dean Flanagan our student and new graduate officer who is currently President of ENSA (European Nursing Student Association). The European Federation of Nurses Associations (EFN) represents more than one million nurses from 34 national nurses associations at European level. The EFN is the independent voice of the nursing profession. At these meetings we work closely with our European partners to formulate and progress issues of importance to the European Commission.

I sit on the Workforce Planning Committee and Elizabeth Adams sits on the Professional Committee. The Workforce Planning Committee is working on policy documents that we hope will influence policy makers in tackling workforce issues such as recruitment and retention. Recruitment is of major concern across Europe and, as we know, there are some countries that have cut back on nurse training and, in order to meet demand, they are now recruiting from countries like Portugal, Spain and Ireland. The nursing associations in these countries are very concerned about the long-term issues that are being created. Ethical recruitment is a major concern and we wish to ensure that sufficient nurses are being trained to meet the needs of member states without impacting negatively on countries that have insufficient numbers to meet their own needs. This is of course of interest to us with shortages of nursing personnel being recognised and recruitment commencing.

## 'YES Equality'

FOLLOWING a motion put to delegates at the ADC last year by our Social Policy Committee, the Organisation is actively involved in the 'Yes Equality' campaign. We encourage all members to make sure they are fully informed on this very important equality issue and to vote on May 22. I will be involved with the National Women's Council launch of its support to the campaign on May 5. See pages 42-43



*Pictured at INMO HQ in Dublin were: Dave Hughes, INMO deputy general secretary and Claire Mahon, INMO president*

## Bullying

WE RECENTLY launched the results of our bullying survey which showed a dramatic increase in the incidence of bullying in the past four years. A zero tolerance for bullying by any member of staff, no matter how senior or junior, is required. We have launched a 'Code of Advice' – Be S.A.F.E. from Bullying – see page 8. Please take time to read it and post in your workplace.

## Section conferences

I WAS delighted to address both the Operating Department Nurses annual conference in Limerick and the National Care of the Older Person conference which was held in Athlone recently. Days like these do not just happen, they take a lot of organising and we, as an Organisation, are extremely grateful to our section committees for the Trojan work they do. Sincere thanks to the ODN conference committee: Audrey Al Kaisy, chairperson; Allison O'Connell, vice chair; Teresa Herity, secretary; Monica Griffin, education officer; and Liz Waters and Sandra Morton, INMO EORNA representatives. A huge thanks also to the Care of the Older Person conference committee: Eileen O'Keeffe, chairperson; Caroline Gourley, vice chair; Margot Lydon, secretary; and Noreen Watts, education officer.

## International celebrations

I WOULD like to extend my best wishes to all our midwives as we celebrate International Day of the Midwife on May 5. The overarching theme 'The World Needs Midwives Now More Than Ever' will accompany the sub theme of 'Midwives: for a better tomorrow for 2015'.

Best wishes also to all our nurses on International Nurses Day which is celebrated on May 12, the anniversary of Florence Nightingale's birth. This year's theme is Nurses: A Force for Change: Care Effective, Cost Effective.

See pages 22-23 for more details

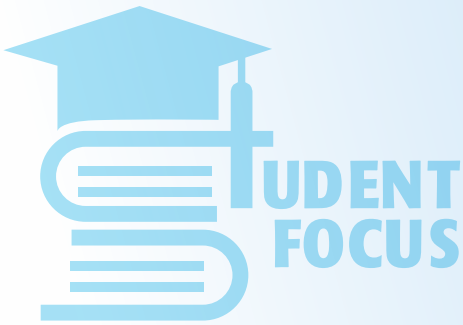
## Note of thanks

I WAS recently a patient in Tallaght Hospital and would like to thank all of the very professional staff who cared for me throughout my stay. The care I received was very much appreciated. Thank you.

## 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



# Europe and beyond



Student and new graduate officer **Dean Flanagan** discusses a recent meeting of ENSA and the latest on the Labour Court hearings on student issues

RECENTLY, I had the privilege of attending and chairing the ENSA mid-term meeting in Brussels. This was a very productive meeting during which we established the goals and discussion topics for the AGM in London, which will be held later this year in October.

One of the recurring discussion themes is the interprofessional collaboration between healthcare students. Results from a recent European survey – in which nurses, doctors, dentists, pharmacists and physiotherapists participated – showed that 97% of respondents felt that they would gain a considerable base knowledge of patient management if, at an undergraduate level, some core academic or reflective sessions involved other professional healthcare providers.

I hope that some Irish student nurses and midwives may have an interest in European nursing politics and can join ENSA in London in October. If you would like to ask me anything on this ENSA please contact me on deanflanagan@inmo.ie

#### Preceptor of the year

Entries for the preceptor of the year competition closed last month. Thank you for all the entries and please keep an eye out next year for the competition. The winner will be announced at the ADC.

#### Labour Court hearings

Firstly, a huge thank you to the student nurses and midwives who travelled from all over Ireland on March 25 for the Labour Court hearing regarding two of the three INMO arguments. I am sure that some



*Pictured (l-r) at the ENSA mid-term meeting in Brussels recently were: Mia Andersen, ENSA vice president; Erdinc Demirer, ENSA board member; Konstantinos Tomaras, deputy head of unit at the European Commission for the Free Movement of Professionals; Dean Flanagan, ENSA president; and Sanne Fuglsang-Nyquist, ENSA board member*

of you had to change off duty and organise transport to meet with the INMO in Dublin.

The two issues that were dealt with at the Labour Court were:

- The rate for pay during the internship period
- The rate of pay during the post qualification pre-registration period.

All that we can do now is wait for the Labour Court's recommendations and then inform all student nurses and midwives of the deliberations as soon as they are available. This period can take up to four weeks.

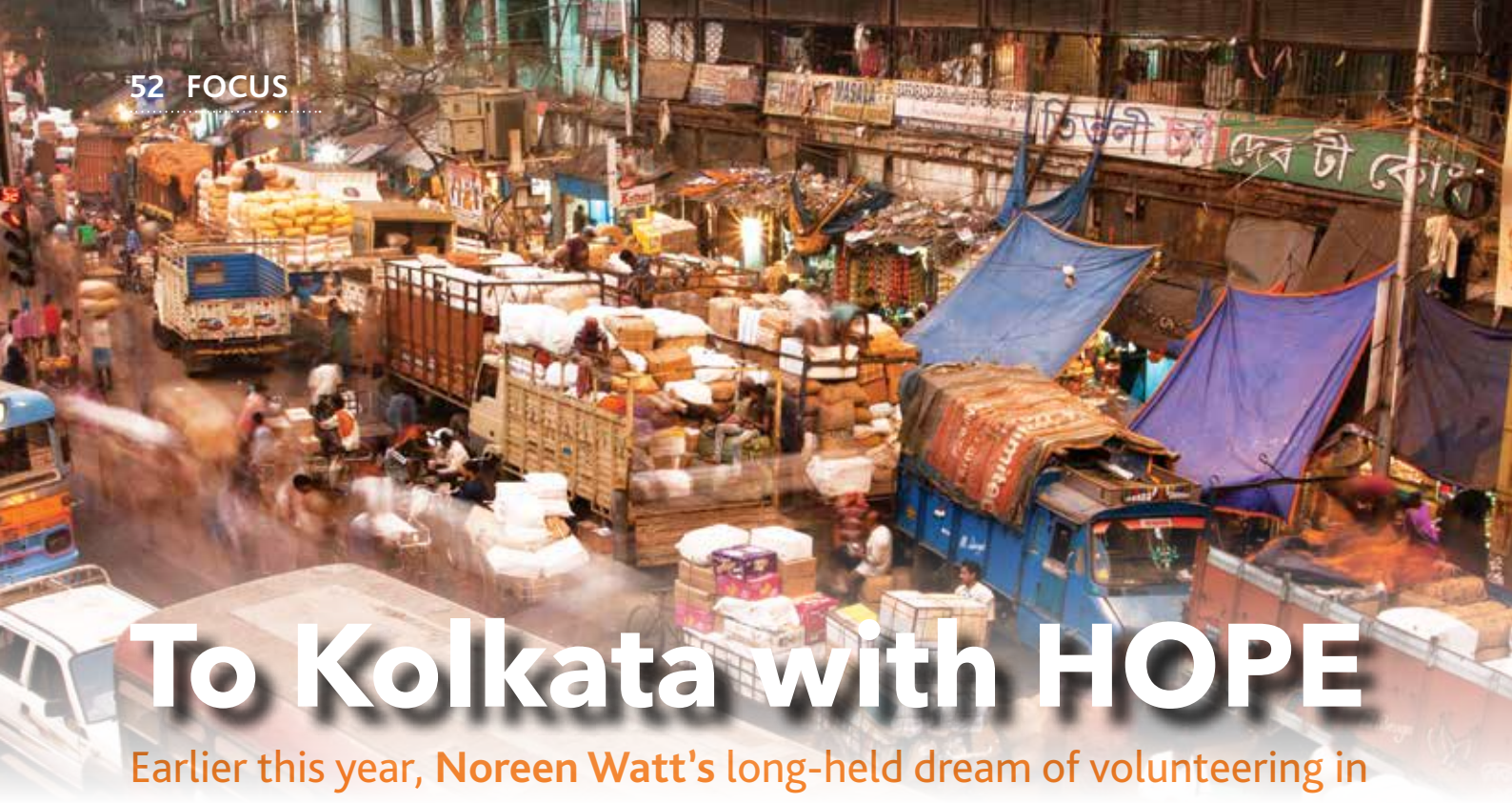
As mentioned above the Labour Court only heard two of the three disputes the INMO currently has with the HSE employer. The one that was not discussed is that of the incremental credit the INMO believe student nurses and midwives are entitled to receive.

This was not due to the Labour Court not having time to discuss it, but rather that the HSE employer refused to engage on the issue.

In order to ensure that all the student nurses and midwives issues are heard, the procedure to be followed in this instance is to refer the dispute regarding the incremental credit to the Labour Court under Section 20 of the Industrial Relations Act.

This case will now be heard on Friday, May 8 at 10am. The INMO will once again be looking for students to come forward and stand with us on the day of the Labour Court, and show the members of the Court that this is an issue facing all students after an unfair cut that was imposed without any discussions with the INMO.

If you are able to attend this Labour Court hearing please contact me by email: deanflanagan@inmo.ie



# To Kolkata with HOPE

Earlier this year, Noreen Watt's long-held dream of volunteering in India became a reality. She recounts her life-changing experience

IN FEBRUARY of this year, alongside my colleague and friend Aine O Dea, I spent one month with The Hope Foundation. During this time we shared our skills and expertise as nurses in the poorest and most vulnerable areas of Kolkata (formerly Calcutta). India has a total population of 1.5 billion. West Bengal is a region that lies on the border of Bangladesh and the Bay of Bengal and has a population of 16.5 million. Kolkata as its capital has a population nearing six million.

The rise in Bengali nationalism has resulted in the renaming of Calcutta as Kolkata (the Bengali pronunciation and official new name).

Since India gained its independence in 1957 from the UK, its cities have been flooded with the mass migration of dispossessed refugees leading to the infrastructure of every city been tested to the limits. The streets of Kolkata are chock-full of traffic and people. The toxic air pollution leads to a high instance of lung disease. The once-mighty Victorian buildings now lie crumbling and decaying.

All of this can create a very intimidating first impression of this huge city. However, with time and patience the city unfolds and you can experience the warmth of its people, view its kaleidoscope of colour and feel its buoyancy.

The preparation for the Kolkata adventure commenced in June 2014. Having applied, and attending interview and orientation sessions with HOPE, the plans for fundraising and travel began. Fundraising took many forms, from selling Butlers Irish chocolate bars and handmade HOPE Christmas cards,

to handing out collection boxes and hosting an island tea day and Indian curry night, not to mention word of mouth.

With complete focus and the help of family and friends, by Christmas my volunteer's donation to HOPE was secured. The outpouring of support and generosity by family, work colleagues, neighbours, friends and acquaintances was phenomenal.

The goodwill and emotional support continued throughout our time in Kolkata. This certainly helped fuel and encourage us at times when we were challenged and stretched at many levels.

## Culture shock

Following a 13-hour flight we arrived early morning of February 5. We were met by a HOPE representative and a driver. We made the 20km drive from the airport to our volunteers' accommodation by Jeep.

The drive itself was overwhelming. On first impression there was an onslaught to the senses and emotions; the noise, chaotic traffic, constant honking horns, people everywhere, lots of wandering dogs and large birds. The city appeared to be engulfed in a cloud of smog and dust. Many buildings, peeling and decaying, looking almost derelict.

There were so many varieties of transport: man-powered rickshaws, bicycle rickshaws, auto rickshaws (like a three-wheel motorbike with a cover); bicycles of all kinds – many of them used with makeshift carts to transport goods; buses; trams; private cars; trucks; and taxis. There was constant movement, but everyone appeared to have a sense of purpose.

Alongside this there were also many beautiful images: colourful mosaics; friendly, smiling children; women of all ages in vivid, decorative saris. There were rows and rows of street traders selling their colourful wares alongside food stalls with amazing aromas.

Having read *The City of Joy*, written in the 1980s by Dominique Lepierre about Kolkata, as well as watching that film and *Slum Dog Millionaire*, I thought I was prepared for whatever images this city would throw at me, but it was far more than I had imagined.

On our second day in Kolkata we had a meeting with the HOPE Kolkata co-ordinator. The purpose of this was to discuss and plan our project for the duration of our stay.

There is serious concern about the nutritional status of children living in the poorest and most vulnerable areas of Kolkata. For HOPE to submit a detailed report to the Indian government department with responsibility for children, a nutritional survey of approximately 500 children between age zero to six years was necessary. Two registered nurses were the 'perfect duo' to carry out such a survey.

Using the World Health Organization measurement guidelines and with the help of the CEO of HOPE hospital and a paediatrician, a template was drawn up. Five slum areas were selected for the survey.

We were assigned an interpreter and driver. A HOPE ambulance was made available to us on a daily basis for the duration of the survey. As Ishesh and Uttam our interpreter and driver were

from Kolkata, they were both very familiar with the areas and were an immense help to us throughout the entire survey. They ensured we were able to complete the survey as smoothly as possible.

Before commencing the survey proper, we carried out a 'dry run' screening on a group of 25 children who attended a HOPE crèche and coaching centre. This helped us to organise our documentation, plan our weighing and measuring routine and, over all, to the gain the co-operation of staff and children.

The nutritional survey proper started on February 11. With the 'tools' for the survey (a digital weighing scale, two measuring tapes, bottles of hand sanitiser and a survey sheet for each child), we began. We measured, weighed, checked hair, eyes mouth, tongue, teeth and skin of 536 children. The youngest being 28 days old and the oldest six years old.

#### Different world

The experience was at times heart-wrenching, hot and claustrophobic. Tired looking mothers sat with their children on straw mats on earthen floors patiently waiting for us to check their child.

Mother Teresa's quotation was on the walls of Bhagar slum "I can do things you cannot, you do things I cannot, together we can do great things", helped us to remain focused. There were heartbreaking images of families living in absolute misery, with no running water or sanitation in shacks of bamboo and plastic, not fit for any human. It was awful to see children, as young as six or seven, 'rag picking' through bags of rubbish in the hope of getting some recyclable goods that would then be sold for a few rupees so their mother could buy rice and vegetables to put a meal on the table that day.

The immense deprivation we witnessed was palpable. At times I closed my eyes to block the ongoing images of raw misery and yet still you could hear the laughter of children. In spite of their meagre living conditions, these people appeared content and accepting of their situation. No one showed anger.

Wearing the HOPE T-shirt was like a uniform and we were welcomed graciously and with respect everywhere we went. At times it felt like we were a Godsend to the mothers, grannies and fathers that came along. They continuously thanked us with joined hands and bowed head saying 'Dhonobad' (Bengali for thank you). The children were fascinated by our white skin (some were upset). We had some children picking at our freckles as if they were

dirt and they could rub them off.

On completion of the survey we had an opportunity to accompany two social workers on a night watch in the HOPE ambulance. This valuable service is provided three times a week from 9pm to midnight.

The social workers visit the most vulnerable area of the city. They have built up a great relationship with the families who exist on the streets. Again the image of whole families crouched against walls and along footpaths, sleeping with threadbare blankets, was deeply disturbing. Mothers with their children tried to sleep on embankments under bridges with constant traffic and noise.

#### The Hope Foundation

The Hope Foundation was set up in 1999; it is a registered Irish Charity. HOPE funds and operates over 60 projects in and around Kolkata to provide the basic rights of nutrition, education, healthcare, protection and skill development for income generation support. We had the opportunity to visit and see in action many of these projects and the differences they are making to the lives of children and mothers who are the most vulnerable.

As nurses we were particularly interested in the HOPE Hospital. This hospital is funded by voluntary donations. It provides inpatient and outpatient care, and surgery for street and slum dwellers. It has two 16-bed wards and a four-bed high dependency unit. It also has one operating theatre.

We visited the hospital on three occasions and were warmly welcomed by the hospital CEO, Samiran. He gave his time graciously and introduced us to staff and patients. It was evident that he was very proud of his hospital and the excellent services being provided.

We observed many plaques of appreciation to named Irish companies and individuals for their donations to the hospital. At our request Samiran organised for us to observe a wound-dressing round which lasted three hours. We observed severe wounds at varying levels of healing, wounds that would be highly unusual to see back home.

For all Kolkata's abject poverty and squalor, there is also a beautiful side to this city. Indians love colour and celebration, there are many festivals and occasions when women, men and children dress up in magnificent and decorative outfits. Garlands of beautiful flowers and smoking incense sticks adorned Gods and Goddesses at nearly every street and slum corner. There were colourful street hawk-

ers selling everything and anything, and elaborate colourful mosaics depicting features of Indian life and its famous people throughout the city. Images of Mother Teresa and her many quotations were also popular. She is held in high regard by the Kolkatans. We were privileged to have the opportunity to visit her hospice and her 'Mother House' where we attended mass at her tomb.

As well as the slums, there are some beautifully maintained buildings and monuments, a large people's park with amazing trees and flowers, well maintained, tree-lined roadways, sports fields, cricket grounds, golf courses, four and five star hotels, shopping centres and boutiques, cruise boats on the Hoogley River, and stylish and upmarket restaurants and cafés. Seeing wealth and poverty side by side was difficult to comprehend and yet it all appeared to be normal and accepted.

I strongly encourage any nurse or midwife who is considering a volunteering project to give serious consideration to time with The Hope Foundation in Kolkata.

It was an amazing, life-changing experience that has left me truly thankful for all that our wonderful country has to offer and for all we take for granted every day. I was immensely proud of our Irish charity HOPE which is doing extraordinary work with families who are severely impoverished and marginalised.

### Message from The Hope Foundation

I WAS delighted to hear about the wonderful work undertaken by Noreen Watts and Aine O Dea during their time volunteering in Kolkata. They both have made such a tremendous difference to the lives of the vulnerable street children who we work with, and we are truly grateful for the support.

There is such a need for Irish nurses to volunteer with HOPE - to use their skills in our various projects, hospitals and homes in Kolkata. You can really make a difference to the lives of the vulnerable street children who we work with, through your knowledge, expertise and care. We believe that it 'should never hurt to be a child' and with your help we can continue transforming children's lives and changing their futures.

If you are thinking about volunteering, please visit: [www.hopefoundation.ie](http://www.hopefoundation.ie) or email: [jayann@hopefoundation.ie](mailto:jayann@hopefoundation.ie) to find out more about how you could share your skills and truly make a difference.

**Maureen Forrest, founder and honorary director of The Hope Foundation**



# Understanding the Code

Continuing his focus on the new Code of Professional Conduct and Ethics, Edward Mathews discusses respect for the dignity of the person

IN OUR exploration of the Code of Professional Conduct and Ethics for Registered Nurses and Midwives, this month's focus is on the first principle of the code – respect for the dignity of the person. This principle, which underpins a central set of ethical values and associated practice standards, arises from the fundamental value of each human being. The nature of this principle is identified in the UN Declaration of Human Rights, the European Convention for the Protection of Human Rights and Fundamental Freedoms, as well in the Irish Constitution and various statutes.

The five ethical values associated with this principle set out the goals and obligations of each nurse and midwife.

### **Individuality and dignity**

The first two values require that each nurse and midwife (registrant) must respect each person as a unique individual and, in addition, respect and defend the dignity of a person at every stage of human life. The third requires that registrants respect and maintain their own dignity, and that of their patients, during their practice, and in so doing believe that a respectful relationship exists mutually between the registrant and patient.

These ethical values touch on the identity and value of each person, and the NMBI has set out a number of associated standards of conduct for registrants. The expected attitudes and behaviour involve showing respect for each person as a unique individual, and maintaining their dignity at each stage of life.

At the start of the life spectrum, the Board expects registrants to make every valid or reasonable effort to protect the life and health of pregnant women and their unborn babies. Alongside the various scenarios in which this particular obligation must be considered, these

expectations must also be understood in terms of the legal obligation to respect the life of both the mother and the unborn, and the balance of those interests achieved through constitutional law, as expressed through the Protection of Life During Pregnancy Act 2013.

At the far end of the life spectrum, a registrant is expected to support a person in dying with dignity, including respecting their remains in accordance with the cultural norms of the patient and their family. Another concern here is the requirement to respect advance healthcare directives, if known. The Code provides guidance in this area and recognises the legitimacy of a person providing an advance directive to refuse treatment. This should be respected subject to the person having made an informed choice at the time of making their plan. In addition, the directive should cover the circumstance being considered, and there should be no indication that the person has changed their mind since the plan was made.

Throughout a patient's life there is an expectation that registrants will communicate with patients about the care they are providing and offer information in relation to their care in a manner they can understand. In patients with communication difficulties, it is expected that services should be available to allow effective communication. This will require a response on the part of employers to ensure that such services are available. The registrant must seek such services and, where they are not available, make an employer aware of this.

### **Self determination**

Key to the recognition of the dignity of the person is the fourth value. This recognises the right to self-determination, which, save in exceptional cases, includes

the requirement to obtain consent prior to treatment.

The standards of conduct associated with this value place the autonomy of the patient centre stage. Each registrant must protect and promote the autonomy of patients and respect their choices, beliefs, priorities and values. In this context, decisions to refuse treatment should trigger further exploration and discussion and should be respected, taking into consideration the person's capacity.

The Code cautions that consent should never be presumed, and that each registrant must seek consent for nursing and midwifery care. In addition, consent is not a mechanical and simplistic exercise, it must be an informed exercise of free will.

In terms of the form that consent should take, the Code recognises the validity of verbal or implied consent, such as by gesture, which is regarded as sufficient for normally risk-free nursing and midwifery care. Consent for more serious or riskier procedures should take the form of informed written consent that must be verified with a patient consent form and recording consent in the patient notes.

For consent to be valid, the patient must have information they understand in relation to the care proposed. Such information must be presented in a clear manner that explains the nature, purpose, benefits and risks of treatment. In addition, the patient must have the capacity to make a decision on the matter and they must give their agreement freely.

In the supporting guidance on the issue of consent, the Code recognises the diversity of practice environments, and the wide variety of scenarios that present in day-to-day practice. While never deviating from the principle that consent is a prerequisite to treatment, it is recog-

nised that the manner in which consent will be obtained is context dependent. Communication and information are key elements of consent, and the manner in which information is imparted, the patient listened to and ultimately supported to make a free choice, will depend on the patient concerned.

The Code also recognises that the amount of information provided by a registrant to a patient will vary depending on the urgency, complexity, nature and risks associated with the proposed intervention.

This context-dependent approach is welcome in one sense, in that it would be difficult, if not impossible, to provide a one-size-fits-all guide to this issue when one considers the endless variety of scenarios that present in day-to-day practice. That said, this contextualised approach also requires vigilance on the part of the practitioner in the exercise of their professional discretion in a given situation. In this regard, it is important to reflect not only on practice standards and guidance that outline expected behaviours in a variety of scenarios, but also on the ethical values that should underpin decision making in any given situation. In particular, registrants should recall that when considering the amount of information to provide, as measured against other factors such as urgency and complexity, the paramount consideration must be to respect the dignity, autonomy and individuality of every patient. Considerations such as casual expediency would have little place in any such decision-making process.

Another central concern is the capacity of the individual to provide consent, and there are specific standards dealing with this issue. Where it is suspected that a person lacks sufficient understanding, or the capacity to consent, or is unable to communicate, they should be provided with time and support to maximise their ability to make a decision for themselves. After this, if there remains doubt, then a formal assessment of capacity to consent should be undertaken by the treating physician and other appropriate members of the healthcare team.

If it transpires, following a formal assessment, that a person lacks capacity then you should take into account previous directions or wishes of the patient, if known, a discussion with appropriate family members, carers or significant others, discussions within the healthcare team, and also (if possible) the expressed

view of the patient in question, despite the lack capacity in relation to the intervention in question.

In considering these issues you should be conscious of your duty to maintain confidentiality and in particular your duties arising under Principle 4 of the Code. Additionally, we should have regard to other relevant guidance in these situations, including: the Mental Health Act 2001 and associated guidance document; the Assisted Decision-Making Capacity Bill 2013, when implemented; and other policies that may be in place in individual workplaces.

Such a scenario clearly has the potential to present a significant quandary for a registrant. While it is not possible to provide specific guidance for each and every scenario, it is the animating principle and ethical values that should underpin the implementation of practice standards.

We then come to emergency situations. The type of communicative and deliberative exercise just described is clearly not appropriate to all situations, and the Code recognises this. It provides that in exceptional circumstances, such as in an emergency where the patient does not have the capacity to consent, consent to treatment or care is not necessary. In such circumstances a registrant may treat a person where this is immediately necessary to save their life or prevent a serious deterioration of their condition, and where there has been no advance refusal of treatment.

The provisions of the Code make clear that informed consent is at the heart of every single interaction with a patient or service user. Obtaining and abiding by the scope of the consent is neither a perfunctory nor formulaic exercise, and of course the level of detail required will vary depending on the circumstances. A particular challenge arises where the person lacks capacity, but in those circumstances all members of the healthcare team must work together to ensure that the patient is formally assessed, supported and that decisions are taken in a structured and respectful manner, while at all times respecting and protecting the dignity of the person.

#### **Diversity**

Human dignity recognises no distinction based on age, gender, race, religion, civil status, family status, sexual orientation, disability (physical, mental, or intellectual), or membership of the travelling community.

The fifth and final value under this

principle expects that registrants will respect all people equally, irrespective of any of these characteristics. To achieve this, registrants must be respectful of diversity among patients and colleagues and patients and colleagues must not be discriminated against on any of the aforementioned grounds.

Registrants will meet a wide diversity of patients and colleagues in their working life and the ethical value and expected standards of conduct in this area require each registrant to approach all patients and colleagues as equal. The behaviours and attitudes that are displayed towards colleagues and patients must not in any way exhibit less favourable treatment based on any of the mentioned grounds.

It is important that we reflect on our own approach to people in society, and while views may be held by individual registrants on one matter or another, patients and colleagues do not meet us in the street as random individuals, they meet a professional, and in accordance with the Code the professional they meet is, in terms of the respectful treatment they deserve, blind to any differentiating characteristic.

#### **Conclusion**

This principle touches the core of our very existence; what it is to be a person, and the inherent characteristics, rights, and duties this gives rise to. It is in many respects representative of all that is best about our professions. We occupy a privileged role in society. We are freely admitted to the domain of a person's existence and as such carry distinct and onerous duties. We owe a duty to respect, defend, and protect the dignity of the person, whether it involves the dignity of a patient who is unclothed and appears on a corridor, the person who is confused, the mother about to give birth, the elderly about to die, a person with a disability needing our patience, or any of the other many instances that may arise.

It also means respecting, defending, and protecting the autonomy of the person and ensuring that they are facilitated to make decisions for themselves or, where this is not possible, that decisions are taken only in their best interests. Finally, and of equal importance, we must respect all people equally, and in so doing meet the expectations of those we serve.

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





# CASHEL

INMO Cashel Branch  
 email: annmurphy1@hotmail.com  
 Tel: 0876746419

## Branch workplaces and areas covered

- Our Lady's Hospital
- St Patrick's Hospital
- St Anthony's Unit, Clonmel
- PHN community, Cashel
- Rockwell College

## Branch Officers

### Chairperson



Pat Fallon

### Branch rep



Ann Murphy

### IRO



Mary Power

## Latest news

All Cashel Branch members work in the areas of care of the elderly, community, minor injuries and education.

The main issues facing the Cashel Branch are:

- Staffing levels
- Skill mix around care of older people
- We are actively looking for appointment of CMN1 positions to backfill the posts of those who may have been promoted within the service. The importance of the role of the CNM1 in the care of the elderly service is not appreciated in the governing structure of the south east
- We are actively looking for CNM2 positions to be made supernumerary within our services.

We always encourage new staff to join the INMO and to avail of ongoing professional development and education services.

We would like to extend good wishes to all staff who have recently retired in the Cashel Branch area.

## Industrial relations update

Mary Power is the IRO for the Cashel Branch. She took up the position in May 2014 from her colleague Liz Curran.

- St Patrick's Hospital, Cashel: Staffing levels remained critical at St Patrick's Hospital throughout the last year, compounded by the non/reduced availability of agency nurses. Management is in the process of filling all 8.5 WTE RGN vacancies following two competitions. Additionally, two CNM2 posts are being processed
- St Patrick's Hospital also introduced, following consultation/agreement with members, an annual leave policy designed to ensure a regular, consistent and structured approach to annual leave distribution. This will be managed by the local CNM2 throughout a given annual leave year. This will now ensure that some staff members would be on annual leave every week thus reducing the reliance on agency staff for annual leave replacement
- Negotiations have commenced on the development of a dementia specific unit on the campus of Our Lady's Hospital, Cashel with the relocation of some patients and staff from St Patrick's Hospital
- Community care service, South Tipperary: We successfully averted a proposal that sought for all job sharers to revert to full time employment. Additionally, three PHN vacancies have been filled through transfers in recent months
- A number of individual issues have successfully been progressed.

Regular Branch meetings are held throughout the year. In order to strengthen the Branch all members are encouraged to attend.

# Call for equity in immunisation in Europe

EACH year, WHO-Europe co-ordinates the European Immunisation Week to encourage countries across the region to 'Prevent – Protect – Immunise' their population against infectious diseases. 2015 marks the 10th anniversary of this initiative. The European Institute of Women's Health (EIWH) and the Confederation of Meningitis Organisations (CoMO) actively support the vision of a European Region free of vaccine-preventable diseases.

Immunisation across the life course has been sadly missing from the European health promotion and prevention agenda, despite the great successes of the past in eliminating many infectious diseases. In 2002, for example, the WHO European Region was certified as polio-free. According to the WHO, immunisation saves more than three million lives annually. A further three million deaths of children and adults could be prevented by vaccination.

"Over the years, the EIWH has been watching with alarm how coverage rates of and trust in vaccination have been steadily declining in some countries, placing them below the vaccination targets recommended by the WHO," said Peggy Maguire, director general of the EIWH.

It seems that the success of immuni-

sation programmes has led to a lack of concern regarding vaccine-preventable disease by many Europeans. However, the recent steep increase in measles cases in Berlin, Germany shows how a failure to vaccinate can encourage the spread of measles in school-age children. The hesitancy of many parents to vaccinate their young children has resulted in preventable, costly outbreaks of communicable diseases such as measles and pertussis, resulting in serious long-term illness or even death.

Infectious diseases are not only a danger to children, but can be a serious health threat to all people, particularly to those who contract the infections in later age. In addition, certain groups who cannot be vaccinated, or refuse vaccination, benefit from a phenomenon called 'herd immunity', which, if a sufficient percentage of the population is vaccinated, protects the unvaccinated around them.

Positive messages and advocacy about the benefit of immunisation must be improved in the WHO European Region. Health authorities should not only communicate at a time of crisis, but must also capitalise on vital opportunities to build trust and understanding of vaccination in the general public – prior to an outbreak. Proactive public health messages are

needed to combat rampant misinformation and scientifically unfounded anti-vaccination alarm. The EIWH and the CoMO call on policy makers to devote particular attention to targeting vulnerable and under-served populations.

In the UK, vaccination against meningitis B will now be offered free to babies by the National Health Service. "This is a hugely important step and paves the way for other countries to think about introducing vaccination against this devastating disease," said Daphne Holt, vice president of CoMO.

Meanwhile, the Meningitis Research Foundation has highlighted that Ireland has the highest incidence of group B invasive meningococcal disease per capita in Europe and the second highest in the world. However, unlike the UK, the recently licensed MenB vaccine has yet to be introduced into the Primary Childhood Immunisation Schedule.

Diane McConnell of the Meningitis Research Foundation said: "In light of the fact that Ireland has the highest incidence of MenB, our government should be making efforts to protect our children by introducing the MenB vaccine into our Childhood Immunisation Schedule without further delay."

## 'Hero award' for theatre nurses launched

EORNA (European Operating Room Nurses Association) is pleased to announce a partnership with Ansell to promote the 2015 Ansell Cares H.E.R.O. Nurse Service Award for European theatre nurses. Nurses, doctors, surgeons, hospital administrators, staff and patients are invited to nominate a perioperative nurse for the award at: [www.ansellcareshero.com](http://www.ansellcareshero.com)

Nominations should be for peri-operative nurses in current practice and who display exceptional skill and quality in patient care. The nurses should also present an in-depth commitment to staff education and development. The idea of this initiative is to give the recognition that theatre nurses deserve.

The five nominated perioperative nurses with the most online votes will be officially recognised by Ansell and EORNA. Ansell will also make a generous donation in their name to the organisation of their choice among this list of surgery-related charities: Médecins Sans Frontières, Lifebox, European Heart for Children, Chain of Hope, Operation Smile, or FoAN – Friends of African Nursing.

## New treatment choices in MS



Pictured (l-r) at the Royal College of Physicians in Ireland at a recent launch of two new products, Tecfidera and Plegridy from Biogen, to treat multiple sclerosis for consultant neurologists and multiple sclerosis nurses were: Lorna Finn, staff nurse; Mary Blake, MS support nurse; and Siani Blanchfield, Biogen

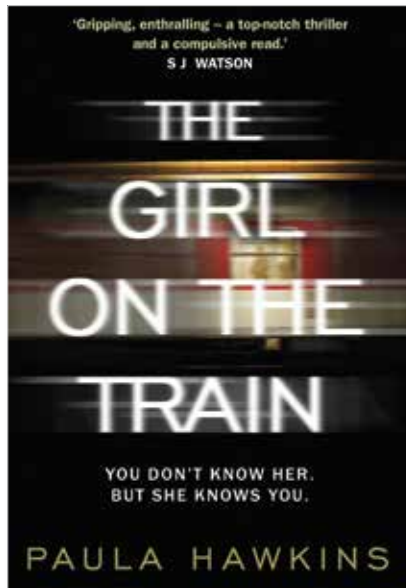
# Taut thriller that delivers

THE avant-garde 1960s British novelist BS Johnson claimed that writing fiction was essentially telling lies using unreliable narrators, and used this premise to try to change structures and perceptions of the modern novel. One of Johnson's innovations was to have a square hole cut through the pages of one of his novels, so that the reader could, if necessary, find out what happens at the end.

You could drive yourself post-structurally insane by reading every novel from the premise that the voice of the narrator might be unreliable. Telling lies, however, is at the heart of all good thriller fiction. Thrillers that use seemingly plausible but ultimately unreliable narrators speaking from different viewpoints to drive the plot and unravel the ultimate crime puzzle are currently in vogue.

*Gone Girl* by US writer Gillian Flynn, which was an international bestseller and a big-grossing Hollywood movie, is perhaps the best-known of this current genre.

One of the recent additions to this noir field is *The Girl on the Train* by Paula Hawkins, who worked as a journalist in the UK for 15 years before writing this, her first thriller. Like *Gone Girl*, it has become a major bestseller and judging by its quality, it's not difficult to see why.



The main narrator, Rachel, is a modern suburban female anti-hero. Her life is in a mess – she has a worsening drink problem and some obvious mental health issues. She travels by train every day and the train makes a regular stop at a signal backing on to a row of houses, one of which is the home of her ex-husband and his current partner. Rachel regularly observes another couple having breakfast on their deck in one of the row of houses. She supposes

her fantasy couple has an idyllic lifestyle in comparison to her own.

Then her perceptions change. She sees something that shocks her and a nightmare scenario begins. The female of the 'perfect couple' viewed from the train disappears and we are drawn into a skilfully-plotted psychological 'whodunnit' thriller, told in turn from the point of view of three female characters.

*The Girl on the Train* is well written and for the most part, cleverly structured, although the plot tends to unravel a bit towards the end. The switching between narrators and the slow release of their relevant but often contradictory information about their lives, motives and actions ups the tension throughout and keeps the pages turning.

The characterisation is of very high quality, especially with Rachel, who despite her unreliability and obvious weaknesses and problems, is an ultimately believable and sympathetic character. The writing style is quite hard-boiled and simple, as it should be in all good thrillers. This is a compelling and way above average modern suburban mystery.

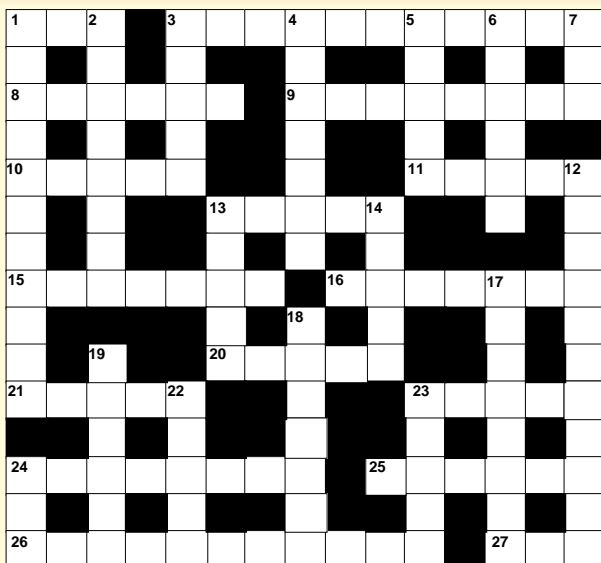
– Niall Hunter

*The Girl on the Train* is published by Doubleday  
RRP€19.50 ISBN 9780857522320

## Crossword Competition



WIN A €30 BOOK TOKEN



### Across

1. Dignitary or celebrity (1.1.1.)
3. Drunk (11)
8. Dwell (6)
9. A boxer who leads with the right hand (8)
10. Rubbery juice (5)
11. Find the depth of a fruit by letter (5)
13. Type of tree (5)
15. Cold floating lettuce? (7)
16. Leaps suddenly, on prey perhaps (7)
20. The fronts of the legs (5)
21. Send-up (5)
23. Cut wool from a sheep (5)
24. Hounded, bullied (8)
25. Shylock's daughter in the Merchant of Venice (6)
26. Pamper Ms Malone with a Dublin dish (11)
27. Asian beast of burden (3)

### Down

1. Specialists appear when the visitor logs out (11)
2. One is sure it's not the negative (8)
3. Finger next to the thumb (5)
4. Hard to spot (7)
5. Upset at being dissected? (3,2)
6. An infectious disease has the shy put out (6)
7. Morning moisture (3)
12. A bubble card of medicine to deal with vesicles? (7,4)
13. Famous London cricket ground (5)
14. Large, circular toys (5)
17. City in the English midlands (8)
18. Split or shared (7)
19. Paddock that was OK in the Wild West (6)
22. Overly-particular; hard to please (5)
23. Range, latitude (5)
24. Sing wordlessly (3)

### Solutions to April crossword:

#### Across:

1. Cog 3. Nostradamus 8. Editor 9. Birthday 10. Rupee 11. Ditch 13. Octet 15. Endowed 16. Heroics 20. Siege 21. Reset 23. Smear 24. Bless you 25. Malice 26. Pipistrelle 27. Out

#### Down

1. Clear the air 2. Glimpsed 3. Noose 4. Tablets 5. Dated 6&18. Made to measure 7. Say 12. House arrest 13. Opens 14. There 17. Impetigo 19. Asleep 22. Tasks 23. Shame 24. Bap

The winner of the April crossword is:

Mary McAnaw  
Clar  
Donegal

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

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

Closing date: Tuesday, May 19, 2015

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

# MONEY MATTERS

## Last minute AVCs

Ivan Ahern discusses how to maximise the lump sum you receive at retirement

LAST minute AVCs still present a fantastic opportunity for nurses and midwives who are either short on service or have had their salary reduced in recent years, to increase their tax free lump sum at retirement.

Over the past few years, hundreds of nurses and midwives received thousands of euro extra in their tax-free lump sum in retirement by availing of a tax break called 'last minute AVCs'. If you are retiring this year, there is still time to maximise your lump sum at retirement by using this tax break.

Last minute AVCs still present a fantastic opportunity for nurses and midwives who are either short on service or have had their salary reduced in recent years, to increase their tax-free lump sum at retirement.

### So how does it work?

Without complicating matters, nurses and midwives at retirement receive a tax-free lump sum and pension. In general terms, when calculating these benefits, your employer has to take into account your pensionable salary and superannuated service, along with any social welfare entitlements you may have.

However, Revenue rules may differ to those applied by your employer when calculating your final pensionable salary.

One of the Revenue rules in relation to the calculation of your final pensionable salary allows individuals to receive benefits from an AVC based on their earnings during the 10 years preceding their retirement date.

This is of particular relevance to nurses and midwives who have experienced a reduction in salary in recent years and are retiring in the near future. In other words, this affects the vast majority of you!



### Example

Using a simple example, Mary is a nurse retiring on December 31, 2015 with 40 years' service and a final pensionable salary of €68,046. Under superannuation rules, Mary will receive a tax-free lump sum of €102,069.

As Mary's salary was greater in the years before the pay cuts in 2010 were implemented, in this example Revenue rules now allow for a final salary of €73,514 to be used to calculate her retirement benefits for an AVC. This greater salary would allow a tax-free lump sum of €110,271 to be paid, ie. an extra €8,202.

In order for Mary to maximise this extra tax-free lump sum, she would need to invest in an AVC where she would benefit from tax relief at her highest rate of tax. If she invested €8,202 into an AVC before she retired, she would be eligible for a tax rebate at retirement of up to €3,280 plus her €8,202 investment back, less charges.

In addition: nurses and midwives can also use non-pensionable earnings, such as on call allowances, premium payment

etc to maximise their final pensionable salary.

### Important

You can't do a 'last minute AVC' after retirement so please ensure you get in touch in advance of retirement.

To find out how you can use this tax break to increase your tax-free lump sum at retirement, contact Cornmarket today at Tel: 01 408 6275.

If a 'last minute AVC' is appropriate, we will guide you through the various steps involved.

*Ivan Ahern is a director of Cornmarket Group Financial Services Ltd*

*This information is intended only as a general guide and has no legal standing. Members who have specific questions relating to their personal finances, Superannuation entitlements, etc are advised to seek professional advice and can contact Cornmarket on 01 408 6275. Cornmarket Group Financial Services Ltd is regulated by the Central Bank of Ireland. A member of the Irish Life Group Ltd. Irish Life Assurance Company plc is regulated by the Central Bank of Ireland*

**Warning: The value of your investment may go down as well as up**

May

**Wednesday 7 - Friday 9**  
**INMO ADC.** Kingstonsbrook Hotel, Trim, Co Meath

**Tuesday 12**  
**Student Allocations Officers** group meeting. INMO HQ from 12pm-3pm. Contact: 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 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'

**Wednesday 20**  
**OHN Section** Conference. Maryborough House Hotel, Cork. 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

**Saturday 23**  
**GP Practice Nurses Section** meeting. INMO HQ. 12.30pm-1.30pm. See page X for full details

**Saturday 23**  
**Preparing for HIQA inspections within Practice Nurse Settings workshop** €80 members; €140 non-members, INMO Professional Development Centre – book online [www.inmoprofessional.ie](http://www.inmoprofessional.ie) or contact: jean@inmo.ie or Tel: 01 6640648 for further details

**Monday 25**  
**National Children's Nurses Section** meeting. INMO HQ. Contact: jean@inmo.ie or Tel: 01 6640648 for further details

June

**Saturday 6**  
**CNM CMM Section** meeting. 10am-2pm including short section meeting. Workshop on Risk Assessment. Booking is essential. Contact: jean@inmo.ie or Tel: 01 6640648 for further details

**Saturday 6**  
**Third Level Student Health Nurses Section** meeting. INMO HQ 10am-1pm. Contact: jean@inmo.ie or Tel: 01 6640648 for further details

**Wednesday 10**  
**Assistant Directors Section** meeting. 11am-1pm at INMO HQ. Contact: jean@inmo.ie or Tel: 01 6640648 for further details

**Wednesday 10**  
**RNID Section** meeting. 11am-1pm INMO HQ. Contact: jean@inmo.ie or Tel: 01 6640648 for further details

**Wednesday 10**  
**Orthopaedic Nurses Section** meeting. Mater Hospital 11am. Contact: jean@inmo.ie or Tel: 01 6640648 for further details

**Saturday 13**  
**PHN Section** meeting. INMO HQ 11am-1pm. Contact: jean@inmo.ie or Tel: 01 6640648 for further details

**Saturday 13**  
**Community RGN Section.** INMO HQ. 11am-1pm. Contact: jean@inmo.ie or Tel: 01 6640648 for further details

**Tuesday 16**  
**Clinical Placement Co-ordinators Section** meeting. INMO HQ. 11am-1pm. Contact: jean@inmo.ie or Tel: 01 6640648 for further details

September

**Tuesday 8**  
**Care of the Older Person Section.** Workshop on Risk Assessment

**INMO Professional Development Centre Library Opening Hours**

**May**  
 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

INMO HQ. 11am-1pm. Booking is essential. Contact: jean@inmo.ie or Tel: 01 6640648 for further details

Condolence

❖ Sincere sympathy from the INMO and all her colleagues to Mary Barrett, former member of Executive Council, on the recent death of her mother Maureen Flanagan. RIP.

Class reunion

❖ Attention those who graduated from The Richmond in March 1985: We are having a reunion at 7pm in Darwins on Aungier Street on July 4. For more information email: [pmbcormack@gmail.com](mailto:pmbcormack@gmail.com)

Class reunion

❖ Dr Steevens' Hospital Class of April 1972-June 1975 is planning a reunion in July. If interested, please contact Anna at Tel: 087 2857953 or by email: [annadolan1721@gmail.com](mailto:annadolan1721@gmail.com)

Class reunion

❖ A reunion of Our Lady's Children's Hospital Crumlin Class of 1970-1974 is planned for October. If interested, contact Marie Coughlan at email: [mariefrcn@gmail.com](mailto:mariefrcn@gmail.com) or Mary Caulfield at Tel: 087 2849062 or email: [marycronin8183@gmail.com](mailto:marycronin8183@gmail.com)