€5.75 Vol 29 No 9 November 2021

WIN

Journal of the Irish Nurses and Midwives Organisation

World of Irish Nursing & Midwifery

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Protecting patients

Members protest over unsafe conditions

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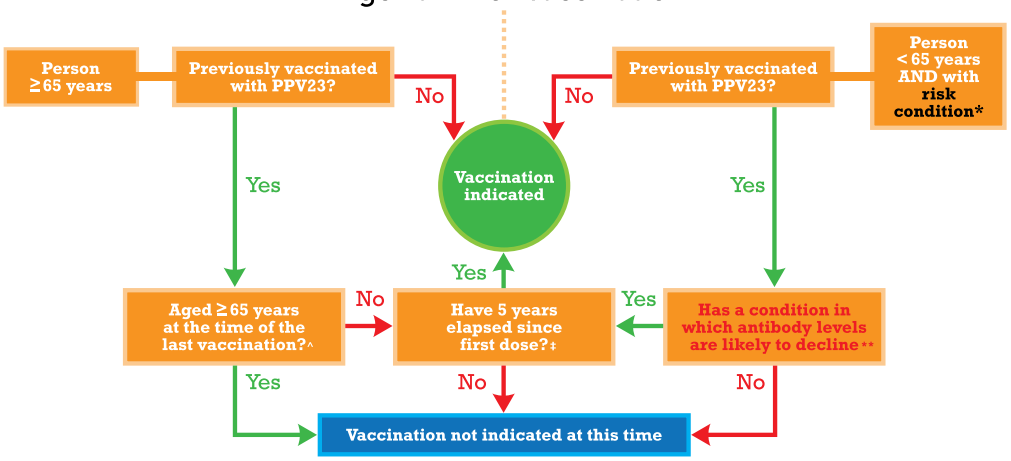
Pneumococcal disease is a very serious disease

Those with the following conditions should be vaccinated with PPV23[1]

Everybody aged 65 years and over Also those aged over 2 years with;

- Diabetes mellitus
- Chronic heart, respiratory or liver disease
- Chronic renal disease, nephrotic syndrome,renal transplant
- Sickle cell disease
- Those with missing or non functioning spleens
- Disorders of the immune system including cancer
- People receiving chemotherapy or other treatments that suppress the immune system
- Persons with HIV infection or AIDS
- Those who have received or are about to receive cochlear transplants

Pneumococcal Polysaccharide Vaccine (PPV23) Algorithm for Vaccination



* Asplenia or splenic dysfunction (splenectomy, sickle cell disease, coeliac syndrome); chronic renal, heart, lung, liver disease, diabetes mellitus, complement deficiency, immunosuppressive conditions; CSF leak, cochlear implant recipients or candidates for implants; children < 5 years with history of invasive disease.

^ Revaccination not indicated for any person who has received a dose of PPV23 at age ≥65 years.

‡ If vaccination has been given during chemotherapy or radiotherapy revaccination 3 months after treatment is indicated.

** Those with no spleen, with splenic dysfunction, immunosuppression including HIV infection, nephrotic syndrome, renal transplant or chronic renal disease.

Algorithm provided by National Immunisation Office[1]

Brought to you by PNEUMOVAX®23 Now in pre filled syringe presentation

(pneumococcal vaccine, polyvalent, MSD)

Supported by MSD

PNEUMOVAX® 23 solution for injection in pre-filled syringe. Pneumococcal Polysaccharide Vaccine.
ABRIDGED PRODUCT INFORMATION Refer to Summary of Product Characteristics before prescribing. **PRESENTATION** PNEUMOVAX 23 is supplied as a single Pre-filled syringe (0.5 mL) with 2 needles. Each dose contains 25 micrograms of each of 23 different polysaccharides of Streptococcus pneumoniae. **INDICATIONS** For active immunisation against pneumococcal disease in children aged from 2 years, adolescents and adults. Refer to SPC section 5.1 for information on protection against specific pneumococcal serotypes. **DOSAGE AND ADMINISTRATION** *The immunisation schedules for PNEUMOVAX 23 should be based on official recommendations. Primary vaccination:* Adults and children 2 years of age or older - one single dose of 0.5 millilitre by intramuscular or subcutaneous injection. Not recommended for use in children below 2 years of age. *Special dosing:* It is recommended that pneumococcal vaccine is given at least two weeks before elective splenectomy or the initiation of chemotherapy or other immunosuppressive treatment. Vaccination during chemotherapy or radiation therapy should be avoided and the vaccine should not be administered any sooner than three months after completion of such therapy. Persons with asymptomatic or symptomatic HIV infection should be vaccinated as soon as possible after diagnosis is confirmed. *Revaccination:* Healthy adults and children should not be revaccinated routinely. Revaccination at intervals of less than three years is not recommended because of an increased risk of adverse reactions. Revaccination may be considered for adults at increased risk of serious pneumococcal infection who were given pneumococcal vaccine more than five years earlier or for those known to have rapid decline in pneumococcal antibody levels. Revaccination after 3 years may be considered for selected populations (e.g. asplenics) who are known to be at high risk of fatal pneumococcal infections and for children from 2 to 10 years old at high risk of pneumococcal infection. **CONTRAINDICATIONS** Hypersensitivity to the active substance(s) or to any of the excipients. **PRECAUTIONS AND WARNINGS** As with any vaccine, adequate treatment provisions including epinephrine (adrenaline) should be available for immediate use should an acute anaphylactic reaction occur. Vaccination should be delayed in the presence of significant febrile illness, other active infection or when a systemic reaction would pose a significant risk, except where delay involves greater risk. The vaccine should never be injected intravascularly; precautions should be taken to make sure the needle does not enter a blood vessel. The vaccine should not be injected intradermally as injection by that route is associated with increased local reactions. If the vaccine is administered to patients who are immunosuppressed due to either an underlying condition or medical treatment (e.g. immunosuppressive therapy), the expected serum antibody response may not be obtained after a first or second dose, so such patients may not be as well protected against pneumococcal disease as immunocompetent individuals. Required prophylactic pneumococcal antibiotic therapy should not be stopped after vaccination. Patients at especially increased risk of serious pneumococcal infection (e.g., asplenics and those who have received immunosuppressive therapy), should be advised regarding the possible need for early antimicrobial treatment in the event of severe, sudden febrile illness. The vaccine may not be effective in preventing infection resulting from basilar skull fracture or from external communication with cerebrospinal fluid. As with any vaccine, vaccination with PNEUMOVAX 23 may not result in complete protection in all recipients. **INTERACTIONS** Pneumococcal vaccine can be administered simultaneously with influenza vaccine as long as different needles and injection sites are used. The concomitant use of PNEUMOVAX 23 and ZOSTAVAX resulted in reduced immunogenicity of ZOSTAVAX in a small clinical trial. However, data collected in a large observational study did not indicate increased risk for developing herpes zoster after concomitant administration of the two vaccines. **PREGNANCY AND LACTATION** The vaccine should not be used during pregnancy unless clearly necessary (the potential benefit must justify any potential risk to the fetus). It is unknown whether this vaccine is excreted in human milk. Caution should be exercised when it is administered to a nursing mother. The vaccine has not been evaluated in fertility studies. **SIDE EFFECTS** *Very common side effects:* Fever and injection site reactions such as pain, soreness, erythema, warmth, swelling and induration. Other reported side effects that may potentially be serious include thrombocytopenia in patients with stabilised idiopathic thrombocytopenic purpura, haemolytic anaemia in patients who have had other haematologic disorders, leukocytosis, anaphylactoid reactions, serum sickness, angioneurotic oedema, Guillain-Barré Syndrome, radiculoneuropathy, febrile convulsions and injection site cellulitis. For a complete list of undesirable effects please refer to the Summary of Product Characteristics. **PACKAGE QUANTITIES** Single pack containing one 0.5 mL dose pre-filled syringe with two separate needles. **Legal category:** POM. **Marketing authorisation number:** PA 1286/055/002. **Marketing Authorisation holder:** Merck Sharp & Dohme Ireland (Human Health) Limited, Red Oak North, South County Business Park, Leopardstown, Dublin 18, Ireland. **Date of revision:** November 2019. Further information is available on request from: MSD, Red Oak North, South County Business Park, Leopardstown, Dublin 18 D18 X5K7 or from www.medicines.ie. **Date of preparation:** July 2020. WS064

Adverse events should be reported. Reporting forms and information can be found at www.hpra.ie
Adverse events should also be reported to MSD (Tel: 01-299 8700)

Reference
1. http://www.hse.ie/eng/health/immunisation/pubinfo/adult/pneumo/

MSD Red Oak North, South County Business Park, Leopardstown, Dublin 18, D18X5K7 Ireland

IE-PNX-00025

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WIN – World of Irish Nursing & Midwifery is distributed by controlled circulation to **more than 40,000** members of the INMO. It is published monthly (10 issues a year) and is registered at the GPO as a periodical. Annual Subscription: €155 incl. postage paid. Editorial Statement: *WIN* is produced by professional medical journalists working closely with individual nurses, midwives and officers on behalf of the INMO. Acceptance of an advertisement or article does not imply endorsement by the publishers or the Organisation.

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Breastfeeding: The best start

Health benefits for infants

Breast milk is the ideal food for newborns and infants. It gives them all the nutrients they need for healthy development. It is safe and contains antibodies that help protect infants from common childhood illnesses such as diarrhoea and pneumonia, the two primary causes of child mortality worldwide. Breast milk is readily available and affordable, which helps to ensure that infants get adequate nutrition.

Long-term benefits for children

Beyond the immediate benefits for children, breastfeeding contributes to a lifetime of good health. Adolescents and adults who were breastfed as babies are less likely to be overweight or obese. They are less likely to develop type 2 diabetes and perform better in intelligence tests.

Benefits for mothers

Breastfeeding also benefits mothers. It reduces risks of breast and ovarian cancer later in life, helps women return to their pre-pregnancy weight faster, and lowers rates of obesity.

Support for mothers is essential

Breastfeeding has to be learned and many women encounter difficulties at the beginning. Nipple pain, and fear that there is not enough milk to sustain the baby are common. Health facilities that support breastfeeding – by making trained breastfeeding counsellors available to new mothers – encourage higher rates of breastfeeding. To provide this support and improve care for mothers and newborns, there are 'baby-friendly' facilities in about 152 countries thanks to the WHO-UNICEF Baby-friendly Hospital initiative.

Work and breastfeeding

Many mothers who return to work abandon breastfeeding partially or completely because they do not have sufficient time, or a place to breastfeed, express and store their milk. Mothers need a safe, clean and private place in or near their workplace to continue breastfeeding. Enabling conditions at work, such as paid maternity leave, part-time work arrangements, on-site crèches, facilities for expressing and storing breast milk, and breastfeeding breaks, can help.

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The Irish Nurses and Midwives Organisation supports breastfeeding

For more information log onto www.breastfeeding.ie

WIN INMO Irish Nurses and Midwives Organisation
World of Irish Nursing & Midwifery

(ISSN: 2009-4264)
Volume 29 Number 9
November 2021

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

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Staffing framework delays must end

IF YOU have been listening to any national or local media over the past month, no doubt you will have heard frequent coverage of nurses and midwives saying their workloads are unmanageable. We all know that this did not just arise with Covid-19, rather it has been a feature of long-term neglect of our health service and failure to provide required staffing levels.

The anger and upset felt by those working on understaffed wards when they read headlines stating that there is an underspend of over €800 million by the Department of Health, begs the question – is it only nurses and midwives who worry about the inevitable absence of safe care associated with the chronic understaffing we are faced with?

The evidence of the negative effects of poor nursing and midwifery staffing levels for patients is overwhelming. The Framework on Nurse Staffing and Skill Mix established the correct staffing levels for surgical and medical wards and this Framework is official government policy. The delay in implementation of this policy and the delay in installing the required IT software to accompany it, due to failure to provide funding, can only be described as neglect of both staff and of patients.

The fact that we have the Framework on Safe Staffing means we don't have to guess what safe care is. It sets out the scientific mechanism by which we can determine the required staffing, based on patient dependency and staff skill mix.

When correct staffing levels are applied patient outcomes improve substantially. This is backed up by a pilot study which showed that optimum levels of staffing led to improved patient, staff and organisational outcomes. Value for money was demonstrated when directly hired nurses and healthcare assistants were rostered, stabilising the workforce ward by ward, resulting in reduced agency spend (estimated saving of €82,000 per month over six wards).

Staff turnover reduced and there was significant improvement in patient care left undone – dropping from 75.6% to 31.8% in the first period of examination. In addition, patient care was significantly enhanced. All in all, this a no brainer from the point of view of patient outcomes and staff satisfaction.

In maternity services it's the same. The recommended ratio of midwife to birth is 1:29.5 but the August 2021 HSE employee census showed that staff midwife whole time equivalent was 1,489, or a ratio 1:40, significantly higher that the recommended safety level. This is in the context that Ireland's most recent census recorded a growing population to 5,011500, with the current birth rate of 60,203 births per year.

We have been on the same merry-go-round for over a decade. The Department of Health and successive governments have simply not invested the funding to guarantee safety. Growing waiting lists and overcrowding in our acute hospitals are not a new phenomenon, they were here long before Covid arrived, leading to less safe environments for both patients and staff. They are a direct consequence of the delay in the implementation of government policy on staffing levels in our hospital system. Further, the delay of funding a national rollout of the Framework left Irish hospitals less prepared from a staffing point of view than they should have been when the pandemic hit.

It is unconscionable that we are still seeing delays to the implementation of a safe staffing framework. This neglectful inaction warrants independent scrutiny. We need an action plan that is implemented in full. No more excuses, no more delays to these important safety measures. As part of the health services estimates process, the government and Department of Health officials have an opportunity to take a bold leap and implement the Safe Staffing and Skill Mix Framework. It's no use acknowledging how exhausted our workforce is if the government won't implement its own policy to have safe staffing in the health system.

Phil Ní Sheaghdha
General Secretary, INMO

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EXECUTIVE COUNCIL ELECTION 2022

All members are asked to note that 2022 is an election year for election, to the Executive Council, for a two year period (2022-2024). Elections will be conducted under the revised new Rule Book (Rule 8) adopted at the ADC in May 2021.

ELIGIBILITY FOR NOMINATION TO EXECUTIVE COUNCIL (RULE 8)

Nominations for the Executive Council shall be submitted, on the appropriate form, to the General Secretary, on, or before, 5pm on Wednesday, February 2, 2022. To be eligible for membership of the Executive Council a member must:

i) have been a paid-up member of the Organisation, for not less than two years prior to the date of her/his nomination, and be on the Live Register of the Nursing and Midwifery Board of Ireland (NMBI); and

ii) be proposed and seconded by Officers of their Branch or Section following endorsement of the candidate by that Branch or Section.

To be eligible for election as an undergraduate student nurse/midwife member of the Executive Council an undergraduate student must:

i) have been a member of the Organisation for not less than six months prior to the date of her/his nomination; and

ii) be proposed and seconded by undergraduate student nurses/midwives who have themselves been members of the Organisation for not less than six months or be proposed and seconded by Officers from their Branch.

COMPOSITION OF THE EXECUTIVE COUNCIL

Clinical: 16 seats

Includes all grades of Registered Nurse and Midwife (other than those eligible to go forward under the Education and Management Categories below), to be filled as follows:

i) Registered General Nurse - at least two seats
Registered Midwife - at least one seat
Registered Nurse Intellectual Disability - at least one seat
Registered Sick Children's Nurse - at least one seat
Registered Public Health Nurse - at least one seat;

Please note persons elected, to these reserved seats, must be on that register and engaged in clinical practice in that discipline.

ii) If these reserved seats are not filled, via the 16 candidates with the most votes, then they must be filled with reference to the next highest candidate, from that discipline, who is engaged in clinical practice in that discipline.

iii) If there are no candidates meeting any of the six reserved seats (clinical) then the seats shall be filled by the candidate with the highest vote in the clinical category.

Education: 2 seats

i) One seat to be filled by members from all grades of Nurse/ Midwifery Teachers, Clinical Teacher, and/or others with a Nurse/ Midwifery Teaching qualification who are actively engaged in nurse/midwifery education.

ii) One seat to be filled from members who are working in the wider field of nurse/ midwife education and its management including Clinical Placement Co-Ordinators/Clinical Placement Facilitators/Specialist Co-Ordinators and Nurse/Midwife Practice Development Co-Ordinators.

Management: 3 seats

Includes all members at, or above, Clinical Nurse Midwife Manager 3 who are actively engaged in management.

Undergraduate Student Nurses/Midwives: 1 reserved seat

Includes all undergraduate Student Nurses/Midwives/New Graduates up to 24 months qualified.

- Provided always that only those grades for whom the Organisation has negotiation rights shall be a member of the Executive Council
- In the event of any of the seats allocated to the Education and Management categories not being contested, then those seats shall be filled by the candidates, in the **Clinical Category,** who receive the next highest vote, or votes, after the initial filling of the 16 seats taking into account the six reserved clinical seats.
- In the event of any dispute, as to the category for which a member may be eligible for election, then the Executive Council shall determine the category under which a member is eligible to contest the election.

ELIGIBILITY FOR OFFICE OF PRESIDENT AND VICE PRESIDENTS (RULE 9)

9.1.1 The President, first Vice-President (Honorary Treasurer) and second Vice-President shall be elected at the 2022 Annual Delegate Conference at which elections are scheduled.

9.1.2 A separate election shall be held for President, first Vice-President and second Vice-President, and such elections shall be by secret ballot of all voting delegates at the Annual Delegate Conference.

9.1.3 The elected candidate must secure an overall majority by exceeding 50% of the eligible votes cast. If no candidate has achieved an overall majority, as aforesaid, then the candidate, or candidates, receiving the lowest vote or votes, if their combined vote is less than the total vote of the highest candidate, shall be eliminated and a further ballot shall take place immediately.

9.1.4 If there shall be a tie, another vote shall be taken, and if the result is still a tie, the outcome shall be decided by lot (drawing the name of the successful candidate) by the chairperson of the Standing Orders Committee.

9.2 To be eligible for election to the office of President or Vice-Presidents she/he shall have been an elected member of the incoming Executive Council and shall have been a member of the outgoing Executive Council for the term immediately preceding her/his election.

9.3 Nominations for the office of President, first and second Vice Presidents, together with their written consent must be submitted in writing to the General Secretary not later than 21 clear days before the Annual Delegate Conference for notification to delegates to that meeting at which the election will take place. (Closing date for nominations is 5pm on Friday, April 1, 2022).

9.4 The President shall preside at the Annual Delegate Conference and Special Delegate Conferences held during the year and at all Executive Council Meetings. In the absence of the President the first Vice-President shall take the Chair; in the absence of the first Vice-President the second Vice-President shall take the Chair.

9.5 The office of President shall not be held by the same person for more than two consecutive terms.

A positive focus with the president

Karen McGowan, INMO president

Menopause awareness

THIS month we have raised awareness of menopause, Breast-Check, venous thromboembolism (VTE) and mental health to name a few. Each and every one of us will be affected by these issues at some point in our lives and it is important to lend our support to campaigns in these areas. I admire the nurses and midwives who are leading these projects and the drive they have to make ongoing improvement in their specialist areas. This same approach applies to highlighting risk in the workplace. The use of risk assessment – when you are short staffed or there is a proposed change of practice – needs to become second nature to us all. Ask your health and safety rep for your risk assessment tool and get familiar using it as it can save your practice.

Giving a voice to sexual assault survivors

TO MARK International Day for the Elimination of Violence against Women, I spoke with Margo Noonan, an advanced nurse practitioner (ANP) in sexual assault forensic examination at South Infirmary Victoria Hospital, Cork. I was immediately met with a strong sense of the nurse-led service.

Margo Noonan, ANP in sexual forensic examination, South Infirmary Victoria Hospital, Cork

Ms Noonan states that to cover a 24/7 roster the team includes an ANP, two clinical nurse specialists, a clinical director and area medical officers alongside the assistance of support nurses who alternate on-call. The team can travel, so if the patient is too unwell to travel to the Sexual Assault Treatment Unit (SATU), the team can be brought to them. This area of nursing is very specialised and there are many specialised areas within this discipline.

"We see patients from the beginning, at follow up and right through to discharge. It is a privilege to be the voice for these people as they trust us to tell their story. The journey of sexual violence is long and often people are only aware of the acute violent event which is traumatic. In the unit we accompany them on their journey for up to two years or at court stage. What drives me is that we get to see the recovery in these patients and we help them out the other side of this ordeal by being there and facilitating that conversation," Ms Noonan told *WIN*.

The establishment and development of the SATUs was hard fought but she said that this area of nursing had seen huge advances in the past 12 years and the passion within the network of forensic nurses was evident. She explained how they learn from and support each other through regular engagement. The drive within the national group has brought the progression in sexual assault nursing services to the fore.

From a national perspective, Ms Noonan is very proud of the achievements of this specialist group. "Imagine what we will achieve in another 12 years. Feedback confirms that our service delivery is advanced in comparison to other countries," she added.

For more information on nurse-led SATU services *see page 48*.

Executive Council update

THE Executive Council met virtually this month. Issues of short staffing remain high on the agenda with a number of hospitals preparing for protests. Connolly Hospital had the most recent protest and I commend the organisers on a job well done. Members spoke so well, highlighting that unsafe staffing is the responsibility of us all and we must keep the pressure on management. On the same note, there are INMO rep meetings happening nationwide that I encourage you to participate in.

I recently attended the ICN's Council of National Nursing Association Representatives conference where new board members were elected alongside the new president Pamela Cipriano from the US – *see pages 22-23* for more on this meeting.

I also attended the EFN online conference. They also held elections and I am delighted to say that former INMO director Elizabeth Adams was re-elected as president and INMO general secretary Phil Ní Sheaghdha held her seat on the executive. Our voice in Europe is important for lobbying and it is vital that we are well represented.

The ICTU biennial delegate conference in October was also well attended and passed a vital motion on violence against healthcare workers.

The INMO made a number of submissions to HIQA recently, specifically in the area of disability social care services and homecare regulation. These were put together following consultation with all relevant sections and the INMO Executive Council commended both documents.

The results of the INMO psychological survey of members have been widely publicised *(see pages 20-21)* and we encourage you to take part in the survey on the menopause in the workplace that is now open to members.

The next meeting for the Executive Council will be November 8 and 9.

If you would like to showcase you nurse-led initiative or role please send an email to: president@inmo.ie

Get in touch

You can contact me at INMO HQ at Tel: 01 6640 600 or by email to: president@inmo.ie

HCWs need Covid-19 booster – INMO

IN RESPONSE to reports that the National Immunisation Advisory Committee had not recommended booster Covid-19 shots for healthcare workers as a cohort in its advice on October 19, the INMO is calling on the government to include healthcare workers in its plans for an immediate roll-out of the booster vaccination programme, as a health and safety imperative.

The INMO also requested the Health and Safety Authority to reinforce the risk mitigation requirements of the Biological Hazards Directive which has now been transposed into Irish law.

INMO general secretary Phil Ní Sheaghdha said: "It is disappointing that NIAC has not advised that healthcare workers receive the vaccine at this stage in the booster vaccine campaign. The government needs to step up now and make the right decision to include healthcare workers in the next phase of the vaccination campaign. In the past month the number of Covid-19 infections has increased among healthcare workers, with nurses and midwives representing the highest cohort of those infected. In the past month over 371 nurses and midwives were infected.

"Many in the over-60 cohort that NIAC has recommended receive a booster in the coming weeks would have received the AstraZeneca vaccine. Many healthcare workers received this vaccine in late January and February. They should be prioritised for an mRNA vaccine booster.

"Healthcare workers are receiving vaccine boosters in Northern Ireland, England, Canada, South Africa and many parts of the US. Why are we not following their lead? Why are we contemplating delaying protecting those on the front-line who are already working in overcrowded conditions?

Menopause support vital for retaining skilled staff

ON WORLD Menopause Day, October 18, the INMO published results of a member survey on experiences of the menopause, in which most respondents (82%) stated they had considered leaving work due to menopausal symptoms, with more than one in 10 (12%) of respondents already leaving or having left their profession as a result.

While 85% of respondents stated that they were in the early stages of menopause, perimenopause or post-menopause, almost half (47.8%) of respondents said that they were not at all prepared for menopause and 16% stated they had no education or information at all with regard to menopause.

The impact on quality of life was also measured, with 18% of respondents stating that their symptoms of menopause were severe or debilitating, and 90% stating that these symptoms affected them at work, while 42% stated they had missed more than five days of work as a result.

The survey also highlighted the impact of stigma in the workplace, with almost two-thirds (62.9%) of respondents stating they did not inform their employer of the reason for this absence and 37% reporting they would not feel confident discussing menopause with their line manager.

The INMO issued a position paper in 2019 on menopause in the workplace, making it the first organisation in the country to call for employer action on behalf of employees experiencing menopause. The position paper called for:

- Development of workplace policies that promote the support of women during menopause
- Education and training regarding the menopause.

In response to the survey results, INMO president Karen McGowan said: "There is a huge need for menopause education and awareness training for all staff in our workplaces and across society. Silence around women's health issues is damaging, and it impacts equality in society and at work. Nurses and midwives say the pressure they're under at work is made worse because there aren't reasonable accommodations being made for menopausal symptoms, and they don't feel they can speak up."

INMO general secretary Phil Ní Sheaghdha said: "This is very serious. The potential for women's careers to be negatively impacted by menopause needs to be eliminated, and education and awareness training are key to reducing stigma and facilitating the vital conversations women need to have at work.

"With an overwhelmingly female workforce, the health service should be a leader in promoting workplace well-being for people experiencing menopause. Development of workplace policies is an employer responsibility for fostering equality and is vital for retaining skilled staff in their professions."

NMBI registration renewal window extended

THE NMBI, as the independent regulator, requires that nurses and midwives update their information with them annually and also pay an annual renewal fee to be retained on the Register of Nurses and Midwives.

This is an independent process undertaken by the NMBI. However, the INMO monitors the process carefully as non-payment of the fee results in loss of registration in accordance with the Nurses and Midwives Act 2011.

Last year, members expressed significant challenges around the process of updating their details and paying the annual retention fee to the NMBI. They asked us to advocate for them so that the process would be improved and to allow more time to pay.

The INMO successfully engaged with the NMBI last year and had the time extended and also urged the NMBI to improve its IT systems to ensure a seamless process.

As a result of these engagements, the Board is opening the system for annual renewals and payment earlier and closing it later. The portal is open from October 25, 2021 to January 31, 2022 (as opposed to previous December 31 cut-off point).

The Organisation will continue to monitor the members' experience closely. Members should firstly contact the NMBI with any difficulties, but can also inform the INMO of any ongoing issues.

– Edward Mathews, deputy general secretary designate

Lack of detail in Budget 2022 health spend a real concern – INMO

Dept of Health €800m underspend a shock in face of overcrowding

RESPONDING to health measures announced in Budget 2022, the INMO has said that not enough detail has been outlined by the Minister for Health and his department in relation to the allocation of spending for the year ahead.

INMO general secretary Phil Ní Sheaghdha said this lack of detail in the health budget, coupled with an underspend in the Department of Health of over €800 million in the current year, were causes of real concern.

Some welcome measures

The Organisation gave a broad welcome to the record health budget of €22.2 billion for next year, in particular the expected spending on:

- The package of measures allocated to women's health, including the long-underfunded National Maternity Strategy
- Additional investment in sexual assault treatment units
- Additional funding for mental health, disability and hospice services.

However, the INMO said there is a need to ensure this money is spent efficiently and is seeking greater detail on:

- The number of nurses and midwives that will be recruited between now and the end of 2022
- The Safe Staffing and Skills Mix Framework, which sets staffing levels scientifically, based on patient needs
- The specific increase in undergraduate places in nursing and midwifery that is urgently needed to grow the workforce and meet demand.

In its pre-budget submission, the union had made specific calls for workforce growth including a minimum of 2,000 additional nursing/midwifery posts each year for the next three years, and an increase of 250 undergraduate places each year as well as an increase in postgraduate places.

The Organisation will therefore be increasing pressure on government to ensure that the Budget's commitment for 7,200 additional posts across the health service meet the urgent needs in nursing and midwifery, and are represented in the forthcoming winter plan. In addition, the INMO will be seeking an allocation of €15m annually to fund the rollout of the safe staffing framework.

Despite the Budget's emphasis on post-Covid-19 economic recovery, the persistent effects of Covid-19 across the health service were a feature of the planned health expenditure, and the Budget provides a welcome additional €0.8bn for Covid-19 related spending plus €200m in Covid-19 contingency. This allocation includes €500m for testing and tracing, the vaccination programme and PPE measures.

Further measures that the INMO had called for in its pre-budget submission included:

- Strict adherence to 85% occupancy of acute hospitals and zero tolerance of hospital and ED overcrowding
- Commencement of the multi-annual transitional fund to support investment in Sláintecare implementation
- A single source of funding for care of older person services, with funding allocated to the next phase of the safe staffing framework to extend to these services.

No mention of compensation

Finally, the INMO noted Budget 2022 made no mention of the healthcare unions' claim for pandemic compensation. The INMO is continuing to put pressure on government to resolve this issue through the WRC and to allocate funding for robust mental health supports and health and safety protections for frontline workers over the coming year.

Nurses and midwives have taken on new work during the pandemic while continuing to deal with the immense pre-Covid pressures in hospitals. It is the union's priority that meaningful compensation and staff recognition form part of the government's measures to protect and retain vital staff over the coming year.

Recruitment

Ms Ní Sheaghdha said: "Despite lengthy press statements from the Department of Health, we are still none the wiser as to what the €22.2bn allocation to the Department of Health will mean when it comes to recruiting additional nurses and midwives, how much has been allocated to implement the Safe Staffing Framework, or how much will be allocated to pay student nurses and midwives a proper wage.

"We know that there has been an underspend of over €800m in the Department of Health this year. It is surprising to our Organisation that there can be such a huge underspend by the Department of Health when we have record numbers of people on trolleys since the beginning of the pandemic, and nurses and midwives who are completely burnt out with little to no reprieve from juggling Covid-19 and non-Covid related care.

"We need funding to implement the framework which determines the safe levels of nurse to patient ratio, just like we have a pupil-teacher ratio embedded in the Budget year on year that advises on the optimum number of children in a classroom to one teacher. We are currently seeing examples in our hospitals of one nurse to 15 patients in a ward. This is not a safe environment for the nurse or for the patients.

"It is baffling that we don't have details on the exact number of nurses and midwives the government intends to hire in the year ahead. We know exactly how many teachers, gardaí and other public sector workers will be recruited next year.

"We know the government wants to open additional ICU beds, but we need to know how many ICU nurses the HSE intends to hire to ensure that these beds are staffed safely.

On the issue of student pay, Ms Ní Sheaghdha said: "After all the soothing words about the work of student nurses and midwives, Budget 2022 is silent on the matter of their pay. The Minister for Health has had the independent report by Seán McHugh on student pay since August 12, 2021. It is not good enough that after two months of consideration of the recommendations that the report not only has not been published, but that none of its recommendations were identified in Budget 2022."

The union is seeking an early meeting with Health Minister Stephen Donnelly to outline the above concerns, particularly seeking to discuss safe staffing ratios and the implementation of recommendations on student nurse/midwife remuneration.

One year on, HSE and government continue to stall on pandemic claim

INMO/NJC joint claim for compensation on behalf of HCWs

IT IS now almost 12 months since the INMO launched its campaign for compensation, in the form of 10 days leave, for healthcare workers (HCWs) who worked during the pandemic.

The claim, which was based on a conservative estimate of missed breaks and leave not taken during the crisis, was supported by references to additional pay or leave awarded to HCWs across Europe, and the extraordinary efforts of INMO members on the frontline throughout the pandemic.

Despite public assurances that frontline workers would be recognised for their work, healthcare unions have been met with resistance throughout this claim.

November 23, 2020

The INMO, via the National Joint Council (NJC) of Trade Unions, lodged a claim for 10 days of compensatory leave for HCWs due to fatigue and overwork throughout the pandemic, noting that over 11,500 HCWs had been infected with Covid-19. Meanwhile, the NJC staff panel lodged an unspecified claim for recognition and sought immediate engagement with the HSE.

January 7, 2021

In January 2021, the NJC wrote to the HSE to draw its attention to its legal obligation as the employer to provide risk assessments for staff exposure to biological agents. The NJC also cited fatigue and burnout among "the impacts of working in such hazardous and stressful conditions" and called for an emergency procedure and plan to prevent significant mental and physical damage to individuals arising from such stressful working conditions, pointing out that the INMO claim for 10 days recuperation leave would go some way towards this. The NJC sought a resolution of the health and safety risks within 10 days.

March 19, 2021

In March, NJC representatives met with representatives of the HSE and Department of Health to discuss the claim. There was no resolution following from this meeting.

March 23, 2021

The NJC wrote to the Workplace Relations Commission (WRC) noting that despite the fact the HSE had assured trade unions of its support for the proposed recognition of HCWs' exceptional efforts, the claim remained unresolved after four months. The NJC therefore requested the assistance of the WRC conciliation service.

May 7, 2021 (INMO annual delegate conference)

At their 2021 annual conference, INMO delegates passed an emergency motion, restating the union's call for additional annual leave for healthcare workers.

June 8, 2021

The INMO reiterated its request to the HSE to provide risk assessments in accordance with the Biological Agents Code of Practice 2020, regulations 16 and 17, and to produce a mitigation plan to deal with how the psychological challenges and the fatigue suffered by HCWs should be addressed.

July 6, 2021

Health sector unions met with the employers at the WRC, where the HSE said that it had "no mandate" to make an offer.

August 5, 2021

In August 2021, the HSE National Employee Relations wrote to the NJC to say the HSE intended to address the recognition issue with regard to frontline workers in the autumn, stating with regard to the pandemic "We are not in a position to pre-empt any government decision in advance of its consideration".

August 5, 2021

WRC conciliation talks were held on August 5. Despite comments by Minister for Health Stephen Donnelly in the previous week that he "definitely want[s] to see some form of recognition for the extraordinary work that they've all put in", HSE representatives had no offer to make at the talks.

August 10, 2021

As agreement was not reached in conciliation, the dispute was referred to the Labour Court on August 10 in accordance with Section 26(l) of the Industrial Relations Act 1990, with a Labour Court hearing due to take place on September 13, 2021.

August 13, 2021

The NJC staff panel wrote to the Taoiseach seeking that "he authorise the HSE and relevant government departments to meet the health service unions to agree and implement the promised recognition".

September 13, 2021

The NJC made a submission to the Labour Court noting that Covid-19 is a Category 3 biological agent and referring to the high level of infection among HCWs, as well as widespread fears of personal and household infection among frontline workers. The submission also set out the extraordinary circumstances in which HCWs had worked throughout the pandemic and noted that issues such as childcare needs had added to the exceptional stress and pressure on the unions' members.

The submission requested "a 14-day time limit for engagement by the HSE on their stated intention to provide recognition and with a view to reaching agreement with the staff panel of unions within that time period".

September 13, 2021

In response to the unions' claim, in September the employer cited a potential cost of €377 million in order to provide the compensatory leave requested and stated that it considered the claim constituted a "cost increasing claim" within the meaning of Building Momentum, and was therefore potentially a breach of that agreement.

September 22, 2021

A Labour Court Recommendation on September 22 noted that this point needed to be resolved and clarity achieved before the matter could proceed, and that parties should begin "effective engagement" and make every effort to resolve the question "during the autumn period referred to by the employer in its submission to the Court".

SIPTU, Fórsa and the INMO called for immediate talks, with a letter issued to the HSE and Minister for Health.

October 12, 2021 (Budget day)

Government spending proposals for 2022 do not include any mention of compensation for frontline workers or the NJC claim.

– Beibhinn Dunne

Royal College of Midwives

Irish Nurses and Midwives Organisation
Working Together

VIRTUAL EVENT

Thursday, 11 November 2021

All Ireland Annual Midwifery Conference

Respond - Recover - Reimagine

PROGRAMME

9.15 **Mindful Movement**
Speaker: Aparna Shukla, RNRM

9.30 **Welcome**: Gill Walton, CEO, RCM

9.45 **Keynote Speaker - State of Midwifery Report**
Speaker: Professor Fran McConville, Midwifery Adviser, World Health Organisation (WHO)

10.35 **Psychological well-being and impact of working in healthcare during Covid-19**
Speakers: Steve Pitman, Head of Education, INMO and
Dr Patricia Gillen, SHSCT/Ulster University NI

11.15 Morning Break

11.30 **Women centred models of care**
Speakers: Caroline Diamond, HoM, Interim Assistant Director for Women & Children NHSCT
Kirsty Deal, NHSCT Lotus team,
Martina Dillon, Midwife, CMM2 Domino Cork University Maternity Hospital

12.20 **The impact of Covid-19 in Europe**
Speakers: Trude Thommesen, ICM Board Member, Northern Europe and
Lisa Alpini-Welcland, ICM Board Member in Europe

13.00 Lunch

13.40 **Mapping your Creative Journey**
Speaker: Jessica Bonenfant, Artistic Director, Greywood Arts, Cork

14.10 **Innovations and Cultural Disadvantage - Practice and Innovations during Covid-19**
Speakers: Clare Kennedy, RAMP, St Luke's Hospital Kilkenny and
Roisin Lennon, RAMP, Sligo

14.50 Afternoon Break

15.00 **Homebirth/out of guideline care**
Speaker: Dr Claire Feeley, Midwife Researcher Educator Consultant Advocate

15.50 **Poetry Session**
Speaker: Feli Speaks, Poet

16.05 **Evaluation and close**

FREE
to members only

For full programme breakdown go to
www.inmoprofessional.ie/conference

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TO REGISTER FOR THIS EVENT

Open the camera on your phone and hover over the QR code above.

INMO director of industrial relations Tony Fitzpatrick updates members

Labour Court directs all parties to engage on pandemic recognition

FOLLOWING receipt of the Labour Court Recommendation on September 22, 2021, the health sector unions made a joint call for "immediate" talks on Covid-19 compensation. This highlighted that the INMO and other unions representing healthcare workers (HCWs) had called for immediate talks with the HSE on recognition for the efforts of HCWs during the pandemic, following a Labour Court recommendation.

SIPTU, Fórsa and the INMO had raised the issue at the Labour Court, which called on all parties to begin "effective engagement" to resolve the matter.

Unions are seeking some form of tangible recognition for healthcare workers' contribution to the fight against Covid-19. In other countries across Europe, this has taken the form of additional pay, annual leave or a bonus.

INMO director of industrial Tony Fitzpatrick, as chair of the staff panel of trade unions in the health sector, said: "We welcome the Labour Court's recommendation. Unions have consistently sought meaningful meetings with the HSE on this issue.

"The Labour Court recognised the 'extraordinary efforts of health workers throughout the pandemic'. It has called on all parties to 'make every effort possible' to begin 'effective engagement' to 'achieve clarity… at the earliest possible opportunity'.

"Trade unions are available to meet immediately to do exactly that. This is a simple matter of justice for our members. They have made incredible sacrifices and taken huge risks throughout the pandemic. It is time for the HSE and government to recognise their efforts meaningfully, as has been done in other countries across Europe."

The government has stated that it will engage with the unions and social parties on this matter and discussions were due to take place as this issue of *WIN* went to press. INMO members will be updated on this matter as soon as progress is made.

Vaccination teams turn focus to booster campaign

THERE has been a significant decrease in Covid-19 vaccination activity as high proportions of the population are now vaccinated. On October 7 the HSE advised that In the previous seven days fewer than 50,000 people had been vaccinated.

The HSE advised that the vaccination focus would turn to the provision of a boosters to the 40,000 individuals aged >65 years living in long-term care facilities commencing October 20. Vaccination centre and CHO teams were planning to finish this cohort over a two-week period, except where inhibited by local outbreaks.

The HSE advised that boosters would be administered once six-months has passed from the previous dose.

Booster vaccination for >80-year-olds living in the community are being delivered in general practices. More than 1,000 practices have signed up to the campaign and it was hoped to administer the Covid-19 booster dose at the same time as the flu vaccine.

According to the HSE this cohort numbered approximately 240,000.

The National Immunisation Advisory Committee (NIAC) has advised that those who are immunocompromised and who meet a specific clinical criteria and guidance should also be vaccinated. As of the meeting on October 7, 17,000 people had been identified in this group, with 9,000 having received an appointment and 2,000 have had their vaccination completed.

The INMO raised its claim for healthcare workers to be provided with booster Covid-19 vaccines and outlined this request to the HSE, NIAC as well as to the chief medical officer.

In September/October 2021, 15 pop-up vaccination centres were established in third-level collages throughout the country.

It is intended that vaccination capacity will be maintained at all hospital sites to assist in dealing with the immunocompromised, the over 80s and the over 65s in long-term care facilities and for pregnant mothers.

Vaccination capacity will be maintained until the end of the year.

Review of policy on right to disconnect from work

THE HSE is reviewing its Right to Disconnect Policy following the publication of the *Code of Practice for Employers and Employees on the Right to Disconnect* by the Workplace Relations Commission earlier this year.

The Code of Practice states that all employees have the right to switch off from work outside of normal working hours, including the right to not respond immediately to emails, telephone calls or other messages .

The INMO has made strong arguments for the rights of nurses and midwives not to be contacted outside of work time, stating that the constant request of staff to do extra shifts via phone, text and WhatsApp is unacceptable and must cease.

A detailed policy is now in draft stages and is due to be finalised shortly.

on recent national issues under discussion

Call for HSE to clarify issues around enhanced practice contract

THE INMO has received several queries from members relating to the interpretation of the Labour Court Agreement following the union's national strike in 2019, in particular on moving to the Enhanced Practice Salary Scale.

For example, some employers are advising individuals who have applied for the enhanced practice salary scale who did not participate in the initial assimilation after March 1, 2019 that they must wait until their next increment date.

The INMO has sought engagement on this with the HSE national director of HR and the HSE's National Employment Relations Service. The Organisation is seeking a HR memorandum to clarify that if individuals did not participate in the initial assimilation but now wish to apply, the enhanced contract should apply from the date of their application.

Furthermore, the INMO is seeking that all job advertisements for staff nurse and staff midwife posts should refer to the enhanced practice salary scale to make employment with the HSE and other relevant state agencies more attractive.

The INMO has been made aware of individuals who are already on the enhanced practice salary scale having to apply for HSE posts at the staff nurse and staff midwife level due to all advertisements referencing the basic salary scale.

The union has been advised that these individuals would be appointed to the staff nurse salary scale and would then need to apply if they meet the criteria for the enhanced practice scale. This is not acceptable and the INMO has sought clarification of this by a HR memorandum.

There are some nurses and midwives who have not applied for the enhanced nurse salary scale. It is important to state that if a nurse/midwife does not apply to be placed on the enhanced or senior enhanced practice scale, they are taking money out of their own pockets and handing it to the employer.

As an example, five years post-qualification a staff nurse/midwife earns 6% more on the enhanced practice scale compared to a nurse/midwife who remained on the basic staff nurse/midwife scale.

Should you have any questions or require guidance regarding the Enhanced Practice Contract, contact your local industrial relations officer/executive.

Leave arrangements for Christmas and new year announced

THE pay arrangements regarding Christmas leave were released on October 13, 2021. Christmas and new year's day public holidays fall on weekends this year – Saturday, December 25,2021 Sunday, December 26, 2021 and Saturday, January 1, 2022. Therefore, the following arrangements regarding premium pay have been put in place:

Public holiday premiums

As Christmas Day falls on a Saturday, it is a public holiday as provided for in the Organisation of Working Time Act, 1997. Public holiday premiums should therefore be paid to staff who are required to work on that day.

The normal Saturday premium payment will not apply. St Stephen's Day (December 26) will fall on a Sunday. While the Organisation of Working Time Act does not specifically provide for the transfer of a public holiday falling on a Sunday to any other day, the standard practice in the public health service is to transfer the public holiday to the following Monday for the purpose of premium payments, ie. staff rostered to work on Monday, December 27 will be paid the public holiday premium rate.

New year's day, a public holiday, will fall on a Saturday. Public holiday premium payments should therefore be paid to staff who are required to work on that day.

The public holiday premium will only apply to staff who are required to work on December 25 and 27, 2021 and/or January 1, 2022.

Staff who work a 'Monday to Friday' roster

In the case of staff who work a Monday to Friday regime, the paid day off in lieu of the public holidays that fall on Saturday or Sunday will normally be granted on the following Monday, December 27, 2021 Tuesday, December 28, 2021 and Monday January 3, 2022, having regard to needs of individual services. Alternatively, the day off in lieu of the public holiday may be granted on another date in accordance with Section 21 of the Organisation of Working Time Act, 1997.

Managers are responsible for determining the appropriate public holiday arrangements to apply within their area of responsibility, having regard to the nature and exigencies of the service.

Updated salary scales

THE latest nursing/midwifery salary scales as at October 1, 2021 are included in full in this month's issue of *WIN, see pages 45-47.* These include the 1% pay increase under Building Momentum, effective from October 1. Members are reminded to check their payslips to ensure they are receiving the correct allowances and premiums.

For ongoing updates on all IR issues, see **www.inmo.ie**

World news

Nurses and midwives in action around the world

Australia

- Funding plea as Queensland health workers fear hospitals not safe for patients and staff
- Covid-19 response boosted by extra hospital beds amid predicted caseload surge in South Australia

Canada

- Healthcare workers fear case surge after Thanksgiving gatherings
- Staff shortages could be on the way as Covid-19 vaccine mandates loom
- Nurses union finalises collective agreement with state government after over four years without a contract

New Zealand

- New Zealand Nurses Organisation accepts DHBs' latest pay offer

Philippines

- Nurses' group demands better pay and working conditions
- Healthcare workers decry hospital budget cut

Portugal

- Nurses' union schedules a strike for the first week of November

Spain

- SATSE denounces two-month payroll delay for new nurses

UK

- Nurses to vote on action in pay dispute with Scottish government
- RCN in formal dispute with Welsh government over 3% rise
- Nurses who raised concerns over ICU work 'were told they could quit if unhappy', committee told

US

- Nursing shortage renews push for patient load limits

Overcrowding returning to pre-pandemic levels

'Detailed winter plan needed' – general secretary

THE INMO is calling on the HSE to implement a "detailed winter plan" to keep patients and staff safe after five Irish hospitals reported record levels of overcrowding for the month of September.

The call has also come on foot of the news that 467 patients were treated on trolleys in Ireland's hospitals on the morning of October 6, 2021 – the highest daily trolley figures recorded since the Covid-19 pandemic began.

The figures, collected by the INMO trolley/ward watch analysis, signal a return to pre-pandemic levels of overcrowding, the union has warned, while four nurses in University Hospital Galway have quit due to working conditions in the hospital's ED.

Overcrowding figures reached record lows in 2020 and early 2021 due to the pandemic response, but many hospitals in Ireland are returning to what the union calls "the bad old days of overcrowding".

There were 12 times as many patients on trolleys in Letterkenny University Hospital this month compared with September 2020 (821 versus 66), while in University Hospital Galway there were nearly 40 times as many (805 versus 21).

Many other hospitals have seen the number of patients on trolleys more than double compared to September 2020, including St James's Hospital, St Vincent's University Hospital, Wexford General Hospital, Midland Regional Hospital Portlaoise, Cavan General and Our Lady's Hospital, Navan.

Overall, it was the second-worst September ever for overcrowding in Ireland, with 8,414 on trolleys. The highest total for September was recorded in 2019, when 10,641 patients were recorded as left waiting for a hospital bed on a trolley.

Worst-hit hospitals in September

- Cork University Hospital – 1,094
- University Hospital Limerick – 1,090
- University Hospital Letterkenny – 821
- University Hospital Galway – 805
- University Hospital Kerry – 422

INMO general secretary Phil Ní Sheaghdha said: "This is a very dangerous situation. Not only is it putting our members and their patients at significant risk of Covid-19 infection, but it is placing an extraordinary burden on a workforce that is completely exhausted.

"Letting overcrowding escalate over the coming months, as we have seen happen year after year, is going to lead to very poor outcomes for patients at a critical time in the pandemic.

"We need to see government coming forward in the coming days with concrete plans for keeping hospitals safe for patients and staff for the coming winter. That means a detailed winter plan from the HSE that includes increased capacity in the community."

'This is a staffing issue'

Cork University Hospital, Mercy University Hospital, University Hospital Kerry, Letterkenny University Hospital and Portiuncula University Hospital all reported higher numbers of patients on trolleys this September than any other year.

INMO IRO for Cork University Hospital and Mercy University Hospital, Liam Conway, said: "We are facing seriously acute problems with overcrowding in Cork. Our members in Cork University Hospital and the Mercy are frankly exhausted and dealing with a staggering amount of work.

"At its core, this is a staffing issue. We need more nurses inside Cork's hospitals, along with measures to treat people in the community."

Speaking about the September figures, Ms Ní Sheaghdha said: "Our members are sounding the alarm across the country. We are rapidly returning to the bad old days of overcrowding. Covid-19 remains a significant threat and winter is fast approaching.

"At the start of the pandemic, the HSE said there would be zero tolerance of overcrowding. An air of complacency is allowing the problem to return in force.

"Over the coming weeks we need to see planned funding for the implementation of safe staffing across the health service, and we need to see a detailed winter plan from the HSE. The risks here are clear and there is just no excuse for not being prepared.

"We have called for an immediate meeting with the most senior officials in the HSE."

Unsafe conditions force nurses to protest outside Connolly Hospital

INMO members came out in force to protest outside Connolly Hospital last month to highlight excessive workloads and consequential increasingly unsafe conditions at the hospital.

Nurses warned that staff are under increased pressure and patient care is being compromised.

The INMO has engaged with hospital management to find a resolution to this ongoing issue and is not satisfied with the response to the safety concerns raised.

INMO members are calling on hospital management to restrict services, close beds and wards and divert scheduled care to private hospitals. This action needs to be taken to protect standards of care, patients and staff.

While a recent recruitment initiative has had some success many of the new recruits will not start until 2022.

The nurses' protest took place outside the main entrance of Connolly Hospital on Monday October 11.

INMO IRO Maurice Sheehan said: "Our members have been through a very challenging time and are heading into winter with an increased workload, with Covid-19 still circulating.

"Hospital management needs to act urgently to keep staff and patients safe. Otherwise, services at the hospital will need to be scaled back to ensure safety for all. From the outset of the pandemic, management at Connolly Hospital chose to curtail some of their least essential services, they need to do so again.

"The protest sent a clear message to hospital management that staff are not willing to provide care in a manner where the health and safety of patients and staff is at risk."

A member who works in the hospital, speaking anonymously, said: "I have worked in this hospital all my life and I've never seen anything like the low morale and exhaustion. The waves of Covid-19 were just so taxing and we are now facing huge volumes of patients coupled with staff shortages. It's just not right.

"We've such a brilliant team in the hospital but they are at rock bottom. I'm seeing my colleagues leaving or thinking about leaving and this tide has to be turned right now or more staff are going to leave the service."

SVUH must act on dangerous staffing levels in ICU

ON A daily basis the ICU in St Vincent's University Hospital is running with a 30% shortfall in its nursing staff. The hospital continues to operate 18 ICU beds despite pleas from specialist nurses in the unit to curtail services and divert patients to other hospitals.

Due to staffing shortages the ICU is down four to six nurses per shift and specialist nurses are often looking after twice as many patients as they should.

The ICU simply does not have enough nurses to do the job safely. Members report being constantly worried that patient care is being put at risk.

INMO IRO Mary Rose Carroll said: "It is not acceptable that management continues to operate a full service despite the ICU only having enough staff to operate 14 beds. Our members are entitled to work in a safe working environment and patients deserve to be cared for with safe staffing levels.

"The INMO has requested that services within the ICU be curtailed until such a time that the unit is adequately staffed. The hospital, in line with critical care standards, can divert patients to other ICUs in circumstances when there are inadequate and unsafe staffing levels within the unit.

"We know from the recent INMO survey on the psychological impact of Covid-19 that nurses and midwives are completely burnt out. Nurses and midwives have faced an unprecedented increase in workload demands resulting directly or indirectly from the pandemic.

"Coupled with caring for patients with the virus, witnessing the physical and emotional effects on patients, families and loved ones has taken a psychological toll. The vast majority of our members, including those in St Vincent's University Hospital, are now telling us they're mentally and emotionally exhausted, and this is going to have an impact on their safety and the safety of their patients.

"The situation in St Vincent's is a symptom of the recruitment crisis throughout our hospital system.

"There are long-term and short-term actions hospital management and indeed the HSE can take to remedy the situation. They must take suggestions to curtail services and use ICU capacity in other hospitals seriously."

Ms Carroll went on to say that a long-term recruitment policy was needed to address the shortages of specialist ICU staff. "In the long-term, we need to give nurses an opportunity to undertake the specialist training needed to work in ICUs and this can only be done if more postgraduate places for training are provided," she said.

Members 'ready to walk' due to unsafe staffing levels in UHK

INMO members in University Hospital Kerry (UHK) are considering all options available to them to highlight and seek management's solutions to the ongoing shortage of nursing and midwifery staff in the hospital.

Following a recent survey of the critical situation, the INMO has identified at least 50 nurses and midwifery vacancies (both permanent and temporary), that have not been filled on the many wards and departments within hospital.

INMO members have grave professional concerns about their ability to maintain and deliver optimum and appropriate patient care services in an environment where ongoing nursing and midwifery staff shortages exist. Some said they were "ready to walk out".

A longstanding scheduled meeting proposed for October 12 with the general manager, director of nursing and director of midwifery to discuss and seek initiatives to assist in addressing this poor staffing situation was postponed by management. At time of going to press the meeting had been rescheduled for October 21, 2021.

Mary Power, INMO assistant director of IR: *"Members have grave professional concerns about their ability to deliver optimum and appropriate patient care services"*

– Mary Power, INMO assistant director of IR

Progress at Milford Care Centre

MILFORD Care Centre in Limerick, a Section 39 facility, has confirmed payment of the 1% pay increase under Building Momentum. Members are due to receive payment in the November payroll retrospectively to October 1, 2021. The INMO is still engaged with management on the implementation of the enhanced nurse contract in this service. The service is currently engaged with the HSE on funding.

Staffing levels in older person services

ENGAGEMENT with senior management in older person services in the mid-west has confirmed members' reports about unfilled nursing vacancies. Management confirmed a recruitment campaign for staff nurses closed on October 18, with interviews to be held this month. In tandem, individual campaigns to recruit a CNM1 and CNM2 for each county in CHO3 was due to close on October 28. Separate applications were necessary but only one interview will be required.

– Karen Liston, INMO IRE

Pay and entitlements issues addressed

THE INMO recently addressed two issues concerning pay and entitlements with management and HR at Mercy University Hospital, Cork.

Outpatient services

Firstly, a longstanding issue surrounding bank holiday entitlements for members in outpatient services in the hospital has been addressed. This was necessary to ensure the correct interpretation of the Organisation of Working Time Act is applied by HR and that INMO members receive the correct bank holiday entitlement as it falls due.

New graduate increments

The union also secured prompt correction of the calculation of graduate increments for newly qualified staff in the hospital over the past 18 to 24 months. This will ensure that members receive the correct entitlement and pay scale.

If you have any questions in relation to your income or pay scale, contact the INMO Information Office, Tel: on 01 664 0610/19

– Liam Conway, INMO IRO

Location allowance for Cork ENT emergency room

AGREEMENT has been reached with management at the South Infirmary Victoria University Hospital (SIVUH) to secure payment of the location allowance to all nurses working in the ENT emergency room.

INMO members who took the claim work night duty in a relief capacity on the medical surgical wards while being on call for the hospital's ENT emergency room. The SIVUH is the regional centre for otolaryngology and head and neck services and runs a 24-hour service for ENT emergencies and post operative complications.

The INMO contended that the location allowance does apply to the ENT emergency room on the basis that it operates an emergency service 24/7.

The union also argued that members are entitled to the location allowance based on the time spent providing relief on the medical surgical wards. Three-quarters of our members working hours are spent in a relief capacity on medical/surgical wards while being on call for the ENT emergency room.

The location allowance is now paid to all nurses working in the ENT emergency room with full retrospection.

– Gráinne Walsh, INMO IRE

Longford dispute over increments settled

FOLLOWING several meetings under the auspices of the WRC, INMO members in St Christopher's services, Longford, have finally been given the opportunity to assimilate to their correct point on the HSE pay scale after over eight years of this being frozen. Members locally have been balloted on their preferred pay roll options of weekly or monthly payments to be placed on the correct point of the pay scale.

The terms of the proposal also include a commitment from management to pay the retrospective element of this claim when funding allows.

The WRC has set a review date of six months for this position to be re-evaluated.

– Noelle Hamilton, INMO IRE

If workers must continue to pay the highest taxes, then they deserve more comprehensive public services, says **Dave Hughes**

Budgets come and go but PAYE workers are still paying most tax

WHILE the Budget for 2022 delivered some tax relief, they were minimal.

The PAYE tax credit which has not been adjusted since 2011 is to be increased from €1,650 to €1,700 a year – an increase of €50 per annum or about €10 net for the year.

The tax rate bands for the lower rate of tax was increased by €1,500 for individuals and married couples or civil partners, this may yield around €300 in all cases per annum.

A slight adjustment to the second-rate band for the universal social charge will see a further minimal reduction in the amount of tax paid.

Those working from home – an option most nurses and midwives could not avail of – can claim 30% of vouched expenditure on electricity, heating and broadband for the days spent working from home.

A lot of column inches have been written and chat shows dominated in the debate about the 12.5% corporation tax and the trojan negotiations carried out by the Minister for Finance to ensure that this couldn't go much beyond 15% in the foreseeable future.

However, we rarely hear any debate on how the biggest taxes are collected. The two biggest taxes collected by the state are PAYE and VAT. Corporation tax, which gets the most attention and appreciation, comes in third.

The figures for 2020, the year the pandemic struck, remained remarkably steady for income tax, decreased for VAT and increased for corporation tax.

Income tax fell from €21.6 billion in 2019 to €21.24bn in 2020. PAYE workers paid 88% of all income tax collected in both years. This is a surprising yield from income tax given that much of the economy was closed with many low paid workers laid off and on pandemic unemployment payment (PUP) allowances.

Unsurprisingly, VAT dropped by €2.5bn but corporation tax increased by just under €1bn bringing in a net €11.8bn in 2020. The high number of multinational tech and chemical companies based here accounts for this increase. However, it still represents just a little more than half that contributed by the workforce.

Income tax payers also pay the universal social charge (USC), while companies and corporations do not. So, while debate centred around the 12.5%, PAYE workers pay rates of up to 40% and additionally pay USC and PRSI on amounts over the standard tax credit threshold.

VAT used to be top of the list for tax collected, with PAYE second. However, since the big recession, income tax payers were called on to show patriotism by paying more and while we are out of austerity, they seem destined to retain the unenviable title of top taxpayer every year.

Public servants paid 26% of the income tax take in 2020 – up from 24% the previous year. The total figure paid by the sector also increased, which more than likely represented the take from the thousands of additional staff recruited for vaccination centres and testing and tracing as well as separate Covid-19 streams in hospitals.

The corporation tax debate in Ireland would never have happened without a massive global realisation that corporations worldwide play countries off against each other, but in the long run reduce the taxes they pay everywhere.

That this tax equalisation was championed by the US and the OECD spells out just how big a problem the failure to capture taxes from highly profitable corporations is for even the wealthiest nations.

Ireland attracted a lot of attention globally with the infamous 'double Irish' – an elaborate profit transfer scheme which exploited different rules regarding the definition of the business base for tax purposes in the US versus Ireland. Ireland was openly accused of creating a haven for tax avoidance by wealthy corporations.

Some commentators even suggested that our minister, by holding out on the 12.5%, was further risking the country's reputation. But, at one time or another, most political parties have taken a hands-off approach to our low corporation tax out of fear that the foreign direct investment, on which our economic success is based, might take flight.

The trade union-led tax marches of the late 1970s shook up tax collection and broadened the tax base slightly. That is where the PAYE tax credit, still in existence today, came from. Since then, our tax base has not significantly widened and the PAYE worker is still carrying the burden of being the highest contributor to the state coffers.

If workers in Ireland are to continue to pay the highest taxes, then they deserve more comprehensive public services in health, education, childcare, and housing. The ability of the state to raise its game in these areas will depend on the political willingness to collect taxes from other sources of wealth.

The international move to ensure greater contributions from corporations is a sign that more nations are facing the same need.

Dave Hughes is deputy general secretary of the INMO

Set for the challenge

As Edward Mathews prepares to take up his new role as INMO deputy general secretary, **Tara Horan** talks to him about his latest brief with the Organisation

THE recent appointment of Edward Mathews as INMO deputy general secretary designate will not have come as a surprise to members. His ever-increasing brief within the Organisation over the past 20 years has equipped him with both the ability and the heart to continue to advocate for a fairer deal for nurses and midwives in the workplace and in society.

Currently enjoying a handover period, Dr Mathews will take over as deputy general secretary on January 1, 2022, following the retirement of Dave Hughes from the INMO at the end of December.

In his new role Dr Mathews will be working closely with general secretary Phil Ní Sheaghdha and the Executive Council on the Organisation's overall campaigns to achieve improvements in the terms and conditions of members.

"Currently this includes the work that's ongoing in relation to the reduction of working hours back to 37.5 hours a week, and ensuring safe staffing levels, with the rollout of the Framework for Safe Staffing and Skill Mix in further areas. We're working to achieve improvements across all the domains of concern to our members, including health and safety and Covid-19 compensation for the additional hours worked in the pandemic," he said.

"We're heading into the winter now and we have a very under-resourced service, mixed with significant overcrowding. While some focus on waiting lists is of course important, it's also important that when people get into hospital or into a service, that they get into a safe service. We can't be all things to all people – we can't rush to resolve one problem, and in doing so create 10 more.

"We had overcrowding. Now we have overcrowding with Covid-19. Then we have a waiting list problem. As our concern with Covid diminishes, thanks to vaccination, we are returning to the perennial concerns of overcrowding and waiting lists. However, the solution to that problem is not to ramp up services where it's unsafe to do so. We have to have a measured approach. But the INMO will make sure that our members are protected. They won't be used in a way that creates an unsafe environment for them and those they care for.

"Our members cannot play catch up and they cannot, in what is an under-resourced and overcrowded service, add another layer of work on top of what they are already doing. It's as if some administrative managers have now decided to put their foot on the accelerator but I'm not sure what they think is in the tank. The tank is far from full," Dr Mathews told *WIN*.

Building strength

The INMO's management team is keenly focused on maintaining and building the strength of the Organisation.

"We're a trade union and our strength comes from our members," said Dr Mathews.

"A key part of my role is recruiting and retaining our members, and making sure that nurses and midwives know that they are best protected and best served as members of this Organisation.

"This is something we focus on all the time. It's about the quality of the service that we deliver, about communicating the messages of what we're doing and what we have done for our members, and making sure members and potential members know that," he added.

While perhaps best known to members for his legal work and representation in the fitness to practise process, Dr Mathews has spent most of his working life advocating for nurses and midwives.

This began during his years training and practising as a registered nurse in intellectual disability (RNID) at St John of God services, Drumcar, Co Louth, where he became an INMO workplace rep. He then went on to become a branch officer and a section officer with the RNID Section. His involvement in national discussions on the role and function of the RNID in the early 2000s served as the catalyst for his appointment as an IRO in 2002, initially in the Mid-Western region and then in the North Dublin region.

In the course of his work representing members, his interest in employment law

grew and he began studying law at night in 2008. He now holds first class bachelor of law and master of law degrees, a doctor of philosophy in law, a barrister-at-law degree and qualifications in education and learning and conflict resolution.

In 2014, he was appointed INMO director of regulation and social policy, later adding responsibility for the professional services to his role.

With the advent of the new fitness to practise regulatory regime under the Nurses and Midwives Act 2011, there has been a large increase in the number of cases coming before the Nursing and Midwifery Board of Ireland (NMBI), with cases doubling over the past seven years.

"While there are 100% more cases a year now reported, we're very effective in dealing with these cases. We stop about 75% of cases at the preliminary stage and of the 25% of cases that do go forward to a full hearing, only a tiny proportion of these face the ultimate sanction of removal of their registration.

"We're a publicly regulated profession and the fitness to practise process can be very difficult for our members. However, one of the key goals of the process is to maintain the standards of the professions of nursing and midwifery; a fairly administered fitness to practise process serves the public and also serves the profession," Dr Mathews said.

While he will continue to oversee the INMO's representation role in the fitness to practise process and ensure the effectiveness of that service is maintained, the Organisation is continuing to build its team to carry out direct representation for members. As part of this, David Miskell was recently appointed as INMO professional and regulatory service officer.

A further responsibility of the management team is to act as stewards for INMO property, including the headquarters and the Richmond Education and Event Centre.

"Everything we have is owned by our members. As deputy general secretary I'll be responsible for the management of our buildings and facilities. We have a very strong history of gathering together facilities to serve our members and we have to make sure we safeguard those and make sure that they're available for the members and to deliver services," he said.

Social policy

In parallel with its industrial relations activity, the INMO as a union has a social policy role in striving to achieve a just society, in which the rights of all workers and citizens can enjoy a good quality of life.

"We have to see our place in the world. Nurses and midwives, predominantly women, occupy a very profound place in our society but are intrinsically undervalued. To understand the value of that place, you have to look outside the prism of day to day nursing practice. You have to understand the position of women in our society, the gender pay gap, women's participation in political life, women's participation in leadership, matters affecting pensions and the future lives of women in our society," Dr Mathews said.

It is important to look at the broader human rights paradigms and dynamics also.

"We're concerned for rights in our own jurisdiction but also concerned about the rights of people overseas. We're concerned for our colleagues who are involved in areas of conflict and being attacked for delivering healthcare for example. We're concerned for those who are under resourced around the world," he said.

By way of example, Dr Mathews referred to an International Council of Nurses meeting he had just attended, which focused on climate change. Ahead of the UN climate conference (COP26) in Glasgow, the ICN called on all governments to take immediate action to avert a climate crisis that will have devastating effects on the health of people everywhere.

"The Organisation aims to bring a wider prism to understand what's happening in nursing and midwifery internationally, and what's happening politically, both domestically and internationally. We're part of a trade union movement that believes in a more just society for all, and that people are better when organised together to achieve that.

"This is something that motivates me. We're not just in this because it's a job, we're in it because it's a movement – a movement of people, for people. Not just here in Ireland – we're part of a global community as well."

Recruitment

Domestic and international supply of nurses and midwives is a major issue, both nationally and globally, Dr Mathews said.

"International ethical recruitment is important. We hear cries for solidarity from nursing and midwifery associations overseas who are talking about their inability to recruit nurses and midwives.

"One thing that we can look at is what we can give back to other societies that we are taking nurses and midwives from. Our international nurses and midwives in Ireland have brought such extraordinary service to the Irish health services across every domain, without which the service would have collapsed many years ago. We're so lucky that so many people, not only decided to come here, but also decided to stay here.

"We know from international nurses and midwives working here that they have concerns regarding ethical recruitment and migration as well. We also need to be building our base supply here in Ireland because migrant professionals have choices between countries. We need to be conscious of that.

"Recognising the diversity within the INMO is very important, as is recognising the important role played by migrant nurses in Ireland. However, recognising that a migrant workforce is not a permanent solution to any problem is also important – we need to build our own supply through increased training places.

"Diversity is something that we need to continue to celebrate and explore as part of the INMO's journey. It's fantastic for us as an organisation to see that our leadership at the Executive Council is representative of the diversity of our membership, with migrant nurses sitting on the Executive," he said.

Ethic of care

This strong belief in the value of diversity is at the very essence of Dr Mathews' ethic of care. As well as embracing international diversity, he has played a large part in celebrating diversity within the LGBTQ community.

He has also had a life-long protective sense towards people living with a disability, stemming largely from his evident closeness to his mother who has a life-long disability.

Very much a family man, Dr Mathews celebrated his marriage to Marcus Gatto in 2015. They live in Dublin city centre and spend a lot of time with extended family, especially his godchild Clara. They are looking forward to travelling again next year and visiting relations, including a niece and new nephew in the US.

In his spare time, Dr Mathews has undertaken voluntary work with the Irish Innocence Project for several years, which investigates cases of people who believe they have been the victim of a miscarriage of justice in Ireland. He also still tries to find time to provide free legal aid through FLAC, voluntary work which he says helps to give you a broader perspective on life and keep him grounded.

The psychological impact of Covid-19

The results of an INMO survey on the psychological impact of Covid-19 on members are a clear indication that more needs to be done to support nurses and midwives, writes **Steve Pitman**

ON October 13, 2021 there were 415 confirmed cases of Covid-19 in Irish hospitals, with 70 patients in ICU.[1] Those who have not been vaccinated are having a "disproportionate effect" on the health service, according to the deputy chief medical officer, Dr Ronan Glynn.[2]

While the uptake of Covid-19 vaccination in Ireland is high, with 3.7 million second and single-dose vaccines administered as at October 12, the number of daily confirmed cases of Covid-19 remains high and is continuing to rise significantly.

There remains uncertainty about the potential for infection rates to continue to rise over the winter. In addition, there is increasing demand for health services, with 8,414 patients admitted to hospital without beds in September[3] and more than 900,000 on some form of public waiting list.[4]

All of these factors – both Covid-19 and public health service demands – place continuing and increasing pressure on nurses and midwives. Increasing demands and reduced access to resources (physical, social and organisational) are the root cause of workplace stress and burnout.[5,6]

The 2020 INMO Psychological Impact of Covid-19 on Nurses and Midwives in Ireland survey was unequivocal that Covid-19 was having a significant psychological impact. Worryingly, a high percentage of respondents in the 2020 survey indicated that they had considered leaving the profession. Extremely high levels of mental exhaustion were reported, which is recognised as the key factor associated with burnout. These findings were alarming, and in the context of a global shortage of nurses and midwives, they are of serious concern.

The 2021 survey was an opportunity to measure the temperature of nurses and midwives in Ireland and examine the current state of emotional and psychological wellbeing in the workplace.

Methodology

This survey was conducted to gain an understanding of the psychological impact of the pandemic on nurses and midwives in Ireland. The information will be used to inform the INMO strategy for supporting and representing nurses and midwives during and beyond the pandemic.

This cross-sectional online survey was conducted during April and July 2021 using Survey Monkey. The cyber attack on the HSE occurred during the survey window which resulted in an extension of the deadline for completion.

All nurses and midwives in Ireland were invited to participate, with INMO members being contacted via the membership database. The survey was promoted in the weekly INMO update to members and via social media. Responses were anonymised to ensure privacy and confidentiality. No personal details were required and consent was implied once participants decided to complete the survey. It took around 12 minutes to complete.

The survey was divided into five sections (demographics, Covid-specific questions, burnout, impact of events and quality of professional life). This report focuses on the Covid-19 questions and demographics. The results from the burnout assessment test, impact of events scale and the professional quality of life will be reported separately. There were seven demographic questions in total, and 20 questions relating to experience of Covid-19. The majority of questions in this section were categorical (yes or no/category selection). The work-related questions were scored using a five-point ordinal scale (strongly agree to strongly disagree).

Results

In total, there were 1,905 respondents to the survey, 95% of whom were female (4.5% were male and 0.5% identified as 'other').

The majority of respondents were registered general nurses (87%) who work in the public sector (8%). The employment grade of respondents ranged from student nurse (2%) to director of nursing/midwifery (1.4%). The largest group were staff nurses/midwives (including senior staff nurses/midwives and enhanced nurses/midwives), which represented 58% of respondents. Nurse tutors represented the lowest number of respondents (0.3%).

Respondents worked in a variety of specialties. The highest numbers worked in the medical/surgical area (17%), care of the older person (14%), community care (8%), intellectual disabilities (7%), maternity (7%), emergency department (5%) and intensive care (5%). The most common level of educational qualification of respondents was level 8 (52%), followed by level 9 (47%).

Caring for patients with Covid-19

More than 74% of respondents indicated that they had cared or are currently caring for patients with Covid-19. When asked if they had cared for patients who subsequently died as a result of Covid-19, 62% indicated that they had *(see Figure 1)*.

It is important to note that respondents to this question are made up of those who indicated, in the previous question, that they had cared for patients with Covid-19.

The psychological impact of Covid-19 on nurses and midwives

Respondents were asked two questions relating to the psychological impact of Covid-19. One related to respondents themselves and the other to their colleagues. When asked if they believed their experience of Covid-19 has had a negative psychological impact on them

as individuals, 85% answered 'yes' *(see Figure 2)*. When asked if they believed that Covid-19 had a negative impact on their nursing and midwifery colleagues, more than 96% of respondents agreed that it had and answered 'yes'.

Considering leaving the professions and intention to leave

When respondents were asked if their experience of working during the pandemic had caused them to consider leaving the profession, 68% said they had *(see Figure 3)*. When asked if they intended to leave nursing and midwifery in the next 12 months, 25% indicated that it was likely (15%) or very likely (10%). Note that this new question was added to the 2021 survey.

Work-related concerns

Five work-related questions were included in the survey that explored concerns related to infection risk from working as a nurse or midwife. Some 83% of respondents agreed (strongly agree and somewhat agree) to the statement "I feel that my personal health has been put at risk".

When asked whether PPE was always available in their workplace, almost one-quarter disagreed (somewhat disagree to strongly disagree).

Nearly 40% reported that they did not have confidence in their employer's ability to keep them safe, while over 90% of respondents had experienced stress about the risk of spreading the infection to family or housemates. Almost one-third experienced stress in trying to secure childcare during the pandemic and more than 90% of respondents said they believed that routine Covid-19 testing of staff should take place in the workplace.

Physical health

Twenty-two percent (n = 412) of respondents reported that they had contracted Covid-19. More than half of these respondents were on leave for 14 days or fewer. Almost one-third (32%) of those who contracted Covid-19 had to take additional leave, while more than half (56%) who had contracted the virus were experiencing long-term physical effects of infection *(see Figure 4)*.

Experiencing negative symptoms when off duty

Respondents were asked to indicate if they had experienced a selection of negative psychological symptoms while off duty during the pandemic. Over 90% of respondents said they had experienced mental exhaustion while off duty. High numbers also reported trouble concentrating (47%), difficulty focusing (41%) and forgetfulness (46%) *(see Figure 5)*.

Discussion

The results of the 2021 survey are again unequivocal; Covid-19 continues to have a significant negative psychological impact on nurses and midwives in Ireland. Eighty-five percent of nurses and midwives in this survey reported that Covid-19 has had a negative psychological impact on them. This figure has remained relatively consistent with the high level (83%) that was reported in the 2020 survey.

Nurses and midwives have faced an unprecedented increase in workload demands, resulting directly or indirectly from the pandemic. Coupled with caring for patients who are sick with the virus and witnessing the physical and emotional effects on patients, families and loved ones, this has taken a significant psychological toll on our workforce.

In addition, nurses and midwives have been at the forefront of managing the frustration expressed by families that are unable to visit and comfort loved ones during periods of restriction and lockdown.

Mental exhaustion is the core component of burnout, and in the 2021 survey 90% of nurses and midwives reported being mentally exhausted. As mentioned, 68% of respondents indicated that they have considered leaving the profession as a consequence of Covid-19 – an increase on the 2020 survey figures. This is a clear indication that more action is required to support nurses and midwives in coping during the pandemic and with its longer-term implications.

Steve Pitman is head of education and professional development with the INMO

References are available on request by email to nursing@medmedia.ie (Quote Pitman S. WIN 2021; 29(9):20-21)

Figure 1: Did you care for patients who subsequently died of Covid-19?

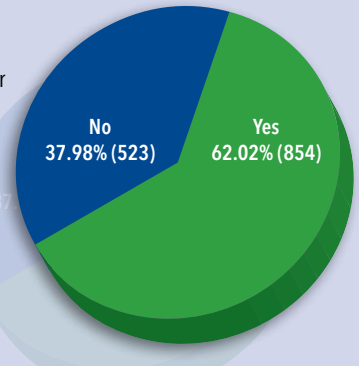


Figure 2: Has your experience of Covid-19 had a negative psychological impact on you?

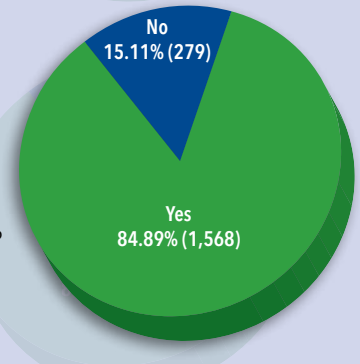


Figure 3: Have you considered leaving the professions due to your experience of Covid-19?

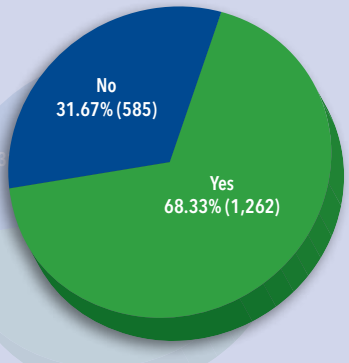
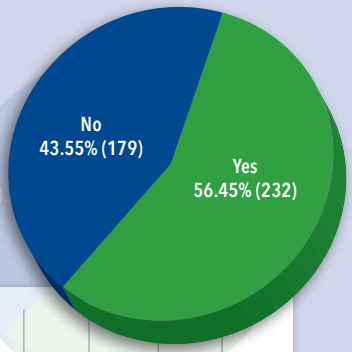


Figure 4: If you contracted Covid-19, are you experiencing long-term effects of the virus?



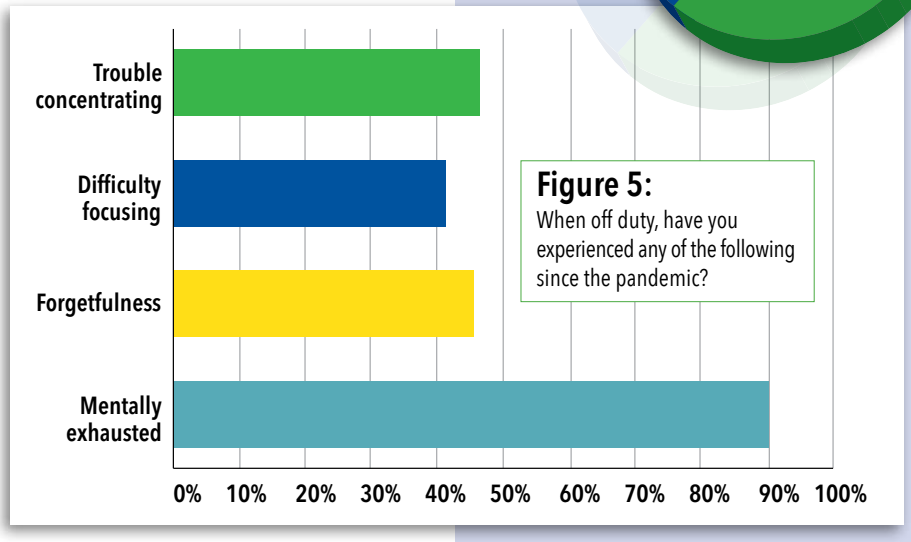


Figure 5: When off duty, have you experienced any of the following since the pandemic?

Global voice for nurses highlights extraordinary pandemic contribution

Edward Mathews reports on the meeting of the ICN's Council of Nursing Association Representatives which took place online recently

THE International Council of Nurses (ICN) held its Council of Nursing Association Representatives meeting online in October for the first time in the history of the organisation. The INMO is Ireland's national nursing association for the ICN which is the global voice for nurses.

The ICN president, Annette Kennedy, former INMO director of professional development, was in attendance in Geneva, as was the ICN chief executive Howard Catton. The INMO was represented by the president Karen McGowan, the general secretary Phil Ní Sheaghdha and myself as the director of professional and regulatory services.

The Council of Nursing Association meeting dealt with a range of issues including the report of the ICN president and chief executive. These reports are organised around the strategic goals of the ICN, which include global impact, membership empowerment, strategic leadership and innovative growth.

Global impact

The International Year of the Nurse and Midwife and the impact of Covid-19 were unsurprisingly the main areas of discussion under the heading of global impact. The report referred to supports introduced by the ICN for its member organisations, as well as reports and updates provided in relation to the Covid-19 pandemic.

The report also reflected extensively on the media coverage garnered by the ICN in the context of the pandemic, the Council's work with the World Health Organization (WHO), webinars that took place and meetings and presentations to do with Covid-19 and supporting and recognising the role of nurses in fighting the pandemic. Under this heading, the report also reflected on the first ever State of the World's Nursing report and the subsequent development of the *Global Strategic Directions for Nursing & Midwifery*.

The State of the World's Nursing report identified significant current and future shortages of nurses, and the strategic directions documents seeks to map out a path to address shortages, and to maximise the role of nurses in delivering universal health coverage across the globe.

The ICN's participation in the WHO World Health Assembly, WHO Executive Board meeting, and WHO/ICN/ICM Nursing and Midwifery Triad meetings were also reported on. These engagements are essential to ensure the global voice of nursing is heard at the most senior policy determining forums for global and domestic health policy. The ICN has also worked on issues concerning non-communicable diseases, mental health, universal health coverage, gender equality, maternal and child health, and climate and health.

While the international Nursing Now campaign has ended, the remainder activities of that campaign and its future stewardship have been vested in ICN, which will continue to work on the legacy and impact of the programme.

The ICN's work around International Nurses Day was essential again in highlighting the crucial role played by nurses in flighting the pandemic, as well as the incredible impact of nurses' healthcare delivery and innovations in that delivery. Importantly, the ICN has also developed a partnership with the BBC to illustrate innovative nursing practice from across the globe to a global audience, and programme development is underway in that regard.

Membership empowerment

The ICN is engaged in advocacy and support around international disasters, and obviously the Covid-19 pandemic. The work of the NNA biannual meetings, Lesotho Organisational Development Project, the ICN Tuberculosis/Multi-Drug Resistant Tuberculosis Project and the Girl Child Education Fund are all important work programmes ongoing within ICN.

The Council also continues its work with the World Continuing Education Alliance, and a report was provided on the work of the ICN Workforce Forums, which was interrupted to an extent by the pandemic, but which remains essential in sharing intelligence to ensure nurses are valued in their workplaces for what they do.

Strategic leadership

Considering the issue of strategic leadership, the report reflected on:

- The Global Nursing Leadership Institute's activities for the past two years,
- The ICN's Participation and Leadership for Change programmes
- The ICN's development and rollout of the Nursing Policy Leadership programmes
- The development of a group of ICN certified global nurse consultants – an important and innovative global development in supporting the development of nursing practice internationally.

Innovative growth

The ICN's endeavours on the International Classification of Nursing Practice, the ICN Nurse Practice and Advanced Practice Conference and the 2021 Congress, which will take place in November, were all considered at the meeting.

The INMO and other national nursing associations were impressed with the effective financial stewardship of ICN, which was backed up by unqualified audit reports, strong financial reporting and controls, and the effective work of the audit and risk function within ICN, which reported positive and ongoing governance structures within the organisation.

Membership

A specific agenda point at the conference considered the membership situation of the ICN. There are significant challenges for a number of national

nursing associations in the context of the Covid-19 pandemic, with extreme financial hardship visited on some of those associations. There are also ongoing hardships – which pre-existed and co-exist with the pandemic – for several national nursing associations. The Council of Nursing Association's representative group consequently agreed to establish an ICN membership taskforce, where the aim is to increase membership of ICN and thus potentially deal with the hardship faced by some organisations.

The aim is to increase the number of national nursing association members and grow the potential to embrace specialist nursing associations by members. The INMO, as the national nursing association for Ireland, represents the overwhelming majority of nurses in Ireland and will remain in this position as the project moves forward, however in other jurisdictions there is potential to increase the membership of organisations that represent nurses in those countries.

Student and early career nurses

The conference also considered a report on ongoing nursing student and early career nursing engagement at the ICN. Arising from the discussion there seems to be a clear direction towards ensuring that student nurse involvement is placed at a constitutional level within ICN and is inherently linked to the national nursing associations.

The Student Congress was due to take place in late October and further developments in relation to student engagement in the ICN will be the subject of a specific consultation between the Council and national nursing associations in due course. The INMO continues to be a strong contributor to the Nursing Student and Early Career Nursing forum at the ICN.

ICN board

The existing Board was discharged from its responsibilities and a new president – Pamela Cipriano, a former president of the American Nursing Association – has been elected. Our colleague, Annette Kennedy, will conclude her term as president at the ICN Congress, the professional aspect of the ICN Biennial Conference, which takes place in November.

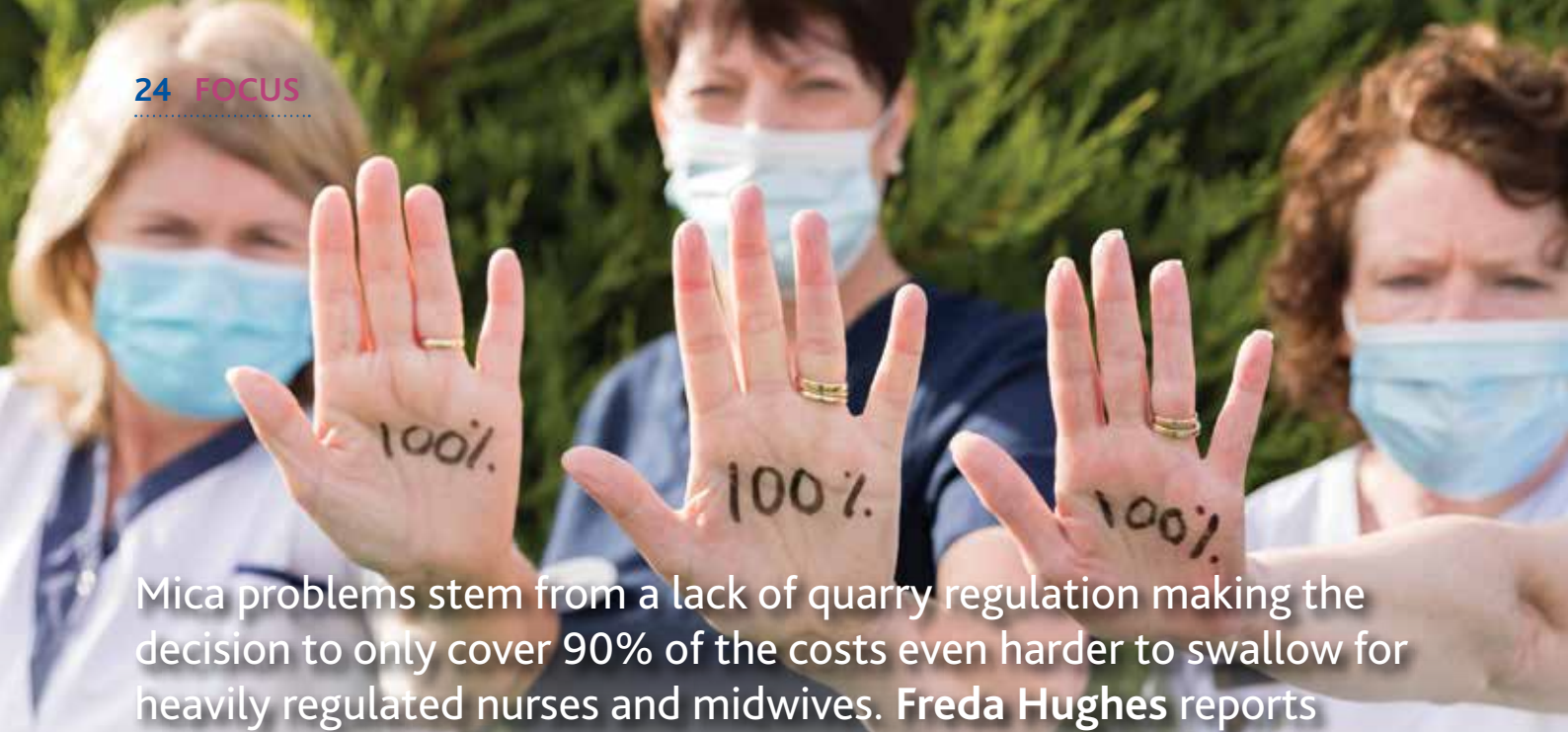
Leaving the event, one was struck by the extraordinary contribution nursing has made globally in the fight against Covid-19 and the extraordinary toll this has taken on nurses, while at the same time observing the strength in numbers of nurses internationally, shown through the wide ranging and effective work programme of the ICN, which makes our voice heard internationally.

Edward Mathews is INMO director of professional and regulatory services and deputy general secretary designate

New ICN president

Dr Pamela Cipriano, an internationally recognised nursing leader, has been elected as the 29th president of the ICN. The election took place at the meeting of the Council of National Nursing Association Representatives which was held virtually in October.

Former ICN first-vice president (2017-2021), Dr Cipriano also serves as Dean of the University of Virginia School of Nursing and was president of the American Nurses Association from 2014-2018. She is known to be a strong advocate for the nursing profession and during her over 40-year career has led efforts to advance the role and visibility of nurses and increase nursing's impact and influence on policy.



Mica problems stem from a lack of quarry regulation making the decision to only cover 90% of the costs even harder to swallow for heavily regulated nurses and midwives. **Freda Hughes** reports

'Your home is meant to be your safe place'

THOUSANDS of Irish homes have crumbled because of the use of mica – a mineral that absorbs water causing walls to crack – in their construction. The government is facing criticism for only offering to cover 90% of costs under the current redress scheme, leaving homeowners with significant bills to repair or rebuild their homes.

Officials have estimated that 6,600 homes are affected across Donegal and Mayo and that the price of full redress could amount to €3.2 billion but it is likely more homes affected by mica will be identified in other counties in the coming months.

The details of the redress scheme are still being ironed out but, given the length of time they have been fighting this issue while their homes crumble around them, homeowners are unhappy with the proposed cap of €275,000 per house, as well as the fact that there will be no redress for second homes.

Nurses and midwives in the INMO's Inishowen Branch in north Donegal are disproportionally affected by this issue. They have joined the Mica Action Group and took part in a protest in Dublin city centre last month that saw more than 20,000 people from around the country descend on the capital to voice their frustration and anger, including a convoy of buses from Donegal.

Maria McLaughlin is a senior staff nurse in older people's services at Carndonagh Community Hospital in Inishowen and has been active with the INMO for over 20 years. She was raised in the US and graduated from the University of Massachusetts in 1991 after which she decided to move to Donegal where her mother's family are from. From 1993 to 2001 she and her husband saved hard to build their own home beside her grandfather's house. They were delighted when they moved in with their two children.

By 2010 cracks began to appear in the gable wall of their home. Her husband would fill the cracks and repaint the house but this was happening more and more frequently. Gradually cracks appeared all over their house, even inside their bedrooms and bathroom. Her mother's house was also badly affected by mica and Ms McLaughlin told *WIN* how upsetting it was to watch her mother's life's work crumble, without any redress before her death in 2020.

"We started to hear about the mica issue and we sort of went into denial thinking that this couldn't be happening to us. We began to meet people with the same problems and worse. As people started engaging with the redress scheme, they found that it didn't provide full redress, but only offered 90% of the costs. This didn't take in the hidden costs of demolition, accommodation and storage while a house is being renovated or rebuilt," she explained.

Ms McLaughlin carried out a survey in Carndonagh Community Hospital to see how staff were affected by this issue. She surveyed 80% of the workforce and found that 46% were living in homes directly affected by mica, while 83% had close friends and family affected by the issue. Some 94% said they felt anxious about their family's future because of the mica crisis.

Many people have nowhere to go when their homes become uninhabitable as entire extended families have been affected by the issue. Ms McLaughlin said that the stress nurses and midwives feel from working through the pandemic in the worst hit part of the country has been dreadfully compounded by the stress brought on by the mica crisis. She fears the detrimental effects this is having on people's mental health.

"Your home is meant to be your safe place, especially for us nurses during the pandemic, but our homes are not safe and it is up to the government to support us now when we need them to," she said.

Helen Burke is a staff nurse in Carndonagh Hospital. She moved to Carndonagh in 2004 with her partner. They soon married and bought a large four-bedroom house in Clonmany. It was their dream home for them and their children.

"Life was good. We tried to do little extras to the house bit by bit while paying a fairly big mortgage. In 2012 my husband

noticed cracks on the outside walls. We put it down to settling cracks, but they continued to appear and they have gotten more pronounced. We replastered the outside of the house in 2019, but the cracks are beginning to come again.

"My children are now at an age where they are speaking about mica with their friends and able to watch its damaging effects on TV and social media. They are asking questions such as 'will our house have to be demolished' and 'where will we live'. It's a constant worry. It's the first thing I think of when I wake and the last thing I think of before I go to sleep, if I sleep at all. We continue to pay our mortgage on a building that may be unstable and dangerous. I don't know how we could find more money for repairs. My heart is broken. This is a humanitarian crisis unfolding in Inishowen and we need 100% redress," said Ms Burke.

The problem began during the building boom in the late 1990s and early 2000s. While builders would not have been aware of the presence of mica in the blocks they were using, the quarries producing those blocks have not yet been held accountable. The Mica Action Group grew after a man whose house was due to be demolished saw the quarry responsible deliver cement to his neighbour. He blocked the road in protest and people began to speak out about their own issues with mica.

When the local county council also purchased blocks from the same quarry to build a council housing estate people were understandably angry and came out to block the road again. What started as a small group of people grew into a large grassroots campaign. Much of their organising happens online, especially due to the pandemic.

Katie Shiels is also a staff nurse in Carndonagh Community Hospital. She said that initially she thought her house was safe as it was built a bit earlier than most of the other homes affected. As cracks appeared, first on the gable then all around her house, she told *WIN* how she went into denial as the alternative was too great to process.

"The idea that everything we'd saved for and built will have to be smashed as we approach retirement is heart-breaking. We were almost 40 by the time we'd saved enough to build our home. We did not take having a roof over our head for granted. We walked in and out of rooms and up and down the stairs tipsy with gratitude even though we sat on crates and cushions. We had no doors, but none of this mattered because decisions like those were forever, or so we thought.

Main photo and top photo above feature INMO members from Donegal supporting families affected by the mica crisis: (l-r) Margaret Toland, Mairead O'Neil and Maria McLaughlin. Second photo: (l-r) Caroline Callahan, Margaret Toland, Mairead O'Neil, Diane Doherty, Maria McLaughlin and Helen Burke *Photos by Brendan Diver*

"My husband spent months planning and building cupboards and wardrobes, craftsmanship and energy he will not be able to repeat, and those are the small things. Like so many others our lives have been turned upside down with the inevitable disruption surrounding the mica redress scheme, and this is only the beginning. As we all know, there is no cure for mica, there is only the wrecking ball," said Ms Shiels.

The nurses we spoke to said there are many nurses, midwives and retired members directly affected by this. It is lack of regulation that has caused this problem as there should be no more than 1% mica in concrete blocks, but in the case of Inishowen it's much higher.

Another problem is that as people have to move out of their homes the rental market becomes smaller meaning that agency nurses find it harder to work in Inishowen. Businesses, council estates and community facilities have also been affected by this issue causing ongoing problems for those services and their clients. They cannot expand community services in the region due to mica and any property bought after January 2020 will not be covered by the redress scheme. Insurance companies are also refusing to cover properties affected by mica. Families are buying mobile homes and converting sheds to live in on the site of their houses as they wait for action from the government.

"The rationale for their refusal to grant 100% redress seems to be that there are too many of us. There are a lot of parallels with the way nurses have been treated over the years. They tell us that there are too many of us and it's going to cost too much money. There was minimal regulation or testing of these materials. When you compare that to nursing and midwifery where we're highly regulated by the NMBI, HSE, HIQA, health and safety and local policies, it's hard for us to hear that there are other industries that weren't regulated at all. All we want is to live in the homes we have already paid for. This was not our fault, it's down to lack of regulation. We need 100% redress," said Ms McLaughlin.

Nominate yourself or a colleague to win WaterWipes Pure Foundation Fund

WaterWipes, the world's purest baby wipes, has launched this years' Pure Foundation Fund, a bursary scheme that recognises the 'beyond incredible' achievements of midwives, nurses and community-based nurses working in maternity, neonatal and postnatal care in Ireland.

The bursary is once again supported by the Irish Midwives and Nurses Organisation (INMO) and the Irish Neonatal Health Alliance (INHA).

About the Pure Foundation Fund

Every day, midwives, neonatal and community-based nurses and community-based nurses involved in the care of infants achieve 'beyond incredible' things. WaterWipes is dedicated to continuing to support the amazing care they provide for expectant or new parents and their babies.

The entry must specify how the individual was 'beyond incredible' either in the care they provided or what they achieved professionally. If known, the entry should also outline what the bursary fund could be used for. All nominees must be a member of the INMO.

How To Enter

Have you gone above and beyond or been inspired by a colleague who has?

Nominate yourself or a colleague for the Pure Foundation Fund, by completing an entry form available at **www.waterwipes.com/uk/en/health-care/resources/pure-foundation-fund** or by scanning the QR code.

Nominations must be a midwife, nurse or community-based nurse working in neonatal care, maternity care or postnatal visits in Ireland.

Pictured (L-R) are: Karen McGowan, President of INMO; Liz Balfe, Public Health Nurse; Ailbhe O'Briain, WaterWipes HCP Marketing Manager UK & Ireland; Mandy Daly, Director of Advocacy and Policymaking, INHA

'Beyond incredible' winners

A panel of WaterWipes representatives and representatives from the INMO and the INHA will review the nominations and select **3 winners**, each of whom will win **€2,500**.

Nominations open on the **4th October** and close on **22nd November**.

Discover last year's incredible winners by visiting: **https://www.waterwipes.com/uk/en/health-care/resources/pff-winners**

For further information on the Fund, or questions regarding the application process, please visit www.waterwipes.com/uk/en/health-care or contact: purefoundationfundie@waterwipes.com

Palestine: coping with inequity and injustice

Dina Nasser thanks the INMO for its solidarity with nurses in Palestine during Covid-19 and says that the only boundary nurses should have is in not tolerating inequity and human rights violations

IT WAS a Thursday morning like any other. At 12pm on March 9, 2020 the news broke that there were confirmed Covid-19 cases in Bethlehem. A general panic set in and the whole district of Bethlehem went into lockdown, a state of emergency was declared and in a flash Palestine became another country on the map of the Covid -19 pandemic.

Lockdown is familiar to Palestinians who have been living under occupation for 54 years, however this was double edged. Not only was there a curfew by the Palestinians who were trying to contain Covid-19 to Bethlehem, but Israeli military checkpoints also denied exit to anyone from the Bethlehem district, including healthcare professionals and patients. Yes, they denied movement to patients!

The health system in Palestine is fragmented and while the ministry of health operates most of the secondary and primary health services in the Palestinian Territories, all tertiary services are run by NGO hospitals, with the main ones being located in East Jerusalem, only 10km north of Bethlehem.

Under international law East Jerusalem is considered to be in the occupied territories, but the Israeli occupation forces consider Jerusalem to be annexed and part of Israel. Therefore, patients requiring access to Jerusalem need special permits, as do healthcare staff. Patients from Gaza who need access also need permits through a more complicated system, requiring a month to 45 days at best to organise.

As a nurse, all I could feel at that point in time was fear – fear for patients with chronic diseases who need dialysis, chemotherapy, radiation therapy, etc, fear for the children whose only opportunity for dialysis is the hospital in East Jerusalem where I worked, and fear for the patients from Gaza, whose only chance of radiotherapy and concomitant treatment was within our hospital walls.

Another concern was for our nursing colleagues. I was lucky to be working in a hospital that had stocked up on PPE but when I called my colleague in another hospital he told me that they had only three PPE kits in the ICU. I asked him to take care of himself. I felt helpless.

Palestinian nurses have an added burden due to Covid-19. They work under dire circumstances where they must travel through military checkpoints to reach their workplaces, especially if they work in a district other than where they live.

The ministry of health lacks the resources to provide a safe environment for both staff and the patients. Like the rest of the Palestinian Authority, it is dependent on donor aid. Salaries of healthcare staff have been affected for the past two years.

More than half of the budget of the Palestinian Authority comes from the tax returns that Israel collects and should transfer monthly. However, since 2019 the Authority refused to receive its share as Israel was deducting what it calculated to be the percentage used to pay for families of prisoners and martyrs. Payments have now restarted but the issue of deductions has still not been settled.

In early 2019 the US stopped all aid to the Palestinians as part of its foreign policy under then President Donald Trump. Furthermore, Gaza has been under blockade for the past 15 years resulting in dire living circumstances .

The Covid-19 pandemic has shown us how small the world is and how important it is to protect the healthcare workforce. In Palestine it has also revealed the extent of discrimination we live under, specifically when it comes to health and healthcare. As a Palestinian born and living in East Jerusalem, holding a blue identity card means I have rights in health that allowed me to access vaccines when they were offered in Israel. However, my husband living in the same household yet holding a Palestinian green ID 'with a family reunification annual permit' has no access to a vaccine even though he fits the at-risk criteria.

Dina Nasser

As Covid-19 knows no boundaries, nurses in solidarity with each other should also know no boundaries. The only boundary we should have is that of not tolerating inequity in health and violations of human rights. I thank the INMO for its solidarity, which extends beyond simple words. Palestine is not just in need of donor aid to survive, it needs true solidarity of people taking action to ensure that we achieve justice and our rights as humans to live in peace.

Dina Nasser is a registered nurse and technical advisor working with Catholic Relief Services on mitigating the effect of Covid-19 on households and communities in Palestine. During the Covid-19 outbreak 2020 she was working as chief operating officer at Augusta Victoria Hospital, a tertiary hospital In East Jerusalem offering oncology and nephrology services for adult and paediatric patients from the Palestinian territories including Gaza. She was also a member of the Covid-19 emergency response team at the hospital

Spotlight on Leadership

The benefits and challenges of transformational leadership

IN THE third in this series of articles exploring the topic of leadership, this month we dive into transformational leadership (TFL). The article that follows is an overview of the key elements of TFL, its relevance to nursing and midwifery, its impact in practice and the benefits and challenges associated with it.

Brought into focus in 1978 by James MacGregor Burns in his book entitled *Leadership*,[1] the concept of transforming leadership was described alongside that of transactional leadership. Transforming leadership was defined as a process allowing leaders and followers to help eachother in reaching a higher level of motivation and morale.

The topic was further explored and developed by experts in the field of leadership, including Bernard Bass in 1985 in a book entitled *Leadership and Performance Beyond Expectations*.[2] In this book, Bass coined the term transformational leadership as he investigated the psychological elements of this type of leadership.

Following this seminal work, Bass and Avolio[3] described the critical elements of a transformational leader. These are:

- Intellectual stimulation: leaders must challenge those working with them to think innovatively and creatively
- Inspirational motivation: leaders must inspire and motivate their staff
- Idealised influence: leaders must become role models within their organisations
- Individualised consideration: leaders must have a genuine concern for the interests of others. In doing so, leaders can empower staff to become leaders themselves.

TFL for nurses and midwives

TFL has become increasingly important over the past decade for driving change, reform, and innovation within the healthcare setting. TFL by its nature is an approach for leading change. This makes it ideal for use in healthcare, which experiences continuous and often rapid change that requires leaders to motivate and create an empowering organisational culture.

One of the critical features of TFL is the importance placed on building positive relationships between the leader and followers. TFL also looks for opportunities to develop and enable followers to flourish, maximising the potential of followers to achieve greater outcomes. The benefits of this style of leadership can include improved patient outcomes and patient safety.[4] It has proved beneficial for nursing and midwifery staff in that it improves staff well-being, job satisfaction. This in turn can lead to more robust recruitment and retention for the organisation.[5]

Although TFL can be effective in nursing and midwifery, it is essential to consider other leadership styles. TFL is appropriate when a clear outcome is required and a reward is agreed to be paid on completion of a task. One of the dangers of this approach is the potential for micromanagement. However, the reality is that some individuals need guidance. It can also lead to burnout, demotivation or can be used inappropriately.[6] Therefore, it is essential that nurse and midwife leaders use TFL and its associated characteristics at the most appropriate time and in a mindful way.

It is essential to have a critical lens when looking at leadership and as theories and developments in leadership evolve, so too must thinking around nurse and midwife leadership.[7]

TFL in practice

The Magnet Model for healthcare delivery is strongly associated with TFL. Acknowledging the need for change within the healthcare setting, the American Nurses Credentialing Center proposes that the leadership team within a healthcare organisation must work towards transforming their organisation to meet future demand.[8] In a recent study of nurse managers leadership styles in Australia, TFL was associated with nurse managers who had more experience, had attained a higher level of education and tended to be older.

One of the top traits of a magnet leader is enabling others to act. Therefore, such leaders should encourage others to further their education and build momentum in developing TFL skills.[9]

Niamh Adams is head of library services and Steve Pitman is head of professional development, both with the INMO

Launched in 2021, the Nursing Now Challenge brings forward the Nightingale Challenge mandate, which focuses on developing leadership opportunities for nurses and midwives globally. Visit ***www.nursingnowireland.ie***

If you are interested in writing or contributing to this series of leadership articles, please get contact Steve Pitman by email: steve.pitman@inmo.ie.

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Q and A Bulletin Board

With INMO director of industrial relations Tony Fitzpatrick

Steps to take as a close contact of Covid-19

Q. I have been advised by contact tracers that I am a close contact of a confirmed Covid-19 case. I have no symptoms. What leave am I expected to take in this situation?

If you are a close contact of a confirmed case but have been vaccinated and feel well, you do not have to restrict your movements and can attend the workplace.

If you are a close contact of a confirmed case and have not been vaccinated but have no symptoms you need to restrict your movements and get tested. If the first test is less than 10 days after last contact and is negative, you will need to continue to restrict your movements for 14 days or until the test results of your second test is known. After your second test, you can stop restricting your movements if you have a negative test 10 days after your last contact with the person who tested positive and you do not have any symptoms of Covid-19.

However, if the first test was at least 10 days after last contact and you have no symptoms you can stop restricting your movements and will not need a second test.

You are still deemed to be available for work during your period of restriction and should be paid as normal. If remote working in your current role is not feasible, then the assignment of work may be outside of your usual core duties.

Special leave with pay for self isolation

Q. I have Covid-19 symptoms and I have been advised to self-isolate and book a PCR test. My employer has advised that I should use my sick leave for this period. Is this correct?

No, this is not correct. If you have Covid-19 symptoms and have been advised to self-isolate and have to attend for a test, this period should be recorded as special leave with pay. If your test is negative but you are unwell then normal sick leave rules will apply. If your Covid-19 test comes back as positive, then special leave with pay should continue to be paid. Please contact your local INMO industrial relations officer should you encounter any further difficulties with this matter.

Returning to work after long Covid

Q. I have been absent from work due to contracting Covid-19 for some months now. I am working in the public health service and was receiving special leave with pay. I am due to return to the workplace but as per the occupational health physician's advice, I am advised to return to work on reduced hours as part of my rehabilitation programme. Will I have to use annual leave to make up the deficit in hours or will I be at a loss of pay?

In the case of employees who contracted Covid-19 and are on long-term absence due to long Covid, if the occupational health physician recommends that you return on a phased basis to work as part of your rehabilitation plan, you can continue to retain access to special leave with pay during the phased return to work subject to the following conditions:

- The occupational health physician carries out a medical assessment and recommends a phased return to work, on a temporary basis, in line with your employer's rehabilitation policy. The timeframe for your temporary phased return to work plan should be determined on a case-by-case basis
- Special leave with pay may apply, subject to defined time limits, to the portion of contracted hours that you are deemed temporarily unfit to work due to the medically certified Covid-related illness
- During the phased return to work, the occupational health physician confirms that you are accessing appropriate medical care and rehabilitation supports
- You will be required at all times to comply with your employer's HR policies and procedures, such as the managing attendance policy and rehabilitation policy.

Quality & Safety

A column by Maureen Flynn

ICARE framework for courageous leadership

THE National Clinical Leadership Centre for Nursing and Midwifery (NCLC), which is part of the HSEs Office of the Nursing and Midwifery Director, supports the clinical leadership development of all nurses and midwives nationally. This is delivered through:

- The Clinical Leadership Competency Framework
- Clinical Leadership Programme Pathway
- Development initiatives
- Workshops.

This column introduces the new ICARE framework and programme for courageous leadership.

Background

In designing leadership programmes and initiatives, the NCLC team consistently engages with nursing and midwifery representatives from services to ensure that the leadership needs of staff are being met.

In addition to this, the work of the NCLC is informed by engaging with national and international leadership centres and experts. A collaboration with Health Service 360 (UK) led to the NCLC being informed of their internationally recognised ICARE Framework for Courageous Leadership. All NCLC team members have now undertaken the necessary training to deliver the programme to nurses and midwives.

Framework

ICARE stands for innovation, compassion, attitude, resilience and engagement. The five part framework, developed by Lynda Holt and Prof Brian Dolan of Health Service 360 (based in the UK) considers how innovation, compassion, attitude, resilience and engagement help us to lead with care and courage during difficult times (*see Figure*).

The aim of the ICARE leadership programme is to support nurses and midwives of all grades to take time to pause and reflect on their leadership journey during the pandemic and to use the knowledge acquired to help themselves and others, not just to survive but to be the best they can possibly be in these challenging times.

ICARE programme

Health Service 360 has been delivering this one-day programme in the UK, Australia and New Zealand during Covid-19. The programme is specifically designed to offer participating nurses and midwives the time to take stock and reflect on their leadership throughout the pandemic to date. The aim is to facilitate them to continue to do the things that matter to them, to seek support on their leadership development and to lead others to do the same.

During the programme participants are supported to:

- Reflect on their leadership experience during the pandemic
- Use their learning to understand the challenges and opportunities they currently face as clinical leaders
- Engage with each component of the ICARE model to enhance their personal and professional leadership skills and knowledge
- Use networking and collaboration opportunities to learn from one another and to share experiences.

Benefits

The NCLC team has been delivering the one-day ICARE programme for all nurses and midwives up to and including assistant director of nursing and midwifery or equivalent grades since September and will continue to do so over the coming months. The feedback from participants is extremely positive. These quotes give an insight:

"The I CARE programme has a holistic approach to leadership and links all aspects together in a very interesting and simplified way."

"It was helpful to bring insights to our own leadership and personal experience, wonderful."

"Good for any grade really as it focuses on every day coping within our work environment and dealing with ourselves and colleagues."

Figure: ICARE model

Get involved

At your next team, ward or unit meeting you might like to talk about undertaking the ICARE leadership programme.

This is advertised through e-mail circulation to all services and information is also available on the NCLC website: **https://bit.ly/2FmFk3A**

Maureen Flynn is the director of nursing ONMSD, QI Connections lead, HSE Quality and Patient Safety Directorate

Acknowledgment:
A special thank you to Marie Kilduff National Clinical Leadership Centre director and the team for their commitment to delivering the ICARE programme to nurses and midwives across healthcare. We would also like to thank Prof Brian Dolan and Lynda Holt, Health Service 360 for developing the ICARE leadership programme and collaborating with the National Clinical Leadership Centre team for the delivery of this programme in Ireland

Section focus

INMO Professional

Jean Carroll, Section Development Officer

Directors and assistant directors webinar hears from diverse range of industry experts

THE fourth annual webinar for directors and assistant directors of nursing, midwifery and public health took place in September and heard from a number of speakers, including Edward Mathews, INMO deputy general secretary designate, who spoke about the 3.28% pay rise due in February 2022 as part of the resolution to the national dispute.

Mr Mathews also highlighted a number of important matters relevant to director and assistant director grades, thanking members for their participation in the Organisation and acknowledging the stress that the past 18 months have brought on us. He also recognised the exceptional leadership shown by members throughout this period.

Margrieta Langins, nursing and midwifery policy advisor at the Health Workforce and Service Delivery Unit with the WHO, provided an update on her new role at the WHO Europe office and discussed the recent publication of the *Strategic Directions for Nurses and Midwives* report, which sets out the future work of the WHO in nursing and midwifery.

Loretta Dignam, chief executive and founder of the Menopause Hub, gave an overview of the symptoms and treatment options of menopause, as well as tips for managing menopause in the workplace.

David Miskell, INMO professional and regulatory services officer, offered an in-depth view of the work of the NMBI Preliminary Proceedings Committee. Mr Miskell presented statistics relating to complaints arising at the committee as well as powers of the committee, legislative changes and the work of the INMO in this area.

Steve Pitman, INMO head of education and professional development, gave an update on the second phase of the INMO's Covid-19 Psychological Impact Survey. The survey results provided further evidence of the stress that the pandemic has placed on nurses and midwives working in Ireland.

Pictured at the webinar were (l-r): Fiona McKeown, section officer; Karen McGowan, INMO president; Margrieta Langins, WHO; Loretta Dignam, CEO, Menopause Hub; David Miskell, INMO professional and regulatory services officer; Steve Pitman, INMO head of education and professional development; Aparna Shukla, Midwife advisor, Collinson Ireland; Prof Robert McMurray, RCSI; Edward Mathews, INMO deputy general secretary designate

Prof Robert McMurray, academic director of the Graduate School of Healthcare Management at the RCSI, presented on 'toxicity and leadership'. Prof McMurray gave and insight into how toxicity can manifest in organisational life and identified possible methods for dealing with such scenarios.

The INMO is committed to ensuring nursing and midwifery are attractive financially and that the level of responsibility of these roles is recognised, with adequate support provided.

Access to this webinar is available online at **https://bit.ly/3DelRLc**

Covid vaccine success was the hot topic at TT Section webinar

THE second INMO Telephone Triage (TT) Section webinar took place in September, and heard from Prof Luke O'Neill, chair of biochemistry, TCD, among other expert speakers.

Prof O'Neill shared recent statistics on vaccination levels, with Ireland having the highest percentage of vaccinated adults in Europe. He said there were grounds for optimism and thanked those in attendance for their role in helping us to reach this point.

Prof O'Neill also said that in June 2020 there were 125 vaccines not yet in human trials, with none approved, whereas today there are eight approved vaccines. He also revealed that the technology developed in the fight against Covid is now being used in the treatment of other infectious diseases, including TB, HIV and malaria.

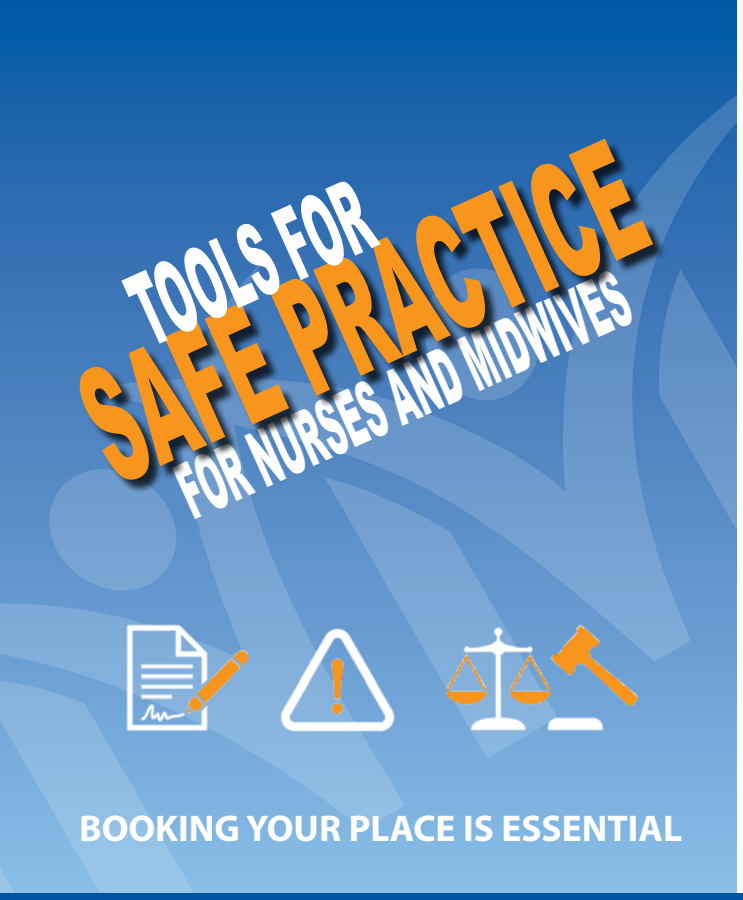
On Covid therapies, Prof O'Neill said these have been improving, both through access and cost, but that we will only exit the pandemic when more than 80% of the world population has been given immunity.

In giving the opening address, INMO president Karen McGowan highlighted how TT nurses have been to the fore of providing services during the pandemic, reminding attendees that the INMO was the first union in Ireland to call for Covid compensation for frontline healthcare workers.

A claim was lodged with the HSE in November 2020 for some form of compensation, and the INMO has consistently said that special recognition for healthcare workers must be granted.

The webinar also featured a presentation from GP Dr Caroline McMonagle on rashes. Updates in oncology treatments, the menopause, endoscopy and IBS were also discussed in detail.

This webinar can be viewed online at **https://bit.ly/3ApdJpt**



INMO Professional

INMO
Irish Nurses and Midwives Organisation
Working Together

Tools for Safe Practice for Nurses and Midwives

3 CEUs

Tuesday, 14 December 2021
or
Wednesday, 2 February 2022

Online from 10.00am - 1.00pm

Practical advice on:

- **Clinical Risk**
- **Report and Statement Writing**
- **Incident Reporting**
- **Documentation**
- **Fitness to Practise Complaints**

FREE LIVE ONLINE WORKSHOP FOR INMO MEMBERS; €65 FOR NON MEMBERS

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your INMO number & workplace location

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Irish Nurses and Midwives Organisation
Working Together

Retirement Planning WEBINAR

Thursday, 20 January 2022

Online from 2.00pm - 3.30pm

Places must be booked in advance to join this webinar.

- Superannuation and your entitlements.
- Drawing down your AVC at retirement.
- Consider a lump sum AVC before retirement?
- Protecting your lump sum against inflation.
- Key steps to long term investing.
- Top tax tips for retirement.
- Covid-19 Q & A:
  Retirement planning in uncertain times.

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INMO Professional

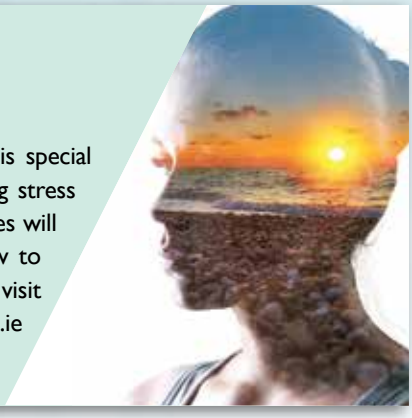
Continuing professional development for nurses and midwives

INMO EDUCATION PROGRAMMES

In the pull-out this month…

Morning Retreat Informed by MBSR Practices

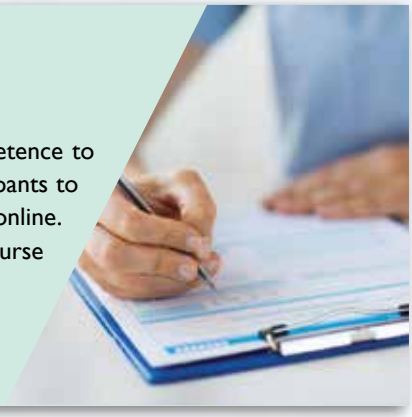
Wednesday, December 15, 2021 (10am-1pm)



Let's say goodbye to 2021 and step into the new year by joining INMO Professional for this special retreat with Aparna Shukla. This programme is for nurses and midwives who are experiencing stress from working during unprecedented times in hospitals and other clinical settings. These practices will support nurses/midwives in minimising compassion fatigue and burnout while they learn how to nourish and nurture their body, mind and spirit. The retreat is free for INMO members. To book, visit **www.inmoprofessional.ie** or send your name, INMO number and email to education@inmo.ie Early booking is advisable.

Training Delivery and Evaluation

March 8, 9 and 10, 2021; April 5 and 6, 2021



This five-day programme provides nurses and midwives with the knowledge, skill, and competence to deliver, assess and evaluate a training provision. The aim of the programme is to equip participants to overcome barriers to deliver training effectively and confidently. This training will take place online. Places are limited and we are currently taking bookings for this popular programme. Contact course co-ordinator Marian Godley on 01 6640641 or by email to marian.godley@inmo.ie

QQI Level 6, category 1 approved by the NMBI and awarded 30 CEUs

Keeping Your Knowledge and Skills up to Date

Book three programmes and get the fourth free

As INMO Professional continues to provide online training, we now have a comprehensive range of general and specialty programmes, on which you may wish to update your knowledge and skills. INMO Professional continues to offer members a special rate – book three programmes and get the fourth programme free. If you are an employer and wish to make a block booking for your staff, please contact INMO Professional by email (education@inmo.ie) so we can advise you and offer you a group discount.

Steve Pitman
Head of Education and Professional Development

Psychological impact of Covid-19 survey

The INMO released a press statement in October that outlined key results from the 2021 survey that looked at the psychological impact of Covid-19 on nurses and midwives *(see pages 20-21)*. There can be no doubt that the experience of working on the frontline during the pandemic has continued to take a toll on nurses and midwives. Eighty-five percent of respondents indicated the pandemic has had a negative psychological impact on them and 96% said they believe it has had a negative impact on their colleagues.

Levels of mental exhaustion were reported as extremely high. It is vital that psychological and occupational health supports are made available and that services can be accessed quickly without long waiting periods. Pressures and increasing demands faced by nurses and midwives are not new and have been a continuous feature of healthcare. There is an urgent need for the government to fund fully the implementation of the safe staffing and skill mix framework and to ensure that it is applied and rolled out across the health service.

The results from the survey are a barometer of the current feelings and experiences of nurses and midwives. The number of respondents who indicated they have considered leaving the professions or intend to leave over the next 12 months is a warning flare that is sending out a call for urgent action.

Menopause in the workplace

INMO Professional held a successful webinar on October 13, which included the presentation of survey results and a discussion between Phil Ní Sheaghdha and Loretta Dignam, CEO of the Menopause Hub, on menopause in the workplace (see **inmoprofessional.ie**).

The response to a recent INMO menopause survey was significant, with more than 1,000 responses in one week. This demonstrates that menopause is an important issue for nurses and midwives that requires more attention from employers.

The INMO was one of the first organisations in Ireland to call for action to be taken by employers to create more positive and menopause-friendly workplaces. Almost 88% of respondents are currently experiencing menopausal symptoms, with 77% describing them as moderate (59%) to severe (18%). Ninety percent reported that their menopausal symptoms affect them while they are working.

These results send a clear and unambiguous message that the issue of menopause in the workplace needs to be acknowledged and recognised, and that resources need to be invested in supporting women. The full results of this survey will be published in the December/January issue of *WIN*. The INMO Position Statement and Guide published in 2019 is available at **www.inmo.ie**

Professional development

The online training courses developed by INMO Professional during the pandemic continue to be extremely popular due to the variety of topics and ease of accessibility. We intend to continue with these online courses even as government restrictions are lifted. In 2022 we plan to reintroduce in-person skills-based courses and events at the Richmond Education and Event Centre, which will be advertised in upcoming issues of *WIN*.

INMO Professional will also be introducing new services and resources for members in 2022. A new online booking system will be introduced, making it easy for members to book courses and other services. We are also in the process of updating the library system, which will make it easier to access online journals and other library resources.

INMO Professional will soon commence the development of a virtual learning environment that will provide nurse- and midwife-specific, tailored online learning and professional resources.

Pure Foundation Bursary

This year, INMO Professional is once again collaborating with WaterWipes and the Irish Neonatal Health Alliance (INHA) in offering a bursary award. The award is open to midwives, neonatal nurses and nurses working within the community. Nominations are open from October 4 and close on November 22. A panel of WaterWipes representatives and representatives from the INMO and the INHA will review the nominations and select three winners, each of whom will win €2,500. You can nominate yourself or a colleague for the WaterWipes Pure Foundation Fund Bursary *(see page 26 for further details)*.

On-site Education

INMO Professional offers an extensive range of on-site programmes facilitated by expert practitioners. If you are interested in booking one, email marian.godley@inmo.ie or call 01 6640642.

Delivering courses and writing for *WIN*

We are eager to offer members the opportunity to work with us in delivering education courses. If you are an advanced nurse or midwife practitioner, a clinical nurse/midwife specialist or a nurse/midwife with expertise in clinical or management practice, we would like to hear from you by email: education@inmo.ie or Tel: 01 6640642.

We are also interested in hearing from members who would like to write professional and clinical articles for *WIN*. Please email steve.pitman@inmo.ie

INMO Professional

Online Education Programmes

Tel: 01 6640641/18
Email: education@inmo.ie

All of the following programmes are category 1 approved by the NMBI and allocated continuous education units
Fee: €30 members; €65 non-members
Time: 10am-1pm

Book three online education programmes and get the fourth free
www.inmoprofessional.ie

Keep your CPD up to date • Extensive range of programmes • NMBI category 1 approved • Digital certification provided

Nov 8 **Understanding Epilepsy for Nurses and Midwives**

This short course will provide a good foundation and increase participants' knowledge when caring for patients with epilepsy. Nurses who are not specialists in epilepsy can play a central role in providing optimal care, education, and support to their patients with epilepsy given the proper tools. This course will provide a foundation on which to build increasing knowledge of epilepsy and care of the patient.

Nov 9 **Medication Management Best Practice – Guidance for Nurses and Midwives**

This programme supports nurses and midwives in providing safe, evidence-based practice in the area of medication management thus preventing medication errors and near misses. The programme will cover such topics as: the key principles of medication management, the medication management cycle, management of controlled drugs and medication safety. Participants will have the opportunity to update their knowledge in line with the most up-to-date Nursing and Midwifery Board of Ireland Guidance for Registered Nurses and Midwives Administration (2020) and Health Information and Quality Authority requirements for medication management.

Nov 9 **Introduction to Effective Library Search Skills**

This course is aimed at nurses and midwives who would like to develop their searching skills 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 11 **Introduction to Chemotherapy**

Chemotherapy simplified: this introductory session will equip you with the main principles of chemotherapy, its side effects and how to feel safe and confident handling these drugs. In return you will feel empowered to deliver improved care to your patients. This session will cover pharmacology of chemotherapy; chemotherapy side-effects and chemotherapy regimes and safe handling of cytotoxics. As good communication skills with patients and families are crucial in chemotherapy, this programme will keep your skills up to date.

Nov 16 **Improve Your Academic Writing and Research Skills**

This course is designed for nurses and midwives in third-level education. It will assist participants in completing their written assignments. The objective of the course is to help prepare the student for academic study, which requires efficient literature searching, research critique and accurate referencing skills. On the day there will also be a question and answer session to help you with any of your queries.

Nov 16 **Safer Better Care – 8 Themes – Public Health and Community-based Nursing**

This short online programme aims to update nurses/midwives who work in the community setting on the eight themes of the 2012 HIQA Safer Better Care framework. These themes are: person-centred care and support; effective services; safe services; health and wellbeing; leadership, governance and management; use of resources; responsive workforce and use of information. This programme will examine the ethos within the role of these nurses, customer service, advocacy and procedures and the role of the team.

Nov 17 **Introduction to Wound Management for Nurses and Midwives**

Topics covered in this course will include wound healing, wound bed preparation, treatment options and dressing selections. Participants will learn about the anatomy and physiology of wound management, the factors influencing wound healing, the differences between acute and chronic wounds, implementation of a holistic assessment of individuals with wounds and different types of dressing and their application.

Cancellation policy: For cancellations five days before the course due date, a full credit to transfer onto a course at a future date will be offered. For non-attendance, there is no refund or transfer. If a course is cancelled due to insufficient numbers, a full online refund will be issued.

Nov 18 **PEG Feeding – Caring for Adults and Paediatrics who have a PEG Tube**

This introductory programme is aimed at all nurses working within the hospital and community setting caring for adults and paediatrics who have a percutaneous endoscopic gastrostomy (PEG) tube. It will address the clinical indications and requirements for PEG feeding in the home and hospital setting. It will provide guidance on medication administration and nutrition with a focus on hospital policies and government guidance. It will also discuss the complications of PEG feeding that can occur and how these can be clinically managed.

Nov 23 **Understanding and Developing Care Plans for Nurses and Midwives**

This programme provides nurses and midwives with the most up-to-date information regarding policy and standards. It will enhance their understanding of nursing care plans, reflecting on the past, present and future use of care planning and its importance in the workplace. It will focus on the need for comprehensive assessment, including risk assessment and care planning. Participants will be provided with practical tips on how to prepare for and carry out a comprehensive assessment, enabling them to develop a person-centred care plan.

Nov 24 **Navigating Your Way Through Conflict**

This short online programme will help participants develop the insight and skills necessary to navigate conflict situations and reach satisfactory solutions. Workplaces can be the perfect breeding ground for conflict. As well as our skills, we bring our individual needs, ambitions, personalities, perspectives, backgrounds and vulnerabilities with us to work. Consequently, conflict can arise as we interact with others. While some conflict can be healthy, unresolved conflict can lead to negative outcomes for our wellbeing.

Nov 24 **Introduction to Positive Behaviour Support**

Positive behaviour support is an evidence based-approach to supporting individuals that can present with behaviours that challenge. This workshop introduces participants to the model of positive behaviour support and outlines the benefits and considerations in its utilisation from a practical and applied standpoint. Fee €60 INMO members; €130 non-members. Time: 9.15am-4.45pm.

Nov 25 **Tracheostomy Care Study Day**

This programme introduces a holistic and inter-disciplinary approach to the management of the adult patient with a tracheostomy. Participants will be given the necessary knowledge, skills and confidence to assess, manage and evaluate the nursing care of a patient with tracheostomy.

Nov 30 **Medication Management in Diabetes Type 2**

This programme aims to enhance and develop the knowledge and skills required by healthcare professionals to educate and support the self management of people with diabetes. Topics will include the classification and diagnosis of type 2 diabetes, glucose targets and current pharmacological approaches to glycaemic management, challenges to medication management and practical skills required to support education and diabetes self-management.

Nov 30 **Introduction to Leg Ulcer Management**

This short online course will advise participants on leg ulcer management. Topics covered on the day include; pathophysiology, assessment and management of leg ulcers. Upon completion, participants will: have an understanding of the theory and concepts of the different causes of leg ulcerations; have gained a deeper understanding of the pathophysiology of leg ulceration; be aware of different non-invasive assessment for leg ulcerations; understand the importance of compression for venous leg ulcerations.

Dec 1 **Clinical Governance for Senior Nurse Managers (Acute/Residential Healthcare Settings)**

This short online programme is aimed at the most relevant to senior nurse managers within the acute or residential healthcare settings to help them understand and be confident in building their skills and having a keen knowledge of clinical governance. Clinical Governance is the system through which healthcare organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which clinical excellence will flourish.

Dec 2 **Recognition and Management of Sepsis**

This online session will focus on early recognition and management of Sepsis. Case studies will be included to create an interactive learning platform to engage participants throughout the session. Outcomes: discuss and provide background for development of sepsis; identify the early recognition of signs of sepsis; discuss implementations of sepsis guidelines through fluid and antimicrobial stewardship; apply and integrate evidence based guidelines into patient care planning.

When booking online courses please note:
Places must be booked in advance. You will need a reliable computer and internet access. Please ensure a correct email is provided when registering. Certificates for participation will be issued in digital form and sent by email. Do not hesitate to contact us at Tel: 01 6640641/18 or email: education@inmo.ie

Dec 7 **Introduction to Treating and Preventing Pressure Ulcers**

This short online programme will advise participants on pressure ulcer prevention. Topics covered on the day include; causes of pressure ulcers, risk assessment and prevention of pressure ulcers. Learning outcomes: discuss the causes of pressure ulcers; identify the factors that place a person at risk of developing pressure ulcers; have an understanding of the key principles of preventing ulcers and be able to take action to prevent pressure ulcers in the clinical environment; have an understanding of pressure ulcer classifications and grading; have an understanding of the key principles of the SSKIN Bundle (surface, skin infection, keep moving, incontinence and nutrition) and how to implement it in the clinical environment.

Dec 8 **Restrictive Practices in Residential Care Settings for Older People**

This short online course encourages participants to reflect on interventions that could be seen as restraining residents if viewed from a resident's perspective. Many interventions within healthcare environments can restrict movement of older people. They are unintentional and can be argued as in the best interest or for the protection of residents, for example, a nursing home locked at night to protect residents and staff from intruders.

Dec 9 **Competency-based Interview Preparation**

This programme assists participants to prepare for a competency-based interview, which is based on the premise that past experience can predict future behaviour. This is an increasingly common style of interviewing that enables candidates to show how they would demonstrate certain behaviours and skills in the workplace by answering questions about how they have reacted to, and dealt with, previous workplace situations. The programme will provide an overview of CV development and will outline the steps in the interview process. Role play will be used to ensure that participants are able to communicate their knowledge and experience effectively for any future interviews.

Dec 14 **Tools for Safe Practice**

This programme provides safe practice tools to protect the nurse, midwife and patient within current healthcare settings. For more information, please see *page 32*. Early booking is advisable. This programme is free to INMO members.

Dec 15 **The Sociology of Health**

This course is an introduction to the sociology of health and illness. It examines the meaning and relationship of health, disease, illness and sickness. The impact of social inequality will also be explored, along with other topics such as the sick role and the role of healthcare professionals.

Dec 15 **Morning Retreat Informed by MBSR Practices**

This online wellness morning retreat is designed for nurses and midwives experiencing stress from working in unprecedented times in hospitals and other clinical settings. These practices will support nurses in minimising compassion fatigue and burnout, while learning how to nourish and nurture their body, mind and spirit. This programme is free for INMO members.

Jan 19 **Medication Management Best Practice – Guidance for Nurses and Midwives**

This short online programme supports nurses and midwives in providing safe, evidence-based practice in the area of medication management thus preventing medication errors and near misses. The programme will cover key topics such as: the key principles of medication management, the medication management cycle, management of controlled drugs and medication safety. Participants will have the opportunity to update their knowledge in line with the most up-to-date Nursing and Midwifery Board of Ireland Guidance for Registered Nurses and Midwives Administration (2020) and Health Information and Quality Authority requirements for medication management.

Jan 20 **Retirement Planning Webinar**

Planning for retirement is even more important today than it has ever been. There are many factors to consider as you approach retirement. It is good to start by reviewing your finances to ensure your future income will allow you to enjoy the lifestyle you want. This webinar will cover: superannuation, AVCs, lump sum and investments. This event is free for INMO members. Prior booking is essential. Time: 2pm-3.30pm.

Jan 25

End of Life Care in Residential Care Settings for Older Persons

This online programme outlines information specific to the care and support of residents and their families in end of life care. The course aims to recognise signs and symptoms of deterioration, and will assess, monitor and review physical, psychological, social and spiritual areas of care at the end of a person's life. Participants will be able to identify and apply effective interpersonal communication with families of a loved one at end of life during this difficult period. Furthermore, the outline of debriefing of staff and bereavement care for residents and relatives is addressed.

Jan 26

Best Practice for Clinical Audit for Nurses and Midwives

This programme equips nurses and midwives with the necessary skills to plan and implement a clinical audit in their practice and enable them to deliver evidence of improved performance for safer and better care for patients and improved quality service. Participants will be provided with an overview of clinical audit and be informed about each stage in the clinical audit cycle: topic selection, standards development, data collection, data analysis, reporting, implementing changes and re-audit. There will be an emphasis on continuous quality and safety improvement in healthcare.

Jan 27

Introduction to Management and Leadership Skills for Nurses and Midwives

The aim of this short course is to identify managerial and leadership competencies for frontline managers and to explore how these are applied in practice. The course will include management theory, effective leadership and teamwork, as well as delegation and clinical supervision.

Feb 3

Adult Asthma – Getting the Basics Right

This short online programme is aimed at nurses and midwives who are working in clinical practice and who require basic knowledge and skills in order to care for people with asthma on a day-to-day basis. The programme will assist participants in gaining an understanding of the clinical evidence underpinning the diagnosis and ongoing care and management of the person with asthma, utilising current best practice.

Feb 8

Infection Control Regulation 27: Guide to Thematic/Focused Inspections in your Facility

This course is for staff who are interested in infection prevention and control standards. It will identify key areas relevant to the new focused HIQA infection control guidelines/inspections (October 2021). This programme will provide information and outline the actions required by registered providers to ensure that procedures, consistent with the National Standards for infection prevention and control in community services, published by HIQA, are implemented by staff.

Feb 9

Chronic Obstructive Pulmonary Disease (COPD) – Getting the Basics Right

This online programme is aimed at nurses working in clinical practice who require basic knowledge and skills to care for people with chronic obstructive pulmonary disease (COPD). It will help participants to understand the clinical evidence underpinning the diagnosis and ongoing care of patients with COPD.

Feb 10

Become More Assertive

This short online programme is designed to help nurses and midwives develop their skills to be more assertive to help them to make decisions with conviction and deal with difficult situations.

Feb 15

Complaints Management for Healthcare Staff

This short programme is aimed towards the most relevant to senior nurse managers within the acute or residential healthcare settings to provide them with the key skills of communication tools to minimize the negative impact complaints can have in their workplace. Therefore, effective management of complaints is central to improve services and prioritise an open, honest and transparent health service.

Feb 16

Falls Reduction, Assessment and Review

The purpose of this online programme is to promote a consistent approach to falls reduction for older people through assessment, individualised care planning and post-falls review. It promotes excellence among nurses who provide care to the patients at risk of falls, informed by current evidence. The main aim is to assist nurses to identify those patients or residents who are at risk of falls and to reduce that risk by providing knowledge on falls reduction techniques, ultimately improving patient safety and minimising injuries in the older population.

Feb 17

Understanding and Developing Care Plans for Nurses and Midwives

This short programme provides nurses and midwives with the most up-to-date information regarding policy and standards. It will enhance their understanding of nursing care plans, reflecting on the past, present and future use of care planning and its importance in the workplace. It will focus on the need for comprehensive assessment, including risk assessment and care planning. Participants will be provided with practical tips on how to prepare for and carry out a comprehensive assessment, enabling them to develop a person-centred care plan.

INMO Professional

INMO
Irish Nurses and Midwives Organisation
Working Together

LIVE ONLINE FULL DAY EVENT

Introduction to Positive Behaviour Support

Wednesday, 24 November 2021

Times: 09.15am - 4.30pm (Registration 9.00am)

Fee: €65 INMO members; €130 non-members

This programme explores the key components of compassion and their application in the care setting. It is an internationally recognised evidence-based approach to supporting individuals with behaviours that challenge. It introduces participants to the model of Positive Behaviour Support and outlines the benefits of its use. It is designed for management and frontline staff to supporting and improving the quality of care of individuals with behaviours that may challenge the services which support them.

OUTLINE OF THE PROGRAMME

- Understanding Behaviours that Challenge
- Positive Behaviour Support Model
- Managing Behaviours that Challenge
- Developing a Behaviour Support Plan

Programme facilitators:

- Brian McDonald, MA Behavioural & Cognitive Psychotherapy, P.Dip., Cert. Behaviour Therapy
- Maurice Healy, RNID (ANP); MA in Intellectual Disability

PLEASE NOTE: Places are limited and must be booked in advance, you need a reliable computer and internet access and please ensure a correct email is provided when registering.

6 CEUs

BOOKING YOUR PLACE IS ESSENTIAL

Tel: 01 6640641/18 or go to www.inmoprofessional.ie

Intellectual disability

This month the library team look more in depth at CPD articles, as well as Irish and international research in the area of intellectual disability

CPD articles

- Ryan R, O'Halloran M, Doody O. Understanding status epilepticus and its treatment in the community. Learn Disabil Pract 2021. doi: 10.7748/ldp.2021.e2133
- De D, Jones V, Richardson J. Using cultural safety to enhance nursing care for people with a learning disability. Learn Disabil Pract 2021. doi: 10.7748/ldp.2021.e2162
- Daniels L, Douglass E. Making effective reasonable adjustments for women with learning disabilities during pregnancy. Learn Disabil Pract 2021. doi: 10.7748/ldp.2021.e2132
- Anderson A, Douglass E. Developing a personalised tool to detect physical deterioration in adults with learning disabilities in community settings. Learn Disabil Pract 2021. doi: 10.7748/ldp.2021.e2134
- Grung RM, Brown M, Abdulla S et al. Social inclusion for people with intellectual disabilities in seven European countries. Learn Disabil Pract. 2020. doi: 10.7748/ldp.2020.e2120

Behaviours that challenge

- Richards R, Shenton J, Watkin F et al. Positive behaviour support training: developing skills in community services Learn Disabil Pract.2021. doi: 10.7748/ldp.2021.e2148
- Clark K, Laxton-Kane M. A screening questionnaire to identify the risk of behaviour that challenges in young people with a learning disability. Learn Disabil Pract 2020. doi: 10.7748/ldp.2020.e2105
- Roy A, Baker P, Carmichael S. Care pathways for people with intellectual disabilities who present with behaviours that challenge. TLDR 2020;25(3):99-107
- Denne LD, Gore NJ, Hughes J, Toogood S, Jones E, Brown FJ. Implementing evidence-based practice: the challenge of delivering what works for people with learning disabilities at risk of behaviours that challenge. TLDR 2020; 25(3): 133-43

Irish articles

- McCausland D, Luus R, McCallion P, Murphy E, McCarron M. The impact of Covid-19 on the social inclusion of older adults with an intellectual disability during the first wave of the pandemic in Ireland. J Intellect Disabil Res 2021 Oct:65(10):879–89
- Doyle A, O'Sullivan M, Craig S, McConkey R. People with intellectual disability in Ireland are still dying young. J Appl Res in Intellect 2021 Jul:34(4):1057–65
- Murphy K, Bantry-White E. Behind closed doors: human rights in residential care for people with an intellectual disability in Ireland. Disability & Society. 2021 Jun:36(5):750–71
- O'Brien F, McCallion P, Carroll R, O'Dwyer M, Burke E, McCarron M. The prevalence, awareness, treatment and control of hypertension in older adults with an intellectual disability in Ireland: a cross sectional study. Eur J Cardiovasc Nurs 2021 Apr:20(4):315–23

Library services

The library has a number of services to support your practice and educational requirements, including literature searching, document supply, reference desk assistance and searching consultations. To find out more, call 016640614 or email: library@inmo.ie

Acute services

- Durrant A. Factors influencing the quality of care learning disabled patients receive in hospital. TLDR 2020; 25(2):83-92
- McCormick F, Marsh L, Taggart L, Brown M. Experiences of adults with intellectual disabilities accessing acute hospital services: A systematic review of the international evidence. Health & Social Care in the Community 2021; 29(5):1222–32
- Howie VA, Welch AJ, Horton ES, Wirihana LA. The quandary of registered nurses untrained in adult intellectual disability nursing when caring for this diverse patient group in acute care settings: An integrated literature review. J Clin Nurs 2021 Jun:30(11/12):1542–55

Covid-19

- McMahon M, Hatton C, Stansfield J, Cockayne G. An audit of the well-being of staff working in intellectual disability settings in Ireland during the Covid-19 pandemic. TLDR. 2020; 25(4):237-46
- Evans N. Supporting service users leaving lockdown: Nurses can help people with learning disabilities to recover from the effects of Covid-19. Learn Disabil Pract 2021 Jun 3:6–8
- Doody O & Keenan PM. The reported effects of the Covid-19 pandemic on people with intellectual disability and their carers: a scoping review. Annals of Medicine 2021:53(1):786-804

Telehealth

- Frielink N, Oudshoorn CEM, Embregts PJCM. eHealth in support for daily functioning of people with intellectual disability: Views of service users, relatives, and professionals on both its advantages and disadvantages and its facilitating and impeding factors. J Intellect Dev Disabil. 2021 Jun:46(2):115–25
- Oudshoorn CEM, Frielink N, Nijs SLP, Embregts PJCM. Psychological eHealth interventions for people with intellectual disabilities: A scoping review. J Appl Res Intellect 2021 Jul:34(4):950–72
- Pellegrino AJ, DiGennaro Reed FD. Using telehealth to teach valued skills to adults with intellectual and developmental disabilities. J Appl Behav Anal 2020 Jul:53(3):1276–89

INMO Professional

RCM i-learn

THE ROYAL COLLEGE OF MIDWIVES

Understanding anti-D administration

This month we focus on the use of anti-D immunoglobulin in Rh negative women during pregnancy and following birth

THIS i-learn course looks at the safe and appropriate administration of anti-D immunoglobulin for Rh negative women throughout pregnancy and following birth. Incorrect or missed doses of anti-D following a potentially sensitising event can leave the woman at risk of sensitisation to the D antigen and making antibodies.

Midwives are responsible for the administration of anti-D as part of their practice and this course aims to explain the processes that can lead to haemolytic disease of the foetus and newborn (HDFN) and the best practice for midwives to help prevent it from occurring.

This module will take approximately 30 minutes to complete.

Learning outcome

Having completed this module you will be able to:

- Describe the mechanisms that lead to haemolytic disease of the foetus and newborn (HDFN)
- Explain the role of anti-D prophylaxis in the prevention of HDFN
- Outline the guidelines for the administration of routine antenatal anti-D prophylaxis (RAADP)
- Describe the potentially sensitising events (PSEs) that would require additional anti-D prophylaxis and how much anti-D would be required at different stages of pregnancy
- Provide an understanding of the role of the midwife in reducing HDFN
- Provide an awareness of local guidelines and policies

Why anti-D administration is important

If the woman is D-negative and the foetus is D-positive and foetal blood gets into the maternal bloodstream, the woman's immune system will recognise the D antigen on the foetal red blood cells as a foreign substance. This elicits an immune response and the woman will produce antibodies to it. This process is called 'sensitisation'. The events that cause this are known as potentially sensitising events. In general, the foetus that triggers this sensitisation will not be affected as usually by the time that the antibodies have been formed, the baby has been born.

However, future pregnancies are at risk. If the foetus in a future pregnancy is also D-positive the antibodies may then cross the placenta into the bloodstream of the foetus and coat its red cells and destroy them, leading to HDFN. This is a serious disease that can cause anaemia and jaundice. In extreme cases, it can cause brain damage from kernicterus (due to very high levels of bilirubin), hydrops fetalis and foetal death.

Prior to 1970, HDFN was a significant cause of perinatal mortality and morbidity due to the development of these antibodies. The introduction of post-natal immunoprophylaxis and prophylaxis for other sensitising events with anti-D Ig (immunoglobulin) has significantly reduced the deaths due to RhD alloimmunisation and significantly reduced the incidence of seroconversion with anti-D antibodies among RhD negative women.

Role of the midwife

Since the introduction of postnatal anti-D in 1969 and then Anti-D prophylaxis in the 1970s, there has been a dramatic reduction in the number of foetal and neonatal deaths due to D-type alloimmunisation. Errors still occur in the administration of anti-D and many of these could be avoided by carers of pregnant women being aware of the correct procedures and their own local guidelines.

Irish information

There are specific clinical guidelines available entitled *The Use of Anti-D Immunoglobin For The Prevention of Rhd Haemolytic Disease of the Newborn*. This is available on the HSE website: **www.hse.ie**

RCM i-learn access for INMO midwife members

Free access is available to all midwife members of the INMO. If you are interested in learning more about the modules outlined or in completing a learning module, visit **www.inmoprofessional.ie/RCMAccess** or email the INMO library at: library@inmo.ie for further information

INMO Professional

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Webinars and Conferences 2021

ONLINE INTERACTIVE CONFERENCES

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All Ireland Midwives Annual Conference

Thursday, 11 November 2021
11.00am - 2.00pm
Free for INMO members

SCAN TO REGISTER FOR THIS EVENT

National Children's Nurses Section Webinar

Saturday, 20 November 2021
9.15am - 4.00pm
Free for INMO members

SCAN TO REGISTER FOR THIS EVENT

2021

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jean.carroll@inmo.ie, www.inmoprofessional.ie

Preparing for a clinical placement

Catherine O'Connor guides first-year students through what they can expect from their first clinical placement

AT THIS time of the year, many first-year students will be preparing for their first clinical placement. While going on your first placement can be an exciting experience as you will finally be able to put what you have been learning into practice, it is normal to feel a bit nervous as well. This month's article will look at some tips to help you to prepare for your first placement.

Before attending placement

First impressions matter, so it is important to make sure you are well rested and punctual on your first day of placement. Plan your route out to your placement site and remember to factor in time for traffic, a late bus or difficulty finding a parking spot. It is worth packing a lunch the night before and bringing a bottle of water for the first day; you can then see what the canteen is like after that.

One of the hallmarks of a good nurse/midwife is always having a pen, so don't forget to bring a spare. Make sure that you know what your higher education institute (HEI) and clinical placement site's uniform policy is and adhere to it closely. It is also important to be familiar with the policy regarding sick leave in case you need to miss a placement day.

Learning while on placement

While you will have learned a lot during your academic block, there will be a huge amount of information to take in while on placement. Don't be afraid to ask your preceptor questions and to take the initiative of asking to accompany them if they're going to perform a task you think you would benefit from observing. You will also have a clinical placement co-ordinator (CPC) assigned to you who can also answer your questions. It is a good idea to bring a small notebook with you to keep in your pocket to write down unfamiliar terms or medications to look up later.

Many nursing and midwifery students find that protective reflective time (PRT) is an ideal opportunity to look up new terms heard during handover or to research the side-effects or indications of medications. All students should have time equivalent to a minimum of four hours per week of PRT, as per the NMBI Nursing/Midwifery Registration Programmes Standards and Requirements. Remember when doing your research that in addition to your HEI's library, the INMO has a specialist nursing/midwifery library for members – **www.nurse2nurse.ie**

Know the relevant policies/standards

While on clinical placement, it is important that you are aware of the various policies, standards and guidelines that affect you. Your HEI and clinical placement site will have local policies, but the NMBI also sets standards, requirements and guidelines that you must follow – **www.nmbi.ie/Standards-Guidance**

It is vital that you are aware of your scope of practice, domains of competence and code of conduct while on placement. Additionally, your college and clinical placement site will likely inform you of their social media policy, but it is worth bearing in mind that the NMBI also has a guidance document, which is available at **www.nmbi.ie/Standards-Guidance**

Seeking support while on placement

While the support of the preceptor and CPC in the clinical placement site are readily accessible, it can be easy to forget about the other supports available to you. Some students find they can feel isolated during clinical placement blocks as they feel removed from the normal student life while attending lectures on campus.

This is likely to be even more of a reality this year as some HEIs take a blended approach to learning in order to comply with public health advice. Remember that while you are on placement, you remain a student of your HEI and can avail of the supports they offer, including your link lecturer/personal tutors, health services and counselling services. INMO members also have access to a 24-hour counselling helpline, details of which are available at: **www.inmo.ie/membership_benefits**

It is also important to keep in touch with your family and friends while on a placement block, as it really does make a difference.

Finally, remember that the INMO is here to support you while you are on clinical placement. If you are experiencing issues while on placement or have a question, do not be afraid to get in touch.

It is important that each class has an INMO rep who is linked in with me; if your group does not have one then please discuss this and nominate one person to get in touch.

Catherine O'Connor is the INMO's student and new graduate officer. If you have a question for her, please email: catherine.oconnor@inmo.ie

Cornmarket

INMO
Irish Nurses and Midwives Organisation
Cumann Altraí agus Ban Cabhrach na hÉireann
Working Together

BUDGET 2022

What it means for you

As an **INMO member**, here is how Budget 2022 will increase your take home pay:

Single Income Household yearly increase

Income	Single	Married (one income)
€35,000	+ €115	+ €165
€45,000	+ €415	+ €305
€55,000+	+ €415	+ €465

Two Income Household yearly increase

1st income	2nd income	Married (both working)
€35,000	€20,000	+ €215
€35,000	€25,000	+ €230
€35,000	€35,000	+ €230
€45,000	€20,000	+ €355
€45,000	€25,000	+ €370
€45,000	€35,000	+ €830
€50,000+	€20,000	+ €515
€50,000+	€25,000	+ €530
€50,000+	€30,000	+ €830
€50,000+	€55,000	+ €830

How will Budget 2022 effect healthcare?

Additional funding of €1bn to bring current healthcare expenditure to €20.4bn. Including €300m in new measures:

- €10.5m for 19 additional **ICU beds** bringing total to 340.
- €8m for modernisation & adding capacity to **National Ambulance Service**.
- €22m for specific **winter initiatives** during 2021/ 2022.
- €65m for Disability Services to reduce **waiting lists** & increase access to timely early interventions.
- €30m for services and **supports for older persons**.
- €22m for **workforce** measures including Safe Skill Mix & Advanced Nurse Practitioners / Midwives.

Other news in healthcare:

- €31m in new additional funding for **Maternity**, Obstetrics, Gynaecology service & perinatal genetics.
- The threshold for the **drugs payment scheme** will reduce from €114 to €100 per month.
- **Free GP care** extended to 6 & 7 year olds.
- Extension of **dental benefits** for medical card holders.
- Introduction of **free contraception** for women aged 17-25 from August 2022.
- Investment in projects to target **period poverty**.
- Growth in workforce estimated at **8,000** whole time equivalents (WTE) across all service areas & staff categories.

The above table represents budgetary changes to rate bands & tax credits. It excludes potential social welfare benefits.

Other key points from Budget 2022:

Cigarettes

A packet of **cigarettes** to rise by 50 cents.

Environmental

Additional €202 million fund for people to improve **energy efficiency** in their homes.

Housing

Help-to-Buy Scheme extended to December 2022.

Minimum Wage

increases from €10.20 per hour to €10.50 per hour.

Youth travel card

Youth travel card will be introduced for 19-23 year olds to enable 50% discount on fares.

Please note: there may be further changes to the above information following the Finance Bill. Every effort has been made to ensure that the information provided here is accurate and up-to-date (as at 15th October 2021). The information provided is of a general nature and may not address the specific circumstances of a particular individual. Cornmarket does not accept any liability arising from any errors or omissions.

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Nursing/midwifery salary scales *as at October 1, 2021*

Incremental point	1	2	3	4	5	6	7	8	9	10	11	12
Student nurse/midwife/ intellectual disability	15,403 *(degree students 36 weeks rostered placement)*											
Staff nurse/midwife (post qualification, pre registration)	26,679											
Staff nurse/midwife	31,109	32,949	33,888	35,130	36,696	38,260	39,817	41,163	42,513	43,856	45,201	46,521
LSI after three years on maximum												47,931
Senior staff nurse/midwife	50,211											
Enhanced nurse/midwife dual qualified nurse/midwife	37,661	40,002	41,251	42,213	43,272	44,681	46,054	48,076				
LSI after three years on maximum												49,487
Senior enhanced nurse/midwife dual qualified nurse/midwife	51,857											
Clinical nurse/midwife manager 1	47,389	48,247	49,460	50,693	51,919	53,152	54,527	55,808				
Clinical nurse/midwife manager 2/ specialist	51,422	52,273	52,993	54,170	55,469	56,745	58,021	59,457	60,792			
(plus allowance of €851 per annum payable on a red-circle basis to theatre/night sisters who were in posts on 5/11/'99)												
Clinical instructor	53,653	54,521	55,164	56,357	57,559	58,856	60,161	61,463	62,764			
Clinical nurse/midwife manager 3	59,170	60,341	63,301	64,465	65,636	66,822						
Nurse tutor	60,521	61,343	62,162	62,985	63,806	64,630	65,447	66,272	67,094	67,915		
Principal nurse tutor	63,472	64,670	65,763	69,179	70,374	70,419	71,816	73,721				
Student public health nurse	34,912											
Public health nurse	50,108	50,935	51,644	52,762	54,046	55,291	56,545	57,955	59,267			
(plus allowance of €1,703 per annum payable on a red-circle basis to staff who were in posts on 5/11/'99)												
Assistant director of public health nursing	59,174	62,425	63,761	64,992	66,236	67,938						
Director of public health nursing	77,686	80,040	82,402	84,864	87,123	89,485						
Advanced nurse practitioner	59,742	60,899	62,015	65,442	66,521	67,774	68,946	70,110	73,725			
Advanced nurse practitioner candidate	59,170	60,341	63,301	64,465	65,636	66,822						
Assistant director of nursing band 1	59,742	60,899	62,015	65,442	66,521	67,774	68,946	70,110	73,725			
Assistant director of nursing non band 1 hospitals	56,736	57,945	59,174	62,425	63,761	64,992	66,236	67,937				
Director of nursing band 1	79,242	81,445	83,652	85,851	88,052	90,262	92,462					
Director of nursing band 2	73,823	75,901	77,985	80,060	82,148	84,229	86,311					
Director of nursing band 2a	73,232	74,539	75,849	77,154	78,465	79,769	81,078					
Director of nursing band 3	69,133	69,570	71,052	72,579	74,100	75,633	77,154					
Director of nursing band 4	64,597	66,551	68,499	70,456	71,320	73,291	75,258					
Director of nursing band 5	60,430	61,738	63,044	64,348	65,654	66,966	68,274					
Area director – nursing & midwifery planning development unit	83,837	86,426	88,988	91,186	93,636	96,136	98,600					
Director – nursing & midwifery planning development unit	76,134	78,265	80,613	83,193	86,021	88,925						
Director centre of nurse education	69,483	70,565	72,734	74,924	77,112	79,301	81,489	83,770				
Hospital group director of nursing and midwifery	102,878	107,451	112,023	116,593	121,167	125,739						

Location and qualification allowances

(Applicable from October 1, 2021)

Eligibility
Nurses/midwives eligible for payment of location/qualification allowances are staff nurses/midwives, senior staff nurses, CNMs 1 & 2 (incl. theatre sisters). Nurse/midwife may benefit from either a qualification allowance or a location allowance when eligible – the higher of the two – when working on qualifying duties. Pro-rata arrangements apply to job-sharing and part-time staff.

Grade	Nature of Allowance	€
Registered general nurses	**Employed on duties in the following locations:** Accident and emergency departments, theatre/operating room, renal units, intensive/coronary care units, cancer/oncology units, geriatric units/long-stay hospital or units in county homes, high dependency units, neonatal units (ICU), endoscopy units, specialist ambulatory, dialysis units, units for severe and profoundly handicapped in mental handicap services, acute admission units in mental health services, secure units in mental health services, dedicated care of the elderly (excluding day care centres) and Alzheimer's units in mental health services and the intellectual disability sector (including psycho-geriatric wards, elderly mentally infirm units, psychiatry of later life services), medical/surgical wards, maternity departments. *(Allowance effective from March 1, 2019)*	2,371
Registered nurses	**a) Employed on duties in specialist areas appropriate to the following qualifications where they hold the relevant qualifications:** • Accident and emergency nursing course • Anaesthetic nursing course • Behaviour modification course • Behavioural therapy course • Burns nursing course • Child and adolescent psychiatry nursing course • Coronary care course • Diabetes nursing course • Ear, nose and throat nursing course • Forensic psychiatry nursing course • Gerontological nursing course • Higher diploma in midwifery • Higher diploma in paediatrics • Infection control nursing course • Intensive care nursing course • Neurological/neurosurgical nursing course • Operating theatre nursing course (including paediatric operation theatre) • Ophthalmic nursing course • Orthopaedic nursing course • Higher diploma in cardiovascular nursing/diabetes nursing/oncological nursing/palliative care nursing/accident and emergency nursing • Rehabilitation nursing course • Renal nursing course • Stoma care nursing course	3,561
With effect from March 1, 2002, payment of the Specialist Qualification Allowance is extended to all specialist courses confirmed as Category II or equivalent by the NMBI.		
Registered general nurses	b) Holding recognised post-registration qualifications in midwifery or sick children's nursing and employed on duties appropriate to their qualification	3,561
Public health nurses and assistant directors of public health nursing	Qualification Allowance	3,561
With effect from March 1, 2019, the location allowance is extended to public health nurses not holding a midwifery qualification but engaged in provision of midwifery services as part of their duties.		
Public health nurses		2,371

Dual Qualified Scale
Applies to nurses in possession of two of the five registered nursing qualifications where you must have held the qualification or in training for the second qualification on October 1, 1996. In the case of midwifery and sick children's nursing, the dual qualified scale is effective from August 1, 1998. A staff nurse can only receive either a dual qualified scale or an allowance whichever is the greater. The exceptions to this are:

(a) Nurses who were paid on the dual qualified scale on October 1, 1996 and in receipt of a location allowance at August 1, 1998 or eligible for a new location/qualification allowance from March 31, 1999. In such cases the value of the location/qualification allowance is **€1,483** which they receive in addition to their dual qualified scale.

(b) With effect from November 26, 2003, nurses who are paid on the dual qualified scale and who then move to an area that attracts a location/qualification allowance will continue to be paid on the dual qualified scale and will also receive the abated value of the location/qualification allowance of **€1,483**. Payment of the allowance will cease if the nurse moves out of the qualifying area.

Other allowances

(Applicable from October 1, 2021)

Grade	Nature of allowance	€
Public health nurses	Island inducement allowance*	1,877
Public health nurses	Fixed payment	29.92
Weekend work	First call on Saturday and first call on Sunday Each subsequent call on Saturday and Sunday Payment in lieu of time off for emergency work	39.71 19.89 29.89
Theatre nurses/midwives who participate in the on-call/standby emergency services	**On-call with standby – each day** Monday to Friday Saturday Sunday and public holidays *All of these figures based on a 12-hour period. Pro rata to apply after hours.*	 45.01 57.82 78.15
	Call-out rate – Monday to Sunday (a) Fee per operation per 2 hours (17.00-22.00 hours) (b) (i) Operation lasting > 2 hours and up to 3 hours (17.00-22.00 hours) (ii) Operation lasting > 4 hours and up to 5 hours (c) Fee per operation per hour (after 22.00 hours)	 45.01 67.50 112.52 45.01
	On-call without standby (i) Fee per operation, call-in without standby (ii) overruns from roster at normal overtime rates (no time back in lieu)	90.02
	On-call over weekend In situations where no roster duty is available over the weekend, the following will apply on a pro-rata basis (ie. appropriate rate divided by 12, then multiplied by number of hours available). No time back in lieu will apply.	
	Nurse co-ordinator allowance A shift allowance of €19.23 will be paid to a staff nurse who undertakes the role of formalising the reporting and accountability relationship with the theatre superintendent. The allowance only applies to a nurse who fulfils specified duties when called in (DOH circular refers).	
How to work our hourly rate of pay for nurses/midwives: Example: senior enhanced salary scale €51,857. Take €51,857, divide by 52.18 and divide by 39, equals hourly rate of pay € 25.48. This formula applies for all grades.		

To mark the International Day for the Elimination of Violence against Women on November 25, **Freda Hughes** spoke to Sarah O'Connor, Margo Noonan and Connie McGilloway from SATU Ireland

Supporting survivors of sexual violence

THERE are six sexual assault treatment units (SATUs) in Ireland. They are located in the Rotunda Hospital Dublin, South Infirmary Victoria University Hospital Cork, University Hospital Waterford, Midland Regional Hospital Mullingar, University Hospital Galway and Letterkenny University Hospital. They provide clinical, forensic and supportive care for all genders aged 14 years and over who have experienced sexual violence. In addition, University Hospital Limerick provides an out-of-hours SATU service.

On average, SATUs provide care for 1,000 people per year who disclose rape or sexual assault. A 24-hour, 365-day service is available and supported by a local network of doctors, nurses, support staff, administration staff and hospital management. Led by Dr Maeve Eogan,the National Clinical Lead for SATU, a significant amount of SATU care is provided by advanced nurse practitioners (ANP), clinical nurse/midwife specialists (CNS/CMS) and forensic nurse examiners (FNE), with a total of two ANPs, two candidate ANPs, 13 CN/MSs and three FNEs. Their focus is providing high-quality, timely and focused care. In addition to their main role, each has an area of specialised interest.

Sarah O'Connor is the national lead for SATU nurse/midwife forensic examiners education and training. Ms O'Connor co-ordinates the postgraduate higher diploma in sexual assault forensic examination in conjunction with the Office of the Nursing and Midwifery Services Director and the Royal College of Surgeons in Ireland (RCSI).

With support from Ann Brennan and her team in the Nursing and Midwifery Planning and Development Unit, Ms O'Connor also organises continuing professional development for SATU Ireland and is co-ordinator for the National Guidelines on Referral and Forensic Clinical Examination Following Rape and Sexual Assault (Ireland).

These guidelines ensure that clearly defined referral pathways exist so that people who have experienced sexual violence can access appropriate, individualised care that is responsive to their needs.

Ms O'Connor told *WIN*: "The guidelines are also a point of reference for our colleagues in other specialities responding to a history of sexual assault and/or rape,including clear referral processes. SATU offers three options of care for those who have experienced sexual violence, these include a forensic examination following a report to An Garda Síochána, health assessment and care without reporting to An Garda Síochána and a healthcare and forensic examination with storage of evidence. This provides the patient with the option of reporting at a later date if they wish to do so. We refer to this as option three," she explained.

The *SATU Annual Report* notes that in 2020, 92% of patients were female, 8% were male and less than 1% identified as 'other', with a mean age of 27 years. Some 75% of patients attended for SATU care within the recommended seven-day window following the reported incident. Sixty-three percent of patients attended with An Garda Síochána, while 14% chose option three without Garda involvement.

As well as provision of forensic care, SATU provides prophylaxis against pregnancy, sexually transmitted infection (STI) and HIV. Following initial attendance at a SATU service, within the nurse-led clinics, all patients are offered follow-up care such as a sexual health screening, treatment of minor injuries (if any are present), opportunistic cervical screening and onward referrals to specialised services as required.

Margo Noonan is an ANP and sexual

assault forensic examiner in the Cork SATU clinic. Ms Noonan developed an educational programme about consent for secondary school students along with policing, nursing and medical students and other professionals. She has recently commenced outreach follow-up SATU clinics in West Cork and represents young people affected by domestic, sexual and gender-based violence at the Cork Children and Young People's Services Committee. She also contributes to the development of the National Sexual Assault Response Team (SART) Guidelines.

Ms Noonan spoke passionately about her work: "My day can vary – whether it be a new forensic case, follow-up clinic, meeting with the Gardaí, discussing consent with students or giving evidence in court.

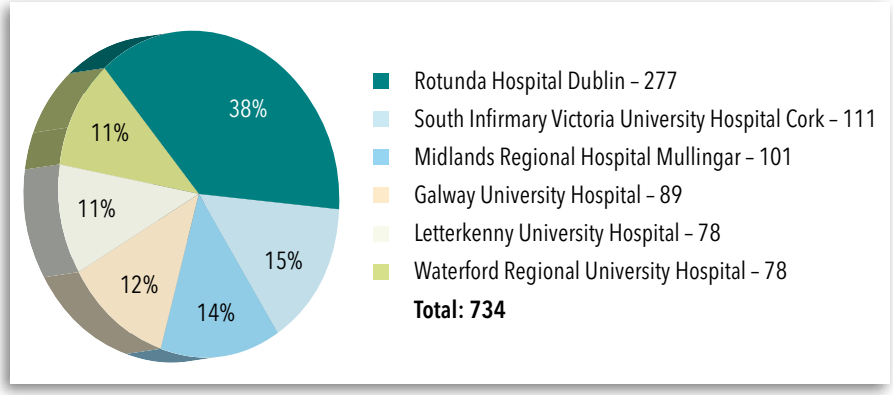
"The nature of the crime we deal with means that we need to be flexible and available for whatever is required. While the work can be extremely traumatic, it is truly one of the areas of nursing with the greatest job satisfaction. My job has allowed me to develop the vision that I and my colleagues hold and to be a strong advocate for all victims," she added.

"In 2018/19, SATU underwent a policy review led by the Department of Health. The aim of the review was to optimise the healthcare provided to people who have experienced sexual assault. This review focused on many aspects of the SATU service, identifying a number of areas for action. The review team was multi-agency in its approach, including staff from the Department of Health, Department of Justice and Equality, HSE and SATU doctors and nurses."

The 10 actions proposed in the report are being implemented by a national joint review implementation team, and the review team is co-chaired by Ms O'Connor.

"One action from this policy review focused on creating a more sustainable SATU workforce to ensure continuation of excellent patient care, including a focus on the training for clinical forensic examiners, which comprises doctors, nurses and midwives. As a result we now have commitment to run a training course for doctors of various specialty backgrounds who plan to work in SATUs as forensic medical examiners," said Ms O'Connor.

This policy review also paved the way for a review of the postgraduate course in sexual assault forensic examination in nursing that has been running since 2008. As a result a national oversight committee, with significant involvement from nursing and midwifery specialists, has been established to examine the frequency, flexibility, accessibility and modularisation of the current course. A secondary aim is to develop an additional forensic nurse/midwife training programme to allow nursing staff to qualify in the area of forensic clinical examination, with the objective of providing a more succinct training programme, thus ensuring sustainability of SATU services under the specialised care of FNEs.



Breakdown of patients presenting to the six SATU clinics across the country in 2020

"This will allow nurses to remain in their current area of practice while also providing on-call cover as a forensic nurse examiner. Our vision is to have a blended team of ANPs, CNSs and FNEs," said Ms O'Connor.

Until recently, SATU nurses have specialised in providing care for patients over 14 years of age, however there is now a team of nurses specialised in the child and adolescent sexual assault treatment services (CASATS). This provides forensic medical services for children under the age of 14 who are victims of rape or sexual assault or who are suspected of being victims of child sexual abuse.

In Ireland, three nurses to date have attained the specific qualifications in paediatric sexual assault. It is anticipated that paediatric forensic nurse examiners and ANPs in child sexual assault will work as essential members of all future forensic medical services in Ireland, alongside their medical colleagues.

The national vision for CASATS is that all children in Ireland will have access to forensic medical examinations as part of the Barnahus model. The Barnahus Onehouse in Galway is a regional inter-agency centre for west and mid-west of Ireland supporting children suspected of having suffered sexual abuse in a way that avoids re-traumatisation while accessing care and health services and engaging with the criminal justice system.

Connie McGilloway is an ANP in the Donegal SATU. She is a member of the north-west steering group for the development of a satellite children's service in Donegal. She is an advocate for children and families and wants to help them to avoid travelling long distances to avail of medicolegal care. She has developed inter-agency liaison working groups in her region, ensuring all agencies are working from a trauma-informed platform for the benefit of patients.

"My vision is to develop easily accessible gold standard medico-legal healthcare for all persons who have experienced a recent or historic rape/sexual assault, grounded in the ethos of holistic care through a multi-agency collaborative response," she said.

Ms McGilloway is also a registered nurse tutor and prescriber and is a fellow of the Faculty of Nursing and Midwifery at the RCSI. She has a special interest in domestic, sexual and gender-based violence and care of vulnerable adults. She has been published in the *Journal of Applied Research in Intellectual Disabilities* and was author of the 'Consent and Capacity' section of the National SART Guidelines in 2018. She is also the national co-ordinator of the working group for patient documentation and the developer of the national SATU database, which provides a clinical interface between the six SATUs.

"My aim is to apply ethically sound solutions to complex issues. I endeavour to lead multi-disciplinary and multi-agency teams in providing holistic care to individuals who experience sexual assault. I am currently leading on a project in improving access to SATUs through Irish Sign Language," Ms McGilloway told *WIN*.

All three nurses are actively engaged in supporting those who have experienced sexual violence. They demonstrate leadership and initiative through their work, which readily demonstrates the benefits of nurse-led, patient-focused services in clinical practice. If you are interested in pursuing training in this area, or attending the SATU Ireland annual conference, which takes place each October, please contact saoconnor@rotunda.ie

Domestic violence and pregnancy in Ireland

It is crucial that midwives and nurses have the skills to recognise and screen for domestic violence, writes **Siobán O'Brien Green**

DOMESTIC violence during pregnancy is a global phenomenon, a major public-health and human-rights concern and a potentially preventable risk factor that threatens both the health and the life of the mother and baby. Awareness of it, and the skills to recognise and screen for it, are crucial for midwives and nurses in all relevant healthcare settings.[1]

In 2019, Ireland ratified the Council of Europe Convention on preventing and combating violence against women and domestic violence – known as the Istanbul Convention – which has stimulated a number of legislative and policy changes. Domestic violence is defined within the Istanbul Convention as "all acts of physical, sexual, psychological or economic violence that occur within the family or domestic unit, or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim".[2]

Domestic violence during pregnancy is implicated in poor maternity, perinatal, and mental and physical health outcomes, including death by murder, suicide and miscarriage. A Cochrane Review states that the following harms have been documented: maternal death, low birth weight, placental abruption, preterm labour and delivery, foetomaternal haemorrhage, foetal death, intrauterine growth restriction, pregnancy complications due to trauma, miscarriage, maternal infections, and poor weight gain.[3]

Abuse during pregnancy also negatively affects women's health behaviours, leading to delayed entry into prenatal care – or to women seeking no care at all – and increased health-risk behaviours, such as the use of tobacco, alcohol and drugs. Delays in accessing antenatal care may be due to abusive partners preventing women from leaving the home, or women missing appointments because of fear and injuries arising from the abuse.[1]

Additionally, these harmful events and outcomes affect neonatal health. A systematic review and meta-analysis found that women who experience domestic violence during pregnancy are at increased risk of having a preterm birth and low-birthweight or small-for-gestational-age babies.[4]

Policy and legislation

In recent years, there has been a significant legislative and policy change in relation to domestic violence, largely related to the ratifications of the Istanbul Convention. The Domestic Violence Act 2018 now contains the new offence of coercive control and lists a number of factors that a court should consider when deciding on an application for an order in relation to domestic violence. This list includes pregnancy.

The Criminal Justice (Victims of Crime) Act 2017 contains a number of statutory rights and minimum standards for all victims of crime, including the right to information on victim support services and interpretation and translation, where necessary.

The National Maternity Strategy outlines a range of harmful effects of domestic violence. The strategy requires that healthcare professionals be aware of the heightened risk of domestic violence during pregnancy and postpartum periods, and states that they are required to ask their patients about domestic violence during antenatal and postnatal visits.[5]

The HIQA National Standards for Safer Better Maternity Services notes that healthcare professionals working in maternity services are uniquely placed to help women access support and protective services in relation to domestic violence and pregnancy. Standard 2.2.9 outlines how all women should be screened for domestic violence as part of their social history-taking during antenatal appointments.[6] This also states that the results of domestic violence screening are to be documented in all health records, and the appropriate referrals made. Under Standard 6.3.18, a reference is made to training/supporting staff to screen women for abuse and make the appropriate referrals.

Prevalence

The most recent data available is from the 2014 EU Agency for Fundamental Rights (FRA) survey, undertaken across the EU. This survey interviewed 42,000 women about their experiences of physical, sexual and psychological violence, including incidents of intimate-partner violence. The study sample was based on a random but representative sample of women aged 18 to 74 in the general population in each EU member state.[7]

The survey interviewed 1,569 women face to face in Ireland; 77% of the Irish survey sample had children. Some 15% of women reported experiencing physical and/or sexual violence by a (current or ex-) partner since the age of 15. In relation to domestic violence and pregnancy, the survey results indicate that over 4% of the Irish survey sample had experienced violence during a pregnancy with either a current or previous partner.[8]

A follow-up study by FRA reviewed the 2014 survey data, along with new research, and noted that women who are victims of intimate-partner violence often lack effective protection for a number of reasons, including shortcomings in the referral of victims to support services. It recommends that a 'chain of intervention' be enacted when women contact the police regarding domestic violence, or when healthcare professionals treat or encounter patients in relation to it.[9]

Screening

Screening for domestic violence is important during and after pregnancy, as it gives a woman an opportunity for disclosure and support with her midwife or healthcare professional. The acceptability of screening for domestic violence in health and maternity settings in Ireland is

researched and well established. Findings from the FRA survey indicate that 87% of the Irish sample responded positively to doctors routinely asking about domestic violence when they see women with certain injuries in their practices. Other research in maternity-care settings found that women felt that questions on domestic violence were both acceptable and should be posed in this setting.[10]

A Cochrane Review noted that pregnant women are more likely to disclose abuse when they are screened, and that healthcare professionals are in a unique position to identify and assist these women during pregnancy.[11]

Irish research

A recent qualitative research study explored the factors associated with the disclosure of domestic violence and subsequent service utilisation during and after pregnancy by women in Ireland.[8] Eighteen women were interviewed during pregnancy, or up to approximately five years postpregnancy, for the study.

Women who participated in the interviews described emotional, verbal, physical, sexual, financial and physical abuse during and after pregnancy. They described high-risk domestic violence, such as attempted strangulation, attempted suffocation, stalking, breaking into their homes, physical beatings in public spaces, rape and living in fear for their lives.

For the women interviewed, their abuse intensified, escalated, or continued as usual during their pregnancies, and no woman interviewed reported domestic violence ending once her baby was born.

For all the women interviewed, their lived reality of domestic violence became unmanageable and their hope for a change in their partner's behaviour ended. The women reported needing to move on and seek help and safety. Recognising this critical point – where women can no longer endure abuse and violence from their partners and are seeking change – could be crucial to supporting and responding to women in healthcare settings, especially in maternity care.

Many of the women interviewed felt that, in Ireland, domestic violence during pregnancy appeared hidden. This feeling was reinforced by a lack of screening for, or being asked about, domestic violence during their maternity care and an absence of information on domestic violence and/or support services in GPs' surgeries or maternity hospitals/units. Findings from this study suggest that a lack of screening for domestic violence, continuity of care and trust-building opportunities between healthcare professionals and women erodes the potential for domestic violence disclosure and reduces opportunities for help and safety intervention.

Recommendations

The MBRRACE *Saving Lives, Improving Mothers' Care* report from 2015 clearly outlines what is needed to respond to domestic violence in maternity care settings. It states that healthcare professionals need to be alert to the symptoms or signs of domestic abuse and women should be given the opportunity to disclose domestic abuse in an environment in which they feel secure.[12] It also outlines how information on the supports available to those impacted by domestic violence should be clearly displayed.

It is imperative that midwifery and nursing staff know the contact details of domestic violence services local to their workplace, to ensure that if a patient discloses domestic violence to them, they can respond confidently and appropriately, and offer suitable support and referral information. In Ireland, there are 39 domestic violence services, including 21 refuges (safe emergency accommodation for women and children). Many offer free leaflets, posters, information resources etc, that can be used to ensure that relevant referral and contact information is accessible and available for midwives and nurses to display and share with patients. This helps to create a domestic violence disclosure-friendly environment and may assist women experiencing domestic violence to feel that they are not alone, and that help and supports are available to them.

During the Covid-19 pandemic, domestic-violence services, helplines and websites, and An Garda Síochána have all observed substantial increases in calls for support and help in relation to domestic violence. Internationally, many countries have reported an increase in domestic-violence and femicide rates.[13] As a result, the interactions that midwives and nurses have with pregnant women are even more important than they were before the pandemic, to ensure that women experiencing violence are supported and referred to the relevant services for their wellbeing and safety, and to ultimately ensure safe and healthy pregnancies and births.

Resources

- HSE, 2018, *National Domestic, Sexual and Gender-Based Violence Training Resource Manual: Recognising and Responding to Victims of Domestic, Sexual and Gender-Based Violence in Vulnerable or At-Risk Communities*
- Women's Aid National Domestic Violence Helpline: Freephone 1800 341 900, with support available in over 170 languages through a telephone interpretation service, as well as text and online support details: **www.WomensAid.ie**
- Listings of contact details for national and local domestic violence services across Ireland, for women and men, are available on **www.SafeIreland.ie**

'16 Days of Activism against Gender-Based Violence'

The international '16 Days of Activism against Gender-Based Violence' campaign takes place fom **November 25 to December 10 every year**. It aims to highlight awareness and stimulate action in relation to domestic violence. This time period is ideal for assessing the waiting-room, clinical and consulting environments, and ensuring that domestic violence information for patients and staff members is relevant and up to date. Information in a range of languages and formats may be needed, given the diversity of patients attending maternity care settings in Ireland.

Siobán O'Brien Green PhD has researched gender-based violence for many years and works in Trinity College Dublin

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Caring for the vulnerable and marginalised

Freda Hughes spoke to Sarah Jayne Miggin of the inclusion health team at the Mater Hospital about caring for marginalised patients

INCLUSION health is an emerging approach to healthcare that aims to address health and social inequalities among marginalised populations. Many of those who are marginalised include migrants, members of the Traveller and Roma communities, prisoners, sex workers, LGBTQ+ and those experiencing homelessness.

Homeless patients are known to disproportionately have a higher level of disease than the general population even through they access healthcare more often. They also have much higher levels of morbidity than the housed populations, with conditions such as diabetes, COPD, epilepsy, heart disease and cirrhosis of the liver common. Due to this they have much higher levels of mortality than the housed population with a life expectancy of 43 years for a female and 46 years for males.

Sarah Jayne Miggin, a nurse specialist on the inclusion health team at Dublin's Mater Hospital, feels that healthcare professionals working in this area need to be more imaginative in how they address this vulnerable group and their healthcare needs. For example, taking someone who has just had a DVT diagnosed, they may not be allowed to bring medications and a sharps bin to their hostel and this is often overlooked. It is in cases like that this Ms Miggin can assist and advise the multidisciplinary team on how to manage and safely discharge a patient like this.

"I always had an interest in those with addiction and those who had it tough in life," she told *WIN*.

Ms Miggin trained in James Connolly Memorial Hospital, Blanchardstown (now Connolly Hospital) in conjunction with studying in Dublin City University (DCU).

Apart from a secondment to Australia and various agency work, her main clinical experience was in St James's Hospital acute medical admissions unit where she worked for about six years. It wasn't until 2010 when she covered a maternity leave post in smoking cessation that she really got to focus and learn more about the needs of those with addiction issues.

"I started noticing that a lot of the referrals for patients to quit smoking had in fact other addictions such as drugs and alcohol," Ms Miggin explained.

It was during this time that she completed her level 8 diploma in addiction studies via NUI Maynooth. While at St James's she gained a wealth of experience clinically but also with homeless patients and knew then that this was an area she wanted to pursue.

At this time, inclusion health was unheard of but it has emerged since then and is now being recognised as a distinct specialty.

"This group of people deserve specialist integrated care that understands and meets their needs just like other specialties," she said.

Ms Miggin went on to work in sexual and HIV health as a staff nurse but then a post came up as CNS in hepatology at St James's. Within this role she, along with another hepatology CNS, provided a comprehensive hepatology in-reach service to the prison population in Mountjoy and Wheatfield prisons.

"I always loved going into prison which is not what most people say, but I never viewed it as a job because I enjoyed it so much," she said.

Ms Miggin enjoyed this role for five years, but was ready for a change when a job came up in the Mater Hospital as a CNS working in inclusion health. She has been in this role for the past two years and also works part time with Safetynet's Mobile Health Unit, which provides primary care to rough sleepers in Dublin.

The role of the inclusion health CNS at the Mater Hospital is first and foremost one of advocacy. Many people who have experienced homelessness have mistrust of services and people. Ms Miggin explained that trust and continuity with your patient is crucial in their approach to care and to safe and timely discharge.

The inclusion health CNS facilitates a co-ordinated approach to caring for these patients. Ms Miggin ensures that multidisciplinary and multi-agency inputs are synchronised and targeted to match individual care needs. She is also a resource for staff who may have queries in relation to a marginalised patient and quite often she will offer guidance and support to staff.

She acknowledged that although she carries out a specialist role, it is important for the clinical nursing team working on the ground to understand their patients and their needs.

"Education is so important. We can learn so much from our patients, even the use of language is so important for this client group, such as asking a patient have you 'had a slip' rather than directly asking 'are you back using drugs?' We all know which one we would get an honest answer from," she said.

Managing a high level of illness and chronic disease can be quite overwhelming for the housed population, therefore for someone that is homeless this can be extremely overwhelming. Ms Miggin explained that she relies heavily on her community inclusion health nursing colleagues such as Safetynet, De Paul, Simon Community, Ana Liffey nursing, HSE services and many others to support the patients when they are discharged. Care needs such as management of wound care and medication management are managed as part of a co-ordinated discharge.

"I might have one patient being discharged and I might need to communicate with their methadone clinic, hostel staff, pharmacy, community general nurse and mental health nurse prior to discharge and often post discharge should issues arise. It's a huge collaborative approach," she added.


Sarah Jayne Miggin

Ms Miggin said that working in this area can be challenging at times but that small wins make it all worth while.

"The patients that we deal with have a lot to teach us and we have a lot to learn from them. In terms of challenges, I would say that when you meet a person and you know if they got that one chance to change they would make it, but then we don't have the services to support that change."

She feels that for women in addiction, there are not enough gender specific services to meet their needs. This is something she would love to see progressed and funded in the future.

Working day

Ms Miggin's day usually consists of checking if there are patients under her remit in the emergency department (ED) or inpatient wards. The hospital's inclusion health team have a register that can highlight all inpatients who are in need of its services. The idea is to follow the patients journey from ED, through the wards to their discharge, ensuring all their healthcare needs are met and carried forward on discharge.

Ms Miggin could visit many clinical areas in any given day while liaising with many community and clinical colleagues in relation to the patient. This includes the inclusion health social worker Rachael Kelly, who she works very closely with on the patients' housing needs if this needs to be addressed.

Covid-19

Ms Miggin reports that the one positive that came from the Covid-19 pandemic was the access to single room accommodation for those who were medically vulnerable. This was broadly welcomed by all stakeholders. These services also have in-reach nursing which supports the patient further with their medical and nursing needs and quality of life, while also reducing hospital admissions – something that can only be welcomed.

Education

Ms Miggin provides regular education to staff and considers herself fortunate to have allocated time each month to work with new nursing staff at the hospital. She introduces new staff to the service and explains her role and how she can help and support them, while also giving them some insight into this area of work. She also provides regular education to student nurses as part of their undergraduate programme.

Ms Miggin is heavily involved with Nurses and Midwives for Inclusion Health (NMIH) which is currently undertaking a research project evaluating the nurse-led response to Covid-19 among the marginalised population. This work is at its final stages and she said that members of the group were very supportive of one another in this field of work.

Ms Miggin has just started a two-year postgraduate diploma in trauma studies via University College Cork and said that she hopes to share all she will learn from this course with her current and future nursing colleagues.

Future

There are now two dedicated inclusion health teams in the Mater and St James's hospitals, something that has been heartily welcomed by all stakeholders.

Ms Miggin told *WIN* that she was really looking forward to seeing the direction that inclusion health would take for nurses and midwives and that she would love to see the inclusion health nursing teams expand to other hospitals around Ireland as well as within Dublin.

"It's an exciting area to be working in and one that many nurses and midwives are very passionate about. Nurses and midwives are the glue that keep things moving and co-ordinated in our health service.

"We must empower our less experienced nurses so they know that no matter what grade or level of experience they have, we are all still learning and we also have plenty to offer to this unique patient population that I love working with every day," said Ms Miggin.

To learn more about inclusion health in the Mater Hospital, contact Ms Miggin by email to: sarahjaynemiggin@mater.ie or follow her on Twitter: @Sjmiggin

Finding the words

The death of a baby can elicit many different emotions in bereaved parents. Knowing how to navigate these is key to providing compassionate care, writes **Niamh Connolly-Coyne**

WHEN a baby dies, parents may feel numb and shocked, often finding it hard to come to terms with their baby's death. They experience deep sadness and may feel that they will never be happy again. They may wonder why this has happened to them and want to talk over what has happened, again and again. Parents can also experience forgetfulness, a lack of strength to make decisions and feel the need to withdraw from society for a while at least.

We have noticed that the physical reactions parents may have to their baby's death can include feeling weak and nauseous, having diarrhoea and experiencing a feeling of heaviness in their body. Parents may lose their appetite or start to comfort eat. They may also be unable to sleep and they may long to hold their baby again and have a feeling of 'empty' arms.

Acknowledging a family's loss

When a baby has died, most bereaved parents appreciate it when members of staff acknowledge their baby's death. However, it is best to check the medical notes or talk to other staff to find out each parent's particular preferences. Take time to check the notes to find out:

- The background story to the parents' loss
- Whether the parents have named their baby
- Whether or not the parents want to acknowledge or talk about the baby who has died immediately. This can change over time or on a day by day basis.

It is important to recognise that every parent will have different experiences and needs, and therefore their situation and preferences should be recorded in the mother's healthcare records. A staff member should be given responsibility to record this information and share it with their team at handover.

Never assume what you think the parents might want – always ask them. If parents would like acknowledgement of their loss, staff could say something like: "Congratulations on the birth of your baby but I am so sorry they couldn't stay longer".

Offering support

It is important for staff to listen when parents want to talk about their loss. Talking to parents is just as important as offering them practical help. Try not to worry about 'saying the wrong thing' and just give parents an opportunity to talk. Ask parents if there is anything else that you can do to help. Parents will appreciate you giving them your time to listen.

Changeover of staff

It is helpful for parents to see familiar faces who know their story and have met their baby. Where there is a changeover of staff or where families need to be transferred to another ward or department, make sure to communicate key information to other staff at handover. This will avoid parents having to retell their story over and over.

Cot and bed occupancy

While in hospital, bereaved parents may find themselves surrounded by healthy babies who are expected to go home alive and well. Naturally, this is upsetting for parents whose baby has died. Therefore, staff should try to separate bereaved families from families whose baby has been born alive and well.

On the antenatal ward, aim to avoid placing a pregnant mother who is anticipating the loss of her baby in a bed or ward near a pregnant mother who is expecting to deliver a healthy baby. Again, if this is not possible at the time, discuss this with the mother and ask her if she would like to be moved to an alternative bed as soon as one becomes available.

Privacy and dignity

If a baby is expected to die soon after delivery or has died before delivery, respect and quiet should be given to the family, and only essential staff should be present to provide care and support at every point during the family's stay in hospital – antenatally, during delivery and postnatally.

Going home

Bereaved parents who have lost a baby will find going home without their baby to be devastating. Grief that has been suppressed while the parents are in hospital often tends to surface around the time they go home, as the reality of what has happened begins to sink in.

Follow-up appointments

It is vital for staff to remember that for any follow-up appointments in the hospital, bereaved parents should not have to wait in a waiting room where there will be new born babies or mothers who are pregnant. Staff should take this into account when arranging appointments. With the parents' permission, clip your hospital's bereavement alert symbol to the mother's notes so that staff involved in their care after discharge are aware of the loss.

How we can support you

The Irish Neonatal Health Alliance (INHA) is a registered charity. The charity's mission is to partner with, educate and empower families, healthcare professionals, educators, political decision makers, researchers and industry stakeholders on issues in the neonatal field.

The INHA has developed a number of bereavement supports and resources for families whose baby has died, as well as for healthcare staff providing care to bereaved parents. These supports and resources are outlined below.

Virtual baby loss training

The INHA runs online workshops designed to empower healthcare staff to support families who experience the loss of their baby. If you would like to book a place on an upcoming workshop, please email info@inha.ie and we will be in touch.

Information booklets

Our booklets, *When your baby has died: a guide to coping with grief and loss* and *A memoir of life after loss in a singleton pregnancy*, are very useful resources and can be downloaded from **www.inha.ie**

Certificate of life

If a baby dies before 24 completed weeks of pregnancy or is born weighing under 500g and shows no signs of life at delivery, their birth cannot be entered into the stillbirth register, the birth register or the death register. It can be upsetting for parents that their baby is not recognised in the State's records. Many bereaved parents want their baby to be acknowledged and named. To assist with this, we have produced a 'Certificate of Life' that staff can downloaded from **www.inha.ie** and offer to parents as a way of the hospital acknowledging their loss. You might like to complete the certificate with the parents.

Angel gowns

Our 'Angel Gown' project is run by skilful volunteer seamstresses who transform donated wedding and communion dresses into gowns that are gifted to bereaved families to dress their baby in for remembrance photography and burial or cremation. If you would like to request an angel gown on behalf of a family, contact info@inha.ie or Tel: 085 1920 602.

Baby loss knits

A selection of beautiful knitted hats, cardigans and blankets have been donated to us by talented, volunteer knitters. If you would like a selection of baby loss knits for your hospital to offer to bereaved families, contact us via the details above.

Loss in a multiple pregnancy

Loss in a multiple pregnancy tends to bring about particular feelings for parents who have experienced loss of twins or triplets. In response to this, we have developed several resources for parents and healthcare staff providing care to bereaved parents who have a lost twins or triplets:

- *Loss in a multiple pregnancy: a guide for staff*
- *Loss in a multiple pregnancy: a guide for parents to coping with grief and loss*
- *A memoir of life after loss in a multiple pregnancy*
- *Do you have a surviving twin? A guide for parents.*

More information

As the INHA's first virtual baby loss workshop for healthcare professionals was so successful, we have decided to run a second workshop to accommodate the many individuals who were unable to secure places at the original workshop.

The workshop will be delivered by Paula Abramson from International Bereavement Training via Zoom on Thursday, November 18 from 2pm-4pm. To book your place, email: mandy.daly@inha.ie

The INHA is not just here to support bereaved parents; we are also available to offer advice and support to as you need it. If you have any questions or need advice, contact info@inha.ie or Tel: 085 1920 602.

Niamh Connolly-Coyne sits on the board of directors of the Irish Neonatal Health Alliance

INMO Professional

INMO
Irish Nurses and Midwives Organisation
Working Together

National Children's Nurses Section WEBINAR

Saturday, 20 November 2021

From 11am - 2pm

OPENING ADDRESS – Karen McGowan, President, INMO

1. **Paediatric Sepsis**
   Nuala Clarke, Group Sepsis Lead ADON, Children's Hospital, Ireland
2. **Self harm in adolescents**
   John Campbell, CNSp Child and Adolescent Mental Health, CHI at Temple Street
3. **Psychological well-being and impact of working in healthcare during Covid-19**
   Dr Claire Magnier, Lecturer / Assistant Professor, UCD School of Nursing, Midwifery and Health Systems
4. **Eating disorders in children and adolescents**
   Carole Boylan, CNSp Child and Adolescent Mental Health, CHI at Temple Street
5. **Autism in children**
   Orla Heaney, CNSp Autism, CHI at Temple Street
6. **National strategy for future of childrens nursing in Ireland**
   Rosemarie Sheehan, Assistant Director of Nursing, Project Officer, Children's Health Ireland (CHI)

CLOSING ADDRESS - Edward Mathews, Deputy General Secretary Designate, INMO

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Role of the diabetes specialist

As we celebrate World Diabetes Day, **Denise Blanchfield** offers an Irish perspective on diabetes specialist roles in nursing and midwifery

THE International Diabetes Federation has stated that "diabetes in all forms imposes an unacceptably high human, social and economic cost on all countries at all income levels".[1] Currently it is estimated that one in 11 people aged 20-79 years are living with diabetes (463 million).[2] Internationally, approximately 1.1 million children and adolescents < 20 years have type 1 diabetes and one in six live births (20 million) are affected by hyperglycaemia in pregnancy, of which 84% of mothers had gestational diabetes.[3]

Additionally, some 232 million people aged 20-79 years are unaware of their diabetes diagnosis.[3] Undiagnosed diabetes is associated with increased patient mortality, morbidity and higher healthcare spend. The cost of treating diabetes has risen exponentially from US $232 billion in 2007 to $760bn in 2019,[3,4,5,6] equating to 10% of global health expenditure.[3]

Suboptimal blood glucose and blood pressure control are the leading causes for the development of the complications associated with diabetes, such as blindness, amputations and cardiovascular events.[7,8]

Increasing treatment complexity

The complexity of treatment regimens and modalities have also increased in tandem with the growing prevalence of diabetes. Treatment regimens include a plethora of pharmaceutical options such as biguanide, sulphonlureas, thiazolidediones, DPP4 inhibitors, SLGT2 inhibitors, GLP 1 and insulin therapy. Advances in home blood glucose monitoring (HBGM), continuous glucose monitoring (CGM), insulin pump therapy, lifestyle modification and recommendations have added to the complexity of care provision and self-management capacity. This in some part has provided the impetus for the evolution of diabetes nurse and midwife specialist roles.

Diabetes nurse and midwife specialists

Diabetes nurse and midwife specialists work exclusively in the provision of care for people with diabetes.[9] Their role includes direct care for people with newly diagnosed type 1, type 2, paediatric, gestational, drug induced, cystic fibrosis, transplant and monogenetic diabetes. Specialist populations also include adolescents, expectant mothers, ethnic minorities and those with learning difficulties.[9] Diabetes nurse and midwife specialists deliver care which addresses the complex needs of patients beyond that provided by non-specialist teams, as outlined by the diabetes cycle of care.[10]

Promoting patient empowerment

Diabetes is a chronic disease present throughout life and taking a life-course perspective is essential to educate and empower people with diabetes to self-manage their condition and fulfil their life goals. Central to the role of diabetes nurse and midwife specialists is the ability to integrate prevention, early detection and self-management into care which has been collaboratively agreed with the person who has diabetes. The aim is to design care that facilitates the development of the skills required to inform choices and skills such as:

- Home blood glucose/continuous blood glucose monitoring, insulin pump and multiple daily injection/basal bolus regimes
- Carbohydrate counting and dose adjustment for normal eating (DAFNE)
- Management of intercurrent illness, elective procedures, sick day rules, hypo/hyperglycaemia, hypo unawareness, ketoacidosis, hyperosmolar non ketotic coma (HONK), foot care, exercise, travel, work, insurance and driving regulation/implications
- Lifestyle modification – obesity, tobacco, alcohol, substance misuse and managing diabetes in accordance with religious beliefs and customs

- Pre-conceptual and pregnancy care to include delivery planning
- Pharmaceutical treatment choices and options
- Complication prevention and management.

Delivering patient-centred care

The Department of Health Statement of Strategy (2016-2019) indicated that new models of healthcare delivery are required. These should provide integrated, continuous, person-centred care and be delivered at the lowest level of complexity consistent with patient safety.[11] Nationally, diabetes nurse and midwife specialists deliver care based in secondary, primary and community care settings.

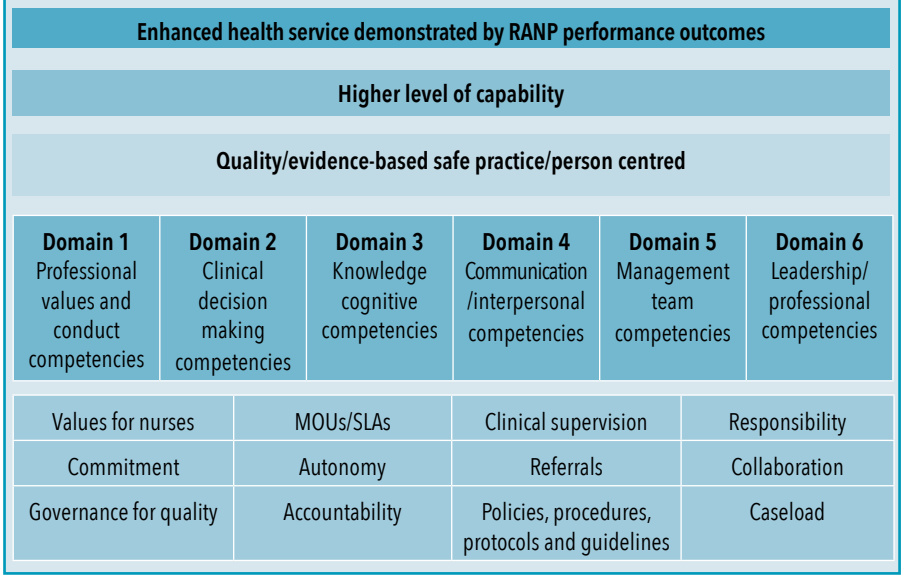
Hospital admission during intercurrent illness, physiological or psychological stress are associated with sub optimal glucose control and negative clinical outcomes. The skills of the diabetes nurse and midwife specialist are specifically utilised to develop a plan of care and facilitate healthcare professional education. The purpose of this is to manage diabetes during illness in line with best practice recommendations, promoting optimal clinical outcomes and patient experience of care.

Outpatient care is provided across primary, secondary and community care interfaces including outpatient adult and paediatric services, pre-pregnancy and maternity clinics, and paediatric transition into adult services. The ability of the diabetes nurse and midwife specialist to operate across primary, secondary and community care boundaries promotes improved communication between care providers which is patient centred and integrated.

Diabetes nurse and midwife specialists have led on building, designing and implementing models of care and service delivery which are clinically led, patient centred and evidence based.[12] This includes clinic provision in areas which are geographically diverse, thus negating the need for patients and carers to travel long distances, reducing appointment burden and improving access to specialist care locally.[12]

This identifies how the expertise of the diabetes nurse and midwife specialist can be utilised to develop and support local diabetes service provision and knowledge exchange in the management of diabetes which is person centred. This has the potential to prevent clinical duplication, optimises strategic use of finite resources, facilitate the provision of specialist personalised care locally and meet the objectives of the Department of Health's Statement of Strategy.

Figure 1: Six domains guiding advanced nurse/midwife practice



Wider health system support

The role of the diabetes nurse and midwife specialist supports the wider health system through education and mentoring for healthcare professionals which facilitates patient self-management and empowerment. Diabetes nurse and midwife specialists can support healthcare providers and planners to operationalise preventative care strategies using their expertise to inform population-based interventions and policies.

Specialist diabetes nursing and midwifery services in Ireland have developed and implemented structured diabetes education or self-management programmes such as DAFNE, BERTIE, BRUCIE (type 1 diabetes) and facilitated community led diabetes initiatives such as X-PERT and Choice (type 2 diabetes).

Specialist roles in context of practice

As stated by the Department of Health, specialist nursing/midwifery roles have the potential to provide solutions to address current health delivery challenges, such as those presented by the increasing prevalence of diabetes and an aging population.[13] To enable full use of specialist nursing/midwifery roles it is necessary develop an understanding of the role in the context of nursing/midwifery practice in Ireland. The domains of specialist diabetes and midwifery nursing practice are guided by the following concepts:[9]

The person: individual needs, developmental stages – child, adolescent, adult, older person with diabetes

Health: chronic illness continuum – primary, secondary, tertiary nursing care provision and prevention

Nursing: values, beliefs, attitudes, arts, science, ethics and self

Environment: socio-economic and political.

Diabetes specialist care is provided by nurses and midwives with varying levels of educational preparation and autonomous practice. These include diabetes nurse, clinical nurse/midwife specialist and registered nurse/midwife practitioners roles.

The diabetes nurse is a registered general nurse operating at novice to competent stage to achieve broad clinical expertise in diabetes care providing support, advice and education for patients and families.[14] Components of the role include, patient assessment and diagnosis, prioritise care based on the assessment, nursing interventions based on evidence based practice, on-going assessment, monitoring and evaluation. Patient education, discharge planning and referral to other sources of care within their scope of practice.[9]

A diabetes clinical nurse or midwife specialist has undertaken formal recognised post-registration education relevant to their area of specialist practice at level 8 or above on the NQAI framework. The area of specialty is a defined area of nursing or midwifery practice requiring the application of specially focused knowledge and skills, which are required to improve the quality of patient/client care and services.

This specialist practice has a major clinical focus, comprising assessment, planning, delivery and evaluation of care received by patients/clients and their families in hospital, community and outpatient settings. The clinical nurse or midwife specialist works with medical colleagues and may make alterations in prescribed clinical

options in accordance with agreed protocol driven guidelines.[15]

Registered advanced nurse and midwife practitioners are autonomous, experienced practitioners who are competent, accountable and responsible for their own practice. They are highly experienced in clinical practice and are educated to master's degree level (or higher) which is highly relevant to the specialist field of practice. The distinguishing features between advanced nurse/midwifery practitioner roles and other specialist nursing roles are found in the level of educational preparation, independent and autonomous practice and depth of involvement in research and education programmes.[16]

The registered advanced nurse (2017) and midwifery practice standards (2018) highlight these roles as senior clinicians and decision makers which are central to policy and practice development at operational and strategic levels. The specific purpose of which is to provide exemplary care for patients informed by the values of nursing/midwifery. Registered advanced nurse and midwifery practice is guided by six domains (*see Figure 1*) which clearly articulate the professional principles and values which guide interactions with patients, colleagues and society.[16,17]

Specialist diabetes nursing and midwifery roles can contribute to service delivery and planning at local and national levels. These specialist roles demonstrate a high degree of professional and clinical knowledge, skill and experience applied within the nurse-patient/client relationship to achieve optimal outcomes. Central to this is the provision of quality care which promotes wellness to meet expectations of care for people with diabetes.

Dr Denise Blanchfield is nurse tutor at the School of Nursing and Midwifery, Royal College of Surgeons in Ireland

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Arming your mental health for winter

It is important to prepare our minds as cold, dark weather sets in

NOVEMBER'S chill has us all cranking up the heat, wrapping up in hats and scarves and booking a flu jab. But while we all take measures to protect our health, we need to look after our mental health too. With so much information and advice out there right now, it can be hard to know where to start. That is why, as a part of Let's Talk About It, we are highlighting some resources and support services that could help you this winter.

From hour-long webinars and five-minute videos to blogs and audio mediations, there is something for everyone. A good place to start is one of the webinars below:

- *Making lifestyle changes for better health and wellbeing:* Watch this webinar if you're struggling to find nutritional, psychological, emotional and physical balance in your already busy life. You'll hear practical advice and learn about psychological flexibility, resilience and more
- *Managing yourself in chaotic environments:* Find out how you can remain patient-centred and feel emotionally regulated all while meeting the demands of a very busy medical environment. You'll learn how to better manage yourself in chaotic environments through affect regulation strategies and more
- *Recovering from stressful shifts: how to wind down and maximize quality of sleep:* Long hours and stressful situations can make it difficult to switch off after your shifts and get enough sleep. This webinar will take you through some strategies you can use to deal with stress, wind down after a stressful shift and maximize your sleep to help you recover.

To watch a webinar, visit: **Cornmarket.ie/lets-talk-about-it/webinars**

Support services

We've gathered a collection of one-to-one, peer and self-directed support services for INMO members on the Let's Talk About It Hub. Here are two confidential options that are available to you free of charge 24/7. Why not save one onto your phone now, so you can have it if you ever need it:

- The INMO 24-hour Counselling Help Phone Line is available to INMO members and members of their family who live with them. All you have to do is call either Tel: 1850 670 407 or 01 881 8047
- 50808 – is a text service, providing everything from a calming chat to immediate support for people going through a mental health or emotional crisis – big or small. Freetext INMO to 50808 to start a conversation, any time, day or night.

For more support options, visit: **Cornmarket.ie/lets-talk-about-it/support-services**

Let's Talk About It, a mental health collective for INMO members, is brought you by INMO and Cornmarket

Let's Talk About It, a mental health collective for INMO members, is brought you by INMO and Cornmarket.

16636 INMO Mental Health Initiative 06-21

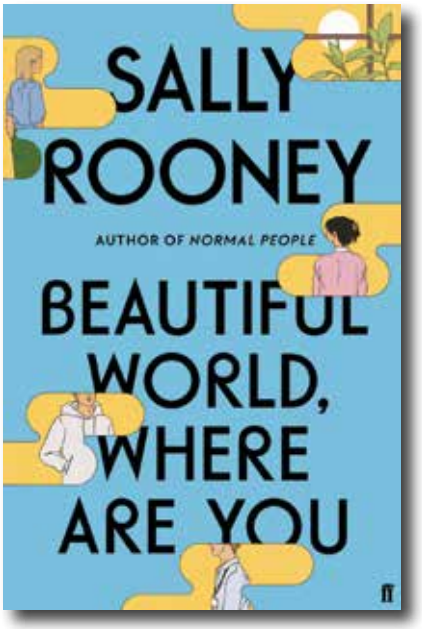
There she goes, my beautiful world

THAT Sally Rooney has received some good reviews is somewhat of an understatement. "The literary phenomenon of the decade" said the *Guardian*, "Thrilling"-*New York Times*', you get the picture.

So here comes the next bit, Sally Rooney is young, very talented and not afraid to emit intelligent opinions. What's more, she's successful. Cue Tweetstorm, eg. "How dare she exist when my granny/dog/ferret died last year and I've no money; "I hear (from absolutely no-one or nothing) that her latest book is rubbish" etc, ad infinitum.

No pressure then with her heavily anticipated third novel arriving on the shelves as if by magic. I got a free badge and bookmark when I bought it. (Oh dear, so that type of thing is going on). By Irish standards, Ms Rooney's fame has become hyperspheric, especially since the TV series made GAA shorts fashionable, but the hype is largely justified.

It is apposite to some extent that one of the main characters In *Beautiful World, Where are You* is a young novelist, Alice, who understandably struggles with literary



success in all its fear and splendour. This is, however, a work of fiction, and 'any resemblance to persons' etc etc, as they say…

The book's message might be fear and loathing versus splendour; pursuing aesthetic beauty in a world poisoned by terrible people and awful events, not to mention that dreaded human condition. Alice and her friend Eileen, who suffers from similar common insecurities in our panicked times, muse back and forth on this eloquently, never pretentiously, in emails at certain stages of the novel.

The strength of this book is, I think, its exposition of the pursuit of what can be beautiful and rewarding in life: unpretentious but satisfying things; fulfilling relationships in all their ups and downs; chasing something approaching contentedness however unachievable, while also laying bare the downsides of oneself and other people. Very relevant themes for scary times.

Sally Rooney's prose is sparse and detached almost to the point of coldness but effectively descriptive and often moving. She finds truth in the mundane without boring the reader. There are echoes of Austen, Flaubert and the Joyce of *Dubliners*. This is Rooney's best and most satisfying work yet.

– Niall Hunter

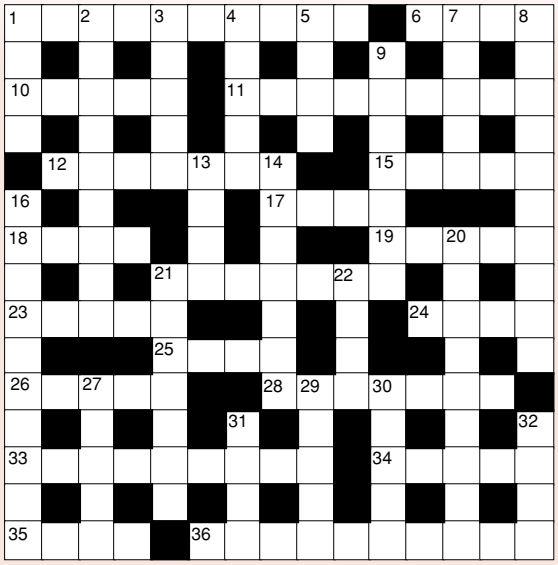
Beautiful World Where Are You is published by Faber.
ISBN: 978-0571365425 RRP €19.60

CROSSWORD Competition

WIN a €50 gift voucher

Across
1 Do Harry Potter and his mates use them to break up a wading scam? (5,5)
6 Wound, nasty cut (4)
10 & 34a See the vain girl go crazy - it's all over the internet! (5,5)
11 Find an alum-agate mixture in a Central American country (9)
12 Display it on your windscreen as proof of payment to Revenue (3,4)
15 Drops buildings in gardens (5)
17 Citrus fruit (4)
18 Glance (4)
19 Wanderer apt to return to Coronation Street (5)
21 Ask Mags to get breathing equipment (3,4)
23 Variety of daisy named after part of an animal (5)
24 What you get from this diagnostic picture! (4)
25 Unfermented soy bean curd (4)
26 Is Mag composing a letter from Greece? (5)
28 Dessert named for a Russian legend of ballet (7)
33 French policemen (9)
34 See 10 across
35 Quantity of paper (4)
36 George Orwell novel featuring the characters Napoleon and Boxer (6,4)

Down
1 'Assaults with drinking-vessels (4)
2 Embark on a venture without assistance or companionship (2,2,5)
3 Imprisoned like an animal (5)
4 Man from Aberdeen? (5)
5 Sketch (4)
7 Initially, Aidan donated this plant (5)
8 Being wilful, one makes gardens hot up (10)
9 Demented, totally out of control (7)
13 US state, capital Des Moines (4)
14 Refuses to speak with molluscs aloft? (5,2)
16 & 30d It's particularly critical for diabetics to develop a bulldog resolve! (5,5,5)
20 The other way round (4,5)
21 Escape made by robbers? I don't believe you! (7)
22 Kilmer's turned up a Balkan native (4)
27 City in Northern Italy (5)
29 Here in India, you'll see a donkey before morning (5)
30 See 16 down
31 More than half of the hangmen are FBI agents! (1-3)
32 A damson or greengage, perhaps (4)



October crossword solution

Across: 1 Sum 3 Hieroglyphs 8 El Nino 9 Promoted 10 Heave 11 Tiara 13 Weird 15 Convert 16 Ivanhoe 20 Twain 21 Enact 23 Jumps 24 Headland 25 Fiance 26 Spendthrift 27 Sat

Down: 1 Stethoscope 2 Mandarin 3 Hinge joint 4 Roped in 5 Limit 6 Pitman 7 Sad 12 A clean sheet 13 Wurst 14 Devon 17 Hormones 18 Matador 19 Damage 22 Tiled 24 Has

The winner of the October crossword is: Olwyn Ballintine, Bantry, Co Cork

You can email your entry to us at nursing@medmedia.ie by taking a photo of the completed crossword with your details included putting 'crossword competition' in the subject line. Closing date: Tuesday, November 30, 2021
If preferred you can post your entry to: Crossword Competition, WIN, MedMedia Publications, 17 Adelaide Street, Dun Laoghaire, Co Dublin, A96E096

Name:
Address:

Improving awareness of seizure response

THE HSE has launched an online resource for seizures, which is available to all Irish healthcare services. Developed by the Neurology Clinical Care Programme, supported by the NMPDU and funded by the ONMSD, this initiative provides three key messages for the healthcare professional:

- What to observe
- How to respond
- When to escalate seizure management.

This online training reminds healthcare workers of the importance of describing the episode in lay terms (ie. what happened before, during and after the event) to ensure an accurate account is documented with a collateral witness description.

The International League Against Epilepsy (ILAE) classification system was revised in 2017. The classification system broadly categorises seizures into focal and generalised types. An expert group recognised that the use of the ILAE terminology may sometimes replace the important clinical description of the episode that the person experienced. This may cause confusion and often seizure mimics can be inaccurately documented as epileptogenic seizures.

Status epilepticus is a medical emergency wherein the seizure fails to terminate, requiring emergency treatment. However, some people with epilepsy may be transported unnecessarily to the ED after experiencing a seizure, while others may present to services with episodes that mimic a seizure.

This learning resource takes the learner through clinical scenarios to improve awareness on how to respond to a seizure within the community and when to escalate seizure management within a clinical setting to improve the confidence of healthcare workers in managing a seizure.

The course is 35 minutes in duration and carries a category 1 certification and 0.5 continuing education units from the Nursing and Midwifery Board of Ireland.

EFN: Elizabeth Adams re-elected president

Phil Ní Sheaghdha retains seat on EFN board

OCTOBER 14 saw the 113th general assembly of the European Federation of Nurses Associations (EFN) take place virtually, ahead of which Elizabeth Adams was re-elected president for a two-year mandate (October 2021-October 2023). Phil Ní Sheaghdha, INMO general secretary, retained her seat on the EFN board.

Ms Adams, who was formerly INMO director of professional development, has served two previous terms as EFN president, while Ms Ní Sheaghdha will now serve her second term on the board.

The EFN represents approximately three million nurses in the EU and meets annually to discuss the challenges facing nurses in this region. This year's virtual event gave EFN members the opportunity to reflect on the events of the past year in nursing, including the value of well-prepared and well-educated nurses and their impact on lower mortality rates and improved patient outcomes.

The assembly was told that it is therefore crucial that all EU member states invest in nursing and strategies for recruitment and retention, a vital pillar, the assembly heard, in building healthier, safer, fairer, more resilient and more sustainable health systems.

Maya Matthews and Dirk Van Den Steen from the Directorate-General for Health and Food Safety of the European Commission discussed the recovery and resilience plans for the healthcare systems of all EU member states.

The meeting also heard from Vytenis Andriukaitis, former commissioner for health and food safety, about the conference on the future of the EU, recognised as a pan-European democratic exercise and a timely opportunity for European citizens, including the voices of nurses, midwives and women, to debate Europe's challenges and inform the priorities and strategic direction for the future of the EU.

ICN call for protection of nurses' mental health as they face pandemic exhaustion

AHEAD of World Mental Health Day last month, the International Council of Nurses (ICN) renewed its call for governments to protect the mental health of nurses, who continue to care for Covid-19 patients despite risks to their own health.

"Nurses are suffering," said ICN CEO Howard Catton. "World Mental Health Day is a stark reminder of the mass traumatisation of nurses as a result of the Covid-19 pandemic. If we are serious about making mental healthcare for all a reality, we must address the horrendous situation our nurses are suffering.

"Along with the exhaustion, grief and fear faced by nurses who are caring for patients, nurses continue to be the victims of violent attacks. Whether it's abhorrent physical attacks, hostage taking or other forms of despicable physical attacks, or more subtle forms such as being socially ostracised around childcare or tenancies, our nurses' mental health is being undermined and eroded," he said.

Opposition to Covid-19 vaccination can also pose a threat to nurses' safety and mental health, Mr Catton warned, particularly in countries where vaccine misinformation is rife.

"'Let's not shy away from the fact that there is a clear link between misinformation around the vaccines and the mental health strain on our nurses. We must renew public health messages on the need to vaccinate and not be set off course by irresponsible and extreme views, undermining our health systems and those who provide them."

In Guatemala last month, nurses administering Covid-19 vaccinations were attacked and held hostage by villagers.

The ICN said that globally in 2020, 35% of all incidents of violence against nurses were related to the Covid-19 pandemic.

Return of in-person breastfeeding support groups welcomed

IN-PERSON breastfeeding support groups returned in October after 18 months of virtual sessions.

Speaking around National Breastfeeding Week last month, HSE national breastfeeding co-ordinator Laura McHugh expressed her delight that mothers and babies can once again attend these groups face to face.

"Virtual meetings have become a common feature in our world and while they proved invaluable at a time when it was not possible to gather, we are so pleased that the strong communities forged online can now migrate into a real-world setting," Ms McHugh said.

"A lot was learned through online service delivery and we're looking forward to further developing a hybrid model of in-person and online services to make supports as accessible as possible.

"Although in-person groups and home visits are very beneficial, online resources such as virtual breastfeeding groups and the HSE 'Ask Our Expert' live chat and email service, available seven days a week, are invaluable tools in a holistic approach to supporting breastfeeding mothers," Laura continued.

Teresa Cronin, assistant director of public health nursing, HSE Community Healthcare East, added: "While many public health nurses engaged in person with new mothers at least once throughout the pandemic, all group support for breastfeeding mothers moved from face-to-face to virtual. We are now delighted to facilitate the re-introduction of in-person public health nurse-led breastfeeding support groups across the country."

Antibodies

The return of in-person breastfeeding support groups came on foot of emerging evidence that Covid-19 antibodies are secreted into the breast milk of vaccinated mothers, potentially offering protection to babies.

"This new research indicates that along with the many benefits already associated with breastfeeding, breast milk could now also protect babies from Covid-19, where breastfeeding mothers were recently vaccinated or have recently recovered from Covid-19 infection," said Ms McHugh.

Lactation consultants

Ms McHugh also highlighted a recent development in breastfeeding support services, as the Minster for Health announced the allocation of €1.58 million for 24 additional lactation consultant posts earlier this year.

"Lactation consultants have specialist breastfeeding expertise and can assist with breastfeeding challenges, facilitating mothers to continue breastfeeding for as long as they wish. With supports soon to be available in every public health nursing service, as well as additional resources being deployed to larger maternity hospitals, it's very welcome news indeed."

Irish Donor Network concerned by fall in organ donations

PATIENT groups involved in the Irish Donor Network (IDN) have expressed their concern about the marked decline in the rates of organ donation and transplantation in Ireland between 2019 and 2020, a period that includes the onset of the Covid-19 pandemic.

The IDN said Ireland is struggling in respect of organ donation and transplantation compared with other EU28 countries, moving from 14th place in 2019 to 18th place in 2020 in respect of transplantation and placing 17th for organ donation.

The IDN comprises nine patient groups concerned with organ donation and transplants in Ireland, including Cystic Fibrosis Ireland (CFI), COPD Support Ireland and the Irish Thoracic Society, among others.

The network is calling on the government to undertake a range of measures to revive organ donation and transplantation in Ireland, including: developing a plan to bring Ireland into the top 10 EU countries for transplantation and organ donation; increasing investment in facilities and staffing and enacting the Human Tissue Bill to introduce soft opt-out organ donation.

The IDN is also calling on the government to undertake the following measures:

- Accelerate the full return of all transplant facilities used for Covid-19 for their original transplant purpose
- Increase significantly the investment in organ donation and transplantation, including an immediate organ donation and transplant 'revitalisation fund'
- Increase investment in both pre- and post-transplant clinical care staff to address remaining gaps in services
- Allocate additional resources to ensure that the change to soft opt-out is effective
- Undertake a review of the impact of Covid-19 from an organ donation and transplant perspective to inform our response to future pandemics.

Philip Watt, chairperson, IDN and chief executive, CFI,said: "The IDN is aware that one of the key reasons for the decline in transplants in Ireland between 2019 and 2020 is that transplant resources, including clinical staff, were diverted to treat Covid-19 patients, or because transplants and assessments were paused due to facilities being adjacent to Covid-19 wards. This is likely to explain why the heart and lung transplant programme in the Mater Hospital was most disrupted by Covid-19 compared with all transplant programmes.

"A key concern is the major reduction in all transplants between 2019 and 2020 (32.1%) and the fact that Ireland has slipped from 14th to 18th place in the EU in the space of one year, which indicates that transplant services in Ireland were hit even harder than in other EU countries as a result of the Covid-19 pandemic," Mr Watt added.

All of the meetings and conferences listed below will take place online

November

Thursday 11
All-Ireland Midwifery Conference – online. Bookings: **www.inmoprofessional.ie** or scan QR code

Saturday 13
School Nurses Section education session. 10am online

Wednesday 17
CPC Section meeting. 11am online

Saturday 20
PHN Section meeting. 11am online

Saturday 20
National Children's Nursing Section conference. 11am online. See *page xx* for further details

Thursday 25
ADON Section meeting. 2pm online

December

Thursday 2
Orthopaedic Nurses Section meeting and education session on wound management. Cappagh National Orthopaedic Hospital and online

Saturday 4
Midwives Section meeting. 11am online

January

Wednesday 12
ODN Section AGM. 7pm online

Saturday 15
Special Schools Nurses Section AGM. 10am online

Monday 17
National Children's Nurses Section AGM. 11am online

Thursday 20
Retired Nurses Section AGM. 11am online

Tuesday 25
Care of the Older Person Section AGM. 2pm online

Thursday 27
Assistant Directors Section AGM. 2pm online

For further details on any listed meetings or events, contact jean.carroll@inmo.ie (unless otherwise indicated)

INMO section AGMs

INMO section AGMs are held from January to mid-February. Check for your section's AGM date listed above or visit **www.inmo.ie**

INMO Membership Fees 2021

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

Condolences

❖ The INMO extends deepest sympathy to the family of Charlotte Ryan (née Gleeson) and to all her colleagues in the Oncology Unit at UHL. Charlotte was a highly skilled nurse working as a registered advanced nurse practitioner and her loss to patients and nursing colleagues is immense. May she rest in peace.

Congratulations

❖ The INMO would like to send our best wishes and congratulations to Annette Kennedy as she concludes her term as president of the International Council of Nurses. Ms Kennedy held the presidency from 2017 to 2021 and has made significant progress for nurses worldwide. From 1994 to 2010, Ms Kennedy was INMO director of professional development. She also held the European Federation of Nurses Associations EFN presidency from 2005 to 2007. Everyone at the INMO wishes her all the best in her endeavours and in her continued work as commissioner for the World Health Organization commission on non-communicable diseases.

Nurse On Call

Nursing services and recruitment

Zoom interviews available from Monday-Friday, 8am-5pm (text 0871437417 for application forms)

Nurses, midwives, student nurses and healthcare assistants: we all want more flexibility in our work lives, and that's what Nurse On Call offers.

- Do you want to be able to work around family life and work when it suits you?
- Do you want to be in charge of your own work schedule?
- Do you want to make some extra money for Christmas or for something special?
- Do you want to avoid a stressful work environment?
- Try out a hospital/worksite with agency shifts through Nurse On Call before committing to a permanent position.

If any of the above apply to you, please join Nurse On Call, an approved supplier of agency nurses, student nurses and HCAs to every HSE/HSE-funded worksite in the Republic of Ireland – we would love to have you!

For more information, email **interviewer@nurseoncall.ie** or **corkoffice@nurseoncall.ie** if you are based in the south.

Practice Nurse Opportunity

At Temple Bar Medical Centre we are seeking a practice nurse 2-3 days per week to join our friendly team. We are a small, popular city centre practice with two doctors and one other practice nurse and a pharmacy onsite, in a lovely riverside location.

Ideally you have practice nurse experience and are skilled in phlebotomy, cervical check, cryo, STI screening and family planning; or you are a competent graduate nurse with a can-do attitude who's had plenty of hospital experience and enjoys training and upskilling in a supportive environment.

We look forward to hearing from you with your CV via email **business@templebardoc.com** or phone Dr Juliet Bressan on **0868181033** or **016707255**

www.templebardoc.com

Eagraíocht Cúram Sláinte Poiblí
Tuaisceart Chathair & Tuaisceart Chontae Bhaile Átha Cliath

Community Healthcare Organisation
Dublin North City & County

Nursing positions available

Who are we?
CHO Dublin North City and County (CHO DNCC) is responsible for providing care and services to a population of around 621,405 people. Community Health Services are the broad range of health services delivered outside of the acute hospital setting. They are delivered through the HSE and its funded agencies to people in local communities, as close as possible to their homes.

Our services
Primary care; older persons; disabilities; mental health and wellbeing; quality, safety and service improvement

Our current vacancies
We have excellent opportunities for nurses: Staff Nurse, Public Health Nurse, Clinical Nurse Specialists, Clinical Nurse Managers and ADON. If you are interested in providing quality care and developing a career in nursing, we offer a wide range of opportunities with many benefits.

We welcome applications from all qualified individuals who meet the eligibility criteria for these roles. Further information is available in the Job Specification for each position. Search 'Rezoomo CHO DNCC Jobs' or visit **Rezoomo CHO DNCC Jobs** for all our current vacancies.

Irish Nurses Rest Association

A committee of management representing the Guild of Catholic Nurses of Ireland, the INMO, the Association of Irish Nurse Managers and Director of Public Health Nursing exists to administer the funds of the Irish Nurses Rest Association. It's open for applications from nurses in need of convalescence or a holiday for a limited period who are unable to defray expenses they may incur or for the provision of grants to defray other expenses incurred in purchase of a wheelchair/other medical aids.

Please send applications to:
Ms Margaret Philbin, Rotunda Hospital, Dublin 1.
email: mphilbin@rotunda.ie

Irish Cancer Society Nurses

The Irish Cancer Society are seeking registered nurses who can provide a minimum of two nights per week and have some palliative experience. Training will be provided.

- Job description on **www.cancer.ie**
- Email CV to **recruitment@irishcancer.ie**
- Informal enquiries to 01-231 0524 or **mferns@irishcancer.ie**

Irish Cancer Society

University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

Registered General Nurse (Theatre)

Cork University Dental School and Hospital
and Dental Outpatient Theatre
College of Medicine and Health
Permanent, Part-Time Post (0.5 FTE)

UCC wishes to appoint an experienced professional to the role of Registered General Nurse in Cork University Dental School and Hospital. The post of Registered General Nurse will be required to practice nursing according to and within the relevant scope. They will be required to deliver effective, quality assured and patient centre care, through maintenance of a caring, efficient and professional nursing service meeting the needs of patients at all times.

Under the direction of the Clinical Nurse Managers and Director of Nursing, the post holder will be required to practice nursing according to and within the scope set out by the professional code as laid down by the Nursing and Midwifery Board of Ireland (NMBI) and to follow the appropriate line of authority within the nurse management structure. The purpose of this post will be to deliver effective, quality assured and patient centred care, through maintenance of a caring, efficient and professional nursing service meeting the needs of patients at all times. Please note that Garda vetting and/or an international police clearance check may form part of the selection process.

For an information package including details of the post, selection criteria and application process, see **www.ore.ucc.ie/** The University, at its discretion, may undertake to make an additional appointment(s) from this competition following the conclusion of the process.

Informal enquiries can be made in confidence to Mary Moloney by email: **mary.moloney@ucc.ie** Further information on the Department is available at **www.ucc.ie/en/dentalschool/**

UCC is committed to creating and embracing an inclusive environment where diversity is celebrated. As a University we strive to create a workplace that reflects the diversity of our student population where people from a variety of backgrounds learn from one another, share ideas and work collaboratively. UCC is committed to being an employer that recognises the value of diversity among staff. We encourage applicants to consult our policies at **www.ucc.ie/en/edi/policies/** and initiatives at **www.ucc.ie/en/edi/implementation/** and we welcome applications from everyone, including those who are under-represented in the protected characteristics set out in our Equal Opportunities & Diversity Policy.

Appointment may be made on the HSE Registered General Nurse Pay Scales (on a *pro rata* basis) as appropriate:

- Staff Nurse Salary Scale – €30,609-€47,431 (13 points)
- Senior Staff Nurse Salary Scale – €49,711 (1 Point)
- Enhanced Nurse (General) – €37,161-€48,987 (9 points)
- Qualification Allowance: €3,525
- Location Allowance: €2,347

Applications must be submitted online via the University College Cork vacancy portal. Queries relating to the online application process should be referred to **recruitment@ucc.ie** quoting the job title.

Candidates should apply, in confidence, before 12 noon (Irish Local Time) on **Tuesday, 30th November 2021**.
No late applications will be accepted.

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Please note that an appointment to posts advertised will be dependent on University approval, together with the terms of the employment control framework for the higher education sector

INMO Professional

INMO
Irish Nurses and Midwives Organisation
Working Together

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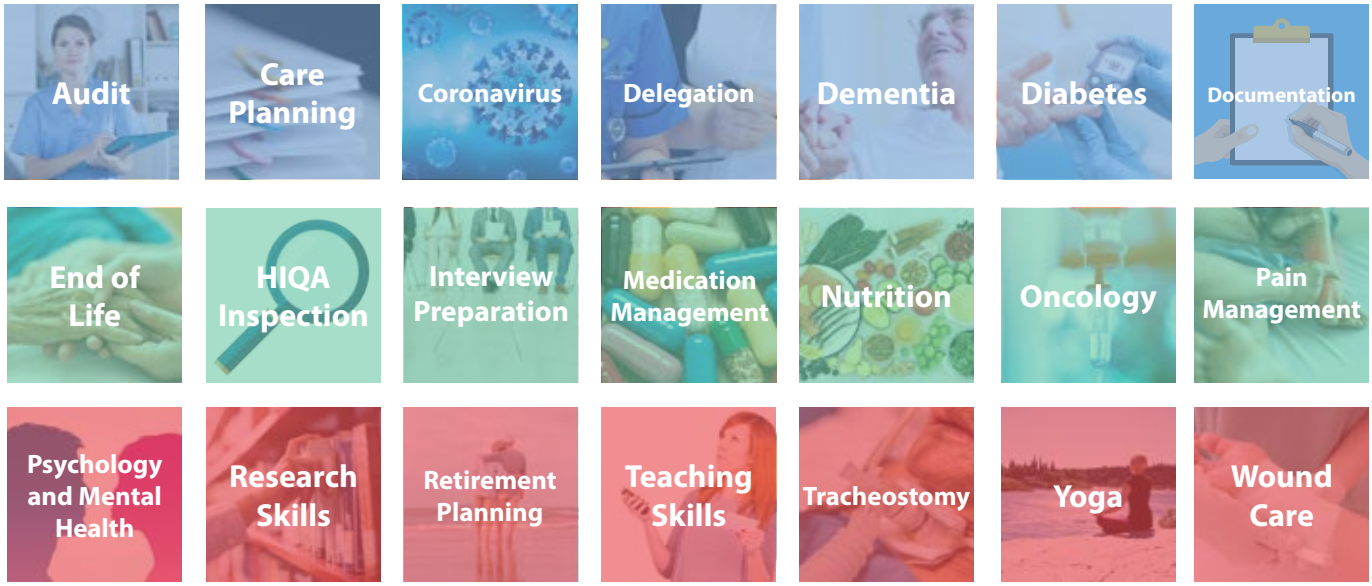

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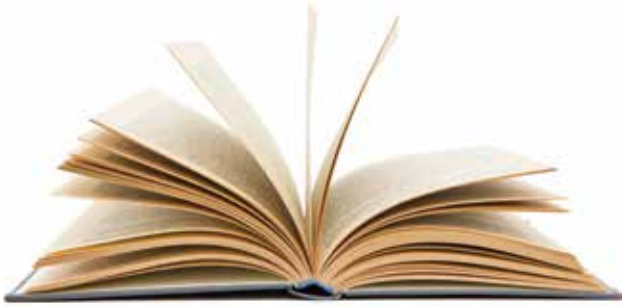
Submit your review to nursing@medmedia.ie

Word count: 400



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The Nurses' Car Insurance Scheme available through Cornmarket is underwritten by Allianz plc. Allianz p.l.c. is regulated by the Central Bank of Ireland.
*Source: 206 out of 230 customers surveyed from January to November 2020.
Cornmarket Group Financial Services Ltd. is regulated by the Central Bank of Ireland. A member of the Irish Life Group Ltd. which is part of the Great-West Lifeco Group of companies. Telephone calls may be recorded for quality and training purposes.
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