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WIN

INMO
Journal of the
Irish Nurses and Midwives Organisation

World of Irish Nursing & Midwifery

Latest INMO CPD education programme
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Trolley chaos continues into new year
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General Election 2020
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Teamwork is new INMO IR mantra
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Why inclusion matters in health
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Looking to the future

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On the cover this month *(l-r, back): Roisín Callaghan and Jo Stuve (l-r, front): Ingvild Berg Lauritsen, Melissa Plunkett and Edel Marlèn Taraldsen*

NEWS & VIEWS

FEATURES

CLINICAL

LIVING

JOBS & TRAINING

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

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Breastfeeding: The best start

Health benefits for infants

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

Long-term benefits for children

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

Benefits for mothers

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

Support for mothers is essential

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

Work and breastfeeding

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

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The Irish Nurses and Midwives Organisation supports breastfeeding

For more information log onto www.breastfeeding.ie

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Using our voices in GE2020

ELECTION season is underway and for many members this offers an opportunity to raise issues with those canvassing for your vote. Politicians of all parties and none have made commitments to improving our health service – often pledging to implement the Sláintecare reform package.

Cross-party support for Sláintecare is a welcome breakthrough. It's a real opportunity to deliver a set of reforms that span beyond one government or one election cycle. But there is one big problem – funding. The underlying principles of Sláintecare depend on sufficient funding for the health service and a commitment to provide healthcare through a public system.

Sláintecare – if implemented properly – would bring about a fundamental change whereby healthcare access is based on clinical need, not ability to pay for that service. It emphasises the absolute need to develop and grow care outside of acute hospitals.

Our two-tier system means that ability to pay often means quick access to diagnostics and services for those who can afford it. To change that, we need some upfront funding to kickstart reforms, alongside the usual day-to-day funding.

Sláintecare also sets a challenge to change from the current private delivery of elder care and move from "the over-reliance on market mechanisms to deliver new healthcare services by the expansion of public nursing homes and homecare". All members can see that elder care is insufficient to meet our ageing population's needs, unless we invest in public, long-term step-down and homecare for the elderly.

The pace of our population's change is rapid. In the past decade, there has been a 35% increase in those living beyond the age of 65. Obviously this is welcome but it poses clear challenges for the delivery of care. For example, hospital admissions are 7% higher for those over 65. Therefore, we must plan for additional public health service beds. Yet this year's HSE service plan proposes a 220-bed decrease in the public care of the elderly sector. This is a clear failure to plan for the future. The INMO has lodged objections to this plan – not only because of the need for beds, but because it will only drive a reliance on the private sector, contrary to the principles of Sláintecare.

Nurses who work in areas outside the acute hospital – such as long-term care, community care, community intervention, public health nursing, palliative care etc – understand that there are alternative models to driving all patients into acute hospitals. Home services, primary care and step-down facilities all exist in Ireland but to a far lesser extent than in other European countries. There is no good reason for this.

The delivery of homecare, management of chronic disease and care planning are entirely within the scope and capability of Ireland's nurses. We know this, but we now need the health system to recognise it. This means promoting nurse- and midwife-led services, expanding the agreed nurse prescribing programme, and developing clinical and advanced nurse and midwife specialists.

If we are to avoid the now-annual winter farce of severe overcrowding in our acute hospitals, we must challenge, plan and invest in our professional development, workforce and leadership. This cannot be led by health professionals alone. It will also take political leadership, both to collaborate on reforms and deliver on funding.

So when a canvasser comes to your door, make it clear that funding for Sláintecare must include funding to provide a safe nursing and midwifery workforce. We have included a page of suggested points to make on *page 10* of this issue of *WIN*.

Remember: your voice as a nurse or a midwife is a powerful testimony to the challenges our health service faces and where it must go. You are the expert on your own workplace and profession. The INMO lobbies and campaigns throughout the year but an election campaign is the best opportunity for your voice to be heard directly. Make sure to use it.

Phil Ní Sheaghdha
General Secretary, INMO

Irish Nurses and Midwives Organisation
Cumann Altraí agus Ban Cabhrach na hÉireann
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EXECUTIVE COUNCIL ELECTION 2020

All members are asked to note that 2020 is an election year for election, to the Executive Council, for a two year period (2020-2022). Elections will be conducted under the revised new Rule Book (Rule 8) adopted at the ADC in May 2016.

ELIGIBILITY FOR NOMINATION TO EXECUTIVE COUNCIL (RULE 8)

Nominations for the Executive Council shall be submitted, on the appropriate form, to the General Secretary, on, or before, 5pm on Wednesday, February 5, 2020. To be eligible for membership of the Executive Council a member must:

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

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

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

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

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

COMPOSITION OF THE EXECUTIVE COUNCIL

Clinical: 16 seats

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

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

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

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

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

Education: 2 seats

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

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

Management: 3 seats

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

Undergraduate Student Nurses/Midwives: 1 reserved seat

Open to all members undertaking the four year undergraduate degree programme.

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

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

9.1.1 The President, first Vice-President (Honorary Treasurer) and second Vice-President shall be elected at the 2018 Annual Delegate Conference at which elections are scheduled.

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

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

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

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

9.3 Nominations for the office of President, first and second Vice Presidents, together with their written consent must be submitted in writing to the General Secretary not later than 21 clear days before the Annual Delegate Conference for notification to delegates to that meeting at which the election will take place. (Closing date for nominations is 5pm on Friday, April 3, 2020).

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

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

Your priorities with the president

Martina Harkin-Kelly, INMO president

General election

2020 is a year of elections, both nationally and within the INMO. At the time of writing, the general election campaign is at fever pitch. In the remaining time before the election, we will have the opportunity to raise our concerns about the health service and the role of the nurse and midwife with political candidates. We hope you will make these conversations count, not just as voters, but as representatives of your professions. While it is vital we understand how political candidates plan to solve the many problems in the health service, this is also an opportunity for you to share your own experiences. I hope you won't be afraid to explain to candidates exactly where the problems lie and how much danger is caused by overcrowding and a lack of staff. After all, you are the experts and this is an opportunity for candidates to learn from you.

Executive Council elections

FOLLOWING the general election, there will also be internal elections to select the members of the next INMO Executive Council. This group of nurses and midwives sets the direction for our union and makes key decisions about industrial strategy, union management and policy. The term for the Executive is for two years and I can tell you that the past two years have seen Executive Council members go above and beyond the call of duty, especially during the strike period. I strongly encourage members to run for a position on the Executive. It is an unrivalled opportunity to stand up for your fellow nurses and midwives while also gaining an understanding of the politics and industrial relations behind our health service. There are 22 members of the Executive: 16 clinical members, two in education and three in management, plus an undergraduate/student representative. Our Organisation is at its strongest when members are engaged and this is a major opportunity for members to get involved and set the union's future direction. If you are interested, I would suggest you get in touch with the INMO head office to register your interest as soon as possible. Each paid-up member will receive a postal vote once nominations close. This is just one part of the union's internal democracy. I also recommend members participate in their branch and section's annual general meeting. These AGMs take place across the country at this time of year and offer members the opportunity to meet and network with colleagues in similar fields and establish their local or sectoral priorities for the union.

Year of the Nurse and Midwife

THIS year is the World Health Organization's International Year of the Nurse and the Midwife. It's a year that aims to not only celebrate our work, but also to expand and build our practice. On January 23 I attended the launch of the International Year of the Nurse and Midwife by Health Minister Simon Harris in the Department of Health. I spoke on behalf of our membership about the role the INMO has played in shaping nursing and midwifery in Ireland over the past 100 years and our vision for the professions as we look to the future. Looking back is critical and while we can be proud of our great heritage, we should never stop learning from the experiences of the past. However, it is also important to look forward to the future and ensure that we state clearly the direction we want to take and how we want to progress. This was an excellent opportunity to articulate the INMO's vision for the future of both professions.

Lastly, I would like to extend the INMO's solidarity and support to our nursing and midwifery colleagues in Northern Ireland, who recently went on strike. In standing up for their professions, their action has played a vital role in restoring the political institutions in Northern Ireland.

For further details on the above and other events see **www.inmo.ie/President_s_Corner**

Quote of the month

"If you want to stand out from the crowd, give people a reason not to forget you"

– Richard Branson

Report from the Executive Council

THE National Executive met on January 13 and 14, 2020. During a brisk meeting at the start of the new year, the rising trolley figures and the union's response to the crisis were high on the agenda, as were the many upcoming meetings and professional, regulatory and industrial relations issues.

The CJ Coleman Research Award was also discussed and has been advertised in *WIN (see page 55)*. I encourage members to enter their research projects to showcase their clinical innovation.

Meanwhile, our agreement with the RCM has led to enhanced access by our midwifery members to the i-learn and i-folio platforms. The Executive Council discussed plans to apply to co-host the International Confederation of Midwives Conference in 2026 and we were also briefed on the latest meeting of the Nursing Now steering group, with particular focus on the International Year of the Nurse and the Midwife launch.

Updates on the implementation of the Labour Court recommendations and employment control measures were outlined. Updates will continue to be issued to members as implementation progresses. You can also attend branch meetings for further information.

The next meeting of the National Executive is scheduled for February 3 and 4, 2020.

Get in touch

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

2019 saw thousands more on trolleys

'Crisis won't relent until recruitment ban is lifted' – general secretary

THE end-of-year INMO trolley and ward watch analysis confirmed 2019 as the worst-ever year for overcrowding in Irish hospitals since records began, with 118,367 admitted patients left without a bed.

The 2019 tally outstripped 2018's figures by 9%, which at the time had been an all-time record.

The months with the highest figures in 2019 were November (12,055 patients); October (11,452 patients) and September (10,641 patients), while the worst-hit hospitals were University Hospital Limerick (13,941 patients); Cork University Hospital (11,066 patients); University Hospital Galway (7,993 patients); South Tipperary General Hospital (6,942 patients) and University Hospital Waterford (6,313 patients).

New year – same problems

The INMO points to understaffing and a lack of capacity as key drivers of overcrowding, with 411 fewer inpatient beds in Ireland's hospitals today than a decade ago, despite the country's population being both larger and older today.

INMO general secretary Phil Ní Sheaghdha said: "Things are getting worse, not better. These figures should be falling, but we're going the wrong direction. 2019 saw thousands more patients without proper beds – often at one of the most vulnerable points in their lives.

"Overcrowding used to be a winter problem. Now it's a year-round problem that gets worse in winter.

"The most frustrating part is we know how to solve this problem: increase staffing and bed capacity, expand community care and get going with Sláintecare reforms.

"Instead the HSE continues to enforce its rigid recruitment controls, starving hospitals and community services of the staff they need. Our members are rightly appalled by the conditions they are forced to work and care for patients in.

"2020 should be a year where understaffing and overcrowding are brought under control, but that simply won't happen without investment and an end to the recruitment ban."

Table 1. INMO trolley and ward watch analysis (2006 – 2019)

Hospital	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Beaumont Hospital	4,304	6,164	8,065	8,748	8,195	7,410	6,327	7,062	6,565	8,243	6,130	3,609	2,968	3,321
Connolly Hospital, Blanchardstown	2,418	2,709	2,706	2,667	3,562	4,207	3,937	5,852	5,062	5,165	2,698	2,499	3,569	2,937
Mater Hospital	4,248	5,083	5,984	4,910	5,425	3,936	4,213	2,854	3,576	4,704	4,473	5,238	4,967	6,031
Naas General Hospital	3,025	1,323	2,268	3,797	3,282	4,409	2,116	1,836	2,951	3,210	3,054	3,361	3,754	4,206
St Colmcille's Hospital	1,267	751	1,104	2,589	2,231	2,208	2,201	1,130	n/a	n/a	n/a	n/a	n/a	n/a
St James's Hospital	2,008	1,022	2,471	2,441	1,366	1,590	1,288	1,706	2,220	2,654	1,851	2,178	2,025	2,381
St Vincent's University Hospital	4,190	6,093	5,694	5,427	6,063	6,403	4,735	2,872	2,478	5,150	4,836	2,497	3,773	4,242
Tallaght Hospital	4,941	3,962	5,782	6,044	7,011	4,784	1,906	3,943	3,717	4,718	4,166	4,847	5,432	5,444
National Children's Hospital, Tallaght	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	85	102
Our Lady's Children's Hospital, Crumlin	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	579	607
Temple Street Children's University Hospital	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	749	618
Eastern total (including Children's Hospitals)	**26,401**	**27,107**	**34,074**	**36,623**	**37,135**	**34,947**	**26,723**	**27,255**	**26,569**	**33,844**	**27,208**	**24,229**	**27,901**	**29,889**
Bantry General Hospital	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	147	233	627	779	731	1,060
Cavan General Hospital	2,816	2,779	2,189	1,975	3,291	4,572	2,569	1,954	460	1,000	771	482	619	2,137
Cork University Hospital	3,867	3,615	4,516	4,539	7,021	6,649	4,230	4,102	3,574	4,670	6,032	6,815	9,135	11,066
Letterkenny General Hospital	3,059	1,253	388	378	474	592	539	1,277	2,755	2,814	2,047	4,889	5,174	5,727
Louth County Hospital	200	88	152	146	25	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mayo University Hospital	2,285	1,391	1,207	1,454	1,760	599	1,525	1,145	1,908	1,868	2,241	1,663	1,998	2,519
Mercy University Hospital, Cork	1,431	1,270	1,534	1,270	1,910	1,943	1,922	2,491	2,196	2,227	2,859	3,145	2,681	3,173
Midland Regional Hospital, Mullingar	169	91	183	528	1,921	3,204	2,398	2,845	3,908	4,366	4,849	4,844	4,344	2,619
Midland Regional Hospital, Portlaoise	469	283	425	297	426	1,926	539	824	1,589	2,162	3,364	3,203	2,815	1,845
Midland Regional Hospital, Tullamore	64	34	95	77	766	1,857	1,303	1,156	3,746	2,758	4,748	4,774	5,831	3,334
Mid Western Regional Hospital, Ennis	867	961	252	368	431	411	324	333	7	125	330	175	214	195
Monaghan General Hospital	106	287	293	119	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Nenagh General Hospital	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	59	103	93	81	457
Our Lady of Lourdes Hospital, Drogheda	3,444	2,811	2,927	3,415	3,484	7,449	6,761	3,349	6,249	7,783	5,608	2,791	2,233	1,941
Our Lady's Hospital, Navan	520	847	851	1,084	453	1,469	745	1,029	1,059	1,000	595	2,435	1,265	946
Portiuncula Hospital	403	281	306	605	840	941	821	813	912	1,100	892	1,569	1,302	1,503
Roscommon County Hospital	589	764	725	755	1,036	719	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Sligo University Hospital	784	732	667	955	1,754	1,505	2,086	963	2,017	2,478	2,308	2,406	4,183	4,967
South Tipperary General Hospital	727	784	881	500	666	768	2,138	2,762	1,959	2,028	5,399	5,249	5,201	6,942
St Luke's Hospital, Kilkenny	n/a	n/a	n/a	n/a	140	1,034	695	1,817	1,921	3,514	3,144	4,505	4,052	4,075
University Hospital Galway	1,654	2,414	3,470	3,444	4,103	6,544	4,193	3,907	5,312	6,514	5,807	6,563	7,452	7,993
University Hospital Kerry	1,144	507	763	337	623	672	606	694	1,005	1,389	1,664	2,215	3,396	3,610
University Hospital Limerick	1,814	1,367	1,735	2,422	3,715	3,658	3,626	5,504	6,150	7,288	8,090	8,869	11,437	13,941
University Hospital Waterford	n/a	n/a	496	589	1,349	1,165	1,590	2,269	2,249	2,445	3,835	5,525	4,319	6,313
Wexford General Hospital	2,907	736	1,306	1,833	2,536	3,857	975	1,374	1,399	1,333	1,100	1,763	1,863	2,105
Country total	**29,319**	**23,295**	**25,361**	**27,090**	**38,724**	**51,534**	**39,585**	**40,608**	**50,522**	**59,154**	**66,413**	**74,752**	**80,326**	**88,478**
NATIONAL TOTAL	**55,720**	**50,402**	**59,435**	**63,713**	**75,859**	**86,481**	**66,308**	**67,863**	**77,091**	**92,998**	**93,621**	**98,981**	**108,227**	**118,367**

INMO calls for a 'line in the sand' as 2020 opens with overcrowding chaos

THE first full week of 2020 saw hospital overcrowding rise to all-time record levels, presenting a clear danger to patients and staff alike, according to the INMO.

A total of 3,143 patients went without beds in the week, with Monday, January 6 and Tuesday, January 7 hitting record high levels of 760 on each day.

To bring this home to the powers that be, the INMO pointed out that 760 patients is more than the total bed capacity of any hospital in the state. The largest hospital in Ireland is St James's Hospital, Dublin, which has 704 beds.

The most overcrowded hospitals included:

- University Hospital Limerick – 322 patients on trolleys in the week, and where the daily record for an individual hospital was broken with 92 patients on trolleys on Monday, January 6
- University Hospital Galway – 212 on trolleys in the week
- Cork University Hospital – 210 on trolleys in the week
- South Tipperary General Hospital – 210 on trolleys in the week.

Safety measures

The immediate steps called for by the INMO in the face of the record levels of overcrowding included:

- A declaration of a major incident at the worst-affected hospitals
- Cancellation of elective procedures in the worst-affected hospitals
- An infection control plan
- Closure to non-emergency admissions in worst-affected hospitals
- Sourcing of additional beds in the private and voluntary sectors
- Immediate approval for all posts that are awaiting sign-off in nursing and midwifery across all acute hospitals
- An end to the recruitment ban.

Pilots of the Safe Staffing Framework in Ireland by UCC and the Department of Health showed that the Framework:

- Reduces risk of patient death
- Cuts the length of patient stay
- Drastically reduces staff burnout
- Improves patient recovery
- Cuts costs – primarily thanks to a 95%+ reduction in agency staff costs.

Policy changes needed

The INMO called for a "line in the sand", with policies implemented to ensure that we never reach this level again. The union has called for:

- Restoration of recruitment powers to hospital groups, ending the current recruitment freeze
- Clarity on the 2020 funding for the previously agreed Safe Staffing Framework, which would set nursing numbers based on patient and health service needs
- Roll-out of the Sláintecare health reforms, which would offer more alternatives to acute hospitals.

INMO general secretary, Phil Ní Sheaghdha, said: "The year started with an incredibly difficult week for our members in emergency departments and on understaffed, overcrowded wards. Patient care was repeatedly put at risk. It cannot be repeated. We need to draw a line in the sand and ensure that we make consistent progress in reducing overcrowding.

"We know how to fix this problem. When hospitals have secured safe staffing and extra capacity, they have reduced the overcrowding problem. 2020 should be the year we turn this around."

Key questions for canvassers

A General Election is a real opportunity to raise key issues with our political representatives. YOUR voice as a nurse or midwife is vital testimony to explain what is happening in our health service.

The INMO suggests raising these points with anyone who canvasses your vote:

1. Will the candidate fund the Sláintecare health reforms?

All parties agree that Sláintecare is the way forward. It aims to:

- Expand primary and community care
- Recruit 900 extra general nurses and 700 public health nurses (PHNs)
- Separate public and private healthcare in acute hospitals
- Protect public provision of care of the elderly services
- Reduce hospital and prescription charges

But Sláintecare simply has *not* been funded. The plan says it needs a €3 billion transition fund over six years, on top of current spending. *Will your local candidate back it?*

2. Will the candidate back safe staffing levels?

The INMO strike secured an upcoming rollout of a measurement tool to determine safe nurse staffing levels. Currently this would require around 1,000 extra nurses to ensure safe levels across our acute hospitals.

We know that safe midwifery levels need an additional 210 midwives.

How will your local candidate recruit the extra staff needed? Will they fund it? Will they end the HSE's recruitment freeze?

Other priorities

- Allow nurses and midwives to expand their practice
- Finish the job of pay parity in the upcoming expert group on nursing and midwifery
- Reduce our hours of work to the standard 37.5 and don't increase the pension age

Helpful facts

- Safe staffing levels are proven to reduce the need for agency staff, saving the health service up to €300 million per year
- We broke all overcrowding records in 2019 for the number of patients on trolleys. 2020 looks set to do that again
- There are 400 fewer inpatient beds than there were 10 years ago and nearly 1,000 fewer nurses and midwives since 2007 – despite having a larger, older population

Remember: You are the expert

Give the next government the benefit of your experience. They don't know what you know, and this is your chance to tell them.

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

Cut out and keep by your door

Political parties must be challenged on their ability to deliver Sláintecare – afterall they have all signed up to it, writes **Dave Hughes**

Message for your doorsteps

THE date for the General Election is set for Saturday, February 8 2020. There's no doubt that the health service will feature as an issue on the doorsteps. It is important that when speaking to the parties INMO members resist the temptation to agree with any assessment which suggests that the health service is a hopeless case about which nothing can be done.

There is no doubt that the health service is challenged by long waiting lists and trolley waits because of hospital overcrowding. Indeed, the INMO is the chief protagonist and advocates highlighting the problems faced by staff and patients seeking access to appropriate treatment in our public health service in a timely manner.

But highlighting the problems faced by the public health service should not be confused with suggesting that our entire health service is broken and beyond repair. The INMO is passionately in favour of universal access to expert healthcare based on need and in the right setting at the right time. The INMO believes we have high quality healthcare professionals delivering quality care but that in many instances we don't have enough beds, nurses, midwives

or medical staff to deal with the ever-increasing demand.

The Organisation, for many years, has campaigned for more public beds and adequately staffed hospitals supported by comprehensive community services. The ability to provide those beds has been hampered by previous decisions to eliminate beds from the services in the name of austerity. The recently agreed INMO strike settlement has provided an opportunity to recruit and retain the necessary nurses and midwives with the appropriate skills and expertise in a newly organised health service fit for the 21st century.

The problems of the health service have not been caused by either patients or staff. Constant change based on political expediencies combined with annualised funding, have dogged the development of a health service worthy of the staff trained to deliver for patients.

The year 2019 was no different and again financial imperatives were put before the need to deliver safe and effective care and implement the agreement which would have more rapidly retained and recruited the necessary number of nurses and midwives. Community funding for the fair deal scheme and home help services was effectively only enough for half of the year and left the services struggling as we entered 2020.

The political tendency to use catchphrases like 'centres of excellence', 'co-location', 'do more with less' or 'privatise' as silver bullet fixes for our health service come and go. But the impact is to diminish confidence when they inevitably fail and while they exist they are used to justify unnecessary cutbacks without replacement services to cope with demand.

On this occasion when canvassers debate the health service, they should be forcefully reminded that all parties have signed up to Sláintecare.

The INMO fully supports Sláintecare. It needs investment and commitment to multi-annual funding to allow the development of community-delivered services, in many cases led by nurses and midwives along with other health care professionals and home support staff, to relieve the current reliance on acute hospital care.

In order to achieve that state both must be funded rather than trying to extract from the funding necessary to deliver the current model in order to develop the new model. In short politicians must be prepared to invest in order to provide a leaner, more efficient and more effective public health system for the 21st century.

Canvassers who suggest that the health service is a hopeless case must be challenged on their commitment to deliver Sláintecare care. In short, we must tell them deliver the plan, give us the resources and we'll deliver the excellent health service our country needs.

Tony Fitzpatrick, INMO director of industrial

Hospital crowding: politicians spin, HSE denies and patients die

THE first week of 2020 proved a record-breaking week for the level of crowding within emergency departments and hospital wards within our acute hospital system.

Yet again, the HSE produced a nebulous Winter Plan too late in 2019 to make any material difference to the level of crowding within our hospitals. Furthermore, years and decades of bad policy choices and inadequate investment resulted in patients suffering the indignity of being cared for on a hospital trolley for days at a time in inappropriate spaces within EDs, wards and on corridors.

At the same time the HSE employment control processes are ensuring that there are insufficient staff available within these departments to safely care for these patients.

It is important to state that when you have crowding and patients on ED trolleys for hours on end waiting for an inpatient bed, combined with inadequate registered nurse staffing levels, patients are harmed.

Previous international evidence has shown that mortality rates increased, patients endured greater complications and also had longer hospital stays if they endured a wait for a hospital bed. However, more shocking evidence from the UK which was referenced in *The Guardian* in December 2019 clearly establishes the link between patients dying as a result of delays; research by Dr Chris Moulton and Dr Cliff Mann found that 960 out of 79,228 patients who had to wait about six hours, died as a direct result of the delay. *The Guardian* stated that this means that one in every 86 people who have to wait that long to be admitted will die as a direct result of the delay in them starting specialist care for their condition. The researchers concluded that the deaths are entirely and solely caused by the waiting time of the patient and not by the patient's condition. This is the first research worldwide to corroborate the risk of death for trolley patients with the number of hours waited. Dr Moulton stated: "The research shows that delays in emergency departments are harmful for patients and lead to very poor patient experience, and also involve a risk of death, that we have tried to quantify".

Therefore, patients on trolleys waiting for a hospital bed within EDs are in the danger zone.

It is vitally important that nurses who find themselves working in this environment contact the INMO with regards to their health, safety and well being at work but also utilise the HSE's critical incident protocols, INMO disclaimer forms and open disclosure to highlight their concerns.

The INMO is available to all members to assist them in this regard. It is important to protect your patients, your safety and indeed registration that you highlight any concerns you have with regards to the provision of safe care to patients.

The INMO, at the time of going to press, is due to meet with the HSE at the Workplace Relations Commission for a conciliation conference, with regards to a breach of the ED Agreement of 2016. Significant matters need to be addressed regarding promotional posts, staffing within EDs for emergency presentations and admitted patients, and the health and safety concerns the INMO has for its members. A full update will be provided in the next issue of *WIN*.

Minister's additional beds to be gone again at end of March

THE first week of January 2020 showed the highest level of overcrowding ever recorded – as was highlighted nationally by the INMO. On Monday, January 6 and Tuesday, January 7, 2020, it reached a record level of 760 people on trolleys waiting for a hospital bed. The worst affected hospitals were included Galway, Limerick, Cork and Waterford. However, proportionally, the worst affected hospital in the country was South Tipperary General Hospital with 44 people on trolleys considering the size of that hospital and the size of its emergency department.

As members are all too well aware, this is an extremely unsafe working environment for staff and also creates significant risk for patients.

In the measures taken to address this peak overcrowding, the Minister for Health announced the opening of an additional 199 beds to assist with the surge in ED attendances. He indicated that the majority of these beds would be opened by the end of January 2020. However, it is clear that all of these beds are to be closed again by March 31, 2020 and, therefore, these beds will be of limited benefit.

HSE employment control breaches 2017 agreement

THE INMO has written to Anna Perry, director of conciliation at the Workplace Relations Commission, seeking a convening of the oversight body for the 2017 agreement on recruitment and retention of nursing and midwifery staff due to the fact that the HSE is in breach of the agreement.

As part of that agreement, the HSE was to produce a Nursing and Midwifery Workforce plan in November 2018 and 2019, which to date it has failed to do. The INMO has pointed out that the provisions of that agreement allow for the backfill of maternity leave and delegated authority to the directors of nursing/midwifery – both of which have been usurped by the employment control measures introduced by the HSE earlier this year. The matter was also raised at the National Joint Council, through which the unions sought high level engagement on the matter. Also, considering the level of escalation in hospitals, the INMO has outlined to Liam Woods, HSE national director of acute operations, in separate correspondence that the most appropriate risk mitigation action that the HSE can take at this time is to lift the restrictions for all front-line nursing and midwifery posts.

relations, reports on current national IR issues

Update on termination of pregnancy services

At an update meeting with the INMO and other nursing unions on January 9, 2020 regarding the provision of termination of pregnancy services, the HSE confirmed the following:

- 10 hospitals are providing termination of pregnancy services for 12 weeks or less (not all of which provide a surgical service)
- Nine hospitals do not yet have a termination of pregnancy service in place, mainly due to the absence of a clinical lead on conscientious objection grounds. These hospitals are Wexford, Kilkenny, Kerry, Clonmel, Sligo, Cavan, Portiuncula, Portlaoise and Letterkenny. The Minister for Health has clearly stated that this nine hospitals should be providing services by the end of 2020
- The funding outlined in the HSE's February 2019 document was allocated and has become part of the base HSE funding

The HSE was unable to provide any data on the numbers who have used the service as each service must independently keep records and return them directly to the Minister for Health.

Therefore, the HSE does not hold central data on the number that have used this service. The INMO pointed out that this needed to be addressed in order to meet proper governance procedures. In addition, the INMO questioned how could the need to expand the service be determined unless the demand for the service could be established by the HSE.

Anecdotally, the HSE outlined that the expected number using the service per year had not materialised. It referenced a Freedom of Information request with regards to Castlebar for the number of terminations of pregnancy between January and July 2019. That FoI query confirmed that there were 11 terminations during that period, while the expectation would have been for more than that.

The HSE confirmed that approximately 340-360 general practitioners are now participating in the programme across the country, with a good geographical spread. However, to date, no GP is providing the service in Co Carlow.

A follow up meeting on this is due to take place in April 2020. The HSE hopes to be in a more informed position at that time.

The HSE confirmed that Dr Aoife Mullally has been appointed as HSE clinical lead for termination of pregnancy services nationally. She took up this role in early January.

Irish Nurses and Midwives Organisation
Working Together

Enhanced Salary Scale

Have you applied for the Enhanced nurse/midwife salary scale?

Do it now!	The enhanced scale has higher pay at every single point of your career! All Staff Nurses and Midwives with 1 year and 16 weeks experience (or more) can apply. You can apply to join now and it will mean higher pay from any increment date you have after 1st of March 2019. If that date has already passed – you'll get back pay! Full details are available from the INMO, with some common questions below.
What do I have to do?	1. Complete the attached verification form and return it to your Director of Nursing/Midwifery 2. Tick the 6 boxes, sign and date. It is important that you do this IMMEDIATELY as delaying puts at risk the monies due to you. Please ensure that you retain a copy/photo of your application. 3. You will be asked to sign the contract.
New Contract	The new scale comes with a new contract. But there are no negative consequences of signing the new contract. Below are answers to some of the common questions the INMO has received.
Will this affect my pension?	Only in a good way. There are no negative effects upon your pension as a result of signing the new contract. Your service is maintained. You remain on your present pension scheme. There is no break in service and the enhanced scale is not a promotional post. There are no negative consequences for your pension, there are only benefits, as you will be earning a higher salary and your pension will be based on this higher salary.
Do I have to serve a new probationary period?	No. If you've completed your probation as a staff nurse/midwife, you won't have to serve probation again. Section 3.3 of the new contract clearly states that "where you have already completed a probationary period with the employer, or completed 12 months temporary employment, no period of probationary employment applied to this contract of employment."
Can I be redeployed to a new location?	The present protections around redeployment still exist within the new contract so therefore there is no greater risk of redeployment than what currently exists.

If you have any queries, with regards to the contract of employment, please contact your local INMO Official.

We recommend completing the verification form and submitting it to your Director of Nursing/ Midwifery as soon as possible. A delay runs the risk of missing out on back pay, should your next incremental date come up.

Norwegian student/new graduate delegation visit to INMO headquarters
The Norwegian delegation pictured at the INMO headquarters with INMO president Martina Harkin-Kelly (centre), and INMO's incoming and outgoing INMO student/new graduate officers Catherine O'Connor (front,second from right) and Neal Donohoe (back, second from right)

Norwegian visit marks International Year of the Nurse and Midwife

A DELEGATION of Norwegian student and new graduate nurses and midwives visited the INMO last month to mark the start of the International Year of the Nurse and Midwife.

The visit was co-ordinated by the INMO's incoming and outgoing INMO student/new graduate officers Catherine O'Connor and Neal Donohoe. The two-day programme of events included many opportunities for delegates to share their experiences with one another and reflect on differences and common experiences. The programme included a live link-up with members of the European Nursing Student Association and a session that focused specifically on mental health for health professionals.

Ingvild Berg Lauritsen, president of the Student Section of the Norwegian Nurses Organisation (NNO), told the INMO about the importance of the visit and the situation in the Norwegian health service.

"We think it is important to celebrate the International Year of the Nurse and Midwife because we are under a lot of pressure, and nurses and midwives need the recognition. It's also important that we, as nursing organisations, use this when it comes to getting our voice heard by politicians and other important people in society. It can also be used to recruit new nurses and to hold on to the ones we already have."

In Norway, as in Ireland, staffing shortages are a major issue with an estimated shortfall of 30,000 nurses by 2030.

Ms Berg Lauritsen said that in Norway there are simply not enough placement positions for nurses and midwives in training and the funding they receive is very low. She said this lack of funding has led to a high drop-out rate. However, the NNO Student Section believes there needs to be a greater focus on improving the quality of education before increased capacity is added to the nursing and midwifery universities.

Ms Berg Lauritsen said there can be huge variation in curricula between the 34 universities and colleges that teach nursing in Norway. "We think this is a big problem, because newly graduated nurses from one college can be in lower demand than newly graduated nurses from a different college. We are trying to solve this by campaigning for more national/state exams. We have already worked for one in anatomy, physiology and biochemistry. This became a national exam in 2016, and now we want one in drug handling and drug calculus."

The NNO Student Section is also campaigning to lower the registration fee for nurses/midwives that must be paid after graduation. "The fee is very high and we want it lowered because we think it is stupid that we have to pay a lot of money to work as a nurse when we have studied for many years to become one and when society desperately needs nurses."

On the positives about nursing, Ms Berg Lauritsen said: "I love the diversity in nursing and all the different directions you can go after finishing the bachelor's degree. No day is the same in that we get to meet different people in different places in their lives. It's a great job if you like to challenge yourself, something I think is important for everybody. It's also very important to feel helpful, and you do that as a nurse. I could never change my career pathway, even though it can be pretty tough sometimes it's always worth it."

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15216 WIN Health ad 12-19

Emergency measures agreed to ease severe overcrowding levels in Cork

EMERGENCY measures were put in place at Mercy University Hospital last month following calls by the INMO for swift action to address the escalating overcrowding crisis at the hospital.

The INMO met with the hospital's management on January 5 and again on January 8, 2020. At the meetings, the INMO team of officials and nurse reps provided concrete evidence of the difficulties being encountered by staff in caring for patients and members' concerns for the safety of both patients and staff.

Agreement was reached on the implementation of several measures, including:

- Cancellation of all elective procedures, with only urgent/time critical cases based on clinical judgement being performed
- Sourcing extra bed capacity from the private sector
- Continual recruitment to fill all known nursing vacancies
- South/South West Group advised that it will re-confirm the appointment of additional nurses for admitted patients boarded within the ED.

It was agreed also that nurses who are available to attend to do any additional shifts, irrespective of contractual hours, will be paid the nationally agreed overtime rates for any additional hours worked. In addition the CEO gave a commitment that meal breaks on both day and night duty shift will be provided to all MUH nurses. Furthermore, additional supports and personnel would be provided for ED night shifts.

Mary Power, assistant director of IR: *"This is an example of progress made in one hospital, but the struggle continues for safe workplaces nationwide"*

The INMO and management were set to meet again on January 29, as we went to press, to review the roll out of the above initiatives and assess whether further measures are needed, dependent on overcrowding levels at the hospital. It was also agreed that additional support structures and expansion of diagnostic services would be put in place.

"We thank all of our members working in adverse and overcrowded conditions in EDs across the country. This is an example of some progress made in just one hospital, but the struggle continues for safe workplaces where you can deliver optimum patient care nationwide," said Mary Power, assistant director of IR, Southern region.

Improved terms for nurses within health promotion moving to CHOs

The INMO has successfully secured improved terms and conditions of employment for members working in health promotion who are transitioning into community health organisations (CHOs).

Through the auspices of the Workplace Relations Commission, the INMO sought that nurse members continue to be remunerated under the relevant pay grades, inclusive of allowances. Our members have transitioned now to the CHO structures with improved terms and conditions. Some members have seen an increase in their pay scale and annual leave entitlements, set out within nursing grades/promotional posts and a reduction in their working hours.

The final conciliation conference took place on November 22, 2019 and further assurances where provided that our members will continue to work within health promotion within the CHO structure, ensuring that their role will be protected and dedicated to that service.

– Liam Conway, IRO

Update

- *Correct application of the appropriate location allowance in Brothers of Charity Cork services:* A longstanding claim to have the location allowance applied to nurses working with intellectual disability clients has been conceded and applied by the Brothers of Charity Services. A claim by members for full retrospection of this allowance has been referred to the Workplace Relations Commission for adjudication, with the hearing scheduled for February 2020.
- *GP Practice Nurses:* Recently GP practice nurse members attended a Cork meeting to be updated on many issues of concern to this specialist group. The group intends to reactivate the National GP Practice Nurse Section.

– Mary Power, assistant director of IR

Farewell to Letterkenny stalwart member

The Letterkenny branch bid farewell to one of its stalwart members, Breda McCollum, recently. Breda held every officership in the branch during her years, with a quiet, confidence and common sense approach. She will be missed and we wish her good health, happiness and contentment in retirement. Front row (l-r): Sheila McElhinney, Breda McCollum, Marian Skelly, Edel Peoples; (back row) Maria McGinley, Patrick McGonagle, Kieran McLaughlin and Mary O'Neill

Irish Nurses and Midwives Organisation

Position Statement

Access to Medicines

Implement the Changes We Need in Access to Medicines Now. Make Access to Medicines a 2020 General Election Issue

The Irish Nurses and Midwives Organisation (INMO) stands with its allies in Access to Medicines Ireland in calling for an urgent increase in the pace of reform of access to medicines. There is now overwhelming policy consensus both nationally and internationally that the prices of medicines must be reduced and that the current system of production is unsustainable.[i] We are now facing a "funding cliff" of prices for new high-tech medicines, added to the existing expenditure pressures on our health system.[ii] Both the INMO and Access to Medicines Ireland calls on all Irish political parties and independent candidates to make this a central issue of their general election manifestos in 2020 and to re-inject political will into reform of this area.

There are real and exciting options for reform of our system of medicines production, innovation and supply. In countries such as the Netherlands, the UK and the USA, there is a sweeping wave of reform based on earlier concessions won in battles for access to medicines across the developing world. We now have the policy tools, the flexibilities in trade law and, most importantly, the ideas to radically overhaul the system. But what has been lacking at the level of government, both nationally and in the European Union, has been the political will to drive through reform. It is now time for us to force our politicians to move beyond the rhetoric and implement the policies of reform.

2020 will be a critical year. Not only will it be general election year but also the year that the current "framework agreement" between the Irish government and the pharmaceutical industry expires. Will we negotiate a deal in 2020 which has more far-reaching reforms and can sustain our patients' and our health system's future?

There are now a whole range of options for us to put forward:

- We can renegotiate the terms on which our universities sell their research to pharmaceutical companies. We can revolutionise their systems of incentives, priorities and patents so that their brilliant medical research reaches all those who need it most.
- We can lead the drive to implement the EU Council conclusions for reform.[iii] We can champion Access to Medicines at home and abroad in the Sustainable Development Goals.
- We can increase the use of generic and biosimilar medicines in Ireland.
- We can drive a harder bargain with the pharmaceutical industry, not least because of the 25% tax credit on Research and Development that we give them.[iv]
- And, above all, if any of our citizens are held to ransom by big pharmaceutical companies ever again, we can procure or produce our own life-saving medicines to save them.

What new Irish government can guarantee us all of that?

The INMO calls on the wider trade union movement to recognise the importance of this issue and to campaign with us to protect our patients' and our health system's future.

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i In 2016, the UN, MSF and the Lancet produced ground-breaking reports. They were followed by EU Council conclusions, the SDGs, the WHO and, in Ireland, by Sláintecare and the Programme for Government.

ii The Irish Government Economic and Evaluation Service (IGEES) review of pharmaceutical spending in 2017 provides an excellent review of current funding pressures here

iii The European Council conclusions of 2016 lay the basis for systemic reform of medicines research, development and collective purchasing among member-states here. The UK Labour Party's 'Medicines for the Many' policy followed suit here.

iv Compulsory licences are permitted under articles 27 and 31 of the TRIPs agreement (Trade Related Aspects of Intellectual Property Rights) when deemed necessary by a country. This is permitted under Irish legislation .

INMO
Irish Nurses and Midwives Organisation
Working Together

ACCESS TO MEDICINES

Clocking-in dispute averted

A SERIOUS dispute was averted between the Mater Private Hospital and the INMO and SIPTU with regard to the insistence by management that staff clock in and clock out during work registration without an agreement between the company and the unions.

Discussions have been ongoing between the INMO and SIPTU with the hospital management regarding the introduction of workplace registration.

Mater Private bought the IT equipment and sought to implement this system without agreement with the staff. Immediately prior to Christmas 2019 the hospital decided to implement a go-live date without an agreement and this led to a stand-off between the company and the INMO members concerned.

Following intervention by the Labour Court, a meeting was held and it was agreed by both sides that all hostilities would cease pending the Labour Court issuing a recommendation on this issue to the parties.

The company claimed that under the Public Service Stability Agreement it had the right to introduce this system. However, the INMO states that this is not the case.

There is a provision for co-operation with a new time and attendance management system, but there is no requirement for professional grades who have not traditionally clocked in and clocked out being required to do so without an agreement.

On receipt of Labour Court proposals to settle this protracted dispute the INMO will be calling a meeting to ballot members concerned.

– Albert Murphy, assistant director of IR

IBTS implements dispute settlement

THE INMO and Irish Blood Transfusion Service (IBTS) management have agreed implementation of the strike settlement on aspects of the agreement relevant to members working in the service.

The IBTS confirmed the 20% increase to the location allowance, for all members eligible, will be paid in January 2020. This is retrospective to March 1, 2019, in line the dispute settlement.

In addition, addendum to contracts were processed in December 2019 and the new salary scale will be implemented to members in January 2020.

As per the Labour Court Agreement LCR 21900, the new salary scales will apply to increment dates which occur from March 1, 2019.

IRO Joe Hoolan said: "The INMO welcomes the implementation of the dispute settlement to our members in the IBTS. We acknowledge the co-operation of local management in progressing this matter, and the INMO wishes to thank local INMO representatives for their assistance during this process".

Kerala nurses in mid-west celebrate

Ann Noonan, INMO Executive Council member, and Mary Fogarty, assistant director of IR, attended a celebration of Christmas in Nenagh with nurses and midwives from the Kerala region of India who work across the health services in the mid-west region.

Approximately 50 families from the Kerala region are now living and working in the mid-west. These nurses and midwives are an essential part of the Irish health service which would not survive without their decision to make Ireland their second home. The event was most enjoyable with traditional Kerala song and dance performances and wonderful traditional dress.

The INMO extends a sincere thank you to Visakh Narayanan for the invitation and warm hospitality on the day.

– Mary Fogarty

World news

Nurses and midwives in action around the world

Canada

- Quebec nurses union calls for solution to overcrowding in emergency rooms
- United Nurses says government seeking four-year wage freeze
- Overcrowding issues at Pasqua Hospital concern nurses union

India

- Nurses say Chandigarh government hospital short staffed, patients not getting individual care

Kenya

- Mombasa nurses down tools over unpaid arrears
- 500 nurses on go-slow over salaries

Spain

- SATSE demands strengthening of emergency services, the hiring of more nurses and the opening of beds
- Flu epidemic brings Madrid's hospitals closer to collapse
- SATSE denounces the lack of nursing professionals

UK

- Stormont deal: health union 'needs reassurance' on staffing
- Nursing strikes expected to be suspended after pay deal approved
- Safety fears as hospitals redeploy nurses to care for patients in corridors
- Report shows nurse whistleblowing complaints up 68%

US

- New bills would protect nurses from violent attacks by patients and their families

Venezuela

- Nurses prepare strike over 'hunger wages'

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*Plant stanol ester has been shown to lower cholesterol. High cholesterol is a risk factor in the development of coronary heart disease. A daily intake of 1.5–2.4g plant stanols has been shown to lower cholesterol by 7–10% in 2–3 weeks.

References: 1. Gylling et al. Plant sterols and plant stanols in the management of dyslipidaemia and prevention of cardiovascular disease. Atherosclerosis 2014; 232(2): 346–360. **2.** Párraga-Martínez et al. Long-term effects of plant stanols on the lipid profile of patients with hypercholesterolemia. A randomized clinical trial. Rev esp cardiol (Engl ed) 2015; 68(8): 665–671.

OHN Section conference hears from wide variety of expert speakers

THE INMO Occupational Health Nurses (OHN) Section conference, entitled 'Making It Work – Strategies for Success', took place in November at the Richmond Education and Event Centre.

Attended by more than 90 OHNs, the conference was opened by INMO president Martina Harkin-Kelly, who updated the Section on the Organisation's activities throughout 2019.

Ms Harkin-Kelly stressed the importance of the role of occupational health services across public and private sectors and its impact in the community on public health and wellbeing.

Speakers

The morning session, chaired by Section chairperson Una Feeney, heard from Dr Declan Whelan, chief medical officer with the CIE group, who delivered a fascinating talk on drug misuse and the role it can play in workplace injury and road traffic accidents.

Keynote speaker Dame Carol Black, advisor on health and work to the NHS and Public Health England, presented on improving health outcomes in the workplace and the significant positive impact occupational health has on employee health and wellbeing in the context of life and work. Dame Black's presentation was informative and identified the key challenges for occupational health moving forward.

Justin Conrad from Enguard Security provided an update on 'GDPR in the occupational health setting', outlining primary areas of concern and practical steps OHNs can take towards GDPR compliance.

Pooja Sudera from Lexxic, a specialist consultancy that offers support to people in the workplace with learning difficulties, offered interesting insights into empowering neurodiversity at work.

Ms Sudera said that while occupational health takes a holistic approach to employee safety and wellbeing, it also incorporates and promotes diversity and inclusion.

Section vice chair Mary Forde chaired the afternoon session and welcomed Dr Lynda Sisson, who spoke about her research paper *Developing an Occupational Strategy for the Health Services*, and how it incorporates current clinical issues with emerging themes and examines the future direction of occupational health.

Dame Carol Black delivering her keynote speech at the conference

Vocational rehabilitation consultant Alex Freeman also spoke, discussing early intervention and returning to work, the impact of absence and the role of vocational rehabilitation in the workplace.

Sleep is becoming an increasingly hot topic in the workplace and has been shown to be a vital indicator of overall health and wellbeing. Sleep technologist and cognitive behavioural therapist Deirdre McSwiney addressed the issue of sleep in the occupational health context, outlining the importance of education and sleep hygiene.

Participation and feedback

Attendees had the opportunity to network with other OHNs and visit the conference's exhibition stands.

Feedback from the conference was extremely positive and Ms Harkin-Kelly was thanked by members of the Section for her ongoing support throughout her tenure as INMO president.

ODN Section conference: 'Together Towards Tomorrow'

The INMO Operating Department Nurses (ODN) Section conference was held at the Richmond Education and Event Centre in November. Themed 'Together Towards Tomorrow', the full-day event featured an impressive array of speakers, including: John Russell, consultant ENT surgeon; Anne Fitzpatrick, CNM2, Our Lady's Children's Hospital, Crumlin; Olwyn McWeeney, barrister-at-law; Dr Michael Farquhar, consultant in sleep medicine, Evelina London Children's Hospital; Georgi Valchev, consultant anaesthetist, Mater Hospital; Eva Doherty, director of human factors in patient safety, RCSI; and Maureen Ogan, staff nurse, paediatric theatre, Tallaght University Hospital, Dublin. There was also a poster competition on the day; Fe Marie Daly from Naas General Hospital won the competition, while Yvonne Friel and Catherine O'Regan from CHI, Temple Street finished as runners-up and Alpha Turla from Naas General Hospital came in third place.

Pictured at the conference (l-r): Teresa Herity; Steve Pitman, head of professional development; Allison O'Connell; Sandra Morton; Liz Waters; and Karen Eccles, ODN Section committee

2020: International Year of the Nurse and Midwife

Throughout the year the INMO will join its international partners in celebrating the role of nurses and midwives. **Steve Pitman** discusses the background of the year-long celebration and outlines events ahead

JANUARY marked the start of the World Health Organization's (WHO) International Year of the Nurse and the Midwife. The year aims to unite nations of the world in celebration of the benefits that nurses and midwives bring to the health of the global population. A WHO declaration calls for 2020 to be used to celebrate "the vital role and contributions of nurses and midwives in achieving universal health coverage".

Background

International Year of the Nurse and the Midwife was officially launched in January by Minister for Health Simon Harris and was hosted by the Office of the Chief Nursing Officer (CNO). It is an important landmark for the nursing and midwifery professions. This is the first time that any professional group has been recognised in this way and underlines the fundamental role of nurses and midwives in delivering healthcare across the globe. Internationally this campaign is led by the WHO, the International Confederation of Midwives (ICM), the International Council of Nurses (ICN), Nursing Now and the United Nations Population Fund. It is a year-long effort to celebrate the work of nurses and midwives, highlight the challenging conditions they often face, and advocate for increased investments in the nursing and midwifery workforce.

Nurses and midwives account for around 50% of the global health workforce. They touch the lives of millions of people through caring for mothers and children, giving life-saving immunisations and health advice, looking after older people, caring for the acutely and chronically ill, and generally meeting everyday essential health needs.

As part of strong multidisciplinary healthcare teams, nurses and midwives make a significant contribution to delivering on the commitments made in the 2018 Astana Declaration on Primary Healthcare, ensuring patient-centred care close to the community.

Nurses and midwives are leading the way in campaigning for universal health coverage for all. To achieve health for all the world needs nine million more nurses and midwives if it is to achieve universal health coverage by 2030. This represents 50% of the current shortage of health workers internationally.

Dr Tedros Adhanom Ghebreyesus, WHO director-general, said: "Nurses and midwives are the backbone of every health system in 2020" and called on "all countries to invest in nurses and midwives as part of their commitment to health for all."

Elizabeth Iro, WHO chief nursing officer, said: "I'm thankful that nurses and midwives are helping make progress towards health for all throughout the world."

Globally, 70% of the health and social workforce are women compared to 41% in all other employment sectors. Nursing and midwifery occupations represent a significant share of the female workforce. In Ireland, 92% of the nursing workforce is female. The International Year of the Nurse and the Midwife campaign is an opportunity to campaign for an end to gender inequality in the workplace and wider society. This is not only a campaign in Ireland but also for recognition of equality for women internationally.

Opportunity

Along with the Nursing Now campaign the International Year of the Nurse and the Midwife has been an opportunity for nursing and midwifery organisations throughout Ireland to stand together in supporting and championing the role of nurses and midwives. In Ireland the campaign is led by the INMO, CNO, Office of the Director of Nursing and Midwifery Service Director (ONMSD), the Nursing and Midwifery Board of Ireland, the Irish Association of Directors of Nursing and Midwifery, Psychiatric Nurses Association, Dublin City University, University College Cork and Waterford IT.

The International Year of the Nurse and the Midwife developed out of the Nursing Now campaign that runs in tandem and finishes at the end of 2020. This year is significant for nurses as May 12 is the bicentenary of the birth of Florence Nightingale – nurse, innovator, reformer and leader of improved healthcare. In addition, there is no better time to begin this new journey in raising the profile of nurses and midwives with colleagues across the world.

SOWN and SOWM reports

The WHO *State of the World Nursing (SOWN)* report describes how the nursing workforce will help deliver universal health

coverage and the sustainable development goals and highlight areas for policy development for the next three to five years.

The formal launch of the report will take place on World Health Day, April 7, 2020. This will be the first time that a global picture of the nursing workforce has been produced. The information collected will include the number and types of nurses, education, regulation, practice, leadership, and gender issues. This will highlight the challenges and areas for growth and development to enable and inform national health policy and unlock investment in nursing, the health workforce and gender equality agenda.

The WHO *State of the World's Midwifery (SOWM) Report 2020* will outline the progress and future challenges to deliver effective coverage and quality midwifery services. This will be the third SOWM report, previous reports were published in 2011 and 2012.

International nurse and midwife days

The annual celebrations of midwives and nurses, which take place on May 5 and 12 respectively, will have added importance this year. The ICN slogan for 2020 is 'Nurses: A voice to lead – Nursing the World to Health'. The ICM slogan for the year is 'Midwives changing the world one family at a time'.

In Ireland, May will be one of the high points for the International Year of the Nurse and the Midwife 2020 campaign with numerous events planned. Organisations, health services and groups are encouraged to plan and organise local events to celebrate midwives and nurses.

For further information see the following: **www.icnvoicetolead.com**, **www.nursingnowireland.ie** and on Twitter see: @ICNurses #voicetolead #IND2020

Nightingale Challenge

A new global initiative brings together health employers to inspire the next generation of nurses and midwives as practitioners, advocates and leaders in health. The Nightingale Challenge asks every health employer around the world to provide leadership and development training for a group of their young nurses and midwives during 2020.

The aim is to have at least 20,000 nurses and midwives aged 35 and under benefiting from this initiative in 2020, with at least 1,000 organisations taking part. Programmes must include an opportunity for personal development, to learn about leadership and the wider organisation, and are not purely clinical. Examples of programmes could include any mix of formal course, mentoring, shadowing or learning from other professionals or sectors.

Annette Kennedy, ICN president, said: "We hear, time and again, that nurses are being held back as leaders. We need to seize the opportunity that 2020 gives us to shape a different future for our profession by investing in the next generation. By accepting the Nightingale Challenge we give them new skills, experiences and confidence – together we will take down the barriers that hold nurses back and see our profession soar to greater heights."

In Ireland, the Nightingale Challenge has been accepted by the ONMSD and the CNO. Two programmes have been set up

- Mentorship and career development – organised by the CNO
- Leadership development programme – organised by the ONMSD.

Any organisations in Ireland that would like more details should visit: **www.nursingnow.org/nightingale/**

Nightingale 2020

The Florence Nightingale Foundation will be hosting the international conference honouring 200 years of Florence Nightingale's legacy and celebrating the International Year of the Nurse and the Midwife. The conference will showcase how nurses and midwives can work collectively to transform health and social care for everyone. The event will take place on October 27-28 in London. For more information see: **www.nightingale2020.com/** and #Nightingale2020 on Twitter.

Calendar of events

- The International Year of the Nurse and the Midwife was launched by the Minister for Health on January 23
- The Nightingale Challenge has been accepted and will be led in Ireland by the Office of the CNO and ONMSD
- The 39th Annual International Nursing & Midwifery Research and Education Conference, RCSI Faculty of Nursing and Midwifery will take place on February 27. Theme 'The WHO Year of the Nurse and Midwife: Celebrating Nurses and Midwives Contribution to Healthcare Locally and Globally'
- Nursing and Midwifery Conference celebrating the International Year of the Nurse and the Midwife will take place on May 25 organised by the ONMSD, CNO and NMBI
- NCCP Celebrating Cancer Nursing, June 12 in Farmleigh
- The INMO ADC 2020 will include the Nursing Now and International Year of the Nurse and the Midwife as a key theme on May 6-9
- A regional nursing and midwifery conference will take place in HSE South on September 9 celebrating nursing and midwifery, organised by the HSE South NMPDU, CHO 4 and 5, Waterford IT and Tralee IT
- The All Ireland Midwifery Conference organised by the INMO and RCN NI will be themed in support of the International Year of the Nurse and the Midwife
- The Irish Association of Directors of Nursing and Midwifery Conference in October 2020 will be themed as the International Year of the Nurse and the Midwife
- The All-Ireland CNOs' Conference will be themed as the International Year of the Nurse and the Midwife (December, Dublin)
- A campaign to raise awareness of nursing and midwifery in both primary and secondary schools is currently being finalised and led by the ONMSD HSE

Get involved

Join the INMO and its partners in celebrating the International Year of the Nurse and the Midwife and to seize the opportunity to promote the role of nurses and midwives and their contribution to health in Ireland and across the world. A spotlight will shine on nurses and midwives and it is a once in a lifetime opportunity for us to stand together with nurses and midwives across the world in celebration.

Each organisation or group of nurses and midwives are encouraged to set up local International Year of the Nurse and the Midwife and Nursing Now Ireland groups. You are asked that once a group has been created to inform the Nursing Now national committee. Each group can then decide on how they would like to raise the profile of nurses and midwives and celebrate the International Year of the Nurse and the Midwife. This could include events and activities to showcase the significant contribution of nurses and midwives to healthcare and public health in Ireland.

Importantly, Nursing Now is an outward looking campaign that aims to engage with individuals, civic and wider Irish society. We encourage you to post photographs, video resources and other content on your local organisation websites and social media platforms and to share this information with Nursing Now Ireland on our website, Twitter, Facebook, LinkedIn and Instagram accounts.

For more details on activities, events and resources go to: **www.nursingnowireland.ie**

Steve Pitman is the INMO head of education

Pictured left were students and new graduates from Norway and Ireland, who were visiting INMO HQ as part of the launch of the year-long international event

New year – newly enhanced IR team

2020 gets underway with an expanded IR team on the ground set to serve members both individually and collectively. **Tara Horan** reports

TEAMWORK is the new mantra for the INMO industrial relations department as it enters 2020 with an enhanced structure and approach.

Following a comprehensive review of its structures, the country has been divided into four IR regions, with assistant directors of IR appointed to each region and new IR executives planned for each region.

INMO director of industrial relations Tony Fitzpatrick explains: "It's all about better servicing the members that we represent, both collectively and individually. So we have put a new structure in place that will allow us to do that in a more efficient and effective way."

The four regions under the new structure, all of which are under the overall management of the director of industrial relations, are:

- Dublin Northeast region led by assistant director of IR Albert Murphy
- Dublin/Mid Leinster region led by assistant director of IR Lorraine Monaghan
- Western region led by assistant director of IR Mary Fogarty
- Southern Region led by assistant director of IR Mary Power.

In addition, extra staff will be appointed to each of these IR teams in order to assist in providing services to members on the ground. So far new IR executives have been appointed to the Dublin Northeast and Dublin Mid Leinster regions, with similar appointments expected later this year for the other two regions.

"In essence it's about visibility, about relevance and serving the members in each area. The key is that we have a clear structure and organisation that allows us to meet the needs of our growing membership," said Mr Fitzpatrick.

The main aim of having regional teams is so that we have a skill mix of staff attending to each region. Previously, each IRO had an area that they looked after. What

Director of industrial Relations Tony Fitzpatrick

we are aiming for now is better collaboration between the entire IR team – more teamwork. So it's now a team looking after a region, rather than individuals looking after an area. It's all about having a streamlined approach and raising standards. When we are looking after an issue, we want to ensure that we are doing so in a consistent way throughout the country.

"More officials caring for our members means that they can be on the ground and closer to our members. The strength going forward is that we build from the ground up, that members are involved, fully engaged and clearly communicated with. And then when we're dealing with issues that we have a standardised approach to them. We want members to get the benefit collectively and individually, of a collaboration between officials so that ultimately we get the best outcomes for all members," he explained.

The team of industrial relations officers will continue to serve the members in their areas within the new regions directly as they have always done, but will be supported by ADIRs and the new IREs. The IREs are new staff posts in the Organisation and are being appointed on a phased basis. The Executive Council has approved the first four IRE posts, with the appointment of Noelle Hamilton and Karen Clarke to Dublin North East region, and Neal Donohue and Bernie Stenson to the Dublin Mid Leinster region. These four IREs began an induction process in late November 2019 and are already out there on the ground, meeting with workplace reps and branch officers in their regions.

Further IRE posts are planned for the Western and Southern regions and it is expected these will be advertised this year.

The assistant directors of IR will have more time to focus on progressing the issues that affect people nationally in each area, such as theatre, emergency departments, maternity and community issues. Meanwhile the enhanced team on the ground can deal with local collective issues as they arise, like rostering, staffing and other grievances and investigations.

"The main change that members will see is that they will have greater access to more INMO staff, who will be more available to them to deal with their issues. The aim is that we will have heightened visibility and heightened relevance to the members.

"Collaboration and team working are the key to the new structure. We're aiming to be as efficient and as effective as possible in looking after the needs of our members, whether that be individual members, a collective group of members or the implementation of motions that come from the branches via annual delegate conference. All of these things are important," said Mr Fitzpatrick.

Increasing the number of IR officials serving members is a direct result of an ADC motion a few years ago.

"Ultimately, we've listened to the members and we're enhancing the service that is being provided to them in order to progress their issues and the professions of nursing and midwifery. We are now increasing services to match our growing membership," added Mr Fitzpatrick.

ASSISTANT DIRECTORS OF INDUSTRIAL RELATIONS

Albert Murphy, ADIR
Dublin North East region
A life-long trade unionist, Albert has been on the INMO IR team since 2008, as an IRO and organiser. Previously he worked in Mandate trade union for 12 years. He has a BA in industrial relations and HR management, PGD in IR, professional diploma in professional regulation. He is delighted to be the lead official for the Dublin North East region, which has over 11,000 members working in all areas of nursing, including major hospitals and community care areas and private hospitals.

Lorraine Monaghan, ADIR
Dublin Mid Leinster region
Lorraine has been on the INMO staff since 2003, firstly as information officer for five years, and then as an IRO since 2009. She has a BA in industrial relations and human resource management, a postgrad diploma in employment law and a professional diploma in advanced management performance. Lorraine is looking forward to supporting the team to ensure all members' rights and interests are protected and advanced.

Mary Power, ADIR
Southern region
Mary has been on the INMO team since 1989, as both an IRO and as development officer. A qualified nurse and midwife, she has master degrees in industrial relations and human resources. She previously worked as a nurse and midwife in Dublin, Wexford, Glasgow and Malawi. She welcomes the new regional team structure, as it will enhance services to members. She is looking forward to the appointment of IREs to the Southern region later this year.

Mary Fogarty, ADIR
Western region
Mary has been on the INMO IR team since 2001, working as an IRO mainly in the mid-west region. She has a Bachelor of Business Studies (IR/HR) from UCD, is an RGN, and is currently undertaking an advanced diploma in employment law. Her aims include bringing the INMO closer to the workplace for all members and supporting the regional team to deliver excellence in all industrial relations issues and professional matters for nurses and midwives.

NEW INDUSTRIAL RELATIONS EXECUTIVES

Karen Clarke, IRE
Dublin North East region
Karen has been an active member of the INMO for almost 19 years and has served as a branch secretary and local rep for a number of years. She has represented members collectively in the WRC alongside the IRO, as well as representing members locally on a number of issues. She was an elected member of the Executive Council from 2014-2018. In her new position, Karen is looking forward to meeting as many members as possible over the coming months.

Noelle Hamilton, IRE
Dublin North East region
With more than 20 years' experience working as a staff nurse and then a clinical nurse manager in Beaumont Hospital operating theatre department, Noelle has been an INMO rep for the past four years and was a lead member of the hospital's dispute committee during the recent industrial action. She is looking forward to developing strong links with members in the Dublin North East region and encouraging members' active participation in the INMO.

Bernie Stenson, IRE
Dublin Mid Leinster region
Bernie has spent over 20 years in various roles in St Vincent's University Hospital emergency department and was actively involved with the INMO as a rep, which she says fuelled her to complete a professional diploma in employment law. She has been a member of the INMO Executive Council for the past four years. She feels the new IRE role and team approach will increase the INMO's contact, visibility and relationships with members on the ground.

Neal Donohue, IRE
Dublin Mid Leinster region
Neal was the INMO student/new graduate officer for 2018 and 2019 and prior to that, was an INMO rep for intellectual disabilities' services in Co Galway. He has represented the INMO on the global stage as a delegate to the European Nursing Student Association AGM and was elected secretary to the Global Association of Student and Novice Nurses in 2018 and 2019. Health, safety and welfare at work will be a priority on his agenda.

INMO Professional

New Programme

Training, Delivery and Evaluation

March / May 2020

NOW TAKING BOOKINGS FOR 2020

5 Days

Tues	24 March
Wed	25 March
Thurs	26 March
Tues	12 May
Wed	13 May 2020

34 NMBI CEU's

Module 6N3326 - QQI Level 6
Category 1 Approved by NMBI

9.30am to 5.00pm each day

INMO Members

€550

before Friday, 20 February 2020

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after this date
€625 INMO members
€875 non members

EARLY BIRD DISCOUNT

www.inmoprofessional.ie

This five-day course "Training Delivery and Evaluation" 6N3326 award will equip the nurse/midwife with the knowledge, skills and confidence to plan, deliver and assess learning and evaluate training provision. This course would suit every nurse/midwife working with student nurses in a clinical learning environment and also in centres of nurse education.

A wide range of training methods, including role-play, small group work, case studies, action learning and forums will be used to enhance the learning process. The course aims to foster and share the rich and diverse knowledge and skills of participants whilst providing them with the expertise and confidence to impart their knowledge effectively.

The course is delivered over five days from 9.30am to 5.00pm each day.

This training will lead to QQI Level 6 component certificate in Training Delivery and Evaluation (formally Train the Trainer FETAC 6) and it carries 15 ECTs (European Credit Transfer and Accumulation System).
Fee covers refreshments (light lunch of tea/coffee and sandwiches), course materials plus QQI administration and examination fee. Throughout the programme, trainer support is also available for each nurse/midwife attending the course.

This programme is also Category 1 approved by the Nursing and Midwifery Board of Ireland (NMBI) and awarded 34 Continuing Education Units (CEUs).

HOW TO BOOK

A non-refundable deposit of **€100*** must be made to reserve a place.
*Payment in full must be made prior to **Friday, 16 March 2020.**

For more information and bookings contact:

01 6640642 | pdc@inmoprofessional.ie

Harnessing potential

Alison Moore spoke to Catherine O'Connor about her vision for her role as the INMO's next student and new graduate officer

CATHERINE O'Connor, who recently took up the position of the INMO's student and new graduate officer, has always been passionate about helping people. It was this passion, combined with a love of biology, that led her to a career in nursing and subsequently to join the INMO staff.

"In the past couple of years I have seen the support that the INMO has offered to nurses and midwives and the difference that it can make, and it was something that I wanted to play a greater part in. I hope that this role will allow me to apply the skills I have developed in a holistic way," she said.

Ms O'Connor explained that she saw a "real value" in what the Organisation could offer individual nurses and midwives in terms of providing practical support, advice and, most importantly, in terms of the union's ability to connect people and bring them together to achieve common goals.

"The INMO can bring together people from across all backgrounds and areas of nursing and midwifery and empower them to help each other. The support available to members is huge," she said.

Ms O'Connor comes to her new position having spent the previous four years working as a nurse in the Mater Hospital in Dublin. During this time she worked as a 'bank nurse', meaning that rather than being assigned to a specific specialty or ward, she worked where ever she was needed on a given day. This, she said, has taught her to be adaptable and given her a wider breadth of experience than she might otherwise have obtained over four years.

Tying in with her passion for care, Ms O'Connor also obtained a higher diploma in psychology while working in the Mater, a qualification that will no doubt be of benefit in her role.

Mental health support

Paying compliment to Neal Donohoe, her predecessor in the role, Ms O'Connor explained that she is very keen to build on the work that has been done in the area of mental health support for students and new graduates.

The Student Section spoke to a motion at the 2019 ADC to make mental health a priority and delegates voted in favour, giving the union a mandate to action this proposal.

The INMO has been collaborating with other organisations on a bespoke mental health support programme for student nurses and midwives. This will be piloted this month in collaboration with a third-level institution.

"Nursing and midwifery students face a range of very different pressures to most other students. On clinical placements they can face highs one minute and lows the next. A student midwife might assist in the birth of a baby and then later be present when a patient gets bad news or faces terrible loss. A nurse working in the emergency department must deal with extreme emotions as emergencies are dealt with over the course of a day. It is a lot to take on.

"As the acuity of care increases, we need to put the tools in place to help us learn to cope with it all," she added.

Empowering

Ms O'Connor has already started making site visits to campuses to get the message across to students about what the INMO has to offer them. Firstly, there is the practical support available through the INMO library where members can get support on academic matters such as literature searches and learning how to use a library.

Further to this, Ms O'Connor wants both undergrads and new graduates to know that the INMO offers a way to connect with other members to share ideas and support each other.

"I want to empower students to use their union. I want students to know that the INMO is its members. That they have opportunities to get involved with the Youth Forums and can have their voices and ideas heard," Ms O'Connor said.

She referenced attending her first ADC in 2018 as a member of the Dublin Youth Forum, of which she was chairperson. It was here that she saw the democracy and "people power" of the union in action as a motion put forward by the Youth Forums, and spoken to by a student member, was passed and subsequently adopted as INMO policy. She felt this illustrated the potential for students to influence change.

"I saw that I could be part of affecting real change and that the INMO really is about its members and what they think," she told *WIN*.

Student reps

While the idea of being an INMO student rep may seem daunting, Ms O'Connor wanted to emphasise that training is provided, that reps don't work in isolation but as part of a team, and that she is available for advice and support if it is needed.

"We want to help people to connect. We want students and new graduates to know their rights and entitlements and feel more confident if they face any issues. We want to help them develop as professionals.

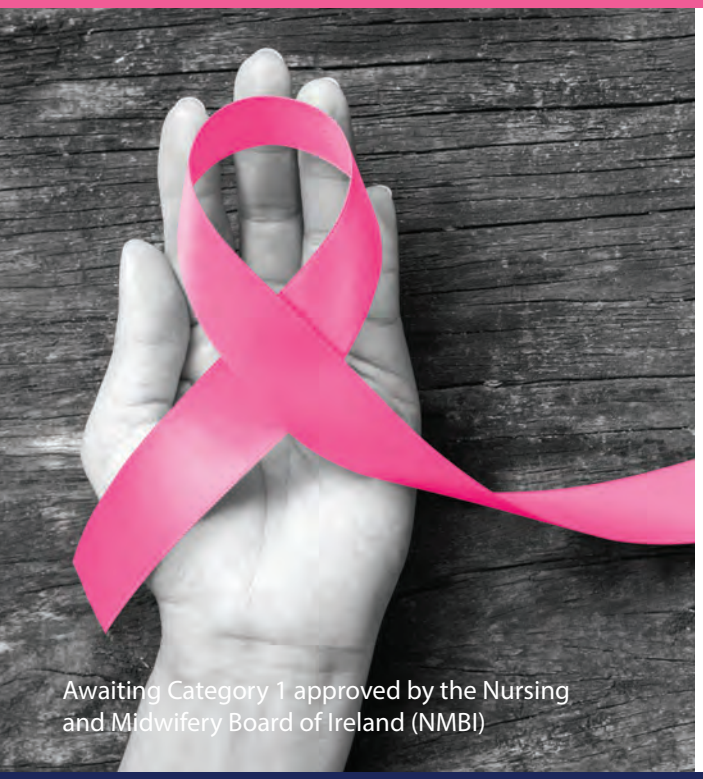
"We want to harness potential. We want to hear their ideas and let them know that they are not alone," she added.

Get in touch

If you would like to get in touch with Ms O'Connor, you can reach her at: catherine.oconnor@INMO.ie or Tel: 01 6640684.

INMO Professional

Upcoming New Oncology Programmes



Awaiting Category 1 approved by the Nursing and Midwifery Board of Ireland (NMBI)

These one-day programmes are intended to give nurses and midwives the knowledge needed to care for cancer patients. An overview of cancer care in Ireland will be provided and key topics discussed. They will also provide nurses and midwives with an opportunity to develop communication skills around cancer discussions with patients.

From Symptom to Specialist

Tuesday, April 21, 2020

The following topics will be covered on this day:
Introduction to oncology - what is cancer? Carcinogenesis, patient pathway, staging and grading, and preparing a patient for treatment

Solid Tumours and Treatments

Tuesday, April 28, 2020

The following topics will be covered on this day:
Breast, prostate, colorectal and lung cancer overview, treatment choices, side-effects of treatments, management of side-effects, oncological emergencies

Venue: The Richmond Education and Event Centre, North Brunswick Street, Dublin D07 TH76
Time: 9.15am - 4.30pm
Fee: €95 INMO members; €145 non members

For more information or to book a place,
please visit **www.inmoprofessional.ie** or call **01 6640641/18**

INMO Professional

Meaningful Healthcare Risk Management

for Clinical Nurse Managers and Clinical Midwife Managers

Special Programme for Clinical Nurse and Clinical Midwife Mangers

Programme facilitator:
Dr Luke Feeney, Professional Doctorate in Healthcare Risk, Incident and Audit Management, MSc Quality and Safety in Healthcare Management

This programme designed specifically for Clinical Nurse and Midwifery Managers provides a practical, introductory insight, understanding and guidance as front line managers in evidence-based, best practice healthcare risk management principles and practices. At the end of the programme participants should understand how to plan and implementation (with a Team) an evidence-based, best practice risk management process. CNMs and CMMs perform both managerial and leadership functions in order to provide effective healthcare delivery to patients.

All material is 100% evidence based and the frameworks and processes presented have all been implemented in healthcare organisations in Ireland and internationally.

Wednesday, May 27, 2020

Venue: The Richmond Education and Event Centre, North Brunswick Street, Dublin D07 TH76
Time: 10.00am - 4.00pm
Fee: €95 INMO members; €145 non members

Book Now for Early Bird

For more information or to book a place,
please visit **www.inmoprofessional.ie** or call **01 6640641/18**

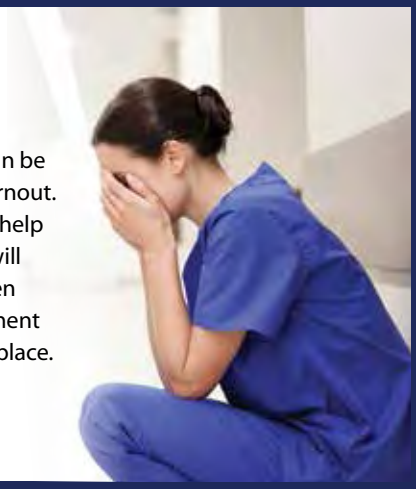
INMO EDUCATION PROGRAMMES

Continuing professional development for nurses and midwives

INMO Professional

Book your place on this issue's highlighted courses

Understanding and Managing Burnout and Work Engagement for Nurses and Midwives



This programme is designed to explore the nature of burnout and work engagement. Burnout can be prevented by focusing on engagement, organisational assessment and the early detection of burnout. The key focus of this programme will be on the causes, measurement and interventions that can help create a more positive, fulfilling and engaging workplace. At the end of this course, participants will understand the causes and characteristics of burnout and work engagement, distinguish between their definitions, differentiate between different approaches to measuring burnout and engagement and be able to identify interventions that can be employed to enhance engagement in the workplace.

Date: April 28, 2020
Fee: €90 INMO members; €145 non-members

Date for your diary: CPC Annual Seminar

Celebrating the nursing and midwifery professions – where to from here?

The Clinical Placement Co-ordinators (CPC) section of the INMO has developed this seminar, which will focus on the transition and growth in undergraduate education and training for nurses and midwives. On the day, participants will hear from a wide range of professional speakers from different backgrounds. Please visit **www.inmoprofessional.ie** for further details or call 01 6640618 to book a place.

Date and time: Wednesday, April 29, 2020 from 9am to 4pm
Fee: €90 INMO members; €145 non-members
Early bird discount: €70 (for members only when booked before April 15)

On-site Education

Bringing professional development education programmes to your workplace

INMO Professional has an extensive range of quality education programmes provided by highly skilled expert facilitators that can be delivered to you directly on-site. All our one and two-day programmes are category 1 approved by the NMBI with CEUs. On-site education is a more cost and time-effective solution to your educational needs. Our fees are based on 'per day' rather than 'per person' with no additional costs, which makes our programmes affordable and available to all. Contact Marian Godley, course co-ordinator at Tel: 016640642 with your education needs.

Steve Pitman
Head of Education and Professional Development

This is an important year for our professions with the launch of the International Year of the Nurse and Midwife. This year is an opportunity to raise the profile of nursing and midwifery and demand that our voice is heard at both a national and international level at all stages of the health service strategy, planning and delivering process.

To celebrate the campaign, events and activities are planned throughout the year and members are encouraged to set up local Nursing Now groups to arrange local activities and join in the celebrations. Ideally these activities should also involve the wider community. Further information can be found at **www.nursingnow.ie** or via Twitter, Facebook and LinkedIn.

Regulation

This year will see an NMBI review of the *Code of Professional Conduct and Ethics*. The code is central to the professionalism of nurses and midwives and underpins our practice. Each nurse and midwife – along with the organisations they work for – is actively encouraged to participate in the public consultation process. Your views and comments will be important to ensuring these documents reflect the current practice of nurses and midwives.

It is expected that the updated *Guidance on Administration of Medicines* will be published in the first quarter of 2020. The NMBI is also expected to open a public consultation on Category 1 approval for continuing professional development programmes and is currently developing the Nightingale system for recording nurses' and midwives' registration data, to be launched in June. The system will be ready for use by nurses and midwives for payment of registration fees in December 2020. The CEO of the NMBI has indicated that the competency and revalidation process will not be developed this year.

CJ Coleman – Research Award

Insurance broker CJ Coleman and Co Ltd has been generously sponsoring the INMO members research award for more than a decade. A bursary of €1,000 will be awarded for a completed research project that promotes and improves quality of patient care and/or staff working conditions in an innovative way.

The closing date for completed applications is February 21, 2020. An evaluation panel will compile a shortlist and select a winner based on the criteria listed on the INMO website. The successful applicant will be invited to the ADC in May to be presented with the award.

'Mind Your Mental Health for Student Nurses'

The 'Mind Your Mental Health for Student Nurses' pilot programme will take place this month. This programme is a collaboration between the INMO, Jigsaw and DCU. The programme will be open to 25-30 student nurses on the first-year general health and mental health programme in DCU.

All-Ireland Maternity and Midwifery Festival

INMO members are invited to the All-Ireland Maternity and Midwifery Festival on February 11, 2020 in Croke Park. The INMO is supporting this free event organised by Neil Stewart Associates. Tickets are now available at **www.eventbrite.ie**

Access to medicine

This month the INMO has published a position statement on access to medicines in support of Access to Medicines Ireland (AMI). The statement calls for a system of medical research and development that will deliver essential medicines at a fair price.

Both the INMO and AMI call on all Irish political parties and independent candidates to make this a central issue of their general election manifestos in 2020 and reinject political will into reform of this area.

The recommendations made by the INMO are consistent with those made by such bodies as the United Nations High Level Panel on Access to Medicines, the World Health Organization and Médecins Sans Frontières. To learn more about AMI, visit **www.accesstomedicines.ie**

RCM resources available to INMO midwifery members

Don't forget to sign up for free access to the full range of updated RCM professional development resources. If you are a midwife (including public health nurses, practice nurses and students) and would like to register for access, visit **www.inmoprofessional.com/RCMAccess**

On-site education

INMO Professional offers a wide range of on-site quality programmes facilitated by expert practitioners. If you are interested in booking CPD courses for your organisation, contact marian.godley@inmo.ie or at Tel: 01 6640642.

Delivering courses and writing for *WIN*

INMO Professional is eager to offer members the opportunity to work with us in developing and delivering education courses. If you are an advanced nurse or midwife practitioner, a clinical nurse or midwife specialist or a registered nurse or midwife with expertise in clinical or management practice, we would be interested in hearing from you, email: marian.godley@inmo.ie or Tel: 01 6640642.

We would also like to hear from members who are interested in writing professional or clinical articles for *WIN* – to register your interest in submitting an article, email me at: steve.pitman@inmo.ie

Education Programmes

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

Venue: INMO Professional,
The Richmond Education and Event Centre,
North Brunswick Street, DO7 TH76
Dublin 7
Tel: 01 664 0618
Email: pdc@inmoprofessional.ie

Check out our new courses by logging onto www.inmoprofessional.ie or calling Tel: 01 664 0618

Date	Programme	Fee	CEUs
Feb 12	**Decision Making and Restraint Use in Residential Care Settings for Older People**	**€90 members; €145 non-members**	**6**
	This is a one-day education programme that 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.		
Feb 18	**Best Practice in Medication Management**	**€90 members; €145 non-members**	**5**
	This education programme supports nurses and midwives in providing safe, evidence-based practice in the area of medication management. 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. Furthermore, it will explore relevant policy and legislation and will present scenarios in order to illustrate the various principles.		
Feb 19	**Getting the Most From Your Library: Advanced Library Searching Techniques**	**€90 members; €145 non-members**	**5.5**
	This programme is specifically aimed at nurses and midwives who would like to develop their information-seeking skills in order to avail of the most up-to-date information for clinical practice, personal reflection and policy development. This programme will assist participants who are undertaking academic programmes and will provide them with valuable lifelong skills in the area of information literacy. Guidance will also be provided on the use of keywords, Boolean logic and limiting and broadening of search results. The programme will involve a practical element whereby participating nurses and midwives will have the opportunity to develop a search strategy and use it to search a database. Strategies for the evaluation and critique of online resources will also be discussed during the course of the day.		
Feb 20	**Wound Care Management**	**€90 members; €145 non-members**	**5**
	This programme will allow participants to ensure professional competency in the area of wounds as per the NMBI Code of Professional Conduct and Scope of Practice for Nursing and Midwifery, which states that nurses must work within their competence. Furthermore, it will provide participants with the knowledge to ensure that their practice is founded in the latest research and guidance.		
Feb 25	**Phlebotomy**	**€90 members; €145 non-members**	**4**
	This programme provides participants with the skill and theory to perform phlebotomy in a competent and safe manner. It will cover topics such as sites used for phlebotomy, criteria for evaluating a vein, principles of an aseptic technique as well as complications that may arise during and after the procedure. Guidance will be given on how to reassure the individual in relation to the procedure and on gaining their consent. While this course will provide the necessary knowledge and skills to undertake phlebotomy, it will be necessary for each nurse and midwife attending to ensure that they abide by their local policy on phlebotomy in their place of work and hold an up to date hand hygiene training certificate (within the last two years).		
Feb 25 & 26	**Management in Practice**	**€230 members; €350 non-members**	**11**
	In the current dynamic nursing and healthcare environment, nurses and midwives are taking on an influential role in restructuring existing and new healthcare services in Ireland. To achieve this management, development is critical for those who direct and organise both work and employees. This training programme will guide nurses, midwives and other healthcare professionals in how best to deal with people and drive them to realise their potential so that standards, competency and skills are maintained and exceptional care is provided at all times. This is an intense, comprehensive and participative workshop developed to ensure improved effectiveness in management.		

Date	Programme	Fee	CEUs
Feb 27	**Delegation and Clinical Supervision**	**€90 members; €145 non-members**	**5**
	This programme is aimed at all nurses, midwives and clinical nurse and midwife managers who work with health care assistants. It explores the issues surrounding delegation and decision making, including appropriate clinical supervision for delegated functions. Participants will learn the difference between clinical and managerial delegation and how delegation differs from assignment of a task. Guidance will be provided on the assessment of a delegate's experience and role, and how best to match appropriate clinical supervision to a specific delegated function. The professional, legal and quality of care issues involved when deciding to delegate a function will also be explored.		
Mar 3	**Assertiveness Mindset – How to Develop It**	**€90 members; €145 non-members**	**6**
	This workshop aims to teach participants the mindset to make assertive decisions with conviction to influence others in a positive way. Assertiveness is a life skill which benefits every area of a person's life. During the workshop they will be able to distinguish between aggressive, assertive and passive behaviour. An assertiveness self-assessment will be conducted and a personal SWOT analysis will give clear indications as to areas requiring self-development. It has become evident from training over the past few years that senior personnel in the health care sector are quite lacking in self-confidence, despite their clinical competencies and confidence. They feel they don't know how to say 'No', how to have those difficult conversations or how to influence and lead their staff. This training will greatly benefit the participants in handling difficult situations within the workplace as managing conflict at all levels is an everyday occurrence.		
Mar 4	**Subcutaneous Administration of Fluids**	**€90 members; €145 non-members**	**5**
	This course will educate participants on the administration of fluids by the subcutaneous route. The course will cover topics such as awareness of the nurse/midwife's accountability when undertaking this role, the identification of indications for subcutaneous infusion, suitable sites used for subcutaneous infusions, identification of fluids most commonly used in subcutaneous infusions. It will be necessary for each nurse and midwife attending to ensure that they abide by their local policy on subcutaneous administration fluids in their place of work and to have undertaken the management of anaphylaxis course (within the last two years).		
Mar 4	**Academic Writing and Research Appraisal Simplified**	**€90 members; €145 non-members**	**5**
	This programme will introduce participants to a range of skills which are essential when completing academic studies. It will explore evidence-based practice, which provides nurses and midwives with a method to use critically appraised and scientifically proven evidence, thus ensuring that practice is based on the most up-to-date appraised evidence.		
Mar 24	**Introduction to Change Management**	**€90 members; €145 non-members**	**4.5**
	The aim of this course is to enhance the understanding of nurses and midwives of change management and strategies to improve the potential for successful change initiatives. Change is a constant in life, no more so than in the health service. This programme is an introduction for nurses and midwives to key concepts related to change management. The programme aims to enhance participants' understanding of change management and strategies to improve the potential for successful change initiatives. The programme will include the following topics: the nature of change, leading change, initiating change, understanding and managing resistance, change models, the importance of communication and the role of stakeholders.		
Mar 24	**Training Delivery and Evaluation** *(now full)*	**€550 members; €875 non-members**	**34**
	This course, run over five days in March and May 2020, is designed to equip the nurse/midwife with the skills to plan, deliver and assess learning and evaluate training. This course is now full – to add your name to the waiting list, call Marian Godley on 01 6640642 or email marian.godley@inmo.ie		
Mar 25	**Assessment and Care Planning in Residential Care Settings for Older People**	**€90 members; €145 non-members**	**5.5**
	This programme provides nurses caring for older persons with the most up-to-date information regarding policy and standards. It will focus on the need for comprehensive assessment, including risk assessment and care planning for older people in residential care settings. Participants will be provided with practical tips on how to prepare for and carry out a comprehensive assessment of a new resident in a nursing home, enabling them to develop a person-centred care plan. The programme will outline the appropriate steps for writing a person-centred care plan, how to conduct a review of an individual's care plan, and how to update it in accordance with changing needs.		
Mar 26	**Competency-based Interview Skills**	**€90 members; €145 non-members**	**5**
	This programme assists participants to prepare for a competency-based interview, which is based on the premise that past experience can predict future behaviour. This is an increasingly common style of interviewing that enables candidates to show how they would demonstrate certain behaviours and skills in the workplace by answering questions about how they have reacted to, and dealt with, previous workplace situations. The programme will provide an overview of CV development and will outline the steps in the interview process. Role play will be used to ensure that participants are able to communicate their knowledge and experience effectively for any future interviews.		

Date	Programme	Fee	CEUs
Mar 31	**Basic Life Support for Healthcare Providers**	**€135 members; €195 non-members**	**6**
	This healthcare provider cardiopulmonary resuscitation (CPR) and automated defibrillation (AED) course provides the information, rational and practical skills training for the 2015 CPR and ECC guidelines. The two-year certification period for both basic and advanced life support is recommended by ILCOR. Participants need to be physically fit to carry out this training. On completion, you will be awarded the AHA/IHF healthcare – two-year certificate.		
Apr 16	**Strategies for Managing Conflict**	**€90 members; €145 non-members**	**6**
	This programme presents a practical approach for dealing with conflict. Using group work, self-evaluation and case-study based discussion, it will demonstrate the knowledge, skills and confidence needed to intervene at an early stage to resolve conflict situations before they escalate. Managed in the wrong way, real and perceived differences between people can spiral out of control. Conflict is not necessarily destructive; managing conflict effectively may result in positive outcomes such as new ideas and the development of positive communication, active listening and problem solving skills. Developing and maintaining positive relationships and the ability to deal with difficult people and situations is an essential skill for the work environment.		
Apr 21	**Peripheral Intravenous Cannulation**	**€90 members; €145 non-members**	**4**
	This course will provide instruction on the sites used for peripheral intravenous cannulation, identification of the criteria for evaluating a vein, and guidance on adhering to the principles of an aseptic technique and techniques for reassuring the individual in relation to the procedure and to gain their consent. It will be necessary for each nurse and midwife attending to ensure that they abide by their local policy in their workplace on peripheral intravenous cannulation and hold the following certificates: hand hygiene training, management and administration of intravenous drugs and the management of anaphylaxis (all within the last two years).		
Apr 21	**Introduction to Oncology – From System to Oncology**	**€90 members; €145 non-members**	**TBC**
	This programme empowers nurses to care for cancer patients by advancing their existing knowledge and offering guidance on how to integrate this knowledge into practice. A combination of theoretical learning and case study presentations makes this programme an enjoyable learning experience. The programme aims to meet the learning needs of nurses who do not have specialist cancer postgraduate education who are caring for cancer patients. An overview of cancer care in Ireland will be provided and key topics discussed. The programme will explore the patient pathway from diagnosis to treatment as well as carcinogenesis, the causes of cancer and the metastatic process.		
Apr 22	**Incident Reporting and Investigation**	**€90 members; €145 non-members**	**6.5**
	This programme enables participants to implement an effective system of incident reporting and investigation. Participants will be shown how to complete accurate incident reports and investigations using tools such as the '5 whys' and root cause analysis. The programme will also cover how to analyse incidents on a scheduled basis as part of a continuous improvement approach. Professional and legal requirements for incident reporting and investigation based on regulations and best practice guidance will be outlined in detail. The programme will include a group exercise whereby participants can practise completing an incident report.		
Apr 23	**Leg Ulcer Study Day**	**€90 members; €145 non-members**	**5.5**
	This programme enables participants to distinguish between the different causes of ulceration and associated pathophysiology and also epidemiology, risk factors and assessment. It provides participants with an opportunity for continuing professional development to ensure that their practice is founded on the latest research and guidance. The programme will involve a practical aspect whereby various compression bandages and techniques will be presented as well as a demonstration on the use of a Doppler for assessment of the lower limbs. Psychosocial issues and the impact of living with a leg ulcer on the person's day-to-day life will also be explored.		
Apr 28	**Introduction to Oncology – Solid Tumours and Treatments**	**€90 members; €145 non-members**	**TBC**
	This programme empowers nurses to care for cancer patients by advancing existing knowledge and integrating that knowledge into clinical practice. A combination of theoretical learning and case study presentations will make this course an enjoyable learning experience. The programme will focus on solid tumours and treatments. It will provide nurses with an opportunity to develop communication skills around cancer discussions with patients. There will be discussion on major tumours and how these are treated collectively and specifically. Breast cancer, colorectal cancer, lung cancer and prostate cancer will be discussed in detail, as well as cancer treatments and treatment side effects.		
Apr 28	**Understanding and Managing Burnout and Work Engagement for Nurses and Midwives**	**€90 members; €145 non-members**	**TBC**
	Do you understand the nature of change or how to effectively manage change to ensure the best possible outcomes? This course introduces participants to key concepts and approaches to change. It explores the importance of managing people and understanding resistance.		

Date	Programme	Fee	CEUs
Apr 29	**CPC Annual Seminar**	**€90 members; €145 non-members**	**TBC**
	Details of this seminar are available on **www.inmoprofessional.ie –** There is a special members only early bird discount of €70 if you book before April 15.		
Apr 29	**Mindfulness and Meditation for Holistic Nursing and Midwifery Care**	**€90 members; €145 non-members**	**5.5**
	We invite all nurses and midwives to learn mindfulness for their personal and professional use. Many scientific researches have proven across the globe that practice of mindfulness brings measurable physiological changes in the brain called neuroplasticity. Practitioners report improved general sense of wellbeing and less stress and pain. We will explore the process of psychosomatic illnesses and how we can help our patients during difficult times. Therapeutic use of mindfulness techniques such as turning towards the symptoms, pain, anger, fear, anxiety, depression, discomfort, instead of fighting the pain and wishing it goes away experiencing the pain as it is without adding or trying to subtract the pain. Mindfulness based practices are part of national healthcare system in many countries. Let's reduce suffering and bring peace in our health care system.		
Apr 30	**Falls: Prevention, Management and Review**	**€90 members; €145 non-members**	**5.5**
	This programme promotes a consistent approach to falls reduction and management for older people through risk assessment, individualised care planning and post-falls review. It will outline causes and risks for falls and will assist participants to identify those patients or residents who are at risk of falls. Risk assessment tools such as FRAISE, FRAT and STRATIFY will be explored. There will be a focus on individualised care planning to mitigate falls and promote patient safety, and falls reduction techniques, with the aim of improving patient safety and minimising injuries in the older population. Participants will practise completing a post-falls review.		
Apr 30	**'Time is Brain' – A Guide to Nursing Management, Assessment & Treatment of Acute Stroke**	**€90 members; €145 non-members**	**5.5**
	Two million brain cells die every minute, increasing the risk of permanent brain damage, disability, or death. When a patient presents with stroke symptoms, every minute counts. This course involves knowledge and skills around stroke assessment, treatment and management for nurses during the acute phase and rehabilitation stage.		
May 7	**Phlebotomy**	**€90 members; €145 non-members**	**4**
	This programme provides participants with the skill and theory to perform phlebotomy in a competent and safe manner. It will cover topics such as sites used for phlebotomy, criteria for evaluating a vein, principles of an aseptic technique as well as complications that may arise during and after the procedure. Guidance will be given on how to reassure the individual in relation to the procedure and on gaining their consent. While this course will provide the necessary knowledge and skills to undertake phlebotomy, it will be necessary for each nurse and midwife attending to ensure that they abide by their local policy on phlebotomy in their place of work and hold an up to date hand hygiene training certificate (within the last two years).		

Cornmarket

Retirement Planning Seminar

INMO Professional

Wednesday, July 8, 2020

The Richmond Education and Event Centre,
North Brunswick Street D07 TH76, **Dublin**

€10 for INMO members, €45 for non-members *(non-refundable)*

This day, designed specifically for nurses and midwives, offers the most up to date information if you are contemplating retirement. The programme covers superannuation, AVCs, investments, tax and money saving tips – for more information log on to **www.inmoprofessional.ie**

Education programmes coming to our Cork office

Date	Programme	Fee	CEUs
Feb 11	**Management Skills for Clinical Nurse Managers and Staff Nurses**	**€90 members; €145 non-members**	**5.5**

This programme outlines the key competencies required for ward managers to be effective in their roles as leaders and managers in healthcare delivery. It will explore both management and leadership functions and how these are applied in practice so as to promote quality and safety of care. Topics covered include: management principles and competencies, team building, delegation and clinical supervision. Participants will gain effective management competencies that can be applied in the workplace to promote quality and safety in healthcare delivery.

Mar 3	**Falls: Prevention, Management and Review**	**€90 members; €145 non-members**	**5.5**

This programme promotes a consistent approach to falls reduction and management for older people through risk assessment, individualised care planning and post-falls review. It will outline causes and risks for falls and will assist participants to identify those patients or residents who are at risk of falls. Risk assessment tools such as FRAISE, FRAT and STRATIFY will be explored. There will be a focus on individualised care planning to mitigate falls and promote patient safety, and falls reduction techniques, with the aim of improving patient safety and minimising injuries in the older population. Participants will practise completing a post-falls review.

Mar 14	**Best Practice in Medication Management**	**€90 members; €145 non-members**	**5**

This programme supports nurses and midwives in providing safe, evidence-based practice in the area of medication management. It will cover topics such as the key principles of medication management, the medication management cycle, management of controlled drugs and medication safety. It will also explore relevant policy and legislation and will present scenarios in order to illustrate the various principles. Participants will have the opportunity to update their knowledge in line with NMBI and HIQA requirements for medication management.

Apr 7	**Phlebotomy**	**€90 members; €145 non-members**	**4**

This programme provides participants with the skill and theory to perform phlebotomy in a competent and safe manner. It will cover topics such as sites used for phlebotomy, criteria for evaluating a vein, principles of an aseptic technique as well as complications that may arise during and after the procedure. Guidance will be given on how to reassure the individual in relation to the procedure and on gaining their consent. While this course will provide the necessary knowledge and skills to undertake phlebotomy, it will be necessary for each nurse and midwife attending to ensure that they abide by their local policy on phlebotomy in their place of work and hold an up to date hand hygiene training certificate (within the last two years).

Apr 22	**Assessment and Care Planning in Residential Care Settings for Older People**	**€90 members; €145 non-members**	**6**

This programme provides nurses caring for older persons with the most up-to-date information regarding policy and standards. It will focus on the need for comprehensive assessment, including risk assessment and care planning for older people in residential care settings. Participants will be provided with practical tips on how to prepare for and carry out a comprehensive assessment of a new resident in a nursing home, enabling them to develop a person-centred care plan. The programme will outline the appropriate steps for writing a person-centred care plan, how to conduct a review of an individual's care plan, and how to update it in accordance with changing needs.

May 7	**Wound Care Management**	**€90 members; €145 non-members**	**5**

This programme will allow participants to ensure professional competency in the area of wounds as per the NMBI Code of Professional Conduct and Scope of Practice for Nursing and Midwifery, which states that nurses must work within their competence. Furthermore, it will provide participants with the knowledge to ensure that their practice is founded in the latest research and guidance.

May 12	**Introduction to Clinical Audit**	**€90 members; €145 non-members**	**5**

This programme equips participants with the necessary skills to implement clinical audit in their practice and enable them to deliver evidence of improved performance for safer and better care for patients. Participants will be provided with an overview of clinical audit and be informed about each stage in the clinical audit cycle: topic selection, standards development, data collection, data analysis, reporting, implementing changes and re-audit. A detailed overview will be given on the characteristics and dimensions of quality as well as how best to measure and monitor quality in the workplace. There will be an emphasis on continuous quality and safety improvement in healthcare.

May 21	**Delegation and Clinical Supervision**	**€90 members; €145 non-members**	**5**

This programme is aimed at all nurses, midwives and clinical nurse and midwife managers who work with health care assistants. It explores the issues surrounding delegation and decision making, including appropriate clinical supervision for delegated functions. Participants will learn the difference between clinical and managerial delegation and how delegation differs from assignment of a task. Guidance will be provided on the assessment of a delegate's experience and role, and how best to match appropriate clinical supervision to a specific delegated function. The professional, legal and quality of care issues involved when deciding to delegate a function will also be explored.

INMO Professional

JOANNA BRIGGS INSTITUTE

Evidence-based practice database

This month the library team is focusing on the Joanna Briggs Institute's evidence-based practice database, which is available to all members through www.nurse2nurse.ie

THE Joanna Briggs Institute (JBI) evidence-based database provides evidence based information on a number of different topics and is focused on nursing and midwifery topics. The Institute is an internationally renowned research and development centre and a leading body in evidence-based practice. The database includes a comprehensive range of resources including more than 3,000 full text records in seven publication types. The database covers a wide range of subject areas and would appeal to both student and clinician groups.

Like the Cochrane Library, the JBI produces systematic review protocols and full systematic reviews, however, it goes further to show this research in practice with evidence summaries, evidence-based recommended practices, best-practice information sheets and consumer information sheets.

To use the JBI database, just type what you are looking for into the search box and click 'search'. You can then limit the results to information type such as evidence summaries or best-practice information sheet. Below are a number of key recent publications available to download.

Care of the older person

- Physical restraint: home and residential aged care (patient and staff perspectives). Evidence summary – PICO question: What is the best available evidence regarding staff perspectives of physical restraint in home and residential aged care?
- Music therapy: Impact on wellbeing and quality of life. Evidence summary – PICO question: What is the best available evidence regarding the effectiveness of music provided to aged care residents and its impact on wellbeing and quality of life outcomes?

Cardiac care

- Chronic heart failure: dietary sodium restrictions. Evidence summary – PICO question: what is the best available evidence regarding dietary sodium restrictions for patients with chronic heart failure?
- Chronic heart failure: fluid restrictions. Evidence summary – PICO question: what is the best available evidence regarding fluid restrictions for patients with chronic heart failure?
- Heart failure (with sinus rhythm): anticoagulant therapy (warfarin). Evidence summary – PICO question: what is the best available evidence regarding the safety and efficacy of warfarin administration in patients with heart failure with sinus rhythm?
- Coronary heart disease (secondary prevention): Psychological interventions. Evidence summary – PICO question: What is the best available evidence related to the effectiveness of psychological interventions delivered as part of secondary prevention or rehabilitation to adults with coronary heart disease to improve clinical outcomes?

Endoscopy

- Discharge following sedation for endoscopic procedures. Best practice – PICO question: The aim of this project was to promote best discharge practice in sedated patients following endoscopic procedures in an endoscopy tertiary centre.

Intellectual disability

- Adults with special needs: Oral health evidence summary – PICO question: What is the best available evidence regarding adults who require support or assistance for their oral health needs?

Midwifery

- Foetal assessment: Foetal movement. Evidence summary – PICO question: What is the best available evidence regarding foetal movement awareness or counting as part of routine antenatal care for women with uncomplicated (low-risk) pregnancies?
- Antenatal care: Education for healthy lifestyle. Evidence summary – PICO question: what is the best available evidence regarding the information and education provided to pregnant
- Ectopic pregnancy: Management evidence summary – PICO question: what is the best available evidence regarding the management of ectopic pregnancy?
- Threatened miscarriage: Management. Evidence summary – PICO question: what is the best available evidence regarding the management of threatened miscarriage?

Wound care and management

- Malignant fungating wound: assessment. Evidence summary – PICO question: what is the best available evidence regarding the assessment of malignant fungating wounds in breast cancer patients?
- Malignant fungating wounds: Management. Evidence summary – PICO question: what is the best available evidence regarding the management of malignant fungating wounds?

Library assistance

For further information about the library or the JBI database, contact us at Tel: 01-6640614/25 or email: library@inmo.ie. Opening hours: Monday to Thursday: 8.30am-5pm, Friday: 8.30am-4.30pm.

Getting the most from your library: Advanced Library Searching Techniques

Next course dates: Wednesday, February 19 and Tuesday, April 7, 2020

Venue: INMO HQ, The Whitworth Building, North Brunswick Street, Dublin 7

Fee: €90 INMO members; €145 non-members

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

Q and A Bulletin Board

With INMO director of industrial relations Tony Fitzpatrick

Query from member

I commenced employment with the HSE on October 1, 2019 as a new graduate. I did not work during the pre-registration period. How does the Labour Court settlement apply to me with regards to incremental progression?

Reply

You are entitled after 16 weeks to skip the second point of the incremental scale and move on to the third point of the scale. On January 21 you will have been entitled to skip the second point and move on to the third point. If you had worked in your pre-registration period, that time could also be included in a 16-week period. Therefore, any new graduate who commenced employment in quarter 4 of 2019 should calculate the 16-week period including pre-registration and ensure they progress incrementally. This should happen automatically, however new graduates should be aware of same and contact the pay-roll department with regards to the scale.

Also, ensure that you check your pay slip to make sure that the new increment has been applied. You can check you hourly rate of pay to ensure that it has happened. If you need further advice with regards to this matter, you should contact the INMO information office at Tel: 01 6640610/19 or contact your local INMO official directly.

Query from member

I qualified as a staff nurse in September 2019 and commenced employment in the public health service. How will I benefit from the Labour Court recommendations as a new entrant?

Reply

If you commenced working in September 2019, you would have been placed on point 1 of the staff nurse/midwife scale at €29,860. As per the incremental credit rules for your 36-week clinical placement, you would progress normally to point 2 after 16 weeks. However, as per the Labour Court recommendations 21900/21901, new entrant staff nurses/midwives will instead skip point 2 and move to point 3 on their next increment date after March 1, 2019. So, after 16 weeks, instead of moving to point 2 you will move to point 3 at €32,734. Once you have reached point 4 on your next increment date you may be eligible to apply for the enhanced practice contract subject to meeting the criteria set out in HR Circular 022/2019.

Know your rights and entitlements

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

Contact Information Officers Catherine Hopkins and Karen McCann at
Tel: 01 664 0610/19
Email: catherine.hopkins@inmo.ie, karen.mccann@inmo.ie
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

Quality & Safety

A column by Maureen Flynn

By all, with all, for all: a strategic approach to improving quality

THIS month's column focuses on the HSE's new quality improvement strategic approach *By all, with all, for all: a strategic approach to improving quality 2020-2024*, published on January 15, 2020.[1]

Strategic approach

The HSE National QI Team supports front-line teams including nurses and midwives to improve care and build quality improvement capacity. Daily, we see how completely committed people are to improving care and endlessly inventive in developing improved ways to deliver high quality care.

Improvement has been marked on many fronts but sustaining improvement has not always been easy. International colleagues leading on QI in healthcare have reinforced the view that a strategic approach putting quality at the centre of all that we do informed by the Framework for Improving Quality in our Health Service[2] will help us deepen and sustain all our improvement efforts.

Core elements of a QI focused health service

The new document shares lessons and provides 10 tips for organisations in taking a strategic approach to improving quality

- Develop real partnerships with people
- Collaborate and share learning across our system
- Invest in QI and create QI posts in all our organisations
- Commit to QI learning and development for all staff
- Work on relationships and culture so that staff feel valued and their input is encouraged
- Work with our leaders and managers to create a work environment where staff are enabled to work on improving care
- Use measurement for improvement approaches to understand our data better
- Ensure we have quality at the centre of our management and governance of healthcare
- Work to integrate services
- Partner with communities so that we contribute to improving the social issues that profoundly affect health outcomes.

There is no one standard way to support successful change and improvements in care without variation. We know that taking a scientific approach to implementing health services improvement matters. There are many different and complimentary QI methods. Some examples of QI methods include microsystems, lean, six sigma and the associates in process improvement's model for improvement. Most are based on Edward Deming's work in industry and with Toyota. There is a long track record in health services of successful change implementation.

QI in practice

- Start small
- Invite people to get involved
- Test your change idea
- Modify your change idea from what you learn from your test
- After retests implement at scale when you have confidence that your change achieves the improvement
- Use data effectively – avoid excess data burden and targets that are gamed.

We invite you to use the tips and share the approach.

Get involved

You will have ideas for incorporating quality improvement in your area of work. At your next team, ward or clinic meeting you might like to talk about this and seek to be quality focused in your work area and team. Your line manager may help by talking about your organisations approach to improving quality and connecting you with others interested in quality improvement. The National QI Team work through seven strategic programmes and five priority areas for improvement (*see box above*). The Patient Safety Strategy[3] and Sláintecare Action Plan[4] are central to this work

Sustainable QI programme's five priority projects

1. Reduce the number of falls
2. Reduce the number of pressure ulcers
3. QI for healthcare boards
4. Medication safety
5. Deteriorating patient

The National QI Team partner and provide support through QI projects, initiatives, events, networks, campaigns and learning sessions.

More information

The strategic approach 2020-2024 along with QI resources, toolkits and video with Dr Philip Crowley can be accessed from the website: **www.qualityimprovement.ie**.

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

Acknowledgements
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Spotlight on: Michelle O'Hara

BASED in north Dublin, PHN Michelle O'Hara works with marginalised groups such as Travellers, homeless families and asylum seekers. Over the years she has worked in various hospital settings as an RGN and even spent a year practising in Mozambique. On her return to Ireland, she worked as both a community RGN and a primary healthcare co-ordinator for Travellers.

Ms O'Hara qualified as a PHN in 2010 and, given her passion for working with vulnerable families, in 2018 she undertook a postgraduate degree in child protection and welfare at Trinity College Dublin.

Due to the identified and increasing need in the area, over the past 18 months Ms O'Hara has been working specifically in the area of social inclusion with marginalised families. She is a member of Nurses and Midwives for Inclusion Health: Partnership in Practice (NMIH), a group that was launched in December 2019 at the Richmond Education and Event Centre. She says: ''Being part of a network of nurses working with those marginalised is so important. We can draw on others experiences and have the support of those working in similar areas.''

Ms O'Hara believes it is vital to have nurses working on the ground and stresses the importance of having in-depth knowledge of one's field, especially when providing care to vulnerable families.

"We know about adverse childhood experiences and their long-term effects. We can see what could assist a family with the care of their child to prevent further negative effects of poverty and marginalisation on that family."

Ms O'Hara says there is a need for a clear, integrated care pathway for homeless and/or vulnerable families and admits that PHNs often have to get creative in their approach to working with these groups. With only five core visits per family, PHNs simply don't have the time needed to address issues as they arise and Michelle believes that more joined-up, inter-oganisational thinking would be hugely beneficial, both to nurses who work with vulnerable families and to the families themselves.

"There is a need for more specialist PHNs in the area of social inclusion to provide an integrated approach to care to deal with the specific and often complex issues arising," she says.

Nurses as leaders

Ms O'Hara says that most people don't realise the extent of nurses' qualifications and that to progress the profession to a higher level, nurses need a greater voice and a seat at the table. She would like to see more advanced nurse practitioners in community healthcare and a greater understanding of the role of public health nursing within the health service.

Ms O'Hara does not favour a top-down approach and strongly asserts that individual nurses with skills and potential should be supported to develop local initiatives, strategies and plans that could potentially be rolled out nationally.

"The skill level of nursing in the community needs to be recognised. We need to be at the table where decisions are being made to show the potential of community care.

"Within Sláintecare, nurses should be at the forefront of decision-making as well as in relation to development of posts and nurse-led programmes."

The lack of recognition of what nurses do on the ground means that they don't always have a voice in identifying the extent of the role they play.

Ms O'Hara identifies a lack of time for reflective practice and showcasing of work as significant barriers to nurses' voices being heard and progress being made within the health service and community care more specifically.

Ms O'Hara says it is time nurses were recognised and respected for their knowledge and insights, as opposed to being seen as simply 'doers'. For her, it is important that we change our perception of health in its broader terms.

Michelle O'Hara: *"The skill level of nursing in the community needs to be recognised"*

"It's not just the homeless child; it's the homeless child who has come to us as a result of adverse social determinants of health they have experienced. We need to continually look at the impact of those wider issues on the child and their development."

Strength in numbers

Ms O'Hara has been a member of a union ever since her days as a student nurse, believing it to be vital for anyone who works within the health service. The job often becomes so busy that nurses don't have time to look at how to develop the service or advocate for more staff and community facilities.

"Being in a union not only provides support but moves our professions forward. The collective voice a union provides gives us strength. As a lone worker – a PHN – it is essential to have union backing."

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***

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Skin care in babies

Guidance offered to new mothers on baby skin care should be supported by research with a strong evidence base

THIS module on baby skin care provides knowledge and understanding of the current evidence and guidance for skin care advice and practice in babies. In particular, it promotes the role of healthcare workers in maternity services in reducing traditional practices that may be contributing to atopic eczema in children. Midwives should also be aware of how the evidence has changed and that parents can be offered an informed choice regarding their child's care. This module takes 40 minutes to complete.

Objectives

By the end of this module, you should have developed:

- Awareness of the skin, dry skin and atopic eczema
- Appreciation of the current evidence and best expert recommendations for baby bathing and cleansing, baby nappy care, care of baby hair and scalp and management of dry skin
- Appreciation of the current evidence or best expert recommendations for baby massage
- Understanding of how to use the current evidence in practice
- Knowledge of how to implement effective communication in advising women and families on baby skin care
- Appropriate sources of information and support to promote effective knowledge for women and families about baby skin care
- Appropriate sources of information and support to promote effective knowledge for the multidisciplinary team about baby skin care.

Introduction to baby skin

Baby skin is susceptible to reduced efficiency of skin barrier function. A dysfunctional skin barrier is a characteristic of atopic eczema. It is possible that the use of inappropriately formulated or natural skin care products on baby skin may contribute to the development of childhood atopic eczema. Clinical skin care recommendations should incorporate evidence that ensures the use of topical products only, as these do not adversely alter or affect the epidermal barrier and are recommended by healthcare professionals to parents for use on a baby's skin. Parents want to use skin care products on their babies but there has been insufficient guidance for maternity service health workers to give evidence-based advice. This creates a challenge for parents who want to know what is best for their baby's skin, and for health professionals who want to provide evidence-based advice to new parents.

Bathing and cleansing

Until recently, robust research on which practice can be guided has been limited. Consequently, healthcare professionals have used tradition and personal experience to guide parents on appropriate skin care practices.[1,2] Now strong evidence has been synthesised in a systematic review[3] that demonstrated that some specific baby wash and wipes products are equivalent to water in terms of transepidermal water loss, stratum corneum hydration, skin surface pH, skin assessment scores and erythema. This evidence is now available to both healthcare professionals and parents to ensure that choices are fully informed, and can assist healthcare professionals in consolidating their knowledge and providing evidence-based information to promote informed choice for the families in their care.

Management of dry skin

There has been a plethora of research into the area of dry skin, however most research focuses on babies at risk of atopic eczema. Evidence within the systematic review[3] informs us that a daily full-body emollient therapy may be beneficial to prevent the development of atopic eczema in babies who are genetically predisposed to atopic eczema, but that using topical olive oil or sunflower oil on a baby's dry skin may negatively affect the development of skin barrier function in healthy term babies.

Key messages

This module advocates discussion of robust evidence with parents in order to facilitate greater choice and empower them to make a fully informed decision on the care of their baby's skin, without promoting the use of specific skin care products.

Messages from the module include:

- Midwives have a key role in baby skin care
- Baby skin has a propensity for reduced efficiency of skin barrier function
- The increase in prevalence of atopic eczema cannot be attributed solely to genetic predisposition
- Traditional practices recommended to parents by maternity healthcare workers may be contributing to the increase in prevalence of atopic eczema in children
- Clinical skin care recommendations should only incorporate evidence-based practices with proven skin barrier function benefits
- Healthcare professionals can discuss branded skin care products with new parents, provided that these discussions are evidence-based.

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RCM i-learn access for INMO midwife members

If you are interested in learning more about baby skin care and completing the module, visit **www.ilearn.rcm.org.uk** Free access is available to all midwife members of the INMO. Email: library@inmo.ie for further information

www.inmoprofessional.ie/RCMAccess

Building on success

As UCC celebrates 25 years of nursing and midwifery, **Josephine Hegarty** discusses learning from the past and looking to the future

MORE than 5,000 nurses and midwives have qualified from the School of Nursing and Midwifery (the School) over its 25 years history at University College Cork (UCC). To celebrate the School reaching a quarter of a century in operation, a book outlining the history of the school has been published.[1] The School has grown from a class of 36 public health nursing students in 1994 to over 1,200 undergraduate and postgraduate students today under the stewardship of progressive heads of school: Prof Geraldine McCarthy (1994-2011), Prof Eileen Savage (2012-2018) and Prof Josephine Hegarty (2018 to present).

In 1994 when the School at UCC was opened, nurses and midwives were recruited and trained in an apprenticeship model by individual training hospitals. Students were part of the hospital workforce for the duration of their training. In 2002 and 2006 respectively the four-year BSc degrees for nursing and direct entry midwifery were introduced in UCC. The move to graduate entry to the nursing and midwifery professions has been transformative. The evidence that having a graduate workforce leads to better healthcare outcomes and reduced patient mortality is a compelling reaffirming the link between nursing and midwifery education and the quality of health service provision.[2]

In 1994 a limited number of postgraduate programmes were on offer in the Irish context, and nurses and midwives with doctorate level qualifications were uncommon. By 2019 more than 50 nurses and midwives had attained their doctorate in conjunction with the UCC School. Academics associated with the school publish an average of 110 peer-reviewed publications annually.

In 1994 teaching and learning methods were mainly face to face, using acetates and overhead projectors, with limited online offerings. We have had transformative changes in education to more immersive problem-based and blended-learning approaches to support student engagement and learning. The use of advanced simulation methodologies to support students learning in a safe environment have become a routine component of all clinical programmes.

In 1994 one programme was on offer in the school which has increased to 19 programmes as the School endeavoured to keep pace with rapid changes in healthcare over the 25-year time-period. Such transformative shifts include:

- Transitions in population demographics, economic and societal changes with accompanying healthcare challenges
- The inclusion of technology in all aspects of our lives, society and healthcare
- Continuous fluctuation in the healthcare delivery systems and structures and the evolution of news roles including specialist and advanced practice roles
- Increased emphasis on evidence-based practice and the timely translation of evidence into clinical practice.

Looking to the future

In acknowledging the past transitions in nursing and midwifery, it is important to consider future challenges. The reason the School exists is to prepare nurses and midwives who can meet yet unknown challenges, thus flexibility and change are part of what we do, as demonstrated by the evolution and change in the range of programmes and activities at the School over the past 25 years.

Nurses and midwives form more than half of the global healthcare workforce; governments are increasingly realising that through nursing and midwifery positive changes in health and social care can be achieved in a sustainable and scalable way. In the Irish context nurses and midwives can support the implementation of Sláintecare keeping patients at home and out of the acute care services, for example through ongoing support of patients with chronic disease self-management. In the future, 2% of the nursing and midwifery population will be advanced practitioners which can be metamorphic in terms of changing the care pathway for many patients and directing them away from acute care services.

Increasing numbers of nurses and midwives are attaining doctorates, meaning that the professions will be at the cutting edge of transformative clinical practice innovations, leading on change and being principal investigators on programmes of research.

The future of the School at UCC is dependent on the continued provision of student-centred educational programmes designed to meet the evolving health care needs of the population and the sustained development and implementation of evidence that informs both healthcare practice and policy. The value of the student-preceptor learning relationship must be protected and nourished as clinical practice environments change and the value of clinical practice learning experiences in developing nursing and midwifery competencies is reaffirmed.

More supported clinical experiences outside of the acute care services are needed.

Concurrently, the didactic lecture is being superseded by more immersive and student-centred learning approaches as nurse educators embrace the practice of the flipped classroom, using problem and team-based learning approaches, advanced and virtual-simulation methodologies, all of which help develop transferable problem solving, critical thinking and life-long learning skills.

Pre-registration undergraduate education imparts entry-level competencies and is the beginning of a learning journey. Thus, the balance between undergraduate, continuing professional development and postgraduate education needs careful consideration as nurses and midwives are supported on their lifelong learning pathway and their work across diverse and varied settings.

The focus of health and social care policy changes as demographic and societal challenges evolve. This is demonstrated by the Department of Health's focus on the reorientation of service provision to community and primary care. Nurses and midwives will thus have to be prepared to support more healthcare monitoring and complex interventions within the community and home contexts. Technology enhanced communication and artificial intelligence have an important transformative role in this.

The focus on disease prevention, health promotion and supported self-care needs to be emphasised in the context of keeping people well for longer and out of the acute care services. The diagnostic and monitoring function of the nurse and a focus on managed care and integrated-care pathways will mean that more nurses will take on care co-ordination roles and advanced practice roles. Many of these will potentially be on a contractual and virtual basis in the future.

Graduate-entry programmes for nurses are a natural next step in this regard – as nursing would benefit greatly from the merging of disciplinary knowledge and skills from many different contexts – providing new lenses through which health and social care challenges can be examined.

Interdisciplinary programmes that link IT, business and entrepreneurship with nursing and midwifery are part of the educational preparations needed to meet the societal challenges outlined. Promoting nursing and midwifery as rewarding and respected career choices while addressing gender imbalance, and educational access pathways are also important considerations for the School.

Staff of the UCC School of Nursing and Midwifery pictured on campus (Both photos by Tony Archer)

The integration of services across hospitals and community settings necessitates the rethinking of educational provisions to help with cross boundary communication, leadership and coordination roles of nurses. In addition, joint clinical-academic appointments and the development of a clinical academic career framework form part of the solution to some of the emergent challenges. Bringing together the clinical, academic and research roles of future academics means that faculty will become more clinically focused in their academic and research pursuits.

An appreciation of and respect for inequalities and differences mean that global relationships should be nurtured. Student and faculty exchanges, international research partnerships and diversity in the classroom will connect the next generation of nurses and midwives, which will build on the work of our nursing predecessors.

Measuring and understanding the impact of the work environment, nursing interventions, and nursing and midwifery care helps to ensure the sustainability of emergent and new ways of providing nursing care and in providing the evidential basis for safer and high-quality healthcare.

Routine use of big data, quality improvement methodologies, and implementation science will enhance team functioning and ultimately patient outcomes. The key role of doctoral prepared nurses and midwives in leading transformative changes in senior administrative, policy, educational and research arenas has never been more critical.

Nurses and midwives will continue to be seen as the major provider of healthcare globally. Today's nurses care for patients across the lifespan; run their own clinics, diagnose patients, prescribe x-rays and medications, lead complete episodes of care; work in real partnership with patients/clients and their families across teams and services; and can also be found leading cutting-edge research programmes. Thus, nurses and midwives need to respond rapidly to scientific and technological advancements while maintaining the focus on their compassionate caring role – arguably the biggest challenge of all. A continued commitment to the values of respect, accountability, compassion, care, commitment will help address this challenge. The students, practitioners and faculty of the future also need to have skills to care for their own physical, mental health and wellbeing, thus this is an important component of future curricula.

Indeed, the future of the UCC School is inextricably linked to the future professional lives of nurses and midwives and to the quality of health service provision. As one develops and improves so too does the other. Ultimately, the School continues to aim for graduate nurses and midwives who are caring, confident, competent and collaborative practitioners, scholars and leaders of the future.

Josephine Hegarty is professor of nursing and head of the School of Nursing and Midwifery at UCC

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Inclusive healthcare

A new professional interest group for nurses and midwives that promotes inclusion in healthcare has been set up. **Briege Casey** explains why it is important

IN CONTEMPORARY Irish healthcare contexts, marginalisation and social exclusion have severe and enduring effects on the physical and mental health of a range of communities. This article describes the background and development of a new professional interest group; Nurses and Midwives for Inclusion Health Partnership in Practice (NMIH) that focuses on the care needs of marginalised populations and practice development in this area.

Marginalisation and social exclusion

Marginalisation describes the position of individuals, groups or populations outside of what many call 'mainstream society.' According to Watters, "to be marginalised… is to be distanced from power and resources that enable self-determination in economic, political, and social and health settings…It is an inherent characteristic of those on the margins, that they have poor access to economic and other resources such as education, adequate housing, social and health care services. In addition, community participation and self-determination are often on a low level."[1]

Gender, culture, language, race, age, sexual orientation, lifestyle and socio-economic position or class are factors which influence the position of an individual or a group in society.

Vulnerable groups such as migrants and ethnic minorities, people who are homeless, people with addictions, sex workers, people with offending behaviour, isolated older people or people with mental health problems/disabilities face higher risks of social exclusion and marginalisation. Their problems can be related to homelessness, unemployment, poor access to social and health services, low health status and poor living conditions.

Marginalisation and social exclusion of individuals and groups are a reality in virtually every society and in every period of human history. Marginalisation, social exclusion and poor health are interlinked and many of those who are marginalised experience complex health challenges which are strongly influenced by their individual social circumstances.[2] Non-participation in the key activities of the community in which one lives is recognized as both a cause and a consequence of poor health.[3,4]

Compared to the general population, people in marginalised groups suffer from an increased number of complex medical and psychiatric conditions and as a result are more likely to need acute care.[5] They have poorer health outcomes on a range of indicators including self-reported health, life expectancy and morbidity.[6,7]

Many people are doubly disadvantaged: experiencing health problems as a result of inequality as well as difficulty in accessing health services to prevent or address these health problems.[8] Because the incidence of comorbidity is high among marginalised populations, and patterns of engagement with services are problematic, widening access is a crucial prerequisite to improving the effectiveness of healthcare delivery.[9,10]

Inclusion health

Recognition of the negative effects of marginalisation and social exclusion on physical and mental health has led to the development of inclusion healthcare as a model and practice of ensuring equity in healthcare provision. According to Luchenski et al, "Inclusion health aims to prevent and redress the harms of extreme inequity among the most vulnerable and excluded populations, through advocacy, policy, research, education, practice and service provision."[11]

Inclusion health involves interdisciplinary and integrated care approaches within the community with active involvement and collaboration with the service user(s) wherever possible.

Partnership in practice

Nurses who work in contexts of inclusion health are at the forefront of providing comprehensive care to vulnerable and often stigmatised populations facing multiple and complex social and health problems. Sylvester asserts that intensive, skilled nursing care is invariably required for this population due to higher rates of mental and physical illness, complex co-morbidities and a lack of continuity of care,[12] however, reports from Ireland and elsewhere state that nurses working in these areas tend to be isolated and lack resources to support their practice including opportunities for educational/practice development and research.[13,14]

NMIH is a new professional interest group of nurse and midwife practitioners working in contexts where access to/uptake of health services is limited as a result of marginalisation, discrimination or lack of awareness.

Examples of these practice areas include: homeless health, migrant/refugee health, Traveller health, mental health, disability

health, forensic and prisoner health, addiction health, sexual health. The group is supported by the School of Nursing, Psychotherapy and Community Health, Dublin City University.

The aims of NMIH are to:

- Develop and share excellence in nursing and midwifery inclusion health
- Support practitioners in professional and practice development, education and research.

The NMIH network is developing a range of practice, education and research initiatives which can be viewed on our website: **https://sites.google.com/dcu.ie/nmih/home**

Launch

We were delighted to launch our network, supported by the INMO, last November at the Richmond Education and Event Centre. This one-day conference and launch brought together a large group of nurses and midwives from a variety of health services. Delegates shared their practice and research in oral and poster presentation format and discussed the contexts, practices and development of inclusion health nursing and midwifery in Ireland.

We encourage all nurses and midwives to visit our website. If you would like to contribute to the work of this network, either through publicising forthcoming inclusion health events, sharing a practice research initiative, making a comment, response or position statement on our website, we would be delighted to hear from you.

We are also accepting a small number of applications to join the NMIH working group. If you are interested in either of these opportunities, please send an email to: briege.casey@dcu.ie

Briege Casey is an associate professor at the School of Nursing, Psychotherapy and Community Health at Dublin City University

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Workplace engagement

Staff engagement is the best indicator of organisational performance and is now an overarching policy of the HSE, writes **Fiona McKeown**

"STAFF are engaged when they feel valued, are emotionally connected, fully involved, enthusiastic and committed to providing a good service… when each person knows what they do and say matters and makes a difference."

This definition in the HSE's *Leadership Skills for Engaging Staff in Improving Quality*[1] captures exactly what staff engagement means to me.

To increase engagement among my team at a public health nursing service, my manager approved four monthly pilot engagement meetings with my team designed to assist me in improving as a leader. A proposal was distributed to team members and attendance was optional. I shared their individual feedback of my leadership and circulated the Point of Care Foundation's *Staff Care*[2] as well as a link to the appreciative inquiry model. This process helped me to measure the extent to which my team felt engaged in the workplace.

Our aim was to co-design a model of staff engagement. I also wanted to develop my leadership skills and increase engagement within the team.

Methodology

I was apprehensive prior to the first meeting as I was acutely aware that this unstructured working method was completely unfamiliar to me. As a management team our culture at staff meetings tends to be directive, resulting in little contribution received or participation sought and limited opportunities for conflict. I recognised that this style of leadership does not help to foster staff engagement. I was committed to the science and practice of conversational intelligence and I recognised that I was facing an adaptive leadership challenge. Sharing my ideas for the meetings with team members and hearing their feedback alleviated some of my anxiety.

Immediately prior to the first two meetings I adopted an experimental mindset in order to create connections. I revisited the conversational intelligence literature, a process I found calming as it provided me a structure to build my confidence in working without a defined result. This preparation was not necessary for subsequent meetings as I felt more competent and confident having developed my skill set.

I enlisted the support of the HSE coaching service and for all four meetings, eight of the 11 area nurses attended, representative of diverse experience, generations and staff grades. Using *Staff Care* and the appreciative inquiry model, we shaped a structure for our meetings by incorporating this literature with the feedback on my leadership. I referred to other readings and we reviewed this structure at each meeting. The input of these case studies of interventions from international healthcare informed our conversations for co-design in the absence of national healthcare case studies.

Based on the principle that those with lived experience of working within the system are best placed to help to design, refine and improve it, co-production or participatory design is useful when developing a collective solution designed to benefit all stakeholders. For the first two parts of the meetings, getting to know the team in pairs and reflecting on practice using Kolb's cycle of reflection[3] in small groups of three, I purposely wasn't a participant in order to manage the process and so that I wouldn't affect the system. We'd agreed that these parts of the meeting would somewhat address health and wellbeing of the team.

In the third and final part of the first meeting, looking at what was working well and what needed to improve in the full group setting, I suggested we look at the patient also. A member of the team pointed out that even if the focus is on staff, this will have a positive impact on the patient. I appreciated this engagement as it demonstrated understanding of the literature, ownership of the process and a balance of power.

Reflecting on the Institute for Healthcare Improvement's *Improving Joy in Work,*[4] one of the key steps for leaders to take is to share responsibility with their team, using improvement science, to remove what the authors refer to as 'pebbles in their shoes'. On reflection I can see this is what we achieved in the final part of that meeting.

At the second meeting we looked at what we could improve upon. This was initiated, led and recorded by a team member and created a tangible positive energy due to increased levels of dispersed power and distributed, resonant leadership. In evaluating this meeting, we achieved each of the goals set out in Hurley and Brown's *Design Principles for Hosting Conversations*.[5]

During the third meeting, I questioned whether this was the best use of our time. In their evaluation, the nurses said that the meetings met their needs and so no changes were made to the agreed structure.

After opening the meeting to all and ensuring there were no burning issues outstanding, I asked the team for feedback on how I could improve as a leader. While we discussed this, I purposely refrained from contributing to and shaping the conversation. They said that, to them, delegation means role extension and that they are overstretched in their roles despite the support of colleagues, as this support often fluctuates when people are on leave. I was content with leaving the conversation open to the team and kept the dialogue open during individual supervision meetings.

As agreed with my team at the second meeting, I sought their input in co-developing a responsive organisation action plan for our service at the third meeting. Prior to the meeting, I distributed the literature[6,7] and set the context while holding back from contributing to the plan myself. When a nurse asked me for my input, I told her that I had purposely decided not to contribute as I wanted to hear the team's ideas. I allowed room for silence but found this difficult as I wasn't certain this was the best approach for the team. I was delighted when one nurse asked if we could look at RGN caseloads and another agreed. Initially I felt this might not be feasible for the service, but we explored the idea nonetheless.

By reflecting that evening, I realised that I must "listen to connect, not to judge or reject".[8] I incorporated this and other initiatives into the action plan, centred around elements of the service that we can improve upon, such as smarter ways of working and flexible start and finish times. Through this process I discovered the value of allowing time for diverse learning styles. We achieved a wider perspective due to this diversity.

After this meeting, I reflected on the positive impact that increased engagement has on all stakeholders. Initially I felt disappointed at what I perceived to be a lack of progress and an unwillingness on my team's part to give more, but on reflection I accepted that my expectations had been too high. I acknowledged that they were voluntarily taking time out of their working day to participate in these new meetings.

I sensed that my team wasn't ready for any adaptive leadership change aside from engagement. I read and observed further evidence of engagement which reinvigorated my belief and commitment. I accepted that engagement is not a process but a valuable outcome and recognised that patience was required as we were only three months into working in an engaging team culture.

Feedback from final engagement meeting

"Changes occurring are small and should be built on to make more significant changes. Other networks would benefit from this experience as, although these changes are small, I do feel happier in my job which is a plus in my day-to-day work."

"The SMART nursing is very efficient and has a positive impact as a PHN. I am encouraged and feel more valued in my role by participating in the leadership model. This positive assistant director of public health nursing leadership model of management is commendable."

"As the meetings progress the team will open up more and existing practices and work will be challenged further. Team members have expressed enjoyment from speaking in public and being comfortable doing so which is hugely satisfying. Therefore, it has become a great forum for this team to share and develop ideas and to get to know each other. It's not all about the leader, just the team."

Findings

At the final meeting I asked my team to anonymously comment on and rate the impact of my leadership style. Their level of engagement had increased since the first meeting and they identified a positive leadership style in all nine dimensions of the NHS Healthcare Leadership Model.[9] Triangulation of quantitative and qualitative data validated the value of the level of engagement we had achieved. The box above details some of the comments made by team members.

I was delighted with the feedback and with the team's readiness for adaptive leadership change. After each meeting I rated my skillset in adaptive leadership[10] and found that I had developed in all seven steps. I've discussed my team's level of engagement with my HSE coach and I am determined to continue this model of engagement, share it beyond our team and sell it to the management team with the support of the evaluation data.

Conclusion

By adapting the model of staff engagement and incorporating it into existing area nurse team meetings, we now have agreement with the nurse management team that engagement is on the agenda. By sharing the model with other assistant directors of public health nursing, we have already seen it trialled in another area.

We have co-developed a responsive organisation action plan for our service, approved by the nurse management team, that will be delivered across the four teams of nurses. By practising connective leadership I have expanded my affiliative and democratic leadership style and built team morale, increasing my confidence in my leadership skills.

Recommendations

This model of staff engagement deployed in our public health nursing service should be transferred to other public health nursing teams and other services across the nursing profession. Staff engagement is the greatest indicator of organisational performance and is now an overarching policy of the HSE.

Fiona McKeown is assistant director of public health nursing at the HSE/South East Community Healthcare. This work was undertaken as part of the first HSE Leading Care programme in 2017

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INMO ANNUAL DELEGATE CONFERENCE

(CORRECTED PROGRAMME)

RADISSON BLU HOTEL AND SPA,
ROSSES POINT, SLIGO
WEDNESDAY TO SATURDAY, MAY 6-9

Irish **Nurses** and **Midwives** Organisation
Cumann Altraí agus Ban Cabhrach na hÉireann

The INMO's Annual Conference will open on Wednesday afternoon, May 6, 2020 at 2pm, and continue on Thursday, Friday and Saturday, May 7, 8 and 9 in the Radisson Blu Hotel, Sligo

BRANCH/SECTION ANNUAL GENERAL MEETINGS

Each Branch/Section should hold an Annual General Meeting in order:

A) To consider motions in accordance with Rules 5.9, 5.11 and 12.3.2 for submission to the Annual Conference. Motions must be submitted to the General Secretary, on the appropriate form, no later than **5pm on Wednesday, February 5, 2020.**

B) To nominate Branch delegates to attend the Annual Delegate Conference on the following basis:

C) To nominate **TWO** section delegates to attend the Conference.

Please note: Branch and Section delegate nominations must be submitted to the INMO, on the appropriate form, no later than 5pm on Wednesday, February 5, 2020.

All necessary paperwork will issue to Branch/Section Secretaries, by the end of the year, to be available at Branch/Section Annual General Meetings.

NUMBER OF MEMBERSHIPS		NUMBER OF DELEGATES
1- 50	---------	1
50-100	---------	2
101-200	---------	3
201-300	---------	4
301-400	---------	5
401-500	---------	6
501-700	---------	7
701-900	---------	8
901-1,000	---------	9
1,000 +	---------	10

For every 500 members, or part thereof over 1,000, each branch may have one further delegate

MOTIONS AND DELEGATES

- Branches and Sections are asked to note not to send in motions that are already organisational policy.
- Branches are also asked to ensure that all motions and delegate forms are submitted by the due dates.

HOTEL RESERVATIONS FOR ANNUAL DELEGATE CONFERENCE 2020

This year's accommodation will be provided in the **Radisson Blu Hotel and Spa, Rosses Point, Sligo and the Clayton Hotel, Sligo.** Accommodation will be reserved for all nominated delegates, from **Wednesday 6 until Saturday May 9, 2020, inclusive.**

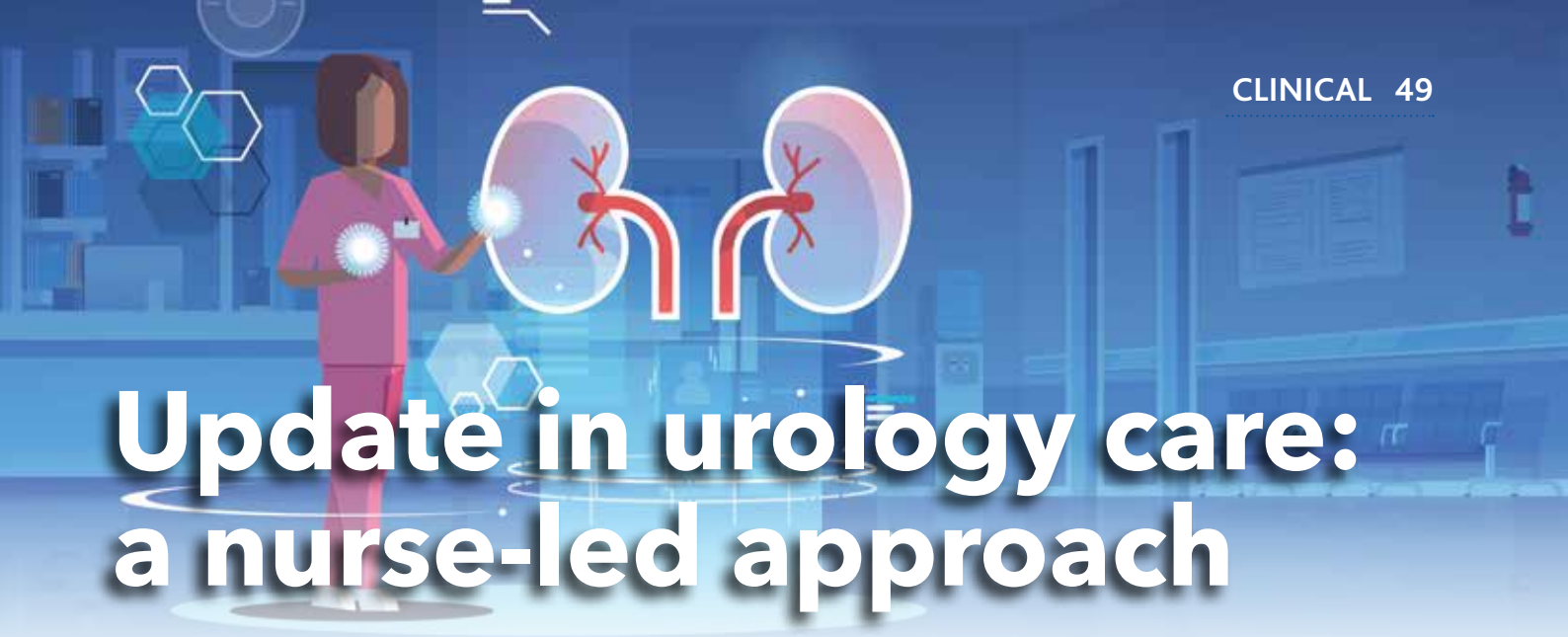
Accommodation is available on a shared basis only. The INMO will not be responsible for any expenses incurred by delegates, other than the agreed package negotiated with the hotels. Delegates who wish to have a single room will be asked to pay the single person supplement.

Delegates who are unable to arrive on Wednesday evening, or who are departing earlier than Saturday, May 9, 2020, must inform the hotel, and Michaela Ruane, ADC co-ordinator, as early as possible, but no later than Monday, April 20, 2020.

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

Central Reservations, Radisson Blu, Rosses Point, Sligo, prior to Friday, March 13, 2020. All reservations will be made through the Central Reservations Team. All rooms will be allocated on a first-come – first-served basis. Confirmation of hotel bookings will be made direct to the Branch/Section Secretaries, by the Knightsbrook Hotel Reservations Team. *It is highly important that this date is adhered to as demand is high.*

For any enquiries regarding Annual Delegate Conference, please contact
Michaela Ruane, INMO HQ at Tel: 01-6640626 or email: michaela.ruane@inmo.ie



Update in urology care: a nurse-led approach

A new model of care for the management of patients with urological conditions recommends a greater role for the CNS and ANP

A NEW model of care for the treatment of patients with urological conditions has proposed the implementation of a number of nurse-led initiatives, including an ANP-run male lower urinary tract symptoms (LUTS) clinic in each Irish hospital group, in a bid to reduce patients' need for hospital access, as well as waiting times and bed occupancy.

Urology: A model of care for Ireland outlines a radical change in the delivery of urology care that would see the majority of patients cared for in the community, in local primary care centres or in their local hospital.

The model, published by the National Clinical Programme in Surgery (NCPS) in partnership with the RCSI and Acute Operations HSE, sets about gauging the appetite for change within the urology specialty in Ireland by referring to an Irish Society of Urology (ISU) survey of consultant urologists wherein respondents identified the development of nurse-led urology clinics as a top priority.

The authors hope that the establishment of these services will prevent patients from requiring hospital access, thus expediting the management of the majority of urological patients awaiting appointments.

Recommendations 9 and 17 of the model deal with the need for new urology services, as well as the importance of using the expertise of ANPs, GPs with a special interest in urology, health and social care professionals and physician associates in delivering such services.

The LUTS clinic initiative, referred to in the model as a 'pathway', represents both of these recommendations in action. Based on the use of the International Prostate Symptom Score (IPSS), this shared-care initiative sees patients undergo assessment and prostate exam in primary care and lab tests to assess for prostate cancer, renal impairment and haematuria. If an abnormality is flagged in any of these tests, the patient is not enrolled in the initiative, which uses the IPSS to triage patients who require hospital access.

All that is required for the establishment of such a clinic, according to the model, is an ANP, a clinic room with toilet access and an examination couch, as well as additional supports such as GP blood tests and access to booking and reviewing of radiology and lab results.

Not only is the demand for urology services growing, the pattern of disease is changing. There has been a reported increase in the prevalence of urinary incontinence in patients over the age of 50 in Ireland while the incidence of prostate disease is rising sharply, according to the model of care, with requests for prostate-specific antigen (PSA) tests generating a further demand for urology services.

Urology cancer nursing

Increasing cancer survivorship is adding to the burden as urological expertise is required in the rehabilitation of incontinence and sexual dysfunction and the management of radiation comorbidities such as haematuria.

As such, the model describes a number of suggested nursing roles for the delivery of urology cancer services, including:

Bladder cancer – The model proposes survivorship clinics from time of diagnosis with symptom management and assistance with intravesical administration and assessments to be carried out by a CNS. The model states the extended role of nurses carrying out endoscopy is in need of examination and proposes nurse-led intravesical clinics with ANP oversight for patient assessment, treatment prescribing and side effect monitoring, with specially trained RGNs administering treatments.

Prostate cancer – here the model proposes 'virtual clinics', managed by ANPs, to surveil the PSA of patients following prostate biopsies, as well as a prostate cancer survivorship CNS service from time of diagnosis through treatment and recovery.

Other areas

The model also outlines the recommended role of the CNS and ANP across other areas of the specialty including urinary incontinence (eg. catheter changes, prescribing and continence assessments), penile cancer and paediatric urology in providing psychological support as the main point of contact for each patient.

The need for competent, well-educated ward-based nurses is greater than ever, according to the model, and the authors recommend the findings of the staffing and skill mix report be implemented in acute surgical wards caring for urology patients, focusing on hospital avoidance, bridging primary and secondary care and reducing waiting times in line with Sláintecare.

Unfit for purpose

The model describes the current capacity of urology services as inadequate, stating that existing ways of working within the specialty are insufficient and are resulting in longer waiting lists. The National Treatment Purchase Fund forecasts a 34% increase in total number of urology patients awaiting treatment by 2023. This projection, according to the model, represents an immediate challenge to which the current service provision is unable to rise.

– Max Ryan

Reference
1. National Clinical Programme in Surgery 2009. Urology: A model of care for Ireland. Available at www.hse.ie

Uncontrolled blood sugar can't wait

INVOKANA is indicated for the treatment of adults with insufficiently controlled type 2 diabetes mellitus (T2DM) as an adjunct to diet and exercise.[1]

Improvements in cardiovascular and renal outcomes by Invokana are additional benefits but not licensed indications.

Lower HbA_{1c} levels

In patients with HbA1c higher than 9%, INVOKANA reduces HbA_{1c} by **1.57%** and **1.80%** with its 100 mg and 300 mg doses, respectively, compared with placebo.[2]

Long-term cardiovascular benefits

14% reduction in the risk of cardiovascular death, nonfatal myocardial infarction and nonfatal stroke (3-point MACE) HR 0.86 (95% CI 0.75-0.97), compared with placebo and SoC.[3]

33% reduction in risk of hospitalisation for heart failure HR 0.67 (95% CI 0.52-0.87), compared with placebo and SoC.[3]

Improved renal outcomes

47% relative risk reduction in time to first adjudicated nephropathy event (doubling of serum creatinine, need for renal replacement therapy, and renal death) HR 0.53 (95% CI 0.33-0.84), compared with placebo and SoC.[4]

27% reduction in the progression of albuminuria in patients with normo- or micro-albuminuria HR 0.73 (95% CI 0.67-0.79), compared with placebo and SoC.[3]

The recommended starting dose of INVOKANA is 100mg once-daily.

SoC; standard of care

Invokana® canagliflozin tablets

Seize the moment to make years of difference

INVOKANA*® (canagliflozin) 100 mg & 300 mg film-coated tablets. PRESCRIBING INFORMATION. Republic of Ireland Please refer to Summary of Product Characteristics (SmPC) before prescribing. INDICATIONS:** The treatment of adults with insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise as monotherapy when metformin is considered inappropriate due to intolerance or contraindications, or in addition to other medicinal products for the treatment of diabetes. **DOSAGE & ADMINISTRATION: Adults:** recommended starting dose: 100 mg once daily. In patients tolerating this dose and with eGFR ≥ 60 mL/min/1.73 m^2 needing tighter glycaemic control, dose can be increased to 300 mg once daily. For oral use, swallow whole. Caution increasing dose in patients ≥ 75 years old, with known cardiovascular disease or for whom initial canagliflozin-induced diuresis is a risk. Correct volume depletion prior to initiation. When add-on, consider lower dose of insulin or insulin secretagogue to reduce risk of hypoglycaemia. **Children:** no data available. **Elderly:** consider renal function and risk of volume depletion. **Renal impairment:** not to be initiated with eGFR < 60 mL/min/1.73 m^2. If eGFR falls below this value during treatment, adjust or maintain dose at 100 mg once daily. Discontinue if eGFR persistently < 45 mL/min/1.73 m^2. Not for use in end stage renal disease or patients on dialysis. **Hepatic impairment:** mild or moderate; no dose adjustment. Severe; not studied, not recommended. **CONTRAINDICATIONS:** Hypersensitivity to active substance or any excipient. **SPECIAL WARNINGS & PRECAUTIONS:** Not for use in type 1 diabetes. **Renal impairment:** eGFR < 60 mL/min/1.73 m^2: higher incidence of adverse reactions associated with volume depletion particularly with 300 mg dose; more events of elevated potassium; greater increases in serum creatinine and blood urea nitrogen (BUN); limit dose to 100 mg once daily and discontinue when eGFR < 45 mL/min/1.73 m^2. Not studied in severe renal impairment. Monitor renal function prior to initiation and at least annually. **Volume depletion:** caution in patients for whom a canagliflozin-induced drop in blood pressure is a risk (e.g. known cardiovascular disease, eGFR < 60 mL/min/1.73 m^2, anti-hypertensive therapy with history of hypotension, on diuretics or elderly). Not recommended with loop diuretics or in volume depleted patients. Monitor volume status and serum electrolytes. **Diabetic ketoacidosis (DKA):** rare DKA cases reported, including life-threatening and fatal. Presentation may be atypical (blood glucose <14mmol/l). Consider DKA in event of non-specific symptoms. If DKA is suspected or diagnosed, discontinue ***Invokana treatment immediately. Interrupt treatment in patients who are undergoing major surgical procedures or have acute serious medical illnesses. Monitoring of (preferably blood) ketone levels is recommended in these patients. Consider risk factors for development of DKA before initiating ***Invokana*** treatment. **Elevated haematocrit:** careful monitoring if already elevated. **Genital mycotic infections:** risk in male and female patients, particularly in those with a history of GMI. **Lower limb amputation:** Consider risk factors before initiating. Monitor patients with a higher risk of amputation events. Counsel on routine preventative foot care and adequate hydration. Consider discontinuing ***Invokana*** when events preceding amputation occur (e.g. lower-extremity skin ulcer, infection, osteomyelitis or gangrene). **Urine laboratory assessment:** glucose in urine due to mechanism of action. **Lactose intolerance:** do not use in patients with galactose intolerance, total lactase deficiency or glucose-galactose malabsorption. **Necrotising fasciitis of the perineum (Fournier's gangrene):** post-marketing cases reported with SGLT2 inhibitors. Rare but serious, patients should seek medical attention if experiencing symptoms including pain, tenderness, erythema, genital/perineal swelling, fever, malaise. If Fournier's gangrene suspected, ***Invokana*** should be discontinued, and prompt treatment instituted. **INTERACTIONS: Diuretics:** may increase risk of dehydration and hypotension. **Insulin and insulin secretagogues:** risk of hypoglycaemia; consider lower dose of insulin or insulin secretagogue. **Effects of other medicines on *Invokana*:** Enzyme inducers (e.g. St. John's wort, rifampicin, barbiturates, phenytoin, carbamazepine, ritonavir, efavirenz) may decrease exposure of canagliflozin; monitor glycaemic control. Consider dose increase to 300 mg if administered with UGT enzyme inducer. Cholestyramine may reduce canagliflozin exposure; take canagliflozin at least 1 hour before or 4-6 hours after a bile acid sequestrant. **Effects of *Invokana* on other medicines:** Monitor patients on digoxin, other cardiac glycosides, dabigatran. Inhibition of Breast Cancer Resistance Protein cannot be excluded; possible increased exposure of drugs transported by BCRP (e.g. rosuvastatin and some anti-cancer agents). **PREGNANCY:** No human data. Not recommended. **LACTATION:** Unknown if excreted in human milk. Should not be used during breast-feeding. **SIDE EFFECTS: Very common (≥1/10):** hypoglycaemia in combination with insulin or sulphonylurea, vulvovaginal candidiasis. **Common (≥1/100 to <1/10):** constipation, thirst, nausea, polyuria or pollakiuria, urinary tract infection (including pyelonephritis and urosepsis), balanitis or balanoposthitis, dyslipidemia, haematocrit increased. **Uncommon (<1/100) but potentially serious:** anaphylactic reaction, diabetic ketoacidosis, syncope, hypotension, orthostatic hypotension, urticaria, angioedema, necrotising fasciitis of the perineum (Fournier's gangrene) (frequency not known), bone fracture, renal failure (mainly in the context of volume depletion), lower limb amputations (mainly of the toe and midfoot, incidence rate of 0.63 per 100 subject-years, vs 0.34 for placebo). **Refer to SmPC for details and other side effects. LEGAL CATEGORY:** POM. **PACK SIZES & MARKETING AUTHORISATION NUMBER(S):** ***Invokana* 100 mg film-coated tablets:** 30 tablets; EU/1/13/884/002. ***Invokana* 300 mg film-coated tablets:** 30 tablets; EU/1/13/884/006. **MARKETING AUTHORISATION HOLDER:** Janssen-Cilag International NV, Turnhoutseweg 30, B-2340 Beerse, Belgium. ® INVOKANA is a registered trade mark of Janssen-Cilag International NV and is used under licence. © 2017 Napp Pharmaceuticals Limited. **FURTHER INFORMATION IS AVAILABLE FROM:** Mundipharma Pharmaceuticals Limited, Millbank House, Arkle Road, Sandyford, Dublin 18. For medical information enquiries, please contact medicalinformation@mundipharma.ie **IRE/INV-19401 Date of Preparation** November 2019

Adverse events should be reported to: HPRA Pharmacovigilance, Earlsfort Terrace, IRL - Dublin 2; Tel: +353 1 6764971; Fax: +353 1 6762517. Website: www.hpra.ie; E-mail: medsafety@hpra.ie. Adverse events should also be reported to Mundipharma Pharmaceuticals Limited on drugsafetyJNJ@mundipharma-rd.eu or by phone on 01 2063800 (1800 991830 outside office hours).

References: 1. Invokana SmPC www.medicines.ie November 2019. **2.** Wilding JP *et al* J Diabetes Complications 2015; 29;438-44. **3.** Neal B. *et al.* N Engl J Med 2017; 377:644-657. **4.** Perkovic V. *et al* Lancet Diabetes Endocrinol. 2018 Sep;6(9):691-704

Date of Item: January 2020. IRE-INVK-19409a

Distributed in Ireland by: Mundipharma Pharmaceuticals Limited, Millbank House, Arkle Road, Sandyford, Dublin 18, Ireland. Phone +353-1-2063800 www.mundipharma.ie

Role of the diabetes specialist

As the incidence of diabetes increases, the need for more specialist diabetes nurses and midwives to assist in its management grows

EVIDENCE from current healthcare literature clearly indicates the prevalence of diabetes is increasing. The management of diabetes has also become quite complex with an increase in diabetes treatments available. Advances in medications, home blood glucose monitoring (HBGM), continuous glucose monitoring, insulin pump therapy and lifestyle modification have added to the complexity of care delivery. This in some part has provided the impetus for the evolution of diabetes nurse and midwife specialist roles.

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

The West of Ireland Diabetes Nurse Specialist Group was set up in 2012. The group comprises diabetes nurse specialists (clinical nurse specialists and advanced nurse practitioners) working in the Saolta Hospital Group (Letterkenny University Hospital, Sligo University Hospital, Mayo University Hospital, Portiuncula University Hospital, Roscommon University Hospital, Galway University Hospital) and the Galway Clinic. The membership is open to all diabetes nurse/midwife specialists working solely in diabetes care within the Saolta Hospital Group area caring for adult and paediatric patients with diabetes mellitus in both primary and secondary care settings.

Aims

The overall aim of this group is to provide peer support and to share learning and expertise between centres across the region. The meeting is divided into presentations by expert speakers on the Friday evening. Workshops/talks on agreed topics are held on the Saturday morning followed by a business meeting. The organisation of each meeting is rotated between hospitals.

The West of Ireland Diabetes Nurse Specialist Group was established in 2012 and comprises diabetes nurse specialists from the Saolta Hospital Group (Letterkenny, Sligo, Mayo, Portiuncula, Roscommon and Galway University Hospitals) who care for patients in both primary and secondary care settings. The group provides peer support and shares expertise between centres. The group meets twice a year and hosts presentations and workshops, as well as discussions on guidelines, audit and quality initiatives

Objectives

The overall objective of this group is to:

- Share new initiatives between sites and services
- Identify and prepare strategies based on collective input so that it can be prioritised for additional resources and restructuring
- Promote and support research and education in diabetes care
- Promote and support the role of diabetes nurse specialists in diabetes care
- Implement evidence-based research
- Identify and work in partnership with all those involved in diabetes care
- Advise HSE management on best practice in diabetes prevention, detection and management and regarding policy formulation, strategies and service development.

The group meets every six months with the next rotating location agreed at each meeting. The chairperson rotates for each meeting ensuring each diabetes nurse specialist and hospital gets an opportunity to fill this role.

Work to date

The group has worked collaboratively in conducting multi-centre audits. Changes in driving and diabetes regulations on one such audit led to the development of new patient information which is used nationally. The group has also conducted a multi-centre audit capturing the resources used to provide and maintain diabetes nursing telephone support. It was felt that this service is often under-resourced and undervalued by HSE management. This was the first such audit in diabetes care in Ireland and was published in a peer reviewed diabetes journal in 2018. Further multicentre audits are planned for 2020.

Much work has been carried out and shared in the development of guidelines and support information for allied healthcare professionals. An example of this is the development of an insulin preparations chart in 2016, which has been updated in 2019 with the production of an accompanying pocket guide. This chart has been positively received and is highly beneficial in reducing the potential for medication errors. It has been distributed by diabetes nurse specialists nationally.

The future

Specialist diabetes nursing and midwifery roles contribute to service delivery and planning at local and national levels. Their specialised care for people with diabetes improves patient care and reduces burden on healthcare services. Continuing to work collaboratively across healthcare regions will promote and deliver optimal diabetes care for this patient group.

Find us on Twitter: @woidiabetes

*Based on 2 x 1mg dose

Nicorette QuickMist1 mg/spray, oromucosal spray, solution. Composition: One spray delivers 1 mg nicotine in 0.07 ml solution. 1 ml solution contains 13.6 mg nicotine. Excipient with known effect: Ethanol (less than 100 mg of ethanol/spray). Propylene glycol, Butylated hydroxytoluene. Pharmaceutical form: Oromucosal spray, solution. A clear to weakly opalescent, colourless to yellow solution. **Indications:** For the treatment of tobacco dependence in adults by relief of nicotine withdrawal symptoms, including cravings, during a quit attempt. Permanent cessation of tobacco use is the eventual objective. Nicorette QuickMist should preferably be used in conjunction with a behavioral support program. Dosage: Subjects should stop smoking completely during the course of treatment with Nicorette QuickMist. *Adults and Elderly:* The following chart lists the recommended usage schedule for the oromucosal spray during full treatment (Step I) and during tapering (Step II and Step III). Up to 4 sprays per hour may be used. Do not exceed 2 sprays per dosing episode and do not exceed 64 sprays (4 sprays per hour, over 16 hours) in any 24-hour period. **Step I: Weeks 1-6:** Use 1 or 2 sprays when cigarettes normally would have been smoked or if cravings emerge. If after a single spray cravings are not controlled within a few minutes, a second spray should be used. If 2 sprays are required, future doses may be delivered as 2 consecutive sprays. Most smokers will require 1-2 sprays every 30 minutes to 1 hour. **Step II: Weeks 7-9:** Start reducing the number of sprays per day. By the end of week 9 subjects should be using HALF the average number of sprays per day that was used in Step I. **Step III: Weeks 10-12:** Continue reducing the number of sprays per day so that subjects are not using more than 4 sprays per day during week 12. When subjects have reduced to 2-4 sprays per day, oromucosal spray use should be discontinued. To help stay smoke free after Step III, subjects may continue to use the oromucosal spray in situations when they are strongly tempted to smoke. One spray may be used in situations where there is an urge to smoke, with a second spray if one spray does not help within a few minutes. No more than four sprays per day should be used during this period. Regular use of the oromucosal spray beyond 6 months is generally not recommended. Some ex-smokers may need treatment with the oromucosal spray longer to avoid returning to smoking. Any remaining oromucosal spray should be retained to be used in the event of sudden cravings. *Paediatric population:* Do not administer this medicine to persons under 18 years of age. There is no experience of treating adolescents under the age of 18 with this medicine. Method of administration: After priming, point the spray nozzle as close to the open mouth as possible. Press firmly the top of the dispenser and release one spray into the mouth, avoiding the lips. Subjects should not inhale while spraying to avoid getting spray into the respiratory tract. For best results, do not swallow for a few seconds after spraying. Subjects should not eat or drink when administering the oromucosal spray. Behavioural therapy advice and support will normally improve the success rate. **Contraindications:** Hypersensitivity to nicotine or to any of the excipients. Children under the age of 18 years. Those who have never smoked. **Special warnings and precautions for use:** This medicine should not be used by non-smokers. The benefits of quitting smoking outweigh any risks associated with correctly administered nicotine replacement therapy (NRT). A risk-benefit assessment should be made by an appropriate healthcare professional for patients with the following conditions: *Cardiovascular disease: Dependent smokers with a recent myocardial infarction, unstable or worsening angina including Prinzmetal's angina, severe cardiac arrhythmias, recent cerebrovascular accident and/or who suffer with uncontrolled hypertension* should be encouraged to stop smoking with non-pharmacological interventions (such as counselling). If this fails, the oromucosal spray may be considered but as data on safety in this patient group are limited, initiation should only be under close medical supervision. *Diabetes Mellitus.* Patients with diabetes mellitus should be advised to monitor their blood sugar levels more closely than usual when smoking is stopped and NRT is initiated as reduction in nicotine induced catecholamine release can affect carbohydrate metabolism. *Allergic reactions:* Susceptibility to angioedema and urticaria. *Renal and hepatic impairment:* Use with caution in patients with moderate to severe hepatic impairment and/or severe renal impairment as the clearance of nicotine or its metabolites may be decreased with the potential for increased adverse effects. *Phaeochromocytoma and uncontrolled hyperthyroidism:* Use with caution in patients with uncontrolled hyperthyroidism or phaeochromocytoma as nicotine causes release of catecholamines. *Gastrointestinal Disease:* Nicotine may exacerbate symptoms in patients suffering from oesophagitis, gastric or peptic ulcers and NRT preparations should be used with caution in these conditions. Paediatric population: *Danger in children:* Doses of nicotine tolerated by smokers can produce severe toxicity in children that may be fatal. Products containing nicotine should not be left where they may be handled or ingested by children. *Transferred dependence:* Transferred dependence can occur but is both less harmful and easier to break than smoking dependence. *Stopping smoking:* Polycyclic aromatic hydrocarbons in tobacco smoke induce the metabolism of drugs metabolised by CYP 1A2 (and possibly by CYP 1A1). When a smoker stops smoking, this may result in slower metabolism and a consequent rise in blood levels of such drugs. This is of potential clinical importance for products with a narrow therapeutic window, e.g. theophylline, tacrine, clozapine and ropinirole. The plasma concentration of other medicinal products metabolised in part by CYP1A2 e.g. imipramine, olanzapine, clomipramine and fluvoxamine may also increase on cessation of smoking, although data to support this are lacking and the possible clinical significance of this effect for these drugs is unknown. Limited data indicate that the metabolism of flecainide and pentazocine may also be induced by smoking. *Excipients:* The oromucosal spray contains small amounts of ethanol (alcohol), less than 100 mg per dose (1 or 2 sprays). This medicinal product contains less than 1 mmol sodium (23 mg) per spray, i.e. essentially 'sodium- free'. This medicine contains 12 mg propylene glycol in each spray which is equivalent to 150 mg/mL. Due to the presence of butylated hydroxytoluene, Nicorette QuickMist may cause local skin reactions (e.g. contact dermatitis), or irritation to the eyes and mucous membranes. Care should be taken not to spray the eyes whilst administering the oromucosal spray. **Undesirable effects:** Effects of smoking cessation: Regardless of the means used, a variety of symptoms are known to be associated with quitting habitual tobacco use. These include emotional or cognitive effects such as dysphoria or depressed mood; insomnia; irritability, frustration or anger; anxiety; difficulty concentrating, and restlessness or impatience. There may also be physical effects such as decreased heart rate; increased appetite or weight gain, dizziness or presyncopal symptoms, cough, constipation, gingival bleeding or apthous ulceration, or nasopharyngitis. In addition, and of clinical significance, nicotine cravings may result in profound urges to smoke. This medicine may cause adverse reactions similar to those associated with nicotine given by other means and these are mainly dose-dependent. Allergic reactions such as angioedema, urticaria or anaphylaxis may occur in susceptible individuals. Local adverse effects of administration are similar to those seen with other orally delivered forms. During the first few days of treatment irritation in the mouth and throat may be experienced, and hiccups are particularly common. Tolerance is normal with continued use. Daily collection of data from trial subjects demonstrated that very commonly occurring adverse events were reported with onset in the first 2-3 weeks of use of the oromucosal spray, and declined thereafter. Adverse reactions with oromucosal nicotine formulations identified from clinical trials and during post-marketing experience are presented below. The frequency category has been estimated from clinical trials for the adverse reactions identified during post-marketing experience. Very common (≥1/10); common (≥1/100 to <1/10); uncommon (≥1/1 000 to <1/100); rare (≥1/10 000 to <1/1 000); very rare (<1/10 000); not known (cannot be estimated from the available data). **Immune system disorders** Common Hypersensitivity Not known Allergic reactions including angioedema and anaphylaxis **Psychiatric disorders** Uncommon Abnormal dream **Nervous system disorders** Very common Headache Common Dysgeusia, paraesthesia **Eye disorders** Not known Blurred vision, lacrimation increased **Cardiac disorders** Uncommon Palpitations, tachycardia Not known Atrial fibrillation **Vascular disorders** Uncommon Flushing, hypertension **Respiratory, thoracic and mediastinal disorders** Very common Hiccups, throat irritation Uncommon Bronchospasm, rhinorrea, dysphonia, dyspnoea, nasal congestion, oropharyngeal pain, sneezing, throat tightness **Gastrointestinal disorders** Very common Nausea Common Abdominal pain, dry mouth, diarrhoea, dyspepsia, flatulence, salivary hypersecretion, stomatitis, vomiting Uncommon Eructation, gingival bleeding, glossitis, oral mucosal blistering and exfoliation, paraesthesia oral Rare Dysphagia, hypoaesthesia oral, retching Not known Dry throat, gastrointestinal discomfort, lip pain **Skin and subcutaneous tissue disorders** Uncommon Hyperhidrosis, pruritus, rash, urticaria Not known Erythema **General disorders and administration site conditions** Common Burning sensation, fatigue Uncommon Asthenia, chest discomfort and pain, malaise. **MAH:** Johnson & Johnson (Ireland) Limited, Airton Road, Tallaght, Dublin 24, Ireland. **PA Number:** PA 330/37/13. **Date of revision of text:** PA 330/37/13: May 2019. Product not subject to medical prescription. Full prescribing information available upon request. IRE/NI/20-4033

Smoke signals

A team from Limerick University Hospital and Limerick IT discuss efforts to lower smoking rates both domestically and internationally. Their verdict: must try harder

IRELAND led the world in 2004 by becoming the first state to introduce a countrywide workplace smoking ban. Since then the Irish government has put forward a target of becoming smoke-free (ie. having a smoking rate of < 5%) by 2025. However, a number of recent reports have confirmed this timeline to be hopelessly optimistic.[1] Rather than being just five or six years away, it has been suggested that this target may in fact be more than three decades (34 years) away, based on current trends.[1]

It is important, however, to acknowledge that positive developments in tobacco control have been achieved in Ireland. The 2018 *Healthy Ireland Survey* report on the prevalence of smoking, which points to a decline in the number of smokers in Ireland by 80,000 between 2015 and 2018, is to be welcomed. In addition, the recent budget tax increases on the price of a packet of cigarettes will undoubtedly help to further reduce smoking rates.

The introduction of plain cigarette packaging in Ireland is also to be commended, as is the forthcoming EU mandated termination of the sale of flavoured tobacco, such as menthol, by 2020.

Unfortunately, despite many positive developments, tobacco remains a grave threat to the Irish population. *The Tobacco Atlas* for 2018 indicates that in Ireland, tobacco is responsible for 5,600 deaths annually and a yearly cost of €2,826 million.[2] Approximately 876,000 people aged 15 and over smoke daily in Ireland, as well as an additional 7,000 10-14 year olds.[2] The inequitable nature of the burden from tobacco is of particular concern, notably among marginalised populations, including those with mental health issues.[3] Therefore, further innovative interventions are required. One potential avenue for further significant work in the field of counteradvertising relates to using cigarettes themselves as agents of both health education and discordance in the smoker's identity.[4]

The design of cigarettes themselves has long been considered a crucial element in successful design. For example, it is known that the colour of the filter tip and the presence of a gold band on the cigarette can enhance its appeal.[5] This focus is perhaps best exemplified in relation to the marketing of slimline and extra-long cigarettes.[6] Given the intense regulation that now exists in many countries around the packaging of cigarettes, it is interesting that such anti-smoking interventions are not already in place. As Hoek et al rightly observe: "The lack of regulatory attention to this marketing vehicle is surprising."[4] Smith et al[7] refer to the cigarettes themselves as "valuable real estate".

In many ways this increasing focus on developing dissuasive cigarettes is long overdue. As Noar et al note, the reach of tobacco packaging warnings may equate to 7,300 viewings per year, based on an average of 20 cigarettes per day for 365 days.[8] If one assumes a conservative estimate of roughly 10 inhalations per cigarette, the introduction of dissuasive cigarettes could yield 73,000 viewings per year among smokers.[7] This is a potential 10-fold increase in negative marketing over the impact of cigarette packaging alone.

One example of such an initiative involves the printing of warnings on cigarettes themselves. Warnings include messages such as 'Minutes of life lost', 'Smoking kills' or 'This causes cancer'.[4,9] Another example of creating a dissuasive cigarette (or 'cigarette stick' as it is often referred to in the literature) is to dye the cigarette paper an unattractive colour. Although research suggests that pink cigarettes have particular appeal among female smokers,[6] attempts to denormalise the appearance of the cigarette stick have piloted off-putting colours such as 'slimy green' and more successfully, 'faecal yellow-brown'.[4] Emerging evidence from Scotland, the UK, New Zealand, Norway, and France supports the introduction of dissuasive cigarettes.

> "Smoking is a custom loathsome to the eye, hateful to the nose, harmful to the brain, dangerous to the lungs,and in the black, stinking fume thereof nearest resembling the horrible Stygian smoke of the pit that is bottomless."
>
> – King James I of England

There is ongoing debate in Canada as to the potential implementation of health warnings on individual cigarettes. Cancer is the leading cause of death in Canada, costing approximately $17 billion per year. In order to meet its aim of having a < 5% smoking rate or being 'smoke free' by 2035, the Canadian Department of Health has proposed a novel initiative of using individual warnings on each cigarette. Canada introduced combined health warnings on tobacco packaging in 2001 in both English and French, but is currently seeking new innovative methods to ensure the country's tobacco control measures remain effective.

The proposed introduction of individual warnings may reduce youth smoking rates and decrease avoidance behaviours among smokers with current tobacco packaging. If implemented, this would make Canada the first country in the world to have such warnings on their cigarettes.

It is well understood that the branding of cigarettes is vitally important for tobacco companies. As such, the global tobacco industry spends $26 million dollars per day on marketing. Cigarettes can be an

important element in symbolic consumption and social identity among smokers, as brands connote particular messages. As Hoek et al note: "Brand insignia becomes a means of communicating group membership".[10]

It can be argued that the Irish government has already introduced dissuasive cigarette packaging. Hoek and Robertson note that although usually described as plain or bland, "tobacco packages are actually dissuasive since brand imagery is not simply removed, but replaced by aversive colours and warning images".[11] However, the introduction of cigarette packaging in a drab dark brown colour (Pantone 448C) with a matte finish, alongside the EU-mandated 42 images and 14 themed warnings, has to date failed to target the cigarettes themselves. This should be viewed as a glaring oversight.

The World Health Organization has introduced and promoted the influential MPOWER package to combat the global tobacco threat. The package features six proven policies, the most important of which is: "Warn about the dangers of tobacco".[12] By adding warnings to cigarette sticks themselves, the Irish government would simply be extending the current warning messages onto the offending articles themselves.

Initiatives designed to deter cigarette consumption through mandating the use of dissuasive colouring on cigarettes could also be extended to 'roll your own' cigarette papers. This would be an important parallel development given the increase in the use of 'roll-ups', particularly among younger and less affluent populations.

The current trend in decreasing smoking prevalence in Ireland is too gradual; the smoke-free target of a rate of < 5%, which is not particularly stringent and projected to be 34 years away, is unacceptable.

More than one in five adults in Ireland still smoke,[2] so the denormalisation of smoking urgently requires new and innovative approaches. The mandatory introduction of dissuasive cigarettes should be seriously considered.

Margaret Moran Stritch is a theatre nurse at University Hospital Limerick; Frank Houghton, Diane Doherty and Derek McInerney are lecturers at the Limerick Institute of Technology; and Bruce Duncan is medical officer of health at Hauora Tairawhiti Hospital in Gisborne, New Zealand

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Pictured (l-r) at ADC 2019 were: Edward Mathews, Director of Professional and Regulatory Services, Mon Hoi Tan, Hazel A Smith, award winners, Steve Pitman, Head of Education and Professional Development.

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Curing hepatitis C

Hepatitis C is curable and treatment in Ireland is free. **Anne Cantwell** discusses who should be tested and what the treatment involves

THE Hepatitis C virus (HCV) is a common blood-borne virus that infects the liver. It is spread by blood to blood contact. In approximately 30% of cases the initial infection clears spontaneously but in 70% of cases infection leads to chronic hepatitis. This 'hidden disease'[1] is often undiagnosed because it remains asymptomatic until decades after infection when symptoms develop secondary to serious liver damage. Between 15-30% of chronically infected cases develop cirrhosis within 20 years. Some 2-3% of people who develop liver cirrhosis will develop hepatocellular carcinoma (HCC) and 4% of these livers will decompensate, fail and eventually require liver transplantation.[2]

Globally HCV affects up to 71 million people[2] and there could be as many as 30,000 people in Ireland living with the virus, over half of whom are undiagnosed.[3,4] Some 70-80% of hepatitis C patients in Ireland acquired it through injecting drugs and don't often engage with hospitals.[5] There is no vaccine but there is a cure.[3] The National Hepatitis C Treatment Programme was set up by the HSE in 2014 to implement a multi annual public health treatment plan. It provides treatment to all people living with hepatitis C in Ireland across a range of healthcare settings.[2]

Recently developed direct acting antiviral (DAA) drugs have an over 95% cure rate.[2] These new medications are available to all people living in Ireland regardless of lifestyle choices such as drug use or alcohol intake and are provided free of charge. Patient-centred advice on lifestyle change is provided throughout treatment. The ultimate aim is that hepatitis C will be a rare disease in Ireland by 2026[3] and the WHO goal targets worldwide elimination of the hepatitis C virus by 2030.[1]

Nurses have a crucial role in seeking out HCV infected patients for the treatment programme. Anyone in our care with a known diagnosis of untreated HCV should be referred to the hepatitis C nurse specialist or hepatology/infectious diseases team to be assessed for treatment.

Who should be tested?

Patients from the below risk groups should be discussed with their care team and offered viral blood screening for HCV where appropriate:

- Anyone with a history of drug use who shared needles (even only once) and drug equipment or sniffed/snorted drugs and people currently or previously on opiate substitution therapy (methadone)
- Sexual partners of an injecting drug user or those with a partner diagnosed with hepatitis C
- Prisoners and ex-prisoners
- People who have had body piercings and/or tattoos in a non-professional setting or medical/dental treatment in a country where hepatitis C is more common and infection control is poor
- Men who have sex with men (MSM) who are HIV positive and people who engage in extreme or risky sexual practices (past or present)
- Recipients of blood transfusions, blood products or solid organ transplant pre-1991 (UK and Ireland)
- Renal patients on haemodialysis
- People from countries where hepatitis C is more common
- Those born to a mother who had hepatitis C at the time of their birth
- Homeless people who have a history of engaging in risky behaviours associated with HCV transmission.[3,5,6]

Anyone from these risk categories encountered in a primary care, community or GP setting should be considered for a preliminary anti-HCV antibody test. HCV antibody positive results should then be referred to an appropriate treatment site for further investigations and treatment.

HCV treatment

Education and counselling is provided by the nurse specialist to all patients in the pre-treatment assessment phase. A fibro-scan ultrasound is carried out to assess for liver stiffness or cirrhosis.

HCV

- Curable ✓
- Treatment free for all ✓
- Few side effects ✓
- Takes 8-12 weeks ✓
- Tablets ✓

There are multiple hepatitis C strains or genotypes and the duration and choice of DAA medication regimen is prescribed based on the fibro-scan, HCV viral load and HCV genotype results. Treatment duration is eight to 12 weeks and a final blood test 12-weeks post treatment will confirm a sustained viral response has been achieved, resulting in a negative HCV viral load.

There are eight hospitals where you can get treatment for HCV in Ireland:[3]

- Beaumont Hospital
- Mater University Hospital
- St James's Hospital
- St Vincent's University Hospital
- Galway University Hospital
- Cork University Hospital
- St Luke's Hospital Kilkenny
- Children's Health Ireland, Crumlin.

Hepatitis C treatment is also available in some drug treatment clinics in Dublin.

The HSE has a dedicated hepatitis C section for patients on its website. The information is broken up into accessible segments and sits under the banner line 'Hepatitis C is curable and treatment is free. We aim to provide treatment for all people living with hepatitis C in Ireland'.[3]

Anne Cantwell is a staff nurse at the Hepatitis C Nursing Service in St Vincent's University Hospital, Dublin

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Murder in the midlands

MULTIPLE suicides have the small Irish midlands town of Ragmullin on edge. When Detective Inspector Lottie Parker, the principal character in Patricia Gibney's series of detective novels, examines one of the scenes she begins to suspect that there is more going on than first appears to be the case.

First, on a dark winter's morning, jilted bride-to-be Cara Dunne is found hanged in her home, dressed in her wedding dress, with a lock of hair removed. DI Parker is first on the scene and her experience tells her to look beyond suicide.

The case takes a darker turn that afternoon with another shocking discovery – the broken body of a second young woman. Did she jump or was she pushed from the roof of the hospital where she worked? We learn that the victim, Fiona Heffernan, was also due to be married and that she was wearing her wedding dress when she 'fell' from the roof. Soon we discover that a lock of her hair had also been cut off. These are not suicides.

The killings seem so personal that

DI Parker is convinced the women were killed by someone they knew. When she goes to break the news to Fiona's family she makes a discovery that causes her blood to run cold – Fiona's eight-year-old daughter Lily didn't return home from her dance recital that afternoon. Terrified that Lily will be the next victim, DI Parker takes the case in a direction that puts her own life at risk when she comes face-to-face with the killer.

In the background, DI Parker's personal life is no less complicated than in the previous novels in the series. While her mental health is on a more even keel, the conflict she feels between the opposing needs of her family and her job is ever present. She's recently become engaged to Detective Sargent Mark Boyd, but hasn't told anyone yet... why not?

She is happy but concerned that Boyd is behaving oddly and a little distant. Is he keeping a secret from her? What is it? Meanwhile, there is the issue of a missing child and a double murder to solve.

Broken Souls is a fast-paced novel that will have you turning pages into the wee hours.

– Alison Moore

Broken Souls (DI Lottie Parker Book Seven) by Patricia Gibney is published by Bookouture. ISBN: 1838880801

CROSSWORD Competition

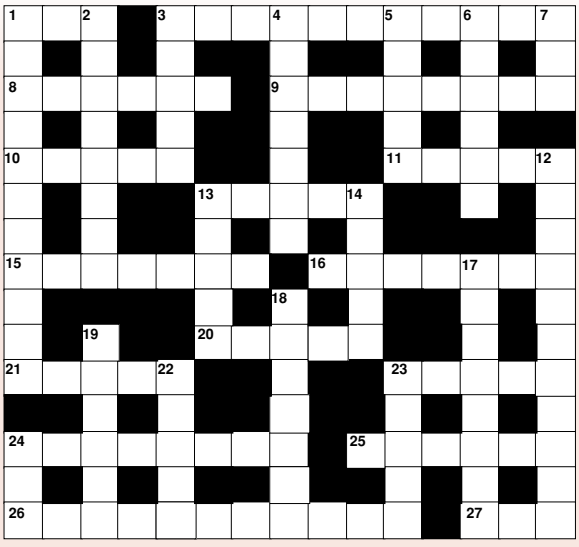
WIN a €50 gift voucher

Across

1 Spider's trap (3)
3 One whose idea of sport is jumping out of perfectly good aeroplanes! (11)
8 & 16a TV medical drama from the 1960's about a medicine man from the Short Grass county? (6,7)
9 It gives direction to motorists (4,4)
10 Traditional Inuit dwelling (5)
11 How one loved Dorothy, Edward (5)
13 Feeling of ecstasy (5)
15 For dessert, a mixture of car dust (7)
16 See 8 across
20 Inebriated (5)
21 Exactly the same (5)
23 You'll find an airhead among the cherubim, boys (5)
24 There's a bin I lean over every two years (8)
25 Religious chant (6)
26 Such a typical sports injury could prove on to be literally ignorant, sir (5,6)
27 Colourant (3)

Down

1 There's no single description for this type of confection! (7,4)
2 Bacterium found in "Lilac Bus"? (8)
3 A snap (5)
4 Such correspondence is stamped 'Par Avion' (7)
5 Negated, counteracted (5)
6 Sod it, I can show some fools! (6)
7 Bronzed skin-colour (3)
12 Do reiterate how it can get worse (11)
13 Filled with tedium (5)
14 Stench (5)
17 How an ant aimed to become enlivened (8)
18 Drinking glass (7)
19 Wear this when arranging 'The Ox Duet' (6)
22 Material made from flax (5)
23 Even when this part of the animal is cooked, it's still raw in the centre! (5)
24 Sack, holdall (3)



December/January solution

Across: 1 Flight crew 6 Swim 10 Stein 11 Retractor 12 Yule log 15 Purge 17 Aida 18 Inky 19 Rises 21 Outback 23 Extra 24 Good King Wenceslas 26 Debut 28 Errands 34 Tonic water 35 Sale 36 Santa Claus

Down: 1 Fast 2 Ice bucket 3 Hinge 4 Curio 5 Eats 8 Merseyside 9 Car park 13 Lulu 14 Garbage 16 Eiderdowns 20 Snowdonia 21 Oak tree 22 Cher 27 Banal 29 Reset 30 Attic 31 Ulna 32 Aces

The winner of the December/January crossword is: Beverley Stafford Castlebar, Mayo

You can now email your entry to us at nursing@medmedia.ie by taking a photo of the completed crossword with your details included.
Closing date: Monday, February 24, 2020
If preferred you can post your entry to: Crossword Competition, WIN, MedMedia Publications, 17 Adelaide Street, Dun Laoghaire, Co Dublin, A96E096

Name:
Address:

Special Olympics: the joy of taking part

Opportunity for medical volunteers to get involved

I WORK in palliative care, not ID nursing, but when I have the time to spare I volunteer with the Special Olympics, a sports organisation for people with intellectual disability.

The Special Olympics enables people with intellectual disability to play the sports they love and be physically active, while also allowing them to experience the feeling of winning, in sport and in life.

I have been a Special Olympics volunteer ever since the World Games were held in Dublin in 2003 and it has been a humbling, rewarding experience. It is since the games have returned to Cork, however, that my involvement has progressed; I now co-ordinate with the Munster Special Olympics office and arrange both nurse and ambulance cover for events in the Cork area.

The role of the nurse/medical volunteer is varied; events cannot go ahead without there being a medical professional on site to apply general first aid to participants.

Every athlete, family and sporting organisation is required to complete an 'athlete participation form', each of which is checked by a nurse to ensure the athlete's medical history and medications are documented and signed off on by their GP.

The Special Olympics has many supporters but the athletes themselves are its greatest proponents. They are testament to the positive impact sport has on individuals, coaches, teams, families and the wider community. The athletes' commitment is second to none and the enjoyment is evident on every face.

There is joy at every achievement, be it winning a medal or simply completing an event. The story goes that at one World Games, an athlete who had won two gold medals and one bronze swapped one of the gold medals for a silver so they could go home with the full set.

On a personal note, my aunt Mary, now 67, has an intellectual disability and has been attending COPE Foundation in Cork and Clonakilty on a part-time basis since childhood. A few years ago she began taking part in the softball throw and 50m walk events. She thoroughly enjoyed being part of a community and meeting other athletes as well as coaches and volunteers. Mary would always make sure our family knew where and when her events were taking place and was delighted to have her own personal fan club. She blossomed in the role of athlete.

Volunteering with the Special Olympics has broadened my perspective on people with intellectual disability who live life to the full and I urge INMO members to consider volunteering with the organisation in their local area – be part of an extraordinary team and support future champions.

To find out how to get involved, visit: **www.specialolympics.ie/getinvolved**

– Kathryn Courtney, Executive Council

Nursing department enjoys success at St Luke's award ceremony

STAFF from the nursing department at St Luke's Radiation Oncology Network (SLRON) were among those recognised at the network's annual Quality Excellence Awards in November.

Held annually, the awards acknowledge the achievements of individuals and teams across a number of categories including quality improvement projects, improvement initiative projects, best poster and two SLRON 'Healthcare Champion' awards – one nominated by a patient and the other by a colleague.

Sponsored by the St Luke's Cancer Research Fund, the awards are part of an employee recognition initiative to celebrate outstanding individuals and multidisciplinary teams and acknowledge quality improvements that enhance the service and the care of its patients.

Some 34 posters were submitted from various departments across the centres. The nursing department was involved in many of the projects recognised on the night, including two national projects: the implementation of the National Cancer Information System (NCIS) in an Irish hospital and 'Quality Nursing Measurement in Ambulatory Radiation Oncology Nursing Metrics', which introduced quality metrics for cancer patients and saw more than 90% of all radiation oncology patients having their medical history taken within the first week of treatment.

SLRON director of nursing Antoinette Kirwan (centre) and nursing staff celebrate with 2019 staff champion Joe Sweeney

The winner of the 'Patient Champion' award was healthcare assistant Paul Butler, while porter Joe Sweeney was named 'Staff Champion'.

Antoinette Kirwan, director of nursing, SLRON said: " This occasion has highlighted the tremendous commitment each staff member gives each day to assist our patients on their journey with us. We are so proud that their efforts are recognised here today and I am delighted to be part of this wonderful team of dedicated staff."

UHL ANPs perform pioneering surgery

ADVANCED nurse practitioners Nora Cunningham and Sheila Ryan from University Hospital Limerick (UHL) have become the world's first nurse-led team to carry out the surgical implant of a recorder that enables stroke or syncope patients to have their heart rate and rhythm monitored at home.

The implantable loop recorder monitors a patient's heart rate and rhythm for prolonged periods of up to three years and provides data on patients who have experienced strokes or loss of consciousness. This data allows staff to determine the cause of a stroke or loss of consciousness. If abnormalities are detected, nurses will contact the patient to organise treatment.

Until recently the implant had been done exclusively in the cardiology department at UHL, but now Ms Cunningham and Ms Ryan are among the first nurses to qualify to carry out the procedure.

The pair proposed that a nurse-led service would relieve pressure on the hospital's cardiologists and significantly reduce waiting times for patients requiring the implant.

European index shows lack of specialist healthcare services for Irish MS patients

A LACK of specialist services and healthcare specialists is impacting the level of care and quality of life for multiple sclerosis (MS) patients in Ireland, according to FutureProofing Healthcare MS Index, in which Ireland ranked 22nd out of 30 European countries.

Ireland scored particularly poorly in the areas of diagnosis and outcomes (25th), support and management (21st) and daily living (21st), with the index pointing to a shortage of neurologists, MRI units and rehabilitation services, as well as social factors such as inflexible working conditions, low availability of sick pay and disability benefits, and housing costs as key contributing factors to the country's low ranking.

The index is based on data from public sources such OECD, Eurostat, MS Barometer and *The Lancet*.

Speaking about the findings, MS Ireland chief executive Ava Battles said: "Ireland's performance in the MS Index is quite poor, which is unsurprising due to the chronic lack of specialist services available to people living with MS in this country.

Pictured at the launch of the FutureProofing MS Index were (l-r): Ava Battles, MS Ireland chief executive; Pierre-Alain Delley, general manager of Roche Products (Ireland) Ltd and Dr Nina Byrne, GP and media commentator

Ireland has two neurologists per 100,000 people, which – along with the UK – is the lowest seen across all 30 countries. There is also no rehabilitation centre available for people with MS in Ireland."

In light of the results, a panel of Irish healthcare experts and people with MS has called for urgent action to be taken to redress the deficits outlined in the index.

The full MS Index, including supporting graphics and tables, can be found at: **www.futureproofinghealthcare.com**

February

Saturday 1
Midwives Section AGM. CUMH 5th floor. 2pm

Monday 3
Nurse/Midwife Education Section AGM. The Richmond. 11.30am

Monday 3
RNID Section 'Introduction to Nursing Metrics for RNID Nurses'. A session on nursing quality care process metrics at 10am, followed by the Section's AGM at 11am. The Richmond Education and Event Centre. Call 01 6640618 to book a place

Monday 3
International Nurses Section AGM. INMO HQ. 5pm

Thursday 6
Assistant Directors Section AGM. INMO Whitworth Building. 11am

Thursday 13
Retired Nurses and Midwives Section biannual conference. 10.30am. The Richmond Education and Event Centre. Contact at Tel: 01 6640641 to book a place. Cost: €20

Wednesday 19
CPC Section AGM. The Richmond Education and Event Centre. 10.30am

March

Thursday 5
Student Allocations Liaison Officers meeting. INMO Whitworth Building 12pm-2pm

For further details on any listed meetings or events, contact jean.carroll@inmo.ie (unless otherwise indicated)

Events

- Saturday, April 4: 40-year reunion of Richmond-trained nurses (first intake). Lunch and evening meal at the Richmond. Contact Susan at Tel: 087 125 6585
- Friday, May 29: Nurses golf outing at Adare Manor.
- Cork University Hospital, September – class of 1977 nurses reunion. Email Nora Bradfield no later than March 1 at norammurphy@gmail.com

INMO Membership Fees 2020

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

Condolences

- It is with great sadness that we inform members of the recent passing of Delia Casey, former director of nursing at University Hospital Galway. Ms Casey was an active member of the INMO and in the 1950s sat on the Executive Council. She was a midwifery tutor in the Coombe Women's Hospital and later at St Munchin's Regional Maternity Hospital, Limerick, where she held the combined role of director and tutor. She also previously sat on the board of the NMBI. Ms Casey is remembered fondly by all who knew her as a progressive, strong person. The INMO would like to extend its deepest sympathies to all her friends and family. May she rest in peace.
- The Executive Council, management and staff of the INMO extend their sincere condolence to Joe Devane and family on the sad news of his wife Carmel Devane's untimely passing. Carmel has been a loyal member of the INMO since 2004 and will be sorely missed by all who knew her. May she rest in peace.
- The INMO would like to extend its deepest sympathies to the family and friends of nurse Martina Stuart from the Waterford region. Martina had been an INMO member since 1991 and will be deeply missed by all who knew her. May she rest in peace.
- The INMO would like to extend its condolences to Moira Wynne-Craig and family on the death of Moira's father Henry Wynne. Moira is a former member of Executive Council and an INMO rep in Beaumont Hospital. May Henry's soul rest in peace.

WIN Recruitment & Training

Mailed directly to Irish nurses and midwives every month

Acceptance of individual advertisements does not imply endorsement by the publishers or the Irish Nurses and Midwives Organisation

NURSE REQUIRED

The Drummartin Clinic, D14 requires a nurse for two half-days per week, with the opportunity for more sessions. The role offers interesting work, professional satisfaction and excellent pay. Training is available and we will wait for the right person.

Visit **www.drummartinclinic.ie** for further information

Applications to **reception@drummartinclinic.ie**

If you require any further information, please contact the above email address.

PRACTICE NURSE REQUIRED

ifpa

The Irish Family Planning Association (IFPA) is recruiting a practice nurse for its clinic in Cathal Brugha St, Dublin 1.

IFPA practice nurses provide cervical and STI screening and assist doctors with sexual and reproductive health consultations. Additional training will be provided if necessary.

€52,000 PA pro-rata plus an additional Saturday supplement with no unsociable hours. Part-time options will be considered.

For more information, see **www.ifpa.ie** and for informal inquires, contact Deirdre Jones at **01 8727088.**

To apply, send a completed application form to Deirdre Jones at **deirdre.jones@ifpa.ie** before the **21st of February, 2020.**

Advertising in WIN

Don't forget to mention *WIN* when replying to advertisements

Next issue: March 2020
Booking deadline: Monday, February 24
Tel: **01 271 0218**
email: **leon.ellison@medmedia.ie**

BALI
32nd ICM Triennial Congress
Indonesia 21-25 June 2020
Midwives of the World: delivering the future

Full sponsorship available for one INMO midwifery member for ICM triennial Congress in Bali

The 32nd Triennial International Congress of Midwives will be held in Bali, Indonesia from June 21-25, 2020.

Hosted by the Indonesian Midwives Association (IBI), this international gathering will explore the theme 'Midwives of the World: Delivering the Future' and provide an opportunity for midwives to build relationships and discuss the enormous challenges facing midwives around the world.

The Council of International Confederation of Midwives, ICM's global governing body, will convene from June 17-19, 2020. Participants who are members of ICM associations will be able to observe global midwifery leaders, identify the profession's priorities and future directions.

The INMO Executive Council will sponsor one INMO midwife member, subject to criteria laid down by the Council, who may wish to travel to this worldwide gathering of midwives sharing the latest information.

The early registration fee, payable on or before March 2, 2019, is US$815 for delegates, US$675 for newly qualified midwives and US$370 for student midwives. After this date the fee increases.

Members who are interested in attending and wish to find out more about the sponsorship, subject to the stated criteria, should contact the General Secretary's office by email at **michaela.ruane@inmo.ie** before 12pm on Wednesday, December 18, 2019.

More information can be found at **www.midwives2020.org**

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**

Email CV to **recruitment@irishcancer.ie**
Informal enquiries to 01-231 0524 or mferns@irishcancer.ie

Irish Cancer Society

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 any other expenses incurred in purchase of a wheelchair or other medical aids.

Please send applications to:
Ms Margaret Philbin, Rotunda Hospital, Dublin 1.
email: mphilbin@rotunda.ie

Ms Éilis Carroll, Shalom Nursing Home, Kilcock, Co Kildare.
email: ecarroll@shalomnh.ie

TRELEGY▼ELLIPTA

(fluticasone furoate/umeclidinium/vilanterol)

The only COPD Triple Therapy delivered in a single daily inhalation.[1]
Improvement in quality of life vs. ICS/LABA.[2,3]

LESS TO TAKE. **MORE TO TAKE IN.**

A combination of ICS/LAMA/LABA (FF/UMEC/VI) administered through a single daily inhalation from the Ellipta inhaler, which is easy to use[1-5]

TRELEGY▼ELLIPTA
fluticasone furoate/umeclidinium/vilanterol

▼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.

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 inhaled corticosteroid (ICS) and a long-acting β_2-agonist (LABA) or a combination of a LABA and a long acting muscarinic antagonist.

COPD, chronic obstructive pulmonary disease; FF, fluticasone furoate; ICS, inhaled corticosteroids; LABA, long-acting β_2-agonist; LAMA, long-acting muscarinic antagonist; OD, once-daily; UMEC, umeclidinium, VI, vilanterol.

References: 1. TRELEGY Ellipta SmPC, available at www.medicines.ie, last accessed October 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. May 3 2018;378(18):1671-1680. **4.** Svedsater H *et al. BMC Pulm Med* 2013; 13:72–86. **5.** van der Palen J *et al. NPJ Prim Care Respir Med* 2016; 26:16079.

Trelegy▼ Ellipta (fluticasone furoate/umeclidinium/vilanterol [as trifenatate]) Prescribing information.
Please consult the full Summary of Product Characteristics (SmPC) before prescribing.

Trelegy Ellipta (fluticasone furoate/umeclidinium/vilanterol [as trifenatate]) inhalation powder. Each single inhalation of fluticasone furoate (FF) 100 micrograms (mcg), umeclidinium bromide (UMEC) 62.5 micrograms and vilanterol as trifenatate (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_2-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_2-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 <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, Curabinny, 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: 01-4955000.

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. 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.

A full list of adverse reactions can be found in the Summary of Product Characteristics.
In common with other corticosteroid-containing medicines, there is an increased risk of pneumonia in patients with COPD treated with TRELEGY Ellipta.[1] Trelegy Ellipta should be used with caution in patients with unstable life-threatening cardiovascular disease.[1]

Please see www.trelegy.ie to find out more

TRELEGY Ellipta was developed in collaboration with INNOVIVA

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