

# WIN



Journal of the  
Irish Nurses and  
Midwives Organisation

Latest salary  
scales and  
allowances  
Centre-page pull out

## World of Irish Nursing & Midwifery

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# Who cares for the carers?

1 in every 3 Covid cases is a healthcare worker



**FRESENIUS  
KABI**

caring for life



# Fresenius Kabi

## The Experts in Home Parenteral Nutrition

### ABOUT THE SERVICE:

The Fresenius Kabi Homecare Service team consists of experienced Homecare Nurses and Patient Care Co-ordinators all dedicated to providing safe and reliable services to patients requiring Parenteral Nutrition at home. Fresenius Kabi supplies a wide range of Parenteral Nutrition products and solutions for intravenous use.

Fresenius Kabi has been providing Home Parenteral Nutrition services throughout Ireland for over 20 years.

### WHO IS SUITABLE?

Home Parenteral Nutrition is indicated for those patients unable to meet their nutritional requirements via the oral and/or enteral route and who can also be safely managed outside the hospital.<sup>1</sup>

**For more information, please contact your local Fresenius Kabi representative.**

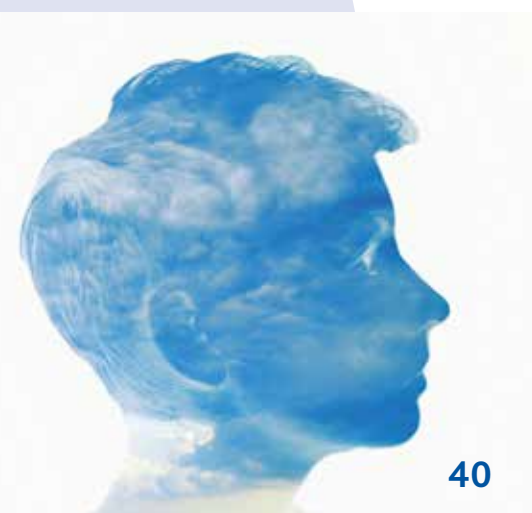




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# Breastfeeding: The best start



## 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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# HSE must plan for workforce needs



BUDGET 2021 is fast approaching and the INMO has made an advance submission to the Ministers for Finance and Public Expenditure to set our priorities for the coming budgetary year.

We cover a variety of issues – not least the requirement to honour the agreement to fund a workforce plan for nursing and midwifery each November. We are critical of the lack of adherence by the HSE and Department of Health to this basic requirement to plan the workforce in advance.

The submission points out that not one person could question the commitment of nurses and midwives working in the Irish health services – public and private – following their dedication, vigour and resilience in the provision of health services to those in need over recent months.

And this is undeniable: the nursing response to the pandemic has been extraordinary. This commitment has come at a personal cost to more than 2,819 nurses and midwives who were infected by this virus (HPSC, 2020). The fact that 70% of healthcare workers who acquired the virus, acquired it at work, makes nurses and midwives the single largest occupational group infected with Covid-19 because of their employment.

Covid-19 infections in nurses and midwives directly affect ward staffing and our submission sets out why funding to ensure replacement staff are available is an absolute necessity (*see also page 8 on HCW infection risks*).

As ICUs, medical wards and care of the older person services were overwhelmed, nurses and midwives were at the forefront of the health service response. They responded despite risks to their health and safety and without proper provision for their personal caring needs – in childcare, for example. This confrontation with the pandemic placed unprecedented mental and physical strain on our nurses and midwives whose resilience led to the delivery of healthcare in very difficult circumstances. This resilience cannot be indefinitely sustained or taken for granted.

The budget must support them. It must ensure funding and planning to prevent the

collapse of underlying staffing and training capabilities. The INMO has, over many years, been critical of the lack of multi-annual budgeting for the health services which holds back long-term planning.

The National Taskforce Framework on Safe Nurse Staffing and Skill Mix and the National Maternity Strategy are two examples of missed opportunities for such planning, as the current practice of allocating funding on an annual basis renders the central concept of these strategies void.

Research into the proposed staffing framework that was implemented in three Irish hospitals identified significant savings from an upfront investment in staffing and education, demonstrating the undisputed need for long-term planning on staff retention and recruitment.

In September, we made another submission to the Expert Review Body on Nursing and Midwifery Professions. We emphasised that progress for our professions has always required industrial pressure. The Blue Book of 1996, the Commission on Nursing in 1998, the Framework for Safe Staffing 2018 and the current Expert Review all originated from major disputes.

We advised the independently chaired Expert Review Body that it has a unique opportunity to break that pattern. It is time to properly value the economic, social and clinical expertise of these female-dominated caring professions that have been undervalued for far too long. The response of nurses and midwives to the Covid-19 crisis highlights this undervaluation.

We cannot go back to the way things were. We cannot see nurses and midwives' clinical authority sidelined. We cannot accept that nurses and midwives should simply "get on with the job" while they are undermined by understaffing, underfunding and poor planning. The health service simply must do better.

**Phil Ní Sheaghda**  
General Secretary, INMO



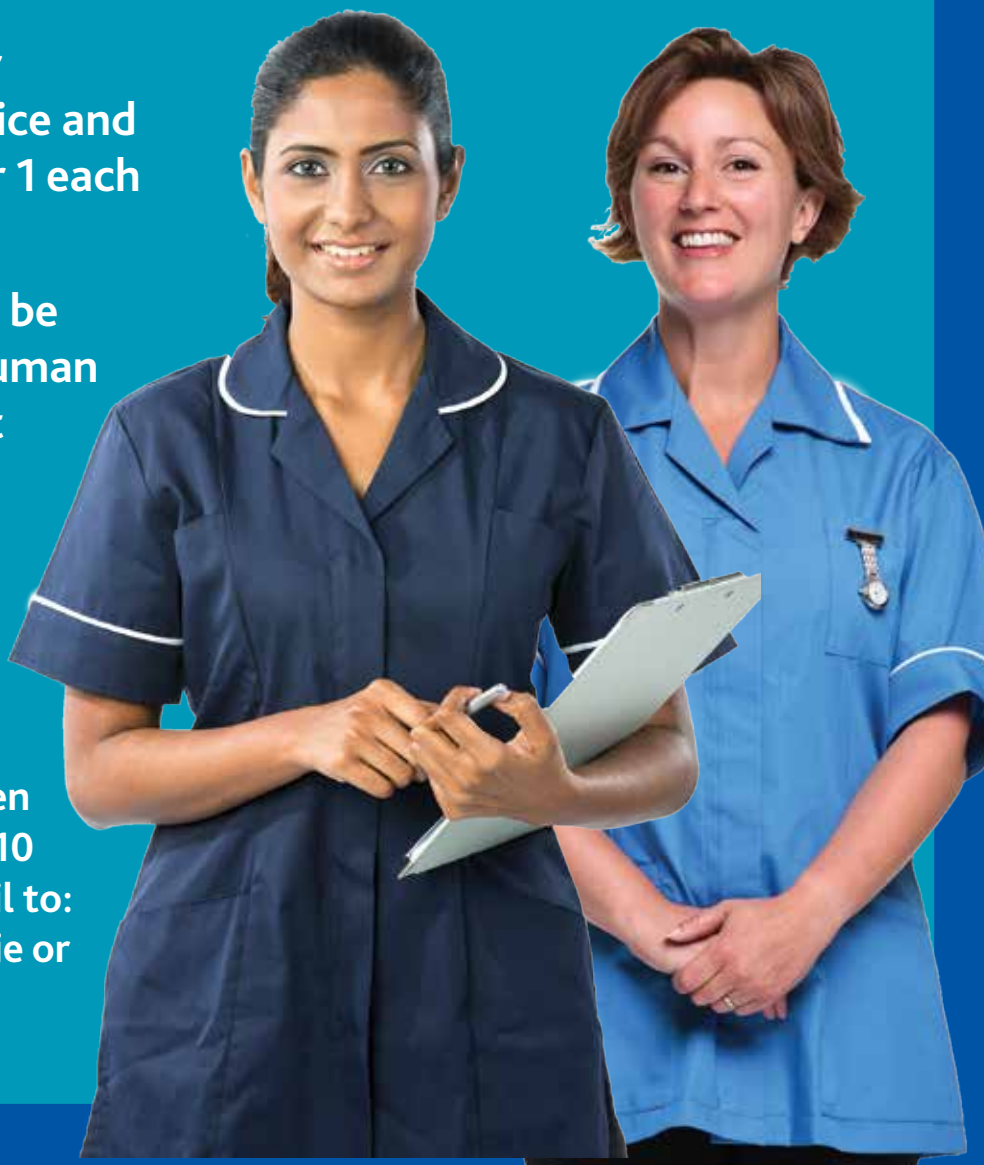
# Staff Nurses/Midwives and Enhanced Nurses/Midwives

If you have at least 17 years' service you may qualify for the Senior Staff Nurse/Midwife Increment or the Senior Enhanced Nurse/Midwife Increment

- All staff nurses/midwives and enhanced nurses/midwives who have 17 years' post-qualification service are eligible for payment of either the senior staff nurse/midwife increment or the senior enhanced nurse/midwife increment. All service, inclusive of part-time/job sharing service, is reckonable
- Service constitutes all genuine nursing/midwifery experience in Ireland and abroad
- The reference date for determination of service and payment is November 1 each year
- Application forms can be obtained from your human resources department

If you have any queries in relation to the above, please get in touch with the INMO Information Officers:

Catherine Hopkins or Karen McCann at Tel: 01 664 0610 or 01 664 0619 or by email to: [catherine.hopkins@inmo.ie](mailto:catherine.hopkins@inmo.ie) or [karen.mccann@inmo.ie](mailto:karen.mccann@inmo.ie)



# Your priorities with the president

Martina Harkin-Kelly, INMO president



## So long and farewell

ONE of my favourite musicals is the Sound of Music, and in particular the song 'So Long Farewell'. Just like the Von Trapp Family, this is not my goodbye, but rather a farewell as I finish my term as INMO president. I will still remain a proud, active member of this great century-old union – a union focused on ensuring that each nurse and midwife would attain the value and recognition that they so rightly deserve.

I have seen great unity and courage, working with the strength of our membership, the Executive Council, and in particular the four officers: Mary Leahy, Mags Frahill, Catherine Sheridan and Eilish Fitzgerald. I am also mindful and acknowledge that none of the union's work would be possible without the professionalism, skills and dedication of the INMO management team and all of the staff.

I have served with two general secretaries: Liam Doran and Phil Ní Sheaghda. Both had different styles, but one prevailing concern: your rights and entitlements as professionals and union members. Both Liam and Phil have been relentless in their pursuit to do right by all of you.

To say I am indebted for all that I have learned from them is an understatement. The skills that I have honed will stand me in good stead over the coming years in nursing.

I have personally gained so much from being an active INMO member – so I will always advise that all nurses and midwives do the same. If your colleagues are not members, inform them of the benefits of being in a union and even more so now during the Covid pandemic. Union membership can be like insurance, it is only when something happens that we realise the protection it gives, both personally and professionally. Therefore, do not sit on the fence, be proactive! Get involved and encourage others to do the same. Without the union, I cannot imagine what our work environments would be like.

The past four years have been active, to say the least. I hope that the changes you have witnessed will take the professions of nursing and midwifery from strength to strength. The 20th century's nursing and midwifery landscape was indelibly marked by the Commission on Nursing of 1998 and INMO strike of 1999. Collectively, both events changed the career progression of nurses and midwives and, as such, were the catalysts that strengthened the profession.

Nursing and midwifery in the 21st century has seen similar tests and moments: the Workforce Plan of 2017, the Taskforce on Safe Staffing and Skill Mix in 2018, and the 2019 strike, which saw the introduction of the enhanced practice nurse/midwife salary scale. The expert review group now convenes, charged with the review of the management grades. There is a special four-page pull out in the centre pages of this issue of *WIN* which highlights the benefits and financial gains available to all nurses and midwives moving to this scale.

These were hard-won victories that have made great strides in bridging the gap between nurses and midwives' pay and that of allied healthcare professionals.

In concluding, my end is the beginning for someone new to take over the mantle of president. My advice to them is simple, borrowed from John F Kennedy: "Ask not that the journey be easy; ask instead that it be worth it."

This is not just the Year of the Nurse and the Midwife, it is also the time of the nurse and the midwife to take their rightful recognised place in the Irish healthcare system.

*Beir beannacht agus slán!*

## Quote of the month

*"Fatigue makes fools of us all, it robs us of our skills, our judgement and blinds us to creative solutions"*

Harvey MacKay

## Report from the Executive Council

THE final sitting of this Executive Council will take place on September 22. This will be the round up meeting in preparation for our special annual delegate conference (SADC) on October 9. On September 7 the votes were counted for the next Executive Council 2020/22, observed in HQ by O'Connor Solicitors. I would like to thank all those who took the time to complete their ballots. Involvement in Executive Council is a considerable commitment, therefore, our thanks to all of the candidates who ran.

The new Executive Council will be endorsed by the delegates at our SADC. It is critical that all delegates who were nominated at branch and section meetings in February and March attend as 50% attendance is required under rule.

We had a full Executive Council meeting online on September 7-8. We discussed the four new industrial relations executive positions, advertised in this issue (see page 54), for the Midwest, South Dublin, South West and Midland regions. We also discussed the INMO's initial submission to the expert review group, which aims to review pay for managerial grades following the strike last year, and welcomed the NMBI's new Medication Management Guidelines for Nurses and Midwives. We also discussed rates of healthcare worker infection with Covid-19, which remain stubbornly high at 28% of all Covid cases; and the INMO's submission to the upcoming Budget, with a focus on staffing and building health service capacity.

## Get in touch

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

For further details on the above and other events see [www.inmo.ie/President\\_s\\_Corner](http://www.inmo.ie/President_s_Corner)



Health and safety legislation only works where the workforce itself actively confronts risks in the workplace, such as that posed by Covid-19, writes **Dave Hughes**



## The unspoken cluster: Covid-19 rate of infection among healthcare workers

THE pandemic has brought us daily broadcasts outlining the rate of infection in all of the counties of Ireland and how we compare with each other and the rest of Europe.

Clusters are reported in the food processing industry – particularly meat processing – and construction sites, but the unspoken and largest cluster of Covid-19 infection is in healthcare workers.

Almost 9,000 healthcare workers have contracted Covid-19. At the time of writing the percentage of reported infections overall hovers around 30% and half of those have occurred in the east of the country with the second highest group in the northeast.

It is mystifying that these facts, although publicly available through the epidemiology reports, have not attracted the level of public attention that you would expect.

The rate of infection in healthcare workers is important on so many levels that it requires urgent special and independent scrutiny. Primarily it begs the question as to how the virus can be controlled and kept away from vulnerable people if the people caring for them are themselves catching the virus.

The prospect of so many people having to isolate initially for 14 days and, if infected, being absent from work for many weeks and even months, raises the question of who will care for the sick and vulnerable when the staff themselves are absent.

As the long-term impacts of having Covid-19 are only

emerging, the potential for long-term absence and illness impacting on the thousands of workers who have already caught the virus may have a long-lasting negative impact, not only on the individuals, but also on the delivery of health services.

The Health Protection Surveillance Centre report of the profile of Covid-19 cases in healthcare workers as of September 7, 2020 suggests that more than 70% have acquired the virus in a healthcare setting (see Table 1).

So why is this not attracting the attention of the Health and Safety Authority (HSA) which is charged with promoting the safety, health and welfare of workers and which has powers to deliver improvement orders and prosecute where necessary? Well, strangely, infections and even deaths from disease or illness in the workplace are not reportable to the HSA.

This arises from a government decision in 2016 to remove from the Health and Safety Act of 2005, part of the definition of a personal injury. Regulation 224 of the Safety, Health and Welfare at Work Regulations 2016 confined personal injury to accidents at work – it specifically removed disease, illness and mental impairment.

So, while the HSA is involved in workplace inspections in respect of Covid-19 outbreaks or clusters, its involvement occurs because of the voluntary agreement between government employers and the ICTU on a return to work protocol.

**Table 1. Most likely source of transmission of Covid-19 in healthcare workers \***

Likely source of transmission	Number	Proportion
Healthcare setting acquired: staff*	6,305	71.4%
Close contact with a known confirmed case	1,090	12.3%
Community transmission	417	4.8%
Healthcare setting acquired: patient	13	0.2%
Under investigation	855	9.6%
<b>Total</b>	<b>8,834</b>	<b>100.0%</b>

\* Includes healthcare workers with most likely source of transmission notified as 'healthcare setting acquired: staff' & healthcare workers with the most likely source of transmission field not completed on CIDR who had close contact with a Covid-19 case in healthcare or workplace setting & healthcare workers with most likely source of transmission field not completed on CIDR who are linked to an outbreak in a community hospital/long-stay unit/hospital/nursing home

The INMO has consistently raised the rate of infection among healthcare workers and the lack of legal protection at the highest levels, both with the government and with the HSA itself.

The recent decision by the European Commission to include to include SARS-CoV-2 (Covid-19) among the list of biological agents covered in the Biological Agents Directive may provide inspection rights to the HSA when it is enacted in November.

The INMO has repeatedly questioned the occupational health advice about the derogations allowed to managers in healthcare that relax the more stringent restrictions applying to the wider population.

Health and safety legislation only works where the workforce itself actively confronts risks in the workplace. That is why the law provides special representation rights for elected safety, health and welfare at work representatives and does not require or place

any responsibility on such representatives beyond the normal expectation for other work colleagues.

Healthcare workers need safety, health and welfare at work representatives and lead worker representatives for Covid-19 in every work location. It is only then that we can collectively tackle the virus in healthcare settings and avoid so many healthcare workers getting the disease.

Nurses and midwives make up almost one-third (32%) of infected healthcare workers and healthcare assistants account for a further 27%. The staff shortages emerging at the bedside are putting even more pressure on a stretched workforce.

Nurses, midwives and HCAs must take the role of lead worker representatives because nobody else wants to speak about the 9,000 healthcare workers already infected and the many more colleagues open to it in their workplace.

Dave Hughes is INMO deputy general secretary

# INMO Executive demands national nursing and midwifery staffing plan

Union warns health service facing “triple threat” this winter

WINTER is approaching without an agreed plan to safely staff the health service, the INMO has warned.

Nurses and midwives on the INMO Executive Council cautioned that continued cooperation over the course of the winter should not be taken for granted, pointing to a “triple threat” to worker safety from understaffing, the winter surge and Covid-19.

One in 10 Covid-19 cases have been nurses and midwives, leading to further understaffing due to illness or self-isolation.

Yet despite these extra demands, the nursing and midwifery workforce has grown by less than 1% since

2019, according to the most recent HSE staff census dated July 2020 (see [www.hse.ie](http://www.hse.ie)). It should be noted that the HSE census seems to report a large increase in the nursing and midwifery category (+1,551), yet the vast majority of this increase (+1,323) is in fact fourth-year intern student nurses and midwives being temporarily reclassified during Covid-19. Excluding this, the number of nurses and midwives has grown slightly: +228 or 0.59%.

The INMO Executive is urgently seeking talks to establish how many extra nursing and midwifery posts will be funded over the coming year – particularly during the winter.

A 2017 Labour Court decision required the HSE to agree a funded workforce plan for nursing and midwifery each year with the INMO, but this has not occurred.

INMO president Martina Harkin-Kelly said: “The health service faces a triple threat from understaffing, winter and Covid. The three make for a bruising combination, pushing nurses and midwives to breaking point.

“We are not simply attending work: we are taking serious risks to provide care, often in exceptionally uncomfortable environments.

“The INMO Executive Council had a very clear message: the HSE must engage with the

union on its workforce plans urgently. We cannot go into winter without a plan that is agreed with frontline workers. Nurses and midwives cannot be taken for granted.”

INMO general secretary Phil Ní Sheaghdha said: “Yet another year without a workforce plan would be disastrous for the health service. We have already seen trolley figures steadily increase – this will only worsen as winter bites.

“The HSE needs to set out how and where it will find extra nursing and midwifery staff this winter. That should naturally be done in consultation with the INMO, yet we have still had no engagement, with winter fast approaching.”

## Ireland at risk of falling behind international standards on nurse/midwife welfare

IRELAND risks falling behind international standards in protecting frontline nurses from the risks of Covid-19, the INMO has warned.

Following a report by the International Council of Nurses (ICN) for World Patient Safety Day, the INMO has called again for official recognition of Covid-19 as an occupational illness in Ireland.

Almost half (48%) of governments surveyed by the ICN recognise Covid-19 as a workplace-related disease, yet Ireland has not yet done so.

The ICN report revealed that health workers make up an average of approximately 10% of total infections globally.

The ICN is calling for

- Recognition of Covid-19

exposure in the workplace as an occupational illness

- Standardised international data collection on infections and deaths in healthcare workers
- Sufficient provision of appropriate PPE and evidence-based training in infection prevention and control (IPC) for healthcare workers in all healthcare settings
- Increased mental health support and counselling resources for nurses and other healthcare workers.

INMO director of professional and regulatory services Edward Mathews said: “The calls that the INMO has been making since the start of the pandemic are shared by nurses



INMO director of professional and regulatory services Edward Mathews: “We urgently need recognition of Covid-19 as an occupational illness”

around the world. We urgently need recognition of Covid-19 as an occupational illness.

“International bodies, including the World Health Organization, are focusing on

staff safety as a crucial concern in protecting the public from Covid-19, and it is vital that Ireland doesn't fall below international standards.

“It is beyond time for the government to recognise Covid-19 as an occupational illness. Until we do, we simply cannot say that all measures are being taken to ensure healthcare workers' safety and the safety of the people in their care.”

“We also need to provide improved psychological support and prioritised testing for those on the frontline. Nobody should face Covid alone or without support.”

- See [www.icn.ch](http://www.icn.ch) for full ICN report ‘Protecting nurses from Covid-19 a top priority’

Updated Salary scales and allowances, October 2020, see centre pages

## "Sudden and unplanned": downgrade of children's services slammed

THE "sudden and unplanned" downgrade of paediatric services at Children's Health Ireland, Tallaght has been strongly criticised by the INMO.

The changes see all acute paediatric surgical services immediately withdrawn at Tallaght, diverting roughly 6,000 additional cases to CHI at Crumlin and Temple Street, neither of which have been given additional resources to cope.

Crumlin reported its highest number of patients on trolleys since the pandemic began last month, with 13 children going

without beds on one day.

INMO members contacted the union to express their frustration at the sudden and unexpected downgrade, citing professional concerns for patients.

Further meetings with CHI management and the INMO are planned over the next number of weeks on the impact this decision will have for CHI Tallaght, CHI Crumlin and CHI Temple Street.

INMO IRO for CHI Tallaght, Joe Hoolan, said: "This is a sudden and unplanned change. Reconfiguring services in such a frantic manner is simply

unsafe. Despite the hospital's statement implying that this was planned, it has come as a major shock to the frontline.

"INMO members only became aware of this when they arrived to work on Monday morning, with no prior warning or discussion. We've seen these kinds of no-warning changes made previously in the Northeast and Midwest, but clearly no lessons have been learned. Staff and clinicians are left scrambling to develop safe pathways of care for services in Tallaght, Crumlin and Temple Street – with no extra resources."

INMO IRO for both CHI Crumlin and CHI Temple Street, Mary Rose Carroll, said: "Our members have been caught unaware with this change. They have not been given extra resources but are expected to cope with thousands of extra acute patients.

"Yesterday in Crumlin, the emergency department was overwhelmed. Thirteen children had to go without beds after being admitted. Extra resources should have been in place before this change and are desperately needed now.

"This is no way to treat staff, patients or their families."

## "Patients are on chairs": 80 go without beds in UHL

A SHOCKING 80 admitted patients went without beds in University Hospital Limerick on one day last month – with more than 12 being cared for on chairs overnight, without even a trolley.

This is the highest figure recorded in an Irish hospital since the Covid-19 restrictions began.

The INMO has called for urgent intervention from the Minister for Health, with the immediate appointment of an

external crisis management team to oversee governance at the hospital. This team would set out a clear plan to:

- Open additional bed capacity and recruit staff to fill vacancies
- Manage hospital activity within available bed capacity
- Engage with trade unions to address the industrial relations difficulties on site.

The union warned that the HSE's stated "no tolerance" policy for overcrowding during

Covid-19 was clearly being broken, along with social distancing guidelines, placing staff and patients at risk.

INMO assistant director of industrial relations for Limerick Mary Fogarty said: "The hospital is in a chronic state of overcrowding this morning. There are admitted patients on chairs – as there aren't even enough trolleys anymore.

"This would be an exceptionally high level of overcrowding in normal times.

With Covid-19, the infection risk to staff and patients goes through the roof.

"Frontline staff are doing the best they can, but this is a crisis that is not going away in Limerick. Nurses are rightly describing the ongoing situation as dangerous. The Minister and the HSE cannot stand idly by. They need to intervene nationally to put a clear, workable plan in place."

• See [www.inmo.ie/Trolley\\_Ward\\_Watch](http://www.inmo.ie/Trolley_Ward_Watch) for daily figures

## "Toxic Covid combination": 50 on trolleys in CUH

THE trolley count reached 50 on the morning of September 2 in Cork University Hospital's emergency department, with admitted patients awaiting beds.

Across the country, a total of 221 patients were on trolleys that day – the highest figure since Covid-19 restrictions were introduced in March.

The union has warned that overcrowding and Covid-19 make for a "toxic combination", increasing the risk of infection,

and endangering staff and patients alike.

In a May 2020 letter to the INMO, the HSE pledged "overcrowded health and social care facilities will no longer be tolerated". The union is calling for direct government intervention to fulfil that pledge, including:

- Additional home care packages
- Higher staffed bed capacity
- Expansion of step-down facility capacity.

INMO IRO for Cork University Hospital, Liam Conway, said: "Covid and overcrowding make for a toxic combination. This is a deadly virus and our frontline members are rightly worried for their safety and that of their patients. Infection control is necessarily compromised in a hospital with patients in corridors and on trolleys.

"The HSE assured us that there would be no tolerance of

overcrowding during Covid. Yet no actions have been taken and we are sleepwalking back to mass overcrowding.

"It is time for direct government intervention, especially ahead of the annual winter surge. We need to fund extra beds, expand step-down care, and fund additional home care packages. And this all needs a funded workforce plan to recruit additional nurses and midwives immediately."





For COPD patients on treatment with ICS/LABA and at risk of exacerbation\*<sup>1</sup>

\*A worsening of symptoms or a history of exacerbation treated with antibiotics or oral corticosteroids in the past 12 months

It's the things you do today that make a big difference to their tomorrows<sup>1-3</sup>

TRELEGY<sup>▼</sup> Ellipta provides your patients with statistically superior improvements in lung function and health-related quality of life, and reduction in annualised rate of moderate/severe exacerbations\*\* vs. budesonide/formoterol<sup>\*\*\*1-3</sup>

Fictional patient, for illustrative purposes only

\*\*Moderate exacerbation is a worsening of symptoms or a history of exacerbation treated with antibiotics or oral corticosteroids. A severe exacerbation is a worsening in symptoms that required hospitalisation.



Start your patients on TRELEGY Ellipta today, expect more from tomorrow<sup>1,2</sup>

TRELEGY<sup>▼</sup> ELLIPTA  
fluticasone furoate/umeclidinium/vilanterol

TRELEGY Ellipta (FF/UMEC/VI) 92/55/22 mcg OD is indicated for maintenance treatment in adult patients with moderate to severe COPD who are not adequately treated by a combination of an ICS and a LABA or a combination of a LAMA and a LABA<sup>1</sup>

Today. Tomorrow. TRELEGY.<sup>2-3</sup>

▼ This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions.

\*\*\*Co-primary endpoints were change from baseline in trough FEV<sub>1</sub> and SGRQ at week 24 (n=1810). A subset of patients (n=430) remained on blinded study treatment for 52 weeks. Trelegy showed an improvement in trough FEV<sub>1</sub> of 171 mL versus budesonide/formoterol (p < 0.001, 95% CI 148,194) at week 24. Trelegy showed an improvement in health-related quality of life (SGRQ) of 2.2 units (p < 0.001, 95% CI 3.5, 1.0) at week 24. At week 52 in a subset of patients Trelegy showed a 44% reduction in annualised rate of moderate/severe exacerbations versus budesonide/formoterol (95% CI 15.63, p=0.006, Absolute difference 0.16).

TRELEGY Ellipta is generally well tolerated. Common adverse reactions include: pneumonia, upper respiratory tract infection, bronchitis, pharyngitis, rhinitis, sinusitis, influenza, nasopharyngitis, candidiasis of mouth and throat, urinary tract infection, headache, cough, oropharyngeal pain, constipation, arthralgia, back pain<sup>1</sup>

FF, fluticasone furoate; ICS, inhaled corticosteroid; LABA, long-acting β<sub>2</sub>-agonist; LAMA, long-acting muscarinic antagonist; OD, once-daily; UMEC, umeclidinium, VI, vilanterol

References: 1. TRELEGY Ellipta SmPC 2019. 2. Lipson DA et al. *Am J Respir Crit Care Med* 2017; 196:438-446. 3. Lipson DA et al. *N Engl J Med* 2018; 378:1671-1680.

Trelegy<sup>▼</sup> Ellipta (fluticasone furoate/umeclidinium/vilanterol [as trifenate]) Prescribing information.

Please consult the full Summary of Product Characteristics (SmPC) before prescribing. **Trelegy Ellipta (fluticasone furoate/umeclidinium/vilanterol [as trifenate]) inhalation powder.** Each single inhalation of fluticasone furoate (FF) 100 micrograms (mcg), umeclidinium bromide (UMEC) 62.5 micrograms and vilanterol as trifenate (VI) 25 mcg provides a delivered dose of 92 mcg FF, 55 mcg UMEC and 22 mcg VI. **Indications:** Maintenance treatment in adult patients with moderate to severe COPD who are not adequately treated by a combination of an inhaled corticosteroid (ICS) and a long-acting β<sub>2</sub>-agonist (LABA) or a combination of a LABA and a long acting muscarinic antagonist. **Dosage and administration:** One inhalation once daily at the same time each day. **Contraindications:** Hypersensitivity to the active substances or to any of the excipients (lactose monohydrate & magnesium stearate). **Precautions:** Paradoxical bronchospasm, unstable or life-threatening cardiovascular disease or heart rhythm abnormalities, convulsive disorders or thyrotoxicosis, pulmonary tuberculosis or patients with chronic or untreated infections, narrow-angle glaucoma, urinary retention, hypokalaemia, patients predisposed to low levels of serum potassium, diabetes mellitus. In patients with moderate to severe hepatic impairment patients should be monitored for systemic corticosteroid-related adverse reactions. Eye symptoms such as blurred vision may be due to underlying serious conditions such as cataract, glaucoma or central serous chorioretinopathy (CSCR); consider referral to ophthalmologist. Increased incidence of pneumonia has been observed in patients with COPD receiving inhaled corticosteroids. Risk factors for pneumonia include: current smokers, old age, patients with a history of prior pneumonia, patients with a low body mass index and severe COPD. Patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take Trelegy. Acute symptoms: Not for acute symptoms, use short-acting inhaled bronchodilator. Warn patients to seek medical advice if short-acting inhaled bronchodilator use increases. Therapy should not be abruptly stopped without physician supervision due to risk of symptom recurrence. Systemic effects: Systemic effects of ICSs may occur, particularly at high doses for long periods, but much less likely than with oral corticosteroids. **Interactions with other medicinal products:** Caution should be exercised with concurrent use of β-blockers. Caution is advised when co-administering with strong CYP3A4 inhibitors (e.g. ketoconazole, ritonavir, cobicistat-containing products), hypokalaemic treatments or non-potassium-sparing diuretics. Co-administration with other long-acting muscarinic antagonists or long acting β<sub>2</sub>-adrenergic agonists is not recommended. **Pregnancy and breast-feeding:** Experience limited. Balance risks against benefits. **Side effects:** Common (≥1/100 to <1/10): pneumonia, upper respiratory tract infection, bronchitis, pharyngitis, rhinitis, sinusitis, influenza, nasopharyngitis, candidiasis of mouth and throat, urinary tract infection, headache, cough, oropharyngeal pain, arthralgia, back pain. Uncommon (≥1/1,000 to

Find out more here:

[www.trelegy.ie](http://www.trelegy.ie)

or request a visit from a GSK representative

<1/100): viral respiratory tract infection, supraventricular tachyarrhythmia, tachycardia, atrial fibrillation, dysphonia, dry mouth, fractures; Not known (cannot be estimated from the available data): vision blurred. **Marketing Authorisation (MA) Holder:** GlaxoSmithKline Trading Services Limited, Curabinnry, Co. Cork, Ireland. MA No. [EU/1/17/1236/002]. **Legal category:** POM B. **Last date of revision:** June 2019. **Code:** PI-2093. Further information available on request from GlaxoSmithKline, 12 Riverwalk, Citywest Business Campus, Dublin 24. Tel: 01-4956000.

A full list of adverse reactions for TRELEGY Ellipta can be found in the Summary of Product Characteristics.

Adverse events should be reported to the Health Products Regulatory Authority (HPRA) using an Adverse Reaction Report Form obtained either from the HPRA or electronically via the website at [www.hpra.ie](http://www.hpra.ie). Adverse reactions can also be reported to the HPRA by calling: (01) 6764971. Adverse events should also be reported to GlaxoSmithKline on 1800 244 255.

TRELEGY Ellipta was developed in collaboration with INNOVIVA

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PM-IE-FVU-ADVT-200002 | February 2020

Tony Fitzpatrick, INMO director of industrial relations, reports on

## WRC claims on Covid-19 leave issues

AS WE went to press, the INMO was continuing to pursue two claims in the Workplace Relations Commission, lodged by the Organisation and other health sector unions.

### Covid-19 childcare leave

One claim was for the reclassification of annual leave used for childcare due to the Covid-19 emergency.

Healthcare workers who were unable to attend work due to having no school, childcare services or family supports available to them due to public health advice, were forced to take annual leave by their employer.

The INMO has sought the reclassification of this leave and hoped to conclude an

agreement on the matter by September 25, 2020 in the WRC.

### Payment for Covid-19 leave

The second claim lodged is that staff absent on Covid-19 leave should not suffer any loss in pay. Currently, the HSE is paying basic pay and fixed allowances to those on Covid-19 leave. However, the INMO

has sought the inclusion of premium pay. The union has highlighted at the WRC, the requirement for the HSE, DOH and DPER to address these claims pertaining to the first wave of Covid-19 as a matter of urgency. We will update you on progress via our member updates and in next month's *WIN*.

### Sponsorship programme and PHN transfer panel

THE INMO is continuing to press HSE Community Operations to fill all places on the PHN sponsorship programme, as per the Recruitment and Retention Agreement of 2017. As of September 7, 2020, 126 places had been filled – with 20 more yet to be allocated.

In addition, issues have arisen with regards to the PHN transfer panel and the INMO has outlined to the HSE that following the placement of qualified PHNs, it needs to review the transfer panel and the number of vacancies that exist within each community care area.

We again called on Community Operations last month to liaise with each CCA to assess the number of vacancies that currently exist and to utilise the transfer panel to fill those vacancies. We have also sought that the HSE externally advertise PHN positions.

The HSE has indicated their agreement regarding CHO6, 7 and 9 – areas which it has identified as having the greatest deficits.

## Update on strike settlement for RNIDs

AS PART of the strike settlement following last year's national dispute, the HSE issued HR Circular 053/2020 on the upgrade of RNIDs to CNM 1 grade and the application of the enhanced nurse contract in the intellectual disability sector in August 2020.

The INMO industrial relations team is engaging with ID employers, both statutory and Section 38, on implementing the upgrading of RNIDs to CNM1s and the processing of enhanced practice contract applications.

Separately, the INMO is participating in an independently chaired review of the RNID to resolve disagreements

between the HSE and the health sector trade unions.

Under the terms of reference for this review, the parties agreed to the formation of a joint working group to consider outstanding matters following on from the implementation of the RNID Report, effective from March 1, 2019.

The group will consider the following issues:

- RNIDs working in centres, as distinct from units, where social care workers are part of the workforce
- The position of RNIDs who commenced employment, post March 1, 2019
- Issues relating to ENPs supervising the administration of

medication by non-nursing staff

- Management's ask that ENPs undertake management (PPIM) duties as per HIQA regulations

It was agreed to request Sean McHugh, HR/IR consultant, to act as independent chair of the joint working group, which should complete its review within six months and conclude by December 31, 2020 (Covid-19 restrictions permitting). The membership of the group should be no more than 10, five from each side, plus the independent chair.

Updates on progress made by this review will be included in future issues of *WIN*.

## Addressing third-level nurse issues as students return

THE INMO met with third-level student health nurses to address concerns about the return of college life and the role they will play in the provision of services to the student population.

The members raised concerns about several centres which have only one nurse working on site and the need for substitution arrangements to be in place. Further issues include: physical and mental

supports to students; emergency care within the college environment and occupational health; the number of outbreaks on campus; their normal clinical duties; sexual health services; and the lack of administrative support.

The INMO director of IR sought additional information from the group on their contracts of employment, salary scales and terms and conditions of employment.

The industrial relations team will assist individual nurses in their centres on college grounds to ensure that they have all necessary supports, including adequate PPE.

Separately, the INMO is seeking engagement with the Department of Further and Higher Education, Research, Innovation and Science on all the above issues of concern to third-level student health nurses.



## Pursuing greater protection for HCWs

GRAVELY concerned at the rising number of healthcare workers who have contracted Covid-19, the INMO has been seeking greater protections to be put place in the health services.

As of September 18, 2020, more than 9,000 healthcare workers have been infected with Covid-19, with healthcare workers accounting for 27%

of all Covid-19 infections.

The INMO has pursued and secured the introduction of policies and protocols that will assist in the protection of staff, including the Return to Work Safely Protocol and the Management of Biological Agents in the Healthcare Sector 2020 (see HSE website [www.hse.ie](http://www.hse.ie)).

To ensure a safe place of work, the INMO, in

collaboration with other unions, secured the appointment of a lead worker representative in each work location.

The unions are working together to nominate lead worker representatives in all work locations where we have members, to ensure the protection of our members.

If you are interested in

becoming a lead worker representative, please contact your local INMO official.

The INMO, with the ICTU, continues to pursue changes in health and safety regulations with the Minister for Enterprise, Trade and Employment, Leo Varadkar regarding the involvement of the Health and Safety Authority.

*See also page 8*

## HSE workforce census reports inflated by counting Covid-19 interns as WTEs

The INMO has written to the HSE about the inclusion of fourth-year interns as whole time equivalent (WTE) staff in its monthly census reports, which provide updates on the total numbers of nursing/midwifery staff employed in the public health service.

In a letter to John Delamere, HSE head of HR, the INMO expressed concern that the HSE has reconfigured the count by including an additional category called 'pre-reg nurse intern

Covid-19' and that the HSE is counting these pre-reg nurses as one WTE nurse rather than 0.5 WTE.

Agreement exists between the Department of Health, the HSE and the INMO that fourth-year interns are counted as 0.5 WTE.

'Pre-reg nurse intern Covid-19' appears in the May census report for the first time. Note that the intern total in the April report is 875 but the April figure is presented in the

May report, as 423 interns plus 452 intern Covid-19, that is a total of 875.

It is important to stress that there was no change to the contract of employment for interns and they continue to work as before, albeit they are paid as per the HCA salary scale.

Therefore, the INMO is seeking that the HSE immediately retrospectively corrects the census report and ensures compliance with the

agreement that counts interns as 0.5 WTE.

The introduction of a new category line and the revised counting methodology completely inflates the nursing and midwifery numbers. The total presented for June of 39,783 appears to greatly inflate the nursing and midwifery workforce, while all that has occurred is that the HSE is counting interns differently as one WTE each, rather than 0.5 WTE, as agreed.

## Agreed pause on telehealth projects

WHILE the concept of virtual clinics and telemedicine was approved in principle by the INMO Executive Council to allow local engagement to take place, a meeting took place with HSE project leads recently where it was agreed that there would be an immediate pause to the further roll out of telehealth within community care areas.

It was also agreed that:

- There will be a pause in all areas experiencing implementation difficulties
- Any telehealth project that is functioning well (once agreed in each community care area between an INMO official and local management), could continue, such as tissue viability
- Local engagement between the INMO and directors of public health nursing will

take place on the above three points

- A round table meeting will be convened between the INMO and the HSE, with the input of INMO reps, directors of public health nursing and HSE management to discuss issues around telehealth in greater detail in the coming weeks.

However, HSE Community Operations disputed the above agreement and further

engagement has taken place. The HSE has indicated it is not willing to pause in the locations where telemedicine has already been rolled out, even though there are difficulties in those areas.

The INMO has outlined its position on the matter and the director of IR will be engaging further with the PHN Section to discuss the matter, prior to reverting to the HSE.



## World news



### Nurses and midwives in action around the world

#### Australia

- Violence towards nurses and midwives called out in new campaign
- Calls mount for coronavirus to be deemed workplace injury for front-line workers

#### Canada

- A new whistleblower platform for nurses
- Covid-19: Nurses' soaring overtime spills over into burnout and recruitment struggles, says union leader

#### Kenya

- Nurses call off planned strike to allow more time for negotiations

#### New Zealand

- 'Undervalued' and 'underpaid': Frontline nurses across the country striking for pay parity
- Christchurch Hospital to get \$14m carpark after reports of nurses being attacked while walking to cars

#### Philippines

- Filipino health workers protest against overseas work restrictions
- Study reveals Filipino nurses are the lowest paid among Southeast Asian counterparts

#### Portugal

- "I am not a hero. I'm a nurse". Union urges professionals to send emails to the government and parties

#### UK

- London's student nurses to get £5,000 cash grant – but fears it isn't enough
- Nursing and the quest for equality in NHS leadership

#### US

- In a pandemic, unions matter: In a national crisis, organised labour helps expand safety net for all workers

# New Mater Private pay deal restores public/private link

INMO members working in the Mater Private Hospital, Dublin recently voted to accept a set of proposals in relation to the enhanced nurse practice scale and the extension of the medical surgical allowances following last year's national dispute.

INMO members in the Mater Private had balloted for industrial action due to the failure of the employer to meaningfully engage in relation to the union's claims seeking restoration of parity in respect of the enhanced practice scale and the related allowances.

When the HSE deal expired on July 1, 2020 members in the Mater Private Hospital threatened to refuse to co-operate with changes to rosters which would have involved working on Saturdays in order to force the employer to negotiate.

It was eventually agreed that an external facilitator be brought in to assist the parties reach an agreement over a four-week period. Ray McGee, former chairman of the Labour Court, was appointed to carry out this task. This followed an intensive set of negotiations, led by Albert Murphy, INMO assistant director of industrial relations and local INMO reps, Lorraine Kennedy, Brenda Kelleher, Hilary O'Shea, Therese Geraghty and Alanna Gilmartin.

A set of proposals emerged

from these intensive negotiations, giving members in the Mater Private access to:

- The enhanced practice scale from October 1, 2020
- The allowances applied across the hospital and backdated to March 1, 2020
- Claim for senior staff nurse salary (17-20 year service will apply from April 4, 2020).

In return for this, a transitional arrangement have been put in place where Saturday working will remain on a voluntary and overtime basis, to be reviewed in November 2020.

It was also agreed in this context that members will co-operate with Workplace Registration from November 2020. The employer had been seeking co-operation with this for over two years and a number of obstacles were resolved in the course of the recent negotiations.

The INMO insisted that when staff had to work beyond their rostered time, they would be paid for same. In addition the INMO succeeded in obtaining an extra days leave for staff in respect of co-operation with this.

The external facilitator also recommended the concession of the claim in relation to Covid-19 payments for staff who are required to self-isolate during the crisis.

#### Bon Secours Hospital Group

The INMO is actively



INMO assistant director of IR Albert Murphy: "Mater Private members voted overwhelmingly to accept deal, which followed an incredibly tough set of negotiations"

engaged with the Bon Secours Hospital Group to secure a similar agreement. This matter was due to be dealt with in the Workplace Relations Commission as we went to press.

Staff in the Mater Private Hospital will also be due to receive an additional 2% on the rates of pay with effect from October 1, 2020 in line with the Public Service Stability Agreement.

Speaking to WIN, Albert Murphy, assistant director of IR with responsibility for the Mater Private Hospital, stated that these were incredibly tough negotiations which were conducted with the employer and the facilitator through virtual meetings over an intensive period of four weeks in July 2020. He said the deal was overwhelmingly endorsed by the members in a secret ballot.

The agreement with the Mater Private Hospital means that the pay link between the Mater Private and the public service has been restored.

## INMO secures payment of over €8,500 for member

The INMO made representations on behalf of a member in the Cork region recently regarding the application of the specialist qualification allowance in their current role.

The member was using their category 2 NMBI approved course in their day to day practice. Following, representation

on behalf of the member, the INMO ensured that the specialist qualification allowance (€3,349 per annum on a full-time salary) was applied retrospectively to the date on which the member commenced in the service. Members must submit their relevant qualifications and apply for the allowance to their line

managers when commencing employment, on achieving a relevant qualification or when changing employer. The allowance gives financial recognition for additional qualifications held by a person and used in their day to day practice, as set out in the DOH Circular 112/99.

– Liam Conway, INMO IRO



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# Review of operations at Cavan MLU

A REVIEW of operations at the midwifery led unit (MLU) in Cavan General Hospital was due to conclude last month, with assurances previously given that the unit's future was secure, in line with the National Maternity Strategy.

In a meeting with INMO midwife members in June, the then Minister for Health Simon Harris confirmed his commitment that the Cavan MLU would not be downgraded.

As a result of this engagement Rachel Kenna, chief nurse at the Department of Health, confirmed to INMO general secretary Phil Ni Sheaghda that a review of operations at Cavan MLU would commence and it was envisaged would conclude its work by



*INMO IRO David Miskell: "The INMO will ensure the review of Cavan MLU is fully in line with the National Maternity Strategy"*

September 2020. Assurances were given to the INMO that any proposals emanating from the review would ensure the future of the MLU in Cavan, in line with the National Maternity Strategy.

The considerable support among INMO members and

the public for this campaign is indicative of the strength of feeling on the issue and highlights the importance of this service to expectant mothers within the catchment area of Cavan General Maternity Services.

The INMO is continuing to engage on behalf of our members in Cavan to ensure that the review achieves full compliance with the National Maternity Strategy.

INMO IRO for Cavan General Hospital, David Miskell, said: "INMO midwife members welcome the commencement of the promised review and will monitor the situation closely to ensure that the commitments made are delivered upon."

A considerable body of

evidence, both national and international, demonstrates that midwifery-led care is the best choice for low-risk women. For many years, maternity options of care for low-risk pregnant women have been available throughout the EU and internationally, however in Ireland most maternity units continue to follow a medicalised model of care which runs contrary to the National Maternity Strategy.

"The INMO worked with a variety of members, stakeholders, politicians and the public to bring this issue to the top of the political agenda and it is vital that the MLU service should not merely be allowed to continue, but to thrive," Mr Miskell said.

# Transfer to Cope Foundation brings stability in Cork

NEGOTIATIONS have commenced under the Transfer of Undertakings Regulations 2003 (TUPE) which will result in members who currently work in St Vincent's Centre, Cork having their employment transferred to the Cope Foundation.

This move will result in this Section 39 funded service for women with intellectual disabilities being taken over by the Cope Foundation, which is a Section 38 agency. This has been a long-awaited transfer.

Historically the previous

employers, the Religious Sisters of Charity, withdrew from St Vincent's in 2017 and, while the service continued to operate under the management of the HSE, the transfer will now ensure the employment of staff and the maintenance of the service going forward.

The INMO has commenced negotiations on the impending transfer, which is expected to take place from October 1, 2020 and will result in improvements to conditions of service for INMO members.



*INMO assistant director of IR Mary Power: "The transfer under TUPE is good news for INMO members' future terms and conditions of employment"*

Additionally, in conjunction with SIPTU which represents

St Vincent's support staff, the INMO will seek to address outstanding industrial relations matters associated with increments, public holidays and pensions in the intervening period.

Mary Power, INMO assistant director of industrial relations, said: "Overall, the transfer under TUPE is a good news story for our members' future terms and conditions of employment, as well as bringing stability to this intellectual disability service into the future."

# Dean Flanagan: Returning to clinical practice

THIS month the INMO bids farewell to Dean Flanagan who has worked with the Organisation for the past six years.

Mr Flanagan joined the staff of the INMO originally as student officer and went on to appointment as industrial relations officer. Many members who have interacted with

him in both roles will no doubt remember his commitment to nursing and midwifery, and it will not come as a surprise that he has decided to return to nursing practice in Sligo.

Mr Flanagan was a great colleague always willing to assist and a ready smile was his trademark. We wish him the

best of luck and happiness in his return to clinical practice. He will be missed by friends and colleagues in the Organisation, but we know he is going to remain involved with the union which we welcome warmly. *Go n-éirí do bhóthar leat Dean, enjoy this next chapter of your career.*



*After six years working in the INMO, Dean Flanagan is returning to clinical practice*



# Two new appointments to INMO industrial relations team



*Maurice Sheehan, new IRO for Dublin North Eastern area*

**MAURICE SHEEHAN** has been appointed industrial relations officer for the Dublin North Eastern area. The workplaces

he will cover include Beaumont Hospital, Connolly Hospital, the Rotunda Hospital and Our Lady of Lourdes Hospital, Drogheda.

"I am looking forward to working with INMO. It is a very challenging time, but it is important to consolidate the gains made in last year's strike and build upon them. We must ensure the safety of our members through safe staffing and improved conditions in these difficult times. Sláintecare points us in the right direction," said Mr Sheehan.

Mr Sheehan worked with Unison trade union in the UK for 14 years, representing nurses, midwives, doctors, hospital porters and cleaners within the NHS. Prior to that, he worked for Mandate trade union in Dublin. He also worked on the world famous Dunnes Stores

anti-apartheid strikes in the 1980s.

"It's the individuals you meet along the way that inspire you and I was inspired at the beginning of my TU career by the great activists I worked with. I was impressed with the INMO strike last year. Nurses and midwives made major gains," said Mr Sheehan.

"When workers come together like this and achieve victories it shows workers the power and strength of the union. My experience is that workers are treated much worse when they are not in a union. The legal profession cannot sufficiently represent workers in the way that a trade union can."

While working in the UK, Maurice became very conscious of the high numbers of Irish nurses recruited directly

into the NHS due to poor pay and conditions back home. He noted that there were many first- and second-generation Irish immigrants active in the union who had a good reputation for supporting migrant nurses working in the system. Throughout his career he has stressed the importance of trade union education.

"The INMO has a really clear vision and sense of purpose. I am really looking forward to working with Albert Murphy and the whole INMO team in the North East. I want to hit the ground running and be working hard to represent members from day one," he said.

To get in touch with Maurice Sheehan, please email: [maurice.sheehan@inmo.ie](mailto:maurice.sheehan@inmo.ie) or telephone via INMO HQ Tel: 01 6640600.

– Freda Hughes



*Neal Donohue, new IRO for North West*

**NEAL DONOHUE** is moving to a new role as industrial relations officer in the North West and will be covering acute and

community settings in Donegal, Sligo and Leitrim.

Mr Donohue joined the INMO as student/new graduate officer in 2018, having worked in the RNID sector for a number of years previously. He moved on to the role of INMO industrial relations executive in Dublin/Mid-Leinster last year and is now taking over as IRO for the areas previously covered by Maura Hickey, who retired recently.

"The main thing I learned from Maura Hickey was that you should never be afraid to hold your ground when you are on the side of what is right, always ask the hard questions and put pressure on the employer to make progress," said Mr Donohue.

"Covering a very large area like the North West, you have to stand your ground. Our

members in the North West are entitled to the very same standards that people get in any of the major cities and the union is a good way of ensuring that."

Now more than ever, he wants members in the North West region to get in touch if workplace practices are changing unexpectedly.

"My role is to hold the employer accountable and members must have their say. Our members are compassionate, caring and dedicated to protecting the public, but we need them to be aware that they have a right to protect themselves as well. There are policies and legislation to protect them if any issues arise.

"Nurses and midwives need to feel assured that they are safe in the workplace and that

the INMO won't accept anything less for our members.

"When we look at the current environment with Covid-19, it's so important that our members on the ground are aware of their rights and entitlements. We are seeing a lot employers trying to make changes due to the pandemic.

"Members need to be aware that they have a right to information and consultation and that they have the right to a safe workplace. I want the members in the North West to be connected to every resource that the INMO has to offer."

To get in touch with Neal Donohue, please email: [neal.donohue@inmo.ie](mailto:neal.donohue@inmo.ie) or telephone via the INMO Galway Office Tel: 061 581818.

– Aiveen Ahern

# Webinars and Conferences 2020



Whilst these events are currently planned as follows, the most current Public Health Advice will be fully adhered to and should the dates or the format in which the national conference is delivered change, we appreciate your understanding.

## Telephone Triage Nurses Section

Tuesday,  
13 October 2020

Online Interactive Webinar



## Public Health Nurse Section

Saturday,  
28 November 2020

Online Interactive Conference



## All Ireland Annual Midwifery Conference

Thursday,  
5 November 2020

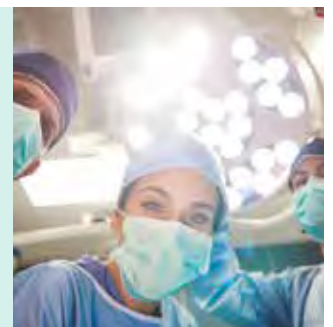
Online Interactive Conference



## Operating Department Nurses Section

Date  
to be confirmed

Online Interactive Conference



## Directors and Assistant Directors Section

Thursday,  
12 November 2020

Online Interactive Webinar



## Occupational Health Nurses Section

Thursday,  
3 December 2020

Online Interactive Webinar



For information contact  
**Jean Carroll, Section Development Officer,**  
[jean.carroll@inmo.ie](mailto:jean.carroll@inmo.ie), [www.inmoprofessional.ie](http://www.inmoprofessional.ie)

# RNID Section: Covid-19 experiences and staffing in focus for webinar

THE INMO National RNID Section held a webinar in September, covering topics including Covid-19 experiences, intellectual disability (ID) nursing now and into the future, and children and older adults with intellectual disabilities.

More than 160 people were registered to participate in the webinar, which was streamed live and opened by INMO president Martina-Harkin Kelly. The webinar is available to watch back for those who were unable to participate at the time.

## Covid-19 experiences

CNS Louise Kenny gave a practical talk on Covid-19 experiences, including simple things that can be done to ease clients' anxiety, such as sending photographs of oneself in full PPE and in regular clothes to houses ahead of time so that clients recognise their nurse.

Ms Kenny also described a new resource developed by St Michael's House, Dublin, for family and residential units, called the Activity Hub. The hub features activities such as baking, art, bingo and gardening, as well as evening activities such as music and sing-alongs. The hub is available on the St Michael's House website at [www.smh.ie](http://www.smh.ie)



*Pictured at the RNID Section webinar were (clockwise, l-r): Prof Jonathan Drennan, chair of nursing and health services research, UCC; Ailish Brennan, RNID Section officer; Ann-Marie O'Reilly, RNID Section officer and Niamh Walsh, PhD researcher*

## Safe staffing

Prof Jonathan Drennan, chair of nursing and health services research at UCC, spoke on workforce planning across various settings, with particular reference to ID services.

Outlining future projections in demographics and capacity, Prof Drennan identified the vital role of RNIDs in delivering high-quality health and social care through all stages of life.

Prof Drennan also acknowledged the challenges facing the

professions in terms of determining safe staffing levels due to a current lack of empirical evidence.

He said that further research is required given the many complex models of care, but that there is room for future development in this area.

Among the other presentations shared on the day was a talk on mixed-ability rugby – a growing sport that has teams in many countries, including two in Ireland, and

a talk by Niamh Walsh, a PhD researcher at the University of Ulster, who spoke about the importance of the RNID voice being heard at every health-care forum.

The RNID Section would like to thank all of the contributors to this webinar, which was chaired by Ailish Byrne, section chair, and Ann-Marie O'Reilly, section education officer.

All of the day's presentations are available to watch back at [www.inmoprofessional.ie](http://www.inmoprofessional.ie)

## Section news round up

### All-Ireland Midwifery Conference

THE poster presentation for the 2020 All-Ireland Midwifery Conference is open to all interested parties, by email to [jean.carroll@inmo.ie](mailto:jean.carroll@inmo.ie), until Monday, October 19.

The full application form and guidelines are available at [www.inmo.ie](http://www.inmo.ie), or you can email Jean Carroll directly.

The section warmly welcomes all midwives and midwifery students to present a poster at this year's virtual conference, which takes place on Thursday, November 5.

### Telephone Triage Section

THIS year's conference will take place online on Tuesday, October 13 from 11am.

The webinar will be

broadcast live, with presentations available to watch back at a later stage. The topics covered will include e-health, chronic disease management and the Covid-19 pandemic.

This event will be of interest to nurses across many disciplines and will be open to all INMO members – visit [www.inmoprofessional.ie](http://www.inmoprofessional.ie) to book your place.

If you would like your section to be featured in a future issue of *WIN*, or if you are interested in establishing a new INMO section, please contact section development officer Jean Carroll by email at [jean.carroll@inmo.ie](mailto:jean.carroll@inmo.ie)



# ICM holds post-triad midwifery forum

The International Confederation of Midwives is advocating for a chief midwifery officer role to be introduced in all member countries

AS PART of the eighth WHO-ICN-ICM Triad Meeting, the International Confederation of Midwives (ICM) hosted a post-triad midwifery forum. In an unprecedented year, this forum took place virtually with almost 500 participants. Hosting such an event virtually allowed this meeting to be opened to more attendees around the world, therefore enhancing equity globally.

The establishment of chief midwife officers in health ministries globally is high on the agenda for the ICM, and this forum provided evidence, advocacy and discussion on this topic. The State of the World's Midwifery Report, due to be published in 2021, will be an essential tool for advocating for midwives globally and for this crucial role.

Gill Walton, chief executive of the Royal College of Midwives, provided an engaging account of implementation of the role of chief midwife in the UK. The establishment of this role was underpinned by a number of key principles, including:

- The importance of having a chief midwife at political level
- Midwifery is a unique profession and makes a vital contribution to the health of nations
- Midwives advocate for women
- The importance of midwives managing maternity services.

Strengthening midwifery research and expanding the evidence base of its value is central to the development of these positions. The strategies used by the RCM were outlined, and included the development of a midwifery leadership manifesto for better maternity care as well as collaborating with women's groups nationally, and collaborating with other health professionals and in particular the chief nurses positions in the UK.

Midwifery leadership is central to the cause and must be underpinned with quality education, evidence-based practice and research. Direct entry midwifery education

programmes, developing the right rhetoric and developing midwifery as a recognised, autonomous profession, ensured these positions in the UK.

Lisa Apini-Welcland from the German Association of Midwives followed with a presentation on the current activities in Germany in developing the chief midwife position. This is currently at an early stage, nonetheless, providing critical developments to the position's establishment.

“ Covid-19 provided evidence to the fact that there is a lack of acknowledgement of the needs of women and maternity services generally ”

The German association, inspired by the Year of the Nurse and Midwife, commenced work on developing the position. This was done through analysis and internal advocacy. The Covid-19 pandemic provided evidence to the fact that there is a lack of acknowledgement of the needs of women and maternity services generally. However, this has only reinforced the fundamental importance of the chief midwife role in terms of advocating for women, infants and the midwifery profession.

Many challenges lie ahead for Germany into the future in developing the chief midwife position including, the progression of a career pathway, ensuring the midwife voice at the political table and in decision-making. However, learning from other countries, development of research and becoming more active at a national and international level will be vital for progressing this position forward.

Finally, Anita Roman Morra from the

College of Midwives in Chile presented on the developments of implementing the role in her country. Understanding the history of the profession and maternity services is important to prepare for this role. In Chile, a strong emphasis has been placed on maternity health services going as far back as 1834. This influenced the development of midwifery through education.

Again, the International Year of the Nurse and Midwife provided an opportunity to promote and advocate for the profession. In 2019, the office of chief midwife was established.

It will be vital for this position to be more than just a name. The position must have the appropriate level of authority, have advisory capacity at government level for all related matters, work collaboratively with other professions and advocate on behalf of all midwives and ensure a high standard of practice.

A robust question and answer session followed each of the presentations where representatives from various countries spoke about their experiences, challenges, insights and lessons learned. Although countries are at varying stages of developing the chief midwife role, it is clear that all countries agree on the vision for developing this role. The Covid-19 pandemic has highlighted concerns around the recognition of the midwifery profession as well as concerns around maternity services.

Although countries may differ in their approach there are some common requirements, including the need for recognition of the midwife as an autonomous and valued profession, the development of research and the need for a sound evidence base, as well as clear leadership and collaboration. The ICM has a fundamental role to play in advocating for all midwives and progressing this position at a global level.

*The INMO Midwives Section was represented at this part of the meeting by Martina O'Sullivan Darcy. This synopsis of the ICM's official report on the meeting was compiled by Steve Pitman, INMO head of education*

# Spotlight on: Diana Malata

Nursing now  
Ireland

'Nurse-led initiatives can reduce costs and waiting times'

DIANA Malata is an advanced nurse practitioner in the Royal Victoria Eye and Ear Hospital (RVEEH) in Dublin. She played a lead role in the setting up of nurse-led cornea and anterior segment clinics at the hospital and was a recipient of the CJ Coleman research award in 2018 for her work on setting up Ireland's first nurse-led corneal crosslinking (CXL). CXL is a treatment for keratoconus, a condition in which the cornea progresses into a cone causing patient's vision to deteriorate. This service greatly reduced patient waiting times and saved the health service a considerable amount of money, as well as improving patient care.

Originally from the Philippines, Ms Malata completed her bachelor of nursing degree there and went on to specialise in ophthalmic surgery. She has worked as an operating theatre nurse in Saudi Arabia and Egypt. She registered as an RGN in Ireland in 2004 and joined the RVEEH as a staff nurse in the eye operating theatre. She has since completed a higher diploma in ophthalmic nursing, a masters in science (nursing) and the nurse prescribing course at the Royal College of Surgeons in Ireland.

Ms Malata's mother worked in health-care and, impressed by the caring role nurses fulfilled, she decided to pursue nursing as a career. "I could see how much my mother and my aunt, who is a midwife, helped people and I wanted to do the same. I went straight into nursing after high school," she said.

Ms Malata set up the nurse-led keratoconus (NLKC) virtual clinic in May 2020 in response to the Covid-19 pandemic to monitor patients with stable keratoconus. She assesses patients and books them to this clinic. Patients attend the eye OPD in RVEEH for visual acuity test and pentacam scan. They then attend the NLKC virtual clinic where a consultation is conducted by Ms Malata using medical video consultation software on patient's smart phone or computer. She takes patient's medical and ophthalmic history and discusses the tests results and treatment options then

organises a follow up appointment. The NLKC virtual clinic pioneered the use of video consultation in RVEEH.

The result of a recent patient survey of the NLKC virtual clinic conducted by the cornea team showed that 83% of patients found the new service more efficient than previous outpatient appointments because of the reduced time spent in the hospital during their visit.

Ms Malata would like to see more nurse-led services in healthcare.

"Nurse led services can greatly reduce costs and waiting lists. I would like to see a lot more of this in the health service. We have managed to reduce the waiting times for the treatments we offer by rolling out nurse-led initiatives. Now I can obtain consent, do the procedure for them, write their prescription and then discharge them. I can greatly reduce the amount of time each patient spend in the hospital.

"Long waiting times affect patient satisfaction. I would like to see more nurse-led services across all disciplines, not just in ophthalmology. Collaboration is very important and without proper training and the support of the consultants we could not have these autonomous roles. I am lucky to have that support," she said.

Ms Malata would like to see more support for nurses to allow them to achieve their full potential. She joined the INMO for the sense of security it brings and to have someone there who will support and fight for nurses and midwives' workplace rights. She feels that while INMO has good professional development opportunities in place, nurses and midwives often need more support and encouragement from their managers and workplaces to allow them to have the confidence to progress into leadership roles.

She would like to see more nurses and midwives represented in leadership roles nationally as well as in the workplace.

"It's important that we have a nurse in the Department of Health. We understand patients' needs better because we have more interaction with them. It's necessary



*Diana Malata: It is necessary to have nurses voices involved in policy making*

to have nurses' voices involved in policy making so that they can illustrate the situation on the ground. When you are on the frontline you get a really in-depth knowledge of how to improve patient services. Communication with patients helps you identify what will improve the service."

"It is also necessary for nurses to support each other. If we all work together, we can improve pay and conditions for our profession, and we can also gain the respect that we deserve. I don't think people acknowledge the importance of the role of the nurse the same way they acknowledge the role of other healthcare professionals. I think we are underrated. We are not paid well compared to other allied health professionals. We are the front line for patients, and we join up a lot of the other disciplines. This should be acknowledged and reflected in our pay scales."

*This article is part of our Nursing Now series. Nursing Now is a worldwide campaign that aims to achieve recognition of nurses' contribution to healthcare, gender equality, the economy and wider society. The aim of the campaign is to improve health globally by raising the profile of nurses worldwide and influencing policymakers and supporting nurses to lead, learn and build a global movement. For more information visit [www.nursingnowireland.ie](http://www.nursingnowireland.ie) All interviews are carried out by Freda Hughes. You can contact her at: [Freda.hughes@inmo.ie](mailto:Freda.hughes@inmo.ie)*



## Bulletin Board

With INMO director of industrial relations Tony Fitzpatrick



### Query from member

I have a question in relation to quarantining. I am going to take some annual leave and have been looking at the list of countries on the government website that are on the green list for travel overseas. When I approached my employer about going on leave overseas and my return to work, my HR department advised that I will have to quarantine on my return. Is this correct ?

### Reply

This is incorrect. Should an employee return from a 'green' rated country, there is no requirement to restrict their movements. However, employees should continue to notify their employer of their intention to travel overseas. The rating of countries is regularly reviewed and may change, and employees should be aware that whatever requirements are in place on their date of return to Ireland will apply to them. Employees should visit [www.dfa.ie](http://www.dfa.ie) prior to their return to ensure they are aware of any changes. If the status of country they are returning from has changed, the public health measures for all returning from an orange/red rating country will apply. These measures are listed at: [www.hse.ie/coronavirus](http://www.hse.ie/coronavirus)

### Query from member

I have been a close contact of a confirmed case of Covid-19 and have been advised to restrict my movements. What arrangements are in place for me with regards to work in this situation?

### Reply

If you are well but are required to restrict your movements and not attend the workplace as per HSE advice, you are not eligible for special leave with pay for Covid-19. You should be facilitated to work from home. In cases where this is not feasible then temporary assignments to other duties/a different role may be arranged. In such cases, you remain available for work and so will continue to be paid your normal basic salary and fixed allowances (where applicable) while you are actively on duty and available for work. This situation should not be treated as being on special leave with pay for Covid-19, ordinary sick leave, annual leave or any other type of leave (unless such leave was already pre-booked/confirmed in the normal manner).

# Know your rights and entitlements

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

Contact Information Officers Catherine Hopkins and Karen McCann at

Tel: 01 664 0610/19 or

Email: [catherine.hopkins@inmo.ie](mailto:catherine.hopkins@inmo.ie)/

[karen.mccann@inmo.ie](mailto:karen.mccann@inmo.ie)

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



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



# INMO EDUCATION PROGRAMMES



*Continuing professional development for nurses and midwives*

Latest updates on online courses during the Covid-19 pandemic

## Changing from classroom to online courses during the Covid-19 pandemic

As Covid-19 continues to impact our daily lives, we are sorry to announce that we have cancelled all in-person training until the end of the year. We are now delivering short online programmes that have been developed by our expert facilitators. All of our programmes are category 1 approved by NMBI and are allocated continuous education units (CEUs). On completing any of these programmes, a digital certificate of participation will be emailed to you along with allocated CEUs.



## Special members-only introductory offer for INMO online courses

**Book three and get a fourth course free for online courses**

As we are committed to supporting nurses and midwives, these online programmes have been created to assist you in broadening your knowledge and keeping your skills up to date. To avail of this special introductory offer, or if you wish to make a block booking, contact [education@inmo.ie](mailto:education@inmo.ie) or Tel: 01 6640641/18. All programmes can be viewed on [www.inmoprofessional.ie](http://www.inmoprofessional.ie)

**Special offer!**

## Training Delivery and Evaluation – now rescheduled

*QQJ Level 6, Category 1 approved by the NMBI and awarded 30 CEUs*

Two training modules due to commence in September are now rescheduled. All participants who were due to commence these modules have been contacted and offered a full refund or alternative dates commencing March 2021. We hope to have more dates available shortly, if you would like your name to be put on a waiting list for the next available programme please email [marian.godley@inmo.ie](mailto:marian.godley@inmo.ie) and we will notify you as soon as they become available.



*Maintaining your competency, Maintaining your registration*

October 2020

**PULL OUT**



**Steve Pitman**

Head of Education and Professional Development

Nursing and midwifery professional activities are continuing to adapt to Covid-19 and its resultant restrictions. This has been highlighted by the development and availability of online resources, the switching of events to a webinar format and the increased use of web-conferencing. The increase in the rate of Covid-19 infections is of huge concern for all, particularly for those working in healthcare. Compliance with social distancing, hand hygiene and face coverings continues to be crucial in limiting the potential impact of the virus over the coming months. INMO Professional is working hard to develop resources to keep members updated and to provide opportunities for continuing professional development.

### INMO Professional online courses

In response to the pandemic, INMO Professional has created a suite of online courses. Details of the programmes are available in this pull-out section. These online courses will replace the face-to-face courses that we have traditionally offered. We will revert to face-to-face education once it is safe to do so, based on government advice. Visit [www.inmoprofessional.ie](http://www.inmoprofessional.ie) for a list of all the latest online courses.

### Conferences and masterclasses

INMO sections, in collaboration with INMO Professional, have organised a wide range of online webinars and conferences taking place from September to December. These online events will replace traditional section conferences for 2020. The RNID Section hosted a successful webinar on September 15, with more than 150 members registered. This month the Telephone Triage Nurses Section will host an event, and on November 5 the All-Ireland Midwifery Conference will take place online.

### Psychological impact of Covid-19

We received a great response to the survey on the psychological impact of Covid-19 on nurses and midwives. The results, which are currently being analysed, will be available to members shortly. I would like to thank everyone who completed the survey. This information will be used to help to understand the impact of the virus and to inform the INMO strategy in advocating and representing members during the pandemic.

### BAME survey and webinar

Internationally, members of the black, Asian and minority ethnic (BAME) community have been disproportionately affected by Covid-19. The International Section, in collaboration with INMO Professional, carried out a survey to help members to understand the impact of Covid-19 on BAME nurses and midwives in Ireland. The preliminary results of the survey were presented at the recent BAME webinar. The full results will be published soon.

A BAME webinar was hosted by the INMO on September 24, featuring a selection of speakers, including

Phil Ní Sheaghda, INMO general secretary and Donna Kinnair, RCN general secretary, along with BAME nurses and midwives who shared their experiences of Covid-19. This was an important event and highlighted an issue that requires further focus over the coming months.

### LGBT+ networking group

Following the success of the Pride webinar in June, the INMO was eager to establish a networking group for LGBTQ+ nurses and midwives. The first meeting took place on the September 30. The networking group is open to all members interested in LGBTQ+ issues. ICTU equality officer David Joyce spoke at the meeting. Contact [jean.carroll@inmo.ie](mailto:jean.carroll@inmo.ie) for further information.

### NMBI updates

The new NMBI self-serve online registration system came into operation on September 28. Members should have received a notification from the NMBI and will need to create an account and update the required information. Further details are available at [www.nmbi.ie](http://www.nmbi.ie)

### Children's nursing strategy

Children's Health Ireland and the HSE Office of the Nursing and Midwifery Services Director are developing a strategy for children's nursing in Ireland. The work is supported by a steering group with representation from key stakeholders, including the INMO. The INMO was recently invited to make a submission to the steering group. Following consultation with members, the INMO made a submission on the union's view on the future direction of children's nursing.

Consultation with children's nurses from around the country will continue throughout October. Contact Rosemarie Sheehan at [Rosemarie.Sheehan@hse.ie](mailto:Rosemarie.Sheehan@hse.ie) for further information.

### On-site education

INMO Professional offers an extensive range of on-site quality programmes facilitated by expert practitioners. If you are interested in booking continuing professional development courses for your organisation, please contact course co-ordinator Marian Godley by email: [marian.godley@inmo.ie](mailto:marian.godley@inmo.ie) or Tel: 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](mailto: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](mailto:steve.pitman@inmo.ie)



# We are now delivering short online courses!

## KEEP UP TO DATE

Continuing Professional Development for Nurses and Midwives

### 4 courses for 3

- Special Introductory Offer for INMO members only
- Book three and get the fourth course free

In response to the challenges posed by Covid-19 and the difficulties with providing face-to-face training, INMO Professional is now delivering online/virtual CPD opportunities and moving all programmes online as we are committed to supporting nurses and midwives to determine their professional requirements in order to deliver effective clinical outcomes for patients and clients.

We have an extensive range of quality online education programmes to suit all levels of nursing and midwifery that will be delivered by our expert facilitators, allowing you to attend our courses from anywhere.

All these programmes are Category 1 approved by NMBI and allocated Continuing Education Units (CEUs). Once completed a digital certificate of participation in a digital form will be emailed to you.

If you wish to make a group booking, please do not hesitate to contact us to discuss.



CHECK OUT OUR NEW ONLINE COURSES:

[www.inmoprofessional.ie](http://www.inmoprofessional.ie) | [education@inmo.ie](mailto:education@inmo.ie) | 01 6640641/18



# Online Education Programmes



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

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

## Oct 7 Infection Prevention and Control in Residential Settings During the Covid-19 Pandemic

The aim of this programme is for nurses working in residential care settings to outline evidence-based and national guidance on infection prevention and control in residential care settings during the Covid-19 pandemic, as well as the importance of ensuring standard precautions are in place. Participants will have a better understanding of how to apply standard precautions for infection prevention and control in their residential care facility, and how to carry out the correct procedure for hand hygiene in accordance with the WHO's '5 moments of Hand Hygiene'. Participants will also learn when and how to use PPE and will gain more knowledge on the national guidance for preventing accidental introduction of Covid-19 into the residential care setting.

## Oct 8 Owning your Future – Taking Control

The key learning outcome of this short online session is to support participants to become aware of their competencies as employees and to explore how they can take control of their career in these uncertain times. The physical and mental strain of working in a pandemic has left little time for nurses and midwives to think about their career. New skills and competencies have been acquired and common sense or tacit knowledge has played a key role in coping, yet little value may be put on these skills unless nurses and midwives recognise and articulate their value. This session will cover self-awareness of your own skills and competencies, understanding the work environment, the approach to taking control of the situations and experiences that affect your life, planning and owning your future and helping you decide where to go from here.

## Oct 15 Introduction to Wound Management for Nurses and Midwives

This short introductory course will advise participants with guidance and management on wound care management based on good practice, current evidence and supporting guidance. Topics covered on the day include wound healing, wound bed preparation, treatment options and dressing selections. Participants should have a better understanding of 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.

## Oct 20 Introduction to Management and Leadership Skills for Nurses and Midwives

The aim of this online programme is to identify key managerial and leadership competencies for frontline nursing/midwifery managers and to explore how these are applied in practice. The programme will include management theory, effective leadership and team-working, as well as delegation and clinical supervision. Participants will have a better understanding of the principles of effective leadership and management in front line healthcare delivery, key competencies required for effective management, how management competencies are applied to the healthcare setting to promote quality and safety in healthcare delivery and how to be effective delegators and supervisors.

## Oct 21 Introduction to Oncology: Terminology and Patient Pathways

This short programme is aimed at nursing staff with an interest in oncology or working with cancer patients. As good communication with patients and families is crucial in oncology, keeping up to date with terminology is a challenge. This course will increase your confidence in this regard, making you more efficient. The programme will give you increased understanding of the language of oncology in order to improve fluency with patients and colleagues. It will also provide increased insight into the oncology journey.

## Oct 22 Introduction to Treating and Preventing Pressure Ulcers

This short online course will advise participants and discuss the causes of pressure ulcers. Topics covered on the day include causes of pressure ulcers, risk assessment and prevention of pressure ulcers. Following this course, participants should be able to identify the factors that place a person at risk of developing pressure ulcers. They will also have an understanding of the key principles of preventing ulcers and be able to take action to prevent pressure ulcers in the clinical environment and have an understanding of the key principles of the SSKIN Bundle and how to implement it in the clinical environment.

# Salary Scales & Allowances

## as at October 1, 2020

*Includes 2% across the board pay restoration under the Public Service Stability Agreement*



### Reminder: Staff nurses and midwives should sign up for enhanced practice salary scale

THE INMO is strongly encouraging all eligible staff nurses and midwives to sign up to the enhanced practice salary scale. It's a better-paid scale.

To join, you must sign a new contract, with no additional duties compared to the existing contract.

From October 1, 2020 this scale means that registered general nurses and midwives with over 17 years of service can have a basic salary of €51,344.

If the same nurse/midwife stays on the old staff nurse/midwife contract, they will have a salary of €47,431. As a senior staff nurse/midwife, this salary will rise to €49,711 – that is a 4.8% increase.

However, by opting for the enhanced practice scale, senior nurses/midwives' salary will increase by €3,913, bringing it to €51,344. That is an 8.5% increase.

If you stay on the old senior staff scale, you will forfeit a minimum of €1,600 each year thereafter.

Table 1 demonstrates the

Point on scale	Staff nurse/midwife salary (€)		Point on scale	Enhanced practice nurse/midwife salary (€)	Difference in salary (€)
1	30,609	<i>For 16 weeks only</i>			
2	32,449	<i>This point is skipped due to new entrant measures</i>			
3	33,388				
4	34,630	<i>After 1 year and 16 weeks eligible to move to point 1 of enhanced practice scale</i>	1	37,161	+2,531
5	36,196		2	39,502	+3,306
6	37,760		3	40,751	+2,991
7	39,317		4	41,713	+2,396
8	40,663		5	42,772	+2,109
9	42,013		6	44,181	+2,168
10	43,356		7	45,554	+2,198
11	44,701		8	47,576	+2,875
12	46,021		8	47,576	+1,555
LSI	47,431		LSI	48,987	+1,556
SSN/M (after 17 years)	49,711		SEPN/M (after 17 years)	51,344	+1,633

value of the new contract to every staff nurse and midwife who signs up.

The new contract does not

involve extra duties, nor will it negatively affect your pension. This new salary scale was hard-won by INMO members

who went on strike last year. We would strongly encourage all members who have not yet done so to join it.



## Nursing/midwifery salary scales as at October 1, 2020

Incremental point	1	2	3	4	5	6	7	8	9	10	11	12
Student nurse/midwife/ intellectual disability	15,056 ( <i>degree students 36 weeks rostered placement</i> )											
Staff nurse/midwife (post qualification, pre registration)	26,179											
Staff nurse/midwife	30,609	32,449	33,388	34,630	36,196	37,760	39,317	40,663	42,013	43,356	44,701	46,021
<i>LSI after three years on max</i>												
Senior staff nurse/midwife	49,711											
Enhanced nurse/midwife dual qualified nurse/midwife	37,161	39,502	40,751	41,713	42,772	44,181	45,554	47,576				
<i>LSI after three years on max</i>												
Senior enhanced nurse/midwife dual qualified nurse/midwife	51,344											48,987
Clinical nurse/midwife manager 1	46,889	47,747	48,960	50,191	51,405	52,626	53,987	55,255				
Clinical nurse/midwife manager 2/ specialist	50,912	51,756	52,468	53,633	54,920	56,183	57,446	58,868	60,190			
<i>(plus allowance of €801 pa payable on a red-circle basis to theatre/night sisters who were in posts on 5/11/'99)</i>												
Clinical instructor	53,122	53,981	54,618	55,799	56,989	58,274	59,565	60,855	62,143			
Clinical nurse/midwife manager 3	58,585	59,744	62,674	63,827	64,986	66,160						
Nurse tutor	59,922	60,736	61,546	62,362	63,174	63,990	64,799	65,616	66,430	67,243		
Principal nurse tutor	62,844	64,029	65,112	68,494	69,678	69,722	71,076	72,891				
Student public health nurse	34,412											
Public health nurse	49,608	50,430	51,132	52,239	53,511	54,744	55,986	57,381	58,680			
<i>(plus allowance of €1,601 pa payable on a red-circle basis to staff who were in posts on 5/11/'99)</i>												
Asst dir of public health nursing	58,588	61,807	63,130	64,349	65,580	67,265						
Director of public health nursing	76,916	79,248	81,586	84,024	86,261	88,599						
Advanced nurse practitioner	59,151	60,296	61,401	64,794	65,862	67,103	68,263	69,415	72,895			
Advanced nurse practitioner candidate	58,585	59,744	62,674	63,827	64,986	66,160						
Asst dir of nursing band 1	59,151	60,296	61,401	64,794	65,862	67,103	68,263	69,415	72,895			
Asst dir of nursing non band 1 hospitals	56,174	57,371	58,588	61,807	63,130	64,349	65,580	67,264				
Director of nursing band 1	78,458	80,639	82,824	85,001	87,181	89,368	91,547					
Director of nursing band 2	72,988	74,968	76,954	78,932	80,921	82,904	84,888					
Director of nursing band 2a	72,425	73,670	74,919	76,162	77,411	78,654	79,901					
Director of nursing band 3	68,448	68,881	70,348	71,803	73,253	74,713	76,162					
Director of nursing band 4	63,957	65,893	67,821	69,758	70,604	72,481	74,356					
Director of nursing band 5	59,831	61,126	62,420	63,711	65,004	66,303	67,598					
Area director - nursing & midwifery planning development unit	82,530	84,997	87,439	89,532	91,867	94,249	96,597					
Director - nursing & midwifery planning development unit	75,190	77,221	79,458	81,916	84,611	87,378						
Director centre of nurse education	68,795	69,866	71,951	74,037	76,122	78,208	80,293	82,466				
Hospital group director of nursing and midwifery	101,860	106,387	110,914	115,439	119,968	124,494						



## Location and qualification allowances

(Applicable from October 1, 2020)

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	<b>Employed on duties in the following locations:</b> 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. <i>(Allowance effective from March 1, 2019)</i>	2,347
Registered nurses	a) Employed on duties in specialist areas appropriate to the following qualifications where they hold the relevant qualifications: <ul style="list-style-type: none"> <li>• Accident and emergency nursing course</li> <li>• Anaesthetic nursing course</li> <li>• Behaviour modification course</li> <li>• Behavioural therapy course</li> <li>• Burns nursing course</li> <li>• Child and adolescent psychiatry nursing course</li> <li>• Coronary care course</li> <li>• Diabetes nursing course</li> <li>• Ear, nose and throat nursing course</li> <li>• Forensic psychiatry nursing course</li> <li>• Gerontological nursing course</li> <li>• Higher diploma in midwifery</li> <li>• Higher diploma in paediatrics</li> <li>• Infection control nursing course</li> <li>• Intensive care nursing course</li> <li>• Neurological/neurosurgical nursing course</li> <li>• Operating theatre nursing course (including paediatric operation theatre)</li> <li>• Ophthalmic nursing course</li> <li>• Orthopaedic nursing course</li> <li>• Higher diploma in cardiovascular nursing/diabetes nursing/oncological nursing/palliative care nursing/accident and emergency nursing</li> <li>• Rehabilitation nursing course</li> <li>• Renal nursing course</li> <li>• Stoma care nursing course</li> </ul>	3,525
<i>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.</i>		
Registered general nurses	b) Holding recognised post-registration qualifications in midwifery or sick children's nursing and employed on duties appropriate to their qualification	3,525
Public health nurses and assistant directors of public health nursing	Qualification Allowance	3,525
<i>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.</i>		
Public health nurses		2,347
<b>Dual Qualified Scale</b> 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: <p>(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 <b>€1,468</b> which they receive in addition to their dual qualified scale.</p> <p>(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 <b>€1,468</b>. Payment of the allowance will cease if the nurse moves out of the qualifying area.</p>		

## Other allowances

(Applicable from October 1, 2020)

Grade	Nature of allowance	€	
Relevant nursing staff*	Nurse management sub-structures – special allowance for weekends/public holidays	3,132	
Public health nurses	Island inducement allowance*	1,859	
Public health nurses	Fixed payment	29.62	
Weekend work	First call on Saturday and first call on Sunday	39.32	
	Each subsequent call on Saturday and Sunday	19.69	
	Payment in lieu of time off for emergency work	29.59	
Theatre nurses/midwives who participate in the on-call/standby emergency services	On-call with standby – each day		
	Monday to Friday	44.57	
	Saturday	57.24	
	Sunday and public holidays	77.38	
	<i>All of these figures based on a 12-hour period. Pro rata to apply after hours.</i>		
	Call-out rate – Monday to Sunday		
(a) Fee per operation per 2 hours (17.00-22.00 hours)	44.57		
(b) (i) Operation lasting > 2 hours and up to 3 hours (17.00-22.00 hours)	66.84		
(ii) Operation lasting > 4 hours and up to 5 hours	111.40		
(c) Fee per operation per hour (after 22.00 hours)	44.57		
On-call without standby		89.13	
(i) Fee per operation, call-in without standby			
(ii) overruns from roster at normal overtime rates (no time back in lieu)			
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 €19.04 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).			
Specialist co-ordinator allowance		4,546	

*\*Review of allowances: Following a review of allowances conducted by the Department of Public Expenditure and Reform, the government decided to abolish certain allowances for new beneficiaries with effect from February 1, 2012.*

## Know your rights and entitlements

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



Contact Information Officers Catherine Hopkins and Karen McCann  
at Tel: 01 664 0610/19

Email: [catherine.hopkins@inmo.ie](mailto:catherine.hopkins@inmo.ie), [karen.mccann@inmo.ie](mailto:karen.mccann@inmo.ie)  
Mon to Thur 8.30am-5pm; Fri 8.30am-4.30pm

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

Check out our new online support resources by logging on to  
[www.inmoprofessional.ie](http://www.inmoprofessional.ie)



#### **Oct 28 Retirement Planning Webinar**

This webinar will cover superannuation, AVCs, lump sum, tax tips and investments. See [page xx](#) for more information. Booking your place in advance of attending is essential.

#### **Oct 29 Introduction to Leg Ulcer Management**

The effective management of complex leg ulcers requires specialist skills, knowledge and understanding. Topics covered in this short online course include pathophysiology, assessment and the management of leg ulcers. Participants will have a better understanding of the theory and concepts of the different causes of leg ulcerations, a deeper understanding of the pathophysiology of leg ulceration, be aware of different non-invasive assessment for leg ulcerations and understand the importance of compression for venous leg ulcerations.

#### **Oct 30 Medication Management Best Practice 2020 Guidance for Nurses and Midwives**

This education 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 NMBI Guidance for Registered Nurses and Midwives Administration (2020) and HIQA requirements for medication management.

#### **Nov 2 Introduction to Effective Library Searching Skills**

This short online course is aimed at nurses and midwives who would like to develop valuable, lifelong information-seeking skills to get the most up-to-date information for clinical practice, reflection or policy development. This course will assist participants who are undertaking academic programmes. It will help participants to identify appropriate information resources for nursing and midwifery, understand how to limit, broaden and save results as necessary and also help them to retrieve full-text items from a reading list or search.

#### **Nov 3 Improve Your Academic Writing and Research Skills**

This short online course is aimed at nurses and midwives who are undertaking third-level academic programmes. This course will assist participants with an overview of the knowledge, skills and good practice needed 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.

#### **Nov 4 Understanding and Managing Burnout for Nurses and Midwives**

This online programme will introduce nurses and midwives to the key concepts relating to burnout and work engagement. The programme will also give them an understanding of approaches to promoting engagement and creating a more fulfilling workplace. It will reveal a lot about the negative sides to spot, give participants a better understanding of the characteristics of burnout and work engagement; differentiate between approaches to measuring burnout and give the skills to identify interventions that can be employed to enhance engagement.

#### **Nov 6 The Importance of Documentation for Nurses and Midwives – Getting it Right!**

This short programme will assist nurses and midwives in understanding their duty of care and responsibility in the area of best practice in documentation, keeping good records and their ethical and legal responsibility to get it right. The programme will explore a range of topics pertinent to documentation, offering guidance on best practice in documentation. The programme will illustrate the importance of documentation as a basis for assessment, planning and evaluation of care, and its role as credible evidence in the event of legal proceedings.

#### **Nov 10 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 the pharmacology of chemotherapy, the side-effects of chemotherapy and chemotherapy regimes and the safe handling of cytotoxics. As good communication skills with patients and families is crucial in chemotherapy, this course will keep your skills up to date.



## **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 shall be in a digital form and will be sent by email. Do not hesitate to contact us at Tel: 01 6640641/18 or email: [education@inmo.ie](mailto:education@inmo.ie)

### **Nov 11 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 given practical tips on how to prepare for and carry out a comprehensive assessment, enabling them to develop a person-centred care plan.

### **Nov 13 Competency-based Interview Preparation for Nurses and Midwives**

This short online programme will assist participants for a competency-based interview, enabling candidates to show how they would demonstrate certain behaviours and skills in the workplace by answering questions about how they have previously reacted to and handled similar workplace situations. It will explore preparation, presentation and performance during the interview and will briefly focus on CV preparation. This session will help you to identify your strengths and gain the confidence to deal with awkward interview questions.

### **Nov 17 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.

### **Nov 19 Navigating Your Way Through Conflict**

This course will help participants develop the insight and skills necessary to successfully navigate their way through conflict situations and reach satisfactory solutions. In many ways, workplaces are perfect breeding grounds for conflict. As well as our skills, we bring our individual needs, goals, ambitions, personalities, perspectives, backgrounds and vulnerabilities with us to work. It is hardly surprising, then, that conflict can arise as we interact with others. While some conflict can be healthy, unresolved conflict can lead to a myriad of negative outcomes with dire consequences for wellbeing. This course will cover unpicking conflict (definitions, frequency and fallout), causes (the obvious and the hidden, hot buttons and emotional illiteracy), our responses (constructive and destructive) and strategies for successful conflict management, leading to a better working environment.

### **Nov 25 Restrictive Practices in Residential Care Settings for Older People**

This short online education programme outlines the requirements of the national policy, national standards and professional requirements for the use of restraint. Against this backdrop, the workshop outlines the decision-making process for consideration of the use of restraint as a therapeutic intervention for individual residents. Participants will learn a systematic approach to assessing the needs of residents when a restrictive practice is being considered. They will be able to differentiate between an enabler and restraint, examine the alternatives to restraint/restrictive practices and rationales for use, learn how to use a decision-making framework when considering the use of restraint for an older person and know how to identify the documentation requirements when a restrictive practice is being used.

### **Nov 26 Introduction to Wound Management for Nurses and Midwives**

This short introductory course will advise participants with guidance and management on wound care management based on good practice, current evidence and supporting guidance. Topics covered on the day include wound healing, wound bed preparation, treatment options and dressing selections. Participants should have a better understanding of 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.

### **Dec 8 Change Management – Valuable Tools for Nurses and Midwives**

The aim of this course is to enhance the understanding of change management and strategies to improve the potential for successful change initiatives in helping nurses and midwives to lead, develop and manage change in the workplace. Participants will gain valuable tools in how to understand the nature and process of change within the healthcare setting; appreciate the importance of managing stakeholders as part of the change process; apply change concepts with their clinical and managerial practice and reflect on their previous experience of change. They will leave with knowledge of how to best support their work colleagues on how to approach change positively.

**FREE**for INMO members;  
€20 for non members.

# Retirement Planning Webinar

**Wednesday,  
28 October 2020**

Online from 2pm - 3.30pm

Unfortunately due to Covid-19 and the need for social distancing all retirement seminars have been cancelled. INMO Professional in partnership with Cornmarket Financial Services have developed an online webinar to help support members planning for retirement.

**Places must be booked in advance to join this webinar.** Following registration you will then receive instructions on how to join so you can save the date and time in your diary and join us on the day. These sessions will briefly cover the following:

- Superannuation and your entitlements.
- Options for drawing down your AVC at retirement.
- Should you 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.

Following the training you will then be given an opportunity to make an appointment with one of the financial experts where you can discuss with them your own situation in more details.

## Your Email

- please ensure you have registered with us with your correct email for this webinar

**BOOKING  
YOUR PLACE  
IS ESSENTIAL**

You will require a link which we will send you by email in order to join the online webinar.

**Book online at [www.inmoprofessional.ie](http://www.inmoprofessional.ie) or  
Call 01 6640618/41.**



## Midwifery resources

Ahead of the annual All-Ireland Midwifery Conference, the library provides a round-up of recent literature covering such topics as Covid-19, breastfeeding and migrant maternity services

### Covid-19 articles

- Renfrew MJ et al. Sustaining quality midwifery care in a pandemic and beyond. *Midwifery* 2020. doi: 10.1016/j.midw.2020.102759
- Coxon K et al. The impact of the coronavirus (COVID-19) pandemic on maternity care in Europe. *Midwifery* 2020. doi: 10.1016/j.midw.2020.102779
- Casey-Hardman C. Remember how far we have come. *Br J Midwifery* 2020. 28(8): 461-461
- Spillane E. COVID-19 and the Impact it has on Communication in Maternity. *Midwifery Matters* 2020. (165): 8-11
- Conroy C. The impact of covid-19 on hospital midwives. *New Zealand College of Midwives Journal* 2020. (97): 8-9
- Midwives Information and Resource Service (MIDIRS) Search Packs – Covid-19: These packs contain comprehensive literature searches and associated records, produced by MIDIRS, on a number of topics including pregnancy, infants, the midwife, labour, delivery and postpartum care and postnatal care.

### International literature

#### Breastfeeding

- Baker P. Breastfeeding, first food systems and corporate power. *Breastfeeding Review* 2020. 28(2): 33-37

#### Diabetes

- Starkey NA. Values-based approach exploring how ethical and professional values influence midwifery care for a woman with Type 1 diabetes. *MIDIRS Midwifery Digest* 2020. 30(2): 203-208

#### Holistic care

- Nash K. Is it time for a more holistic assessment of labour progress? *Br J Midwifery*. 2020. 28(8): 457-459

#### Migrants

- Filby A et al. A service evaluation of a specialist migrant maternity service from the user's perspective. *Br J Midwifery* 2020. 28(9): 652-659

#### Sickle cell disorder

- Zanchin D et al. Midwifery care of women with sickle cell disorder. *MIDIRS Midwifery Digest* 2020. 30(2): 142-149.

### RCM i-learn

RCM i-learn has a wide range of online learning modules designed to support continuous professional development, and is free for INMO midwife members. Visit [www.inmoprofessional.ie/RCMAccess](http://www.inmoprofessional.ie/RCMAccess) or contact the library for further information.

### Maternity and Infant Care (MWIC)

This midwifery-specific database draws together references from journal articles, book chapters, reports, pamphlets, news items, audio visual materials, conference proceedings and other 'grey literature' relating to such topics as labour, birth, postnatal care, infant feeding, neonatal care up until two years of age and the transition to parenthood.

### Library Services

#### Literature searches

The library offers a literature searching service, which is available to members for €6. Library staff will review your search requirements and email you a list of references. This can be useful if you are having difficulty finding relevant articles or if you do not have enough time to complete your search yourself.

#### Remote search consultations

If you require assistance with searching techniques, the library staff can now facilitate remote consultation. Please contact the library to make an appointment.

#### Reference desk queries

Are you looking for an incomplete reference for a bibliography or finding it difficult to locate an article? The library's reference desk service will be able to assist you in solving those tricky questions.

#### Library education programmes

The INMO library runs education programmes on library searching techniques and managing information. These programmes provide essential skills on searching for evidence to assist with policy development, clinical guidelines and evidence-based nursing and midwifery. It also provides skills in relation to managing information and keeping up to date, including with the use of reference management software. See below for upcoming course dates or visit [www.inmoprofessional.ie](http://www.inmoprofessional.ie)

### Library assistance

The library is open to members with research and search queries. If any member requires assistance, please contact [library@inmo.ie](mailto:library@inmo.ie) or Tel: 01 6640614/625. The library can provide remote training if required.

Open Monday-Thursday, 8.30am-5pm and Friday, 8.30am-4.30pm. Please note that appointments must be made for visits to the library.

### We are on the move

The library is relocating to the ground floor of the Whitworth Building (HQ). If you wish to visit the library, please call first to make an appointment. Thank you.

## Online – Introduction to Effective Library Search Skills

Next course dates: Monday, November 2, 2020

Fee: €30 INMO members; €65 non-members

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.





# Intrahepatic cholestasis in pregnancy

Early and accurate diagnosis of this liver condition can minimise adverse outcomes, according to a new module from RCM i-learn

INTRAHEPATIC cholestasis of pregnancy (ICP), also known as obstetric cholestasis (OC), is the most common pregnancy-specific liver disorder, affecting around 5,500 women every year in the UK. It is associated with spontaneous premature birth, foetal distress and, in severe cases, stillbirth.

In the UK, diagnosis, treatment and management of ICP varies from hospital to hospital. Therefore, most of the content in this module is based on what is known from existing research. It has been compiled in liaison with Prof Catherine Williamson from King's College London. Prof Williamson is a world-leading expert on the condition, having worked with patients with ICP since 1997. She collaborates with many other international research groups and works at St Thomas' Hospital, London, where she sees women from across the UK.

This course aims to introduce participants to ICP, or to improve their knowledge of it, and is based on up-to-date research.

## Learning outcomes

- After completing this module you will:
- Have a greater understanding of ICP
  - Be able to identify how ICP is diagnosed
  - Have a better understanding of the treatment and management of ICP, including its many variables and complexities
  - Appreciate the implications of ICP for the woman and her baby
  - Be able to discuss screening options with the obstetric team
  - Be able to offer evidence-based advice and support to the woman and her family
  - Be able to discuss future pregnancy care concerns.

## What is ICP?

'Cholestasis' simply refers to sluggish or interrupted bile flow. 'Intrahepatic' means

that the problems begin within the liver. 'Pregnancy' is added to define ICP as a pregnancy-specific condition, as it is possible for both men and women to have intrahepatic cholestasis outside pregnancy.

Cholestasis leads to a build-up of bile acids and other substances in the liver, which then 'leak' into the woman's bloodstream. This means that a raised level of bile acids in the blood is always necessary to confirm the diagnosis of ICP. This module will address what bile acids are and at what levels they might be considered harmful.

## Background

ICP was first mentioned in 1883 by Ahlfeld, who wrote about a pregnant woman with jaundice that resolved after birth. In the 1950s, two Scandinavian researchers, Svanberg and Thorling, reported that while jaundice might be present in a small number of women, what they all had in common was pruritus – which typically presented in the third trimester of pregnancy – and raised liver enzymes. The addition of raised bile acids as a feature came later as further research was conducted.

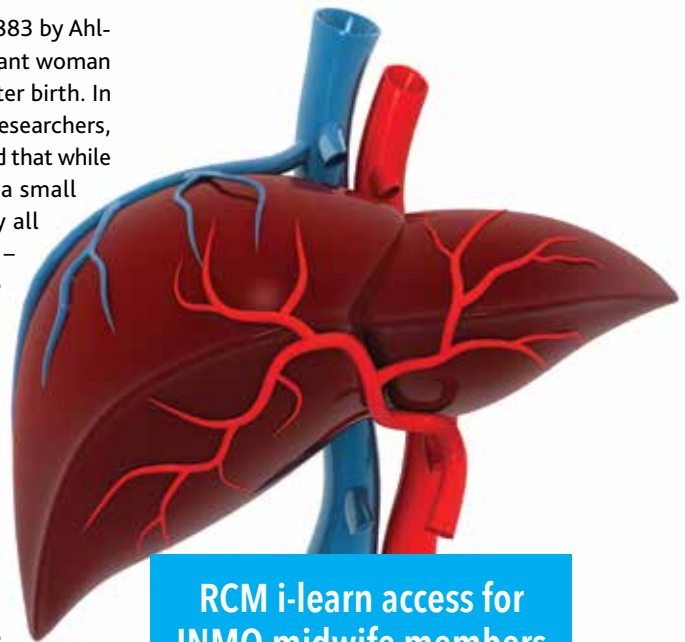
ICP is the most common liver condition specific to pregnancy and affects just under 1% of pregnant women in the UK. It has a worldwide incidence of 0.1-2% and is more common in certain parts of the world, affecting up to 5% of pregnant women in South America, which still has the highest rates for ICP.

Although the itching can be distressing, ICP is generally a relatively benign condition for the woman during pregnancy. However, it is recognised as a risk factor

for spontaneous and iatrogenic preterm birth, meconium staining of the amniotic fluid/meconium passage, an increased risk of admission to the neonatal unit and stillbirth.

Following birth, all symptoms and biochemical abnormalities usually resolve fairly quickly, although some women report cyclical itch that correlates to ovulation and the onset of menstruation.

Early and accurate diagnosis of ICP can potentially minimise adverse outcomes and begin to prepare the parents for the possibility of obstetric intervention.



## 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](http://www.inmoprofessional.ie/RCMAccess) or email the INMO library at [library@inmo.ie](mailto:library@inmo.ie) for further information

**SAVE THE DATE**



Irish Nurses and Midwives Organisation  
Working Together



# All Ireland Annual Midwifery Conference

**Midwifery – adaptable  
and responsive  
during a crisis**

**Thursday,  
5 November 2020**

**Online Interactive  
Conference**

This years event will be  
delivered online.



The Annual Poster Presentation will be taking place.  
Further details will follow, contact [jean.carroll@inmo.ie](mailto:jean.carroll@inmo.ie)



# Resolving issues in the workplace

Catherine O'Connor gives a rundown of the Irish health service grievance procedure

IN a recent issue of the *WIN*, I went through how the Dignity at Work Policy can be used to reference bullying in the workplace. Internship students and new graduates sometimes have other issues in the workplace that they do not feel confident addressing by themselves. As employees, it is important that you are aware of the process of resolving a workplace issue, as well as how your union can support you in doing so.

## What is the grievance procedure?

There is a national policy for dealing with grievances, which is outlined in the Grievance and Disciplinary Procedures for the Health Service (2004)<sup>1</sup> and applies to employees working in the public health service. The policy came about following discussions between the Health Service Employers Agency (HSEA) and health service trade unions, and it is in accordance with the Labour Relations Commission's Code of Practice on Grievance and Disciplinary Procedures. It is worth reading so that you have a greater understanding of the steps involved in resolving a grievance.

## What is a grievance?

A grievance is defined in the procedure as "a complaint which an employee(s) has concerning his or her terms and conditions of employment, working environment or working relationships".<sup>1</sup> A grievance can be individual or collective, ie. complaints raised by or on behalf of a group of employees. The procedure covers a range of issues, including rostering arrangements and granting of overtime, health and safety issues, the interpretation of national/local agreements (including matters relating to pay-related benefits), and relationships with work colleagues.

Depending on the nature of your grievance, you may feel that you need extra support. Please remember that INMO members have access to a 24-hour counselling helpline service. Public sector

employees also have access to the employee assistance and counselling service.

## Resolving a grievance

There are four formal stages to the grievance procedure. However, as many routine complaints can be resolved on an informal basis, the grievance procedure requires that nurses and midwives raise the matter informally with their immediate line manager before invoking the formal grievance procedure. If the complaint relates to the line manager, the nurse/midwife may discuss the matter informally with another manager.

New graduates can be held back by a fear of repercussions, but it is important to note that one of the underpinning principles of the grievance procedure is that a nurse/midwife cannot be penalised for making a complaint in good faith, regardless of whether the complaint is upheld. If you are unsure of your rights and entitlements and would like more information, please get in touch with the INMO Information Office (contact details are available at: [www.inmo.ie/Pay\\_Rights](http://www.inmo.ie/Pay_Rights)).

If the matter has not been resolved satisfactorily through informal discussions, the nurse/midwife may then raise a formal complaint under the grievance procedure. As a nurse/midwife, you have the right to be accompanied by a union representative at all formal meetings under the grievance procedure and I would strongly advise any member with a grievance to discuss it with the union official for their area before formally invoking the grievance procedure. Your union official is there to support and guide you through the process; they will explain what your options are and what is likely to happen. If you don't know who the INMO official for your area is, please visit: [www.inmo.ie/Industrial\\_Relations](http://www.inmo.ie/Industrial_Relations)

The first stage of the procedure is to raise the issue with your line manager. A meeting will then be held within seven working days. The outcome of that meeting should be

given in writing to the nurse/midwife within seven working days. If an agreement cannot be reached, the second stage involves the matter being referred to a more senior manager. Again the nurse/midwife should receive the decision in writing within a further seven working days of the meeting.

If there is still no resolution, the issue is progressed to stage three – referral to the human resources (HR) department. If the issue remains unresolved at that stage, then under stage four of the procedure the issue may be referred to an appropriate third party, such as the Labour Relations Commission, the Labour Court or officers of the Workplace Relations Commissioner.

## Keep good records

As with other types of workplace issues such as bullying, it is within your interest to keep a written record for yourself. Make a note of the time and date when you first spoke with your line manager about your grievance. If it is not possible to resolve the issue informally and you need to invoke stage one of the grievance procedure, you should write to your manager to make a formal complaint and to notify them that you are invoking the grievance procedure.

Remember to utilise your union if you experience difficulties in the workplace. The issue is yours, but your INMO union official is there to provide you with advice, to support you through the process, and to represent you if required. As you begin your career, it is important that you address issues in the workplace as soon as possible. If an issue is addressed early on, there is a greater chance of a quick and satisfactory resolution, which will help you to feel happier and more confident in the workplace.

*Catherine O'Connor is the INMO's student and new graduate officer. If you have a query you can send an email to: [catherine.oconnor@inmo.ie](mailto:catherine.oconnor@inmo.ie)*

## Reference

1. Health Service Employers Agency 2004. *Grievance and Disciplinary Procedures for the Health Service*. Pages 2-6. Available at <https://www.hse.ie/eng/staff/resources/hrppg/grievance-and-disciplinary-procedure-2004.pdf>

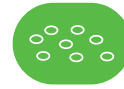




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Accurate at time of publication: September 2020

#### References

1. O'Carroll E et al. (Abstract) Presented at The Nutrition Society Advancing Nutritional Science Spring Conference, Glasgow. 2018.
2. Nutricia Data on File, 2020





A column by  
Maureen Flynn

# Quality & Safety

## New HSE Covid-19 QI learning webpage

IN THIS month's column we introduce new resources available on the National QI Team section of the HSE website. The unprecedented changes introduced rapidly across health care provide a real opportunity to capture QI learning. The Covid-19 QI Learning section of the website is now available to help anyone with an interest in quality improvement and identifying, showcasing and demonstrating the lesson learned from how we have all responded to Covid-19.

### Content

Often it's hard to know where to start when searching for dependable approaches to quality improvement. To help, the National QI Team scanned the available information and brought a small number of important resources together in one place with easily accessible links. These are contained in four pages:

- *Covid-19 Response National QI Team Role and Contribution* – this page sets out the 12 Ways in which the National QI Team supported the national response to Covid-19 through to June 2020 and links to the full report
- *QI resources to support learning from Covid-19* – this page contains links to QI leaders, blogs, QI tools and articles on QI and Covid-19
- *Resources developed to support the National Covid-19 response* – the National QI Team contributed to the development of several resources to support health and social care services in Ireland; for example, assisted decision making, open disclosure, medication safety tools, guidance and information
- *Q All-Ireland Covid-19 Learning: Visioning for the Future Workshop* – contains the write up, themes emerging and reflections of the workshop held on August 26.

### Get involved

This is an ideal time to think about capturing Covid-19 QI learning. At your next team, ward or department meeting, you might like to talk about some of the work

### Links to resources from QI leaders

- The Institute for Healthcare Improvement (IHI) has cultivated a list of helpful resources in the context of Covid-19. See: [www.ihf.org/Topics/Covid-19](http://www.ihf.org/Topics/Covid-19)
- Health & Social Care Quality Improvement Northern Ireland has provided a range of tools used by teams in Trusts and Primary Care to capture learning from Covid-19 can be accessed here: <https://qi.hscni.net/covid-19-learning>
- The Health Foundation has a mission to improve health and healthcare and is supporting individuals and organisations across the health and social care system to deal with current challenges. Ireland is one of five country partners supporting the Q Community. It has developed a series of blogs, long reads, chart series, press releases, consultation responses and programmes. See: [www.health.org.uk/](http://www.health.org.uk/)
- The East London NHS Foundation Trust Quality Improvement have developed a number of Covid-19 Resources, including Improvement tools and Covid-19 stories, among other resources. See: [www.qi.elft.nhs.uk/resources-covid-19](http://www.qi.elft.nhs.uk/resources-covid-19)
- Healthcare Improvement Scotland iHub is directly supporting the health and social care system to develop and implement changes to services in response to Covid-19. See: <https://ihub.scot/>
- The International Society for Quality in Healthcare has created a global coronavirus Resource Centre. See: <https://isqua.org/covid19-research-page.html>
- The RCPI has developed a series of eight free videos with QI tools for maintaining quality and safety during a pandemic. See: [www.rcpi.ie/quality-improvement-programmes/](http://www.rcpi.ie/quality-improvement-programmes/)
- HSE Library Services has published a national easily-accessible repository of clinical guidance to equip the clinical community in Ireland with the requisite information while working within the current Covid-19 environment at: <https://hse.drsteevenslibrary.ie/Covid19V2>



of the QI leaders and QI tools or to reflect on some of the articles included within the site. In particular, there are two tools we have shared on the site that support rapid learning:

- Understanding crisis-response measures: Collective Sense-making (Ian Burbidge)
- Learning from Covid-19: A tool for capturing insights now to shape the future; – Collaborate for social change.

### More information

The link to the webpage and further

information is available on the National QI Team webpage: [www.hse.ie/eng/about/who/qid/covid-19-qi-learning](http://www.hse.ie/eng/about/who/qid/covid-19-qi-learning)

If you would like any further information or a chat about Covid-19 QI Learning, please contact me by email at: [maureena.flynn@hse](mailto:maureena.flynn@hse).

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

Acknowledgement: A special thank you to the Roisin Egerton, Noemi Palacios and colleagues of the National QI Team for sharing information and assistance in preparing this column



The National Quality Improvement (QI) Team, led by Dr Philip Crowley, supports services to lead sustainable improvements for safer better health care. We partner with staff and people who use our health and social care services to champion, enable and demonstrate QI achieving measurably better and safer care. Read more at: [www.qualityimprovement.ie](http://www.qualityimprovement.ie) or link with us on Twitter: @NationalQI



# Safeguarding your mental health

Doris O'Toole describes a new initiative designed to meet the mental health needs of students on clinical placement in children's services

THE World Health Organization (WHO) broadly describes wellbeing as a state of being where the "individual can cope with the normal stresses of life".<sup>1</sup> However, the clinical environment heightens many stressors for nursing students,<sup>2,3</sup> which may have an impact on their mental health in practice.

Building resilience, developing positive coping strategies, promoting self-efficacy and emotional development and embracing a positive 'sense of self' are all fundamental to supporting

one's own mental health.<sup>4</sup> However, these concepts are not intrinsically embedded in the undergraduate curricula in Ireland, despite the many challenges encountered by students.

Moreover, there is an increasing number of students presenting with mental health difficulties in practice, which are multifactorial. Consequently there is a need to explore this further by examining students' specific mental health needs. While there are many published studies relating to stress among nurses, limited research was identified in the Irish context that is pertinent to the development of a specific mental health wellbeing programme to support pre-registration nursing students in clinical practice. Due to the paucity in the literature, a student needs analysis was undertaken prior to the design and implementation of such a programme in one children's organisation.

## Aims and objectives

- To identify factors that affect the mental health wellbeing of students in practice in a children's setting
- To explore the resources used by students to support their mental health wellbeing
- To explore the content required to design/develop an innovative mental health wellbeing programme for students.

## Description of the innovation

A questionnaire was devised to address the objectives, and was piloted among six students affiliated to one Irish children's organisation and higher education institute. The questionnaire was

subsequently distributed to a convenience sample of children's and general (integrated) nursing students towards the end of second year ( $n = 21$ ) and during internship ( $n = 21$ ), with a response rate of 65% and 100% respectively. Participation was voluntary and questionnaires were completed anonymously. As an organisational improvement initiative, ethical approval was not required.

## Data analysis and interpretation

Data analysis involved both quantitative and qualitative thematic analyses. Stressors identified that negatively affected students' mental health predominantly related to work demands, financial concerns, nursing programme regulatory requirements, the clinical environment and clinical staff attitudes.

Firstly, clinical placements compounded by engagement in other employment (during supernumerary placements) resulted in considerable stress and 'work burnout' for many students. For some, financial worries implicated students working a considerable number of hours in addition to their required clinical hours, which in turn impacted negatively on their mental health due to significant exhaustion and anxiety.

This concurs with findings from the My World Survey,<sup>5</sup> which similarly illustrated the effects of financial stress and university demands on students' mental health. Limited time for socialising with family and friends, in addition to financial constraints to engage in recreational activities, equally inflicted a burden on students' wellbeing.

The 100% attendance requirement stipulated by the Irish nursing regulatory body<sup>6</sup> was also highlighted as a key stressor, particularly where students experienced an extended period of placement absence. Of concern, some students highlighted that they chose to attend placement on occasion despite feeling



unwell and exhausted due to the constraints of the nursing programme.

Students' clinical exposure, specifically when coping with the death of a child, managing distressed parents, caring for a critically ill child, high activity and patient acuity levels, witnessing a 'difficult' diagnosis and adapting to new work environments all contributed to negative feelings, impacting on students' mental health.

The attitude of clinical staff towards students was also noted as influential, particularly in relation to team inclusion, support level and appraisal of their contribution in the workplace.

Students overwhelmingly supported the need for a specific mental health wellbeing programme, identifying work-life balance, self-care, peer mentoring, formal debriefing/reflection, stress management and coping skills, conflict resolution and mindfulness as necessary components. Other suggestions included workshops on 'caring for the critically ill child', 'the death of a child', 'coping with children presenting with a mental health illness', 'managing their own mental health wellbeing on clinical placement and the support and resources available'. The introduction of mental health promotion days and digital supports such as blogs and videos were also recommended.

The suggested format and topics for inclusion in the programme were similar across both cohorts. Most students recommended the initiation of the programme from first year, with continued input throughout their training. Small group sessions of approximately one hour duration were recommended for the workshops. Students cited the need for debriefing sessions with their peers to reflect on traumatic or concerning incidents.

Resources commonly used by students to support their mental health included clinical placement co-ordinators (CPCs), nurse managers, preceptors, peers, family and friends. Less commonly accessed supports included psychiatry and counselling services. Other strategies used by a large number of students included exercise, yoga and meditation. In contrast, less frequently used measures involved healthy eating, good sleep hygiene, journalling, mood tracking apps and the use of anti-depressant medication and alcohol.

Following the data interpretation, the Mental Health Well-Being (MHWB) programme was developed and introduced as a pilot initiative for first-year children's and

general (integrated) students (n = 35) in one children's organisation in Ireland. The introductory interdisciplinary programme incorporated clinical psychology, nurse education, health promotion, occupational health, mental health nurse specialists and a mental health organisation. Students received a three-hour workshop during their hospital induction, followed by a further three hours during their first children's clinical placement. Topics included 'understanding mental health and mental illness', 'minding your mental health on clinical placement', 'managing stress and coping strategies', 'healthy lifestyle', 'self-care', 'mindfulness' and 'supports/resources available to students'.

Weekly semi-structured debriefing/reflective sessions were included in the programme delivery. These were facilitated by the CPCs using a framework focusing on both positive and challenging situations experienced by students, in particular exploring students' coping strategies.

#### *Impact of the programme*

Following data analysis of the post-intervention questionnaires (n = 26), an overwhelming majority (96%) of students indicated that they applied what they learned from the MHWB programme to their clinical placement experience, particularly in relation to the use of positive behavioural practices. Interestingly, many students alluded to modified lifestyle habits to include improved sleep hygiene, exercise, relaxation techniques, prioritising self-care and 'leaving work behind'. The majority of students (92%) evaluated the debriefing sessions as 'very good' or 'excellent', highlighting the benefits of shared peer learning in a 'safe space'. The reassurance that many of their peers shared similar worries minimised their own personal feeling of isolation. Many students (61%) rated their own coping skills as 'very good' or 'excellent', with the remaining students rating 'good'.

Workshops based on student feedback will continue to be scheduled for the first-year pilot cohort throughout the remainder of their training programme, with continued evaluation. A number of MHWB workshops were also scheduled for other cohorts due to the significant demand from their student counterparts. Equally, at organisation level, an electronic platform for students to access mental health information such as educational videos, student information leaflets and signposting to resources was initiated.

#### **Limitations and challenges**

The findings of this initiative are representative of the experiences of students at one children's organisation and therefore may not concur with the experiences of their counterparts in other services. As the MHWB programme is currently facilitated during students' clinical allocations, it requires significant planning from first year onwards, as students are allocated to multiple external clinical sites. Collaboration with the affiliated higher education institute is crucial to sustain and maximise the delivery of the programme going forward. Resources, including funding and availability of interdisciplinary personnel including external agencies, may prove challenging in the future.

#### **Conclusion**

Preliminary data following the implementation of the introductory programme in year one has been highly positive and supportive of the need for a structured mental health wellbeing programme for nursing students. While the findings are specific to a children's organisation, it is likely that students across other nursing programmes are experiencing similar needs in relation to mental health wellbeing education, due to the diverse challenges in practice and the limitations of the undergraduate nursing curricula.

A collaborative discourse among higher education institutes, clinical partner services, the INMO and the nursing regulatory body to consider a standard mental health wellbeing programme for pre-registration students is clearly warranted. Timely delivery of theoretical and practical input to equip students with the resources to become more resilient is integral to safeguarding their mental health wellbeing during their training and thereafter in preparation for life as a registered nurse.

*Doris O' Toole is a clinical placement co-ordinator with Children's Health Ireland and is currently leading the MHWB programme in a Dublin children's hospital*

#### *References*

1. World Health Organisation (2004) *Promoting mental health: concepts, emerging evidence, practice (summary report)*, Geneva, World Health Organisation
2. Al-Gamal E, Alhosain A, Alsunay K. Stress and coping strategies among Saudi nursing students during clinical education. *Perspect Psychiatr C* 2018, 54: 198-205
3. Labrague LJ, McEntoe-Petitte DM, Gloe D, Thomas L, Papatathanasiou IV, Tsaras K. A literature review of stress and coping strategies in nursing students. *J Ment Health* 2017. 26 (5), 471-80
4. Barry M, Clarke A, Petersen I, Jenkins R. *Implementing Mental Health Promotion, 2nd Edition*, Springer, Switzerland 2019
5. Dooley B, O'Connor C, Fitzgerald C, O'Reilly A. *My World Survey 2: The National Study of Youth Mental Health in Ireland*, UCD, Jigsaw & ESB Energy for Generations Fund 2019
6. Nursing and Midwifery Board of Ireland (2016) *Nurse Registration Programmes Standards and Requirements, 4th Edition*, NMBI

# Developing cancer support services

Anne Murphy describes how Clare Cancer Support has adapted to the challenges presented by Covid-19 to ensure its services remain available to those diagnosed with cancer

THERE are 150,000 cancer survivors in Ireland. Some 50% of all cancer survivors have had breast or prostate cancer. One in four cancer survivors has physical and psychological consequences and emotional challenges following treatment.

Cancer survivorship begins at the time of diagnosis and continues to the end of life. By 2020, one in 20 will be a cancer survivor. It is also recognised that adverse effects that are not addressed in the first-year post completion of acute treatment are significantly more likely to become chronic, requiring greater levels of ongoing care.<sup>1</sup>

There were 550 new cases of cancer recorded in Co Clare in 2016.<sup>2</sup> Increasing numbers year-on-year have been observed.

The most recent National Cancer Strategy (2017-2026)<sup>1</sup> has listed cancer survivorship as a national priority. High-quality survivorship can empower patients to achieve their best health outcomes while living with and well beyond cancer. Supported self-management can improve general physical health, including preventing and managing co-morbidities

Voluntary organisations have been recognised as organisations that play a huge role in supporting survivors.<sup>1</sup> Drop-in centres have been cited as places that provide the security blanket and get you back living and managing and taking responsibility for your own health.<sup>1</sup> While recognised as a valuable community resource the Strategy recognises that many patients are not aware of the existence of these services, as there is no structured referral pathway between hospital and community and support centres.

Since centralisation of cancer services the people of Co Clare go to Limerick or Galway for treatment. Some may travel to Dublin depending on their diagnosis and treatment plan. Support centres are available in both Limerick and Galway in near proximity to the hospitals and accessible to all the major designated cancer treatment centres, but the support centres at these sites are outside the community of Clare cancer patients and their families and friends.

## Clare Cancer Support

Clare Cancer Support, Sláinte an Chláir is a voluntary cancer support centre that helps people and their families affected by cancer in Co Clare. It provides practical support, information and supportive therapies. The centre has developed many of its services over the years to support and help cancer patients and their families through a difficult diagnosis with the aim to improve their health and wellbeing and a better quality of life overall. All our services are evidence based and in keeping with best practise. All our services are free of charge and funded 100% by fundraising. We have two sites, Kilnamona, Co Clare and a satellite centre in Raheen, East Clare offering this support in their local communities.

We are proud to say that, through extreme hard work and dedicated volunteers and staff, our centre in Co Clare is providing a service that reflects what this strategy aspires to. See *Table 1 for a timetable of our services.*

## Changes since Covid-19

Since Covid-19 the 'drop in' centres doors have been closed and remain closed

## National Cancer Strategy (2017-2026)

The National Cancer Strategy (2017-2026) identified as a major focus the need to develop and increase the role of clinical nurse specialists and advanced practitioners in the delivery of cancer care. The recent Health Service Employment Report (July, 2020) showed that there were 2,139 (WTE) nurse/midwife specialist and 444 (WTE) AN/MPs employed in the HSE. There are no specific details on the number of CNSs or ANPs in the area of palliative care or oncology. However, there are indications of the development of the role as detailed in the National Cancer Strategy Implementation Report 2019.

There remains significant scope to expand the role of the CNS and ANP in cancer care, particularly in the development of nurse-led services for assessment, administration of oral chemotherapy, follow up and ongoing support. The role of the nurse is at the heart of the National Cancer Control Programme and the development of this role has been identified as a priority.

There are excellent examples of nurses leading and delivering cancer care throughout the country as part of a multidisciplinary team.

on best advice. However, we have adapted our services to continue to support people affected by cancer in our community. We are very mindful of the number of people that we support during an exceedingly difficult time in their lives, Covid-19 is an added worry.

As a team we made a commitment to continue the services to the best of our abilities and within a safe environment,

**Table 1: Clare Cancer Support timetable of services**

<b>Mondays</b>	<b>Tuesdays</b> Kilnamona Support Centre	<b>Wednesdays</b> Raheen Hospital, East Clare, Cancer support centre 10am-3pm	<b>Thursdays</b> Kilnamona Support Centre	<b>Fridays</b> Kilnamona Support Centre	<b>Saturdays</b> Kilnamona Support Centre
<b>Aqua Aerobics</b> 11am-12 (Booking required)	<b>Counselling</b> By appointment	<b>Counselling</b> By appointment	<b>Counselling</b> By appointment	<b>Counselling</b> By appointment	<b>Bone strengthening class</b> 1.15pm -2.15pm
	<b>Group Meditation</b> 11am-12 Drop-in class	<b>Group Meditation</b> 11am-12 Drop-in class	<b>Group Meditation</b> 11am-12 Drop-in class	<b>Breast cancer support group</b> Second Friday of each month	
	<b>Bone Strengthening class</b> 1.15-2.15 pm Booking required	<b>Bone Strengthening class</b> 12.15-1.15pm	<b>Tai Chi</b> 12 45-1.45pm Drop-in class		<b>Monthly men-only cancer group</b> 11am-1pm Contact centre for details
	<b>Arts &amp; Crafts</b> 10am-3pm (Drop in)	<b>Arts &amp; Crafts</b> 10am-3pm (Drop in)	<b>Arts &amp; Crafts</b> 10am-3pm (Drop in)		
	<b>Reflexology</b> By appointment	<b>Reflexology</b> By appointment	<b>Reflexology</b> By appointment		
<b>Mastectomy bra-fitting service</b> (Bravelle) By appointment	<b>Indian massage</b> By appointment		<b>Reiki</b> By appointment		
	<b>Lymphoedema Management</b> One Tuesday per month and by appointment		<b>Oncology nurse</b> By appointment (various days)	<b>Monthly Hairdresser</b> available by appointment (on various days)	
Lunch served to all centre service users between 12.30 and 2pm. Coffee, tea and soft drinks available all day					
Please Note: All bookings must be done through the centre by ringing or texting 087 6912396. Appointments are subject to availability and prioritised. All services are free of charge. Service users are welcome to use both centres. East Clare Cancer Support Centre is on the grounds of Raheen Hospital in Tuamgraney. Contact details are the same for both centres					

taking our guidance from the HSE and the National Cancer Control Programme (NCCP).

Our phone lines have remained open, messages can be left 24/7 and calls will be returned.

We prioritised our counselling service, retaining the expertise of our two counsellors and through Zoom and phone this service has continued.

Our oncology nurse works remotely from home with one on one support available via phone and Zoom as preferred. All new contacts of the centre are referred to our oncology nurse and services offered appropriate to the person's health status. Sharing of public health advice continues through our Facebook page and our WhatsApp groups and local media. Policies and procedures continue to be amended and updated to reflect the changing healthcare environment caused by Covid-19.

Our physiotherapy-led bone strengthening classes continue via Zoom.

Our lymphoedema therapist has worked remotely via Zoom to advise and support during the lockdown phase. Phase 3

reopening permitted a limited number of face-to-face consultations and treatment (Lymphoedema Ireland Guidelines), adhering to strict infection control practice and by appointment only.

Our arts and crafts groups continue through project work and this is shared via our Facebook page and our WhatsApp groups and Zoom chat groups. We are currently creating a 'blanket of love' and a booklet to celebrate our tenth anniversary.

The centre offers transport to hospital appointments. Our bus has been adapted to minimise risk to our drivers and passengers. Perspex screens/ UV cleaning machine and training for all personnel in best infection control practise has been carried out.

All our service users and our volunteers and therapists miss the drop-in centre very much. Re-opening of the drop in centres is unfortunately not an option at the moment.

Technology has helped us all to keep connected and has been a great support to many in Co Clare with both their physical and mental health needs. However, lack of

devices and poor internet connections has proved challenging for some of our service users.

A real concern for us is accessing newly diagnosed people during this pandemic time who have not had the option of dropping in to us to see what the centre offered before the pandemic. Through local media, radio and newspapers we remind people what we can offer service users.

In the past two months we have had a significant increase in calls from people who are about to start their cancer treatment or who have recently finished and were feeling low and in need of a bit of support. Many others were unfamiliar with services they could access at this time. These contacts remind us in Clare Cancer Support that community support in our county is very much needed.

*Anne Murphy is an oncology nurse specialist at Sláinte an Chláir, Clare Cancer Support*

References  
 1. <https://www.gov.ie/en/publication/a89819-national-cancer-strategy-2017-2026/?referrer=http://www.health.gov.ie/wp-content/uploads/2017/07/National-Cancer-Strategy-2017-2026.pdf> (Cpt 13)  
 2. <http://www.ncri.ie/publications/statistical-reports/cancer-ireland-1994-2014-annual-report-national-cancer-registry> accessed 20/07/2020



# Responding to patients' sleep needs

Nurses can aid the sleep of inpatients with non-pharmacological strategies, write Maeve Kinsella and Maurice Kinsella

TIME spent in the hospital can be physically and emotionally demanding. One underlying reason for this is sleep deprivation. Notwithstanding the best efforts of staff, environmental disturbance, overcrowding and bed shortages negatively affect patients' sleep quality and recovery. As a clinical and personal point of contact for patients, nurses are uniquely placed to recognise the sources of sleep disturbance and to implement practical, non-pharmacological responses to them. These responses can help hospitals to attend to patients' holistic needs, therefore fostering positive patient experiences.

## Challenge of in-hospital sleep

It is difficult to overstate the importance of sleep for restoration and healing, with many of the body's essential functions occurring during rest.<sup>1</sup> In fact, as Dunn et al<sup>2</sup> note "healing cannot occur without a good night's sleep". Nowhere is its restorative function<sup>3</sup> more apparent than when a patient's health is compromised.

It is, however, also a tricky and sometimes erratic part of the hospital experience – hardest to achieve, ironically, when it is most needed. Hospital staff strive, during the day and at night, to ensure that their patients' stay is as restful as possible at a time and place that is already disruptive of sleep.<sup>4</sup>

In-hospital sleep deprivation is a prominent source of stress and anxiety for patients,<sup>5,6</sup> as well as a potential source of harm to their broader health and wellbeing.<sup>7</sup> Patients internalise the ebb and flow of hospital life unfolding around them, and sleep disturbance derives from more than just biocognitive factors such as pain or anxiety. It also encompasses environmental factors such as noise and light. This experience is particularly true in circumstances where patients may be placed on trolleys for extended periods, in areas that are not designed for short-term habitation.

Numerous researchers have conducted

clinical audits<sup>8,9,10</sup> to identify environmental causes of in-hospital sleep disturbances. Here we can note stressors that people hear and those that people see. Unfamiliar and often disconcerting noises are part of hospital life. Sound is produced from professional and personal conversations<sup>11</sup> and from administering care.<sup>12</sup>

Sound can also be produced by medical and recreational technology. Furthermore, light from overhead appliances and machines can have a detrimental impact on patients who already have a heightened sensitivity to intrusive elements.

## Strategies for promoting sleep

Just as the sources of sleep disturbance are multifactorial, so too are the strategies to combat them. Pharmacological approaches are well established in "treating sleepiness, sleeplessness and sleep-related movements".<sup>13</sup> However, we need to ask which other strategies can be implemented to run either in conjunction with or in place of medications.

Non-pharmacological interventions have a role to play, with Owens<sup>14</sup> stating that best practice should continue to focus on reducing the need for pharmacological aids to facilitate sleep. Dubose and Hadi<sup>15</sup> have developed a schematic highlighting three non-pharmacological means of mitigating against environmental triggers:

- Environmental approaches that reduce stimuli within patients' surrounding environment, eg. through more wall/floor sound insulation, attentiveness to minimising disruptions/noises and establishing dimmer lighting periods
- Intermediate approaches that limit the transmission of environmental stimuli to the patient, eg. providing people with eye masks and earplugs
- Internal approaches that lessen patients' sensitivity to such stimuli, eg. practising relaxation techniques.

Focusing on intermediate strategies, clinical researchers have supported the

provision of 'sensory reduction items' to patients, such as eye masks and earplugs.<sup>16-23</sup>

These strategies may help in promoting non-medicated sleep and avoiding unnecessary sedation, which can help patients to be more in tune with their body.<sup>23</sup> More broadly, they can offer a simple, non-invasive and cost-effective contribution towards overcoming sleep disturbance when provided to appropriate patient cohorts. Sensory reduction items are particularly beneficial at times when 'environmental' approaches are impractical, such as on hospital wards or when trolleys are being used. The sense of personal control that they offer is also valuable in reducing anxiety levels in what is often perceived by patients as being an otherwise hostile environment.<sup>16</sup>

## A culture of sleep

Sleep promotion strategies are not an optional complement to nursing care. Instead, they help to bring it to completion and are at the heart of the nursing ethos. Nurses walk alongside patients and their families through their hospital journey, providing care, clinical feedback and counsel. They have a unique insight into, and understanding of, patients' lived experiences. Consequently, they are well placed<sup>3</sup> in terms of assessing the effectiveness and feasibility of non-pharmacological responses to sleep disturbance and deprivation strategies. A nurse's disposition can help to promote sleep, with Gellerstadt et al<sup>24</sup> noting that nurses' bedside manner can have both positive and negative influences on patients' sleep patterns.

Sleep is not an all-or-nothing facet of hospital care, and it is unrealistic to expect sleep disturbances to be mitigated completely. While environmental conditions cannot be fully accommodating of sleep, practical, evidence-based steps can be taken to improve sleep promotion strategies. In this context, researchers and

practitioners alike should bear in mind two core issues:

- The efficacy of responses, ie. the clinical effectiveness of the interventions
- Their practical utility, ie. how useful they are to broader populations and how logistically viable they are.

In both contexts, intermediate interventions such as eye masks and earplugs can make a significant contribution to sleep supports.

While Covid-19 shapes the contemporary narrative on the provision of medical care in an acute setting, it is, nonetheless, important to remind ourselves that the fundamentals of patient care remain relevant and timeless.

Amid the to-and-fro of hospital life, it is crucial to remain mindful that attentiveness to patients' rest and sleep needs is one of the cornerstones of holistic patient care. This attentiveness can be achieved, among other ways, by finding practical, non-pharmacological ways in which to mitigate against environmental stressors, within the constraints presented by a hospital environment. This is a multidisciplinary effort requiring co-operation between different healthcare professionals, and it should

always be grounded in the individual needs of the patient.

*Maeve Kinsella is a clinical nurse manager working in the acute hospital setting. She co-founded Squirrel Bag, an Irish, family-owned business that supply patient-centred care packs to healthcare facilities and pharmacies. Maurice Kinsella is a director of Squirrel Bag*

#### References

1. Robotham D, Chakkalackal L, Cyhlarova E. Sleep Matters: The Impact of Sleep on Health and Wellbeing – Mental Health Awareness Week 2011. Mental Health Foundation 2011. Available at: <https://www.mentalhealth.org.uk/publications/sleep-report>
2. Dunn H, Anderson AM, Hill PD. Night-time Lighting in Intensive Care Units. *Critical Care Nurse* 2010; 30:31-37
3. Gilsean I. How to Promote Patients' Sleep in Hospital. *Nursing Standard* 2017; 31(28):42-4
4. Lei Z et al. Sleep quality and sleep disturbing factors of inpatients in a Chinese general hospital. *J Clin Nurs* 2009; 18(17):2521-9
5. Menefee LA, Cohen MJ, Anderson WR, Doghramji K, Frank ED, Lee H. Sleep disturbance and nonmalignant chronic pain: a comprehensive review of the literature. *Pain Medication* 2000; 1(2):156-72
6. Kamdar BB, Needham DM, Collop NA. Sleep deprivation in critical illness: its role in physical and psychological recovery. *J Intensive Care Med* 2012; 27(2):97-111
7. Cook NF. A fine Balance: The Physiology of Sleep. *Practice Nursing* 2013; 19(2)
8. Honkavuo L. Nurses' Experiences of Supporting Sleep in Hospitals – A Hermeneutical Study. *Int J Caring Sci* 2018; 11(1):4-11
9. Ding Q, Redeker NS, Pisani MA, Yaggi HK, Knauert MP. Factors Influencing Patients' Sleep in the Intensive Care Unit: Perceptions of Patients and Clinical Staff. *Am J Crit Care* 2017; 26(4):278-86
10. Hewart C, Fethney L. Improving Patients' Sleep: Reducing Light and Noise Levels on Wards at Night'. *Nursing Management* 2016; 22(9):18-23
11. Ryherd S, Okcu T, Hsu A, Mahapatra A. Hospital Noise and Occupant Response. in *Ashrae: Transactions* 117(1). American Society of Heating, Refrigerating and Air-Conditioning Engineers 2011. Atlanta: GA: 248-255
12. Norton C, Flood D, Brittin A, Miles J. Improving Sleep for Patients in Acute Hospitals. *Nursing Standard* 2015; 29(28):35-42
13. Proctor A, Bianchi MT. *Clinical Pharmacology in Sleep Medicine*. ISRN Pharmacology 2012. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/23213564>
14. Owens RL. Better Sleep in the Intensive Care Unit: Blue Pill or Red Pill... or No Pill?. *Anesthesiology* 2016; 125(5):835-7
15. Dubose JR, Hadi K. Improving Inpatient Environments to Support Patient Sleep. *Int J Qual Health Care* 2016.
16. Jones C, Dawson D. Eye Masks and Earplugs Improve Patient's Perception of Sleep. *Br Assoc Critical Care Nurses* 2012; 17(5):247
17. Richardson A, Allsop M, Coghill E, Turnock C. Earplugs and Eye Masks: Do they improve critical care patients' Sleep? *Nursing in Critical Care* 2007; 12(6):278-86
18. Alway A, Halm MA, Shilhanek M, St Pierre J. Do Earplugs and Eye Masks Affect Sleep and Delirium Outcomes in the Critically Ill? *Am J Crit Care* 2013; 22(4):357-60
19. Hu RF, Jiang XY, Zeng YM, Chen XY, Zhang YH. Effects of Earplugs and Eye Masks on Nocturnal Sleep, Melatonin and Cortisol in a Simulated Intensive Care Unit Environment. *Critical Care* 2010; 14(2):R66
20. Daneshmandi M, Neisheh F, Sadeghi Shermeh M, Ebadi A. Effect of Eye Mask on Sleep Quality in Patients with Acute Coronary Syndrome. *J Caring Sci* 2012; 1(3):135-43
21. Atye Babaii A, Adib-Hajbagheri M, Hajibagheri A. Effect of Using Eye Mask on Sleep Quality in Cardiac Patients: A Randomized Controlled Trial. *Nursing and Midwifery Studies* 2015. 4(4): 1-6
22. Bajwa N, Saini P, Kaur H, Kalra S, Kaur J. Effect of Ear Plugs & Eye Mask Among ICU Patients: A Randomised Control Trial. *Int J Curr Res* 2015. 7(12): 23741-5
23. Scotto CJ, McClusky C, Spillan S, Kimmel J. Earplugs Improve Patients' Subjective Experience of Sleep in Critical Care. *Nursing Critical Care* 2009. 14(4): 180-4
24. Gellerstedt L, Medin J, Karlsson, M. Patients' Experiences of Sleep in Hospital: A Qualitative Interview Study. *J Res Nursing* 2014. 19(3): 176-88



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muscle spasms, arthralgia and peripheral oedema. Other effects that have been reported include: Clostridial infections, urinary tract infections, candidiasis, pneumonia cellulitis, upper respiratory tract infection and rhinitis. Blood disorders (e.g. anaemia, thrombocytopenia). Anaphylactic reactions, angioedemas, hypersensitivity. Anorexia, hyperkalaemia and dehydration. Confusion, sleep disorders, balance disorders, convulsions, hypoesthesia, memory impairment and attention disorders. Hypotension, hypertension and fainting. Hot flushes. Breathing difficulty, pleural effusion, COPD. Gastrointestinal disorders and skin reactions. Liver function test abnormalities. Dysuria, pollakiuria and proteinuria. Oedema. Pyrexia. INR abnormalities. Prescribers should consult the SmPC in relation to all adverse reactions.

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**References:**

1. National Institute for Health and Care Excellence. Rifaximin for preventing episodes of overt hepatic encephalopathy: appraisal guidance TA337 for rifaximin. Available from: <http://www.nice.org.uk/guidance/ta337>
2. TARGAXAN<sup>®</sup> 550 Summary of Product Characteristics. Available for the UK from: <https://www.medicines.org.uk/emc> Available for Ireland from: [www.medicines.ie](http://www.medicines.ie)
3. Mullen KD, et al. Clin Gastroenterol Hepatol 2014;12(8):1390-97.

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UK/XIF5/0919/0549

Date of preparation: October 2019.



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# Research focus

This month we take a look at some new findings from recent research in the area of gastroenterology

## Probiotic treatment with dead bacteria is better than placebo at alleviating symptoms of IBS

Probiotic bacteria that have been killed by heat can significantly improve symptoms of irritable bowel syndrome (IBS) compared to placebo, and are not associated with any safety risk, according to a new 12-week, randomised, double-blind, placebo-controlled clinical trial with 443 patients published in *The Lancet Gastroenterology & Hepatology*.

While they do not know the exact way this potential treatment works, the researchers suggest that these dead bacterial cells are able to stick to cells lining the stomach in the same way that live probiotics do. This may help to strengthen the gut's barrier against harmful bacteria and toxins, which otherwise may contribute to the symptoms of IBS. Researchers also observed a strong placebo effect, which is common in IBS studies, but the probiotic treatment was still significantly better than placebo.

Previous trials with probiotics to alleviate IBS symptoms have focused on live bacterial strains, with a few having a significant clinical effect, including *Bifidobacterium bifidum* MIMBb75. This bacterium is particularly good at sticking to cells in the gut wall, which could explain its effects. The use of live probiotics is considered safe, but they have a limited shelf life. Some bacteria die in storage, so it is not known how many are still alive when "to our knowledge, no other dead bacterial strain has been found to significantly improve IBS and its symptoms, but the probiotic we used in this first clinical trial appears to reach or even surpass the effects of the live form," said Prof Peter

Layer from University of Hamburg Teaching Hospital, Germany, who led the research.

They randomly assigned 443 patients to take either two capsules of heat-inactivated *Bifidobacterium bifidum* MIMBb75, or two placebo capsules, twice daily, for eight weeks. From the 221 patients who received the probiotic, 74 (34%) experienced an improvement in abdominal pain by at least 30% and a significant alleviation of IBS symptoms at least 50% of the time, compared to 43 (19%) of the 222 patients who received the placebo. This translates to 1.7 times greater treatment success in the probiotic group.

There was no difference in side effects between the groups, and none of the side effects were severe. Some 200 patients (91%) rated the tolerability of treatment as good or very good, compared to 191 (86%) in the placebo group.

The authors highlighted the considerable placebo response as a potential limitation of the study, with 19% of patients recording an improvement in symptoms according to the study criteria. However, they point out that a strong placebo response is common in controlled IBS trials. For example, in some studies, over 40% of patients reported an improvement in IBS symptoms when receiving only a placebo.

– DOI: 10.1016/S2468-1253(20)30056-X

## Nerve discovery could unravel gut mysteries

Scientists at Flinders University in South Australia have identified a specific type of sensory nerve ending in the gut and how these may 'talk' to the spinal cord, communicating pain or discomfort to the brain. The team believes that this discovery is set to inform the development of new

medications to treat problems associated with gut-to-brain communication, paving the way for targeted treatments to mitigate related dysfunction.

While understanding of the gut's neurosensory abilities has grown rapidly in recent years, two of the great mysteries have been where and how the different types of sensory nerve endings in the gut lie, and how they are activated. An important step in answering these questions has been made possible through the development of new techniques by Prof Nick Spencer's Visceral Neurophysiology laboratory at Flinders University.

"We know that many disorders of the brain and gut are associated with each other, so unravelling their connection is critical to developing targeted, efficient treatments for what can be debilitating conditions like irritable bowel syndrome, chronic constipation or ulcerative colitis," Prof Spencer explained.

His research revealed an extraordinarily complex array of nerve endings that are located over multiple layers of tissues in the lower colon.

"Our study identified the two classes of neurons involved and their location in a range layers in the colon including muscle and mucus membranes, which are potentially capable of detecting sensory stimuli," he said.

This research was supported by grants from the Australian Research Council (ARC) and the National Health and Medical Research Council (NHMRC).

The paper was published in the *Journal of Comparative Neurology*. *J Comp Neurol* 2020; Jan 7.

– DOI: 10.1002/cne.24854

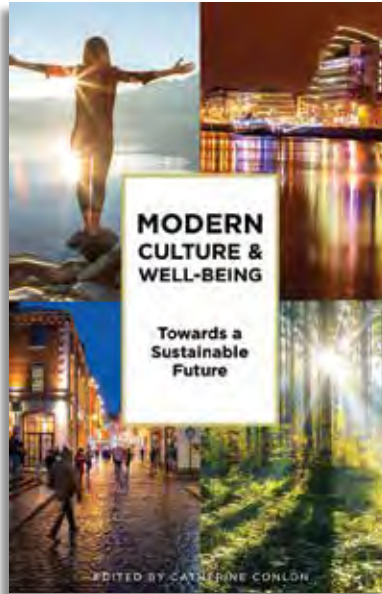
# A timely look at ourselves

IN A year in which we have all been forced to make fundamental changes in the way we live, both individually and collectively, there is no better time to re-evaluate our priorities. It is therefore timely for *Modern Culture and Well-Being: Towards a Sustainable Future* to bring together Irish leaders and commentators in the fields of public health, medicine, politics and environment to discuss sustainable living and to examine pertinent issues within our society.

Edited by Catherine Conlon, director of health and nutrition at Safefood, this book explores the aspects of how we live today that influence the way we feel, the way we eat and move around, the addictive traits that consume us, right up to the exponential rise in fossil-fuel consumption and ecological devastation that now threaten the entire planet.

While it might seem like a great leap from what's on your plate to ecological devastation, the premise of book is essentially an extrapolation of the 'think local, act global' message.

Dr Conlon asked a diverse gathering of



experts to share their views on what we need to do, individually and collectively, to move towards inhabiting a better world and creating a sustainable future, both for ourselves and for future generations.

The book begins by focusing on mental health and wellbeing, encompassing issues

surrounding diet, exercise, obesity and addiction. While some of these issues raise the issue of sustainable living, the next section on sustainability deals with it in a more collective and global sense, with commentators on climate change emissions and transport. The book then reverts to individual attributes such as selfishness, altruism and resilience. Finally we are presented with 'the way forward'.

Contributors include: Patricia Casey and Breda O'Brien on mental health; Donal O'Shea on obesity; Colin O'Gara on addiction; John Gibbons and Eamon Ryan on environment and sustainability; Catherine Conlon on selfishness and altruism; and many more. It is quite an accomplishment to gather such a diverse group of Ireland's leading experts for this wide-ranging exploration of Ireland's modern culture. It makes for a somewhat uncomfortable, but thought-provoking read.

– Tara Horan

*Modern Culture and Well-Being: Towards a Sustainable Future* is published by Veritas. ISBN: 978 1 84730 908 2 RRP €14.99

## CROSSWORD Competition



- Across**
- 1 Something which is supposed not to be known, but everybody knows it (4,6)
  - 6 Indistinct image (4)
  - 10 Bedtime beverage (5)
  - 11 Do some laundry, then nag? That's loco! (4,5)
  - 12 & 15 Will it affect a rural Glam bar as it alerts one to intruders? (7,5)
  - 17 The entrance to a mine will be found in the wadi tomorrow (4)
  - 18 Behind schedule (4)
  - 19 One living abroad, in part of a duplex patio (5)
  - 21 The capital of Iraq (7)
  - 23 Greek home of a fur Co (5)
  - 24 Equips with weapons (4)
  - 25 Bog or heathland (4)
  - 26 Add this to get a child out of bed (3,2)
  - 28 Open shoes, usually worn in summer (7)
  - 33 Passé, having been removed from a desert fruit (3,2,4)
  - 34 Disconcert or overturn (5)
  - 35 This river flows through Kilkenny (4)
  - 36 With no enthusiasm, in a way that lacks an inventory? (10)

- Down**
- 1 Killer-whale (4)
  - 2 Meet (9)
  - 3 Informal language, jargon (5)
  - 4 Country whose ancient name was Cathay (5)
  - 5 The love-god has a sore back (4)
  - 7 Stage of development exemplified by the caterpillar (5)
  - 8 Hammer suit into shape with this painful ailment (10)
  - 9 Played unfairly, hoodwinked (5)
  - 13 Ms Simpson, who plays the saxophone (4)
  - 14 Strips of bacon (7)
  - 16 Bush from which you get sloes (10)
  - 20 April says change will make for inability to move (9)
  - 21 Swelling gone? One would kill for that! (4,3)
  - 22 Mr Rickman played Éamon deValera in 'Michael Collins' (4)
  - 27 Personal teacher (5)
  - 29 Watchful (5)
  - 30 Fleshy fruit with a stone (5)
  - 31 Salvador, surrealist Spanish painter (4)
  - 32 Kildare town, found among neat hydrangeas (4)

1	2	3	4	5	6	7	8
					9		
10			11				
	12		13	14	15		
16				17			
18					19	20	
			21		22		
23						24	
			25				
26	27			28	29	30	
				31			32
33						34	
35			36				

- September crossword solution**
- Across:** 1 Banana skin 6 Laid  
 10 Gabon 11 Poisonous  
 12 Almanac 15 Medal 17 Agra  
 18 Host 19 Nudes 21 Branded  
 23 Rural 24 Tsar 25 Idol 26 Orals  
 28 Aladdin 33 Norwegian  
 34 Melon 35 Yawn 36 Dishonesty
- Down:** 1 Bugs 2 Nebuliser 3 Ninja  
 4 Sepia 5 Ibis 7 Aloud 8 Disclosure  
 9 Command 13 Near  
 14 Cannula 16 Chardonnay  
 20 Disciples 21 Blister  
 22 Ezra 27 Arrow 29 Lynch  
 30 Demon 31 Mini 32 Only

**The winner of the September crossword is:**  
**Mary McAnaw**  
**Donegal Town**

You can now email your entry to us at [nursing@medmedia.ie](mailto:nursing@medmedia.ie) by taking a photo of the completed crossword with your details included.  
**Closing date:** Wednesday, 21 October, 2020  
 If preferred you can post your entry to: Crossword Competition, WIN, MedMedia Publications, 17 Adelaide Street, Dun Laoghaire, Co Dublin, A96E096

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

# MONEY MATTERS

## Last minute AVC time

Single premium AVCs can help you maximise your money before you retire, writes Ivan Ahern

EVERY year hundreds of Public Sector Employees receive thousands of euro extra tax-free lump sum at retirement, thanks to Single Premium AVCs.

### Tax-Free Lump Sum Shortfall

If you are approaching retirement, it's important to check if the tax-free lump sum that you will receive when you retire is the maximum that you are entitled to.

You will receive a tax-free lump sum from your employer which is based on your service and salary. However, this could be less than the Revenue Maximum that you are entitled to for a number of reasons, for example if you:

- Have less than full service (40 years' pension)
- Have any non-pensionable earnings
- Have received a reduction in pay in the last number of years
- Have more than 40 years' service and are over age 60
- Are retiring under the Cost Neutral Early Retirement Scheme.

If you fall into any of these categories, and have not yet retired, then there is still time to maximise your money in retirement with a single premium AVC, alternatively known as a 'Last Minute' AVC.

Shortfalls can be complex to calculate, so if you are unsure if you have a shortfall or not, it's important to seek the advice of a professional. Cornmarket can help you with this.

### What is a single premium AVC?

A single premium AVC presents a fantastic opportunity for you to increase your tax-free lump sum at retirement. It allows you to invest a single lump sum contribution before you retire, in order to maximise the tax relief that's available to you.

Let's take an example: With the help of a financial consultant, Susan identified that the superannuation tax-free lump sum she would receive at retirement would be €65,000. However, the Revenue Maximum that she was entitled to was €80,000.<sup>1</sup> In order to make up for her shortfall of



Table: Single premium AVC investment example

Lump sum contribution	€15,000
Plus fee and contribution charge <sup>1</sup>	€1,195
<b>Susan's total investment</b>	<b>€16,195</b>
Less tax relief back received (tax at 40% pa)	€6,478
Actual cost to Susan	€9,717
<b>Single premium AVC profit</b>	<b>€5,283</b>

€15,000 and also make the most of the tax-relief available, she decided to make a Lump Sum Contribution into a Single Premium AVC before she retired - see Table.

Having taken out her single premium AVC, Susan benefited as follows:

- After investing – and completing a tax return, she received €6,478 back from Revenue
- After retiring – she received her shortfall of €15,000
- In total – the profit that Susan made was €5,283.

For simply investing this lump sum before retirement, she was much better off.

### Remember

You can only invest in a single premium AVC before you retire. For expert advice on

why a single premium AVC may be right for you and other key things that you should consider before you retire, contact our expert team at Tel: 01 4200973.

To claim a tax rebate, you must complete a tax return and any relief granted is subject to Revenue rules.

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

### References

1. Figures based on a retiring salary of €53,333 with 32.5 years' service

2. €595 fee plus 4% contribution charge. An annual management charge will also be applied by the insurance company. The typical charge is 1% per annum

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# Managing osteoporosis during Covid

## International bone health experts issue management guidance

ACROSS the world healthcare services have had to make rapid changes to services so that resources could be focused on the Covid-19 response, and many patients with chronic conditions, such as osteoporosis, have had their care interrupted. It is estimated that 300,000 people in Ireland have osteoporosis. One in two women and one in four men over 50 will develop a fracture due to osteoporosis in their lifetime and many are at a higher risk of fracture.

With social distancing mandates in place, many patients with or at risk of osteoporosis are avoiding treatment and testing, and diagnoses are delayed. In light of this, leading bone health organisations have issued guidance for healthcare professionals treating people with osteoporosis during the Covid-19 pandemic. This guidance outlines important treatment adjustments for osteoporosis therapies and alternative methods for assessing fracture risk in the absence of a DXA scan should it not be available.

The joint guidance – issued by the American Society for Bone and Mineral Research, the American Association of Clinical Endocrinologists, the Endocrine Society, the European Calcified Tissue Society and the National Osteoporosis Foundation – addresses the challenges that social distancing has presented for treating those with osteoporosis, including patients who receive treatment through injection or intravenous delivery of drugs.

“We are facing a very urgent healthcare pandemic, and it is easy to forget underlying conditions that are silent and do not usually manifest until there is a major medical issue, like a fracture, which is the equivalent of a skeletal heart attack,” said Suzanne M Jan De Beur, associate professor of medicine at the Johns Hopkins University School of Medicine and incoming president of the American Society for Bone and Mineral Research.

The guidance recommends:

- Oral bisphosphonates prescriptions be commenced via telemedicine and should not be delayed for patients with high fracture risk
- Bone mineral density examinations can be delayed
- Standard treatment labs can be avoided if

lab results within the preceding year were normal

- A brief delay in denosumab treatment can be considered but if the delay exceeds one month, consider a temporary transition or oral bisphosphonates
- For patients who are on IV bisphosphonates, delays of even several months are unlikely to be harmful.

“It is important people with osteoporosis stay on top of their medical care and stay in the medical routine. Clinicians must ensure patients take their medications and that they have access to the medications. If clinicians must modify osteoporosis therapy because a patient cannot come in for injections, follow the guidance or put them on a bridge therapy to keep them from losing bone,” she added.

The full guidance document is available at: <https://bit.ly/CovidOsteoporosis>

Meanwhile, as we enter the next phase of Covid-19 management, a recently published article in the *European Journal of Endocrinology* suggests pragmatic advice on the management of osteoporosis and commonly encountered calcium problems.<sup>1</sup>

The article states that there is no evidence to suggest that patients with calcium disorders and osteoporosis are at an increased risk from Covid-19 but the authors add that mineral and metabolic bone conditions may be an added complication in patients presenting with the illness.

The authors stress the need to ensure that patients with complex health needs continue to be identified and be provided with effective management strategies during this time.

“We need to be mindful of planning over the medium term to prevent excess chronic disease morbidity. The aftermath of the pandemic will not likely be characterised by a return to business as usual. We will need to take what we have learned during this acute phase to develop novel models of working. This will involve careful consideration of where we add value as specialists. It is clear that we will need to harness multidisciplinary working and digital health solutions to meet this challenge.”

The authors state that “the challenge of this pandemic will act as a catalyst to innovate within our management of

metabolic bone and mineral disorders to ensure best use of resources and resilience of healthcare systems in its aftermath.”

The article notes the success of helplines run by clinical specialist nurses supported by consultants and recommends that IT systems are used to provide remote ‘advice and guidance’ to GPs and non-specialist colleagues.

The authors recommend that patients should be directed to online resources and helplines set up by specialist societies, organisations and patient groups to provide support during the pandemic.

They advise that non-urgent elective appointments should be postponed and remote consultations and digital health solutions promoted. Where possible, patients should be empowered to self-manage their conditions safely.

The authors note that ensuring vitamin D status is optimised to ‘sufficient’ levels is a core component of the management of metabolic bone diseases, so it is important that loading or maintenance supplementation is administered as appropriate.

The article asserts that the vast majority of patients with chronic metabolic bone and calcium disorders can have follow-up safely converted to remote review. The authors recommend that the use of telephone calls or video consultations is appropriate in these patients and that routine letters to inform patients of changes in their management and follow-up plans should be sent, including who to contact in the event of any concerns with their condition.

It is also recommended that the need for routine blood tests should be reviewed and arrangements should be made for blood testing away from the acute hospital sites with ‘drive-through’, ‘pop-up’, GP and domiciliary phlebotomy services being suggested models.

To ensure consistency in the delivery of osteoporosis care, the article also recommends that those specialising in osteoporosis management should be engaged at national level and that clinical guidelines and protocols with pragmatic approach to osteoporosis management should be shared.

DOI: <https://doi.org/10.1530/EJE-20-0385>

# Low awareness of heart valve disease

THE European Heart Health Survey, an international survey of people aged over 60 years across 11 European countries, has found very low awareness in Ireland of heart valve disease and of certain symptoms requiring medical attention. Heart valve disease is largely a condition of ageing that can be diagnosed by a simple stethoscope check.

Heart and stroke charity Croí is calling on the government to offer everyone over the age of 55 years a free annual cardiac check to ensure early diagnosis of a range of cardiovascular diseases. Heart valve disease is where one or more of the valves in the heart is diseased or damaged, giving rise to a narrowing of the valve (stenosis) or causing leakage (regurgitation), meaning the heart can't pump blood effectively.

Often symptoms are not recognised or ignored and this can have fatal consequences. People perhaps recognise more overt symptoms such as chest pain and irregular heartbeat, but more understated symptoms such as breathlessness and tiredness, can be important red flags.

Estimates suggest that 13% of people over 75 years will experience heart valve

disease. There are over 2.7 million people across Europe age 65 and over thought to have heart valve disease with this figure set to rise to 20 million Europeans within the next two decades due to changing age demographics. If severe aortic stenosis is left untreated 50% of patients will die within two years of developing symptoms. While common and serious, heart valve disease is very treatable.

The European Heart Health Survey questioned 1,000 people over 60 years in Ireland and found:

- Only 5% of respondents could accurately define aortic stenosis, the most prevalent type of heart valve disease.
- Only one-third (32%) claim to receive a stethoscope check that can detect a heart murmur at every GP visit – compared with 76% in France and 57% in Belgium
- While the majority of respondents would seek an appointment with a general practitioner for symptoms such as chest tightness/pain (87%), shortness of breath (68%), abnormal heartbeats (67%) or feeling faint (51%), only a minority would seek medical help if they had some of the other key symptoms of



aortic stenosis, such as fatigue (30%), reduced physical activity (21%) and feeling older than your age (18%)

Neil Johnson, Croí CEO said that the provision of a free annual cardiac check for the over 55s would have clear health and economic benefits.

"Globally we are living longer and it's in everyone's interest that we maintain good health and quality of life for as long as possible. A stethoscope check is an inexpensive means of undertaking early diagnosis for heart valve disease and everyone over 65 years should have one at least once a year. This combined with checks for other cardiovascular diseases such as a pulse check for atrial fibrillation, blood tests for heart failure and cholesterol, and blood pressure checks for heart attack and stroke, should form part of a comprehensive annual cardiac check," he added.

## Asthma Society calls for medication to be subsidised

IN ITS prebudget submission, the Asthma Society is calling on the government for a subsidisation of all asthma medications outlined in steps 1 to 4 of GINA guidelines which categorise medications for the main treatment of asthma for those with mild to moderate asthma. The society is calling for:

- Universal full subsidisation of medications
- Expansion of the national fund for severe asthma medication
- Extension of the current asthma management programme
- An increase in the number of registered ANPs to meet 2% Department of Health guidelines
- Provision of annual core funding for the Asthma Society of Ireland.

Emily Blennerhasset, interim CEO of the Asthma Society, said: "It is clear that Ireland does not have the right tools to care for people with asthma. It makes sense for the government to step up and make Ireland more asthma-friendly.

## More than half of cardiac nurses are 'emotionally exhausted'

A SURVEY of nurses caring for children with heart problems has revealed that more than half are emotionally exhausted. The analysis, presented at the ESC Congress 2020, also found that good working environments were linked with less burnout.

"Nurses' wellbeing is central to ensuring the best outcomes for patients," said study author Dr. Annamaria Bagnasco of the University of Genoa, Italy. "When wards have poor leadership and fragmented teams with no development prospects for nurses this should raise an alarm that there is a risk of burnout."

A web survey was distributed to 2,769 nurses working in children's hospitals throughout Italy between September 2017 and January 2018. A total of 2,205 (80%) nurses responded, of whom 85 worked in cardiology wards and intensive care units (ICUs). Additional data were collected from hospital administrations. Topics included workload, skill mix, work

environment, and emotional exhaustion.

This analysis focused on responses from the 85 nurses working in cardiology wards and ICUs at five hospitals. Interviews were also conducted with these nurses. More than half (58%) were emotionally exhausted. The main causes were related to working conditions, including being responsible for high numbers of patients and the complexity of caring for sick children.

"The most important consequence was that 30% of the nurses we interviewed wanted to either go and work in another hospital or even change their career," said Dr Bagnasco.

She also noted that paediatric cardiac nurses must collaborate with children and their families, who often feel concerned and afraid. "Establishing a trusting relationship is essential but burned out nurses may find it 'too heavy' to bear emotionally. If the working environment is positive for the nurses who work in it, children and their families will receive better and safer care."

**October**

- Thursday 1**  
Nurse/Midwife Education Section meeting. 2pm via Zoom
- Saturday 3**  
ODN Section meeting. 11.30am via Zoom
- Friday 9**  
Special delegate conference
- Tuesday 13**  
Telephone Triage Section webinar. From 11am
- Wednesday 14**  
Third Level Student Health Nurses Section meeting. From 10am via Zoom
- Thursday 15**  
Student Allocation Liaison Officers meeting. From 12pm via Microsoft Teams
- Saturday 17**  
PHN Section meeting. 11am via Microsoft Teams

**November**

- Thursday 5**  
All-Ireland Midwifery Conference (online)
- Thursday 12**  
Directors and Assistant Directors masterclass webinar

**Wednesday 25**  
CPC Section meeting. 10am via Microsoft Teams

**Saturday 28**  
PHN Section online conference. 11am

**December**

**Monday 7**  
National Children's Nurses Section meeting. 10am via Zoom



**Message of support**

❖ The Retired Nurses and Midwives Section would like to thank and extend solidarity and support to all frontline workers for their dedication during the pandemic.  
– Anne T Winters, chairperson and Mary O'Hara, secretary

**INMO Membership Fees 2020**

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

**Condolences**

- ❖ We offer our sincere condolences to the family and friends of Eilis Herson, who recently passed away. Eilis was an active member of the Galway Branch and is loved and remembered by her colleagues for her kindness, sincerity and wit. *Ar dheis Dé go raibh a hanam.*
- ❖ We learned with sadness of the passing of Deirdre Kelleher from the UCD School of Nursing, Midwifery and Health Systems. Deirdre was a member of the children's nursing faculty and was instrumental in establishing the BSc Children's and General Nursing integrated degree programme. She was also a member of the INMO Children's Nursing Section. We offer our heartfelt condolences to her husband Des, their extended family and all of her friends and colleagues.
- ❖ The INMO extends its sympathy to Mary O'Doherty, INMO rep at Ennistymon Community Hospital, following the loss of her sister Bridget Hynes – may she rest in peace.



# WIN Recruitment & Training

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Text your name and address to **0871437417** and we will post you an application form





## Irish Nurses and Midwives Organisation

Cumann Altraí agus Ban Cabhrach na hÉireann

Working Together

## Industrial Relations Executive

*(Four posts)*

The Industrial Relations Executive is a new post within the INMO as a result of an internal review. This offers a new and exciting opportunity to work as part of a dedicated team, providing and developing services to members within a geographic region. The INMO is committed to providing an excellent service to its members on all collective and individual matters, and in order to match our growing membership, we must expand our industrial relations team.

### **General:**

Within the INMO's industrial staff structure, Industrial Relations Executive will report to the Director of Industrial Relations and be accountable on a daily basis to the Assistant Director of Industrial Relations.

### **Assignment:**

The INMO is currently seeking four Industrial Relations Executives for the following areas (panels for future appointments may be made by region):

- Dublin Office: Dublin North and Midlands (incorporating Dublin North (CCA and COE), Longford and Westmeath Community Care Services)
- Dublin Office: Dublin South City and County, Wicklow, CHO6 (care of the older person, community nursing, RNID and private services)
- Cork Office: Cork City and South East/South/South West Region (incorporating Cork City, East Cork, West Waterford, elder care, ID, occupational health, private services and voluntary acute hospital Cork City and private hospital in Waterford)
- Limerick Office: Midwest Region and South Galway.

### **Essential requirements:**

- A relevant third-level qualification
- Demonstrable commitment to trade unionism and social justice
- Excellent organisational communication and teamworking skills
- Experience of negotiations and representing groups and individuals, including where collective and individual rights have potential conflicts
- Valid full driving licence
- Understanding of national and international developments in nursing and midwifery.

### **Desirable requirements:**

- A knowledge of the operations and structures of the INMO
- A knowledge of the professional requirements for nurses and midwives
- Experience of employment law and industrial relations practice
- Nursing/midwifery qualification

A detailed job description is available from the General Secretary's PA. Please submit your letter of application and a detailed CV to [gspaoffice@inmo.ie](mailto:gspaoffice@inmo.ie) no later than **5pm on Friday, October 16, 2020** stating clearly which post(s) you wish to apply for.

# A REMINDER



Irish Nurses and Midwives Organisation  
Working Together

**If you have qualified since 2019** and have **completed 16 weeks of work post internship** (including pre-reg experience), under the strike settlement you get to skip the 2nd point of the salary scale and **progress straight to the 3rd point, worth €32,734** in basic salary. **If you qualified in 2018** and are still on the 2nd point, you get to **skip the 3rd point, go straight to point 4, and can apply for the Enhanced Practice contract.** You may also be entitled to the **new medical/surgical ward allowance.** Many of you will have moved up the scale and had the location allowance applied automatically, but be sure to check with your payroll/HR department.

If you have any questions, please contact;

**Catherine O'Connor,**  
**INMO Student/New Graduate Officer**  
Email: [catherine.oconnor@inmo.ie](mailto:catherine.oconnor@inmo.ie)

If you are not a new graduate but have questions about your pay, please contact INMO Information Department.



## Night Nurses

The Irish Cancer Society are seeking Night Nurses who have some palliative experience and can provide a minimum of two nights per week. Job description on [www.cancer.ie](http://www.cancer.ie)

Email CV to [recruitment@irishcancer.ie](mailto:recruitment@irishcancer.ie)  
Informal enquiries to 01-231 0524 or [mferns@irishcancer.ie](mailto:mferns@irishcancer.ie)



## 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](mailto:mphilbin@rotunda.ie)

## Advertising in WIN

Next issue: November 2020

Booking deadline: Monday, October 19, 2020

Tel: 01 271 0218

email: [leon.ellison@medmedia.ie](mailto:leon.ellison@medmedia.ie)

Don't forget to mention *World of Irish Nursing and Midwifery* when replying to advertisements



## International Council of Nurses 2021

Congress and Exhibition, June 5-9, 2021

Email: [icn2021@icn.ch](mailto:icn2021@icn.ch)

Web: [www.icn/ch/events/icn-congress-abu-dhabi](http://www.icn/ch/events/icn-congress-abu-dhabi)





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