

WIN



Journal of the
Irish Nurses and
Midwives Organisation

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the INMO PDC
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Budget and elections

IN THIS issue of WIN we provide extensive coverage of a number of critical issues including the implications for members of Budget 2016 and the forthcoming elections for three seats on the Nursing and Midwifery Board of Ireland (NMBI).

In relation to the NMBI elections, on page 10 you will see that the INMO has endorsed one candidate for each of the three seats to be filled. We are directly calling on all members to vote between November 25 and 30, 2015 via the online method. We ask you to vote for Madeline Spiers (General Nursing seat), Lorraine Clarke-Bishop (Education seat) and Rachel Howe (Children's Nursing seat).

You can read of the tremendous breadth of experience, knowledge and competence held by these three members. They will, if elected, bring that knowledge from the frontline to the NMBI in the interests of every nurse and midwife practising in this country. Leading up to the election, members will hear further, about our excellent candidates, so please cast your online vote in favour of these three strong INMO members.

Also, in the past month, the government presented its fifth and final budget before the general election. On page 12 in this issue we provide information on what the budget will mean in terms of the individual member and their take home pay arising from the proposed changes to the Universal Social Charge and other adjustments in tax allowances etc.

You may have already seen in media coverage that in relation to the health allocation for 2016, this Organisation has pointed out that while there is a small overall increase it is totally insufficient to deal with the severe capacity problems facing the service at the current time. In addition we have sought meetings, with the relevant Ministers, to examine how they intend to recruit and retain the necessary numbers of additional nursing/midwifery staff (we are still 4,200 fewer than in 2009) to allow the health system to grow to meet demand in a quality assured manner.

We have also sought a specific meeting, with the Minister to discuss the welcome commitment to provide funding to implement the imminent recommendations of the Maternity Review, including the need for additional midwives in maternity units and hospitals across the country during 2016.



In analysing the recent budget one is struck yet again by the importance our political system places on the teacher/pupil ratio in our first and second level schools. The welcome commitment to improve this teacher pupil ratio in both national and secondary schools is readily measured because we have such a ratio, although far from adequate, in our schools.

This must be contrasted with the absence of a similar ratio with regard to nurses/midwives and patients. This affirms the importance of implementing the recommendations from the Nursing Taskforce in relation to medical/surgical wards. The absence of a clear measure, determined by the use of a scientific dependency tool and the professional judgement of the ward/unit manager, has allowed staffing levels to be cut in an unscientific and unplanned manner without any attention being given to the negative impact on patients or staff.

While it is not as easy to measure in health as it is in education, it is imperative that we move from the current situation, where there is no norm and no floor, to an environment where the ward manager, applying her knowledge and skill, is allowed to ensure safe care through safe practice. This is why our safe staffing campaign, and our demand for the use of a dependency tool that references ratios, is so important for patients and nurses and midwives.

So, please study the information on the NMBI election and the budget in this issue. Please vote for our three candidates in the NMBI election and support our efforts to have the health budget focus on the frontline in the interests of patient care.

Liam Doran
General Secretary, INMO



At the national meeting in INMO HQ last month, ED nurse representatives stressed to the Health Minister how they were beyond breaking point and were in constant fear for their patients' safety and their own wellbeing

ED system at breaking point – reps

A NATIONWIDE ballot of ED members of the INMO is set to take place this month unless significant progress has been made in four critical areas identified at a national meeting on October 5. This decision was taken at the national meeting of emergency department nurse representatives called by the INMO Executive Council, which was attended by Health Minister Leo Varadkar.

Arising from this decision, the INMO sought immediate engagement with health service management on:

- **Issue 1** – The immediate introduction of specific recruitment and retention initiatives to address the current unsafe staffing levels
- **Issue 2** – The need for greater, consistent, support from hospital managements, for ED staff, including:

- an immediate health and safety review, in each ED, to be carried out by an independent expert, and to report within four weeks
- an immediate review of all Hospital Escalation Policies to ensure that they are consistently applied and utilised

- **Issue 3** – As per the Emergency Taskforce Report the immediate need for increased senior clinical presence, to ensure

acute assessment by senior clinical decision makers, and enhanced collaborative working, throughout the extended day, on a 7/7 day basis, in all EDs

- **Issue 4** – Increased access, when required by nursing staff, to diagnostics on an extended 7/7 day basis.

The INMO called for these discussions to commence immediately. The Organisa-

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

Hospital	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Beaumont Hospital	3,136	4,445	6,194	6,484	6,366	5,527	5,047	5,148	4,543	6,342
Connolly Hospital, Blanchardstown	1,799	2,101	2,015	2,062	2,293	3,435	3,109	4,410	3,701	4,040
Mater Misericordiae University Hospital	3,214	3,782	4,363	3,743	4,319	2,868	3,380	2,238	2,371	3,664
Naas General Hospital	2,585	932	1,534	2,861	2,365	3,758	1,545	1,449	1,977	2,694
St Colmille's Hospital	1,140	557	536	1,977	1,548	1,624	1,723	1,052	n/a	n/a
St James's Hospital	1,832	748	1,665	1,944	1,047	1,255	1,049	1,465	1,440	2,190
St Vincent's University Hospital	3,356	4,392	4,189	3,962	4,701	4,929	3,677	2,641	1,605	3,750
Tallaght Hospital	4,295	2,910	4,151	4,787	5,119	4,327	1,564	3,045	2,816	3,549
Eastern	21,357	19,867	24,647	27,820	27,758	27,723	21,094	21,448	18,453	26,229
Bantry General Hospital	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	85	215
Cavan General Hospital	2,313	2,309	1,733	1,292	2,308	3,722	2,143	1,655	389	626
Cork University Hospital	3,300	2,650	3,225	3,310	5,138	5,259	3,378	3,172	2,647	3,395
Kerry General Hospital	984	405	603	216	496	572	458	581	686	1,093
Letterkenny General Hospital	2,335	1,198	291	299	379	426	391	760	2,516	2,310
Louth County Hospital	156	83	140	133	25	n/a	n/a	n/a	n/a	n/a
Mayo General Hospital	1,612	1,098	908	995	1,451	547	1,188	1,003	1,368	1,472
Mercy University Hospital, Cork	1,241	1,055	1,132	1,027	1,314	1,492	1,289	1,822	1,577	1,789
Mid Western Regional Hospital, Ennis	618	878	214	352	265	388	156	333	0	92
Midland Regional Hospital, Mullingar	126	80	125	256	1,488	2,275	1,901	2,339	2,957	3,388
Midland Regional Hospital, Portlaoise	360	203	335	218	215	1,186	506	602	1,208	1,496
Midland Regional Hospital, Tullamore	54	32	28	75	409	1,329	1,040	967	2,839	1,955
Monaghan General Hospital	78	249	235	119	n/a	n/a	n/a	n/a	n/a	0
Nenagh General Hospital	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	48
Our Lady of Lourdes Hospital, Drogheda	2,580	2,134	1,954	2,977	2,433	5,555	5,324	2,638	4,427	6,086
Our Lady's Hospital, Navan	300	630	591	909	404	1,091	504	764	853	712
Portiuncula Hospital	327	227	288	366	771	707	571	726	538	911
Roscommon County Hospital	390	464	575	597	787	719	n/a	n/a	n/a	0
Sligo Regional Hospital	686	551	492	587	1,385	1,151	1,448	843	1,460	1,945
South Tipperary General Hospital	550	476	781	393	623	459	1,535	2,043	1,587	1,501
St Luke's Hospital, Kilkenny	n/a	n/a	n/a	n/a	47	673	473	1,324	1,561	2,524
University Hospital Galway	1,316	1,700	2,549	2,526	3,118	4,572	3,357	2,805	3,850	5,063
University Hospital Limerick	1,312	895	1,046	1,707	2,695	2,599	2,644	4,461	4,503	5,530
University Hospital Waterford	n/a	n/a	353	467	931	897	1,116	1,553	1,686	1,835
Wexford General Hospital	2,434	646	1,209	1,440	1,797	3,050	676	1,227	738	1,271
Country total	23,072	17,963	18,807	20,261	28,479	38,669	30,098	31,618	37,475	45,257
NATIONAL TOTAL	44,429	37,830	43,454	48,081	56,237	66,392	51,192	53,066	55,928	71,486

Comparison with total figure only:

Increase between 2014 and 2015: 28%
 Increase between 2013 and 2015: 35%
 Increase between 2012 and 2015: 40%

Increase between 2011 and 2015: 8%
 Increase between 2010 and 2015: 27%
 Increase between 2009 and 2015: 49%

Increase between 2008 and 2015: 65%
 Increase between 2007 and 2015: 89%
 Increase between 2006 and 2015: 61%

tion was seeking significant progress on all of these areas, to ensure that nursing staff in EDs are enabled to provide safe care while the growing risk to their own health and wellbeing is minimised.

Unless there was significant progress on all four of these issues, the INMO Executive Council stated the Organisation would commence a nationwide ballot of all ED members in the first week of November, seeking a mandate for collective action, up to and including the withdrawal of labour.

INMO general secretary Liam Doran said: "It was quite apparent at the national meeting with our ED nurse representatives that they are beyond breaking point and they fear, constantly, for their patients and their own health and wellbeing.

"The four critical areas identified must be the subject of immediate, positive and constructive engagement, which will address the critical issues of staffing, enhanced supports, senior clinical decision making and access to diagnostics.

"The INMO, in making this decision, is acutely aware that industrial action in any area of the health service should only be a last resort. However, after 12 years of waiting for improvements, and unfulfilled promises, the time for action is now."

Recognising the constructive engagement with the Minister for Health at the INMO national meeting, the Organisation deferred the commencement of any ballot. This deferral was agreed to allow management to show they are serious in understanding the current crisis, the unacceptable risks for patients that exist on a daily basis, and the need to ensure that all frontline nursing staff in EDs have an acceptable level of health and safety in their workplace.

ED implementation group prioritises actions

Immediate progress sought on several issues

AT THE latest meeting of the ED Implementation Group, attended by Health Minister Leo Varadkar, and jointly chaired by INMO general secretary Liam Doran, a number of actions were agreed for immediate implementation.

These actions are outlined below.

- **Direct discussions to take place between the HSE and the INMO on the issue of staffing, with particular focus on the additional staff required to allow the opening of up to 440 beds.**

On this issue the INMO highlighted the simple reality that there was insufficient nursing staff to maintain existing service let alone open 440 additional beds over the next three months.

In a discussion on this issue it was acknowledged that most groups continue to have recruitment difficulties, with the exception of the Limerick Group.

The HSE said it may be necessary to consider the use of bank/agency nurses to facilitate the opening of beds. However, the INMO responded by saying it was unlikely this would yield the required volume of additional staff. The INMO contended, and this was acknowledged, that consideration would have to be given to specific recruitment/retention initiatives to address the current crisis.

- **Direct discussions to take place, between the HSE Social Care Division and the INMO on the role of the nurse in the care of the elderly sector.**

These discussions would have a particular focus on avoiding re-admission to the

acute hospital sector, for relatively simple ailments, such as chest infection, fluid balance and so on.

The INMO again made it plain, at the meeting, that while the Organisation wishes to have these discussions, any such expansion of role would have an immediate impact on the level of nursing resource required in these long-stay facilities.

It was agreed that these discussions would have to focus on both the role of the nurse in public long-stay facilities and, thereafter, on the private nursing home sector, which is funded by the state.

- **The independently-chaired discussions (by Sean McHugh) regarding the transfer of four tasks, as stipulated under Haddington Road, to be completed, with a final report, within four weeks.**

On this subject, the INMO clearly stated that the Organisation would not be moving on the four tasks, without the restoration of the time and one-sixth payment and the additional nursing resource required to undertake the additional work.

- **Fast-tracking appointment of advanced nurse practitioners (ANPs) to all EDs across the country.**

This must ensure that all nurses with the appropriate ANP qualifications, are appointed to posts immediately.

- **A review of the use of Community Intervention Teams (CITs) across the country, with particular reference to the establishment of such teams in areas of outstanding difficulty.**

- **Immediate consideration to be given, complete with fast-track education programmes if necessary, to allow the triage nurse to request x-rays (and other diagnostics) to assist with patient flow through the ED system.**

A report is to be issued on this subject and brought to the next meeting.

- **Consideration of the payment of the structured on-site allowance to consultants.**

This allowance, apparently, is in the 2008 contract for consultant grades. It provides for a structured payment to be made at weekends, when management requires the consultant to come in, for up to five hours, to proceed with senior clinical decision making/discharges and so on.

The cost of payment of this allowance is to be examined and reported back to the next meeting.

- **The issue of the INMO's position in demanding progress on a number of identified areas, to avoid a nationwide ballot, was also discussed.**

It was stressed that the INMO wanted significant progress on reducing trolleys, rather than any industrial action. However, in the absence of meaningful progress, both to reduce trolleys and recognise and protect the role of staff on the frontline, the Organisation would not hesitate to expand the action already commenced in St Vincent's University Hospital.

As we went to press discussions were ongoing on many of these issues, and a full report is to be given to the next ED Implementation Group meeting on November 2.

Figures confirm number of frontline nurses/midwives continues to drop

THE number of frontline staff nurses/midwives employed in hospital and public health/community settings has fallen, despite recruitment campaigns during 2015. This was confirmed to the INMO with the release of the latest official employment figures from the HSE, which show that:

- Staff nurse/midwife posts have reduced by 163 to 24,260 from December 2014 to the end of July this year
- The number of public health nursing posts has fallen by 24 to 1,436 in the same period.

The latest official figures also confirm that the total number of nursing/midwifery posts in the public health service at the end of July 2015 was 34,970, which is 4,030 less than the 39,000 posts in the system at the beginning of 2008. This reduction means that there has been a 10.33% reduction in nursing/midwifery posts over the past seven years, while other health

sector posts, including medical and allied health professionals, has, correctly, increased to meet demand.

The figures also confirm that while recruitment has recommenced in the Irish health service, which is very welcome, it is a reality that the pay, hours of work, workload and other terms and conditions available are simply not attractive when compared to other countries particularly the UK, Australia and North America.

It is also worth noting, when facing the worldwide shortage of nurses/midwives, that Ireland, unlike many competing countries, actually educates sufficient numbers of nurses/midwives (1,580) per annum to meet our own needs. This fact alone, if the terms and conditions of employment were attractive, would allow us, over time, to address our severe shortage of nurses/midwives. However, our graduating professionals continue



INMO general secretary Liam Doran: "It is now imperative that discussions commence immediately to agree targeted recruitment and retention measures"

to find more attractive work in other countries.

The figures also confirm that more than 750 frontline nursing posts, on average, continue to be filled by agency staff every day. As this is a very expensive method of employing staff, the INMO calls on the Department of Health/HSE to convert these posts into permanent positions immediately.

INMO general secretary Liam Doran said: "These official figures confirm that

despite efforts to recruit, which are very welcome, Ireland continues to lose nurses and midwives from the frontline of our health service.

"When you combine aggressive overseas recruitment with, in more recent times, aggressive recruitment by private hospitals here in Ireland, it is patently obvious that the work environment, including pay and hours, in our public service are wholly inadequate to attract and retain expert Irish nurses and midwives.

"It is now imperative that discussions commence immediately to agree targeted recruitment and retention measures which will result in our health service being adequately staffed, with qualified nurses and midwives, which research shows leads to better patient outcomes. The INMO calls on the Department of Health and the HSE to begin those discussions, with this Organisation, immediately".

Staffing/skill mix interim report with Minister

AT THE time of going to press the INMO was awaiting confirmation from Health Minister Leo Varadkar that he was accepting the Interim Report on Nurse Staffing and Skill Mix for medical/surgical wards.

The interim report, which recommends that a number of areas be piloted, with regard to the dependency tool and the use of the nursing hours per patient day formula, was given to the Minister in mid-October.

This taskforce on nurse staffing/skill mix, which was set up as a direct result of the INMO's safe staffing campaign, has sat for the last nine months, with a view to bringing forward a completely new

way of measuring staffing requirements at ward level, which would ensure a stable, consistent, nursing workforce in all medical/surgical wards.

The interim report includes a number of important recommendations including:

- The use of an agreed dependency tool by the clinical nurse manager 2 (CNM2) on each ward/unit, together with use of nursing hours per patient day formula, as applied in New South Wales, Australia
- A 100% supervisory role for all CNM2s on medical/surgical wards
- Enhanced autonomy for senior nurse management to establish, and maintain, safe staffing levels, consist-

ent with the use of the tool, including recruitment and retention

- A built-in staffing formula of 20% to cover annual leave and professional development leave.

The interim report now suggests that the proposed methodology be piloted over a defined period in a number of wards/units across the country, to ensure that it produces the stable workforce required and is readily managed by CNM2s.

Liam Doran, INMO general secretary and member of the taskforce, said: "There is no doubt that the recommendations of this taskforce are absolutely pivotal if we

are to stabilise, in a manner which guarantees manageable workloads and safe practice for nurses, the nursing workforce in medical/surgical wards across the country.

"An agreed, scientifically-based dependency tool, the use of a nursing hours per patient day formula and the acceptance of the professional judgement of ward-based nursing staff are absolutely imperative if we are to move away from the unmanaged and disastrous cuts of recent years. We now await the Minister's acceptance of this interim report, which, we hope, will be forthcoming quickly so that we can move to pilot phase early in 2016".

INMO candidates for the

THE INMO is campaigning for the election of three members of the Organisation to the three vacant nursing seats on the board of the Nursing and Midwifery Board

of Ireland. The three seats to be filled are in the categories of:

- A nurse from the practice of general nursing

- A nurse from the practice of children's nursing – must be engaged in clinical practice
- A nurse or midwife employed in the

Rachel Howe Candidate for Children's Nursing seat

RACHEL is a qualified RCN, RGN and RNT.

She is the paediatric clinical manager in the Beacon Hospital and has held this role since February 2015.

Rachel has also worked in staff nurse positions in Our Lady's Children Hospital, Crumlin, and as part of the Nursing Practice Development Team in Tallaght Hospital. Rachel has, in total, almost 20 years clinical nursing experience in children's nursing.

Rachel's comprehensive experience in children's nursing includes:

- Over 20 years frontline clinical experience
- 10 years as clinical facilitator for children's nursing staff
- Paediatric clinical manager
- Clinical placement co-ordinator, for student nurses on clinical placement, in both children's and adult services
- Nursing practice development
- Supported candidate advanced nurse practitioners with the extensive site preparation required for accreditation as ANPs from the NMBI.

Rachel, in coming forward for election, said: "My personal philosophy flows from my early staff nurse career as I always enjoyed being a preceptor for students and newly qualified staff nurses. I thrive on working in clinical practice and have been fortunate to combine this, in parallel with management roles, over the past decade.

"Excellent communication skills, gained from close relationships with children, families and healthcare professionals, has brought me to this stage in my career where I hope to be an advocate, for all nurses and midwives, at national level.

"I can offer a practical viewpoint on all matters brought to the Nursing and Midwifery Board of Ireland (NMBI), and, therefore, I ask for your vote as the INMO candidate for the Children's Nursing seat."



Rachel Howe – INMO candidate for Children's Nursing seat

Lorraine Clarke-Bishop Candidate for Education

LORRAINE is clinical placement coordinator at the Nursing and Midwifery Education Centre in Drogheda, Co Louth. She has over 21 years of experience working as a nurse, and in nurse/student education, in the frontline on wards/units. Her expertise includes:

- RGN
- Dip Higher Education in Adult Nursing
- Clinical Placement Coordinator at the Nursing and Midwifery Education Centre in Drogheda
- BSc Honours Nursing
- MA in Healthcare Ethics and Law
- 21 years of experience working as a nurse and in nurse/student education.

Lorraine's objective, in seeking election, is to ensure that the Nursing and Midwifery Board of Ireland (NMBI) is fully informed, in all its decisions, by a nurse from the frontline, working in education. Lorraine will work to ensure the NMBI supports all nurses and midwives in their clinical practice.

In order to achieve this, if elected, she will seek the following:

- To work to ensure that the Board recognises, and supports, the importance of adequate staffing levels to ensure safe care is delivered
- To ensure the Board, as a whole, recognises, understands and respects the values of nursing and midwifery
- That the required emphasis will be placed on the continuing professional development of nurses and midwives to support safe practice and safe care.

Speaking ahead of the election Lorraine said: "I believe that in coming forward I have the opportunity, and the experience, to represent nurses and midwives, on the Nursing and Midwifery Board of Ireland, to

Vote for RACHEL HOWE
– Children's Nursing seat

Vote for LORRAINE CLARKE
– Education seat

NMBI Elections 2015

public health sector and engaged in the education of nurses and midwives.

The elections take place by e-voting and will commence on November 25, 2015 at

9am and will close on November 30, 2015 at 4pm.

Election and e-voting information will be issued on or before November 16 to

all nurses and midwives, registered with NMBI on October 21. Further information on the election process is available on the NMBI website, www.nmbi.ie

seat



Lorraine Clarke-Bishop – INMO candidate for Education seat

determine our professional future. This is an exciting, and challenging, time for all nurses and midwives and, as a nurse working in, and with, frontline staff, I have an acute awareness of your needs.

"In the interest of the general public all nurses and midwives must be supported in maintaining their professional competence at the highest level. It is my aim that the Board will facilitate, and support, this key goal.

"If elected staffing, safe practice and education will be my primary focus. In the words of John Dewey: Education is not preparation for life; education is life itself".

- BISHOP

Madeline Spiers Candidate for General Nursing seat

MADELINE is an RGN with over 30 years experience and has just completed three years on the Nursing and Midwifery Board of Ireland (NMBI) from 2012 - 2015.

She was President of the INMO from 2004 to 2008 and during her tenure led the Organisation in the campaign for, and achieved, a shorter working week and has a long record of speaking up, and out, for nurses and midwives.

Madeline also chaired the European Forum for National Nurses and Midwives Associations (EFNMA) attached to the World Health Organisation (WHO) from 2007-2009. As Chairperson she represented six million nurses and midwives in the WHO European Region.

Madeline brings to the election significant expertise including:

- RGN
- Theatre nursing
- Past president of the INMO (2004-2008)
- Previous chair of the INMO Executive Council, Social Policy, Industrial Relations and Finance and General Purposes Committees.
- Current chair INMO East Coast Area Branch
- Certified Mediator, Mediation Institute Ireland (MII)
- BA (UCD) 2000
- M Litt Ed (TCD) 2008.

Speaking about her candidacy, Madeline said: "As INMO president, I led campaigns to challenge HSE cutbacks, reduce the standard working week from 39 to 37.5 hours and advocated safe staffing for safe care. While serving on the NMBI Board (2012-2015), I raised the authentic concerns of nurses and midwives in relation to safe practice, patient safety, education and clinical professional development. I have also worked with other nursing and midwifery associations and organisations. I have advocated for legislated nurse/midwife patient ratios and I believe the NMBI has a role to play in achieving this goal. As our regulatory body, it needs to listen more to nurses and midwives and keep the public safe by supporting nurses and midwives in their practice."



Madeline Spiers – INMO candidate for General Nursing seat

Vote for MADELINE SPIERS
– General Nursing seat

Health budget for 2016 "not enough"

WHILE welcoming the increase in the health budget for 2016, the INMO said it is not sufficient to resolve the current inadequate capacity of the health service to meet demand.

The budget allocation of €13.175 billion is still significantly less than the allocation of almost €15 billion for 2007, prior to the economic crash. In that context, it is only a small step towards making the health service fit for purpose and capable of meeting demand, while recognising the increased costs arising from demographics, best clinical practice and drugs.

Specifically, the INMO pointed out that this marginal increase in funding will not allow the health system to address the current overcrowding in emergency departments, which has significantly deteriorated over the past 18 months. This allocation will not allow the health

service to open, and staff, the additional beds required and the establishment of seven-day primary care services needed across the country.

In addition, the budget allocation does not appear to provide any additional funding for intellectual disability services. The INMO said this is most disappointing as this area of the health service has been particularly badly hit in recent years, resulting in a severe contraction in services and supports for this vulnerable section of society.

However, the INMO welcomed the commitment to fund the implementation of the Midwifery Strategy, including additional staff to enhance the quality and quantity of services available. The Organisation is now seeking early discussions with the Department of Health to ensure increased numbers of mid-

wives, both in maternity units and the community, as early as possible in 2016.

The INMO also welcomes the specific additional funding targeted for such critical areas as mental health, and children's speech and language therapy. These are very important services which, while not receiving much attention, are severely underfunded, and next year's increased allocation is right and proper.

INMO general secretary, Liam Doran said: "The INMO recognises that the government still faces financial challenges as economic recovery continues. However, the health allocation for 2016 needed to be significantly greater if we are to address the current severe challenges facing the health service. In particular, it does not seem to provide for additional frontline staff needed to provide quality assured care.

"The INMO had hoped that the government would bring forward a three-year funding plan for the health service, which would have seen a minimum of 10% of GDP allocated, on a sustained basis, to this critically important public service. The budget allocation is also silent on how we will recruit frontline professionals, particularly nurses and midwives, for our health service. It is very disappointing that it does not seem to contain the necessary earmarked funding to restore the 4,500 nursing/midwifery posts lost since 2008."

The INMO is now seeking an early meeting with the two health ministers. At this meeting, the Organisation will be seeking clarity as to how existing problems, including overcrowding and staff shortages, will be addressed during 2016 under this budget.

Ruling on incremental pay

THE INMO was successful in a recent case brought before the Rights Commissioner on behalf of a member where management had pleaded inability to pay increments. The Rights Commissioner acknowledged management's funding difficulty, however also accepted the INMO's contention that management was ambivalent in applying the Haddington Road Agreement. The Commissioner accepted that management had acted inconsistently in applying HRA provisions on working hours while simultaneously effecting a pay cut via non-payment of increments. Due to a delay in pursuing the matter, the Rights Commissioner recommended that a compensatory payment of 50% of the retrospection due be made within four weeks.

– Maura Hickey, INMO IRO

Bill aims to end demand for prostitution

THE Criminal Law (Sexual Offences) Bill 2015 is an effective first step in ending the demand for prostitution, said the INMO, TEEU and ICTU in welcoming its introduction.

In introducing offences criminalising the demand for prostitution, the Bill represents an important opportunity to end the demand for the exploitation of a vulnerable section of our society.

This Bill provides an opportunity to recognise that those who are prostituted are overwhelmingly exploited individuals who are subjected to violence and brutality on a daily basis. The purchase of such persons should not be normalised or underestimated in terms of the harm caused. Furthermore, pimps and organisers of prostitution are engaged in criminality, with

sex buyers contributing an estimated €600,000 to their efforts daily.

Offences such as those proposed in the Bill are already in place in Northern Ireland, Sweden, Norway and Canada, and are expected to be in place in France in early 2016, and their operation is supported by the Council of Europe and the European Parliament.

As well as these offences, we welcome Justice Minister Frances Fitzgerald's assurances in relation to an amendment to explicitly decriminalise those who are prostituted, so as to recognise their overwhelmingly exploited status, and to ensure that barriers to accessing services such as vital healthcare and support are removed.

It is also essential, akin to other countries, for Ireland to introduce comprehensive ser-

vices to assist those who wish to exit prostitution, recognising that the majority of those involved want a way out.

INMO general secretary Liam Doran said: "Ireland must act now to end the demand for exploitation, and at the same time decriminalise those who are prostituted so as to facilitate their access to vital healthcare and support services. Many countries have shown how this model works for those who are prostituted, and for society as a whole, and Ireland needs to show leadership and compassion now.

"As one of 73 organisations, representing 1.6 million members who make up the Turn Off the Red Light Campaign, we welcome the Justice Minister's initiative, and call on the Houses of the Oireachtas to make this Bill a reality now."

Campaign for Excellence gathers pace

ID services campaign centres on RNID role and restoration of funding

THE Campaign for Excellence in intellectual disability services, commenced by the INMO recently, is gathering momentum.

The twin objectives of this campaign are:

- To fully utilise the expert role of the RNID in all services
- To seek the restoration of funding for ID services in the interests of all clients and to ensure they realise their full potential.

In recent weeks the campaign has seen:

- A successful Dáil protest on September 22, and continuing engagement by the INMO with public representatives to highlight difficulties in local services
- The Organisation recently met, as part of an ICTU delegation, with representatives from the National Federation of Voluntary Bodies (the collective group for service providers in the ID Sector). At this meeting a number of issues were raised including:
 - the impact of six years of underfunding



Campaign for Excellence in ID services protest outside the Dáil

- the failure of HIQA to include, as a standing member, a person holding the RNID qualification in all of its inspection teams for the ID sector
- the continuing approach of service providers to seek to impose the Person in Charge (PIC) role on staff who do not have the necessary autonomy, authority and empowerment, to carry out this statutory function.

(These issues remain the subject of ongoing discussion and the INMO has sought a further, direct, meeting with the Federation).

- We are still awaiting a date and time for a meeting with HIQA to discuss a number of issues. It is most disappointing that, to date, HIQA has not agreed to meet with us, without a satisfactory reason being given. If necessary the

INMO will highlight this lack of engagement, publicly, in the coming days.

- As previously advised we continue to advise our RNID members to make contact with the Organisation if they are in any way concerned about issues in their own workplace. We would particularly advise members to come to us if they are concerned about staffing levels or a PIC role being imposed upon them by their local employer.

The Campaign for Excellence is gathering momentum and will continue over an extended period. Its success to date flows from members, locally, engaging with the Organisation.

Without doubt, the RNID is the most qualified, competent, informed and specialist professional with regard to intellectual disability in this country.

The INMO will ensure that this expertise, regardless of the nature of the service, is optimised and fully utilised.

Midwifery review group enters final phase

THE INMO, together with the officers of the Midwives Section, met with the joint chairs of the Midwifery Review Group, including Marie Washbrook of Birthrate Plus, in October.

This meeting was convened because of the increasing concerns of midwife members about the work of the review group and the ratios it will recommend. These ratios must reflect the unacceptable current demands on midwives in maternity hospitals/units across the country. A wide range of issues were discussed

at the meeting including:

- Clarification that, in relation to any ratio that would be put forward, only clinical midwives at the grade of staff midwife, clinical midwife manger 1 and clinical midwife manger 2, would be included
- The ratio will only apply to midwives engaged in direct midwifery care (antenatal/labour ward/postnatal) and will not include midwifery staff working in areas such as gynae, neonatal or theatre
- The ratio will assume that the workforce comprises 100% midwives in terms of the pro-

vision of direct clinical care but will propose a review of the role of the midwifery care assistant in the future

- It must be accepted that clinical areas with fourth year intern 36 week rostered placements need to be staffed for the remaining 16 weeks of each year, and this must be factored in, to maintain the recommended ratio.

The INMO also sought clarity on how the additional midwives who will be required, arising from the application of any ratios emerging from the final report, will be recruited/

retained and in what time-frame they will be recruited. The joint chairs agreed to reflect on this but we await exact details on how the implementation of the report's recommendations will be managed.

At the time of going to press the final report from the Midwifery Review Group, was expected shortly. It will then be studied by the Organisation. Before the INMO indicates its position in relation to any final report, a special meeting of the Midwives Section will be convened.

Not exactly 'boom to bust' but an election budget all the same

FOR the first time since 2009, nurses and midwives can expect an increase in their net take home pay from January 1, 2016. This will happen because of the combination of the first phase of the pay restoration provisions of the Lansdowne Road Agreement, and the changes announced in budget 2016.

There is little doubt that both parties in government will be hoping that reductions at all three levels of the Universal Social Charge (USC) will be enough to capture the votes of sufficient numbers of income tax payers, while persuading those same income tax payers that their prudence in not being more benevolent is acting in the best interests of the country and complying with the fiscal rules of the European Union.

Through the combination of the reduction in the pension levy and now the USC reductions, nurses and midwives in the final quarter of 2016, will take home between €1,400 and €1,600 more, based on salaries ranging from €45k to €55k. Those between €25k and €35k could see their final take home pay, in that final quarter having increased by between €1,200 and €1,300 over their 2015 take home pay.

The budget did not increase any taxes except for those who smoke with a 50 cent additional tax applied to a packet of 20 cigarettes and what appeared to be an additional tax for using your ATM for making withdrawals through an ATM, of 12c per transaction, is offset by the removal of the current €2.50 per annum stamp duty charge on those ATM cards and the €5 stamp duty charge on combined ATM and debit card. The new

Estimate the increase in your take home pay from January 1, 2016 resulting from budgetary changes

Your annual salary	Estimated increase per year
€25,000	€226
€35,000	€376
€45,000	€526
€55,000	€676
€65,000	€826
€75,000	€902
€85,000	€902

This table is based on a single, PAYE public sector worker and only takes into account the reduction in the Universal Social Charge (USC). If you have dependent children or a spouse who is self-employed, you will get a bit more back in your pocket

12c charge per transaction is capped at a level of €2.50 for the basic ATM card and €5 for debit cards. This means in effect no change.

The budget also conceded demands on behalf of the self-employed for the application of the PAYE allowance to them. That cause drew support from pro-business politicians but it received very little analysis. It ignored why the PAYE allowance was awarded in the first instance. The reality is that Pay As You Earn means that the PAYE payer, pays every week, on a current basis. Those who pay income tax through the self-assessment method pay a year in arrears which is of considerable benefit.

Additionally, a browse through the Revenue ROS system for self-assessment is like a manual on how to avoid paying income tax, with its pages of schemes and allowable expenses. In contrast PAYE workers must demonstrate that any expense incurred in doing their job is wholly and necessarily for that purpose. The vast bulk of income tax comes from the PAYE sector, and during the recession years, income tax has been the largest contributor to State finances, having passed out

the amount collected through VAT. The sacred cow which is Corporate Tax, was not touched in the budget.

Many commentators on the budget remarked how it was the first time for many years where TDs entering the Dáil were not confronted by hordes of protesters on behalf of many different interests. Perhaps this was because so much of the budget was leaked in advance, or that the supplementary estimates which were introduced the week before, had attempted to cover some of the deficits which were causing most political controversy in the run up to the budget.

But it was those supplementary estimates which brought criticism after the budget from Prof John McHale, chair of the Irish Fiscal Advisory Council, that the increases in spending for the budget was beyond the €1.7 million budgeted for, warning that it would lead to an overly expansionary fiscal stance which would undermine the government's multi-year expenditure ceiling.

Prof McHale suggested that it created a question about the entire budgetary process, but in doing so, accused the government of breaking stringent European rules regarding

the requirement to cut the underlying structural deficit in the public finances. However, the Fiscal Council was quickly forced to retreat from that allegation within hours, but Prof McHale did not revise his view about the fact that the supplementary budgets which were introduced for the final quarter of this year will cause an almost doubling of the predicted spend for 2016.

It is the exchange between Prof McHale and the government on this matter that, more than any, highlights the difference between politics and economics. Once taught as a single academic subject – political economy – they are now presented as competing interests. The politicians, because of the cruel democratic impact that forces them to face the public at five year intervals, cannot ignore the social consequences of strict financial rules and austerity programmes imposed to implement them. Economists, they would argue, can deal with the theory.

The biggest criticisms of the budget centred around the growing problem of homelessness which has reached epidemic proportions in parts of Dublin, and the increasing difficulty in providing a quality health service to a growing population. The INMO recognised the slight increase in the health service budget for 2016, but pointed out that it fell well short of what the HSE itself had said was required to deliver both current services and the necessary developments. The INMO statement said the health budget for 2016 was welcome but simply not enough (see page 12).

The Organisation welcomed the fact that specific additional

Impact of the USC and budget changes

Retired public sector employees

- Will see an increase in the social welfare pension of €3 per week, which will result in an extra €156 per year
- The Christmas bonus has also been reintroduced at 75% of the weekly payment. This means a pensioner on the current rate of €230 per week will receive a bonus of €173
- People aged 70 and over and/or medical card holders, with income under €60,000 will have a maximum rate of 3% USC. If you fall into this category and have an income over €60,000, you be liable to the standard USC rates

Other announcements

- Pension Levy: This will end this year and will not apply in 2016 (applies to private sector pensions only)
- Local Property Tax: There will be no increase in this tax for 2016, 2017 or 2018
- Home Renovation Incentive: Extended to December 31, 2016
- Fuel Allowance: To increase by €2.50 per week to €22.50 per week
- Respite Care Grant: To be restored to €1,700 (paid to carers in receipt of the carer's allowance/benefit)
- Family Income Supplement: An increase in the threshold by €5 per week for families with one child and by €10 per week for families with two or more children
- ATM charge: Stamp duty on combined debit/credit cards was abolished and a 12 cent ATM withdrawal fee was introduced (capped at €2.50/€5 per annum depending on the card used)
- Tourism Sector: 9% VAT rate to remain in place
- Cigarettes: Increased by 50c with effect from October 14, 2015

Figures courtesy of Cornmarket

funding was targeted for critical areas such as mental health and children's speech and language therapy. It was especially welcoming of the fact that

there is a commitment beyond the budget to implement and fund the midwifery strategy, including the additional staff required to enhance the quality

and quantity of services available. However, it pointed out that the budget allocation does not seem to earmark funding to restore the 4,500 nursing/

midwifery posts lost to the service since 2008. It also declared that the allocation for 2016 would not resolve emergency department overcrowding, or the expansion or restoration of services which could take some pressure off EDs.

The INMO, in a pre-budget submission, had sought a three-year plan that would increase health service spending in Ireland from its current level of 8% to 10% GDP, in order to redress the significant damage done to the health service over the past five years. The political choice made in this budget was to prioritise tax cuts over restoration and investment in public services. The verdict on whether that was the right political choice will be made when we go to the ballot boxes in the first quarter next year.

The impact of the USC and budget changes is outlined in the *Table*.

– Dave Hughes, INMO deputy general secretary



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Please recruit your friend/colleague and ask them to complete an INMO new member Application Form (*please contact any INMO office for a supply of Application Forms*). Insert **your** name and INMO membership number on the 'Recruited By' portion of the application form at the end of Section 1.

*For every new member or re-joining member recruited, you receive a €20 One4all Gift Card.

Condolences: Connors, Lynch and Gilbert families

THE INMO would like to extend its deepest sympathies to the families of Willie Lynch (25), his partner Tara Gilbert (27), their children Jodie (9), Kelsey (4) and their unborn child, Willie's brother Jimmy Lynch (39) and their sister Sylvia Connors (25), her husband Thomas Connors (27) and their three children, Jim (5), Christy (2) and Mary (5 months).

We mourn their tragic deaths and hope the terrible events in Carrickmines, Co Dublin will lead to a more inclusive society that values all of its citizens equally.

Obituary: Carmel Taaffe

IT IS with great sadness that the INMO has learned of the death of our past president, and stalwart member, Carmel Taaffe.

Carmel, who was director of nursing in Cherry Orchard Hospital, Dublin, was a member of the INO Executive from 1970, and was 1st vice president from 1971 to 1975.

Carmel then held the position of president of the Organisation from 1975 to 1979. During her term of office the Organisation made a number of critical decisions, looking to the future, including a decision, in principle, to seek affiliation, to the Irish Congress of Trade Unions (ICTU).

As president, Carmel initiated many developments which still serve the INMO well today.

Carmel was also vice chair of our Matron Section from 1972 to 1975 and was a member of the first Board of the Faculty of Nursing in the Royal College of Surgeons in 1974.

Carmel Taaffe, past president of the INO, 1975-1979



Carmel was also a member of the working party, established by the Minister for Health in August 1975, to examine 'The role of the nurse in the health service'. This report led to many positive changes in subsequent years.

On behalf of the current INMO president, Claire Mahon, our Executive Council our members and staff, I wish to extend our deepest sympathies, and condolences, to Carmel's family, including her brother John, sisters Anne, Sr Elizabeth, Eithne, Gertie and Breda, together with her nephews, nieces, relatives and friends.

May Carmel rest in peace.

– Liam Doran,
INMO general secretary

Garda Anthony Golden, RIP

THE Executive Council, members and staff of the INMO extend their deepest sympathies to the family and friends of Garda Anthony Golden, who lost his life in the course of his duties last month. The INMO also wishes to extend its sympathies to the wider Garda family on their loss, and we stand in solidarity with them at this terrible time. The INMO feels the loss all the greater as Anthony's wife, Nicola, is a member of the INMO.

We extend our condolences to Nicola, their three children and extended family at this very bleak and dark time. All we can do, and will do, is to offer our prayers, thoughts and respect, to them in memory of Anthony who was not only a guard doing his duty, but also a loving husband and a caring and giving father. May Anthony rest in peace.

Operating Department Nurses Section Conference 2016



Call for Abstracts

The INMO ODN Section conference planning committee welcomes submissions from members on current Irish perioperative research, to form part of the conference programme.

Abstracts (between 250-300 words) to be submitted to jean.carroll@inmo.ie

Closing date for abstracts: November 27, 2015



For all enquiries email: jean.carroll@inmo.ie, Tel: 01 664 0648

Website: www.inmoprofessional.ie

Update on ICTU progress under LRA

Phil Ní Sheaghda rounds up ICTU activities in recent weeks

FOLLOWING acceptance of the Lansdowne Road Agreement by affiliated trade unions at a meeting of the ICTU public services committee in September, talks are continuing on several issues.

Pension related deduction (pension levy)

A reduction to the pension levy is part of the Lansdowne Road Agreement (LRA). However, the Department of Public Expenditure and Reform has advised the public services committee of technical difficulties in delivering the pension levy reduction in two phases.

Therefore, it will instead reduce the liability by the full calendar year value from January 2016. This amounts to €732 for the full calendar year. The balance due on September 1, 2016 (€268) will be applied from January 2017. This will be achieved by increasing the liability threshold to €26,080 from January 2016, rather than €24,750 from that date and by increasing the threshold to €28,750 from January 2017.

The value in the calendar year 2016 will be the same as if the increase had been

applied on two different dates. However, the benefit to the public servant is that they will receive a slightly increased value from January 2016. In addition, the modest adjustment to the pension levy that is due under the HRA will be paid prior to the end of 2015, the approximate gross value is €62.50.

ICTU pre-budget submission

The ICTU pre-budget submission included a request to increase investment in the public health services to 10% of Gross Domestic Product (GDP). The facts illustrate that government health spending in Ireland is under the EU average and significantly lower than a number of other north west European countries, including the UK. A briefing paper for the ICTU TASC (a think tank for Action on Social Change), in August 2015 recorded the changes in spending since 2002. According to this report,¹ both Ireland and the UK spent 6.1% of GDP on healthcare in 2002. In 2009, both countries spent 8.3% of GDP. However, by 2012 Ireland was spending 7.1% of GDP, compared to 8.1% in the UK.



The average spend according to the OECD figures in EU countries is 8.8% of GDP. Therefore, Ireland's spend on the provision of public health services remains out of sync with its European counterparts.

Tax relief on trade union subscriptions

The ICTU is seeking the reintroduction of tax relief for trade union subscriptions, which was removed in budget 2011. The ICTU has requested that tax relief for trade union subscriptions, which were sought and introduced to recognise the role of trade unions in society and to recognise the different criteria applying to the granting of tax relief for expenses paid by employees and by the self-employed, be restored.

The ICTU argues that professional fees paid by employers on behalf of their employees to many professional bodies continue to be tax free.

Yet subscriptions paid by trade union members do not qualify for tax relief. Furthermore, the ICTU argues that the existence of a tax relief on membership subscriptions is relevant to trade union membership, just as much as it is to other professional bodies. Now that the economy is improving, the ICTU believes that it is appropriate to have this anomaly addressed. In the budget announcement on October 13 it was confirmed that: "A review of and public consultation on the appropriate treatment for tax purposes of trade union subscriptions and professional body fees will be carried out next year."

New single public service pension scheme

A new single public service pension scheme was introduced from January 2013 for all new entrants to the public service.

At a recent conference, the Department of Public Expenditure and Reform confirmed that this scheme now has 25,000 members across the 400 public service employers involved, with total contribution inflow of €25 million per annum.



Health sector specific issues

Nursing workforce

The INMO and other health sector unions meet health sector management bi-monthly at the National Industrial Relations Forum of the National Joint Council (NJC). This forum is chaired by the Labour Relations Commission.

At the most recent NJC, we were advised that there are now 101,609 whole time equivalent (WTE) employees in the public health service in Ireland. Of those, nursing makes up 34,970. This is further broken down as follows:

- Nurse management – 8,130
- PHN – 1,436
- Staff nurses – 24,260
- Other nursing – 1,144.

This indicates that since December 2014 there has been a decrease of 163 staff nurses in position; an increase of 196 nurse management in position; a decrease of 24 PHNs in position; and an increase of 451 in the 'other nursing' category. The HSE also advised that the agency cost in nursing between Jan-

uary 2015 and August 2015 totalled €38.5 million.

Return to practice

The INMO and other nursing unions have met with the HSE seeking to reinvigorate the return to practice courses that were previously available to nurses/midwives. These courses have not been available for a number of years and it has now been agreed with the HSE that they will be reintroduced.

A new circular will issue that will guarantee that during the six weeks placement on the course, a non-means tested grant of €1,500 towards the overall cost involved in attending the course will be provided to participants.

Nurses/midwives who successfully complete and return to practice in the public service will also receive €1,500 as a bursary, after completing 12 months full time employment or equivalent within three years continuous employment within the public health service. The HSE

has also confirmed that it will provide additional funding for practice development support for nurses/midwives returning to practice under this course for the duration of their clinical placement on wards.

Sick leave

A number of issues are outstanding in respect of the manner in which the HSE is introducing the new sick leave scheme and also how it treats injury/infection acquired at work. These matters remain the subject of dialogue between the health service trade unions and the HSE and a number of concerns have been raised by the staff panel of trade unions in respect of the approach taken by the HSE. A meeting with the HSE is due on these issues and a referral to the Labour Relations Commission may be necessary.

Industrial relations disputes

Disputes in emergency departments are continuing, resulting from overcrowding and health and safety difficulties arising for members (see pages 6).

That equates to 8.6% of the 290,000 public servants covered under the new pension conditions.

The new career average pension scheme is based, not on

final of salary, but on the average of salary in each year of a public servant's career, with salary figures index-linked by the Consumer Price Index.

Minister for Public Expend-

iture Brendan Howlin has stated that once all public servants are in the new scheme (which will be some decades into the future), it is expected to save at least 35%

from the annual public service pension bill.

The ICTU public services committee is involved in negotiating outstanding features of the scheme, which include provisions for retirement on medical grounds, buying extra pension, dealing with family law issues and actuarially adjusted early retirement. These meetings have commenced, with Phil Ní Sheaghdha representing the INMO on this committee.

Sick leave scheme

The ICTU public services committee began talks with the Department of Public Expenditure and Reform on October 7 on a review of the new sick leave scheme. The key issues identified by the Department that it views as requiring further dialogue with trade unions are:

- The implementation of temporary rehabilitation remuneration (TRR)
- The operation of the critical illness protocol (CIP)
- The look back assessment process.

ICTU representatives on the public services committee set out the difficulties arising in the various sectors, including health, in respect of these and other issues. The Department is to examine the issues and revert at the next meeting.

Reference

1. TASC report, *Healthcare Funding Models in Ireland, 2015*



INMO president Claire Mahon joined protestors from St Vincent's University Hospital ED last month to highlight ongoing overcrowding and understaffing in the ED



Work to rule commences at SVUH

Action centres on sustained and unsafe overcrowding in ED

INMO members in the emergency department of St Vincent's University Hospital, Dublin commenced a campaign of industrial action last month, having voted for action up to and including withdrawal of labour.

The campaign commenced last month to highlight ongoing overcrowding and understaffing in the ED, with a lunchtime protest held at the hospital on October 12. This was followed by a work to rule which commenced on October 13, with nurses withdrawing from:

- Clerical work
- Non-nursing duties
- Use of IT
- Use of phones, except for two emergency ambulance phones in the ED.

These steps are giving nurses more time for direct patient care. The action follows intensive efforts by INMO members to resolve overcrowding problems where more than 110 patients are regularly accommodated in the ED, which has a capacity for 18 patients on trolleys. An inability to recruit and retain nurses has made it very difficult to provide safe care for patients.

It is an intolerable working environment for members. Admitted patients in the SVUH ED have been subjected to unacceptable conditions where staff are unable to provide the most basic standard of privacy and dignity.

This is due to spare capacity in nearby hospitals not

being accessed. Nurses are concerned that non-urgent patients are being prioritised over emergency cases. Patients are being managed on corridors and inappropriate spaces, with consequent risk to their safety and health.

A dispute continues between nurses and management about the number of admitted patients on trolleys in the ED being understated for the INMO's trolley/ward watch. Therefore, members will return what they believe is the correct daily figure for the duration of this dispute.

According to the INMO trolley/ward watch statistics, 3,750 patients spent time on a trolley in the ED, awaiting an inpatient bed, from January to

September this year. This is an increase of 134% on the same period in 2014.

INMO IRO Philip McAnenly said: "Our members are totally frustrated at management's failure to address this problem or even acknowledge the extent of the crisis caused by overcrowding. Patient care and safety is being compromised on a daily basis, because of overcrowding, which prevents our members from providing the care they believe is necessary for their patients.

"Members believe they have no option but to highlight the unacceptable conditions patients are being subjected to. The decision to commence industrial action, was unanimous."

LRC set out clear staff agreement for Drogheda ED

A STAFFING agreement was drawn up clearly outlining the staffing arrangements for Drogheda emergency department when dealing with overcrowded situations, following discussions chaired by the Labour Relations Commission earlier this year.

This fact was stressed by the INMO last month in view of an incorrect public statement made by the clinical director of Our Lady of Lourdes Hospital, Drogheda, that no staffing agreement exists for the ED.

The LRC agreement states: "First six patients to be cared for as part of the ED staffing complement of 10 nurses per shift. Thereafter, one addi-

tional nurse for every six admitted patients, ensuring a ratio of one nurse to six admitted patients within the ED, pending an internal staffing review which will include consultation with unions".

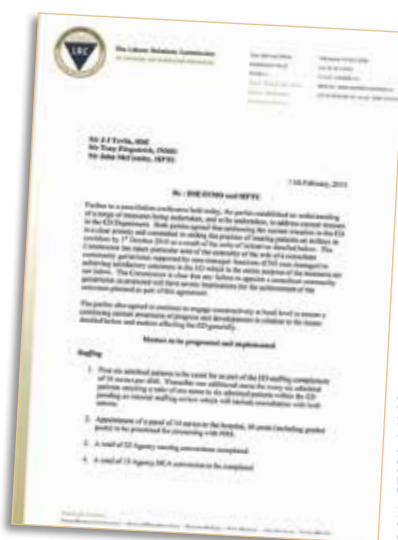
This agreement would have required 18 nurses to be on duty in the ED on the day in question, when severe overcrowding occurred, creating a situation when the department was full and also had 48 admitted patients on trolleys. However, instead of the required 18 nurses, the patients only had 10 nurses available to care for them.

Tony Fitzpatrick, INMO IRO, said: "It is most disappointing

to hear the clinical director incorrectly state that no staffing agreement exists between the hospital and the INMO. We would expect that the clinical director would be fully aware of all agreements drawn down to maintain safe care for patients in this department.

"It is even more disappointing that the clinical director did not openly acknowledge that care was compromised, in the absence of the required staffing numbers and staff left totally overworked and bereft of support.

"The situation, endured by both patients and staff, in the Lourdes Hospital was raised at the meeting of the ED Imple-



mentation Group, including the Minster for Health, when it met in October to ensure there would be no recurrence."



INMO IRO Mary Fogarty (left) protesting with members outside University Maternity Hospital, Limerick

Limerick midwives take action to highlight serious safety concerns

MIDWIVES held a lunchtime protest outside the University Maternity Hospital, Limerick, last month to highlight concerns about safe care.

Midwives at the hospital have been engaging with HSE management, through the INMO, since early this year on a range of issues arising from the compromising of care caused by the following:

- Significant increases in activity and complexity of mothers presenting at the hospital
- Totally inadequate, historically-based, midwifery staffing levels, including:
 - Inadequate staffing levels in the labour ward at night
 - Unsafe levels of staffing, on a 24/7 basis, in the hospital's emergency unit
- Wholly inadequate numbers of essential support staff, ie. portering and clerical staff
- Significant increase in

demand for neonatal services (May to August 2015 saw a 22% increase in activity compared to 2014, and June 2015 had a 40% increase compared to June 2014)

- Poor control of elective activity at the hospital, ie. elective inductions of labour and caesarean sections occur on a 24 hour basis regardless of staffing levels
- Inability of midwives to attend to the psychological support of mothers who have suffered a bereavement, have a high-risk pregnancy, probability of birth defects or have a new baby with a disability
- Loss, in recent years, of expert midwives due to retirement, etc. with no concurrent HSE recruitment. This has left a significant clinical skills deficit at the hospital with junior midwives being assigned to take charge of busy and complex mater-

nity wards, compounded by inadequate midwife to mother/birth ratios. Ante/postnatal wards are often full with 28 mothers plus new born babies with only two midwives and an inevitable compromise in standards of care that can be provided

- Loss of community midwifery services in Limerick city.

The INMO has been engaging with management since February 2015 on the critical concerns raised by midwives. While efforts are being made by the HSE to recruit up to 25 midwives, this will not, in the professional view of midwives, address the crisis in staffing at the hospital. Midwives aim to secure minimum staffing levels on each unit to ensure that safe, quality care can be given to all. The INMO has written to the HSE detailing the minimum levels of midwives required per unit and other

matters. A response is awaited.

Mary Fogarty, INMO IRO said: "Our midwife members are the clinical professionals at the frontline of maternity services on a 24/7 basis. They are extremely concerned at the standards of care currently available at the University Maternity Hospital, Limerick and feel they must highlight these concerns. Equally they are not satisfied that the HSE, while aware of the increased activity and complexity at the hospital, has made adequate efforts to support the midwifery service immediately through increased staffing levels in all areas."

The lunchtime protest on October 2 was a first step of a campaign to ensure that the HSE responds to the urgent needs of the hospital. This was followed by a ballot for a work to rule to commence if matters are not resolved.

Limerick ED Forum ensuring progress

THE ED Forum at University Hospital Limerick, chaired by independent facilitator Janet Hughes, has ensured progress by management on the recruitment of nurses and other issues relating to overcrowding in the hospital's emergency department.

In February, 70 new nursing posts were agreed at the LRC and 57 of these have been filled to date. Management has also provided an update on a plan to tackle ED overcrowding during the winter months,

which will include an additional 33 beds.

The INMO has repeatedly raised the issue of long-waiting times of 12-14 hours for patients in the ED waiting to be admitted and/or reviewed by medical personnel. The HSE has advised that it intends to introduce a performance indicator review to action such delays within the hospital system.

The LRC agreement on the allocation of dedicated nursing staff to patients on trolleys

remains outstanding.

Mary Fogarty, INMO IRO, said, "The additional bed capacity is welcome and the impact on the system will be a real test of the changing processes at the hospital.

"We are also waiting on the development of a viable nursing bank and the facilitator has further requested that management redefines their recruitment targets in line with existing shortfalls and new developments in the hospital."

Work stoppage

INMO members at Croom Orthopaedic Hospital have voted to hold a work stoppage on November 9 from 11am-1pm. Notice of this action was served to the HSE on October 9. The INMO referred several serious health and safety issues in theatres at the hospital to HSE management last November and to the Health and Safety Authority. However, despite numerous correspondence, the HSE has not addressed the risks.

– Mary Fogarty, INMO IRO

Spotlight on The Assistant Directors of Nursing/Midwifery/ Public Health Nursing/ Night Superintendents Section

THE Assistant Directors of Nursing/Midwifery/Public Health Nursing/Night Superintendents Section represents all nurses in these grades in all areas of the health service.

The Section holds four meetings per year in INMO HQ in Dublin. Members can attend these meetings in person or via the teleconferencing system. We encourage more of our colleagues to come to the meetings or attend via the teleconferencing facility. An increased presence strengthens the work and representation of our Section and provides INMO members with a supportive network of colleagues to discuss issues in what can be a difficult working environment at times.

At our quarterly meetings, current issues affecting members of our grade are discussed, eg. HR issues, Lansdowne Road / Haddington Road Agreement and recruitment, among others. Edward Mathews, INMO director of social policy and regulation provides updates on issues of concern to us. Each year, two members from our Section are nominated to attend the INMO's annual delegate conference to speak to the motion that our Section members have put forward during the year.

Holding our Section meetings every three months provides us with a forum to bring up issues of common interest and concern, as well as enabling us to network with colleagues. If you would like to attend our Section meeting or link in to our meetings, please email Helen O'Connell at: helen.oconnell@inmo.ie with your contact details. We will then send you the agenda for our next meeting, which will take place on Wednesday, February 3, 2016.

Section Officers

Chairperson



Eileen Grehan
eileen.grehan@hse.ie

Vice Chairperson



Michael Farrell
michael.farrell@hse.ie

Secretary



Angela Nolan
angela.nolan@hse.ie

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/
Midwifery/Public Health
Nursing/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
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/
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
Nurses | <input type="checkbox"/> Student Allocation Liaison
Officers Network |
| <input type="checkbox"/> Midwives | <input type="checkbox"/> Student Nurses |
| | <input type="checkbox"/> Telephone Triage Nurses |
| | <input type="checkbox"/> Third Level Student Health
Nurses |

Practice Nurse Section – legislation updates and ongoing issues

NEW legislation that may have positive implications for nurses who are employed in the private sector was discussed by Phil Ní Sheaghda, INMO director of industrial relations, at the recent GP Practice Nurse Section meeting.

The Industrial Relations (amended) Act 2015 will now be examined, and the INMO will work with the Practice Nurse Section in relation to exploring potential opportunities in the area of standardisation terms and conditions of employment for INMO members. The Practice Nurse Section committee will work with the INMO to prepare the necessary details required in respect of back-

ground. It is likely to be a lengthy process, however, it is most certainly worth exploring.

Insurance

During the meeting, Ms Ní Sheaghda emphasised strongly that individual practice nurses need to be named on their employer's insurance, as having personal insurance is neither sufficient nor necessary. An employer's insurance covers for the vicarious liability of employees working within their scope of practice and job description.

For any questions in relation to this contact Phil Ní Sheaghda at Tel: 01 6640603

Training and education

Members who were present

at the meeting expressed concern about extending their role to accommodate the expanding functions assigned to primary care without any further training and the existence of five vacant professional development co-ordinator (PDC) posts nationally.

Ms Ní Sheaghda stressed the importance of scope of practice and competency and to seek further training if required. She was urged by members to emphasise to the national director of primary care, the urgency to fill the PDC posts.

Workshops

Two workshop sessions on 'developing protocols for medical software packages',

which received very positive feedback, ran concurrently on Socrates and Health One.

The next workshop will be held on January 23, 2016; notification of the topic to be covered will be sent out in due course.

NMBI query

In response to a query, the NMBI advise practice nurses that all information relating to NMBI updates can be accessed through the monthly ezine only. A revised Scope of Nursing and Midwifery Practice framework has been launched recently and is available on the INMO website.

For more information on the Scope of Nursing and Midwifery Practice framework see page 34.

Report from the Telephone Triage Section conference

SOME 80 nurses working in the telephone triage out-of-hours setting met in Limerick to participate in the annual Telephone Triage Section conference.

Topics discussed included: fever in children, UTI management and an overview of sepsis, among others.

During the conference, general secretary Liam Doran provided an update on INMO issues, including professional indemnity insurance. He confirmed that the INMO has a new legal defence policy in place and this is an automatic part of membership for all members working in the private sector. It provides a guarantee of all legal costs being met in any proceedings required to ensure employers accept vicarious liability for the staff working for them.

The legal defence policy activates immediately when a member of the INMO, working

for a private sector employer, notifies the INMO of any issue, claim or difficulty. This legal defence policy essentially removes all risk from the INMO member. Mr Doran also advised that telephone triage nurses no longer require a professional indemnity insurance scheme when working as an employee in the private sector.

Employees, including telephone triage nurses, when carrying out all nursing duties, as laid down in their contract and by the NMBI scope of practice, are covered by employer's vicarious liability and under a recent EU directive. However, INMO professional indemnity insurance continues to be available to all INMO members undertaking normal nursing roles in the private sector such as those in education, home care and professional development.

In relation to any referral to the NMBI fitness to practise



Pictured at Telephone Triage Section conference (l-r) were: Claire McMahon, national secretary; Hazel James, education officer; Ann O'Farrell, speaker; Breege Clarke, vice chairperson; and Carmel Murphy, chairperson

process, Mr Doran confirmed that all members of the INMO are automatically covered for all support and representation, inclusive of legal representation, required. This includes the Preliminary Proceedings Committee and full hearings. Members were advised to contact the INMO immediately if and when they receive communication from NMBI in relation to any complaint about their practice. Mr Doran urged all

present to remind their colleagues, that a member should not make any statement or attend any meeting in relation to any referrals without the involvement of the INMO.

All telephone triage nurse members are advised that if they have any questions or queries, on any of the foregoing and/or any workplace issue they should contact their local industrial relations officer for their region immediately.

Quality & Safety

A column by
Maureen Flynn



The story of quality improvement

THIS month, we are focusing on quality improvement in healthcare. I was recently introduced to a YouTube video that tells the story of quality improvement in just over 11 minutes. Dr Mike Evans narrates the story in a very engaging way using a doodle video.

What is quality improvement?

Quality improvement is about a philosophy and an attitude that seeks continuous improvements in healthcare based on the joint efforts of everyone – staff, patients and their families, researchers, commissioners, planners and educators, who seek better outcomes for service users, better experience of care (system performance) and finally, the continuing development and support of staff in delivering quality care.¹



The Dr Mike Evans video describes how to use the model for improvement.

What is the model for improvement?

The model for improvement is a very common method used in quality improvement to enable change. This practical tool is based on three fundamental questions:²

- What are we trying to accomplish? ie. what are we going to improve and by how much? (the aim)
- How will we know that a change is an improvement? (measurement)
- What changes can we make that will result in improvement? (test one change).

These three questions combined with the 'Plan-Do-Study-Act' (PDSA) cycle (see Figure) form the basis of the model.

How to use it

Once we have an understanding of the current situation and where the potential barriers and opportunities are, we can start to make improvements. Firstly, using the three framework questions:

What are we trying to accomplish?

- Set the aim, which should be time-specific and measurable
- Define the specific population that will be affected.

How will we know that a change is an improvement?

- Establish the measures that will determine whether a specific change leads to an improvement.

What changes can we make that will result in improvement?

- Select the change.

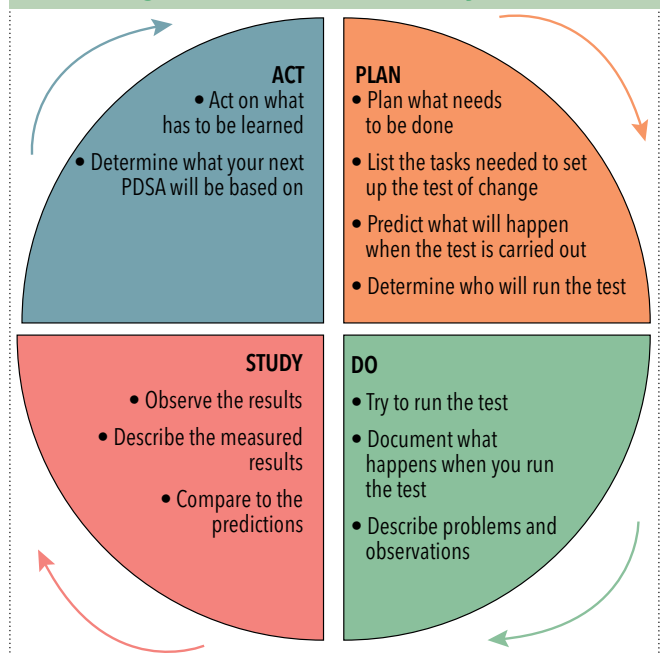
'Plan-Do-Study-Act' (PDSA)

Test one change using the PDSA cycle, which allows you to try out the change in the workplace setting. Continuing a cycle of PDSAs allows you to learn from each small test and refine. You can then make a decision to adapt, adopt or discard the change. Once a change has been shown to be an improvement, every opportunity should be taken to spread change to other parts of the organisation, however, the improvement may require testing in the new setting to allow staff to work out how they can fit the change into their practice.

Opportunity to get involved

Why not start the conversation about quality improvement at your next team,

Figure: 'Plan-Do-Study-Act'



ward or unit meeting, journal club or education session by watching the YouTube video.

For more information you can access the video at www.youtube.com/watch?v=jq52ZjMzqyl. The Scottish Quality Improvement Hub (Knowledge Centre) provides a range of resources for quality improvement that might be of interest. Each tool is linked to the improvement journey, these can be accessed at www.qihub.scot.nhs.uk/knowledge-centre/quality-improvement-tools.aspx

Maureen Flynn is the director of nursing and midwifery, Quality Improvement Division lead, governance for quality and safety

Acknowledgement

Special thanks to Dr Mike Evans for making the video available and NHS Scotland for sharing resources on the web

References

1. Batalden P, Davidoff F. What is 'quality improvement' and how can it transform healthcare? *Quality and Safety in Health Care*. 2007; 16(1):2-3
2. Langley GL et al. *The Improvement Guide: a Practical Approach to Enhancing Organisational Performance*. San Francisco, CA: Jossey Bass; 2009



Bulletin Board

With INMO director of industrial relations Phil Ní Sheaghda



Query from member

I have not worked as a nurse for a number of years but am interested in returning to work, however I am unable to source a back-to-nursing course. I don't know if it's a requirement to complete a back-to-nursing course, but I feel I should as I haven't practised in over 10 years. Do you have any information that might be of assistance?

Reply

You are correct in that there is no requirement to formally complete a back-to-nursing course at present but it is always advisable to be confident in your ability to undertake the duties that you will be asked to perform, so a back-to-nursing course is a good idea. Currently, back-to-nursing courses are not available, however the INMO and other trade unions have recently met with the HSE and an agreement is

now in place to recommence these courses.

A circular will issue shortly which will set out the areas in which these courses will be available and the INMO will carry this information on our website www.inmo.ie

It is now agreed that when undertaking the course, which involves six weeks in total, a payment of €1,500 towards the cost of travel and subsistence will be made available to the participants. Furthermore, if an employee has completed 12 months full-time employment or the equivalent employment within three consecutive years with the public health service, a €1,500 bursary will be paid to them.

The courses will be available in Dublin and other locations nationally, however the INMO has not yet been advised of the exact venues of courses. As soon as this information is made available to us we will publish it. The HSE will also place advertisements in local and national newspapers, requesting applicants for the course. I wish you well in your endeavours and please do not hesitate to contact the INMO when you commence the course.

Query from member

As a senior nurse manager, my query relates to the appropriate composition of interview panels in relation to promotional posts for nurses and midwives. Can you advise me of the INMO position on this please?

Reply

Thank you for your query. The INMO recently received a number of enquiries from senior nursing and midwifery members in relation to the appropriate composition of

interview panels where nurses and midwives are applying either for promotional clinical posts or promotional managerial posts.

The INMO Executive Council considered this matter recently, and re-affirmed its long-standing position that where a person is applying for a clinical specialist or practitioner post, it is possible that there would be need for a consultant from that specialty to be on the interview Board. However, in relation to nursing or midwifery management positions, the INMO re-affirms its long-standing policy that medical personnel do not have a role in interviewing nurses and midwives for nursing and midwifery managerial positions.

If difficulties are encountered in this area, you should feel free to contact your industrial relations officer.

Know your rights and entitlements

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

Contact Information Officers Catherine Hopkins and Karen McCann at

Tel: 01 664 0610/19

Email: catherine.hopkins@inmo.ie, karen.mccann@inmo.ie

Monday to Thursday 8.30am – 5pm; Friday 8.30am – 4.30pm

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



Recruitment & retention round up



In a series on the recruitment and retention of membership, Albert Murphy highlights INMO activities of interest to members

Launch of INMO Rewards Scheme – new application forms

Following the successful launch of the INMO Rewards Scheme, which is sponsored by Cornmarket, all INMO workplace representatives should have received the new application forms for membership. As there are significant benefits for new members arising from the Scheme (see *page opposite*), the older application forms should not be used.

If you recruit a new member to the INMO you will be entitled to receive a One4All gift card worth €20.

INMO rep training course in Sligo

The first INMO training course in Sligo took place on October 13 and 14, 2015. The course was well attended with nurse representatives from Sligo and Roscommon. The INMO reps who attended the course had over 200 years' experience of nursing between the 11 participants and on average five years as INMO representatives each. The training course aims to give nurse/midwife representatives the confidence to deal with the grievances of members and meet with management at local level.

The trainees were also put through their paces by Dave Hughes, INMO deputy general secretary, on the subject of public speaking. There were a number of interesting speeches given by the participants. The INMO members in Sligo and Roscommon can rest assured that their INMO nurse representatives have plenty to say in support of their members.

More training courses

The INMO will be holding nurse representative courses in Cork and Limerick. The dates for Limerick are November 16 and 17 and the course in Cork will be on November 18 and 19. If you are interested



Pictured at the recent launch of the INMO Rewards Scheme were (l-r): Liam Doran, INMO general secretary; Claire Mahon, INMO president; and Ivan Ahern, marketing & distribution director of Cornmarket

in attending these courses, please contact Martina Dunne at Tel: 01 6640624 or email: martina.dunne@inmo.ie

UNISON conference on partnership

Unison, which represents health workers including nurses in the UK and Northern Ireland, recently organised a one-day conference on the positive benefits of partnership. The conference heard speakers from a number of NHS trusts across Northern Ireland who gave their experience of working in partnership between management and trade unions. This has resulted in major productivity gains for the employers and more permanent and well-paid, unionised jobs in Northern Ireland. Another benefit that may not be obvious is that partnership projects also reported that there was increased satisfaction from patients arising from the improvements that had taken place at workplace level.

There were two speakers; Deborah King from the 1199SEIU trade union in New York and Thomas Helfrich, an employer's representative from The League of Voluntary Hospitals and Homes of New York. Both speakers reported that their partner-

ship programmes covered five US states, with 700 employers participating in these arrangements, and that in the projects there were over 300,000 healthcare workers covered by these agreements.

It was reported to the conference that worker satisfaction has a direct and positive relationship with patient satisfaction. The conference heard that the worker voice and involvement leads to: reduced sickness absence; innovative solutions to patient care and patient experience; improved service delivery; efficiency; and improved quality of care and cost savings. Given Ireland's recent history of partnership arrangements from 1987 up to the economic crash, it is unlikely that there will be attempts by government or other employers at this time to recreate them. However, based on the evidence presented, it is clear that there are positive benefits for workers, patients, trade unions and employers in relation to working together. Perhaps it is time that we reconsidered such an approach to our health service.

Albert Murphy is INMO industrial relations officer/organiser; Email: albert.murphy@inmo.ie

ICN 2015 conference focuses on the globalisation of nursing

INMO International Nurses Section chairperson reports from Seoul

IN JUNE of this year, thousands of nurses gathered at the ICN's 2015 international conference, which was held in Seoul, South Korea, to explore and discuss the importance of global co-operation in nursing.

As a qualified and experienced nurse in both Ireland and Nigeria and as the chairperson of the International Nurses Section of the INMO, I like to seize any opportunity to explore other people's cultures and traditions so as to be able to practise nursing effectively and efficiently globally. This led to my travelling from Dublin to Seoul, South Korea for the ICN conference, which was held from June 19-23.

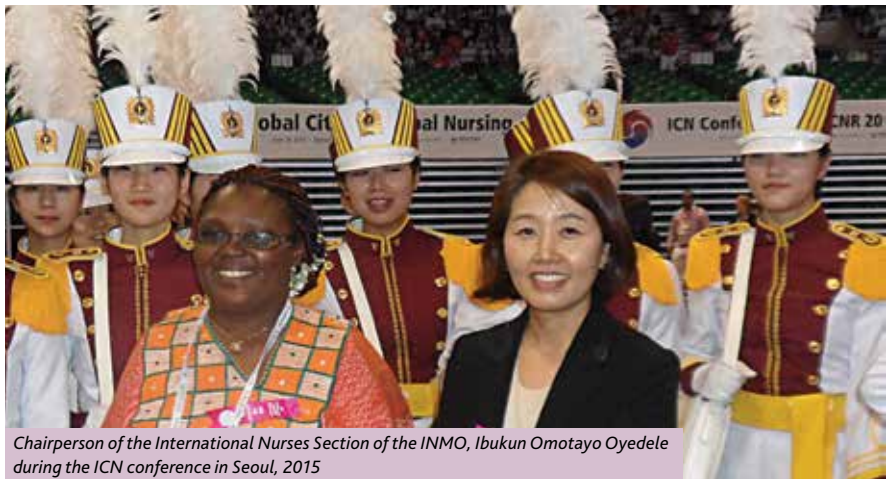
The conference, which is a global festival for nurses, started with registration of participants at the Conference and Exhibition Centre (COEX), where the volunteering Korean nurses were at hand, giving the necessary assistance and handing the conference bag and materials to participants.

This was followed by the official opening ceremony at the Olympic Gymnastics Arena, where about 13,000 nurses gathered from all over the globe. The ceremony started with the traditional parade of 119 ICN member associations, dressed in various traditional attires. It was indeed a very colourful, informative and dignified event.

In her congratulatory address, the president of Korea, Park Geun-Hye described nurses as 'our true guardian angels' and thanked them for their services, especially during outbreaks of contagious diseases, such as MERS, Ebola etc.

The second headline speaker, Dr Margaret Chan who is the director general of the WHO, encouraged nurses to make their voices heard. She also commended Korea for its response to the MERS crisis and urged nurses to be active in formulating laws regarding health affairs in their own countries.

Among other speakers during the ceremony were ICN president, Judith Shamian who gave the welcome address, and rep Shin Kyung-rim.



Chairperson of the International Nurses Section of the INMO, Ibukun Omotayo Oyedele during the ICN conference in Seoul, 2015



Ibukun Omotayo Oyedele with INMO president Claire Mahon during the ICN conference

Global nursing

The ICN theme 'Global citizen, global nursing' is not an accident. It is very appropriate and timely in this era where the entire world has been linked to become a global village through advancements in science, technology and social networking. According to rep Shin-Kyung-rim, as our world is more connected today than ever before, infectious diseases easily spread beyond borders.

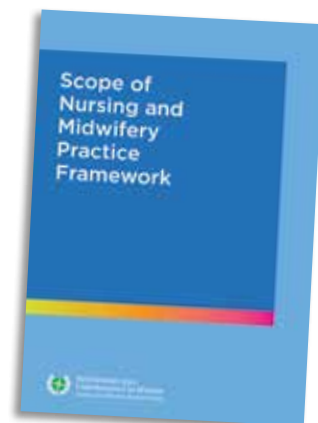
Korean society is very family-focused with family interests highly placed above personal interest, and respect is highly valued. The traditional religions in South Korea are Buddhism and Confucianism, but Christianity has become more popular in recent years. The Korean language is Hangul. The language has traditional

values (just like Yoruba, my traditional language in Nigeria); words change depending on who you are speaking with. The healthcare system in South Korea includes both western and traditional medicines. The Korean traditional methods of treatment include herbal medicine, acupuncture, meditation, massage etc.

During the ICN conference, I had the opportunity to meet and make new friends. This experience will be in my memory and be cherished for a long time. I hereby use this medium to say *go raibh maith agat, mo dupe* and *kamsa hamnida* – thank you in Irish, Yoruba and Hangul respectively.

Ibukun Omotayo Oyedele is the chairperson of the International Nurses Section and works in Cherry Orchard Hospital, Dublin

NMBI updates Scope of Nursing and Midwifery Practice Framework



Kathleen Walsh discusses the revised Scope of Nursing and Midwifery Practice Framework

THE Nursing and Midwifery Board of Ireland (NMBI) recently launched the revised *Scope of Nursing and Midwifery Practice Framework*. The updated framework enhances the guidance provided to nurses and midwives practising in an increasingly complex and challenging healthcare environment.

The new framework and accompanying flowchart (see page opposite) reflects the significant changes and developments occurring across the Irish health and social care services, as well as transformation in education and the evolving professional roles for nurses and midwives. The revisions also take account of the principles, values and standards established in the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives, issued in December 2014, and supports the new Practice Standards for Midwives published earlier this year.

Scope of practice is defined as: the range of roles, functions, responsibilities and activities that a registered nurse or registered midwife is educated, competent and has authority to perform

This definition, originally established in 2000, continues as the basis for the NMBI guidance. Yet as the scope of nursing and midwifery practice is a dynamic concept the NMBI needs to make certain the professional guidance in the Scope Framework is current and relevant to you as a registered professional.

Methodology

The National Review of the *Scope of Nursing and Midwifery Practice Framework* – Final Report, conducted from October 2013 to April 2014 by the higher education institutions consortium of University College Dublin, University Limerick, Uni-

versity College Cork and Trinity College Dublin, set the groundwork for the new Scope framework. The evaluation methodology included:

- Literature review
- National survey
- Focus groups
- Stakeholder interviews
- Case studies
- Analysis of the NMBI Education Department enquiries database
- Documentary analysis of the Scope Framework (2000).

Following the consortium's robust research and initial drafting of a new Scope framework, the NMBI Ethics Committee and cross functional project team undertook additional revisions to the document, incorporating the feedback from our online survey (January 2015). In June 2015 the NMBI Board approved the final document.

Overview of the Scope Framework

The new Scope Framework, consisting of five key sections, has several purposes in providing guidance:

- Serves as a framework to support your decision-making in everyday practice
- Encourages reflective practice to improve learning and the provision of safe, quality patient care
- Provides a foundation for the expansion of nursing and midwifery roles
- Helps you to identify your professional development needs.

The definitions for the scope of nursing and midwifery practice (Sections 2 and 3) outline the values that underpin your professional practice. Your scope of practice is dynamic, meaning it will change and grow as you progress in your career as a nurse or midwife.

Decisions about your scope can be complex, thus the Scope Framework includes nine considerations for determining the scope of practice (Section 4).

Some may be familiar to you from our first Scope document such as: competence; continuing professional development; accountability and autonomy, support for professional practice and emergency situations. These have been expanded on and there are additional considerations such as: responsibility; collaborative practice; delegation and supervision; practice setting; and expanded practice.

The principles for determining scope of practice (Section 5), associated with the Code's five principles, emphasise patient safety and quality of care. Guidance on the expansion of practice is also a focus in this section.

The NMBI has produced a new decision-making algorithm – Scope of Practice Decision-Making Flowchart – to be used alongside the Scope Framework definitions, considerations and principles described here (see page opposite). The flowchart uses a traffic light colour system with its prompting questions to assist you in thinking about your nursing/midwifery role or activity and making decisions about your scope of practice. In situations where you may be outside or unsure about your scope of practice, the flowchart stresses the importance of making sure the patient's needs are met. Collaboration and discussion with senior nursing and midwifery colleagues and other healthcare professionals and the NMBI are also signposted for you.

Also presented in the new *Scope of Nursing and Midwifery Practice Framework* are a glossary, references and resources. Further scope of practice supports such as case studies, clinical examples and a help centre on our website will be launched over the coming months. You can keep up to date on the Scope and other NMBI developments on www.nmbi.ie and the monthly e-zine.

Scope of Practice Decision-Making Flowchart

Think about Your Nursing or Midwifery Role or Activity
PATIENT SAFETY FIRST

Is the role/activity you plan to undertake respectful of the patients' rights and will they derive an overall benefit from your actions?

YES

Does the role/activity fit in with definitions and values that underpin nursing and midwifery as outlined in the Code of Professional Conduct and Ethics and Scope of Practice?

NO

STOP

You are outside your scope of practice.

NO

Ensure patient needs are met. This may be through collaboration or referral to other HCP.*

YES

Have you the necessary competence to carry out the role/activity?

NO

STOP

You are outside your scope of practice.

Discuss with senior nurse or midwife manager/other HCP/NMBI and consider what measures you need to take to develop and maintain your competence.

YES

Is the role/activity supported in your practice setting?
For example through relevant legislation, national or local PPPGs* or evidence based resources.

UNSURE/NO

STOP

You are outside your scope of practice.

Ensure patient needs are met. This may be through collaboration or referral to other HCP.

Discuss with senior nurse or midwife manager/other HCP/NMBI

If PPPGs are not available consider what needs to happen to put the necessary PPPGs/supports in place.

YES

Are you willing to accept responsibility and accountability for your role or activity?

NO

Ensure patient needs are met. This may be through collaboration or referral to other HCP.

Consider what measures you need to take to develop and maintain your competence.

Consider the reasons why you feel unable to accept responsibility and accountability and discuss with senior nurse or midwife manager/other HCP/NMBI.

YES

Proceed

Carry out the role or activity and document the details.

*HCP – Healthcare Professional PPPGs – Policies, Procedures, Protocols and Guidelines



Pull Out



Maintaining Professional Development Nurses and Midwives



Professional
DEVELOPMENT CENTRE



Maintaining your competency – Maintaining your registration



Elizabeth Adams
Director of Professional Development, INMO

Supporting your scope of practice

With the recent publication of the Scope of Nursing and Midwifery Practice Framework (See page 34) the INMO Professional Development Centre is committed to supporting nurses and midwives to maintain their competence and work safely within their scope of practice. The Nursing and Midwifery Board of Ireland's (NMBI) new publication incorporates the principles, values and standards established in the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (NMBI 2014). As the structures of health services develop, the manner in which healthcare is delivered continues to evolve. Changes in legislation, in particular the Nurses and Midwives Act 2011, and policy developments continue to impact upon the way that nursing and midwifery are practised, therefore, every nurse and midwife should have the opportunity to avail of continuing professional development to maintain and enhance their competence and develop their professional career. Continuing professional development and lifelong learning have become cornerstones of nursing and midwifery professional practice.



The INMO Professional Development Centre is 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, in addition to over 35 one and two-day education programmes available until the end of the year. Some examples of new education programmes that have recently received Category 1 approval from the Nursing and Midwifery Board of Ireland (NMBI), with continuing education units (CEUs) include:

- Assessment and Care Planning in Public Health and Community Nursing (6 CEUs)
- Delegation and Clinical Supervision for Clinical Nurse Managers and Clinical Midwife Managers (4.5 CEUs)
- Exploring a Culture of Compassion and Care (5.5 CEUs)
- Ethics and Spirituality in Person – Centred Holistic Care (6 CEUs)
- Getting the most from your Library: Advanced Library Searching Techniques (5 CEUs)
- Identity, Personhood, Ethics and Spirituality in Dementia Care (two-day course – 12 CEUs)
- The HIQA Inspection Process – A School Nurses Perspective (5 CEUs)
- Social Media and the Internet – Opportunities, challenges and dangers for nurses and midwives; professional and personal lives collide (6.5 CEUs).

This issue also features a wide variety of dedicated and affordable nursing and midwifery continuing education programmes covering topics such as: academic writing skills and research appraisal, assessment and care planning in residential care settings for older people, clinical audit, competency-based interview training, delegation and supervision, ECG interpretation and many more.

The INMO professional website (inmoprofessional.ie) provides 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, Tel: 01 664 0641 or 01 664 0618 or you can email: pdc@inmoprofessional.ie.

The team and I look forward to welcoming you to our education programmes, conferences and library services.

Book Online



Safe Secure Online Booking System for All INMO Education Programmes and Conferences

www.inmoprofessional.ie



If you require any assistance with booking online please contact the Professional Development Centre on 01 664 0641/01 664 0618

www.inmoprofessional.ie

EDUCATION PROGRAMMES

Venue: INMO Professional Development Centre, The Whitworth Building, North Brunswick Street, Dublin 7

Tel: 01 664 0641/01 664 0618. **Email:** 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

Date	Programme	Fee	(CEUs)
Nov 9, 2015	Pain Management	€80 members; €140 non-members	5
This programme provides a comprehensive approach to assessment and management of pain. It focuses on pharmacological and non-pharmacological methods. Overview of ASK & LISTEN approach. It discusses pain types and effective approaches and explores pain assessment tools.			
Nov 10, 2015	Ethics and Spirituality in Person-Centred Holistic Care	€80 members; €140 non-members	6
This one-day workshop is designed to redress the balance and to explore a deeper expression of the art of caring. It will explore the meaning of spirituality, which is the heart of person-centred care, in the context of ethics and spirituality.			
Nov 10, 2015	Getting the most from your library: Advanced Library Searching Techniques	€80 members; €140 non-members	5
This one-day course is aimed at registered nurses and midwives who would like to develop their searching skills in order to effectively find the most relevant information for clinical practice, reflection and policy development. This course will also be of benefit to those who are undertaking or about to commence post registration academic programmes.			
Nov 10, 2015	Phlebotomy	€80 members; €140 non-members	3.5
This course provides nurses and midwives with the skill, theory and practice of 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. This course will provide the necessary knowledge and skills to undertake phlebotomy; however, it will be necessary for each nurse and midwife attending to ensure that they abide by their local policy on phlebotomy in their place of work. 9.15am-2.30pm.			
Nov 11, 2015	Principles and Practice of Infection Control	€80 members; €140 non-members	5
This study day has been developed in response to the many challenges nurses and midwives face regarding infection control. It is suitable for nurses and midwives working in acute care and community care settings.			
Nov 13, 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 and 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.			
Nov 16, 2015	Nursing the Cardiac Patient	€80 members; €140 non-members	6
This study day provides a forum to update nurses on national and international trends in the holistic management of patients with cardiac disease. A particular focus on the day is to ensure that presentations are based on current evidence-based practices within the field of cardiology. The day is designed to examine new developments in cardiac nursing, particularly in the area of medications and chronic heart failure. This reflects the diversity of, and challenge in, providing quality care which is individualised to cardiac patients. 9.15am-4.15pm.			



Date	Programme	Fee	(CEUs)
Nov 16, 2015	Introduction to Palliative Care	€80 members; €140 non-members	4
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.			
Nov 17, 2015	ECG Interpretation	€80 members; €140 non-members	6
This one-day workshop is aimed at enhancing the general nurse's knowledge of cardiac electrophysiology. It will provide participants with knowledge of cardiac rhythms, rhythm analysis and ECG interpretation. It is advisable to complete the 'Nursing the Cardiac Patient' course prior to registering for this course. 9.15am-4.15pm.			
Nov 18, 2015	Intravenous Administration of Drugs	€80 members; €140 non-members	5
This course discusses accountability in undertaking this role. The task of undertaking drug calculations will be outlined and demonstrated. Principles of aseptic technique, providing the patient with information on the procedure, gaining consent and complications that may arise before, during and after the procedure will also be explored. The ultimate aim is for participants to learn how to carry out the procedure in a competent and safe manner, however it will be necessary for each nurse and midwife attending to ensure that they abide by their local policy on intravenous administration of drugs in their place of work.			
Nov 18, 2015	Competency-based Interview Training	€80 members; €140 non-members	6
This one-day course helps participants prepare for a competency-based interview. Competency-based interviews, which are based on the premise that past experience can predict future behaviour, are an increasingly common style of interviewing that enable 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.			
Nov 19, 2015	Leg Ulcer Study Day	€80 members; €140 non-members	5
This study day provides participants with information to best inform their practice in accordance with patients' needs. Participants will learn to distinguish between the different causes of ulceration and associated pathophysiology and relate to epidemiology, risk factors and assessment.			
Nov 19, 2015	Practical Skills in the Management of People with Diabetes	€80 members; €140 non-members	5
This course aims to provide nurses and 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.			
Nov 20, 2015	Presentation Skills	€80 members; €140 non-members	6
Presenting yourself and your ideas with confidence, impact and great conviction is of primary benefit for all nurses and midwives. This course provides you with strategies on how to make an effective presentation; how to speak in order to hold interest while remaining professional in your tone; and how to effectively compile and deliver presentations. Time: 9.15am-4.30pm.			
Nov 20, 2015	Heartsaver Healthcare provider CPR and AED	€125 members; €195 non-members <i>(Including cost of book)</i>	6.5
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 the 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-4pm.			
Nov 24, 2015	Social Media and the Internet – opportunities, challenges and dangers for nurses and midwives; professional and personal lives collide	€120 members; €140 non-members	6.5
This course aims to assist nurses and midwives in establishing the skills required of a professional when using digital social communication tools. It will provide guidance on how to realise the benefits, manage the risks and identify information governance issues, in order to protect personal privacy and also to create a prudent digital profile. These skills can be referred to as digital professionalism.			
Nov 24, 2015	Caring for a Patient with Epilepsy: Introduction	€80 members; €140 non-members	5
This one-day interactive course is designed to deliver up-to-date information while outlining care practices to all nursing staff with an interest in the management of a client/patient with Epilepsy. This programme content includes process of diagnosis, assessment and treatment relating to a client whom is diagnosed with epilepsy. In addition, this course outlines and reviews a range of topics covering epilepsy syndromes, seizures in adults, anti-epileptic drugs, comorbidities, treatment options, epilepsy immediate management, the role of the nurse and the healthcare team in assessment, planning, implementing and evaluating care with the client in healthcare settings.			
Nov 25/Nov 26, 2015	Art and Science of Antenatal Education	€150 members; €280 non-members	10
This two-day workshop will prepare midwives to design an effective antenatal education programme for expectant mothers and fathers. The philosophy of this course is based on the principles of adult learning and on the belief that antenatal education is a health promotion activity. This course will prepare midwives to encourage expectant parents to see themselves as competent and able to make informed choices for themselves and for their baby.			

Date	Programme	Fee	(CEUs)
Nov 27, 2015	Academic Writing and Research Appraisal Simplified	€80 members; €140 non-members	5
<p>This one-day course is aimed at registered nurses and midwives who are undertaking third level academic programmes. This course will assist participants in completing their written assignments. The objective of the workshop is to help prepare the student for academic study which requires efficient literature searching, research critique and accurate referencing skills.</p>			
Nov 30, 2015	Assessment and Care Planning in Residential Care Settings for Older People	€80 members; €140 non-members	5
<p>This workshop aims to provide 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>			
Dec 9, 2015	Introduction to Clinical Audit	€80 members; €140 non-members	5
<p>This one-day course is designed to equip participants with the necessary skills to implement Clinical Audit in their practice and to be able to deliver evidence of improved performance for safer and better care for patients. Participants will be provided with an overview of Clinical Audit and be taught about each stage in the Clinical Audit Cycle - topic selection, standards development, data collection, data analysis, reporting, implementing changes and re-audit.</p>			
Dec 10, 2015	Wound Care Management	€80 members; €140 non-members	5
<p>This programme will allow participants to ensure professional competency in the area of wounds as per NMBI's Code of Professional Conduct and Scope of Practice for Nursing and Midwifery, which state that nurses and 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>			
Dec 11, 2015	Heartsaver Healthcare Provider CPR and AED Course	€125 members; €195 non-members <i>(Including cost of book)</i>	6.5
<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 the 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-4pm.</p>			
Dec 16, 2015	Subcutaneous Administration of Fluids	€80 members; €140 non-members	5
<p>The role and responsibilities of the nurse's role has expanded rapidly during the last few years, this course aims to provide the nurse with the competencies necessary to administration fluid by the subcutaneous route. This course will provide the necessary skills to undertake subcutaneous administration of fluids; however, it will be necessary for each nurse and midwife attending to ensure that they abide by their local policy on subcutaneous administration of fluids in their place of work. 9.30am-2.30pm.</p>			
Jan 20, 2016	Management Skills for Clinical Nurse Managers and Staff Nurses	€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>			
Jan 27, 2016	Peripheral Intravenous Cannulation	€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>			
Jan 29, 2016	Heartsaver Healthcare Provider CPR and AED Course	€125 members; €195 non-members <i>(Including cost of book)</i>	6.5
<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 the 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-4pm.</p>			



EDUCATION PROGRAMMES COMING TO THE

CORK OFFICE, Sheraton House, Hartlands Avenue, Glasheen, Co Cork

Date	Programme	Fee	(CEUs)
Nov 12, 2015	Assessment and Care Planning in Residential Care Settings for Older People	€80 members; €140 non-members	5
This workshop aims to provide 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.			
Dec 2, 2015	Phlebotomy	€80 members; €140 non-members	3.5
This course provides nurses and midwives with the skill, theory and practice of 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. This course will provide the necessary knowledge and skills to undertake phlebotomy; however, it will be necessary for each nurse and midwife attending to ensure that they abide by their local policy on phlebotomy in their place of work. 9.15am-2.30pm.			
Jan 28, 2016	Heartsaver Healthcare Provider CPR and AED	€125 members; €195 non-members <i>(Including cost of book)</i>	6.5
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 the 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-4pm.			
Feb 22, 2016	Preparing for HIQA Inspections within Public Health/ Community Health Settings	€80 members; €140 non-members	6.5
This one-day programme aims to assist public health nurses and community registered general nurses to identify strengths and challenges using the HIQA Safer Better Healthcare standards (2012) as a framework. The programme aims to create a clear pathway for quality improvement within the Public Health Nursing and Community Nursing Settings.			

EDUCATION PROGRAMMES COMING TO TIPPERARY

Rackett Hall House Hotel, Roscrea, Co Tipperary

Date	Programme	Fee	(CEUs)
Nov 3, 2015	End of Life Thematic Inspections	€80 members; €140 non-members	6
The aim of this workshop is to outline the legal and professional requirements for end of life care in designated centres and to identify how to apply this to practice, so as to provide effective, evidence-based care to residents. HIQA standards, regulations and guidance will be used to prepare participants for thematic inspections.			

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If you forget your username / password – Tel: 01 664 0641/ 01 664 0618 or email: pdc@inmoprofessional.ie

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

Date	Programme	Fee	(CEUs)
Nov 17, 2015	Preventing and Responding to Responsive Behaviours in the Older Person	€80 members; €140 non-members	6
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.			
Dec 1, 2015	Caring for a person with Parkinson's Disease: Challenges and Strategies within the Healthcare Setting	€80 members; €140 non-members	4
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.			
Feb 16, 2016	Management Skills for Clinical Nurse Managers and Staff Nurses	€80 members; €140 non-members	5
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.			
March 22, 2016	Assessment and Care Planning in Residential Care Settings for Older People	€80 members; €140 non-members	5
This workshop aims to provide 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.			

**All programmes have Category 1 approval from the
Nursing and Midwifery Board of Ireland with Continuing Education Units**

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.

**TOOLS FOR
SAFE PRACTICE**

Fee: INMO members FREE;
€150 non-members

Log on to inmoprofessional.ie to
book your place

Dates and venues for safe practice workshops

Nov 10 - Castlebar; Nov 23 - Carndonagh; Nov 30 - Letterkenny; Dec 7 - Waterford; Dec 8 - Clonmel; Jan 12 - Ballinasloe

More dates and venues are available on our website 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.

WHAT'S NEW IN THE INMO PDC LIBRARY?



Aileen Garrihy reminds members to check out the library's latest trial, which is a collection of evidence-based resources, information sheets and systematic reviews

The Nursing and Midwifery Board of Ireland has launched a revised Scope of Practice for Nursing and Midwifery Practice Framework. This document gives guidance to all nurses and midwives in determining their roles and responsibilities and encourages them to critically examine their individual scope of practice and expand it, where appropriate. It builds upon the principles, values and standards of conduct from the recently updated Code of Professional Conduct and Ethics.

Library course

We are delighted to offer members a one-day course on library searching techniques on November 10, 2015. This will give you the essential skills for searching for evidence to assist with policy development and clinical guidelines as well as evidence-based nursing. Please contact us for more information. There are limited spaces so early booking is advised.

Don't forget to check out our new resources and trials

This month we have a new trial to the Joanna Briggs Institute which is a collection of evidence-based resources including evidence summaries, best practice information sheets, systematic reviews and consumer information sheets.



The trials for Nursing Reference Center Plus™ and EBook Nursing Collection are still ongoing. Nursing Reference Center Plus™ is an evidence-based information resource designed specifically for nurses. The E-Book Nursing Collection features over 300 hand-selected, quality titles that focus on the needs of nursing professionals, including clinical guides, evidence-based practice manuals, practical handbooks, and professional growth titles. We also have the Emerald collection with a selection of full text journals available for members.

We would welcome any feedback from members on these resources. Please contact the Library on Tel: 01 664 0614 or library@inmo.ie.

Aileen Garrihy is assistant librarian at the Irish Nurses and Midwives Organisation



Getting the most from your library: Advanced Library Searching Techniques

Category 1 Approved by Nursing and Midwifery Board of Ireland (NMBI) = 5 CEUs

This one-day course is aimed at registered nurses and midwives who would like to develop their searching skills in order to effectively find the most relevant information for clinical practice, reflection, and policy development. This course will also be of benefit to those who are undertaking or about to commence post registration academic programmes.

Date: Thursday, 22 October 2015

Venue: INMO HQ, The Whitworth Building

**Fee: €80.00 INMO members;
€140.00 non-members**

For more information go to
<https://inmoprofessional.ie> or contact
the INMO Library on 01-6640614.



Understanding the Code

In a series examining the new Code of Professional Conduct and Ethics, Edward Mathews discusses the Code's third principle, Quality of Practice

IN OUR exploration of the Code of Professional Conduct for registered nurses and midwives, this month, we focus on the third principle of the Code – Quality of Practice.

As we know each principle in the Code underpins a set of ethical values and associated standards of conduct. The ethical values state the primary goals and obligations of nurses and midwives, and the standards of conduct and professional practice flow from these values. They also show the attitudes and behaviours that members of the public have the right to expect from nurses and midwives. It is important for all nurses and midwives to consider the totality of the contents of the Code and to reflect on the principles, ethical values and standards in deciding how to practice nursing and midwifery.

The overall thrust of this principle focuses on safety, competence, kindness, compassion, caring and protection from harm. It also focuses on a patient's right to receive quality care by competent nurses and midwives who practice in a safe environment.

Kindness in care

The first, and perhaps most wide-ranging, ethical value refers to nurses and midwives who are competent, safety conscious and who act with kindness and compassion, in providing safe, high quality care.

One of the associated standards of conduct supporting this ethical value requires a nurse and midwife to be kind and compassionate in the practice of

their profession. Clearly this goes beyond the technical nature of the duties associated with nursing and midwifery and refers to the demeanour of the professional in the delivery of care.

While it would be readily accepted that nurses and midwives go to work with the intention to be kind and compassionate in the discharge of their duties, there is a requirement for vigilance that personal or professional pressures do not allow the practice of nursing and midwifery to become formulaic. Each patient should be treated with the level of kindness and compassion that they are entitled to expect pursuant both to the Code of Conduct and indeed the overall values inherent in nursing and midwifery.

Competent care

The remainder of the first value that is that nurses and midwives should be competent, safety conscious and provide safe and high quality care, is clearly related to other values under this principle dealing with the Quality of Practice. This includes the ethical value that nurses and midwives should aim to give the highest quality of care to all people in their professional care, and that nurses and midwives use evidence-based knowledge and apply best practice standards in their work.

These important ethical values are supported by a number of what are clearly overlapping standards of conduct within the Code itself. One particular standard requires the delivery of safe and competent care based on best evidence available and best practice standards.

This is related to another standard that requires a nurse and midwife to keep their knowledge and skills up to date, by taking part in relevant continuing professional development. Also a nurse or midwife must be prepared to demonstrate their competence if required.

Never before has there been so much information available, both at the workplace level and in the broader scheme of academic research, to support nursing and midwifery practice. This clearly has the benefit of ensuring that the best possible evidence supports decisions taken, which shapes the care delivered by nurses and midwives. However, in keeping with the volume of information available and the range of sources from which it is available, there is a constant challenge for nurses and midwives in ensuring that their practice does represent the best evidence available, and best practice standards.

This can, and often does, require a nurse or midwife to go beyond the information that is available at a local level to assure themselves that they are satisfied that the practice they are engaged in meets the standards which are expected by the public, and which are required of each nurse and midwife arising from the nature of their professions, and the Code we are considering.

Continuing professional development

The relevance of continuing professional development will be all the more acute with the roll out of a competency assurance programme as part of the ongoing implementation of the Nurses

& Midwives Act 2011. However, it is also important to understand that on a daily basis nurses and midwives are currently called to account in relation to the care that they provide to individual patients, and how that care matches to the best evidence available in relation to the type of care that should have been delivered.

It is common that nurses and midwives, as part of a fitness to practise process, are subject to critique whereby a professional expert in nursing and midwifery will assess their practice with reference to the best available evidence supporting practice in a particular set of circumstances. Consequently, adherence to local best practice guidelines and the broader evidence base to support that practice has never been more important.

Having reflected on the importance of these ethical values inherent to our professions and the standards of conduct expected of us, it is disappointing that the Code makes no reference whatsoever, to the role of an employer in ensuring the availability of both time and resources to participate in continuing professional development. Bearing in mind the very hectic schedule of every nurse and midwife who attends for duty, it is disappointing that the Board did not go so far as to bring forth a requirement that an employer facilitate the participation of nurses and midwives in continuing professional development. This remains a challenge that is pursued in each and every workplace by the INMO on behalf of its members, and will continue to be pursued by the INMO in the context of future developments in relation to the implementation of the Nurses & Midwives Act 2011.

Safe practice

An additional standard of conduct expected of a nurse or midwife is that one is competent to practice safely. Furthermore, there is an expectation that as limitations emerge in relation to one's competency, that you and your employer would address them so that you can practice safely and within your scope of practice.

This standard, in a welcome development, refers to a requirement not only on the part of the nurse or midwife to identify deficiencies in competency and to work to address these, but also that the employer has a duty to address any deficiencies, with the view not to punishing a nurse or midwife but instead to ensuring that they can practice safely and within

their scope of practice.

It is important for employers, and nursing and midwifery managers specifically, to recognise that the Code of Conduct doesn't just take a punitive approach to deficiencies in competency that can emerge from time to time, but instead takes a supportive approach to ensure that where deficiencies are recognised, and where the person is willing to address those deficiencies, that the employer has a duty to work with that nurse or midwife to ensure that they return to safe practice and return to a level of competency which allows them to practice within their safe care environment.

Returning to the ethical values associated with the principle relating to Quality of Practice, there is a specific reference to the ethical duty of nurses and midwives to make sure that their healthcare environment is safe for them, their patients, and their colleagues. This is stated in addition to the previous value that referred to an individual nurse or midwife being safety conscious.

It is without doubt that nurses and midwives have been the loudest, and sometimes only, voice in identifying deficiencies in safety in the healthcare environment in the interest primarily of those they serve, but also in the interests of the health and safety of nurses and midwives in the workplace.

The Board, in an important development, has stipulated a specific standard of conduct, that requires a nurse or midwife to report any safety concerns they have about the healthcare environment. In addition they have a duty to help find solutions to those safety concerns, through appropriate lines of authority such as a line manager, the employer overall, or indeed a relevant regulatory body. Allied to this standard of conduct is a requirement that nurses and midwives would actively participate in good clinical governance, to ensure safety and quality care.

In the supporting guidance associated with the reporting of safety concerns, the Board importantly identified a distinct responsibility resting with nurses and midwives for upholding the quality and safety of the healthcare environment, which, I have already mentioned, extends to reporting concerns where patient dignity is not respected. For the first time in a document such as this, the Board also recognise the distinct role of nursing and midwifery managers who are stated to have a responsibility to report and act

on safety concerns that staff share with them.

It is recognised within the Code that it may be necessary to escalate concerns if they are not dealt with by those in authority, which can involve staff escalating concerns to the next supervisory level, up to and including regulatory agencies where internal processes fail to deal with matters of concern.

These important statements recognise not only the right, but also the duty, of nurses and midwives to report issues of concern within their workplace, which have the potential to effect the patient care environment.

We have seen allegations of misconduct proffered against nurses and midwives, within fitness to practise processes, where they have failed to bring issues of concern to the fore and thus it is important to note that if a deficient care environment contributed to poor practice on the part of an individual nurse or midwife, and if they were relying on that deficient environment as a defence in a fitness to practise process, then the nurse or midwife should have raised that concern – and must do so.

There should be facilities available within each employment to identify risks to individual patients, or to the patient care environment, such as through the risk reporting system in your individual employment. However, as an alternative or in addition to your internal processes, you can also make use of the INMO Statement of Concern Form which particularly assists you in highlighting each and every occasion where staffing deficiencies, either in terms of number or skill mix, contribute to what you believe, as a professional, to be a compromised, or potentially compromised, care environment.

It is imperative, both as a function of the Code and as a function of protecting yourself and your patients, that you heed the requirement to report safety concerns, and that you do so each and every time that a safety issue emerges.

It is also imperative that nurse and midwifery managers understand that they have a duty to receive these concerns, report upon them and to act upon them.

As an Organisation we recognise that nursing and midwifery managers won't always have the solution to an issue of concern immediately, however, somebody reporting a concern to a senior person should understand that their con-

cerns are listened to and that appropriate steps have been taken to either address that concern, or to report it to a higher authority where it cannot be addressed immediately.

Research

The final value we consider under this principle is that nurses and midwives should value research and that research is central to the nursing and midwifery professions. Furthermore, research should be regarded as informing standards of care and ensuring that both professions provide the highest quality and most cost effective services to society.

Notwithstanding the standalone nature of this ethical value, it is clearly related to the requirement, and indeed wish, that nurses and midwives would deliver the best possible care, with that being determined by the best possible evidence available. Notwithstanding the standards we have discussed that require nurses and midwives to make use of the best possible research evidence, the Board also recognise that nurses and midwives are actively involved in research. In that context there is an expectation that if you are involved in research that you would refer yourself to the NMBI guidance on the ethical conduct of nursing and midwifery research and the ethical policies and procedures that apply either to your academic institution or your place of employment.

In conducting any research, the nurse or midwife in question must ensure that the rights of patients are protected at all times in the research process. At no time must you allow the conduct of research to traverse the rights and entitlements of patients who are central to the research itself and central to the practice of nursing and midwifery.

Challenges

As can be seen, the principle relating to Quality of Practice refers to the nurse or

midwife: how they approach their day-to-day practice in terms of their demeanour; the evidence they use to guide their practice; their competency in delivering nursing and midwifery care; the requirement that they be conscious of the safety of others and the patients they serve and take action to safeguard this; the importance of research to the delivery of nursing and midwifery care; and the importance of proper standards in the carrying out of research to ensure the dignity of patients is upheld.

Much of what is said under this principle, touches the day-to-day practice of nurses and midwives and presents many challenges, in particular in ensuring that one remains up to date in terms of the best possible evidence to underpin the care delivered.

While each nurse and midwife will want to deliver the best possible care and will naturally want to participate in ongoing education to facilitate this, it remains a significant challenge that there is no requirement stated anywhere for nurses and midwives to be facilitated with continuing professional development as part of their employment.

While it may be seen as implicit to these requirements that nurses and midwives should be facilitated by their employer, we must remain vigilant to ensure that nurses and midwives are facilitated by their employers to have access to the best possible research, to be trained in its implementation and to be provided with an appropriate environment to deliver care.

It is welcome to see the explicit vindication of the role of a nurse or midwife in bringing concerns to the fore regarding the safety of the care environment and in addition, the requirement on nursing and midwifery managers to receive and act upon those concerns.

It is also important to note that a failure

to bring such concerns to the fore, could lead one into difficulties in terms of having discharged ones duties to the NMBI and to the patients we serve.

I think it is important in a general sense to reflect also on competency to practice. Many, if not most, nurses and midwives have competencies over and above that which will be required to discharge their daily duties, however, we must recognise that arising from individual circumstances, too many and various to name, difficulties in competency can emerge. It is important to recognise these and work with your employer to address them in order to avoid a referral to the NMBI citing fitness to practise concerns.

It is also important for nursing and midwifery managers, and employers more generally, to realise that the Board itself recognises that competency issues can arise and exhorts a supportive framework whereby limitations are addressed in co-operation between an employer and a nurse to ensure that they return to safe practice.

Everything that appears in association with this principle, in terms of ethical values and standards of conduct, will likely be intuitively attractive and easily understood by each nurse and midwife who will have set out and continued on a career path that endeavours to deliver the best possible care to those we serve. That said, the points we have considered serve as a helpful reminder in terms of the vigilance required on behalf of every professional to deliver care not in an institutional fashion but based on the best possible evidence which is available, to deliver it in a kind and compassionate manner and of the right and duty to report and have dealt with safety concerns which impinge upon the ability to deliver safe care on a daily basis.

Edward Matthews is INMO director of social policy and regulation



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Irish Nurses and Midwives Organisation
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Health needs of refugees - are we prepared?

As the EU struggles to agree on the management of the refugee crisis, it is timely to reflect on how health professionals can respond to those who will need support on arrival in Ireland, writes PJ Boyle

WITH the geopolitical region of the current European refugee crisis being physically 'next-door' to the European Union, it seems incredulous that in 2015 the situation was allowed to reach crisis point. Why did an EU strategy or emergency plan not exist? Even more disturbing is that the United Nations secretary general was obliged to remind governments and citizens of the world of our human moral and ethical obligations towards each other. These are questions for another time – the priority now is to respond.

As the EU struggles to reach agreement on the management and most appropriate response to the refugee crisis, it is timely to reflect on how health professionals in Ireland can respond to those who require healthcare support on arrival.

This article, the first of a two-part series, outlines the experience of the HSE interdisciplinary team currently providing health assessments and support to newly arrived asylum seekers and refugees. This is the only full-time HSE team working exclusively with refugees nationally.

The service was established in the mid 1990s and has evolved significantly over the years. Nursing plays a central leadership role in the delivery of the service, and in other aspects of migrant health policy development.

Healthcare provision to migrant populations does not occur in a vacuum. It requires more than specialist clinical and technical knowledge. Challenging and reflecting on our ethnocentric attitudes and revisiting our humanitarian values in the context of our work is essential.

Migration or refugee crisis?

There has been much debate in the media about whether the current situation in Europe is a 'refugee' or 'migrant' crisis. If we are to reach a clearer understanding of the issues, strategically plan and implement effective responses, then the use of correct terminology is essential.

Refugees and asylum seekers are two distinct groups. The international legal definitions for refugees and asylum seekers, under the 1951 UN Convention Relating to the Status of Refugees, are:

- *An asylum seeker* is a person seeking to be recognised as a refugee under the 1951 UN Convention. If someone is granted this recognition they are granted refugee status and are no longer considered to be an asylum seeker. Asylum seekers are sometimes described as 'illegal', which is a misnomer. Asylum seekers cannot be illegal as everyone has a recognised human right to seek asylum
- *A refugee* is a person who has left their own country and cannot return due to a well-founded fear of persecution on the

basis of their race, religion, nationality, member of a particular social group or political opinion. In Ireland this includes membership of a trade union or having a particular sexual orientation.

Historically, Irish people have responded humanely to international refugee crises, including to Hungarian refugees in the 1950s, Vietnamese in the 1970s, Bosnians in the 1990s and Burmese in the mid 2000s. Indeed more recently the Irish Navy's mission in the Mediterranean, including the government's announcement to aid and assist Syrian refugees, is testament to our efforts in meeting our ethical and legal obligations under the UN Geneva Convention.

Although small in numbers and limited in capacity, Ireland's record in assisting 'programme refugees' (those granted refugee status prior to arrival) is politically significant, demonstrating to larger nations our leadership role in humanitarianism.

Ireland continues to participate in many refugee resettlement programmes, such as the permanent resettlement of medical cases from UN refugee camps in conflict areas such as Iraq, Somalia and Syria, where healthcare services have been destroyed. Many of these families have been temporarily accommodated at Baleskin Refugee Reception Centre.

Further information on the resettlement programmes for refugees is available on www.integration.ie

The facts

While some people believe that Ireland has been 'overrun by migrants' over the years, this is simply not the case. Compared to other EU member states, Ireland has much lower levels of inward migration and asylum applications. Indeed until recently (2010) Ireland had the lowest rate of refugee recognition in the EU (1.3% in 2010). This low figure came under scrutiny from the UN Special Rapporteur and other independent observers who called for greater transparency of the process. A complex legal system of seeking protection did not help the situation and resulted in delayed decision making. Following interventions, in more recent times Ireland's refugee recognition rates (including other categories of protection) have increased to almost 20%.

It is anticipated that there will be a more efficient single legal procedure for seeking protection under the new Immigration Residence and Protection Bill.

In terms of direct provision accommodation for asylum seekers, there are approximately 5,000 people living within the direct provision system throughout Ireland, including single adults, children and families accommodated in different types of centres and hostels (see www.inis.gov.ie and www.ria.gov.ie)

The findings of the Working Group on the Protection Process (the McMahon Report), which examined the direct provision system, were published on June 30. The group made 173 recommendations on various sectors and services for refugees and asylum seekers, including healthcare. The report is on the Department of Justice website www.justice.ie and critical reviews appear on many NGO websites including www.humanrights.ie

It is difficult to comprehend the devastation and suffering experienced by refugees. The risks taken to seek and maintain basic protection are desperate and dangerous at times. Their journeys both physical and psychological are cloaked in loss and pain, yet veiled in hope, resilience and courage.

If we found ourselves in such a dire situation, what would we expect from those who could help us? A welcome, a helping-hand, human compassion, empathy and kindness? Or a cautious cold approach, filled with suspicion, rejection or criminalisation?

Migration – history repeating itself

The phrase 'What happens globally, impacts locally' is often used in development studies to gain an insight into challenging situations that require solutions. This approach is useful in understanding the complex factors that contribute to migration and its effects on people. Migration is a phenomenon that has always been part of the human experience. Researchers speak of 'push and pull' factors associated with migration: pull factors may be economic improvement, education and career prospects; push factors may include poverty, unemployment, political instability, war/terrorism etc.

Modern Irish history demonstrates all too well our own experience of immigration and emigration, and the challenges it brings. This is particularly relevant in the context of nursing. As a migrant cohort, nurses make up a significant professional grouping in international migration demographics. As a profession nursing is closely allied to the migration process, so we should have some understanding of the consequences of migration for people.

History has also taught us that each generation is responsible for the creation of a refugee crisis. For whatever reasons there will always be vulnerable men, women and children forced to leave their homelands to seek safety and protection elsewhere in order to survive. Increasingly refugees and asylum seekers find themselves in sometimes unwelcoming places as they struggle to avail of basic needs and regain their lives with dignity.

In an age of globalisation, the mass movement of vulnerable people has acquired a new complexity. Alongside this exists a tension that is deeper in terms of building relationship. These tensions are not exclusive to the general public and national governments – they also exist in healthcare professions and organisations.

Perhaps understandable but never excusable, there are some among us who remain cynical and critical about helping refugees and asylum seekers. Citing opinions such as 'charity begins at home' 'Ireland cannot afford it' and so on. Influencing factors such as sensational and irresponsible media reporting, the use of xenophobic (fear of foreigners) and ethnocentric (ethnic superiority) language, can direct our concerns and attention away from the person and result in a de-humanising of what are very human experiences. In the current climate there is a danger that healthcare staff may

assign a generalised negative view of 'who' a 'migrant' is or who are asylum seekers and refugees.

Ethnocentric attitudes and discriminatory behaviours have no place in the provision of healthcare. When they do emerge at an individual or service level, they are often due to lack of education, and experience. Where complacency and ethnocentrism do exist in healthcare, we need to challenge it and meet it with opportunities for professional development. There is a paucity of empirical research about ethnocentrism and racism in nursing and healthcare in Ireland. Where limited studies have been conducted, they demonstrate an inertia among professionals in being conscious of these issues and the impact on their practice. There is also evidence of a lack of willingness to change and minimal opportunities for mentoring or supervision.¹

If Irish healthcare services are to respond to the current crisis by accommodating refugees and asylum seekers, then healthcare staff must be provided with the skills and services resourced to care effectively for this vulnerable group.

Provision of health services to refugees/asylum seekers

The provision of dedicated health and social care services to asylum seekers and refugees is not new to Ireland. The health screening assessment service for refugees/asylum seekers was established in the mid-1990s by the then Eastern Health Board Community Care Services. With the introduction by the government in 2000 of the direct provision system for accommodating increasing numbers of asylum applications, primary health services began to provide healthcare support to centres around the country. This very often involved nursing contributions.

Part two of this article, which will be published in the next issue of *WIN*, will focus on the care and support offered to refugees within Irish health services and the importance of healthcare professionals taking the time to engage with such clients and other bodies that work with them.

PJ Boyle, who holds a doctorate of professional studies (Health), is a clinical nurse specialist (asylum seekers health assessment) at the HSE Medical Unit, Baleskin Refugee Reception Centre, Dublin, Email: pj.boyle@hse.ie

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Reference

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Introducing Executive Council members



Naomi O'Donovan
Staff midwife, Cork University
maternity Hospital

I AM a dual qualified nurse/midwife working as a staff midwife in CUMH. The cause of midwives has been important to me since the age of five when I accompanied my father to a rally in support of Bantry Maternity Unit.

I was local representative in my

graduating year and also for the duration of my 18-month midwifery programme in UCC/CUMH. I campaigned to the university, student ombudsman, hospital directors and the Dáil with a business plan, utilising EU directives to augment our case, following which we successfully received 18-month contracts. I work closely with new graduate midwives in CUMH.

I have completed media training and rep training with the INMO and am available to my fellow colleagues at ground level in CUMH. I participate in working group meetings in CUMH where I have contributed my idea of smartphone apps for antenatal education and health promotion.

As a member of the Executive

Council, I aim to be a voice for midwives and nurses. There are many issues affecting us, ie. inadequate staffing levels and the requirement of CPD and I am active on these matters. Personal and professional development is close to my heart. I completed a one-year personal development programme and a night course in psychology. I am also a FETAC qualified trainer.

I would like to see staff midwives participate in the Midwives Section and their respective branches. Now more than ever we must be united. If we cannot advocate for ourselves then we will never be true advocates for those in our care or for the normality of birth.

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Catherine Sheridan
RGN RCN, Children's nurse,
Galway University Hospital
Children's seat Executive Council

I AM privileged to represent Children's Nurses on the INMO Executive Council. This is an essential role as it allows children's nurses to have a voice on a national level. I am aware of the responsibility of this role and I endeavour to highlight any issues relating to children's nursing through the Executive

Council. I would like to use this opportunity to inform all my RCN colleagues nationally that I welcome contact and feedback from them at any time.

I also represent the INMO on the Paediatric Nursing Associations of Europe, which provides an opportunity to highlight Irish issues. I firmly believe in the value of this as it also raises awareness on a wider scale by giving an insight into the issues faced by our European colleagues – our issues and challenges are often quite similar.

As a frontline worker, I am acutely aware of the challenges faced by nurses/midwives in our understaffed inadequate health service. I know how demoralised we have become trying to provide high standards of care to our patients while expected to

work in abysmal conditions.

In my role as local INMO representative in Galway University Hospital, it is important to listen to my colleagues and provide support and advice to them when they need it.

My priorities are the continued provision of safe care for our patients, health, safety and support for staff with appropriate opportunities given to staff to access CPD, ensuring competencies are met and maintained. Also, all nurses working with children must be afforded the opportunity to share information with colleagues. I encourage you to affiliate with the Children's Nurses Section and attend our meetings. I look forward to seeing you.

email: catherine.sheridan@inmo.ie



Mary Walsh
Recently retired from Sligo
General Hospital

I RECENTLY retired from my staff nurse post in Sligo General Hospital, where I have been an INMO rep for many years. I have been a member of the Executive Council for a number of terms where I used every means available to me to assist members

with workplace issues. It is important to listen to and respect members' views and concerns. Staff shortages are a major concern to me and I will work with my colleagues on the Executive Council to exert pressure on government to introduce initiatives to recruit and retain nurses and midwives.

The cutbacks in the health service have had a huge impact on members, who strive every day to provide safe care to patients and the INMO is working hard on their behalf. Nurses and midwives are expected to provide a service to the public with reduced staff resources however, the employer continues to demand that they undertake additional responsi-

bilities and also comply with national standards.

The INMO will work to deliver a reliable service to members, a service they are entitled to and deserve. I am acutely aware of severe pressures experienced by our members in the workplace. Nurses and midwives deliver a safe and reliable service to the public and the government must value this service accordingly.

I will continue to make safety, health and welfare at work a top priority. I remain fully committed to the INMO and would like to take this opportunity to thank members who have supported me in the past and who continue to place their trust in me.

Email: mary.walsh@inmo.ie

On the ground with the president



Annual Gulf Healthcare Summit



Pictured (l-r): Michael Shannon, Institute of Leadership; Dr Cathy Strachan, director of quality; Prof Joe McMenamin, vice president; Prof Sameer Otoom, president; Claire Mahon, INMO president; and Prof Seamus Cowman, head of school of Nursing and Midwifery

I ADDRESSED the inaugural annual Gulf Healthcare Summit that was held in Bahrain recently. I was one of the guest speakers at this three-day event which was directed at healthcare workers throughout the Gulf region.

I was also invited to visit the RCSI School of Nursing and Midwifery by the head of the school Prof Seamus Cowman. The RCSI Bahrain is one of the international institutions of the RCSI in Dublin that opened in 2004 for medical students and in 2006 the college had its first intake of nursing students. There are very strong links with Ireland and the nursing and midwifery programmes are based on the Irish model. Prof Cowman, formerly of the RCSI Dublin, moved to Bahrain a number of years ago and has continued to develop and strengthen the School of Nursing and Midwifery there.

Unfortunately, as my trip was short, I didn't have time to visit the training hospitals but I was brought on a tour of their impressive new facility where I met with staff and students who are striving to improve the quality of healthcare being provided to the citizens of Bahrain. I also met with Dr Michael Shannon who will deliver a post graduate leadership programme at the RCSI.

During my time in Bahrain, I met June Molloy from Dublin who moved to Bahrain 30 years ago with her husband Dr Tariq. It was a pleasure to meet them both and hear about their experiences. June took the afternoon off on my final day in Bahrain to show me some sights and sample some local foods, which I very much appreciated and enjoyed.

Immigrant Council mothers and daughters lunch

I ATTENDED the Immigrant Council mothers and daughters lunch with a number of staff and one of my daughters. This fundraising lunch is attended by the Organisation on an annual basis and we are delighted to support the event.

CNM/CMM Section

OUR CNM/CMM Section held its meeting in INMO HQ recently. This combined section and education meeting was very well attended. It is important that members attend their section meetings. Dates are advertised on the WIN diary (see page 72).

Telephone Triage Section

UNFORTUNATELY this year I was unable to attend the Telephone Triage Nurses Section conference due to diary commitments, but I believe it was an excellent day and I would like to once again thank the section officers Carmel Murphy, chair; Breege Clarke, vice chair and Claire McMahon, secretary for their tireless work on behalf of their colleagues and the Organisation. Days like these would not happen without the continued support of the section officers.

Events such as the Telephone Triage Section are very important in our diary and I would encourage you to affiliate to your appropriate section of the INMO and attend these very important educational events, many of which carry a number of continuing education units.

Notifications of upcoming events will appear in WIN so keep an eye out for any events that could be of interest to you.

TORL

OUR support for the 'Turn Off the Red Light' campaign continues. I recently attended the Seanad debate on the Sexual Offences Bill and I am delighted to report that the legislation is well on its way to being progressed (see page 12).

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 or by email to: claire.mahon@inmo.ie

Claire



Internship pay rates

Dean Flanagan outlines the action taken by the INMO to restore the correct pay rates for the 36-week work placement for fourth-years

HELLO to all of our student members. I have been contacted quite a lot in recent weeks regarding internship pay so in this month's issue, I will address these questions and the next possible steps.

Labour Court hearings

The INMO has taken claims to the Labour Court on behalf of student nurses and hearings were held in late 2014 and May 2015.

The claims were as follows:

- Restoration of correct rates of pay for the 36-week work placement in fourth year
- Restoration of incremental credit for this period which should be considered as genuine nursing service
- Agreed payment for the period post pre-registration (approximately six to eight weeks).

The INMO argued that the reduction from 80% of the staff-nurse rate to 50% for the 36-week rostered placement and the removal of incremental credit for this period have clearly contributed to the difficulty in retaining nurses and midwives on completion of their training.

We contended that to retain nurses and midwives post qualification, the wrongdoings from the past would have to be addressed.

The Labour Court issued recommendations that compelled trade unions and management to raise these issues at the national public service talks.

National talks were held in May this year that resulted in the Lansdowne Road Agreement (LRA). Part of that agreement is that once the unions had indicated acceptance, talks would commence. In September of this year the government was informed that the LRA was accepted by public service trade unions.

Action

The INMO immediately sought action on student issues and a meeting with



Dean Flanagan (centre) joined a group of nursing students outside the Dáil recently to protest against the widespread cuts in services in the intellectual disability sector in recent years. This protest was part of the INMO Campaign for Excellence in ID Services

the HSE was held on September 25. The INMO and other health unions sought improvement to the rate for the 36-week work placement, incremental credit restored for this period and an increased rate for the post-qualification, pre-registration period.

The INMO has also raised this issue as part of the national ED forum, again arguing that this issue works against the retention of Irish-trained nurses and midwives. Our position is simple: If you treat student nurses fairly when they are studying and working in their final year, you will create a positive vision for their career prospects and have a much better chance of retaining them. Treating students as badly as you have done in the last six years has had the exact opposite effect.

Final first-year visits

I am nearing completion of my visits to first-year students around the country. It has been great to meet all of you. Everybody may not have had a chance to join the INMO – any students who missed

the chance to sign up on campus can visit us online at www.inmo.ie/membership, where they can join for free.

European Nursing Students Association (ENSA)

ENSA, of which I am the president, recently held its AGM from October 19-21 in the Royal College of Nursing in London.

The AGM was very productive and a statement was drafted regarding the call for more interprofessional collaboration and gender equality in nursing and midwifery.

We also hope to develop a booklet for nursing and midwifery students on making the most of your Erasmus placements (overseas nursing placements).

If you are interested in becoming more involved with ENSA, email us at: ensaagm@gmail.com or find us online at www.ensanetwork.eu

Dean Flanagan is student and new graduate officer at the INMO





DUBLIN EAST COAST

INMO Dublin East Coast Branch
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Branch workplaces and areas covered

- St Vincent's University Hospital
- St Vincent's Private Hospital
- St Columcille's Hospital, Loughlinstown
 - Leopardstown Park Hospital
- St Michael's Hospital, Dun Laoghaire

Branch Officers

Chairperson



Madeline Spiers
madelinespiers@gmail.com

Secretary



Oonagh Ryan
oonaghryan49@gmail.com

Treasurer



Deirdre O'Hara
djmohara@gmail.com

IRO



Philip McAnenly
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Latest news

The Dublin East Coast Branch is a very active and passionate group. We currently meet twice monthly, at the Education Centre at St Michael's Hospital, Dun Laoghaire.

We are proud to have Madeline Spiers, a member of the Nurses and Midwifery Board of Ireland (NMBI), as our chairperson. Madeline was instrumental in fighting the proposed increase and retaining the current registration fee for nurses and midwives following our dispute earlier this year. We hope you will all support her re-election and vote online in the NMBI election for board members in November 2015.

Our motion submitted this year to the INMO annual delegate conference was to ensure that an INMO nurse should be put forward to the Senate. We hope that this will be realised in 2016. Feel free to contact us, in relation to dates and venues for our meetings. We would love to meet you.

Industrial relations update

Philip McAnenly is the IRO for the Dublin East Branch – one of the largest branches in the Organisation with more than 3,000 members.

Local issues

- A number of hospitals have been found to calculate absences on sick leave in hours rather than shifts. Following INMO representation some of the hospitals involved have moved to correct this with retrospective effect. Those in dispute on this matter are currently subject to conciliation at the Labour Relations Commission.
- Understaffing and overcrowding continues to be a problem in most locations with members raising concerns regarding safe practice and the avoidance of risk. Members at St Vincent's University Hospital emergency department are currently engaged in industrial action to remedy this problem, with members in the wider hospital mobilising to ensure safe staffing levels are in place.
- Negotiations continue with St Columcille's Hospital, Loughlinstown to ensure that agreed staffing levels are in place for the opening of a new Endoscopy suite as well as 13 in-patient beds on a closed unit.
- Mr McAnenly is concerned at the surge in the number of members in the Dublin East Coast Branch who are alleging breaches of the Employment Equality Acts, particularly on the grounds of disability and failure to provide reasonable accommodation on return to work from illness. He is investigating this issue.
- Nurses at Killiney Grove Nursing Home in south Dublin have been served with notice of redundancy following a decision to close this facility. The INMO is negotiating enhanced redundancies and a retention bonus for staff who move to other locations within the healthcare group.

Quality care in nursing and midwifery

Anne Gallen discusses the importance of the Quality Care-Metrics framework in improving standards in nursing and midwifery care



AS NURSES and midwives, in our day-to-day clinical practice we fulfil a vital role in healthcare and our contribution enables the overall safety, quality, effectiveness and efficiency of patient care. We are the primary care givers, in the frontline of care delivery seven days a week, 365 days a year. We know the difference we make to our patients, their families and carers, yet the value of our contribution has recently been portrayed as invisible.^{1,2}

In recent years, we have experienced increased adverse media attention relating to cases of poor quality of care, both in Ireland and further afield. Now more than ever, there is a need for strong and visible nursing and midwifery leadership at all levels in order to maximise our contribution to quality, to demonstrate the impact of nursing and midwifery, and to provide robust assurance of the quality and safety of nursing and midwifery care.

The impact and effect of nursing and midwifery care needs to be captured through measurement. The importance of measuring the quality of care has been deemed as critical by the Health Information and Quality Authority which stated: "Unless we actually measure the quality and safety of care, we cannot determine if improvements are being made."³

Quality Care-Metrics are a measure of the quality of nursing and midwifery clinical care processes in healthcare settings in Ireland, aligned to evidenced-based standards and agreed through national consensus.⁴ They enable quality improvement and accountability of care by generating evidence about the quality of nursing and midwifery care.

Monitoring, measuring and evaluating the impact of nursing and midwifery care

is not a new field. In the early 1850s, the eminent lady with the lamp, Florence Nightingale, recognised the need to measure and evaluate nursing practice using statistical methods.⁵ In clinical practice today, while we have access to a wealth of data, measuring care poses challenges in regards to how data is interpreted and analysed to influence improvements in the standard and quality of care. Quality Care-Metrics provide the framework and platform to measure care, to assess gaps in care practice, to create an improvement action plan and to consistently monitor and track care performance in order to influence improvement.

Internationally, countries such as the US and Canada have led the way in capturing standardised information on nursing quality and patient outcomes. Systems such as the National Database of Nursing Quality Indicators, developed by the American Nurses Association and the Californian Nursing Outcomes Collaboration, provide healthcare organisations with an infrastructure, repository and protocols to enable acquisition and reporting of indicators of nursing quality in areas such as:

- Pressure ulcer prevalence
- Patient falls and patient falls with injury
- Nosocomial infections
- Restraint prevalence
- Medication administration accuracy
- Central line catheter associated blood stream infections
- Nursing hours per patient day
- Skill mix
- Nurse vacancy rate
- Voluntary turnover.

In the UK, the NHS 'Safety Thermometer and the Productive Ward: Releasing Time to Care' initiatives provide healthcare organisations with quantifiable data

aimed at improving quality at both organisational and ward level. To date, one of the key limitations of data measurement in the UK is the lack of a national system of measurement and reporting.⁶

Quality Care-Metrics

The HSE Office of Nursing and Midwifery Services first introduced the concept of nursing and midwifery care quality measurement in 2012 through the Nursing and Midwifery Planning and Development Units (NMPDU). The pioneering work of an NHS Trust chief nurse, Mandie Sunderland, in relation to nursing metrics was shared with directors of nursing and midwifery at an Irish Association of Directors of Nursing conference. Due to the demand from the directors for a similar quality assurance system, the NMPDUs enabled the introduction of metrics from an Irish context.

Currently, more than 80% of acute hospitals in Ireland have Quality Care-Metrics embedded within their organisational framework for care quality governance. Similarly, across the community healthcare organisations, Quality Care-Metrics is now an established feature within midwifery services, children's services, public health nursing, mental health nursing, intellectual disability nursing, and older person's nursing settings.

Standardisation and consensus

Evidence from scholarly literature outlines the requirement for a national architecture for measuring quality.⁷ In order to enable a consistent, robust and standardised approach to quality measurement for nurses and midwives, that will achieve consensus from the professions, seven national work streams are currently being established (see Table 2). The purpose of the work streams is to identify,

Table 1: Current suite of Quality Care-Metric measures
A CORE SET OF METRICS FOR MEASUREMENT AND MONITORING OF STANDARDS

ACUTE SERVICES	OLDER PERSON SERVICES	MENTAL HEALTH SERVICES	INTELLECTUAL DISABILITY SERVICES	MIDWIFERY SERVICES	CHILDREN'S SERVICES	PUBLIC HEALTH NURSING/ COMMUNITY SERVICES
Medication Management Storage and Custody Drug Prescription Medication Administration	Medication Management Storage and Custody Drug Prescription Medication Administration	Medication Management Storage and Custody Drug Prescription Medication Administration	Medication Management Storage and Custody Drug Prescription Medication Administration	Medication Management Storage and Custody Drug Prescription Medication Administration	Medication Management Storage and Custody Drug Prescription Medication Administration	
Assessment Pressure Ulcer Falls	Assessment Pressure Ulcer Falls Restraint	Provision of Information	Provision of Information	Midwifery Documentation Midwifery Assessment Midwifery Care Plan NMBI Guidance		
Nursing Documentation Nursing Assessment Nursing Care Plan NMBI Guidance Discharge Planning Invasive Medical Devices	Nursing Documentation Nursing Assessment Nursing Care Plan NMBI Guidance Discharge Planning Invasive Medical Devices	Nursing Documentation Nursing Assessment Nursing Care Plan NMBI Guidance Discharge Planning	Nursing Documentation Nursing Assessment Nursing Care Plan NMBI Guidance	Delivery Suite Documentation Partogram Monitoring in Labour Concert Documentation - Post Delivery Midwifery Theatre	Nursing Documentation Nursing Assessment Nursing Care Plan NMBI Guidance Discharge Planning Invasive Medical Devices	Nursing Documentation Nursing and Midwifery Assessment Nursing and Midwifery Care Plan NMBI Guidance
Patient Observations NEWS Patient Experience	Patient Observations Patient Experience Environment	Service Users Experience	Environment	Antenatal and Postnatal Patient Observations IMEWS Patient Experience	Patient Observations Vital Signs	

agree and develop the priority metrics sensitive to nursing and midwifery. Each work stream will be guided academically to ensure that the outputs are valid and rigorous. Prof Declan Devane, NUIG; Prof Laserina O'Connor, UCD; Prof Eilish McAuliffe, UCD; and Prof Fiona Murphy, UL will establish the academic processes for metric development and support the work streams to achieve a core minimum dataset for measurement and reporting.

Enabling technology

A key priority for all nurses and midwives engaged in this innovation is to ensure that data measurement does not create an additional burden; this has been achieved by the introduction of hand-held technology to support point of entry data acquisition and reporting.

To date, 225 information and communication or 'ICT' devices have been issued to frontline nurses and midwives engaged in Quality Care-Metrics. Work is currently progressing to identify the key reporting requirements for senior nursing and midwifery managers. In 2016, the NMPDUs will support clinical services to make their Quality Care-Metrics transparent through clinical dashboards. Approaches such as clinical dashboards will make data easily accessible and embed data measurement into routine clinical practice for all nurses and midwives.

The demand and enthusiasm from front line staff and their directors of nursing/midwifery for Quality Care-Metrics to reduce variation in clinical practice processes and to drive nursing and midwifery care quality improvement is evident from the widespread uptake at both local and organisational levels. The national development

Table 2: National Quality Care-Metrics work stream details			
Services	Chairperson	Work stream lead	Professorial leads
Public health nursing service	Carmel Buckley	Martina Giltenane	Prof Laserina O'Connor, UCD
Children's services	Susanna Byrne	Ciara White	Prof Eilish McAuliffe, UCD
Midwifery services	Mary F O'Reilly	Margaret Nadin	Prof Declan Devane, NUIG
Older person services	Deirdre Mulligan	Mary Nolan	Prof Fiona Murphy, UL
Intellectual disability services	Mary Manning	Aoife Lane	To be confirmed
Acute services	Miriam Bell	Paula Kavanagh	To be confirmed
Mental health services	Eithne Cusack	Gillian Conway	To be confirmed

work currently underway to achieve core minimum datasets for measurement and reporting in public health nursing, children's nursing, midwifery, older persons, intellectual disability, acute care and mental health nursing will serve to ensure that all future Quality Care-Metrics are relevant, academically robust and sensitive to the influences of nurses and midwives.

Quality Care-Metrics provide an indication of the quality of nursing and midwifery clinical processes. For a comprehensive picture of quality, managers must ensure that in addition to Quality Care-Metrics, structural indicators such as staffing, skill mix and staff experiences are quantified and that outcome indicators and other measures such as the patient experience are also considered.⁶

Data measurement plays a pivotal role in promoting improvements in the safety and quality of patient care and is a central priority at policy and operational level.^{3,8,9} Quality Care-Metrics alone cannot improve quality however it can act as the flag or alert to identify good practice, to

provide comparability within and between services, to outline where improvements are required or where a more detailed investigation of care standards is required.

Anne Gallen is the HSE ONMSD national lead for Quality Care-Metrics. For further information she can be contacted at email: anne.gallen@hse.ie or Tel: 071 982 2106

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In the first of two parts, CJ Coleman Research Award winner Denise McGuinness discusses findings from a study exploring themes of 'shortened mothering' and 'mothers and grief'

A shortened experience of motherhood

DURING 2013 there were 69,267 babies born in Ireland.¹ Sadly, during this period there were 436 perinatal deaths (babies dying before or after birth). These figures do not include the loss of a baby prior to 24 weeks gestation. It is recognised that during pregnancy a close physical and emotional bond develops between a woman and her baby. Pregnancy offers a woman the opportunity to think about motherhood, it re-activates the basic primary needs of nurturing and caring and also provides time to plan for new adjustments in a woman's life. The loss of a baby can be a traumatic experience for a woman. Women need and appreciate recognition of motherhood and their babies.^{2,3} This article discusses the findings from a qualitative research study carried out with 15 bereaved mothers following late miscarriage, stillbirth or neonatal death.⁴ The findings discussed are from the second theme of the study: 'shortened mothering' and 'mothers and grief'.

Method and participants

A qualitative-focused ethnography approach was used to explore the perspectives of bereaved mothers from a large maternity hospital in Dublin.⁵ Focused or mini ethnographies are studies that have a specific question in mind, a clear purpose, the number of participants is limited and the objective is to obtain information from people who have knowledge and experience of the subject matter.⁶

Using a purposeful sampling approach, 27 women who had experienced the loss of a baby within the previous six to 12 months were invited to participate.⁵ Mothers were recruited following late

miscarriage (after 20 weeks gestation), stillbirth or neonatal death. A varied age profile and mixed socio-economic class was sought. Initial contact with the women in this study was by the clinical midwife specialist in bereavement who acted as a gatekeeper, informing the bereaved mothers about the study and asking if they would be interested in participating. The midwife researcher then followed up each potential woman with a phone call and subsequently 15 women consented to participate.

Data collection and analysis

Data were collected in face-to-face audio recorded interviews by the lead author between January and August 2012. The majority of mothers chose to be interviewed in their own home. The humanistic approach of the psychologist Carl Rogers guided the interview technique, facilitating trust and enhancing the spontaneous exchange of information.⁷ There is a growing body of research that describes how research participation with the bereaved may serve the interests of participants and be therapeutic, educational or empowering.^{8,9} The clinical midwife specialist in bereavement was available to provide support and counselling to bereaved mothers following interview. This service was not required by any of the bereaved mothers.

Ethical approval was obtained from the National Maternity Hospital, Dublin and UCD's ethics committees.

Data were anonymised and pseudonyms were given to each mother participating in the study. The transcripts were read until the midwife researcher became familiar with the text. The coding

framework developed was based on the theoretical interests guiding the research – namely the physiology of mammogenesis;¹⁰ attachment theory (1974, 1969) and recent grief theories,^{11,12} in addition to other salient issues that arose within the text.¹³ Attride Stirling's 'thematic networks analysis' was used to identify a number of global themes, one of which is presented in this article – mothering. The thematic network analysis employed to analyse the data is explained in more detail in McGuinness' thesis⁴ and in a 2014 paper written by McGuinness et al.⁵

Findings

The findings reported in this article are from the second global theme – mothering. It describes two organising themes: 'shortened mothering' and 'mothers and grief'. The findings describe that the immediate postnatal period for bereaved mothers holds memories that will last forever and may influence the grieving process. It highlights the importance of pregnancy to the majority of mothers and re-affirms the important role of a mother spending time with her baby, involving husbands and partners and looking after other children. Normal grief stages were evident within the narratives of the bereaved mothers. It is important that mothering is acknowledged, supported and validated following the loss of a baby.

Shortened motherhood

Time with the baby

In this study it was evident that spending time with their baby was important for the majority of mothers. Mothering captures many experiences with a baby; it was about being there for the baby, holding the

baby, providing comfort, warmth, love and time. For bereaved mothers, it was also about creating memories of mothering in a very short time.

Alison described the short time with her baby and because they decided to have an autopsy it shortened that available time:

"I suppose it was just so quickly and we opted to have the autopsy so there was only really a couple of days that we could actually see him so it probably felt a bit quick." (Alison 20+5/40 P1)

Melanie's baby was expected to live. His condition deteriorated rapidly and Melanie subsequently spent a very short time with her baby. Melanie described how she held her baby for a short time only:

"We thought he was going to be there the next day and everybody thought that. He had been so well when he was born but he went downhill so quickly. I saw him and he died within two minutes. So for me, you should see your child straight away, regardless of what state they are in, whatever state you are in. I think the one thing a mother should do is see her child." (Melanie 25+4/40 P1)

Amy became aware of her baby's incompatibility with life when she was 20 weeks pregnant. She referred to the community midwives caring for her as a pregnant mother and how she subsequently valued her pregnancy. Amy described how she felt when she heard her baby's condition was not compatible with life. She felt like her baby had been taken away at that moment, she didn't think she would need maternity clothes, however Amy treasured the pregnancy she had with her baby and described that feeling:

"It was so hard to comprehend, the baby had been taken away already. I remember looking at my maternity clothes and thinking I don't need these but I obviously still did because I went to 42 weeks and that was one thing with the community midwives, they said you're going to have a baby, you still need to look after yourself, they treated me like normal." (Amy 42/40 P1)

In this study, all the time bereaved mothers spent with their babies (in utero and following the birth) was considered a precious and positive experience for grieving mothers.

Connecting with the baby

Expressing breast milk for a sick or premature baby provides mothers with an opportunity to connect with their baby in the neonatal unit.

Mothers at the hospital were encouraged to initially hand express colostrum regularly for 48 hours, which was followed

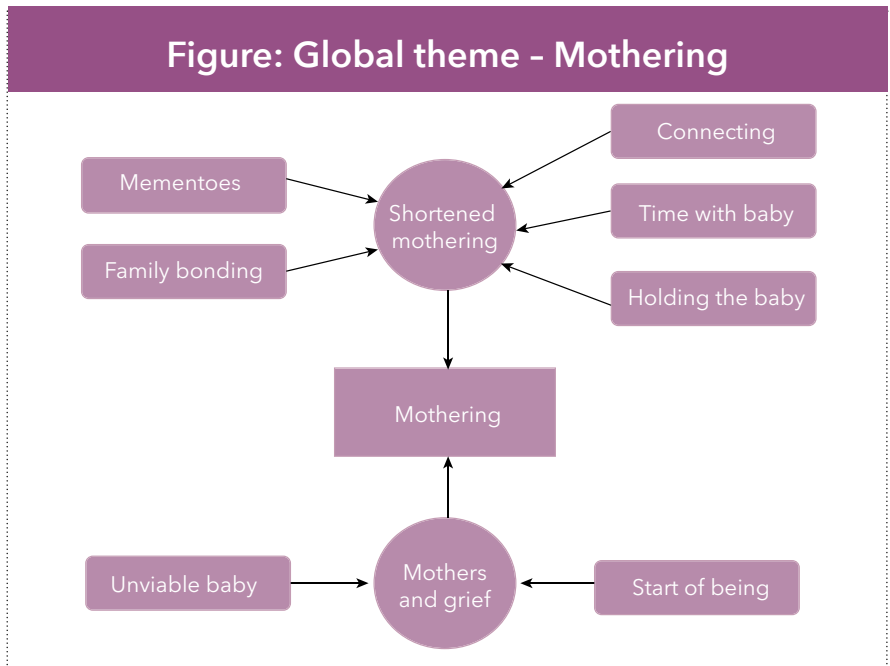


Table: Characteristics of the participants

Participants (n=15)	Clinical details
Age	28-44 Years
Professional	8
Non-professional	7
Irish national	12
Non-Irish EU national	2
Non-EU national	1
Number of pregnancies:	
• Para 0+1	5
• Para 1	6
• Para 2	2
• Para 3	2
Gestation/Weeks:	
• 24+6 days - 42 weeks	7
• 29-38 weeks	3
• 20-23 weeks	5

McGuinness et al. (2014). Permission has been granted by Evidence Based Midwifery to use this table

by regularly expressing with a hospital-grade electric pump.

Study participants Anna and Rita expressed milk for their premature babies. Anna expressed her milk at least eight times during a 24-hour period. Her baby lived for seven days in the neonatal unit. Anna described expressing milk for her sick baby in the neonatal unit:

"It's all you're doing, you're doing it every three hours and you're up during the night doing it." (Anna, 24+6/40 P2)

Sarah and Melanie were preparing to express milk for their babies. The prospect

of expressing milk provided hope for both mothers. Sarah's baby lived for a few hours in the neonatal unit. Sarah described:

"So I had quite an optimistic discussion with someone in the neonatal unit who explained how I might express, and actually at the time, I quite liked that conversation because this was something positive just for those few moments when they thought she might be okay, I enjoyed to talk about how it might be possible for me to express." (Sarah 26+6/40 P2)

Melanie's baby also lived for a short time in the neonatal unit. Melanie explained that she was in her room resting and mentally preparing to express milk for her baby:

"That was the one thing that was on my mind... Okay rest and express milk. He needs milk straight away." (Melanie 25+4/40 P1)

The act of expressing milk while separated from their baby provided mothers with great comfort and enhanced a sense of connection between mother and baby.

Mementoes

Mementoes such as photographs were invaluable to mothers. There is only a short window of opportunity for parents to take photographs of their baby. Cora treasures photographs of her baby. The following account describes how Cora wanted to smile in the photographs and not look miserable and she recalled how hard a task that was when her baby had just died:

"Lots of photos, photos everywhere, photo of his hands, photos of his feet, photos of the three kids together and family photos. It was the hardest thing having to smile in the photo holding your baby, but it is the only thing you have left so you couldn't be looking miserable in every

photo or you wouldn't want to display them anyway." (Cora 27+4/40 P3)

Mementoes, though hard to obtain, had a very important place in the mothers' stories. Cora wished to have the clothes that her baby had worn following the birth. She didn't bring clothes to the hospital because she wasn't expecting to give birth to her baby. Baby Ronan (pseudonym) was born at 27+4/40. Cora had been transferred to the hospital with pregnancy complications from outside of Dublin. Cora described the kindness of her midwife when she asked for the baby's original clothes. When Cora returned to the hospital she found that her midwife had provided her with the original clothes that he was wearing:

"Mary is there any chance I could have the cardigan. I will replace them with new stuff, I will get you a basket of stuff? And she said "don't be silly, of course, anything that you want". She had them all packaged in a bag ready and waiting when we went in to collect Ronan and it was them, I sleep with his blanket at night." (Cora 27+4/40 P3).

Perinatal loss is a difficult area of midwifery care. The findings of this study have provided further evidence that grieving

mothers appreciate acknowledgement of their motherhood. The narratives described how mothers value opportunities to create memories with the short time they have with their babies. Compassionate and empathic care of bereaved mothers at the time of their loss supports the development of maternal identity. Midwives and nurses can support mothers to provide breast milk for a sick baby, time with their baby and create memories in the form of footprints or photographs. Holding on to an item of their baby's clothes is additionally supportive and comforting for bereaved mothers.

Denise McGuinness is a clinical midwife specialist (lactation) at the National Maternity Hospital, Dublin and a clinical tutor in midwifery at the School of Nursing and Midwifery, Trinity College Dublin. Denise graduated with an MSc in research in January 2013 from the UCD School of Nursing, Midwifery and Health Systems. The first paper, reporting key findings from the study, was awarded 'best research paper of the year' at the Irish Healthcare awards in 2014. Denise received the 'INMO CJ Coleman Research Award' in 2015

In part two of this article next month, narratives from this MSc research study and some key recommendations to support clinical practice will be discussed.

Special thanks to Dr Barbara Coughlan, lecturer, UCD School of Nursing, Midwifery and Health Systems who provided supervision with the research study and subsequent papers.

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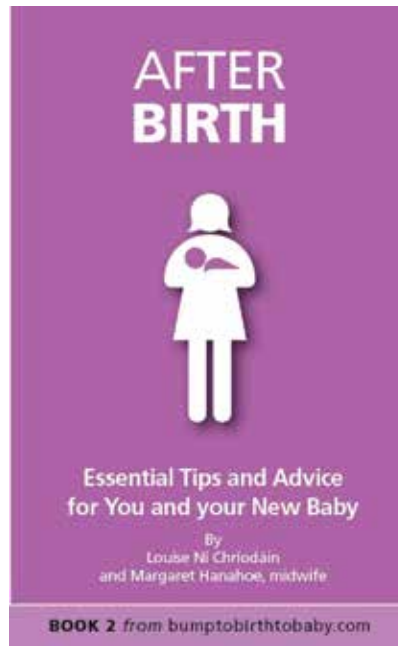
Irish book for new mums

AFTER Birth is a new ebook guide for new parents from Holles Street midwife, Margaret Hanahoe. It's the second ebook written by Margaret, who is assistant director of nursing and midwifery at the National Maternity Hospital, alongside writer and mother-of-two Louise Ní Chríodáin.

Margaret, who has 34 years experience as a nurse and midwife, developed Ireland's first community midwifery programme, the 'DOMINO' (domiciliary in and out) and homebirth programme in Holles St in 1999. The book is packed with tips and advice she has collected over those years.

Designed to be a handbook for the first few months with a newborn, *After Birth* contains advice and suggestions from midwives and mothers on infant-care and feeding, postnatal health, and reassurances about common concerns. It also contains links to studies, resources and further reading.

The book begins as parents spend their first minutes and hours with a newborn, overlapping with the final chapters in Margaret and Louise's first ebook, *From Bump to Birth: Essential Tips and Advice for Your Pregnancy & Labour*. New mothers



are talked through the third stage of labour, the easiest way to manage that first feed and how new mothers may be feeling, both physically and mentally.

In the chapters that follow, *After Birth* guides new parents through basic baby care, including nappy changing and cleaning. It addresses some of the

common concerns of those early days, including: weight loss, jaundice, tongue-tie, skin rashes, thrush, cradle cap and even newborn noises. For mothers there are tips on healing and self-care after both vaginal and caesarean section births, and advice on when either mother or baby may need medical attention.

An entire section is dedicated to feeding – breast and bottle, which includes a range of suggestions from both mothers and midwives on how to make breastfeeding easier, plus information about 'responsive' feeding – a baby-led approach to bottle feeding.

There are chapters on SIDS prevention, postnatal mental health and exercise, while parents have their say on the ups and downs of being a new parent.

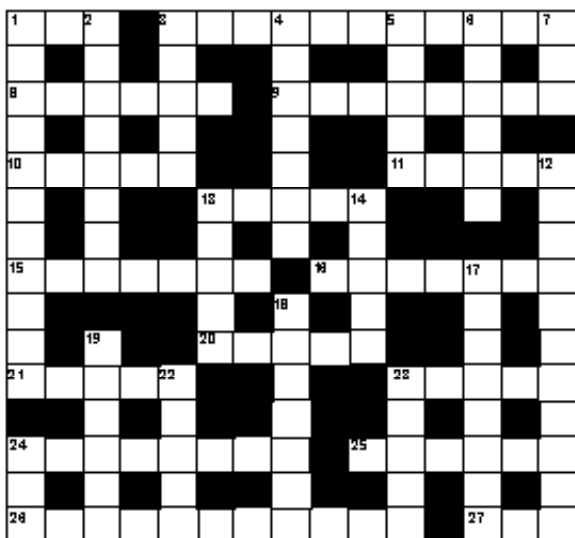
Priced at €2.99, both *After Birth* and *From Bump to Birth* are currently only available in ebook form. They can be downloaded from Amazon and read on Kindle, or on smartphone, tablet or computer by downloading a free Kindle app. They are free to read for Amazon Prime members.

Many tips from both of these ebooks also appear on the website: www.bumtobirthtobaby.com

Crossword Competition



WIN A €30 BOOK TOKEN



Across

1. Male offspring (3)
3. Wrote out again what might brat discern. (11)
8. Male goose (6)
9. Such solicitude upsets my shy Pat (8)
10. Bury (5)
11. Gives out cards (5)
13. The organ of intelligence (5)
15. Is the royal spouse the trickster-type? (7)
16. A 'for instance' (7)
20. Woodland deity such as Pan (5)
21. Oriental criminal group (5)
23. Confrontation (5)
24. Asian country, capital Islamabad (8)
25. A soldier returned to the heart of Faro to find a musical barber (6)
26. Fairly correct, but not exact (11)
27. Small bird (3)

Down

1. Important (11)
2. Number represented as XIX in Roman numerals (8)
3. The Irish opener – it belongs to them. (5)
4. Bouquet that makes the hooter happy (7)
5. Lassoed (5)
6. Act treacherously (6)
7. Home improvement activity (1.1.1.) (5,6)
12. Ailment that porters move around! (5,6)
13. Feathered creatures (5)
14. Unofficial piece of paid work (5)
17. Is it shot at from some ant-heaps? (8)
18. Bone broken in Munster (7)
19. Connect (4,2)
22. Dance style featuring in Saturday Night Fever, etc (5)
23. Felony (5)
24. Vegetable found in a pod (3)

Solutions to October crossword:

- Across:**
 1. Bee 3. Parachuting 8. Acidic 9. Icebergs 10. Pound 11. Needs 13. Vinyl 15. Malaise 16. Jackpot 20. Roams 21. Sever 23. Busby 24. Perspire 25. Akimbo 26. Emery boards 27. Die
- Down**
 1. Blasphemous 2. Epidural 3. Pried 4. Arizona 5. Urban 6. Israel 7. Gas 12. Stately home 13. Visor 14. Leaps 17. Presumed 18. Taffeta 19. Averse 22. Reply 23. Bakes 24. Pie

The winner of the October crossword is:
Jennifer Moynihan Berrings Co Cork

Name:
 Address:

The prize will go to the first all correct entry opened.
 Closing date: Friday, November 27
 Post your entry to: Crossword Competition, WIN, MedMedia Publications,
 17 Adelaide Street, Dun Laoghaire, Co Dublin

Breast cancer exhibition raises awareness

Empowering breast cancer patients with stories of survival

AN EXHIBITION, entitled 'Out on the Other Side: Stories of Breast Cancer Survival', was held in St Stephen's Green, Dublin throughout October, Breast Cancer Awareness Month, with the aim of raising awareness of advances in cancer treatment.

The exhibition, which was launched by breast cancer survivors Evelyn O'Rourke and Domini Kemp showcased individual stories and photographs of Irish women who have survived breast cancer. It was developed to offer encouragement to other breast cancer survivors and women living with the disease in Ireland.

According to the Marie Keating Foundation, there are currently over 28,000¹ women in Ireland that have survived breast cancer. Liz Yeates, CEO of the Marie Keating Foundation said: "All of the women who were featured in the exhibition are living proof that it is possible not only to come out the other side of a breast cancer diagnosis, but to thrive and grow after it."

The display, which was developed by Roche in partnership with the Marie



Pictured (l-r) Domini Kemp; Ashley Coffey; Liz Yeates; Yvonne Joye; and Evelyn O'Rourke at the launch of 'Out on the Other Side: Stories of Breast Cancer Survival' exhibition

Keating Foundation, was installed in St Stephen's Green Park in Dublin for the duration of October.

The exhibition featured the stories of 10 women and their experiences, with each story comprising three elements: a shared personal experience of surviving breast cancer, a photograph of each survivor as

they are today and a photograph which each of these women felt represented their 'survivorship milestone', essentially, what surviving breast cancer has meant for each of them.

Reference

1. National Cancer Registry Ireland breast Factsheet. 2015; Accessible here: http://www.ncri.ie/sites/ncri/files/factsheets/FACTSHEET_breast_0.pdf

Supporting newly bereaved parents

ANAM Cara, a charity providing support services to bereaved families, has recently launched resource packs that aim to support newly bereaved parents.

These new free resource packs contain seven booklets: *A Dad's Grief*; *A Mum's Grief*; *Adult Siblings*; *Coping with the Sudden Death of My Child*; *Milestones and Challenges*; *Self-Care*; and *Supporting My Family*. Frontline professionals including nurses and doctors are being urged to request delivery of these packs so as to ensure that they have information on hand to give to newly bereaved parents. To request a pack, Email: info@anam-cara.ie or Tel: 01 404 5378.

Speaking about the packs, Anam Cara CEO, Sharon Vard, said: "Our newly launched resource packs address the shortfall in information and are a powerful resource for any family experiencing the death of a child."

New eBook guide from Holles Street midwife offers after birth advice and tips

A NEW eBook, entitled *After Birth*, which offers advice and tips from midwives and mums on how best to care for mother and baby in the early months, is available to download on Amazon Kindle for €2.99.

The eBook was co-authored by Margaret Hanahoe, assistant director of midwifery at the National Maternity Hospital in Dublin and writer and mother-of-two Louise Ní Chríodáin. It includes essential information and tips on infant care and feeding, postnatal health and re-assurances about common mothering concerns.

After Birth is the second eBook co-written by Margaret Hanahoe and Louise Ní Chríodáin. Their first book *From Bump to*



Margaret Hanahoe, assistant director of midwifery at the National Maternity Hospital showing eBook to new mum Faye Kearon

Birth published last year offers a guide to pregnancy and labour, with tips and advice on alleviating symptoms, keeping healthy and preparing for birth (see page 67).

Clarification

The report on the 7th EORNA Congress 2015 in last month's WIN (page 20) contained some misprints. The event took place in Rome from May 7-10, 2015. The authors of the report were Allison O'Connell and Liz Waters.

Ending violence against women

'16 days of action against violence against women' takes place this month



WHITE Ribbon Ireland has planned its annual event for November 25 in the Pillar room of the Rotunda Hospital. This will be followed by '16 days of action against violence against women'.

The lead up to this annual event has seen White Ribbon Ireland delivering workshops to colleges, development NGOs and the defence forces as well as partnering up with colleagues at the Dublin Rape Crisis Centre and the USI for the national 'Ask, Consent' campaign. This campaign calls for more conversation and education around consent.

White Ribbon Ireland's work with the INMO has been key to their plans around the 16 Days of action.

Liam Doran will be speaking at the annual day on November 25 about the Organisation's partnership with White

Ribbon Ireland and about the work of both organisations in ending men's violence against women.

White Ribbon Ireland will be making a short film to raise awareness around nurses' experiences with victims of domestic violence. There has been a good response to the call out last month for nurses to be involved in this project, but there are still places available for anyone else who would like to be involved.

This is an opportunity for people to get an idea of the nurse/patient side of violence against women that is rarely discussed, yet is such an important aspect of the issue.

White Ribbon Ireland will not be asking about specific incidents. It has a professional film crew who are very sensitive and committed to the privacy and the delicacy of this issue.

The plan is to screen the film at their

annual event on November 25 and to continue to share it at events during the '16 days of action' and on social media.

The aim of these screenings is to give people an understanding of how far reaching and devastating men's violence against women is in our communities and also to give them practical advice from health experts on how to recognise signs of abuse and how to deal with it if it arises in the lives of those close to them.

White Ribbon Ireland acknowledged and thanked the INMO for its support and advocacy on this issue, stating that it was "vital that community leaders and organisations, such as the INMO, had a strong voice on the issue of men's violence against women if we are to eradicate it from our communities".

If you are interested in being involved in this project, please Email: wri@mens-network.net or Tel: 051 844 260.

INMO expresses solidarity with Turkish trade unions following bombings at peace rally

ON OCTOBER 10, 2015 in Ankara, Turkey, two bombs were detonated killing more than 100 people and injuring a further 400 at a 'labour, peace and democracy' rally in the city.

The rally was organised by the Confederation of Progressive Trade Unions of Turkey (DISK), the Union of Chambers of Turkish Engineers and Architects, the Peoples' Democratic Party, the Turkish Medical Association and the Confederation of Public Workers' Unions. (KESK) It was held to protest against the growing conflict between the Turkish Armed Forces and the separatist Kurdistan Workers' Party (PKK).

Many opposition parties criticised the Turkish government for this security breach and others went as far as to directly blame the government for the attack. The Turkish government has claimed that the bombings were terrorist attacks carried out by suicide bombers.

Following a suicide bombing by ISIL in July 2015, the Turkish forces carried out air strikes that targeted both ISIL and the PKK despite the fact that the PKK had been fighting against ISIL on Turkey's

borders. This action broke a ceasefire between the Turkish government and the PKK that had been in place since 2012. There has been a huge amount of civil unrest in the country ever since, however the October 10 bombing is one of the worst of its kind in modern Turkish history.

The European Public Services Union (EPSU) denounced the brutal violence against peaceful demonstrators and released a statement of solidarity with their affiliate trade unions who had organised the march. Members of KESK and DISK were among those targeted and several union members were killed.

The EPSU statement said: "They were participating in a peace rally. They wanted to protest the renewed violence between PKK and Turkish security forces." The Turkish forces have been closing off villages and towns from the outside world intimidating people. The protesters wanted the peace process to restart and to continue respecting the interests of the Kurdish people.

EPSU wants the Turkish government to organise an independent investigation

and prosecute those found guilty of these horrendous acts of violence; the Turkish government should stop the attacks against Kurdish people. There have also been reports of police preventing ambulances from reaching the wounded. Social media report that the government blocked Twitter. It is not befitting the Turkish government to react in such a way. We will approach the European Commission to step up its efforts to promote democracy. Respect for dialogue, trade union rights and for minorities is part and parcel of democratic societies. The bombs were an attack on Turkish frail democracy, already under pressure after years of one party politics. It is important for all to stand up for democracy, dialogue and peace."

The statement went on to express sympathy with the relatives, friends and colleagues of those killed or injured and expressed "solidarity with our friends and colleagues in this dark hour."

The INMO is also an affiliate of the EPSU and we wish to extend our sympathies with those who have suffered in the wake of this tragedy.



Shopping for health insurance

Dermot Wells advises how to get the best health insurance in a complex marketplace

WINTER is a busy time for health insurance renewals, with some insurers having introduced price increases on a selection of their plans. Others have responded to this by introducing a number of attractive new health insurance plans with special offers.

In the past 12 months, more than 100 new plans have been introduced into the market. While many of these offer substantial savings and value for customers, the sheer number of plans now available has exacerbated the confusion experienced by clients, when it comes to researching the best possible plan at renewal.

Below are some of the areas you should consider when next reviewing your health insurance needs.

What should I ask for when shopping around?

It's crucial to shop around for your health insurance so that you can save money on your cover by availing of one of the many offers, such as half price premiums for children or children going free. In May of this year young adult discounts were introduced so those between the ages of 21 and 25 may be able to avail of discounts when shopping around.

It's worth remembering you may be missing out on both savings and benefits if you have been on the same plan for two consecutive years, so make sure you get some alternative quotes.


How can I save money on my health insurance?

Due to the variety of special offers available in the market it often makes financial sense to split family cover between two providers in order to avail of the best possible price. Older adults can prioritise their own cover, while choosing a more basic level of cover for young adult dependants. There are a number of competitively priced plans in the market that cover a specific network of public and private hospitals only. If you are satisfied with the

Best buys in health insurance				
	Aviva BeFit 2.1	GloHealth Best Smart	VHI PMI 36 13	Laya ¹ SimplyConnect +
Adult	€1,243	€1,098	€1,175	€1,099
Child	€244	€312	€360	€263
Family (two adults & two children)	€2,974	€2,820	€3,070	€2,724

1. Laya Healthcare charges an additional 3% for direct debit payments (not included above)

NB: The above plans are all at a similar level of cover, ie. level two or three cover, private hospital excess, full cardiac in hi-tech hospitals and money back on everyday medical expenses. The market is subject to constant changes and all four providers at different times can offer preferential rates for children across certain plans



network of hospitals covered, these plans could offer you a reasonable level of cover at a more affordable price.

Will I have to serve waiting periods if I change cover?

While all four providers will honour the waiting periods you have served with your previous provider, you may have to serve a waiting period if you upgrade your cover. Furthermore, if you downgrade your plan to save money this year and then upgrade it the following year, you may have to serve waiting periods if you develop an illness or condition in the meantime. It is always best to seek advice from a qualified advisor who can explain if and how these waiting periods will affect you. Cornmarket's health insurance advisors can help you make sense of the many options available and find the best possible solution to suit your requirements and your budget.

Is dental cover included in health insurance?

Your health insurance plan may allow you to claim back a contribution on your dental visit. There is usually an excess and/or a limit to the number of visits you can claim. Some plans may include emer-

gency cover – you need to check your plan for details. If you or your family regularly attend the dentist it could be really worthwhile availing of a dental plan. Through Cornmarket's dental insurance plans, you can reclaim your dental expenses immediately and avail of benefits.

Our health insurance tip – 'Don't renew it until we review it'. Cornmarket has a dedicated team that is available to review your health insurance policy or provide you with a dental insurance quote. To avail of our free health insurance comparison service, contact us at Tel: 01 4086212.

Dermot Wells is general manager of the Healthcare Division of Cornmarket Group Financial Services Ltd

Any health insurance plan benefits or rates quoted are from the Health Insurance Authority effective from October 7, 2015 and are correct at the time of print. This information is intended only as a general guide and has no legal standing. Aviva Health Insurance Ireland Limited is regulated by the Central Bank of Ireland. GloHealth Financial Services Ltd trading as GloHealth is regulated by the Central Bank of Ireland. VHI Healthcare Limited trading as VHI Healthcare is regulated by the Central Bank of Ireland. Laya Healthcare Limited trading as Laya Life is regulated by the Central Bank of Ireland. Cornmarket Group Financial Services Ltd is regulated by the Central Bank of Ireland. A member of the Irish Life Group Ltd. Telephone calls may be recorded for quality control and training purposes.

November

Saturday 7

International Nurses Section conference and Culturefest at INMO HQ commencing at 8.30am. Bookings for conference essential. Contact INMO at Tel: 01 6640616

Thursday 12

Retired Section conference. INMO HQ. 10am-4pm. Booking essential. Cost €30. Contact: jean.carroll@inmo.ie or Tel: 01 6640616 for further details

Thursday 12

IRNN 8th annual conference 'Changing times in Healthcare Research'. 10am-4pm. Centre for Learning and Development, St James's Hospital, Dublin. See www.irnn.ie for agenda details and to register. For further information contact mary.clarkemoloney@ul.ie. Attendance is free for IRNN members; €20 for non-members

Friday 13 and Saturday 14

Third Level Student Health Nurses Section meeting. INMO HQ from 10am-4pm Friday, 10am-2pm Saturday. Contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details

Saturday 14

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

Saturday 14

CRGN Section meeting. INMO HQ. From 11am-1pm. Contact: jean.carroll@inmo.ie or Tel: 01 6640648 for further details

Saturday 14

Interventional Radiology Nurses Section inaugural meeting. INMO HQ. From 12pm-2pm. Contact: jean.carroll@inmo.ie or Tel: 01 6640648 for further details

Monday 16

Nurse/Midwife Education Section meeting. INMO HQ. From 11.30am. Contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details

Friday 27

Home oxygen therapy workshop and study day. Centre of Learning and Development, St James's Hospital. €60; early bird registration (before Oct 1) €50. Make cheques

payable to 'Airways Account Research Fund' and post to Roisín Kennedy, Respiratory Assessment Unit, St James's Hospital, James's Street, Dublin 8. Tel: 01 4103763

Friday 27

Beaumont Hospital 4th Annual Transplant and Nephrology Conference. 'Focusing on quality & safety standards in renal care'. Hilton Hotel. €30. NMBI accredited. Contact: Petrina Donnelly, tunconference@beaumont.ie or Tel: 01 8528340 for further details

December

Tuesday 1 to Friday 4

INMO Retired Nurses Section Christmas break. See box at end of list for details

Tuesday 1

Care of the Older Person Section two-hour workshop on delegation. 11am. INMO HQ. Booking essential. Contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details

Wednesday 2

Orthopaedic Nurses Section meeting via teleconference. 11am. Contact jean.carroll@inmo.ie for access number and PIN required to participate

Monday 7

National Children's Nurses Section meeting. 11am. INMO HQ. Contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details

Wednesday 16

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

January

Tuesday 12

National care of the Older Person Section. 11am. INMO HQ. Contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details

Wednesday 20

Telephone Triage Nurses Section AGM. 11am. INMO HQ. Contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details

Saturday 23

ODN Section AGM. 11.30am. Tallaght Hospital. Contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details

INMO Professional Library Opening Hours

November

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

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

INMO Membership Fees 2015

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

Saturday 23

GP Practice Section AGM. 11am. INMO HQ. Contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details

Tuesday 26

Student Allocation Liaison officers group. 12pm-3pm. INMO HQ. Contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details

Thursday 28

Retired Section AGM. 11am. INMO HQ. Contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details

Thursday 28

National Care of the Older person Section AGM. 11am. INMO HQ. Contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details

February

Monday 1

Nurse/Midwife Section AGM. 11am. INMO HQ. Contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details

Retired Section

INMO Retired Nurses and Midwives Section

- ❖ Annual Christmas break Tuesday 1 to Friday 4 December
- ❖ Venue: Abbey Hotel, Co Roscommon
- ❖ Price for dinner and B&B for Dec 1 and 2 is €119pps. Single supplement available at €15 per night. Cost of a third night B&B is €35.
- ❖ You can book directly with the hotel by phoning and quoting INMO Tel: 090 6626240

Congratulations

- ❖ Congratulations from all her colleagues to INMO staff member Cathriona McDonnell (Lacey) on the recent birth of her baby girl Ava Rose