



Annual Report 2005





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Irish Nurses Organisation

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Notice of Meeting

Notice is hereby given that the 87th Annual Delegate Conference of the Irish Nurses Organisation will be held on Wednesday, Thursday and Friday 3, 4 and 5 May 2006, in the Slieve Russell Hotel, Ballyconnell, Co Cavan.

Wednesday, 3 May: 4.00pm to 6.30pm (private session)

- 1 Registration
- 2 Invocation
- 3 Branch Roll Call
- 4 Appointment of Tellers
- 5 Adoption of Standing Orders and Standing Orders Committee Report No. 1
- 6 Minutes of Annual Delegate Conference 2005
- 7 Minutes of Special Delegate Conference 2005
- 8 Adoption of Annual Report 2005, incorporating reports from the Deputy General Secretary and Directors
- 9 Adoption of Accounts for period 1 January 2005 to 31 December 2005
- 10 Adoption of Budget 1 January 2007 to 31 December 2007 (to be taken with Motion No. 1 -Organisational)
- 11 Appointment of Auditors.
- 12 Discussion Document on use of INO Benevolent Fund
- 13 Debate on Motions Group 1 Organisational.
- 14 Presentation by Maev-Ann Wren – The Health Report

Thursday, 4 May: 9.00am to 6.00pm

- 15 Roll Call
- 16 Adoption of Standing Orders Committee Report No. 2
- 17 Debate on Motions: Professional; Industrial; Social Policy; Educational
- 18 Keynote Address by Prof Allyson Pollock, School of Public Policy, University College, London, *Health Service Systems – Privatisation*
- 19 Debate on motions continued.

Friday, 5 May: 9.00am to 4.45pm

- 20 Adoption of Standing Orders Committee Report No. 3
- 21 Debate on motions continued
- 22 Result of Executive Council Elections –
Election of Officers in accordance with Rule 9 – President and Vice Presidents
- 23 Investiture of elected President
- 24 Address to Conference by Mary Harney TD, Tanaiste and Minister for Health and Children followed by
Presidential Address by Madeline Spiers, RGN
- 25 Formal closure.



Liam Doran

General Secretary

Special events during Annual Delegate Conference 2006

- Presentation by Maev-Ann Wren – The Health Report
- Keynote Address by Prof Alison Pollock, School of Public Policy, University College, London, *Health Service Systems – Privatisation* – Thursday, 4 May at 3.00 pm
- Trade Exhibition on Thursday afternoon and Friday, 4 and 5 May
- Presentation of awards at Dinner on Thursday and Friday, 4 and 5 May
- Address by Mary Harney TD, Tanaiste and Minister for Health and Children at 3.00pm on Friday, 5 May
- Presidential Address by Madeline Spiers, RGN at 3.30pm on Friday, 5 May
- Gala Dinner on Friday, 5 May at 7.30pm for 8.00pm

President's Foreword



Madeline Spiers

Colleagues

It gives me great pleasure to present to you the Annual Report of the Irish Nurses Organisation for 2005. May I begin by thanking you all for your continued support and dedication. It is both rewarding, and challenging, to be President in these times and I am aware that the voice of the INO may often be the only platform where nurses and midwives have an opportunity to speak out and I am

happy that you do so. The ongoing challenge for us is to ensure we recognise and address your issues and concerns.

I would like to thank Ann Martin, first Vice-President for her continued commitment to the professions of nursing and midwifery and I would also like to acknowledge the commitment of Margo Flavin our second Vice-President. The Executive Council has also worked extremely hard during 2005 to promote the interests of nurses/midwives and patient care and I would like to record my appreciation to them.

The Irish Nurses Organisation is greatly indebted to Liam Doran, our General Secretary, for his leadership, drive and passion. His understanding of the needs of nurses and midwives in order to give a quality service, within a quality environment, is paramount to the success of our union.

I would like to put on record my appreciation of Dave Hughes our Deputy General Secretary, Annette Kennedy, Director of Professional Development and Clare Treacy, Director of Social Policy. Furthermore, I would like to commend the IROs, and the entire Organisation's staff, for their dedication, commitment and hard work.

The health service reforms, which we embraced with a cautious welcome in 2004, have not delivered the quality or quantum of service which we had hoped. The rolling out of new structures, incorporating a new vision was a lost opportunity to radically change the healthcare landscape. The voice of nurses and midwives, whilst critical to the new health service, is not being heard at the higher echelons. The structures are still hazy and reporting protocols are unbelievably bureaucratic. The continuing challenge to the INO is to create clear lines of communication between those who do the work and those who administer the system.

The reformed? Health Service Executive has not effectively managed the clearly identified problems in the health system. If anything, the HSE, and its multilayered senior management, has become a significant obstacle to implementing that critical reform programme. So we continue to have too few acute hospital beds, inadequate community services, severe problems in A&E and an employment ceiling which impacts on front line staff.

On a more positive note nursing continues to be an attractive career to school leavers and it is heartening that almost 1,700 people began three degree programmes last September.

The Organisation also welcomes the decision to commence undergraduate degree programmes, in midwifery, and an integrated children's general nurse programme, later this year. These will complete the education revolution. The overriding challenge now, for this country, is to retain these skilled professionals when they qualify.

I am also very aware that the present cohort of nurses and midwives must be acknowledged and not discriminated against within the framework of the National Qualifications Authority of Ireland (NQAI). This Authority, established under statute in 2001, has described its function as "a framework for the development, recognition and award of qualifications in the State, based on standards of knowledge, skill or competence to be acquired by learners".

The NQAI has stated that the framework will consist of 10 levels. New honours graduates will be recognised at level eight. The INO is determined that there must be a recognised value, in terms of awards/credits for experiential learning, in-service updates, self-directed learning and also for the many unaccredited courses which were provided to up skill nurses/midwives. All nurses/midwives already work at degree level and must, therefore, be recognised accordingly. Nothing else is appropriate and we will strive to ensure a positive outcome, on this key issue, in 2006.

The many challenges, facing the health service and ourselves, continue to dominate the working environment. I had hoped that the new HSE would have delivered a streamlined and effective management system but, to date, it is almost impossible to navigate the new HSE structures. As nurses/midwives we are very committed to embracing a coherent health system with the patient at the centre of the service but as key players, we are waiting for the engagement to start.

One of the most significant milestones in 2005 was the Special Delegate Conference and the decision to depart from the proposed second benchmarking exercise. This conference determined that the INO would pursue, directly with health employers, key claims including our demand for a 35-hour week, the removal of the pay anomaly with social care workers and our claim for pay parity with other health professionals. The INO will continue to actively participate in social partnership talks as a potential way of addressing the inadequacies and underfunding of our public health service but we will not participate in any pay negotiations which are simply not capable of addressing our key issues.

The special conference also endorsed the commencement of phase 2 of the 'Enough is Enough' campaign aimed at bringing an end to overcrowding in

A&E Departments. At the end of the year this high profile campaign had undoubtedly captured the imagination of the general public.

The Hygiene Audit, which we welcomed, confirmed that over 90% of our hospitals are operating at sub-standard levels. Nurses and midwives are not required as part of their duties to clean hospitals. The Organisation has, however, stated that hospital hygiene will only be improved by the provision of additional resources. This should include cleaning services, working 24/7, and, most fundamentally, a reduction in the bed occupancy rates, to the internationally accepted norm of 85% down from this country's norm of 100%+ in many locations. MRSA infection will also only be reduced when we address the endemic levels of overcrowding within our public health service.

During the year the Organisation was also actively involved, at national level, on groups examining the European Working Time Directive and the proper utilisation of the grade of healthcare assistant. Our approach to these issues will be to ensure the full potential of nurses and midwives is realised through a reconfiguration of skill mix and roles which must take place as part of reforming our health service.

It is therefore unfortunate that a new Nurses and Midwives Act, recommended in the Commission on Nursing report 1998, is still not enacted. This legislation is critical to propel nurses and midwives to take on more challenging roles, to develop their skills and realise their potential. This legislation can unlock real opportunities in areas such as diagnosing, prescribing and clinical autonomy. On an optimistic note, I am confident that this will be achieved in 2006.

In 2005 we saw the election of Annette Kennedy as President of the European Federation of Nurses. This is a true recognition of Annette's contribution to international nursing and a reflection of this Organisation's consistent networking, and understanding of, the importance, and, influence of

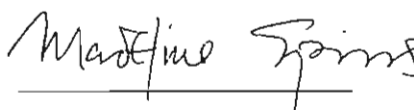
the European Union. We must also commend our Executive colleague Deirdre Daly, and the Midwifery Section on Deirdre's election as President of the European Midwives Association. This again demonstrates Deirdre's, and the INO's, standing amongst her midwifery colleagues. This is the first time the INO has held the Presidency of both these important bodies, simultaneously, and thus offers us a real opportunity to influence pan European policies in the medium term.

I would like to take this opportunity to thank you all for taking the time to meet me in your hospitals, branches, section meetings and communities. That invaluable dialogue gives truth and reality to the lived experience of everyday life for nurses and midwives. This is your Organisation and it will be sustained and focused by your support and vision.

I wish to thank all branch officers, section officers, and nurse representatives for their continued involvement and hard work on behalf of their colleagues and communities. The INO cannot function without your courage and commitment.

Finally, may I extend my sympathies to the family and friends of members of the Organisation who died in the past year. I would also like to extend my sympathies to any staff and their families who may have suffered bereavement during 2005.

I now commend this annual report to you which reflects another very challenging and busy year for the Irish Nurses Organisation.



Madeline Spiers

President

Executive Council 2004/2006



The Executive Council of the INO along with several staff members, from back left: Clare Treacy; Raymond Boyle; Alan Batt; Joe Hoolan; Ursula Morgan; Mary Walsh; Teresa Hayes; Joan McDermott; Ursula Paine; Catherine Doyle; Dorothy Mullarkey; and from front left: Gervaise Maher; Collette Lynskey; Kay Garvey; Sheila Dickson; Liam Doran; Madeline Spiers; Ann Martin; Joan Tobin; Winifred Collier; Ethel Leonard; and Marie Gilligan. Council members absent from picture: Margo Flavin, Jo Tully and Deirdre Daly

Office Bearers

President:	Madeline Spiers	<i>Senior Staff Nurse, Theatre, St Columcille's Hospital, Loughlinstown</i>
1st Vice-President:	Ann Martin	<i>Clinical Midwife Manager, University College Hospital, Galway</i>
2nd Vice-President:	Margo Flavin	<i>Clinical Nurse Manager, Waterford Regional Hospital</i>

Clinical (16 seats)

Raymond Boyle	<i>CPC</i>	<i>Cavan General Hospital</i>
Winifred Collier	<i>CNM2</i>	<i>Lusk Community Unit, Co Dublin</i>
Sheila Dickson	<i>Staff Nurse</i>	<i>St Columbanus Home, Killarney</i>
Catherine Doyle	<i>CNM2 (CNS)</i>	<i>St Vincent's Centre, Lisnagry</i>
Kay Garvey	<i>Clinical Nurse</i>	<i>MIDOC, Mullingar</i>
Teresa Hayes	<i>CNM2</i>	<i>Adelaide & Meath Hospital, Tallaght</i>
Joe Hoolan	<i>Staff Nurse</i>	<i>Midland Regional Hospital, Portlaoise</i>
Ethel Leonard	<i>Acting CNM3</i>	<i>Portiuncula Hospital, Ballinasloe</i>
Collette Lynskey	<i>Staff Nurse</i>	<i>University College Hospital, Galway</i>
Ursula Morgan	<i>Staff Nurse</i>	<i>Roscommon County Hospital</i>
Ursula Paine	<i>CNM1</i>	<i>Hospital of the Assumption, Thurles</i>
Jo Tully	<i>Staff Nurse</i>	<i>St James's Hospital, Dublin</i>
Mary Walsh	<i>Staff Nurse</i>	<i>Sligo General Hospital</i>

Administration (3 seats)

Marie Gilligan	<i>Nurse Practice Development Co-Ordinator (ADoN)</i>	<i>Cregg House, Sligo</i>
Joan McDermott	<i>Director of Nursing</i>	<i>D'Alton Community Nursing Unit, Claremorris</i>
Joan Tobin	<i>Assistant Director of Nursing (Night Superintendent)</i>	<i>Waterford Regional Hospital</i>

Education (2 seats)

Deirdre Daly	<i>Principal Midwife Tutor</i>	<i>Rotunda Hospital, Dublin</i>
Gervaise Maher	<i>Former Director CNE</i>	<i>Beaumont Hospital, Dublin</i>

Student (1 reserved seat)

Alan Batt	<i>Student Nurse</i>	<i>South Infirmary/Victoria Hospital, Cork</i>
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Introduction



Liam Doran,
General Secretary, INO

2005 will be recalled as the year that the struggle continued, our determination remained resolute and the Irish Nurses Organisation, because of our continuing campaigns for a quality assured public health service, became the most visible, and easily recognisable, Trade Union in this country.

This Annual Report, which acts as a historical record of the Organisation's activities during

2005, will, in the following pages, amply demonstrate the energy, commitment and resolve of our members, activists and staff.

The following pages will chronicle the huge number of activities, issues, fora and successes that the Organisation has been engaged in over the past 12 months.

The first noteworthy development was the continued growth of the Organisation, with, at the end of 2005, the membership reaching almost 33,000. This is yet another historical high for the Organisation and is conclusive proof that we are now the undoubted voice of nurses and midwives in this country.

This growth continues to bring with it challenges insofar as we strive to listen, to our membership, and develop services which are sought after by all our members from students up to senior nurse managers. We will continue to listen to you, the member, and I implore you again to always voice your views, directly to us, so that, in turn, we can ensure the Organisation's energies and resources are devoted to the areas most required by our members on the ground.

I now ask you to read this Annual Report and to study, and appreciate, the dynamic, and energetic, Organisation of which you are a member.

Branch Officers/Section Officers/ Nurse Representatives

All of this energy, commitment and growth is only possible because of the continued loyalty and dedication of our branch and section officers and nurse representatives. On behalf of the Executive Council, and all our staff, I want to immediately place on record our deep and sincere appreciation for all of the work done by these key activists.

I again salute all of you, for the work done, and call upon you to remain active and committed as we go forward into 2006.

Organisational Developments

86th Annual Delegate Conference

The Organisation held its 86th Annual Delegate

Conference, in Killarney, on 4, 5 and 6 May 2005.

The Conference, which was attended by 340 delegates, was again packed with debate, and discussion, on the motions submitted by our 41 branches and 24 sections.

In particular this year's Annual Conference covered the following:

Address by Tanaiste and Minister for Health and Children, Mary Harney TD

In her first address, as Minister for Health and Children, to an INO Annual Delegate Conference, Ms Harney, speaking without notes, stated her commitment to developing a world class health service and also indicated her intention to actively engage on such issues as skill mix, nursing/midwifery manpower issues and the A&E overcrowding problem.

Her entrance to the conference hall was marked by a silent, and dignified, protest by some delegates aimed at highlighting the continued overcrowding, occurring in A&E departments, and the needs to address, with emergency funding, the issue of bed capacity.

The Tanaiste, at the close of her address, engaged in a questions and answer session, with the delegates, which proved to be a lively affair with a strong exchange of views on both sides.

Presidential Address

Madeline Spiers, in her first address to conference as the Organisation's President, and replying to the Tanaiste's speech, gave a wide-ranging address which touched on all salient issues currently affecting nurses and midwives in this country.

The issues of overcrowding, nurse/midwife retention, the health reforms and the need for a quality assured healthcare system were all raised by Ms Spiers, who received, at the end of her address, a standing ovation from the 400 delegates and observers present.

Keynote Address

Ann Doherty, on behalf of Kevin O'Kelly, Acting CEO of the Health Service Executive, also addressed the conference on Thursday 5 May. In her address Ms Doherty sought to outline the current state of development, of the Health Service Executive and what it was seeking to do as priority issues.

In replying to Ms Doherty's address Madeline Spiers, INO President, expressed disappointment at the lack of inclusion of nurses and midwives, in the reform process to date, and called upon the HSE to prioritise this issue without delay.

Motions

The conference also debated over 70 motions, submitted by branches/sections and the Executive

Council and these gave direction to the Organisation's agenda for the remainder of 2005.

In particular the conference debated an emergency motion, on behalf of the Executive Council, which stated that a ballot for industrial action would be initiated if the threat to withhold a pay increase, due on 1 June, was not paid to all nurses and midwives. The details of this issue are covered in the Industrial Relations Section of this report.

The conference agenda also included the following noteworthy events:



INO President Madeline Spiers (right) presents Therese Gallagher, PRO for the Letterkenny Branch with the Gobnait O'Connell Award in recognition of her service and dedication to the INO. The award was established following the untimely death of Gobnait O'Connell

Gobnait O'Connell Award for Outstanding Service

Therese Gallagher, Letterkenny General Hospital, was the recipient of the 5th Gobnait O'Connell Award, which is presented annually, for outstanding service, by an activist, to the Organisation.

The award, which is presented in memory of our deceased former IRO and Ministerial Adviser, Gobnait O'Connell, was given to Therese in recognition of her years of commitment, interest and activity, on behalf of the Organisation, to the Letterkenny branch.

PJ Madden/CJ Coleman Research Award

This award was won by Noreen Smith, Clinical Nurse Manager 1, Beaumont Hospital, for her study entitled *Post Operative Telephone Service for Day Care Patients*.

The award was presented jointly by Ms Madeline Spiers, President, and Ms Nancy Layton Cooke, from CJ Coleman and Company Limited, London.

Special Delegate Conference – 27 September 2005

The Organisation also held a Special Delegate Conference in Croke Park, Dublin, on Tuesday, 27

September to review, discuss and decide on the following:

- The approach of the Organisation to the proposed second benchmarking exercise
- The need to commence phase 2 of the **Enough is Enough** A&E overcrowding campaign.

Second Benchmarking Exercise

The Special Delegate Conference, following a lengthy and dynamic debate, unanimously voted to accept a motion, in the name of the Executive Council, which read as follows:

Conference records its utter dissatisfaction with the terms of reference as agreed between the Public Services Committee of ICTU and the Department of Finance.

In particular the failure to afford priority status to Labour Court recommendations 17805 and 17526 and to explicitly provide for equality proofing or complete transparency, will if, unchanged, render the exercise incapable of addressing our long standing issues of equal treatment for nurses and midwives with their peers in terms of pay, grading and hours of work.

Accordingly this Special Delegate Conference mandates the Executive Council to reject the terms of reference for the second benchmarking exercise and to pursue independently all claims on behalf of nurses and midwives through direct claims on the health employers.

Following this decision, the Organisation immediately formulated eight claims, reflecting a range of outstanding issues of critical concern to our membership, and lodged them, before the end of the year, directly with the health service employers under the disputes resolution procedure for the health service.

The detail of these claims are covered in the Industrial Relations Section of this report.

A&E 'Enough is Enough' Campaign Phase 2

The conference, again after a very thorough debate, also unanimously adopted a second motion, sponsored by the Executive Council, which read as follows:

Conference

- *Acknowledging the success of the 'Enough is Enough' campaign undertaken in the spring and early summer*
- *Recognising that the overcrowding in A&E continues at unacceptable levels and that the Tanaiste's 10-point plan has not brought about the significant improvement promised*

endorses the commencement of the second phase of



INO delegates at the Special Delegate Conference at Croke Park unanimously rejected the terms of reference for the second benchmarking exercise

the campaign which will involve:

- *The mobilisation of the full trade union movement through a campaign organised by the ICTU*
- *The resistance to any attempt to place extra beds in already overcrowded and understaffed in-patient wards/units in the interests of patient care and infection control*
- *The nationwide lobbying of public representatives by INO branches and the correlation and publishing of their responses*
- *The co-ordination of a national postcard campaign, to be sent to the Tanaiste, in conjunction with patients and their families, highlighting the reality of the situation;*
- *The investigation of whether a patient's human rights are being violated when placed in an overcrowded area without privacy and dignity; and*

any other measures deemed appropriate by the Executive Council to ensure the elimination of this blight on our public health service.

Once again, immediately after the conference, the Organisation moved to enact this second phase through a high profile media campaign and a nationwide postcard campaign, the details of which are also covered in the Industrial Relations Section of this report.

Executive Council

The Executive Council of the Organisation, in compliance with rule, held 11 ordinary meetings during 2005.

The Executive Council, in order to conduct its business efficiently and effectively, directs some of its business to be conducted by four sub-committees as follows:

Finance and General Purpose Committee

This committee, which is required under rule, was chaired by the President, Madeline Spiers, and met on

11 occasions. It has six other members including the two Vice-Presidents.

Industrial Committee

Chaired by Margo Flavin, second Vice-President, and under the guidance of Dave Hughes, Deputy General Secretary, the Industrial Committee concentrated upon the following issues:

- Motions forwarded to it by Annual Conference
- Formulation and lodging of major pay claims directly with health employers following the INO's withdrawal from the proposed second benchmarking exercise
- Ongoing review of the overcrowding occurring in A&E departments
- Monitoring of all other IR issues including various grading and other claims.

Nursing and Midwifery Education and Practice Committee

Chaired by Ann Martin, first Vice-President, and under the guidance of Annette Kennedy, Director of Professional Development, the work of the Nursing and Midwifery Education and Practice Committee is detailed within the report from Annette Kennedy, Director of Professional Development.

However, in summary, the Committee had a very heavy workload, during 2005, on a range of professional/educational issues including drug prescribing, the role of the healthcare assistant, the European Working Time Directive and the expansion of the role of the staff nurse/midwife.

Social Policy Committee

Co-chaired by Sheila Dickson and Raymond Boyle, and under the guidance of Clare Treacy, Director of Organisation and Social Policy, the work of the Social Policy Committee is detailed elsewhere in this report.

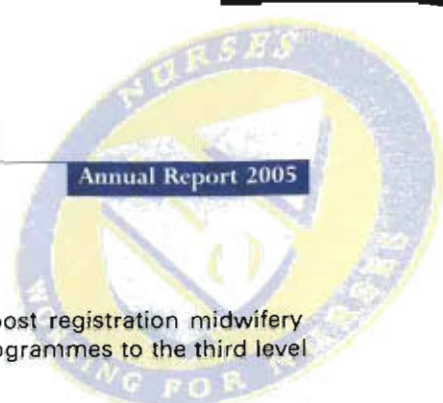
Major Policy Issues

In addition to the work of the committees, the Executive Council, reflecting the decisions of annual conference, was also very actively involved in the following:

European Working Time Directive

The Executive Council decided to ensure the Organisation played a very active part, at local and national level, in all discussions concerning the implementation of the European Working Time Directive.

In the context of nursing and midwifery, the INO has six members on the National Nursing and Midwifery



Expert Group – European Working Time Directive, which was established to ensure a proper and progressive role, for nurses and midwives, arising from the implementation of the working time directive with regard to non-consultant hospital doctors (NCHDs).

In addition, the Organisation's General Secretary, Liam Doran, was the Organisation's nominee to the National Implementation Group – Medical, which was established to oversee the implementation of initiatives which would lead to a reduction in working hours for NCHDs.

The two committees, following a recommendation from Kieran Mulvey, CEO of the Labour Relations Commission, also established a Conjoint Group, representative of both the Nursing/Midwifery and Medical National Committees who, it was agreed, would meet, on a regular basis, to review developments which affected both nursing/midwifery and medical grades.

At the end of the year, both of these national fora were awaiting proposals, from nine pilot sites around the country, which would be implemented, by agreement, for a period of three months to assess their effectiveness in addressing the working hour's issue.

The nine locations were:

- Midwest Regional Hospital, Limerick
- University College Hospital, Galway
- University College Hospital, Cork
- Letterkenny General Hospital
- Mullingar General Hospital
- St James's General Hospital
- Our Lady's Hospital for Sick Children
- St Lomans Hospital, Mullingar
- National Maternity Hospital, Holles Street

Midwifery and Children's Nursing – Undergraduate Degree Programme

Throughout the year the Executive Council also prioritised the issue of seeking the full implementation of the final report of the Midwifery and Paediatric Education Expert Group which had been published in December 2004. This report, which was fully endorsed by the Organisation, recommended the following:

- The commencement of a four year undergraduate direct entry midwifery programme
- The commencement of a four and a half year direct entry children's/general nursing integrated degree programme

- The transfer of existing post registration midwifery and children's nursing programmes to the third level sector.

Throughout 2005 the Executive Council maintained pressure upon the Department of Health and Children to confirm the implementation of this report with the necessary funding.

In November 2005 the Organisation welcomed the announcement, by Mary Harney TD, Tanaiste and Minister for Health and Children, that the government had agreed to fund the commencement of the two new direct entry programmes as detailed above.

However, no indication was given with regard to funding the transfer of existing post-registration education and, at the end of 2005, the Organisation was continuing in discussions, with the Department of Health and Children, on this issue.

The Organisation also agreed to fully participate in the National Implementation Group, established by the Tanaiste, to oversee the commencement of the two new degree programmes. This National Implementation Group was established under the independent chair of Rosemary Ryan, formally Director of Nursing in St James's Hospital.

Registered Nurse Intellectual Disability – Expert Group

During 2005 the Executive Council expressed its increasing frustration with the lack of progress with regard to the completion of the work of this expert group which had originally been established in 2003.

The first report of the group had been rejected by INO members and, as a result, the group had been reconvened to review a number of issues which remained unsatisfactory including:

- The reporting relationship of the RNID
- The need to introduce CNS and ANP posts in the ID sector
- The question of delegation, to non-registered professionals, in intellectual disability settings
- The role of the RNID in the education of the severe and profound individual.

Little progress was made, on these issues, during 2005 and, at the end of the year, the Organisation had formally written to the Health Service Executive – Employer's Agency indicating its total dissatisfaction with the management sides approach to this very important issue.

Miscellaneous

The Executive Council was also deeply involved in many other issues, during the year under review,

including the health service reforms, A&E overcrowding, drug prescribing, skill mix/staffing issues and recruitment and retention, all of which are detailed elsewhere in this report.

Galway Office Opens

On Tuesday, 15 November, the Organisation formally opened its new full-time regional office in Galway City, which will service our membership in the Western and North-Western Regions.

The office, which is located at Westside Business Centre, 74 Old Seamus Quirke Road, Galway, will be open full time and Kylie Matterson will act as Administrative Officer. Noreen Muldoon, IRO for the Western Region and Noel Treanor, IRO for the North Western Region will also work out of, or be serviced by, the new Western Regional Office.

The opening of this office means that the Organisation now has three regional offices in Cork, Limerick and Galway. The opening also marks the culmination of many years of tireless effort, by our activists in the Western Region, who had consistently sought the office in order to further enhance the Organisation's services to our growing membership in the western seaboard area.

The new office was jointly opened by Madeline Spiers, INO President, and Councillor Brian Walsh, Mayor of the City of Galway.

Minister for Health and Children

Mary Harney TD, Tanaiste, continued as Minister for Health and Children during 2005.

Apart from attending our annual delegate conference, Ms Harney also addressed our professional conference which was held in October. In addition the Organisation met with Ms Harney, both formally and informally, during the year with the main focus of all discussions concentrating on:

- The continuing overcrowding occurring in A&E departments and the effectiveness of the Tanaiste's 10 point plan aimed at alleviating this overcrowding
- Measures to aid retention of nurses and midwives in the Irish health service and, by extension, the nursing and midwifery manpower levels within the Irish health service
- Nursing and midwifery involvement within the health service reform programme.

Department of Health and Children

During 2005, the Organisation continued to have regular, and ongoing, contact with many officials, and divisions of the Department of Health and Children.

During the year certain changes took place, with regard to personnel, in the Nursing Policy Unit and the Organisation would like to take this opportunity to express its appreciation, and best wishes, to Simonetta Ryan, formally Principal Officer in the Nursing and Midwifery Policy Unit, who was transferred, in late 2005, to the Employment Control Division within the Department.

The Organisation would also like to welcome Tony Morris, who has been appointed as Principal Officer to the Nursing/Midwifery Unit and we look forward to working with him during 2006.

At the end of 2005 the Department of Health and Children, was recruiting three new nurse/midwife advisers, to the Nursing/Midwifery Policy Unit, and we want to take this opportunity to thank all the previous nurse/midwife advisers for their help and assistance at all times.

Nurses' and Midwives' Legislation

One of the great disappointments, during 2005, was the failure of the Department, despite much pressure, to publish a new Nurses and Midwives Bill as originally recommended by the Commission on Nursing in 1998. At the end of 2005, the Department recommitted itself to definitely publish the Bill, while allowing time for consultation on same, during 2006.

Irish Medicines Board Bill 2005

On a more positive note, it is appropriate to record that Mary Harney TD, Tanaiste and Minister for Health and Children, committed herself, during 2005, to include diagnosing and prescribing rights, for nurses and midwives, as part of the Irish Medicine's Board Bill which was published during the year under review.

The decision to include these rights, in this new legislation, directly stems from the recommendations of the nurse/midwifery prescribing project which was established jointly by An Bord Altranais, and the National Council for the Professional Development of Nursing and Midwifery, and which was published in November 2005.

The Tanaiste's prompt and positive response, to this report, is recognised, and welcomed, by the Organisation as it has the potential to realise a much greater role, for nurses and midwives in so many areas of the health sector, in a manner which improves the quality of patient care.

Health Service Executive

Following its formal establishment, on 1 January 2005, the Organisation commenced ongoing contacts with senior management in the new Executive.

On 1 August 2005 Professor Brendan Drumm was appointed as the first Chief Executive Officer of the new HSE and the Organisation wished him every success in his challenging post.

Issues discussed during the year, and covered in detail elsewhere in this report, include:

- A&E overcrowding
- Nurse/midwife involvement at senior management level
- Bed capacity
- Primary Care Strategy
- Staffing levels.

At the end of 2005 it is necessary to record that a lack of clarity remained over the structures within the HSE, the division between the Department and the HSE, the linkages between acute and other services and between the HSE and voluntary agencies.

Irish Congress of Trade Unions (ICTU)

The General Secretary, Liam Doran and Clare Treacy, Director of Organisation and Social Policy, were re-elected to the ICTU Executive Council at the biennial conference, held in Belfast in July 2005.

Biennial Delegate Conference

Also at this Biennial Conference, the Organisation's two motions, which were as follows:

1. Funding of Health Services

Conference noting:

- *The failure of the government to implement its own National Health and Primary Care Strategies with particular regard to the provision of adequate bed capacity and primary care services;*
- *The continuing severe levels of overcrowding in the country's A&E Departments;*
- *The illegal levying of charges on vulnerable senior citizens;*

calls upon the incoming Executive Council to ensure:

- *Government commitment, and funding, within the previously stated timeframes, for the full implementation of its own Health Strategies;*
- *That all monies now due to senior citizens, in long-term care, is paid without delay and without negatively affecting existing and planned health services;*
- *That additional earmarked funding is allocated to address the crisis of overcrowding in A&E Departments.*

2. Childcare

Conference, noting the abject failure of government to ensure the provision of affordable childcare, to all working parents, calls upon the incoming Executive Council, in any talks on a new social programme, to ensure the following:

- *That the availability of both childcare places and crèche facilities is greatly increased in both the public and private sector;*
- *That a tax credit is introduced, in the 2006 Budget, which would apply to working parents who provide receipted childcare expenses;*
- *That an allowance be introduced, payable to a family member undertaking childcare responsibilities, on behalf of a working parent;*

and that Congress would not agree to a new social programme unless definite, and stated, commitments are given with regard to this critical social and economic issue.

were unanimously adopted by the 600 delegates representing almost 600,000 workers in this country.

Social Partnership

The Organisation, through its affiliation with, and membership of, the ICTU Executive Council, was also actively involved, at the end of 2005, in the preliminary discussions leading to the possible commencement of social partnership talks on a successor to Sustaining Progress.

The INO, although indicating its non-involvement in any second benchmarking exercise as part of its membership of the Public Services Committee of the ICTU, decided to continue to play an active role, in any social partnership discussions, in order to ensure the problems of the health service formed a central aspect of any new programme.

ICTU Youth

2005 also saw the election of Edward Mathews, INO Industrial Relations Officer, to the chair of the ICTU Youth Committee. Eddie was also elected President of the Youth Committee of the European Trade Union Conference.

ICTU Health Study

During 2005, and again in the context of social partnership negotiations, the Organisation, in partnership with other health service unions, jointly funded an ICTU commissioned study, carried out by Dr Dale Tussing, from the USA and Maeve Ann Wren, Health Economist, entitled *The Health Report*, which was published in November 2005.

This report, which was warmly welcomed by the



In 2005 the INO collaborated with the Irish Museum of Modern Art, which supplied an art exhibition for INO headquarters. The artwork was selected from a body of work called "...and start to wear purple" created by older people from St Michael's Parish on Bluebell and Inchicore between 1991 and 1999. Pictured at the opening of the exhibition were (l-r): Liam Doran, INO General Secretary; Annette Kennedy, INO Director of Professional Development; Dublin Lord Mayor Catherine Byrne; and INO President, Madeline Spiers.

Organisation, endorses many of the Organisation's views, with regard to the public health service, and will act as a foundation for all of the ICTU's discussions, on the health service, within the social partnership negotiations.

An Bord Altranais

Throughout 2005, the Organisation continued to have a series of contacts, at many levels, with An Bord Altranais in order to discuss a range of issues and matters of concern.

In particular, during the year, the Organisation was involved in the following:

PHN Rule Change

Arising from the Board's decision, made without consultation in late 2004, to seek changes to the rules governing entry to the PHN register, the Organisation had demanded a major review of this whole area.

In response, An Bord Altranais agreed to commence a consultation exercise, which would be overseen by a steering committee, aimed at ascertaining the views of all stake holders with regard to the appropriate skill-set required to be a public health nurse.

However at the first meeting of the steering group issues arose with regard to the ability of the exercise to comprehend the views of those who continue to seek midwifery as an essential qualification.

As a result of this, the Organisation was forced to withdraw its cooperation, with the proposed consultation exercise, and demand a full review of its terms of reference by An Bord Altranais.

At the end of 2005, An Bord had indicated that midwifery could be raised, as part of a consultation exercise and, as a result, the Organisation, at the end

of the year, was indicating its willingness to participate in the consultation exercise.

The Role of the Healthcare Assistant

Arising from the work of the high level group, on the healthcare assistant, discussion had been necessary, with An Bord Altranais, in order to ascertain absolute clarity with regard to the delegation of tasks, by nurses/midwives, to healthcare assistants and any non registered professional.

In these discussions, An Bord Altranais had confirmed that it was not appropriate for any employer to impose a mass delegation requirement, on any registered nurse, as it remained the sole remit, of the individual registered nurse, to decide whether any task could safely be delegated to another non registered professional.

Administration of Drugs by Non-Nursing Grades

At the end of the year discussions were still ongoing, with An Bord Altranais, regarding the administration of drugs, by non registered professionals, particularly in the intellectual disability sector.

The need for clarity on this matter arose from proposed changes in policy, by some health service employers, which would impose a daily requirement on nurses to delegate drug administration tasks to non-registered care staff.

With regard to these ongoing discussions, it is necessary to record the Organisation's disappointment, with An Bord Altranais, regarding its willingness to openly engage, with the Organisation, on matters of concern to nurses/midwives in clinical practice.

In particular the Organisation still cannot accept the failure of An Bord to comment upon, and involve itself in, issues related to service delivery which, in the Organisation's view, undoubtedly impact upon nursing/midwifery practice.

National Council for the Professional Development of Nursing and Midwifery

During 2005 the Organisation continued to have a number of contacts with the National Council to discuss various issues of concern. These included:

- The very slow pace, and small increase in, the number of specialist and practitioner posts now being approved by the National Council
- The incorrect reporting relationship, stipulated by the National Council, with regard to the Director of Public Health Nursing and senior management.

At the end of the year the Organisation continued to be involved in a legal action which seeks to direct the National Council to process applications, from public health nurses, for approval as clinical nurse specialists.

In addition this action also seeks that the Health Service Executive – Employer's Agency would cease to interfere with the National Council's statutory role with regard to processing applications for nurse/midwife specialist posts.

International Nurses Day

The INO, as an affiliate of the International Council of Nurses (ICN) participated in International Nurses Day which had, as its theme – *Counterfeits Kill, Nurses Target Counterfeit Medicines*.

In highlighting the event, which took place on 12 May 2005 the ICN stressed the following:

- Increase awareness of the existence and consequences of counterfeit medicines
- Provide tools to identify counterfeit drugs and to report any suspicious medicines
- Encourage nurses and other health professionals to lobby governments and regulatory authorities for attention to the existence and dangers of counterfeit and substandard medicines.

International Midwives Day

The INO, as part of its affiliation to the International Confederation of Midwives (ICM), acknowledged the

International Midwives Day which took place on 4 May 2005.

The theme for this important event was: *Midwives and Women – A Partnership for Health*.

The Organisation, through our Midwives Section, fully endorsed the theme of this day and recommitted itself to work, in every way possible, to highlight the independent, and pivotal, role of the midwife as advocates for healthy women, healthy babies and healthy nations.

Staffing

The following staffing changes took place during the year under review:

- Kylie Matterson – Kylie was moved, to the Galway Office, and took up the post of administrative officer
- Mary Cradden – Mary was appointed to the post of administrative assistant
- Una McKevitt – Una commenced, part-time, in our Membership Department
- Nora Donagh – Nora worked as a temporary industrial relations officer between May and September 2005
- Clare Mahon – Clare worked as a temporary industrial relations officer between September 2004 and April 2005
- Anna Malone – Anna completed her appointment as part-time nurse representative (Limerick City).

Industrial Relations Review 2005



Dave Hughes, Deputy General Secretary, INO

Overview

2005 was the year of health reform. The 1970 Health Act, which created the health board structure, was repealed and the new Health Act of 2004 was to be enacted from 1 January 2005. The new Health Act would see the eight regional Health Boards and three Health Authorities in the Eastern Region abolished and replaced by a single Health Service Executive, which would take responsibility for the entire

nationwide delivery of health services, with a budget of €11 billion devolved to the new executive from government. At the end of the year the Organisation's members may well have been left asking, what reform? as there was no apparent difference in the scarcity of resources available to them in the delivery of direct patient care and the spectre of ever increasing numbers of patients lying on trolleys, awaiting admission to accident and emergency departments continued to grow and worsen throughout the year.

The year commenced with the new Health Service Executive stumbling into existence following a rushed agreement with senior managers who had refused to co-operate with the transfer of powers in the HSE, unless and until their agenda had been satisfied. This very successful industrial action, from the senior managers point of view, led to a situation which was reported in the media as having given them guarantees with regard to continued employment up to their normal retirement age, a range of new promotional positions at national level confined to themselves and a severance package for the former Chief Executive Officers whose contracts had already, or were about to cease. The appointment of a Chief Executive to the new Health Service Executive had fallen flat on its face and the selected candidate ultimately declined the position and thus the new national health service commenced its life with an acting Chief Executive who had been the government appointed Chairman of the Board of the Health Service Executive and a retired banker.

The abolition of 11 health authority structures and its consequent elimination of many functions ran contrary to the guarantees which had been agreed with regard to employment. Consequently nurses and midwives, along with many others, were reduced to observer status as they watched a myriad of administrative structures which seemed more driven by the need to accommodate people with positions than real health reform. They witnessed the creation of new titles and positions, which appeared to duplicate posts which already existed and a special behind closed doors arbitration and pay review, which yielded money only to those most remote from direct patient care. This was in stark contrast to staunch opposition of the very same Health Service Executive where any and

every claim made on behalf of nurses and midwives and their outright inertia in dealing with ever growing dependency levels with a static or reducing number of staff in our hospitals and care of the elderly facilities. A new Chief Executive, Professor Brendan Drumm, a paediatric consultant, was ultimately appointed and took up position as Chief Executive Officer of the Health Service Executive in August and he brought with him a special high level management team, which had not been provided for in the health service reform, rolled out in the first eight months of the year, and which was apparently to be very influential in the real reform of the health service. The inertia and confusion continued throughout the year, Professor Drumm announced that 10 hospital networks planned by his predecessors and to which eight of the 10 network managers had already been appointed were to be reduced to four. Consistent with the rest of the health service reform programme the final position reached on hospital networks is eight at the end of the year and the organisational chart for the Health Service Executive is notable for the conspicuous absence of a clinical directorate or any senior nursing or midwifery posts at the top level of decision making in any of the national directorates.

From the Organisation's point of view, 2005 was a year of campaigning and rejuvenation, which has seen growing awareness among INO members of the need to stand up for the professions of nursing and midwifery, and to make their voices heard as advocates of their patients.

Throughout the year the Organisation campaigned for greater and higher level involvement of nursing and midwifery management in the Health Service Executive. It mobilised public opinion and dominated media attention in the spring and autumn of the year, highlighting the appalling crisis that is accident and emergency department overcrowding.

It relentlessly campaigned for the review of nurse patient ratios in all sectors and, in particular, care of the elderly and it sent a strong message to employers and government that it would not be bullied or threatened by the withholding of pay increases on the issue of healthcare assistants or forced into a benchmarking exercise whose terms of reference are specifically designed to prevent nurses addressing a serious anomaly with regard to their pay and their hours of work.

Nursing and Midwifery Management Structures

Throughout the year the Organisation have met with the Health Service Executive on a number of occasions indicating the unacceptable attempts by lay management to relegate the reporting relationships of Directors of Nursing and Midwifery away from the agreed position of 1999. The INO's interpretation of the new structures is that Directors of Nursing and

Midwifery in the former health board structure report to network managers in the case of the acute hospital networks and local health office managers in the case of primary continuing and community care directors. No other reporting relationship is acceptable to the Organisation and management grades have been repeatedly instructed to adhere to this position. The Organisation has also engaged in lobbying of both the Board, CEO, and the senior management on the need for the evolvement of nursing and midwifery at the higher echelons of the decision making processes of the HSE and while at the end of the year no significant progress had been made, there was no weakening in this campaign.

Those engaged in promoting the new health service structure attempted to engage in their preoccupation with the Nursing and Midwifery Planning and Development Units and their over simplistic view that as everything else was organised on the basis of four regions, the existing eight units should be reduced to four. The Organisation stood firm throughout the year insisting that the contracts of employment of those in the units must be maintained until final agreement is reached and demanding retention of all the units, given that they are in themselves only a new innovation in the promotion of quality and standards of patient care, nurse education and professional development. The Organisation will not allow an unjustified reduction in the resources available to the professions and will insist that any change or development in the field of nursing or midwifery is based on sound promotion of enhanced quality patient care, the promotion and protection of the professions.

Accident and Emergency Overcrowding

The year commenced with the newly appointed Minister for Health and Children, An Tánaiste, Mary Harney promoting a 10 point plan which she promised would, in a relatively short period of time, lead to the elimination of accident and emergency department overcrowding. It was clear almost from the start of the year that the €70 million allocated for the plan would come nowhere near providing a solution and unfortunately, at the end of the year the situation had actually deteriorated. Attempts by the Health Service Executive to portray it otherwise were rejected by the Organisation and by the public in general.

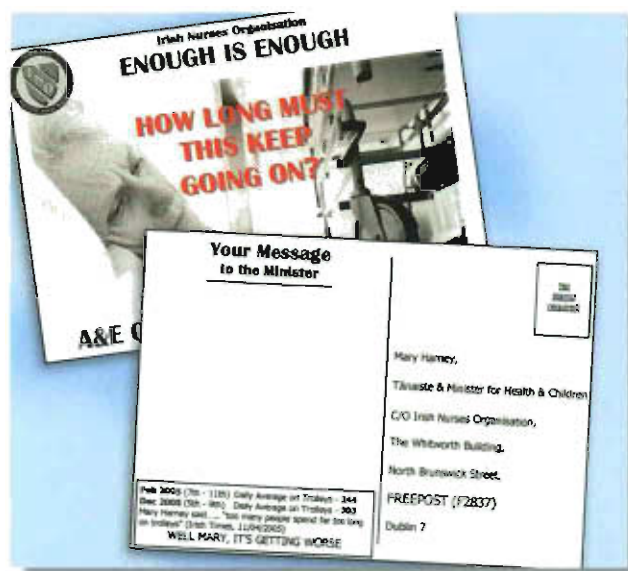
The February meeting of the INO Executive Council endorsed a plan to launch a campaign highlighting the ongoing crisis under the title **Enough is Enough**. The campaign involved lunchtime protests in the hospitals where there was a continuing crisis and where the numbers of people waiting on trolleys had been consistently high. The public were called to support these protests, which would be half an hour in duration during lunchtime. The first protest was planned for 22 February.

However, in a direct meeting with Mary Harney TD, Tánaiste and Minister for Health and Children, taking into account her statement that there would be a significant reduction in the trolley count by the end of March 2005, and that there would be no bar to funding home care packages and the provision of intermediate and high dependency beds, the Council agreed to defer the first protest to review the situation again at the end of March. When there was no visible improvement at the end of March, the Executive Council decided, at its March meeting, that it had no choice but to proceed with the protests at selected hospitals on Tuesdays and Thursdays throughout the month of April.

The campaign was a rolling campaign involving one Dublin, and one provincial hospital each day, Cork and Galway being twinned with provincial hospitals for the days on which they were engaged in the action. The focus of the protests was to build solidarity with patients, to highlight the lack of bed capacity and the need for better management within the hospitals. Special placards, leaflets, and t-shirts were prepared for the campaign.

The campaign dominated the media for the entire month of April, live radio programmes were inundated with public complaints about the state of the health service and many commended the INO for what was one of the most successful media campaigns by any trade union in recent history.

In May, the Director of the National Hospitals Office wrote to the INO suggesting a new A&E Forum from within the National Hospitals Office, involving all of the staff and key management players in the system. INO accepted the proposal and nominated the Deputy General Secretary to be joint Chair of the Forum. The Forum replaced the LRC Nursing Forum and had two advantages over it. Firstly, it encompassed other staff groups including representatives, IMO and IHCA, who have both involvement and responsibility along with nurses in the area. Secondly, the National Hospital Director was in a position to report directly to a Cabinet sub-committee, which had been formed specifically to deal with the question of accident and emergency overcrowding. It was believed at the time that this would lead to some action on the issue. In the event the Forum had a sluggish start only holding its first meeting towards the end of September and even then it was less than satisfactory in that the Primary Continuing and Community Care Directorate did not appear to take the Forum with the same level of seriousness as its National Hospitals Office equivalent. They appointed an LHO manager as their representative, as opposed to their national director or assistant director. Trade unions on the Forum, led by the INO, objected strenuously to this and while this did lead to the nomination of Assistant Director, it was quite apparent by the end of the year that there was a lack of consistency or real intent with regard to the approach of PCCC to the Forum. This is particularly problematic given the focus put by the CEO and the



Immediately after the Special Delegate Conference, the Organisation moved to enact the second phase of the Enough is Enough campaign through a high profile media campaign and a nationwide postcard campaign

Minister on the need to improve services in that area in order to alleviate and reduce the demand side on the acute sector. While the Forum was a useful enhancement and a great opportunity to galvanise support from within the staff for the INO objectives in relation to capacity and improved hospital management, the HSE continued its denial insisting, despite all the evidence to the contrary, that the situation was improving. As the trolley count rose again dramatically at the end of the year, the Executive Council, at its December meeting, decided to proceed with phase two of the **Enough is Enough** campaign commencing in January 2006 with a postcard depicting A&E overcrowding and the discomfort caused by it and asking the question 'How Long Must This Keep Going On?'

The postcards, it was agreed, would be distributed through staff in A&E departments to the general public who would be asked to put their message to the Minister on the postcards, which would be returned to INO by freepost and delivered on-mass to the Tánaiste at some point in early 2006.

Sustaining Progress, Benchmarking and Pay

The final phase of the benchmarking agreement, one-quarter of the amount due to each of the grades was to be paid from 1 June 2005. Along with this increase Sustaining Progress provided for a 1.5% increase and two phases remaining of that pay agreement, a further 1.5% in December 2005 and the final 2.5% on 1 June 2006. The benchmarking payment and the June Sustaining Progress payment fell due for consideration by the Performance Verification Group in March 2005 and none of the local agency reports or the

national report of the Health Service Executive indicated any issue with regard to nurses and midwives getting their entitlements.

Following the launch, at the end of March, of the **Enough is Enough** campaign an amendment was made to the HSE national PVG report suggesting that the INO had refused to co-operate with the introduction of healthcare assistants in the Irish health service. Aside from the fact that this was blatantly untrue, the INO viewed it as a complete retaliation for the public **Enough is Enough** campaign.

Through every available procedure the INO demonstrated there had been full co-operation with healthcare assistants and the piloting of their role enhancement and that there was only one contentious model with regard to their training which the HSE incorporated, without consultation or adequate agreement, on standards in relation to the delegation of vital signs to healthcare assistants. The issue had been debated with the Professional Development Centre of the INO and documents were under consideration. It had not been raised in any formal IR forum with the INO as an industrial relations issue, but suddenly it emerged at the end of March as an amendment to the PVG report and was accompanied by statements from the Minister and the HSE condemning the INO.

As a media campaign the attempt did not work or deflect public anger in relation to the A&E overcrowding. From an industrial relations point of view, however, it posed a serious problem to the INO in that the procedures were not being adhered to and yet the employer was seeking to prevent the payment of two increases due on 1 June to nurses and midwives. Every attempt to appeal for reason during the month of April and early May were met with arrogant resistance. The Executive Council, in its pre-conference meeting, decided that if the Health Service Executive persisted in this unwarranted attack on nurses and midwives, the Organisation should respond in the strongest possible manner by balloting members for industrial action. In keeping with the disputes procedure for the health services, the Organisation notified the Health Service Executive Employers Agency of our intention to take industrial action subject to the outcome of a national ballot of members, which was immediately called.

The swift response by the INO to the unwarranted threat and the severity of that response drew national focus to the prospect of a serious industrial dispute at the start of the summer. The National Implementation Body comprising the ICTU, IBEC and the Department of Finance convened a special meeting of the parties and ultimately issued recommendations which led to a resolution of the dispute and the abandonment of the ballot for industrial action.

The High Level Group proposals recorded that the INO had no principled objection to the introduction of healthcare assistants or the training of them in relation

to appropriate patient care. It recommended that the Organisation co-operate with the disputed training module subject to a health service High Level Group comprising representatives of nursing, healthcare assistants, An Bord Altranaís and management, reviewing the recommendations of the report on the effective utilisation of the skills of nurses and midwives with regard to the topic and making recommendations for the orderly introduction of healthcare assistants into patient care under agreed protocols approved by the regulatory body.

The National Implementation Body's recommendation was that this High Level Group should complete its work by the end of September. Anne Carrigy, Director of Nursing from the Mater Hospital was appointed as Chair to the group. The group completed its work within the time allowed but by the end of the year the final report was still in the drafting stage with the INO experiencing some difficulties having recorded decisions of the High Level Group included in the final report.

The pay increases were paid with effect from 1 June and an important message had been registered with both employers and government with regard to just how far they could push the Organisation in spite of the highly restrictive pay agreement that is Sustaining Progress.

Benchmarking

The negotiations on the terms of reference for benchmarking proceeded throughout the summer. The INO submitted a total of 14 amendments to the preamble to and terms of reference of the Benchmarking Body mark two. Through the many meetings, which considered these benchmarking amendments, none of those proposed by INO survived. The twin objectives of the Organisation that the terms of reference would provide for priority to be given to our claims with regard to the anomaly between the pay of the childcare worker and registered nurse/midwife along with our requirement to achieve a reduction in the working week were blocked before they were even presented to the employers.

Instead a wording was inserted into the terms of reference which referred to the two relevant Labour Court recommendations on these topics and the need for them to be addressed along with all other recommendations relevant to the Benchmarking Body. In spite of the amendments not having been put to the management side by the ICTU delegation, INO, in the final meeting with the official side on the benchmarking issue, put the priority amendment directly to the official side and in spite of the fact that it had been agreed within the health service, there was a denial by the official side that any such priority should be afforded.

The Organisation was required by the Annual Delegate Conference in May 2005 to hold a special conference

on pay and this was called for 27 September. The conference decided to reject the terms of reference for the Benchmarking Body and to instruct the Executive Council to pursue the legitimate claims of nurses and midwives directly with the Health Service Executive and other health employers, under the agreed procedure for the resolution of disputes in the health service.

Eight claims on behalf of nurses and midwives were registered with the Health Service Executive in December 2005. The Organisation informed the employer that they were being processed in accordance with the dispute resolution mechanism of the health services, which has an indicative time limit for the processing of such claims of 26 weeks and an absolute time limit of 34 weeks for the exhaustion of all procedures.

The Organisation informed the Executive that this 34 week period would expire on 2 July 2006 at which time the INO would have honoured all of its commitments under Sustaining Progress and, in its view, would be free to deal with these issues under any alternative pay procedure or directly with the employer.

PPARS

The INO welcomed the decision of the Health Service Executive's CEO to suspend the roll out of the PPARS project pending an overall review of the cost involved and the appropriateness of the system.

This was a welcome relief to the Organisation which had been embattled with numerous queries from members relating to serious problems and flaws in the PPARS system. The biggest flaw was that almost every agreement reached at national level with the employers with regard to protecting people's terms and conditions of employment was ignored at local level and led to numerous local disputes with regard to protecting those conditions. In addition to this, there were major errors which led to people being both overpaid and underpaid and apparently an inflexibility within the system which seemed to make it impossible to correct these flaws.

The third category of problem related to increased workloads associated with the introduction of the system and a determined effort to delegate responsibility to nurse managers for time recording, which had previously been a central function and was likely to divert the attention of clinical nurse managers from their primary responsibilities. The suspension of the roll out of the system has provided some relief in the year 2006 with regard to a project which the INO have long come to view as incapable of dealing with the complexities of payroll involved in a service as diverse as the Irish health service. The Organisation had argued that it was over ambitious and the cost of it was grossly underestimated. A report subsequently issued by the Controller and Auditor General on the project was highly critical of both the cost

effectiveness of the PPARS project but also on the lack of governance in relation to it.

Care of the Elderly Staffing Issues

The Organisation through the year were successful in concluding independent reviews of staffing levels in a number of care of the elderly facilities. However, the HSE, by the end of the year, had failed to implement almost all of these reports and recommendations even though they had been agreed.

The Organisation are now raising the issue at all national fora and are attempting to get serious engagement from the PCCC to ensure safe staffing levels in care of the elderly.

Miscellaneous Claims

A number of claims were pursued on behalf of individual groups as follows:

Bed Managers

The CAPITA report providing for a revision and re-emphasis on bed management was not implemented by the Health Service Executive during 2005. This undoubtedly contributed to the continuing chaos of A&E Departments and no real excuse was offered by management for the failure to act on this agreed Consultant's report. The question of the grading of bed managers was one of the impediments to the full implementation of the report as a dispute had arisen with regard to CAPITA statement that the job should be valued at that of administrative Grade 8 but paid on the grade of assistant director. This was channelled through the Labour Court and led to three hearings of the Court on the issue.

Ultimately the Court issued recommendation 18123 in February. The Court came down firmly in the INO's favour on the issue taking the view that if jobs were valued based on the functions, which those appointed were expected to perform, it would be totally inappropriate to attach a salary to them which was less than that commensurate with the grading decided in relation to them.

In short, this meant that although the bed manager has a requirement to be a registered nurse, the pay and terms and conditions of the post should be that of the administrative Grade 8 which is substantially higher than the assistant director of nursing grade.

The Health Service Executive Employer's Agency (HSEEA) sat on this recommendation until the middle of the year and then, without any further discussion, issued a circular to employers changing two fundamental aspects with regard to bed managers. Firstly, they sought to remove the requirement that a bed manager was required to be a nurse and secondly,

they were now insisting that those already appointed to the role of bed manager would be required to compete in order to achieve the new grading. INO saw this as a clear attempt to depart from the original agreement and to fill the post with people other than nurses. Consequently the matter has now, at the end of the year, been referred back to the Labour Court for final clarification.

Out of Hours Nurse Managers

The out of hours nurse managers who have responsibility for whole sites pursued a claim for parity of pay and grading with colleague night superintendents who are graded at assistant director level. The processing of this claim was protracted with the HSEEA procrastinating through postponing, adjourning and making themselves unavailable for the next stage of each process. Ultimately the matter struggled to the Labour Court on Friday 23 September for a full hearing.

The HSEEA caused great confusion at the hearing suggesting that the claim was ill-defined and that it effectively covered CNM1, CNM2 and CNM3s. The Court, because of the confusion, wrote to both sides asking them to attempt to define the claim and resolve it if possible. This led to a direct meeting with the HSEEA which failed to further define or resolve the issue.

In spite of the efforts of the Organisation and a further conciliation conference some months later, at the end of the year the out of hours nurse managers were still awaiting a date for a final Labour Court hearing. The experience of the out of hours nurse managers and other nurse managers in pursuing claims for their entitlements has been appalling.

The approach taken by the HSEEA appears to be to reject any claim, regardless of its merits, that comes from nurses and, in the process, to insult the most senior members of the profession. They create confusion and try to divide the nurse workforce playing one set of nurse managers off against the other and have generally poisoned the atmosphere with the INO in relation to pursuing such claims.

It is expected that the Labour Court will see through this fruitless strategy and deal with the legitimate anomalies that are being presented by nurse managers and which are created from within health service management itself.

Radiology Nursing Location Allowance

One of the most disappointing claims pursued at national level was that on behalf of radiology nurses who sought the extension of the location allowance to their area.

Again the HSEEA procrastinated in the extreme on this case and, even though in the initial process they clearly indicated that they were prepared to make an offer, ultimately made none at all.

Unfortunately, the Labour Court were not persuaded in spite of the difficult conditions of working in radiology departments that a location allowance should apply. Nurses in radiology departments were bitterly disappointed by the outcome of this case and have rejected the recommendation and are reviewing their options.

Hospital Banding

The hospital banding agreement of 1996 has been the subject of a number of claims for a revision of the banding for particular hospitals.

All of the claims are based on the expanding needs of the services and the fact that the criteria set down for the various bands have been exceeded in the case of those hospitals that are claiming. In a minority of other cases comparisons are being made to hospitals of similar size but slightly different activity where special cases have been made.

Following failure to reach agreement through direct discussions with the employers on this issue, the matter was referred to the LRC for assistance in the autumn of the year. Again, procrastination on the part of the HSEEA has meant that the actual conciliation conference on this issue was not scheduled until a date early in the new year.

A number of other claims were processed at local level with success on behalf of nurses and midwives and are featured in the regional reports of the IROs.

Nurse Representative Training

The Organisation provided nine basic training courses for elected nurse representatives on a nationwide basis throughout the year. In addition an advanced course was held for experienced activists in April 2005 in Dublin and two courses for INO representatives on partnership committees were held in June and September. Approximately 175 nurse representatives attended these training courses.

There were two training courses for full-time officials of the Organisation which are designed to keep them up to speed with case law, changes in industrial relations practice and law and improvement of skills.

Summary – Another Busy Year

This report is an overview of the industrial relations climate throughout the year 2005. By its nature it cannot comprehend all of the various diverse activities which the INO have been involved in on an industrial relations and human resource level throughout the year. The Organisation is privileged to have a large number of dedicated elected local activists who represent their colleagues on a day to day basis in the every day issues that are industrial relations. The increasing importance of the role of the local representative is coming more and more into focus as

we move into a new era of partnership and change.

While the introduction of many laws and entitlements have changed the focus of work from the point of view of full time officials requiring the pursuance of individual claims for rights and entitlements, the role of the local nurse representative in being the spokesperson and the advocate for the profession and their colleagues at local level is becoming increasingly more important.

The INO has many strengths, it attempts to provide best possible quality service in terms of representing our members and is in the top league of Irish trade unions in terms of the provision of industrial relations training.

At the same time our Professional Development Centre provides a service which is unique among Irish trade union organisations. All of this, however, is only possible because the INO is a living, vibrant and effective Organisation at local level and for that the credit must go to the many elected representatives at the various different levels throughout the Organisation.

2005 was another year in which those representatives excelled all previous expectations with regard to their effectiveness in promoting the Organisation and the interests of nurses and midwives.

Regional Round-Up (IROs)



**HSE – Eastern Region –
East Coast Area**
Philip McAnenly

Incremental Credit: Nurses who have experience as a clinical nurse managers reckoned for incremental credit on assimilating to the PHN scale. This has resulted in INO members benefiting by more than €8,000 per annum.

Dominican Sisters, Sion Hill: INO members in the employ of the Dominican Sisters, Sion Hill benefited from favourable redundancy terms of six weeks per year of service with no ceiling on the award. INO members in the employ of the Jewish Home of Ireland benefited from having similar benefits extended to them when the Jewish Home closed in 2005.

Beacon Clinic: Beacon Clinic agreed to pay two INO members a significant award following disputes which were referred to third parties for adjudication.

St Margaret's/Maryville, Donnybrook: Ten INO members have benefited substantially following negotiations which will result in each nurse accessing public sector rates of employment. Most members will benefit by almost €10,000 per year with retrospective effect to 1998.

Hume Street Hospital: INO members are considering a range of attractive options negotiated by the INO

following plans to relocate dermatology services to St Vincent's University Hospital.

HSE – East Coast Area: Agreement reached to conduct independent staffing reviews in St Columcille's Hospital, OPD and Dalkey Community Centre for the Elderly. Several outstanding promotional posts will now also be filled.

Nursing Homes: A number of members have successfully recovered monies owed but withheld by employers, particularly after deciding to move to the public health service. Amounts negotiated ranged from €4,300-€9,500.

St Vincent's University Hospital: Members interests protected in moves from Clonskeagh Hospital and within hospital to new buildings. One member received almost €40,000 in settlement following allegation of bullying by other staff. One member awarded €3,000 following claim for monies due under Department of Health and Children's Circular 109/99.

Leopardstown Park Hospital: Following ongoing representations over 30 closed beds were re-opened. Attempts to deny long-serving staff from accessing additional hours was prevented following INO intervention.

National Maternity Hospital, Holles Street: One member has been upgraded to CNM2 thus giving €12,000 per annum following the referral of her dispute to the Rights Commissioner services.

National Treatment Purchase Fund: The Labour Court awarded an INO member €5,000 following claim for unfair dismissal.



**HSE – Eastern Region –
Northern Area
Edward Mathews**

Student nurses: Students have played a prominent role in the work of the Organisation within the area this year. Initially students took to the streets in protest in both Connolly and Beaumont hospitals due to a refusal by management to pay travel allowances during their clinical placements. The students were successful in their campaign and had those allowances paid retrospectively to them. Students came to the fore again late in 2005 over the issue of vaccinations. The Organisation is actively engaging with Connolly Hospital, Beaumont Hospital and Dublin City University in order to address this issue prior to 2006 intake.

Beaumont Hospital: Beaumont Hospital, as a busy Band 1 tertiary referral centre, has provided many challenges for the Organisation during 2005. Our members in the coronary care unit of this service were faced with significant difficulties earlier this year, the staffing levels and skills mix within the unit presented particular challenges to our members in ensuring the

provision of safe service to patients. Through the collective action of our members and representation from the Organisation, remedial steps were taken within the hospital, additional training has been provided and enhanced management structures are serving to ameliorate some of the concerns of our membership.

The x-ray department of the hospital was the focus of our attention on two occasions this year. Firstly, our members brought to our attention the level of on-call commitment they are required to provide in order to ensure that very serious interventional procedures which take place within the department can go ahead out of normal working hours. The Organisation intervened and has secured, for our members, an enhanced on-call arrangement vis-à-vis what had existed previously in order that our members' commitment to the provision of an out of hours service, with very limited manpower, will be recognised through the payment of appropriate rates of pay. The second occasion on which this department came to our attention was when management attempted to alter the working hours of our members. The current working hours within this department has been long established for over 15 years, through the intervention of the Organisation our members' terms and conditions of employment have been secured into the future.

The Organisation was also active in the area of infection control within the hospital. In mid-2005 the service advertised the head of the infection control nursing resource as a CNM3 post. We immediately sought that this be upgraded to an assistant director of nursing, given the hospital-wide remit with which this person is charged.

While the management team initially rejected our proposal, we have through sustained representation, both from the industrial staff and, indeed, our local representatives, secured agreement for the appointment of an assistant director of nursing with responsibility for infection control. This post is to be advertised at the beginning of 2006.

A&E Departments: The A&E departments within the HSE Northern Area have been particularly busy during 2005, this is symptomatic of the on-going crisis which pervades all A&E departments. Within Beaumont Hospital there have been occasions, during 2005, where the staff in the department, and, indeed, the department itself, have reached breaking point.

While we have by no means solved the problem within the department, we have, we think, ensured that management on no occasion can forget that the working conditions suffered by our members and the conditions suffered by patients are intolerable and must not continue into the future.

Community nursing: The main focus of the Organisation's activity in terms of community nursing has been the issue surrounding the antiquated and

dangerous conditions of Ballymun Health Centre. We have been successful in gaining commitments with regard to the commencement of work and our latest information indicates that it will be ready for occupation in March 2006.

Orthopaedic Hospital, Clontarf: The Orthopaedic Hospital in Clontarf has come to our attention on two separate occasions this year. An issue arose regarding the inability of fixed term workers to access premium pay, the resolution of which had the potential to cause a loss of earnings for existing members of staff within the service. The Organisation was successful at a Labour Relations Commission conciliation conference in accessing compensation for existing staff with regard to loss of premium earnings and in ensuring that newer fixed term staff will have, in accordance with their rights under law, equal access to premium payments.

There was also an attempt by management to reduce the amount of annual leave accruing to our members working on night duty. However through the astute intervention of our representatives in the Organisation, we were able to point out clearly to management that additional annual leave awarded was in compensation of additional hours worked within the service, for which our members are not paid on an on-going basis. We were successful in accessing a 'red circled' arrangement for existing members who continue to receive the additional annual leave, and to ensure that new members entering the service will receive full payment for any additional hours worked.

Notwithstanding our activities in the area of collective representation of our members, the Organisation, within the HSE Northern Area, has been extremely busy in progressing individual issues of concern to our members. Examples of some of our activities which have resulted in successful outcomes for our members include:

- Regrading of managerial posts
- The backdating of an advanced nurse practitioner post due to a failure by management to adequately convert student ANP to a substantive ANP
- The successful representation of members who were on long term sick leave and the achievement of successful reintegration to the workplace without loss of payment following extended leave
- The representation of a considerable number of members in relation to allegations of bullying, both in terms of representing complainants and respondents
- The successful accessing of study leave on behalf of members
- Provision of advice to both our representatives and members which has allowed them on numerous occasions to achieve successful resolutions to issues of concern which have emerged within their employment.



HSE – Eastern Region – South West Area

Phil Ni Sheaghdha

St James's Hospital, Our Lady's Hospital for Sick Children, Peamount Hospital, Our Lady's Hospice, Harolds Cross, Cheeverstown House Ltd, Moore Abbey

St James's Hospital:

- Release of nurse rep for INO duties for one day a week on site in St James's Hospital achieved in 2005.
- Student nurses held a sit in and pickets during 2005 to highlight their disquiet regarding their treatment at this hospital, particularly in relation to travel allowance and cost of immunisations. Both campaigns were successful and students have to be commended for participating in these actions.
- Staffing levels remain the main issue of concern for INO members and the INO continue to pursue with management.
- A&E relocated to new department. Local agreement reached regarding compensation for same.

Our Lady's Hospital for Sick Children: Agreement secured relating to regrading of CNM1s to CNM2s in the ICU department of this hospital. The INO is participating in the local implementation group of the European Working Time Directive.

Hospice Harold's Cross: Three members represented who pursued a case against their manager under dignity at work policy. An independent investigation found that the allegations made were well founded.

HSE – South Western Area: Allegations were made against an INO member under trust in care and our member subsequently suspended for prolonged period.

The INO represented the member to an independent investigator which found that there was no substance to the allegations and our member returned to work and was compensated for loss of earnings. Community general nurses represented in relation to point on scale and retrospection to 2004 achieved following INO intervention.

Naas Hospital: INO members represented regarding opposition to new practice of returning nursing staff for pay purposes at ward level which was presented as being part of the introduction of PPARS.

It was established that this was not necessary for compliance with PPARS, and furthermore PPARS not implemented at this site. A&E overcrowding remains a live issue at this hospital. The INO continues to represent on this at local and national level.



HSE – Midland Region Kevin O'Connor

Midland Regional Hospital, Portlaoise

Theatre: The dispute in theatre, with regard to achieving a third nurse on call, is ongoing. Negotiations have taken place between INO and hospital management regarding this dispute.

The case has been referred to a Rights Commissioner but no date has been set as yet.

A&E: An increasing trend in the number of people on trolleys is evident. Management have refused to cancel elective surgery to free up the day ward for the escalation procedure. The Tanaiste and Minister for Health and Children recently announced sanction for the completion of the unfinished A&E department. While this development is welcome, there is no provision for any extra beds in Portlaoise and this can only lead to increased numbers on trolleys in the future when the new A&E department is open.

The outstanding claim for disturbance during the reconstruction of the A&E department has not been brought to closure. The INO has written to the HSE – Midland region advising them that negotiations with regard to the new A&E department will have to commence. The issue of unfilled CNM shift leader posts remains outstanding. It has been referred to the Labour Court and a date is awaited.

Midland Regional Hospital, Tullamore: The process of the transfer of services to the new hospital has commenced. Terms of reference for the steering committee and for the setting up of unit teams within the hospital have been agreed.

The handover of the hospital from the building to the HSE will be affected in December 2005, and the commissioning of the hospital is planned to be completed by December 2006. The transfer teams have now been set up within each area of speciality and INO have nominated members to these various committees.

Midland Regional Hospital, Mullingar: Issues which remain outstanding at MRH Mullingar include:

- Theatre – lack of proper changing facilities/health and safety
- SCUBU unit – commissioning
- Paediatrics – upgrade
- Wards – staff shortages/lack of changing facilities.

St Francis Private Hospital, Mullingar: During 2005 a dispute arose in the hospital with regard to the following issues:

- Employment of an operating department practitioner in the role of a nurse in the theatre department
- Proposed introduction of a computerised time and attendance management system

- Non-payment of benchmarking in 2005
- Non-payment of nurses' annual increments
- Refusal to appoint CNM1s in all areas.

St Mary's Care Centre, Mullingar: A number of issues arose in this facility during the course of 2005. Despite meetings with hospital management no progress has been made to date. The matter has now been put into dispute and members working under protest. The issues of concern are as follows:

- Failure to control vermin within the hospital
- Acute staff shortages
- No night duty supervision
- Overcrowding in wards
- Lack of proper manual handling devices
- Inadequate space in bathrooms and toilets for safe manual handling of patients
- Failure to provide both resident and staff smoking areas
- Failure to provide adequate security at night
- Failure to display or make available a safety statement
- Failure to allow protected time for the elected safety rep to carry out the functions of a safety representative
- Failure to provide adequate numbers of changing rooms for staff
- Failure to rectify faults in the fire alarm system.

Coombe Women's Hospital: A staff rostering/partnership committee was established in the latter part of 2005. This committee has already produced a staff survey form with regard to the needs of staffing/staff rostering. In house workshops for midwives were also held with regard to roster change implications and the findings of the survey were to be published by early December. The INO has been approached by hospital management with a view to exploratory talks on staff recruitment and retention and these talks are imminent.

AMNCH Tallaght

A&E Department: Crisis continues unabated with large numbers on trolleys each day. Management are operating their escalation policy and admissions and discharge procedures efficiently but bed capacity still remains the fundamental problem. Plans for the acute medical assessment unit have not advanced any further due to funding not being approved.

Renal Dialysis Unit: Proposal put forward by hospital management to introduce night duty shift in the renal dialysis unit. This proposal purported to be an interim measure to allow the service expand to meet increased demands being placed on it and also to drive an agenda that if the service expands to 24-hour service then it will make a case to build a larger unit in

time. Management's proposal was to commence night duty shift without extra staff being allocated to unit. Their proposal was to reduce the number of stations operating during the day to create the night service. According to staff calculations this would become unworkable after three weeks in operation. A claim has been laid with management for proper staffing of a night duty shift in light of the above.



HSE – Mid-West Region
Mary Fogarty

Ennis General Hospital: The INO attempted to engage with management in January over inadequate staffing levels. INO members commenced 'Working under Protest' as engagement was obstructed by management objecting to the use of the grievance procedure. This dispute was subject to a hearing at the Labour Relations Commission and a subsequent referral to the National Joint Council.

The decision of the NJC was in favour of the INO. The substantive matter of inadequate staffing levels is currently the subject of an internal review with the assistance of Gillian Conway from the Nursing and Midwifery Planning and Development Unit.

The A&E department at Ennis General Hospital remained under constant pressure in 2005 with patients awaiting admission on a daily basis in both the department and the surgical day ward.

Temporary nurses at Ennis General Hospital raised serious concerns regarding the 'on-call' aspect of their employment contracts in October following a decision by the hospital to offer overseas nurses two year contract of 39 hours each week.

The INO achieved 39 hour contracts for all temporary nurses following representations to human resources, also assurance was given that no threat existed to the job security of temporary nurses at the hospital in the long term.

Mid West Regional Hospital: Throughout 2005 the INO had difficulty at this hospital in obtaining real engagement from hospital management on a range of individual and collective issues.

Implementation in full of the national theatre on call agreement was the cause of much dispute throughout the year. In conjunction with this conflict, a partnership approach which had commenced in 2004 to address theatre members' grievances, inclusive of rosters, made little progress in reaching a consensus outcome.

All of these issues have been referred to the Labour Relations Commission and to an independent external review. The inaccurate media expose of the difficulties in this theatre department led members to pass a unanimous vote of no confidence in the senior management team.

The A&E department experienced its worst year of overcrowding, with a peak of 32 patients on trolleys recently. Inadequate recruitment of staff to ensure the opening of an overflow unit compounded the overcrowding in the latter part of 2005.

Milford Care Centre: The INO achieved the introduction of the senior staff nurse pay scale with effect from January 2006. This agreement was reached in July with the management of Milford Care Centre after two lengthy conciliation conferences under the auspices of the Labour Relations Commission.

Included in the agreement were the introduction of subsistence for the home care team and a nominal payment of €21 per week of night duty in lieu of a meal break.

St Munchin's Maternity Hospital: Inadequate security between the hours of 10.00pm and 8.00am at this hospital had been highlighted by members on numerous occasions. However, in December, with a collective approach by the INO that unless an immediate security presence was evident at night time, the only alternative was to highlight in the media the vulnerability of patients, babies and midwives in the hospital. Management immediately reviewed security arrangements and placed a security guard at the hospital entrance between 10.00pm and 6.00am.



**North Eastern Health Board,
Mater Hospital, Mater Private
Hospital, Bon Secours Hospital
and St Michael's House, Ballymun**
Tony Fitzpatrick

Monaghan General Hospital:

Disturbance claim for building work has been referred to Labour Court. Loss of theatre on call referred to the Labour Court.

Cavan General Hospital: The Labour Court in recommendation 18289 has recommended "that in all of the circumstances that the unions claim should be conceded" with regard to the provision of clerical support to nursing staff in each of the following wards: ICU/CCU; paediatric ward; A&E; theatre; medical 2; surgical 2; day ward and endoscopy.

The Labour Court supports the recommendation in the Commission on Nursing report in Chapter 7 that a ward sister or nursing officer should receive adequate support to ensure that both functions are effectively performed in the interests of the delivery of an efficient, effective and high quality health service.

Holiday premium payments for temporary staff: The INO has referred this matter to the Labour Relations Commission. However, prior to a hearing being arranged, management within the HSE North East, conceded to the INO's claim seeking that 30 members of staff will receive their holiday premium payments retrospectively.

St Michael's House: Upgrade of out of hours nurse managers – the INO secured the upgrading of out of hours nurse managers in 2005. However, some matters remain outstanding including retrospection to the date of claim.

The Mater Hospital: Mater management requested a meeting with the Irish Nurses Organisation to discuss the implementation of a policy they had developed with regard to the placing of additional beds on inpatient wards. The meeting took place and the Organisation outlined its view that this proposal was draconian, and a backward step with regard to progressing and improving conditions in the A&E department. The INO has sought agreement that no extra beds are placed on wards on foot of the opening of the transit unit.

Car parking: This remains a contentious issue among our members, as it appears proposals are now coming forward from the Mater Hospital management, that staff will have to park in the grounds of Grangegorman Hospital, in order to allow construction work to commence on the new Temple Street/Mater Hospital site, between the Mater Private and the Mater Public. Ann Cody is representing the INO in discussions.

St Oliver Plunkett, Dundalk: The Rights Commissioner has recommended in favour of a claim, put forward by the Irish Nurses Organisation, that our part-time workers in St Oliver Plunkett's were being treated less favourably than their full time comparators. The issue in dispute was the non payment of time and one sixth to our members working the twilight shift of 5.00pm-10.00pm in St Oliver Plunkett's.

The Rights Commissioner stated that the INO had made the more persuasive case, and stated that the national guidelines which state you must work an eight hour shift in order to receive the time of one sixth are outdated. The Commissioner also clearly stated that you are entitled to the protection of the Act referred to above, and the members are entitled to their time and one sixth. The HSE North East have appealed the recommendation to the Labour Court.

St Mary's, Drumcar: A case involved a staff nurse at St Mary's Drumcar, who was not allowed to carry forward annual leave that she had accrued while absent under the revised serious physical assault scheme. The nurse had been absent from February 2004 to April 2005. St Mary's said that the member was entitled to receive annual leave for the four month period in 2005. As she had not returned to work in 2004, she would have to forfeit the leave accrued over the 10 month period in 2004. The Commissioner recommended that the member should carry forward to 2005 the legal minimum annual leave entitlement accrued during her absence under the serious physical assault scheme. She recommended that this leave be granted and taken by the end of 2005. She said the leave accrued during the four months of 2005 should be granted in full and taken by 20 June 2006.

This recommendation demonstrates that staff who accrue annual leave while absent under the revised physical assault scheme, are permitted to take that entitlement on return to work, even if it is in the next leave year.

Bon Secours: Annual leave entitlement for night staff has been referred to Labour Court.



HSE – North Western Region Noel Treanor

Aras Carolan, Mohill: The best example of collective solidarity took place in Aras Carolan, Mohill. Staffing compliments were amongst the worst in the area, if not the country, and the Labour Court in 2004 had ruled in favour of the employer, rejecting a staffing review.

However at the end of 2005, it can be reported that staffing levels have nearly doubled and there are now two nurses minimum out of hours. This was following a working under protest and a successful media campaign, allied to activists raising the issue of staffing directly with the Tanaiste at the ADC in Killarney. There is still more to do for Mohill, but congratulations are in order to the commitment of the activists and members here.

Letterkenny General Hospital: Further collective solidarity was shown in Letterkenny in an attempt to address the bed crisis there. A very successful public demonstration was held in February, with a less successful public meeting in March, attended principally by staff and local interest groups and politicians.

The public of Donegal, with some notable exceptions, have not been as eager as we had hoped in taking ownership of this issue, although it must be noted that there are specific pressure groups in existence.

A small light at the end of the tunnel appeared in December when Professor Drumm, on a visit to the hospital, conceded that greater capacity may well be one of the solutions to the crisis in Letterkenny. However, the proof of good faith on the part of the HSE will be when the required additional beds are in place.

St John's Hospital, Sligo: The members at St John's Hospital, Sligo, ever to the forefront when protecting and pursuing their rights and entitlements, called the HSE – North West Area under a breach of sustaining progress. Where previously employees on reduced working hours would have received annual leave for additional hours worked at a flat rate, this was withdrawn by the employer.

Following local discussion, agreement was reached and is now applied to the whole region, in that nurses who work additional hours under 39 hours now accrue both annual leave and superannuable benefits for this service.

Third Party Referrals: It was a fairly successful year at the third parties. Particular successes include the provision of concession days to community RGNs in the region. Most notable however was the recognition at a Rights Commissioner hearing that the acting up allowance should be paid to two job sharing members when they acted up on an aggregate for a week or more. The principle that the allowance follows the post and not the person was not appealed by the HSE and the INO is now seeking that this is applied universally.

However, the main issue affecting members throughout the year has been the consistent difficulty in recruitment and retention of nurses, combined with a deliberate policy of slowing down appointments. Many meetings have been held, but one can reasonably assume that the nursing staffing difficulties will be worse again in 2006 unless there is a significant change in the HSE and Department of Health and Children.



**HSE –
Southern Region
Michael Dineen/
Patsy Doyle**

**Bon Secours Hospital,
Cork:** The INO negotiated enhanced maternity benefit for

staff availing of same. Previously this was set at 80% of one's basic pay. This is now to be increased to 90% following the intervention of the INO from 1 January, 2006. Awaiting a Rights Commissioner hearing in relation to the application of the maternity benefit and sick pay scheme.

Bon Secours Hospital, Tralee, Co. Kerry: Agreement reached with management to ensure the presence of CMN1 posts in all wards throughout Bon Secours in Tralee. Agreement on the part of management to review the sick pay and maternity schemes in operation. The enhanced benefits negotiated in Cork in terms of the maternity scheme to apply to staff in the Bons, Tralee.

Mercy University Hospital: Successfully negotiated enhanced staffing levels for a refurbished CCU/ICU within the Mercy University Hospital. Eventually succeeded in having all retrospective elements of the theatre on call applied to our members to whom enhanced terms apply. Referral of time in lieu issues to the Labour Relations Commission and the Rights Commissioner service.

Kerry General Hospital: The situation that prevailed within Kerry General Hospital was indicative of the difficult climate in which this Organisation operated in seeking to pursue any claims within the public service. Any claims for additional staffing were ignored by general management culminating in a referral to the Labour Relations Commission and a ballot for industrial action which is underway as of January 2006.

As an Organisation, I believe that we are seriously challenged in seeking to protect the registration of our members within Kerry General Hospital as the climate that prevails seriously jeopardises their ability to practice safely on a daily basis.

One would have to have concerns that this is something that has potential to manifest itself throughout the public service as any claims we may have for additional staffing resources are falling on deaf ears, regardless of the legitimacy of our claim.

South Infirmary/Victoria University Hospital: The involvement/participation of the Organisation within the South Infirmary/Victoria University Hospital has seriously increased over the past 12 months. This has culminated in a number of referrals to the Labour Relations Commission in relation to the South Infirmary/Victoria University Hospital which would have been unheard previously.

St Columbanus Home, Killamey, Co. Kerry: Issue in relation to staffing referred to the Labour Relations Commission.

Listowel Community Hospital, Co. Kerry: Difficulty in relation to the calculation of bank holidays whilst on annual leave has been referred to the Labour Relations Commission.

St Patrick's Hospital, Marymount: The issue regarding the calculation of annual leave premium has been referred to the Labour Relations Commission. Awaiting the outcome of a Rights Commissioner hearing in relation to the application of the voluntary hospital's superannuation scheme.

Brothers of Charity: Significant industrial relations difficulties have been experienced with the management throughout the Brothers of Charity services resulting in a referral of a number of issues to the Labour Relations Commission. We are also seeking the intervention of the Labour Relations Commission in an advisory capacity.

St Joseph's Foundation, Charleville, Co. Cork: We have made significant strides in recruiting nurses within St Joseph's Foundation who had not previously been members of this Organisation. They have an extensive list of claims in relation to conditions of employment. A number of these have been progressed satisfactorily whilst a considerable number await an outcome.

Caherciveen Community Hospital, Co. Kerry: Claim for additional staffing has been the subject of two conciliation conferences and will potentially go to the Labour Court for a determination.

Serious Physical Scheme: Application of the scheme at various intellectual disability services is proving problematic. Meeting and correspondence with the HSEEA outlining meaningful clarification has been forthcoming.

Our members working within the ID services are seriously compromised through the management's

failure to appropriately apply the scheme and unfortunately they seek to hide behind the impartial adjudicators identified within the scheme in justifying their appropriate application of the policy.

Cork University Hospital:

- New A&E opened following protracted negotiations on 18 April 2005. Rapid transit admissions ward opened on 4 July 2005. This is a multi-million euro department which we had hoped would alleviate the necessity for patients to wait several days for a bed. Full participation in **Enough is Enough** campaign phase one and two.
- Labour Relations Commission intervention in August 2005 on management's abject failure to implement a nurse led soft tissue clinic at the weekend and provision of CNS in the minor injuries unit.
- Successful transfer of processing instrumentation from orthopaedic theatre to HSSD.
- Finish time for OPD defined as 5.30pm (finishing time had run over on most evenings up to as late as 8.45pm to chaperone patients waiting for beds).
- Rights Commissioner settlement for part-time nurses who applied for leave to attend a course. Hospital attempted to apply pro-rata leave – awaiting a meeting with HSE (SA) to maximise members' rights.
- Management attempted to propose a levy of €2 per day charge for parking – outright rejection lodged.
- Groundwork achieved on restructuring of ITU to deal with increased dependency and complexity in patient group. An external facilitator has been appointed who has made very helpful recommendations.

Health Service Executive Southern Area: Sponsorship for student PHNs 2005/06. All 18 panellists aligned to UCC from 26 September 2005 and in receipt of full sponsorship. Formation work undertaken to repeatedly challenge the priority and fairness in interview and appointments process for nurses in the board.

Millstreet Community Hospital: Handover time confirmed and backdated to January 2005 for members.

Mount Carmel Hospital, Clonakilty: Additional nursing hours in block two. Streamlining of medication rounds from four to three per day. Increased attendant cover in Alzheimers Unit following Labour Relations Commission intervention to address the shortfall in staffing following the opening of the Alzheimer's Unit in November 2004.

Unified Maternity Service: Director of Midwifery appointed to lead up the amalgamation of St Finbarr's (Maternity) and Erinville Hospitals in Spring 2007. Successful challenge by midwife members to a premature and ill conceived referral to the PVG which threatened their December pay increase.

Public Health Nurses: The Cork Fire Department have

condemned a health centre in North Cork and the HSE – Southern Area have been ordered to improve the building which will benefit our members' working conditions. Damage to PHN's car covered by HSE – Southern Area.

Bantry General Hospital: Improvement in premia calculations, ie. 24 hour clock conceded. Management sub structure reviewed to include a CNM2 in endoscopy.

St Finbarr's Services for the Elderly: Claim for staffing review lodged.

PPARS: Relief that 'pause' period prevails as the implementation of the system would only have served to alienate the membership.

Integration of Care Assistants: This is a profound issue and we look forward to working towards cohesion and effective delegation to this new grade particularly in care of the elderly facilities.



**HSE –
South East Region
Liz Curran**

2005 was a year largely characterised by difficulties progressing claims owing to the changing structures of the Health Service Executive, and resulting indecision on the part of HSE – South East management regarding their authority to concede claims. However, some service issues were progressed to the satisfaction of members, and a large number of claims on behalf of individual members were conceded.

South Tipperary General Hospital:

- First application of the injury at work agreement in the South East secured for a member.
- Agreement regarding implementation of the Labour Court recommendation regarding disturbance pay for our members eventually secured. Local agreement reached regarding the process to be employed to repay the time owed to each of our members in relation to additional annual leave accrued. Agreement was also reached to allow each member take this accrued leave as time off in lieu or by way of monetary payment or a combination of the above.

St Brigid's Hospital, Carrick-on-Suir: The long overdue independent staffing review got underway by Betty Brady. Her report and recommendations are expected shortly.

GP Practice, Clonmel: A claim for breach of the provision of the Protection of Employees (Fixed-Term Workers) Act 2003 in respect of an INO member saw a payment of €2,000 being paid to the member and a personal apology issued by the practice.

St Patrick's Hospital, Cashel: Implementation of the

independent staffing review has still not been completed. We are awaiting a date for a conciliation conference on this issue.

Our Lady's Hospital, Cashel: The INO are still awaiting news of funding being made available for developments on the site prior to rejoining talks with management regarding the amalgamation of services with St Joseph's Hospital, Clonmel.

St Luke's Hospital, Kilkenny: A number of upgradings of existing posts achieved. Negotiations regarding additional staffing for a number of areas of the hospital are being progressed.

Kilcreene Orthopaedic Hospital: The claim for an additional CNM1 post in theatre recovery was conceded. The implementation of the agreed senior nursing management structure in the hospital (by way of the appointment of a second ADON) has been conceded in principle.

Waterford Regional Hospital:

- A number of individual issues were resolved, many more are being progressed.
- An LRC conciliation conference regarding late opening for theatre recovery saw a second temporary agreement reached. This agreement to be reviewed after one year.
- **Maternity Unit:** The payment of an allowance, based on the theatre co-ordinator allowance, to the most senior nurse on duty in the labour ward at night was secured. Agreement on this was reached in June with retrospection payable to each eligible member dating back to 17 January 2005. Additional care assistant input for the unit was also secured, together with improved portering arrangements.
- **Neonatal Unit:** Revised pay arrangements agreed for nurses on night duty who, owing to service need, work frequent night duty and are therefore unable to recoup premiums on day. Some issues remain regarding the pro-rata payments for job-sharing and part-time staff and are the subject of ongoing negotiations.

Waterford Association for Mentally Handicapped: INO secured the payment of the location allowance for our members, with one year's retrospective payment.

Brothers of Charity, Belmont Park: Various issues, including ongoing negotiations regarding the use of seclusion, are being progressed.

Wexford General Hospital: Lunchtime A&E protest in April was very well attended and received the full support of all staff. The A&E department continues overcrowded on a daily basis. Nursing staff working under tremendous pressure in the unit.

Claims have been lodged for additional nursing staff on both day and night duty. An additional care assistant on night duty and designated security for

A&E have been conceded but, to date, no additional nursing staff have been allocated.

St John's Hospital, Enniscorthy: Labour Relations Commission conciliation conference on staffing levels and relocation payments made no progress. The issue will now progress to a full hearing of the Labour Court.

Ely Hospital, Wexford: Negotiations have commenced regarding conversion to a Monday to Friday service, with our members currently considering the offer made by management for compensation for loss of premiums.

HSE – South East:

- A number of staffing claims have been lodged and are the subject of ongoing negotiations.
- In community care a number of claims for upgrading of PHN posts are being progressed through the LRC.
- Community RGN members – a number of claims for improved pay arrangements and working conditions have been lodged and are the subject of ongoing negotiations. In Waterford, with INO assistance, community RGNs secured back payment of annual leave owed from their time working as temporary nurses.



**HSE – Western Region
Noreen Muldoon**

Palliative Care Services, Galway – Bullying: The INO represented two of our members, one from the HSE Western Area and one from the Galway Hospice Foundation, who made allegations of bullying against the consultant in palliative medicine.

Following a very protracted investigation, taking over three years to complete, their allegations of bullying were upheld in April 2005.

As a direct result our members have suffered and continue to suffer inordinate amounts of stress and bullying related symptoms.

One member, a clinical nurse specialist in palliative care, employed in Portiuncula Hospital by the HSE, has been the subject of a Labour Court hearing, as a result of the then Western Health Board's failure to investigate the allegations of bullying made by her. At that hearing the INO sought to have her leave classified as 'special' leave as opposed to sick leave. The Labour Court granted this and now almost four years later our member continues to be paid on special leave. Negotiations are ongoing regarding her return to work in a safe environment.

Our member employed in the Galway Hospice Foundation, took intermittent time off and also suffered the consequence of bullying. She continues to work there.

The report concluded that our members (and another

person who is not a nurse) experienced bullying by the consultant:

"These were not momentary lapses of sang-froid; they were the result of a regime of bullying. The evidence of the complainants was compelling with regard to the conclusion, as to the existence of this regime."

The consultant was subsequently issued with a written warning in accordance with the Consultants Common Contract Appendix IV.

Further allegations of bullying: Prior to the issuing of the report into the allegations of bullying, further allegations of bullying were made against the consultant in palliative care medicine, by 22 of the INO members in the Galway Hospice Foundation. The allegations were very similar and worse in some instances to those already investigated.

Following the outcome of the initial investigation, it was agreed amongst all stakeholders to try a facilitation process. This was agreed and the INO had a pivotal role to play in reaching agreement. The following has now been agreed:

- The consultant in palliative care medicine will no longer work in the Galway Hospice Foundation
- The consultant will no longer be the Regional Director of Palliative Care
- Two new consultant palliative care consultants will be appointed
- A new regional palliative care manager will be appointed
- Nursing staff, working at the Galway Hospice Foundation will have access to all educational programmes provided by the HSE – Western Area
- A joint management forum to include INO representation is to be established
- A once off training and personal support fund is to be allocated to the nursing staff that brought the complaints. Details to be agreed by management, the mediator and the INO.

This is seen by all stakeholders as a positive way forward for palliative care in the West of Ireland, allowing our members to work with dignity and respect.

Criteria for promotional grades: The INO were successful in preventing the introduction of a

management qualification being essential, on application for any promotional post in Galway Regional Hospitals, including CNM1, CNM2 and CNM3. The INO argued that this requirement would disqualify a huge percentage of staff nurses from applying for a promotional post and was unacceptable. Many of these nurses would have additional nursing qualifications.

Our contention being that should a management qualification be essential, the successful applicant should be facilitated to undertake this on successful appointment, following interview. The INO referred this issue to the Labour Relations Commission. However agreement was reached, prior to the hearing, that this requirement would not be essential and now it is 'desirable' to have a management qualification on application for a promotional post in nursing at Galway Regional Hospitals.

Interestingly, on researching this issue, the INO discovered that it is not an essential requirement to have a management qualification for any non-nursing management position, prior to appointment, in any area of the HSE.

Mileage: Our members are entitled to the same mileage, as all other staff, whilst attending educational courses, following intervention of the INO. Our members were being paid 13c per mile, whilst other grades of staff were being paid the public service rate.

PHN Transfers: Following intense negotiations with the INO a transfer policy was agreed. Heretofore, all PHNs wishing to transfer from one area to another, within the same community care area, had to apply and be interviewed in a formal setting. This has now ceased following the introduction of the transfer policy.

Anti-Natal Educator, Mayo General Hospital: Following the intervention of the INO and referral to the Rights Commissioner service the position of anti-natal educator in the maternity unit of Mayo General Hospital has been upgraded from CMM1 to CMM2. Our job-sharing members applied for the position and were appointed from the date of the Rights Commissioner hearing.

Galway Regional Hospitals: A member, who suffers from a disability was 'put off sick' as a result of being unable to continue working on a ward. Following intervention by the INO, she is now placed as a co-ordinator of a new service.

Organisation and Social Policy



Clare Treacy,
Director of Organisation
and Social Policy, INO

2005 was an extremely busy year, particularly in the area of fitness to practice. We also saw a number of new developments in the area of social policy, in particular the area of migrant nurses, childcare, whistle-blowing, and the publication of an ICTU reform document on health care in Ireland.

Social Policy Committee

The Social Policy Committee is a sub-committee of Executive Council, and includes Raymond Boyle (co-chairperson), Jo Tully, Kay Garvey, Ursula Morgan and Sheila Dickson (co-chairperson).

The committee meets on a monthly basis together with Clare Treacy, the Director of Organisation and Social Policy. The committee and the director participated in a number of activities throughout the year, including contributions to various reports, participation on a number of committee's, and attendance at national and international conferences.

Migrant nurses

The INO, together with other unions and ICTU have worked hard on the ground to champion the rights of migrant workers, and have achieved good results both in tangible terms and in giving the issues of exploitation a higher profile. Nevertheless, a number of cases highlighted by the INO have clearly indicated that some employers and recruitment agencies exploit workers and tougher measures need to be taken to ensure protection of migrant nurses workers and midwives.

As part of the INO work on behalf of migrant workers, the INO were joint partners in relation to research on migrant women workers in rural areas in Ireland. This research was funded by the Equality Authority, and conducted by Dr Jane Pillinger, Social Policy Researcher. The Overseas Nurses Section, and the social policy committee worked together with Dr Pillinger, and assisted with detailed analysis and research of migrant nurses working in a number of settings outside of Dublin. A full report has yet to be published. However, it is clear that areas of gender specific exploitation and discrimination were identified in a number of private healthcare settings.

The report identifies the positive effect of the INO in supporting migrant women's workers and specifically identifies the positive contribution of the Overseas Nurses Section.

Immigration Bill

The INO welcomes the opportunity to contribute to the government's discussion document on immigration

and residency in Ireland. Our submission highlighted issues of specific concerns for nurses and their family, and we also made comments on more general issues, around the prevention of racism and exploitation of workers and other migrants. A number of proposals were made. Specifically it was proposed that the procedure be reviewed in relation to work visas, with either visas being issued for a longer duration or that the renewal process should be automatic, unless there are changes that would require the applicant to present themselves to the department.

In relation to work permits, the INO sought protection for workers who report exploitation by recruitment agencies, and for the government to take a more proactive role in the vetting of such agencies, and their practices. It was also proposed that work permits would be issued directly to each employee. Although the vast majority of migrant nurses in Ireland work under the visa system, an increasing number of nurses are recruited into the private sector, under the work permit system. Currently a work permit is the property of the employer, not the employee.

The INO also asked for a more transparent and user friendly system to be introduced which would allow the spouse of a nurse to be given a permit to work, prior to having achieved an offer of employment. This was identified by the Overseas Nurses Section, as an extremely important area for us to pursue.

In addition to this, the INO made a number of additional recommendations in relation to human rights, and family reunification. It is clear that the Irish health system is dependent on migrant nurses and midwives. It is absolutely vital that these nurses/midwives are free from exploitation and importantly that their experience in Ireland is a positive experience, and encourages nurses/midwives to remain in this jurisdiction.

Throughout 2005 the INO continued to work closer with the Immigrant Council of Ireland (ICI) who have been extremely helpful in advising our members in relation to specific migration, visa and citizenship rights. The ICI provides a very useful information service to overseas nurses and can be accessed via the INO website.

Leadership Initiatives for Females in Trade Unions (LIFT)

The Irish Congress of Trade Unions (ICTU) received substantial funding to carry out an extensive two year project in relation to women in trade unions, specifically identifying women in leadership roles in trade unions. The LIFT development is a partnership between ICTU, the Institute of Public Administration, and the National Centre for Partnership and Performance.

Clare Treacy, Director of Organisation and Social Policy represents the INO on the Steering Committee. The

work of this extremely important project is influenced by the fact that women who comprise 45% of union membership are grossly under represented at decision making levels in all unions – with only 26% of elected officers being female. The project hopes to assist trade unions in developing skills to address the under representation of women at all levels of the movement, ultimately hoping to make a real impact on gender equality, and engaging women at every level of the union.

Since the project commenced a number of members of the INO have been interviewed in relation to their activity within the INO, including identification of perceived barriers to their progress. In addition to this, senior officials of a number of trade unions, including the President and General Secretary of the INO have actively participated in this research project to date.

It should be noted that in June 2005 at the biennial delegate conference of ICTU, a significant rule change was adopted which has now led to the doubling of the number of women represented on Congress Executive Council. Currently the two vice presidents of ICTU are women. In promoting the inclusion of women in senior and decision making levels within trade unions, the movement seeks to benefit from their value added contribution in terms of relevancy to members need.

Further information about this project can be found on www.lift.ie.

ICTU Health Report

The much anticipated and very detailed health report commissioned by ICTU Executive was completed in November 2005. The authors Dale Tussing and Maev-Ann Wren have completed a report that challenges many of the government held views on health and the provision of healthcare. In particular it challenges the contention that Ireland has one of the highest rates of nurses per capita in the OECD.

Specifically in relation to nursing numbers the authors of this report argue that the OECD assumptions are based on a comparable head count of nurses in relation to population and does not take into account the part-time nature of nursing, that is so prevalent in Ireland. In Ireland there were approximately 40,700 nurses in the Irish public sector in 2004. However, because of the part-time working these nurses filled 34,300 whole time equivalent posts.

The report also questions the assumption that increased number of healthcare assistants will significantly reduce the need for nurses in the Irish healthcare workforce, identifying that this concept ignores the many other functions which nurses perform in Ireland.

They go on to recommend that the Department of Health and Children should commission and publish a specialist study on the type of work typically undertaken by nurses in countries at a comparable

level of development to Ireland in order to assess the feasibility, safety and efficiency of this policy. The authors recommend that healthcare assistants should have mandatory training, and nurse supervision.

In addition to these recommendations the 285 page report includes several recommendations on many aspects of the provision of healthcare in Ireland, including; hospital bed capacity, primary care, A&E, hospital acquired infections, financing of medical care, access to public hospital care, health service staffing including; medical and consultant numbers, accountability and administration.

The INO enthusiastically welcomed this report, and believes that if this report is fully embraced by the trade union movement, then it will be extremely significant and influential in relation to the attitude and views of Congress.

This ICTU health report is strongly recommended to members as essential reading, and is due to be published in March 2006.

Whistleblowing

A Position Paper on the *Protection of Nurses and Midwives upon Disclosure of Practices of Concern in the Workplace* was presented to, and adopted by, the Annual Delegate Conference in May 2005. This position paper was formulated following a motion at the previous conference, and in an environment where an increasing number of nurses and midwives were contacting the INO expressing concern that they would be victimised if they raised a matter of concern in the workplace.

In the past number of years there have been a number of well reported tragic incidents where investigations have revealed that employees had serious concerns but were too frightened to speak out. It is not just the fear of reprisal that gags these individuals, but often it is the organisational culture.

Some organisations discourage openness, with managers turning a deaf ear, or accusing staff of disloyalty. The INO believe it is important for nurses and midwives practising in Ireland to have a system in place which offers protection to all employees.

It is our preference that disclosure in the workplace should be protected by whistleblowing legislation, however, in the absence of that legislation the INO has commenced discussions with the HSE in an effort to seek a formal agreement in relation to workplace disclosure. Copies of the INO position paper are available via the INO headquarters.

Conferences

Throughout the year a number of conferences were attended by Clare Treacy and a committee member from the Social Policy Committee. Specifically, a keynote address was given by Clare Treacy to a

nursing and midwifery practice seminar, organised by the North Western Health Board. The presentation was on the *Role of Trade Unions in Advancing Equality in Nursing and Midwifery Practice*.

We also attended a conference on elder abuse, titled *Hidden Truths and Silent Cries*. Kay Garvey and JoTully represented the social policy committee at a conference in Poland on *European Health Funding*. This conference was organised by the European Trade Union Congress, in the context of increasing anxiety at the reforms in healthcare emerging across Europe. The purpose of the conference was to initiate a process of awareness amongst healthcare workers, and to gain a European perspective on the delivery of healthcare.

The National Anti-Poverty Strategy on Health continued to meet with the INO/ICTU being represented by Clare Treacy. This committee is due to report in 2006.

The director, Clare Treacy, was invited to attend a UNISON conference of health workers, and made a presentation in relation to equality legislation in the Republic of Ireland. This was an extremely important conference in relation to ongoing development of relations between the INO and unions in Northern Ireland.

The INO continues to be represented on the National Women's Council (NWCI), the Irish Congress of Trade Unions Women's Committee (ICTU), the newly developed LIFT project and the National Anti-Poverty Strategy (NAPS).

Fitness to Practice

The number of nurses and midwives reported to fitness to practice on the grounds of alleged professional misconduct, and/or alleged unfitness to engage due to physical or mental disability continues to increase.

During 2005 there were 19 new complaints. It was found that there was no case to answer in six of these complaints, four have been referred to the Fitness to Practice Committee for a full hearing under Section 38 of the Nurses Act 1985. We are awaiting a response in relation to the other nine matters.

In addition to this three nurses were referred to the

High Court under Section 44 of the Nurses Act. This is an extremely draconian measure, and can only be used by An Bord Altranais if it genuinely is of the view that the public interest is at risk if the nurse continues to practice.

In this situation An Bord makes an application to the President of the High Court for a temporary removal of the nurse from the Register of Nurses, whilst awaiting a full hearing before the fitness to practice committee of An Bord Altranais.

There were four hearings under Section 38 which related to matters reported in previous years. This resulted in members being censured and conditions attached to their practice. No nurse represented by the INO was removed from the register in 2005.

As the number of complaints against nurses and midwives continue to grow, it is important that nurses/midwives are aware of what actions should be taken in the event that they are subject of a complaint. All nurses/midwives should be aware that any person can issue a complaint against a nurse, and An Bord Altranais is obliged to investigate this in accordance with the Nurses Act 1985.

It can be an extremely frightening experience to be the subject of a complaint, however, it is important that all nurses/midwives act promptly upon receipt of such a complaint, and seek advice immediately from their industrial relations officer, or directly from the Director of Organisation and Social Policy.

It is absolutely vital that a nurse/midwife does not reply to the initial complaint without first seeking advice.

We have noted an increasing number of complaints from patients and relatives which at times have been identified as vexatious. However, the process still remains the same, and the matter has to go to the fitness to practice committee for consideration.

As part of on-going education, an education programme on fitness to practice was delivered at all nurse representative training courses. In addition to this, the Director of Organisation and Social Policy, together with O'Connor's Solicitors, has developed a day long programme which is targeted at nurse/midwife managers to ensure that they understand the complex area of fitness to practice.

Professional Development Centre



Annette Kennedy,
Director of Professional
Development, INO

Overview

The Professional Development Centre provides information, library facilities and web based resources through the INO and N2N website. The centre continues to expand and develop, always being focused on the ongoing professional needs of nurses and midwives within the changing climate of health delivery, patient dependency and medical advancement. Our new headquarters in the Whitworth Building provides members with state of the art facilities in terms of meeting rooms, education and training rooms, conference and library facilities as well as the most up-to-date IT and video conferencing facilities.

Branch meetings, section meetings, adhoc meetings, workshops and conferences for up to 80 people can now be held in our new headquarters. The PDC is very proud of its achievements with over **12,215 nurses and midwives attending one of 700 education programmes provided over the last eight years.**

Workshops 2005

Workshops	No of workshops	Attendance
Internal (held in PDC)	55	775
External (held outside PDC)	11	210
External customised programmes	14	275
Internal customised	4	55
Total	84	1,215

The PDC continues to develop new workshops and programmes for members both in house and nationally according to demand. Requests for customised programmes to meet specific needs has increased. Several of these were held within the hospitals and health areas and some were provided in the Professional Development Centre.

Workshops covered topics in all areas of nursing and midwifery practice and management. The most popular areas continue to be clinical skills, interview skills and management, particularly human resource management.

Focus on Residential Care and Older People

During 2005 a number of issues were highlighted in the media and by members regarding care of older persons in residential facilities. The PDC, recognising the need for professional development in this area designed a series of workshops specifically focusing on current issues in the nursing care of older persons which includes such topics as:

- The gift of a life: communication skills and intimacy maintenance with older adults in residential care
- Standard setting and clinical audit for older people in residential care
- The role of the nurse in ethical decision making
- Principles of best practice in the use of restraint for older people
- Medication management for older people
- Taking the pressure off!!!: pressure ulcer prevention and treatment plan workshop
- Nursing within the legislative frameworks in older person care
- Accreditation in residential care of older people
- Elder abuse in focus
- Nutritional needs of older people in residential care.

Due to the success and high demand of the first programme, it will now be run on a regular basis.

Second Management Development Programme for Public Health Nurses – HSE Western Region

(13 September 2004 to 21 February 2005). 15 public health nurses registered.

Aims

This programme is designed to help public health nurses develop their skills in self management, people management and reflective practice. It focuses on the PHN's pivotal role in the community health team and provides an opportunity to examine practical steps that may be taken to improve the delivery of service to the local community.

Objectives

By the end of the programme participants will be able to:

- Take positive steps towards managing a lifestyle balance which best suits personal well being and job performance
- Plan work activities and time management to reduce stress
- Set clear job performance targets which satisfy SMART criteria
- Provide leadership to the community health team
- Apply team building techniques to their own team
- Plan service provision based on team consensus
- Understand their own influencing styles and how best to utilise these in negotiating with others
- Appreciate the importance of accountability in the provision of community health services
- Apply reflective practice techniques to professional development
- Apply the Golden Rules of People Management.

Evaluation

Once again the overall evaluation was one of success. The participants felt they gained confidence in dealing with issues and workplace practices. The group presented the following projects to management as an integral part of the programme: 1. Flexitime; 2. Continence – Supplies – Distribution; 3. Reflective Practice; 4. Ineffective Calls To Clients – and were subsequently invited to present at the HSE Western Region Education Day.

Management Development Programme for Directors and Assistant Directors of Nursing and Midwifery – Negotiations & Conflict Resolution – Employment Challenges

(23 February to 18 May 2005)

A total of 26 participants registered on the programme and the attendance was 98%. The overall feedback was that the programme provided excellent information relevant to their position and allowed opportunity for networking, reflection and self-analysis on their performance.

The outcomes surpassed their expectations and the participants recommended the programme to be repeated for other colleagues.

HOHNEU – Harmonising Occupational Health Nursing in the European Union

There are 25 EU-member states in the Federation of Occupational Health Nurses. There is a wide variation of standards of occupational health nurse education in countries within the EU with no diploma/degree/ masters in occupational health nursing.

Discussions commenced with FOHNEU and Sheffield University in 1997 regarding the development of a programme for Danish nurses to bring them to a level that would enable them to access the UKCC OHN degree programme. Since then collaboration has continued and the first group of Danish nurses completed in June 1999 with then subsequent groups completing in September 2001 and October 2003.

Due to the success of the programme the Federation of Occupational Health Nurses within the EU (FOHNEU) became interested in developing this collaboration to assist occupational health nurses in Europe to gain the degree qualification. With this in mind a steering group was set up consisting of:

- England – Sheffield University
- Denmark
- Ireland (Irish Nurses Organisation)
- Slovenia
- Jagiellonian University, Krakow, Poland.

A proposal was submitted to the Leonardo daVinci Community Action Programme for funding and following some further proposals and discussion,

partial funding was given to produce a web-based distance learning programme for occupational health nurses within EU, to provide further education, professional development for countries with no recognised occupational health nurse educational programmes and to provide tools to allow occupational health nurses to achieve degree/masters level.

Meetings To-Date:

- 18 November 2004 – Partners Meeting, Dublin
- 14 and 15 April 2005 – Partners Meeting, Slovenia
- 6 and 7 October 2005 – HOHNEU Meeting, Sheffield.

Work currently in progress

Ireland has been assigned the writing of the module 'Work Place Surveillance', the content of which will cover occupational health and external environment, social/lifestyle, community health, stakeholders – occupational health nurses, ethics and accountability, OH hazards/ill health, health risk assess, fitness to work, return to work, sickness and absence management, rehab and work ability and adaptation, health surveillance, health and safety legal, H7S, vulnerable groups, risk assessment, relevant legislation.

A web site has been set up and the completed programme is to be ready to launch at FOHNEU Congress in London in 2007.

The MSc in Nursing (Distance Learning)

INO/RCN/Manchester University – This distance learning programme continues to be popular and comprises of six modules at Masters level. On average between eight to 18 people attend each module.

Certificate in Health Service Management (Distance Learning)

INO/University of Limerick – The long standing Distance Learning programme continues to be as successful as ever. During the academic year of 2004-2005 a total of 28 students undertook and successfully completed the Certificate in Health Services Management INO/University of Limerick Distance Learning Programme. The programme was available both in Dublin and in Limerick.

Diploma/Degree in Health Services Management (Distance Learning)

INO/University of Limerick – The 2004-2005 cohort of students undertaking the Diploma in Health Services Management was 23. The opportunity now exists for students to progress from the diploma programme (which takes two years) to the BA in Health Services Management. Students are delighted to be afforded this opportunity.

This degree is a four year programme aimed at the managerial competencies required by nursing and

midwifery managers and requires attendance at college one day every three weeks. Currently 54 students are currently undertaking the degree in health services management.

Room Hire

Several organisations hired our conference facilities over the past six months, they include the following; ESBi, Partnership Rep Training Group and Irish Heart Foundation.

Conferences

Ireland's Annual Joint INO/RCM Midwifery Conference was held Wednesday 19 October 2005 in the Armagh City Hotel, Armagh. The theme of the Conference was *Meaningful Midwifery or Processing Pregnancy*, 102 INO delegates and 82 RCM delegates attended.

The joint planning INO/RCM conference planning committee put together an excellent programme maintaining the high standards of continuous education that has been set over the years.

The papers and presenters were very relevant to today's service provision and the excellent calibre of the speakers met the expectations of the delegates.

Midwives and student midwives participated in the poster display which has become an integral part of the conference and demonstrated the enthusiasm and innovation that is amongst midwives and student midwives.

Delegates voted on the posters and this year's winning poster was presented by Aoife Kelly, Carolyn Brennan, Antonio Cabas, Claire Conway, Clare Flynn, Catriona Furey, Sonya Gorman, Maria Higgins, Sarah Hopkins, Michelle McAuley, Tracey Mc Partlon, Irene Mulhall, Claire O'Loughlin and Yvonne O'Neill, all student midwives at the Coombe Women's Hospital, Dublin.

The title of their poster was *Blossoming Midwives – Meaningful Midwifery*. The poster is now on display in the INO library, making up an invocative 'Poster Walk'.

Operating Department Nurses Annual Conference was held on Friday 11 and Saturday 12 November 2005, in the Kilkenny Ormonde Hotel, Kilkenny Town. The theme of the conference was *Pathway to Progress*.

A total of 211 delegates pre-booked into the conference but additional delegates arrived on both days. Once again, the conference planning committee delivered an excellent conference maintaining the established high standard that has previously been reached.

This year there was a new dimension to the conference with an innovative Managers' Forum taking place on the Friday morning which was very successful with 25-30 managers attending the workshop that was specially aimed at their needs.

The overall evaluation of the conference was excellent, with the poster competition and the Fannin Healthcare

Award proving to be a very important integral part of the conference.

This year's winner of the poster competition was Elizabeth Hennessy, CNM2, Mater Misericordiae University Hospital, Dublin and the title of Elizabeth's poster was *Walking Selected Day-Case Surgery Patients to Theatre*.

The winner of the 2005 Fannin Healthcare Award was Linda Clarke, peri-operative clinical facilitator, Operating Department, St Vincent's University Hospital, Elm Park, Dublin and the title of Linda's proposal/initiative is *The Development of a Preoperative Patient Education Tool Relating to the Perioperative Experience*.

The Klinidrape EORNA Peri-Operative Nursing Foundation Award went to Catherine Tierney, clinical facilitator, Mid-western Regional Hospital, Dooradoyle, Limerick. Catherine's research proposal is: *Peri-operative Nurses' Experiences of Cadaver Organ Donation, A Phenomenological Study*

The Operating Department Nurses Section was delighted that once again a member of the Section has won the prestigious award and Catherine will represent Ireland at the EORNA Congress in May 2006. The Klinidrape Award has been run three times and Ireland has won it twice.



At the opening of the Operating Department Nurses Section Annual Conference in Kilkenny, with GAA president-elect Nicky Brennan cutting the ribbon were (front row only (l-r): Mary Power, INO section development officer; Eileen Wheelan, asst DON, Mater Hospital; Liz Waters, Theatre Dept, Noas; Terese Cummins and Theresa Herity, Theatre Dept, Mater; Caroline Higgins, Theatre Dept, St Vincent's

The Joint INO/OHNAI Occupational Health Nurses Annual Conference was held on Friday, 25 November 2005 in the Tullamore Court Hotel, Tullamore, Co Offaly. The theme was *Challenge and Change*.

A total of 120 OHN delegates attended the conference, which delivered a high quality programme of continuous education for the occupational health nurses.

The conference, whilst providing ongoing professional development, also provides a valuable opportunity for networking for occupational health nurses, many of whom feel isolated in their particular positions.

The conference always attracts a great interest from companies providing sponsorship for the occupational health nurses and this year was no exception with 26 companies attending.



INO delegates at the National Conference in Mullingar welcomed the Health Minister's comments on the advent of nurse prescribing in 2006. HSE chief Prof Brendan Drumm addressed INO delegates for the first time at the conference

INO National Conference

The INO's national conference held in Mullingar in October was attended by 130 delegates from staff nurse through to director of nursing grade.

There were two international speakers, journalist Suzanne Gordon and Chief Nursing Executive of Ottawa Hospital, Ginette Rodger, as well as two national speakers, Tanaiste and Minister for Health and Children, Mary Harney and Professor Brendan Drumm, Chief Executive Officer of the Health Service Executive.

Suzanne Gordon spoke on her vast experiences as journalist for the past 30 years and introduced her new book entitled, *Nursing Against the Odds 2005*. In her address she reinforced how healthcare cost cutting and hospital restructuring undermine the working conditions necessary for the retention of nurses and midwives and the delivery of quality care.

Ginette Rodger, Vice-President of Professional Practice and Chief Nursing Executive at the Ottawa Hospital is responsible for over 3,500 nurses. Ms Rodger spoke about redesigning the professional practice environment for today and tomorrow.

A number of masterclasses were also held which included advance nurse practices, the European influence on nursing and midwifery in Ireland, community nursing in transition, delegation and supervision, influencing policy influencing change and nurse/midwife led services.

Professor Drumm addressed INO delegates for the first time and said that everyone working within the healthcare system, including nurses and midwives must be prepared to accept change if a world class health system is to be achieved.

He engaged in a Questions and Answers session at the end of the conference.

National Report

Nurse/Midwifery Prescribing Project

The final report of the 'Review of Nurses and Midwives in the Prescribing and Administration of Medicinal Products', a three year project established by An Bord Altranais and the National Council for the Professional Development of Nursing and Midwifery was launched in November 2005. The INO welcomed this report and is committed to the introduction of nursing and midwifery prescribing from the perspective of over the counter (OTC) medications under protocol and independent prescribing.

The INO was a member of the three year project steering committee and is currently involved in the next phase of this project which is the development of an educational framework for all nurses and midwives to facilitate nurse/midwifery prescribing. Mary Power, Section Development Officer is the representative on the prescribing project.

The INO has been actively involved in seeking to have the proposed Nurses and Midwives Act tabled as soon as possible and is also seeking to have the Medicine's Act implemented.

Return to Nursing/Midwifery Practice Committee

The Return to Practice Project commenced in August 2004 and was led by the NMPDU in the HSE – Eastern Region, on behalf of all the NMPDUs. Annette Kennedy represented the INO on the steering committee.

The NMPDUs had identified the need to look at Return to Practice programmes, to ensure equity in the standard of such programmes and access to them. The Health Services National Partnership Forum's research which was directed by Annette Kennedy, *An Examination of Return to Nursing and Midwifery Programmes within the Republic of Ireland* was used by the committee to inform their work.

The purpose of the project was to encourage nurses/midwives who had previously left to return to practice, to evaluate all aspects of Return to Nursing and Midwifery Practice (RTNMP) programmes and to develop common national principles for delivery of such programmes in the future, in line with competencies developed by An Bord Altranais. This would ensure equity of provision and access for nurses wishing to return to practice in any area.

An action plan was developed and completed with success. This included agreement on remuneration, a framework for advertising, targeting An Bord Altranais' inactive register and the development of an information pack.

Healthcare Assistants Research

The INO commissioned the Smurfit Business School to undertake an attitude survey on the role of healthcare

assistants. The researchers endeavoured to get a reasonable cross section of all disciplines, ie. general, midwifery, learning disability, community and elderly care both in urban and rural areas and to interview all grades in nursing and midwifery as well as healthcare assistants.

This report was presented at Annual Delegate Conference 2005 after which a debate ensued amongst all guest speakers and the delegates. This research also informed the INO representatives for their work on the Healthcare Assistant High Level Group which completed its deliberations in October 2005.

National Council on Ageing and Older Person

Research: 'Quality of Life of Older People in Public, Private and Voluntary Long Stay Care in Ireland'

Sheila Dickson, Executive Council member, was the INO's representative on the steering committee of this research. The chair of the Older Person Section, Rosemary Nolan was also on the committee representing the INO.

The research report was completed and shows the differences in staffing levels and skill mix throughout the country and in the different settings; ie. public and private.

It also highlights the lack of choice of individuals in relation to long term care, ie. location, accommodation, privacy and activities and the lack of appropriate facilities for Alzheimer patients and that long term facilities are generally viewed as places to die not to live.

The report is awaiting ratification by the Executive of the National Council on Ageing and Older Person and will be published in 2006.

Accreditation of Nursing and Midwifery Awards – National Qualifications Authority of Ireland

Ensuring that all nurses and midwives are accredited at the same level under the National Framework of Qualifications is a priority for the INO.

The INO has been actively pursuing the NQAI and An Bord Altranais to have nurses and midwives awarded level eight on the NQAI Framework which consists of 10 levels, each level setting out a range of standards of knowledge, skills and competence.

All nurses and midwives are accountable for the standard and competence with which they deliver care irrespective of qualification award.

As detailed in An Bord Altranais' Code of Practice 2000 "The nurse or midwife must take measures to develop and maintain the competence necessary for professional practice".

This statement puts an onus on each nurse and midwife to continuously update their knowledge and

skills in order to remain competent. The INO maintains that nurses and midwives by virtue of their unique requirements in fulfilling their responsibility must be evaluated accordingly:

- They are regulated under the Nurses Act
- They have a duty of care
- They have to fulfil the requirements and standards of the regulatory body, An Bord Altranais, for registration
- They have to comply with EU Directives
- It is incumbent on each registered nurse/midwife irrespective of qualification award, ie. certificate/diploma/degree to provide the same standard of professional care to patients.

An Bord Altranais has undertaken a project in association with the NQAI and national stakeholders which will develop a framework that seeks to address the complexity of nursing and midwifery awards by recognising competencies and outcomes, what a person with an award knows, can do and understands rather than the time spent on the programme.

The INO maintains that this framework must acknowledge that nurses and midwives have had to maintain their competence, knowledge and skills in line with increasing technological and medical advances, patient acuity, changes in nursing and midwifery practice and patient needs and consequently should have an NQAI award at level eight.

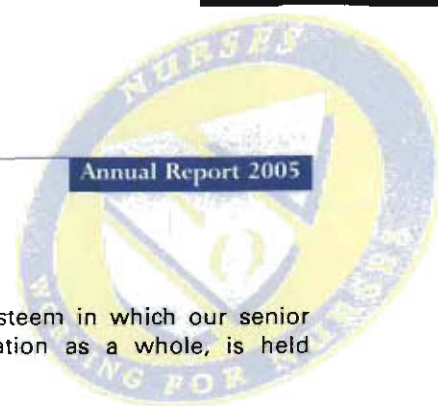
National Committee Membership

- An Bord Altranais Five Points of Entry Steering Committee (*Annette Kennedy*)
- HSE High Level Group on Healthcare Assistants
- HSE European Working Time Directive – Nursing and Midwifery Sub-Group
- HSE Nursing and Midwifery Staffing Levels Steering Committee
- HSE Return to Nursing and Midwifery Practice Steering Committee
- Review of Nurses and Midwives in the Prescribing and Administration of Medicinal Products Steering Committee (*Mary Power, Section Development Officer*).

External Bodies

Maynooth NUI – Governing Authority

Annette Kennedy was nominated by ICTU to the Governing Authority of Maynooth National University of Ireland in October 2005 and will sit on the board for five years.



Meningitis Foundation – Information Booklet

The INO has been liaising with the Meningitis Foundation for a number of years and assisted the foundation in promoting their work.

The foundation has produced a number of very valuable publications for health professionals to assist in the early recognition, diagnosis and prevention of meningitis and septicaemia which has a high morbidity and mortality factor and affects many children throughout Ireland.

A booklet entitled *Vital Signs, Vital Issues: Recognition and Prevention of Meningitis and Septicaemia. Help for Community Practitioners* was developed in response to requests from community nurses, midwives and healthcare practitioners for information in the recognition of meningitis and septicaemia and with talking to parents about vaccination.

Nurses, midwives and healthcare practitioners said that they were regularly faced with misplaced anxiety and suspicion about vaccines, and needed information to deal with this.

The resulting booklet, which INO members contributed to and is to be disseminated in early 2006, will address these concerns.

European Report

Presidential Elections



INO director of professional development, Annette Kennedy (left) who was elected President of the European Federation of Nurses Associations (EFN) is pictured with Deirdre Daly, Principal Midwives Teacher at the Rotunda Hospital, Dublin who was elected President of the European Midwives Association

During 2005 the Organisation enjoyed the election of two of our senior people to the post of President in both the European Federation of Nurses (EFN) and the European Midwives Association (EMA). Annette Kennedy, Director of Professional Development, was elected President of EFN for the two year period 2005-2007. In addition Deirdre Daly, member of our Executive Council and Principal Midwife Teacher in the School of Midwifery, Rotunda Hospital, Dublin, was elected President of EMA. While the details of these elections can be found elsewhere the elections

themselves confirm the esteem in which our senior people, and the Organisation as a whole, is held internationally.

European Federation of Nurses Associations (EFN) formally (PCN)

At PCN's General Assembly in October 2004, members agreed on a new Constitution which was required by Belgian law but which also allowed for changes to be made in relation to membership and function.

The General Assembly also decided that a name change, which more appropriately reflected the organisation, was necessary as 'The Standing Committee of Nurses of the EU' and the acronym PCN did not translate into a meaningful name.

The committee will be entitled 'European Federation of Nurse Associations (EFN)' as and from the ratification of the Constitution in European law.

The new Constitution will also allow for associate countries currently outside the European Union to become full members following the fulfilment of certain criteria.

The organisation has also purchased a new premises which is close to the European Parliament in Brussels and will allow for greater flexibility in terms of meetings, lobby work and research.

EFN Presidency

On 23 September 2005 in Greece, Annette Kennedy was elected by an overwhelming majority of European colleagues to the office of President of the European Federation of Nurses Associations (EFN).

EFN represents 30 countries from the wider Europe and over six million nurses. It is a great honour for the INO and for Irish nurses.

Manifesto for European Federation of Nurses Associations:

- To provide a platform where all European nursing organisations can work together to bring a united front to the European Union, European Parliament, Council of Europe and MEPs
- To focus on European and national issues which directly affect the nursing profession and patient care outcomes
- To ensure the visibility of nursing and to have a voice in defence of the need for well educated experienced people in nursing who have more authority, better workloads and a culture that is supportive of retaining nurses
- To provide leadership and vision
- To secure a committed General Assembly in the European Federation of Nurses Associations.

The aim of the European Federation of Nurses Associations (EFN) is to strengthen the status and

practice of the profession of nursing and the interests of nurses in the EU and Europe.

Annette Kennedy is very passionate about her new role and argues that no one in the health service knows more about patient care than nurses and midwives.

Annette maintains that it is nurses and midwives who hold the most information about patients, about their history, healthcare needs, their worries, their family, their support in the community and their social circumstances.

The EFN committee is imperative at a European level as it allows nurses to contribute to EU health policy and the delivery of patient/client care and EU Directives in relation to health, education, environment and service provision, which will directly or indirectly affect how nurses work and deliver services in member states.

Activities of European Federation of Nurses Associations

In 2005, the European Federation of Nurses Associations gave its input to several documents launched by the European Institutions which included the following:

- Sharps injuries
- Directive on Mutual Recognition of Professional Qualifications
- Services Directive
- High Level Reflection Group which looked at workforce issues, care of the older person and leadership.

Other areas which EFN is involved in lobbying the European Commission, Parliament and Council of Europe are:

- Care for Older Persons
- Mobility of Nurses and Workforce Planning
- Euthanasia
- Pensions
- Patient Safety
- Reuse of Medical Devices
- Environment and Health
- Bologna Agreement (Third level education).

Further information on European Federation of Nurses Associations and position statements can be found on its website www.efn.be.

EU Open Health Forum: The Services Directive

As President of the European Federation of Nurses Associations, Annette Kennedy was invited by the European Commission's Directorate General Health and Consumer Protection to speak at its annual Open Health Forum.

Ms Kennedy took part in a workshop debate that focused on health services in Europe and the impact of the proposed EU Services Directive.

The role of the workshop, co-organised by Health First Europe and European Health Management Association, was to identify some of the issues in Europe's challenge to balance the equation to deliver high quality, safe healthcare to all its citizens with due respect for equity of access and within the confines to sustainable financing.

The Services Directive in its current form also poses serious problems for working conditions, collective agreements and health and safety regulators as there is not equity of standards of working conditions across the EU.

Workgroup of European Nurse Researchers (WENR)

The Irish Nurses Organisation hosted the annual meeting of the Workgroup for European Nurse Researchers from 30 June to 1 July 2005. Seventeen countries from all around Europe attended the two day meeting.

Anne-Marie Ryan, Chief Education Officer of An Bord Altranais facilitated a strategy workshop for the group in which the focus was on applying for EU research funding, 7th Framework (which has a fund of three quarters of a billion euro for research).

European Forum of Nursing and Midwifery Associations WHO (EFNMA WHO)

EFNMA WHO held its 9th Annual Meeting in March 2005 in Copenhagen and Madeline Spiers, INO President was elected to the Steering Committee. The Forum was attended by representatives and observers of nursing and midwifery associations from 26 WHO European member states.

Other member countries elected to the Steering Committee include representatives from the UK, the Netherlands, Norway and Denmark. This is a great honour for the INO and enables Ireland to influence important European nursing issues.

The main focal point of this annual meeting of the Forum was *Maternity, Child and Adolescent Health with focus on Obesity*, a key priority area of the WHO Regional Office for Europe.

To help the less well off nursing associations to participate at EFNMA WHO meetings, the Forum supports the twinning of countries so that the developed countries finance the travel expenses of the poorer countries.

The INO sponsors the Belarus Nurses Association as well as the Association of Health Care Professionals in Nursing, Bulgaria. Both organisations have expressed their thanks and gratitude to the INO for their generosity.

International Report

ICN Positive Practice Environment Report

The International Centre on Nurse Migration hosted a conference on 20-21 February 2006 in London which explored models of good practice for the international nurse.

It was a unique opportunity for policy makers, first line healthcare managers, human resource managers and nurses to learn from international and national innovators while sharing their concerns and experiences.

In November 2005 Annette Kennedy was asked by ICN on behalf of the international centre on nurse migration to write a paper entitled *Creating Positive Practice Environments for the International Nurse* that was to be launched at this conference.

Liz Adams was commissioned to write the paper in partnership with Annette. The paper can be accessed via the website: www.intlnursemigration.org

ICN Credentialing Meeting, Madrid

In November 2005, Annette Kennedy represented Ireland at ICN's annual credentialing meeting which took place in Madrid. Several topics were discussed at this meeting which was also attended by Denmark, UK, Spain, US, Canada, New Zealand, Australia, Japan, Taiwan and Jamaica. Topics discussed included:

- Accreditation
- CN/MS and AN/MP
- Legislation
- Workforce Issues
- Staffing Levels
- Skill Mix
- Non professional grades.

ICN Bank of Experts

ICN approached Annette Kennedy to submit a list of nominations of nurse experts from Ireland in a number of specific nursing areas for their database of nurse experts.

The International Council of Nurses' Bank of Nurse Experts was established in 1997 to ensure ICN access to the most current information, opinion and advice on issues it deals with regularly. The Bank has proved invaluable in this regard and also enables ICN to obtain input that reflects geographic and cultural perspectives and to have a cadre of informed nurses they can refer to when necessary.

Experts are asked from time to time to share their experience and assist ICN with advice, written comments, help identify trends and to participate in ad hoc groups, represent ICN at meetings etc.

Ms Kennedy contacted all universities in Ireland to make nominations and forwarded nominee's details to ICN. There was a great response from nurses and there is also agreement from these experts to be nominated to WENR Bank of Experts.

23rd ICN Quadrennial Congress, Taiwan May 2005

In 2005 ICN's 23rd Quadrennial Congress took place and included the 7th International Regulation Conference and the Council of National Representatives meetings.

More than 3,500 nurses from 131 countries and every region of the world gathered in Taiwan, to participate in the International Council of Nurses (ICN) 23rd Quadrennial Congress from 21-27 May 2005.

The scientific programme boasted more than 1,500 presentations, including:

- Main sessions
- Symposia
- workshops,
- Special interest sessions
- Posters.

Dr Hiriko Minami of Japan was elected president and her presidency will last until 2009. Japan will host the next CNR meeting in 2007.

The main focus of the Council of National Representatives was on the nursing workforce, the global shortage of nurses and the aggressive recruitment of nurses from Asia and Africa by developed countries, with poignant illustrations of developing countries being depleted of nurses, their most valuable asset.

Of those nurses not recruited to developed countries approximately 40% may die from AIDS. Studies now show that sub-Saharan Africa as a whole could lose 20% of all its health professionals before this virus is controlled.

The report is entitled *The Global Shortage of Registered Nurses: An Overview of Issues and Actions* and includes seven papers:

- Regulation, roles and competency development
- Nursing Workforce Planning: Mapping the Policy Trail
- What Makes a Good Employer?
- Nurse Retention and Recruitment: Developing a Motivated Workforce
- International Migration of Nurses: Trends and Policy Implications
- Overview of the Nursing Workforce in Latin America
- The Nursing Workforce in sub-Saharan Africa.

Full reports can be accessed on the web at www.icn.ch/global



One of the families in Sao Paulo assisted by Bem-Me-Quer



Bem-Me-Quer provides support, education and advice about HIV and AIDS

ICN now has seven networks which include nurse practitioners/advanced practice nursing, nurse politicians, research, leadership for change, regulation, socio economics, remote and rural and HIV AIDS networks.

Highlights of the conference included a motivating speech by Stephen Lewis, UN Special Envoy for HIV/AIDs in Africa, who was one of two people to receive ICN's Health and Human Rights Award at the quadrennial conference.

Margretta (Gretta) Madden Styles, former ICN President and President of the Florence Nightingale International Foundation received ICN's Health and Human Rights Award. It was with sadness that the INO learned of Gretta's death in November 2005. She was a great ambassador for nursing and contributed greatly to nursing work over her lifetime.

One of the key presentations was a debate on the value and future of legislated nurse/patient ratios in which the INO President Madeline Spiers participated and Annette Kennedy, Director of Professional Development presented on *Motivations of an Ageing Workforce* at the conference.

All speeches and further information on the ICN Quadrennial Congress can be obtained on the congress website at the following address: www.icn.ch/congress2005/highlights.htm

ICN Position Statements

The International Council of Nurses issued a number of position statements in 2005 which included the scope of nursing practice, protection of the title nurse, breastfeeding and breast milk substitutes, medical waste, female genital mutilation.

Further information on these new position statements and all other ICN position statements can be downloaded from www.icn.ch./policy.htm

Bem Me Quer

In December 2004, the INO was contacted by a small organisation called Bem-Me-Quer (meaning life) which

was set up by Sr Helen Regan who is a St Louis Sister from Co Mayo.

This is a small non governmental organisation which looks after the poor and destitute people who live in the shanty towns towards the North West Region of Sao Paulo. Sao Paulo is the third largest city in the world and has a population of over 15 million.

A very high percentage of these people have AIDs or are HIV positive and many parents die leaving children orphaned and homeless with little or no provisions made by the state.

It is in this region that this organisation has made a difference helping people to repair and build houses, providing counselling, support, education and advice about HIV and AIDS.

The first priority for Bem Me Quer is to provide food and shelter to the people living in these shanty towns. The second priority is education for the children and self help employment for parents. The organisation's projects include

- 'Drop-in' centres
- Counselling and support
- Providing food baskets for families in need
- Building houses and huts
- Employment courses
- Public awareness campaigns.

Donations go directly to helping the people help themselves, no funds are spent on administration or fund raising. Fundraising is done only by friends and family.

The Executive Council of the INO decided that this would be a worthwhile project to donate €10,000 from the INO's 'Overseas Aid' fund and requested that this funding specifically be given to support the repair and building of houses for people who are HIV positive or have AIDS.

The organisation was requested to provide the INO with a six monthly update as to how the contribution was being used.

Online and Information Technology

INO website

The INO website, now in its ninth year has continued to prove to be a great success, both at home and abroad. The website was in 10th place in the world voting of labour websites which is the first Irish union website to be placed in the top 10 for a Labour Website of the Year competition.

The INO website is updated on a daily basis with the latest news and happenings in the world of Irish nursing and healthcare.

Campaigns such as **Enough is Enough** are constantly highlighted and promoted extensively via our website. Our trolley watch figures are heavily accessed by the media. Members who visit the website at www.ino.ie are provided with a broad range of information about all of the INO services.

An analysis of statistics for www.ino.ie for 2005 found that there have been almost 4.5 million visits in 2005. The INO website is referenced in over 9,000 internet pages globally.

Of the visitors to the INO website 40% are from outside Ireland with UK, USA and Australian visitors leading. Even in the absence of major industrial issues involving the Organisation the traffic to the website has still risen compared with 2004 and 2005.

Nurse2Nurse (N2N)

www.nurse2nurse.ie (N2N) is the website/one-stop shop for up to date education and research information for nurses/midwives in Ireland. N2N content is comprehensive, credible, convenient and current.

INO members are provided with the opportunity to search for information from work, home or from any location the nurse/midwife has Internet access.

www.nurse2nurse.ie has received acclamation from many individual nurses/organisations for its user friendliness, presentation of up-to-date information and its options for accessing a host of nursing/midwifery related information, N2N is the only website of its kind in Europe.

N2N was given a new look during 2005. Version 2 was launched in August 2005, after months of work by the library staff in developing our own thesaurus and subject heading list, N2N now has a comprehensive search engine making searching and using the site easier and more streamlined.

The MIDIRS (Midwives Information and Resource Service) database was also added to N2N during 2005 and is heavily used by all our midwife members.

- The total number of visits to N2N January to December 2005 = 1.5 million.
- New registrations on N2N are steady with about 200 nurses joining monthly. The total user population

varies between 10,000 in summer with up to 15,000 during winter months.

@Nurse.ie – updated email – with new features

INO members are moving ahead of all other professionals with their own professional email address @nurse.ie and @midwife.ie. With the launch of the new look N2N, the email system was also updated now allowing members to see their email Inbox once they have logged into N2N.

In August 2005 a new student email service went live giving our student members their own @studentnurse.ie email address along with access to a host of new features including the possibility to upload documents and access these documents wherever or whenever they have internet access.

This innovative step gives every student, nurse and midwife in the country the opportunity to have an @studentnurse.ie, @nurse.ie or @midwife.ie email address via www.nurse2nurse.ie.

As of December 2005 there are over 1,000 active email users. The numbers of emails passing through the system increased during October-December 2005 with over 100,000 emails processed. With new and exciting personal information management features it is hoped that the year 2006 will see a massive growth in the usage of email services.

Library

The Library and Information Service continued to be developed during the past 12 months. The move to our new building and library continues to create many new opportunities and challenges for the library staff.

The extra space in our new library has given us the opportunity to temporarily house part of An Bord Altranais's journal and thesis collection.

As can be seen from the figures below, there has been an increase in the number of queries and people visiting the library, both members and non members.

The library holds a very comprehensive range of nursing, healthcare and industrial relations material including:

- 55 journal titles
- 59 e-journals
- 5,500 books, reports and official publications
- Directories
- Newsletters
- Online databases.

Services offered by the INO library during 2005 included:

Journal Collection

The library provides access to a comprehensive journal collection with subscriptions to all the core nursing/medical and industrial relations journals along with online access for all members to our electronic journals collection, which is increasing annually.

Computerised Services

The library provides access to a host of online reference databases:

- Cumulative Index to Nursing and Allied Health (CINAHL)
- Medline (Clinical)
- The British Nursing Index
- Cochrane Library (evidence-based research, some full text)
- MIDIRS (Midwives Information and Resource Service).

Book Collection

The library has a comprehensive collection of books and reports on nursing, allied health, industrial relations and related areas.

The move to our new library has given us much needed extra space and it has been possible to add many new publications to the collection.

The library staff are at present in the process of upgrading the library catalogue system which will allow all staff and members to view and search the library catalogue.

The library continues to support the Office for Health Management's e-learning project 'Online Nurse Manager's Competency Assessment Tool and Personal Development Pack' for front, middle and top level nursing management, by holding a comprehensive collection of books/videos on the all areas of management.

All of the material referenced for this course is available for nurses using the competency assessment tools at the INO library.

Photocopying and Document Supply

While articles may be photocopied in the library, a postal photocopying service is also provided. All documents required by members not held in the INO library are available to members via the Irish Healthcare Journal Holdings Co-operative, the Nursing Union of Journals (UK) or British Library Document Supply Centre.

The numbers of inter-library loans has increased during 2005, which is partly due to us housing An Bord Altranais' journal collection.

A continuing phenomena for the library in the past 12

months has been the increase in the number of articles which nurses themselves are downloading from the full text material available online thereby cutting down on the number of articles which the nurse has to order via the library.

Literature Searches

In serving our geographically dispersed membership, hundreds of literature searches are undertaken by library staff, for nurses and midwives who may otherwise not have the possibility of acquiring the information they require to complete their studies.

Due to the online access to the nursing and medical databases, the number of literature searches carried out by the library staff has decreased.

There has been an increase in the number of queries, which are received from INO staff and Executive Council members.

Current Awareness Services

The *Current Awareness Bulletin* containing contents pages of all the journals received into the library during the previous month continues to be compiled monthly and circulated among the staff and members who subscribe to this service.

Other resources, such as the daily newspapers, journal articles and websites are scanned on a regular basis in order to keep staff and members up-to-date on current events and information. With an increase in the amount of full text information available on the Internet scanning websites has become increasingly important.

User Education

A number of workshops were held during the year on Information and Library Skills. The programme included: planning literature searches, journal literature, references and referencing, practical sessions in the library.

There were also a number of weekend courses on *Introduction to Research for Nurses and Midwives*. This programme included the research process, methods of referencing, library skills and computerised information retrieval.

The library also facilitates tours of the library and its services to groups of nursing students. User education is offered on an ongoing basis to all nurses and midwives who visit the library.

Statistics January-December 2005

While we did have some concerns moving to a new location as to whether nurses/midwives would come in person to use our new library. This concern has been alleviated. Nurses/midwives are getting to know where we are based with the numbers visiting the library on

a daily basis increasing significantly.

Nurses/midwives are visiting us from the various Dublin hospitals, universities as well as nurses/midwives travelling from the country to visit the library.

The Library and Information Service has seen an increase in the use of its services during the past year. The following statistics have been recorded from January 2005 to December 2005.

Inter-library loans queries	1,935
Queries relating to Nurse2Nurse, information requests, and photocopying requests received by telephone/post/fax/email	3,690
Nurses and midwives visiting the library	585

Information Office

During the year 2005, the staff of the information office continued in their efforts to develop and deliver a comprehensive industrial relations research and information service to both members and staff of the INO. Information was collected from a wide variety of sources and disseminated to the various groups within the Organisation.

Throughout the year information office staff responded to a significant number of requests for information and advice on a broad range of topics including, pay, workplace issues, employment legislation and matters of concern to members. The information office continued to utilise a wide range of mechanisms to communicate information directly to INO staff and members.

These included the production of explanatory leaflets on employment legislation and employment rights, publication of information bulletins and booklets, the provision of a rights and entitlements section on the INO website, and the production of articles for inclusion in the INO journal, the *World of Irish Nursing and Midwifery*. In addition, the staff of the information office continued to support the training activities of the Organisation.

Explanatory Leaflets

During 2005, the Information Office continued to update and expand its extensive range of explanatory leaflets on employment legislation and employment rights. The leaflets are updated to take account of developments in both employment legislation and conditions of employment of nurses.

The office produced a new leaflet to provide information on an employee's entitlements following an injury at

work, or where an employee contracts a disease because of the type of work they do.

A leaflet on the effects of work-sharing on social welfare entitlements was also produced, as was an information sheet on entitlements to cost neutral early retirement for public servants.

INO Diary 2006

The INO 2006 diary was distributed to Executive Council members, branch officers, section officers, nurse representatives and staff.

The diary contains up-to-date information on members' rights and entitlements at work, useful names and addresses, and details of the full range of services and benefits provided for INO members.

INO Desk Calendar 2006

The INO 2006 desk calendar was distributed to each member along with the December issue of the *World of Irish Nursing and Midwifery*. As in previous years, additional calendars were also distributed to branch officers, nurse representatives and section officers for display on nurse stations and other visible areas in their places of work.

In addition to providing the latest information on key pieces of employment legislation and nurses/midwives' rights and entitlements at work, the calendar also contains contact details of INO regional offices. The calendar continues to be very popular with staff and members alike.

Practice Nurse Booklet

The *Information Guide for Practice Nurses* provides details of the up-to-date pay and conditions of employment of practice nurses as recommended by the INO. Details of the INO's professional indemnity insurance cover and guidelines in the event of a claim are also contained in the booklet.

Training

The staff of the information office continued to support the INO's training activities, providing training in information skills and employment legislation to both INO staff and nurse/branch representatives.

INO Website – Rights and Entitlements Section

The rights and entitlements section of the INO website continues to be an important information resource for INO members and activists.

It is compiled and maintained by the information office and is regularly updated to take account of developments in employment legislation and nurses' pay and conditions of employment.

National Section Reports



Mary Power,
Section Development Officer,
INO

Overview

Members working in specialist areas of nursing and midwifery can link up with colleagues who have similar professional interests through their national sections. These special interest groups of members are from a given field of practice; specific nursing or midwifery grade or organised to pursue social/cultural issues. The national sections hold meetings at regular

intervals to facilitate the networking between members, sharing of knowledge and expertise, bringing forward joint work, campaigning on issues of concern and pursue national claims relevant to all their sections membership.

Currently there are 24 active sections within the Organisation with a small number of sub-sections, aligned to their parent section and national network groups. We are delighted to advise of the formation of the following new national groups:

The Osteoporosis Nurses National Network has set up a national group in April 2005 and they are open to all members who are interested in all aspects of this specialism and who are engaged in the delivery of this specialist service. Much work has been conducted this year with regard to the Statutory Instrument 478 and their objectives for the forthcoming year include establishing standards for nurses working in bone densitometry, provision of dedicated osteoporosis and bone health education modules, and ultimately to support the clinical development of this specialism.

Out of Hours Clinical Nurses formed their subsection linked to the Telephone Triage Section and their objectives are to promote the role of the clinical nurse in the out of hours service, to develop and strive towards uniformity of role and responsibility, and to enhance educational opportunity for the group.

The **Retired Nurses and Midwives Section** was established in March 2005 and is dedicated to providing opportunities for retired members to pursue retirement in a visionary and positive way and to promote the continued wellbeing of retired nurses and midwives through informative, social and cultural initiatives. It is the aim of this new section to maintain and develop friendship, to retain an interest in the nursing and midwifery profession and to continue to contribute to the Organisation.

Finally, nurse members working within the arena of **Student Health in Institutes of Technologies** are in the process of amalgamating with their colleagues who work in a similar role in the Universities.

A number of the national sections conducted

workshops and seminars for their section members during 2005. They included:

- Directors of Nursing – January
- A&E – February
- Operating Nurses study day – June
- Rehab Workshop – June
- Telephone Triage Conference – September
- Midwives – October
- Care of the Older Person – November
- Operating Room Nurses – November
- Occupational Health Nurses – November.

The maintenance of effective communication between and within the national special interest groups continues and has been enhanced by ongoing development of the section's web pages and the dissemination of a dedicated newsletter on all section activities twice annually. The Section page within *The World of Irish Nursing and Midwifery* magazine grows from strength to strength with many contributions from the national section officers relating to their activities and continues to attract enormous attention.

The midwives section are now also publishing their own newsletter which is aimed at keeping the midwifery members up to date on all relevant issues of both a national and international nature.

A very successful nursing student recruitment campaign was conducted over September and October during which we attracted 1,033 nursing students into the Irish Nurses Organisation. We also have a very dynamic and hard working team of nursing student officers and representatives who are committed to progressing issues both nationally and internationally relevant to the nurse and midwife of the future.

A number of publications were developed by dedicated workgroups, some of which were cross-sectional and they include:

- Position paper with regard to *The Introduction of Accreditation Standards for Residential Care Services*
- A detailed submission was made to the Health Service Executive relating to *Best Health for Children – Revisited*
- Submission to the National Taskforce on *Sudden Cardiac Death*
- Guidance document on the process steps towards accessing an *Advanced Nurse Practitioner Position within the Community Care Service* is nearing completion.

Both online and postal surveys were conducted among a number of sections relevant to their



Jean Carroll, Assistant Section Development Officer

specialism during 2005 and they include:

- A&E incident audit report (ongoing)
- Online student nursing questionnaire (ongoing)
- Care of the older person facilities
- GP practice nurses conditions of service
- Osteoporosis nurses
- RNID with regard to the provision of education services for people with severe and profound learning disabilities.

A very big thank you goes to all the national section officers and activists both incoming and outgoing for their enthusiasm and who continue to support and work tirelessly for each of the sections and special interest groups nationally.

Accident and Emergency Section

The mission statement of this section is – *The A&E Section of the INO jointly working together as a national group will congregate on a regular basis to discuss interests and concerns of those nurses whom they represent.*

The section had four meetings in 2005 of which one was a very well attended workshop. Much work has been done by the A&E section with regard to highlighting the acute shortages within this specialist work area. Following discussion at the previous years AGM, an incident audit form was devised and distributed to all A&E departments throughout the country.



At an A&E Section meeting which took place early in 2005 were (l-r): Caroline Overton, Portlaoise General; Marie McCafferty, National Secretary, A&E Section; and Joe Holohan, Portlaoise General

The purpose of this incident audit form is to gather statistics on the number of violent and abusive incidents that are taking place in A&E departments throughout the country. This will assist the

Organisation in the accurate correlation of violent acts against staff which the Organisation will in turn use to highlight the issue and promote zero tolerance of such occurrences.

Educational input to this section included a presentation on the role of the advanced nurse practitioner in the A&E department by Gabrielle Dunne. John Lonergan, Governor of Mountjoy Prison, addressed the annual general meeting of the section in November.

Governor Lonergan addressed the following topics:

- The management of prisoners in A&E departments
- The effects of the Celtic Tiger on society today;
- The psychiatric patient in prison – is this the correct place for them?
- Clients who have repeatedly attended the A&E departments who end up in prison – has the health service failed them?



Also at the A&E Section Meeting were (l-r): Jackie Brennan and Marianne Kelly, St Vincent's University Hospital, Dublin; and Margaret Furlong, Kilkenny

The Section ran a very successful and extremely well attended workshop in February, at which Robert Sowney talked about major incidence and disaster planning. He drew on his extensive experience from the Omagh Bombings. The afternoon session was taken by Pauline Coughlan on the management of bereaved relatives in the A&E department. The section are hosting another workshop this February, its theme being *Major Trauma*.

Assistant Directors of Nursing/Public Health/Night Superintendents Section

The section adopted the recommendations of the 2004 AGM to continue holding four meetings throughout the year, ie. two meetings at INO headquarters and two meetings outside Dublin. The section meetings would continue to contain an educational component and reflect members' ongoing concerns with the changing health service demands. At its meetings

throughout the year, a number of issues were discussed including:

- Healthcare assistants
- Nursing Home Act
- Fitness to Practice
- ADoN salary and grading
- Relevance of section to members
- Health Service Executive
- PPARs
- Management programme.
- National section officers workshop
- Annual delegate conference
- AGM
- A&E crisis.
- Pay scales and grading
- Special delegate conference
- Programme for 2006.

The meetings for 2005 were in general very well attended, with guest speakers Mary Harris, Change Management Consultant (July meeting) and Jim Comiskey, Conflict Management (AGM, November).

The section attracted a new group of members from throughout the country. It was noticeable that very few attendees were from the public health division compared with previous years.

The pay and regrading of assistant directors of nursing/midwifery was constantly referred to, particularly in light of the exhaustive new assistant directors of nursing/midwifery posts. The INO management programme was welcomed and commended by those who had participated.

In general the section is progressing, informed and welcomed by its members.

Care of the Older Person Section

Over the past year the Care of the Older Person Section has grown from strength to strength. This time last year at our national workshop and AGM we launched our *Guidelines on Elder Abuse* document which was welcomed nationwide. Our President informed us at this meeting that the INO had intended to carry out research on the quality of care for the older person nationwide.

Earlier this year this was put on hold because this piece of research was being carried out by the National Council on Aging and Older People. This research focused on the quality of life for older people in public, private and voluntary long stay services in Ireland.

It is being carried out by the National University of Ireland and is being led by Dr Kathy Murphy. They were undertaking the research under five main themes – inclusive of measuring dependency, staffing, quality of care, quality of life and policy.

At our meeting in January we nominated a delegate and observer to attend the ADC. A motion was decided upon for conference and subsequently debated in Killarney. Our motion was that “the care of the older person would become a specialised category within An Bord Altranais”.

There was much discussion surrounding the motion and it was remitted to Executive Council. Our May meeting focused on the impact of the new care attendants training course. Your attendance at our meetings will always be appreciated.

Clinical Nurse/Midwife Manager Section

The section was formed in November 2004 to include all CN/MM1s and CN/MM2s and the section met three times during the year.

The mission statement of the section is: “The CN/MM section will be the representative clinical voice for nurse/midwifery ward managers committed to raising the job profile thereby enhancing the standards of patient/client care”.

The aims of the section are:

- Highlight the role of present day ward manager as head of clinical practice at unit level
- Secure supernumerary status for all CN/MM2s and acting up CN/MM2s
- Protected time for CN/MM1s for management duties.

The section objectives are:

- Lobby Department of Health and Children/HSE to ensure the provision of relevant education for ward managers
- Influence nursing and policies locally and nationally
- To ensure that ward managers are represented on all hospital/regional groups relevant to patient care, inclusive of service planning etc.
- Uniformity/equality of role for clinical managers. (Review of workload weighting/measurement tool)
- Mandatory administrative support for ward managers
- To network and share information among membership
- Forge links/partnerships with other sections within the INO.

During the past year we have concentrated on increasing our membership and strive to have a

representative attending our section meetings from every hospital in the country.

The networking opportunities proved very valuable over the last year. We are aiming to have an educational workshop in September 2006 and a sub-committee is working on the components of this workshop.

Clinical Placement Co-ordinators Section

As with last year's report it is clear that some of our issues remain. Student CPC ratios continue to be a matter of concern. However our motion to establish a national student CPC ratio was passed unanimously at the annual delegate conference.

This motion was supported from the floor and the Executive Council. Our thanks to our colleagues for their support and to Vanessa Roche and Mary McTague for attending the conference.

The annual conference is a valuable and enlightening experience. We have consistently made the opportunity to represent the section as open to all our section members. This has resulted in new delegates at each conference. However it is a requirement that delegates also attend section meetings.

The workload and quality of service we provide has continued to be a matter of concern as the BSc course has entered its fourth year and the demands of the rostered year have hit home in the practice areas. The Department of Health and Children's ceiling on recruitment has curtailed the increase in CPCs to match the increase in student numbers and although this may be addressed by a national ratio we are seeing the effects now.

This puts us under increased pressure. However the section cannot function without members and representation. For the section to be viable and to work we need to support it. We all need to contribute.

The CPC Section web page currently gives very basic information and could still be the perfect opportunity for a member with IT interests to develop their skills with support from the Organisation as well as improving communication.

Community General Nurse Section

Another busy year for this active section, which held three meetings in 2005. We provided a number of educational sessions at these meetings, aimed at keeping members updated on developments in nursing.

We are delighted that a small number of nurses have commenced the Bachelor of Nursing Studies in

Community Nursing Degree in DCU since September last and we look forward to there being a sizable increase in the uptake of the course in the coming academic year.

Directors of Nursing/Midwifery/ Public Health Nursing Section

Directors of Nursing/Midwifery/Public Health Nursing met on two occasions in 2005. The section was delighted to have as a guest speaker, Pat McLoughlin, Director of National Hospitals Office of the HSE attend the meeting on the 6 September at which he discussed an analysis of the acute hospital sector within the reformed health services and its implications for senior nurse managers. This forum also provided for a question and answer session which was most engaging. A series of educational courses specifically aimed at directors and assistant directors of nursing have been well attended and found to be most beneficial and informative by all participants.

The objective for the Directors of Nursing/Midwifery/Public Health Nursing Section for 2006 will be to highlight and progress their claim to have clear reporting pathways within the new management structure of the HSE, review and develop conditions of employment and aim to enhance their role and function.

Interventional Radiology Nurses Section

An eventful year has gone by for the section, with some disappointment but with much optimism for the future of interventional radiology nurses.

Sadly, at the Labour Relations Commission in August we were unsuccessful in obtaining a national agreement for the allocation of the location allowance. This struggle, lasting the past two and a half years, came to an end with the LRC recommended that "... The review groups", subjected to two reviews, "did not consider it appropriate to designate the radiology department as an appropriate area to warrant the allowance" (page 3, LRC18298). The court noted "... management's support for the development of a higher diploma course in radiology nursing to recognise its speciality status" (page 3, LRC 18298).

Therefore the focus has been on the development of a higher diploma in interventional radiology. A committee organised approximately two years ago began to address this issue. The Royal College of Surgeons in Ireland has worked very closely with this group to develop this course. The course aim and content has not been clearly identified and the goal is to commence this course in September 2006, if not 2007.

Four meetings were held during the year as follows:

- January 2005 – Whitworth Building
- May 2005 – ADC
- September 2005 – INO Cork
- November 2005 – Whitworth Building.

Issues arising included:

- PPARs
- Staffing levels
- The role of the HCA in the radiology department
- The specialist nurse
- The extension of nursing roles
- Location allowance
- Specialist course.

The website for the Interventional Radiology Section is still under construction.

We hope to address the issues of collecting statement and standards for the database, as well as include the policies and any relevant research that may have been completed. In the next year the committee have decided to arrange for a professional development day to be held annually. The location of this venue and topics for discussion are still to be confirmed and presented to section members. Two meetings to be held annually in Dublin and Cork as well as attendance at ADC.

Midwives Section

The section met four times during the year. Two of the meetings were held at INO HQ and for the others we benefited from the generosity of our midwife teacher members who regularly offer their premises for meetings.

AGM: At the last AGM Sally Millar was elected as vice chairperson.

Annual Delegate Conference: At the ADC in May the chairperson represented the section. The motion proposed by the section regarding the representation of midwives and nurses on all health policy formulating bodies and decision was passed.

Section Development: There was one meeting of section officers this year and the chairperson represented the midwives section. The main item on the agenda was the future of the sections. It is proposed that the sections themselves become more active in section development.

The issue of attendance at meetings is viewed as a measure of the success of a section and is a cause for concern for almost all sections. However, we question the validity of measuring the success of a section by the numbers attending meetings.

Midwives and nurses have many work related

meetings to attend and are, understandably, reluctant to use their free time for more meetings. It was proposed that the number of meetings be reduced but, because of the volume of work, this is not a viable option for the Midwives Section. It was decided to produce a newsletter to keep midwives informed of the main issues of interest and to continue with the usual meetings.

Annual Joint Conference: The 12th joint RCM/Midwives Section Conference was held in Armagh in October 2005. The attendance was excellent and the conference was evaluated positively. This year the conference will take place on Thursday, 19 October 2006, at the Landmark Hotel, Carrick-on-Shannon

International Confederation of Midwives: The highlight of the past year was the International Confederation of Midwives (ICM) council meeting and congress. It was held in Brisbane, a beautiful city, and the convention centre was an excellent venue. The Midwives Section was represented by Deirdre Daly, the international officer, and by the chairperson.

At the council meeting the business and future of the ICM were debated together with many important issues pertaining to midwifery. Of particular interest to Irish midwives was the realignment of the European region of the ICM. There are now three regions and Ireland and the UK belong to the Central European region. The regional representative is Andrea Steifel, a German midwifery teacher.

The first meeting of the new region took place in February. Deirdre Daly and the chairperson attended it. The main focus for the meeting was the state of midwifery in Europe.

Miscellaneous: The section officers believe that in order to improve the Irish maternity services it is crucial that women and midwives work together. The section is now represented on LINKS, an organisation of women and midwives working together with the aim of improving the maternity services and increasing the availability of midwife led care.

As usual the Midwives Section responded to requests to review reports and made submissions on issues mainly pertaining to midwifery and the maternity services. Most recently comments were made on the document *Better Health for Children – Revisited* and a submission was made to the Institute of Obstetrics and Gynaecology. The chairperson was asked by the National Federation of Voluntary Bodies to co-ordinate focus groups to discuss the development of best practice guidelines for informing parents of their child's disability.

This project is being carried out in conjunction with the Health Services National Partnership Forum and is supported by the Department of Health and Children. The section was represented at a Department of Health and Children Workshop on *Tackling Inequalities in the Occurrence of Low Birth Weight Babies in Ireland*.

The European Midwives Association: The midwives section has been, for many years, a member of this important group for European midwives. At the September 2005 meeting Deirdre Daly was elected its president. This is a great honour for Ireland, the midwives section and the INO. It will increase considerably Deirdre's workload but it is a fitting tribute to her efforts on behalf of midwives.

The Future: Autumn 2006 will see the beginning of direct entry midwifery education in third level institutions. The future of postgraduate midwifery programmes has not been addressed as yet.

At the time of writing this report the promised amendment to the 1985 Nurses Act is still awaited. Many midwives believe that until this amendment is passed their efforts to promote midwifery as a separate profession are severely hampered.

It is noteworthy that the Minister for Health and Children, Mary Harney, considered that advertising for a Nurse/Midwife Adviser was an adequate response to our request that the vacant post of midwifery advisor be filled.

Nurse Tutors and Clinical Teachers Section

Mary Cotter took up the chair at a most challenging time for the section with regard to:

- Change in the title of the section
- Ongoing discussions regarding the commencement of the undergraduate degree programmes in midwifery and general/children's nursing into the third level sector
- Sub-committees submission on behalf of the section to the HSE
- Ongoing negotiations with regard to the establishment of Centres of Nurse/Midwifery Education as per the 2002 agreement.

Change in the name of the Section: Following discussion at the AGM on 29 November 2004 it was agreed by members that due to the INO successfully negotiating former nurse tutors, now nurse lecturers in the third level institutions had the opportunity to be affiliate members of the INO for professional and educational issues, that a more appropriate title for the section was required.

Various titles were suggested. The discussion concluded with an agreement to change the name of the section to: 'Nurse and Midwifery Education Section'.

Section sub-committee Submission Group: This group continued with their work on the submission document. At the June 2005 section meeting Phil Donnelly reported on the committee's work to date and circulated draft four to the members. Some minor

changes were suggested and approved and the final submission document was forwarded to Liam Doran, General Secretary, in September 2005.

Undergraduate Degree Programme – Midwifery and General/Children's Nursing: Throughout the year there were numerous meetings and discussions with the relevant stakeholders, ie. HSE; Liam Doran, INO General Secretary; section members; the Tanaiste and Minister for Health and Children; and the third level institutes with regard to the above.

On 16 November 2005 the Tanaiste, Mary Harney, confirmed the provision of funding for the commencement of the undergraduate midwifery and general/children's nursing programmes into the third level sector from September 2006. This long awaited initiative is very welcome. However, at the time of this report no commitment has been given with regard to the transfer of the postgraduate midwifery or children's nursing programme to the third level sector.

Centres for Nurse/Midwifery Education: The particular difficulties with regard to the operational structures as per the 2002 agreement of the CNEs continue.

Occupational Health Nurses Section

A number of meetings were held throughout the year as follows:

- Three working group meetings attended in INO headquarters in Dublin (day) on 13 January, 4 March and 29 September 2005. These working group meetings were aimed at developing enhanced structures to make the section more relevant to the members
- Eastern regional meetings were held on the evenings of 3 March 2005 and 7 July 2005
- Southern regional meetings – a number were held in Cork
- National meeting was held on 14 July 2005 in INO headquarters.

Section Webpage Developed

The section webpage provides:

- Information on OHN Section officers
- HSA information seminars on the new Act 2005.

Conferences highlighted include:

- INO/OHNAI Conference
- Irish Healthcare Risk Management Association, annual seminar – 29 September 2005
- RCN Society of Occupational Health Nursing, annual conference and exhibition, 30 November 2005 – 1 December 2005.

FOHNEU

The INO was represented at two FOHNEU board meetings:

- Gothenburg: 21-23 April 2005
- Athens: 10-12 September 2005.

An Irish delegate is on the fundraising working group.

The FOHNEU constitution have defined four aims:

- To contribute to the total health, safety and well being of the European working population
- To raise the profile of occupational health nursing within the European Union
- To promote European training, and standards for professional qualifications
- To encourage research in areas of occupational health practice, education and management and service with the publication of the results.

FOHNEU was represented at a meeting in Brussels arranged by the European Federation of Nurses Associations EFN (PCN) to continue discussions on the future development of the collaboration between the European Specialist Nurses Organisations (ESNO) and EFN collaboration. FOHNEU has played a central role in these activities for the past five years.

At our last meeting a short survey was made to identify some of the current trends in occupational health nursing in the EU. It is our aim to make final adjustments and finalise the survey and use the information as a baseline to benchmark our position at regular intervals. The Greek delegate has finalised the survey on OHN education. Both surveys reveal the diversities within our European context and the challenges for our profession. Each country has been twinned with a new EU country and Ireland is twinned with Hungary, with whom we have made contact. We hope that they will attend our next meeting in Turku, Finland from 6-8 April 2006.

Operating Department Nurses Section

The year has passed quickly and I hope you agree it has been a good year for the section. I wish to take this opportunity to thank you, the section members, the other section officers, the European representatives, conference planning committee and the EORNAC local committee, who have all worked together over the last 12 months to keep this section vibrant and relevant to operating department nursing.

ODN Section Mission statement: A professional specialist-nursing group dedicated to enhancing the professionalism of operating department nurses. We believe in a holistic approach to the perioperative care of our patients through the optimal sharing of our knowledge, skills and experiences.

Aim of ODN Section: This special interest group of the Irish Nurses Organisation provides a forum and network of support, communication, dissemination of information and continuing education for operating department nurses throughout Ireland.

Achievements: The annual conference themed *Pathways to Progress*, held in Kilkenny City on 11 and 12 November 2005 was a successful educational conference. Throughout the year we organised four section meetings, an AGM and, in addition, an inaugural section study day in June.

The section was represented at a number of fora during the year namely:

- American Operating Room Nurses Congress, New Orleans, USA, April 2005 – Liz Waters
- ADC in Killarney, May 2005 – Eileen Whelan
- EORNAC local committee meetings throughout the year – Liz Waters, Anne O'Brien, Caroline Higgins and Anne O Callaghan
- Section officers workshop, March 2005 and October 2005 – Theresa Herity and Liz Waters
- Special Delegate Conference, Croke Park, Dublin, September 2005 – Therese Cummins
- World Congress on Surgical Care, Barcelona, Spain, September 2005 – Ann O'Brien and Theresa Herity
- Association for Peri-operative Practice (AFPP), Harrogate, UK, October 2005 – Therese Cummins, Kay Nagle and Margaret B Murphy
- EORNA board meetings, Cyprus (April 2005) and Iceland (October 2005) – Anne O'Brien and Caroline Higgins.

The section is proceeding to commission Mary Nicell, recently retired ODN tutor, to update the section health and safety document 1990. Work recommenced in November 2005 and it will be ready for publication in spring 2006. Anne O'Callaghan, who retired in March 2005, continues to be an active member of the section. Anne was nominated for her outstanding commitment, to represent the section for the Gobnait O'Connell Award 2005.

The ODN section donated sums of money from section funds to Trócaire for the Tsunami relief fund and the Irish Nurses Rest Association.

The family of Shelia Byrne RIP past chairperson of the ODN section, have published her autobiography titled *The Final Journey*. The ODN section are promoting this emotional and moving book at cost €10, of which proceeds go to the National Hospice Foundation. The book can be obtained from Kathy Foy Newman of the INO.

European Operating Room Nurses Association (EORNA): Working very hard as ambassadors of Irish ODN nursing are our two representatives on the

EORNA board at present – Anne O'Brien, University Children's Hospital Temple Street Dublin and Caroline Higgins, St Vincent's University Hospital, Dublin. The EORNA board meets twice yearly and the official language is English. More information can be obtained on www.eorna.org.

EORNA Congress 2006: The INO ODN Section will host the Fourth European Operating Room Congress in Dublin in May 2006 and work is well underway to make this congress the most memorable one to date. The scientific programme features many Irish perioperative nurses as speakers.

The theme of the congress is *Perioperative Care: On the Shores of Excellence* and we hope to attract in excess of 2,500 delegates from all over the world. Anne O'Brien, chairperson of the organising committee, and Caroline Higgins, member of the organising committee, are working extremely hard for this congress and more information is available on www.eornac.ie.

I look forward to the year ahead and hope to meet many new section members over the next four meetings.

Orthopaedic Nurses Section

This group was established in 2005 to provide a forum for orthopaedic nurses to network, to exchange practice information and to promote education events relevant to this specialist area. Its main objectives are to:

- Protect and promote the professional interests of members
- Meet twice yearly (once in Dublin and to rotate the second meeting to various areas around the country)
- Network with colleagues locally/nationally/internationally
- Promote study days/conferences
- Provide financial assistance to attend conferences/study days
- Present/discuss pertinent research relevant to orthopaedic nursing
- Promote developments in orthopaedic practice nationwide
- Establish links with other areas of interest, eg. rheumatology, rehabilitation, Irish Nurse Practice Development Association.

It is open to all nurses who are engaged in orthopaedic nursing and/or any related speciality, as well as members who have an interest in orthopaedics irrespective of their work location. In our first year we have concentrated on promoting the section at various orthopaedic conferences that took place through out the country (Dublin, Galway and Limerick) and developing the information on the web page.

We plan, with the offer of a bursary, to encourage nurses to attend the RCN Society of Orthopaedic and Trauma Nursing to network with colleagues, exchange information and feedback to colleagues here in Ireland. In 2007 we plan to encourage nurses to travel to American Orthopaedic Nurses Conference.

Overseas Nurses Section

The Overseas Nurses Section continued to become one of the most active and dynamic sections of the INO in 2005. Though more focused on socio-cultural issues like migration, cultural diversity and equality as a group, individual members were encouraged to actively participate at their local branches on particular industrial issues. This is evident in the increasing number of overseas nurses participating in INO meetings and conferences held around the country as branch representatives.



Attendees pictured at a lively Overseas Nurses Section meeting at the INO Cork Office

The year 2005 saw the publication of two important government documents that would have significant impact on the integration of overseas nurses in Irish society. The *Proposed Immigration and Residency in Ireland* was generally welcomed by the section although concerns were raised on the increased ministerial discretions and secondary legislation alluded to in the bill. The section responded to this proposal after thorough and careful examination and participating in debates and conferences organised by the Immigrant Council of Ireland, Migrants Information Centre, NCCRI, Law Society of Ireland and other NGOs.

The publication of the Employment Permits' Bill, however, caused more alarm for overseas nurses because of the obvious inadequate discussion about it. Though the bill proposes a 'green card system', a closer look suggests that it lacks certain elements to be on par with the known green card system in other countries like America. There is also increasing ambivalence due to the 'two-tier' system created by providing more opportunities for high skilled workers like nurses, and limiting workers in the low skills category.

The section also participated in numerous research studies conducted in relation to migration and integration. Notably a research exploring the experiences of overseas nurses recruited in the Irish health service, conducted by a member of the section. Other research examined the participation of migrant women, including nurses, in the Irish labour market. The completion of the documentary *South Circular*, conducted and produced by DIT's Centre for Transcultural Research and Media Practice, will highlight the section's political participation within the INO and in Ireland. These studies, and other research conducted in relation to migrant workers, will hopefully bring more evidence and practice based approach on labour migration in Ireland.

The 'brain drain' phenomenon, the large scale migration of high skilled professionals from less developed to developing countries without significant effect on remittances and transfer of knowledge or technology, has become a major socio cultural and political issue globally. The section actively participated in discussion and debates exploring this phenomenon at international level (eg. experts' roundtable discussion on the mobility of healthcare workers organised by Oxford University and Georgetown University; Parliamentarians for Global Action's forum held in Dublin).

In Ireland, however, the concept of 'brain drain' still remains to be an issue confined within the academic field. Though more research is needed to explore this phenomenon, the INO is in a pivotal position to initiate discussion and debate exploring 'brain drain' and on how the Irish government could positively respond and deal with it.

Other issues that dominated the overseas nurses section's meetings held in Dublin, Cork and Limerick in 2005 are the chronic understaffing particularly in private nursing homes, the perceived lack of promotional opportunities for overseas nurses especially in the learning disability sector and bullying and discrimination in the workplace. The election of new officers for 2005-2007, during the annual general meeting in November, proved that the section will continuously address these issues.

Practice Nurse Section

The year began with the publication of the survey report undertaken by the INO at the end of 2004, which highlighted areas of concern for GP nurses. This survey was distributed to 500 practice nurses and there was a 25.8% response rate. The main areas of concern were, as usual, pay and conditions, in addition to the lack of access to a public pension scheme. The majority favoured a change from private to public sector employment and the main reason given was access to superannuation and standardisation of pay.

With this in mind efforts were increased to set up a

meeting with the Department of Health and Children with a view to discussing the possibility of including GP nurses in the Department of Health and Children superannuation scheme. After two postponements this meeting took place in August. Dave Hughes, Berna Rackert and Mary Cashen met with representatives of the Department of Health and Children.

While sympathetic to our cause they were emphatic that they were not in a position to change it. As the GP is the employer they maintained that any negotiations would only be conducted with the GP. They did make reference to the GMS review, but it was unclear how the INO could become involved with this process. Dave Hughes recommended the following options:

- That claims be lodged with GP employers and actively followed up in a way that would cause them to have the matter dealt with by the ICGP
- That simultaneous claims be lodged with the ICGP
- That we lodge a claim with the HSE for the inclusion in one of the existing superannuation schemes.

This issue remains high on our agenda.

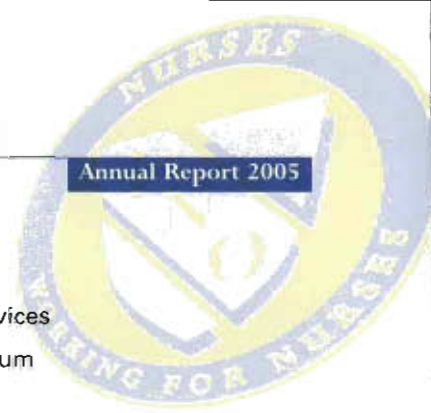
In October a motion was successfully taken to the IPNA conference calling for greater collaboration between the Practice Nurse Section and the IPNA. Following this a letter was sent to each IPNA branch requesting that two link people be selected, one of whom would attend the section meetings to report back to the branch. Also as chairperson of the section, Mary Cashen will be accepting an invitation to the INO to attend the IPNA executive council meeting to report and discuss further collaboration between the two groups.

At our section meeting held in August the necessity for a job description to enable us to move forward with a tiered pay scale was discussed. It was brought to the attention of the chairperson that Ruth Taylor, Professional Development Co-Coordinator, was in the process of undertaking this task for the new booklet due to be published by the ICGP in collaboration with the IPNA. When this is available it will be a tool to help us move forward with this issue.

Public Health Nurse Section

2005 was a disappointing year as An Bord Altranaís changed the rule for entry into public health nursing and the Minister signed it off. Since then many letters and meetings have resulted in the involvement of the INO in the steering committee set up by An Bord Altranaís to oversee a full consultative process arising from the rule change. Indeed the issue of the midwifery qualification as a requirement for entry into the PHN diploma programme may be part of this consultative process.

The clinical nurse specialist grade still awaits the court's hearing and outcome. There is progress on the



advanced nurse practitioner and the INO will be launching an information booklet on what steps are required to become an advanced nurse practitioner. However, to date, it is hard to attain this grade in public health nursing.

There are still a large number of vacancies in public health nursing with no end in sight. The workload is increasing with elderly clients wishing to stay at home and requiring much needed care, resources and interdisciplinary input which does not appear to be there. Birth rates have increased and many of these babies are born to non-nationals who need a lot of time and input to develop and build up a relationship based on trust. We, as public health nurses, are involved in many other activities which help build up the supports within the family. We are very active in preventing child abuse and neglect by home visits and outreach work that we do on a daily basis. We are involved with school health as well as our geographical day to day work.

Issues requiring attention are:

- Large number of patients are being discharged daily from the hospitals with multiple needs
- Still no IT facilities or clerical supports and no tools to carry out child assessments
- Health centres are not up to standard.

Rehabilitation Nurses Section



The organising committee for the Rehabilitation Nurses Section workshop (l-r): Betty Hillory, vice secretary; Eva Wallace, secretary; Mary Seymour, Irish Wheelchair Association; Trish Cormack, vice chairperson; Ann Prescott, chairperson; Fanchea McCourt, education co-ordinator, NRH; and St Eileen Crowley

Formed in 2002, this section, recognising the diversity of the rehabilitation area, has extended membership to all nurses working in any area of rehabilitation services. There were five meetings held in 2005 one of which was the running of a most successful workshop which attracted a substantial attendance. The content of the workshop included the following topics:

- Role of the rehabilitation nurse

- Community disability services
- The rehabilitation continuum
- Therapeutic recreation
- Developing political awareness.

The members of the section, at their AGM in December, took the decision to alter the structure of their section meetings. They now plan to meet for full days, and not just for two hours.

They felt that more work could be achieved in this way. They will not meet as often during the year. It is also the section's objective to promote rehabilitation in general hospitals in the coming year.

RNID Section

The year draws to a close with little progress made on a number of issues affecting RNIDs. The special working group met only once and that was in April 2005. Little progress has been made on professional issues, a number of which remain outstanding since the membership rejected the earlier report. These include:

- The reporting relationship of the registered nurse
- Scope of practice/delegation of tasks, such as the administration of medication
- Role of the RNID in the education of the severe and profoundly intellectually disabled person
- Greater clarity on the introduction of CNS posts throughout the ID sector.

Scope of Practice: It was clear that this issue could not be addressed without clarity from An Bord Altranais. To date no meeting has taken place between working group members and An Bord Altranais despite the chairman, Michael Bruton, indicating that the issues raised could not be further addressed in the context of any revised report, without clarity being given on a number of issues by An Bord Altranais.

Clinical Career Pathways: No meeting has been convened with the National Council for the Professional Development of Nursing and Midwifery on the need to review the criteria which leads to the establishment of CNS and ANP posts in the ID sector. To date there are only 117 CNS in the ID sector, not all of which are full time posts.

Role of the RNID in the education of the severe and profound person with an intellectual disability: A meeting did take place between the INO, the Department of Education and Science and the Department of Health and Children. Agreement was reached to undertake a review, which will involve a full analysis of the programme of education followed by the RNID student within the degree programme. This review will demonstrate the expertise of the RNIDs and the critical role they should play in the area of education.

Work is also ongoing within the section on a paper *Exploring the Role of the RNID Working in the Education and Development of Children/Adolescents who have a Severe/Profound Intellectual Disability*. A meeting of this group will be reconvened in the New Year.

There was also much discussion on the An Bord Altranais rule change, which would allow access by any registered nurse to the higher diploma in public health and having completed the mother and child module be eligible for employment as a PHN.

The majority of RNID members at the September section meeting, while welcoming the change of entry requirements into the higher diploma in public health, welcome a career pathway which would lead to a 'specialist' PHN/community nurse role, providing a service to our population of people with an intellectual disability, 61.9% of whom live at home accessing community services.

At ADC a number of concerns were raised regarding the erosion of the role of the RNID and the unsafe practices of non nursing staff administering medication. These issues were raised by Executive Council members with the Nursing/Midwifery Education and Nurse Practice Committee section of Executive Council. Annette Kennedy, Director of Professional Development, brought these issues to the attention of Eugene Donoghue, Chief Executive Officer of An Bord Altranais. We await the outcome.

The Special Delegate Conference held in Croke Park in September, saw a decision made by delegates not to enter into a second benchmarking exercise as the terms of reference had failed to address our issues.

The priority status of Labour Court recommendations 17805 and 17526, which dealt with the pay anomaly, claims for a 35 hour working week, improved shift allowances and a Dublin weighting allowance. All eight of our claims have been lodged with the employers and we look forward to seeing an end to this anomaly in 2006.

School Nurses Section

Following the AGM last year we met in February 2005 where Christine Meredith spoke to us on the possibilities of developing a diploma for our specialism.

Her proposal would involve covering one subject on a diploma course. However we would like to have several modules encompassing a broad spectrum of our daily dealings, ie. sports injuries, counselling, pharmacology, pastoral care, etc. We agreed that members of the section would research several different topics for this initiative.

We were delighted to have our first article published in *the World of Irish Nursing and Midwifery* during the summer. Well done to Julie McTiernan for getting the

ball rolling. It is the section's aspiration that we will have more contributions for the magazine this coming year.

Irene Henebry has been working hard behind the scenes to produce a 'poster presentation' in November.

Student Section

The national Student Section has seen a very productive year. The first initiative was an on-line student nurse questionnaire which is hosted on the home page of www.ino.ie. This questionnaire has received hundreds of hits from students across the country. Its main aim is to attract some comments, ideas and thoughts from the student nurse membership with regard to the services that the Organisation provides and, more importantly, their views on how the section could be developed and enhanced.

In June the national student officers were afforded the opportunity to attend the European Nursing Student Group AGM in London. Student nurses from 14 countries across Europe attended the meeting. The purpose of the meeting was to enable student nurses to come together to discuss issues relevant to their nursing studies. The trip to the ENSG provided a valuable insight into the life of student nurses and allowed the officers to identify common positives and difficulties experienced by student nurses on an international level.

The foundation was set up to promote equality and to pave the way for the voice of the student nurse to be heard on a national and international level.



Student nurses protested outside St James's Hospital over being charged for immunisations necessary for them to undertake their clinical placements in the hospital

The Student Section met a number of times during the year – in September in Galway, December in Dublin, and January in Dundalk. Various issues were debated throughout the year, amongst them the fact that students going out on specialist placement during their rostered year will be paid. Also registration papers from An Bord Altranais will be issued as soon

as possible following final examination rather than the previous suggestion of delaying until November, and the ongoing issue of travel expenses and how they vary between each HEI. A working group has been formed from amongst members of the section to look at this particular issue in more detail.

Surgical and Medical Day Services Section

The aim of the section is to raise awareness nationally of the specialised nature of day surgery

The mission statement agreed by the group was: "The INO Surgical and Medical Day Services Section works to provide the highest quality holistic care to patients and carers, by encouraging high standards of professionalism, by providing members with opportunities to share information, by pursuing educational initiatives and by striving to achieve centres of excellence."

The objectives are as follows:

- To establish INO national standards for surgical and medical day services by developing best practice national policies and guidelines
- To establish competencies for all areas of practice
- To formulate generic patient information leaflets suitable for use in all units using a standardised format
- To share information of mutual interest
- To campaign nationally on issues of joint concern related to day surgery
- To network and form links nationally and internationally.

Future Plans

- To complete drafts of guideline documents
- To hold a national conference on day care late next year
- To develop web site
- To recruit more day care units.

Telephone Triage Nurses Section

Over the past 12 months the Telephone Triage Section has accomplished a great deal. The first meeting in February 2005 was held in Limerick. We had a great attendance with representative from seven of the co-operatives nationally. Alva Barry gave an excellent talk from Shannondoc on "Eye problems in the out of hours setting". From this meeting a subsection was formed for the co-operative clinical nurses thus

enabling them to partake in the educational components of the telephone triage section.

Mary Reddington and Rita Corcoran both from Westdoc went forward to represent the section at the ADC in Killarney. They brought forward our motion which was passed at conference. This motion asked the INO "to pursue real links with appropriate higher education institutes who would facilitate or provide formal post registration education for all primary care nurses inclusive of telephone triage nurses"

Breege Clarke and Geraldine Byrne from Caredoc, at their own expense, also attended ADC in order to circulate information at the conference on the role of the telephone triage nurse and to make our colleagues at conference more aware of what we do.

The section held its second meeting in Thurles on 24 May 2005. Paul Luck from Southdoc gave a very valuable take and updated the group on childhood vaccinations. At this meeting a steering committee was formed to look at what the educational needs were for section members and to look at ways of moving these needs forward. This steering committee was spearheaded by Fiona Kennedy from Caredoc.

The National Telephone Triage Conference was held in September in Tullamore. The conference was superbly attended with 88 attendees.



At the Telephone Triage Nurses Section first annual conference were (l-r): Mary Guerin-Lavin, Section secretary; Margaret Curran, vice chairperson; and Dorcas Collier-Hannon, chairperson

The section's AGM was held in INO Cork and again we had a large attendance. Dr Jerry McCarthy, accident and emergency consultant in CUH, gave a talk on 'Paediatric Emergencies and the Challenges facing the Telephone Triage Nurse'. Following positive feedback from the national conference it was decided to run a similar conference in 2006.

The section was saddened when section secretary, Mary Guerin-Lavin, stepped down though we were delighted to welcome Camilla O'Donoghue from Shannondoc into the position.

Press and Media



Ann Keating,
Media Relations Officer, IRO

A&E

The year began with the A&E crisis worse than ever and the IRO was constantly in the media, both print and broadcast. The highest ever number of patients on trolleys was recorded on 12 January 2005 (422) and Liam Doran called on the LRC to convene an emergency meeting of the A&E Forum. Articles quoting the general secretary appeared in numerous papers on

13 January 2005 including the *Irish Independent* – **Empty beds unused as 422 stuck on trolleys**.

Following an eight hour emergency meeting of the A&E Forum on 17 January 2005 the IRO warned that "members would have to consider taking industrial action if action to deal with the A&E overcrowding was not taken immediately" under the heading **A&E crisis: surgery to be deferred** (*Irish Examiner*, 18 January 2005).

Western IRO Noreen Muldoon speaking about the A&E crisis in Galway said "If a patient is waiting for a bed in A&E, that means the patient is not getting the proper care and attention he/she would get in a ward where they would have a comfortable bed and access to a bathroom...it is an affront to their dignity" **Nurses leader seeks meeting in Galway hospital beds crisis** (*Galway City Tribune* – 21 January).

In an article in *The Kingdom* (25 January 2005) **Hospital may be forced to cancel some admissions** – IRO Michael Dineen said "the accident and emergency unit is too small to cope with the influx of patients and the situation is very demanding on staff."

On 3 February 2005 members of the IRO A&E Nurses Section met to review the on-going crisis and voted to begin lunchtime protests outside affected hospitals subject to sanction by the Executive Council.

In the *Evening Echo* (11 February 2005) IRO Patsy Doyle said "Many of our staff are facing burn-out" under the heading **Hospital plan has 'failed to deliver'**.

Wexford General Hospital also hit the headlines in February when a huge public meeting was held on St Valentine's night to discuss proper facilities at the hospital. Speaking about understaffing at the Hospital, IRO Claire Mahon was quoted under the heading **Are you listening Minister Harney in the Wexford People and the Gorey Guardian** (16 February). She said: "For areas like Wexford to attract nurses is very difficult. Because of the staff ceiling they cannot offer them permanent positions".

Meanwhile many stories were reported in the papers of patients languishing in A&E departments, eg. *Drogheda Independent* (4 March 2005) under **Casualty crisis forcing local patients to Newry** – Tony Fitzpatrick said "the situation is only going to get worse unless

there is major investment" and the *Evening Herald* (8 March 2005) **Catalogue of human misery as A&E nightmare worsens** – Edward Mathews was quoted "the staff felt they were working in conditions akin to an overburdened field hospital".

At the March meeting of the Executive a decision was taken to begin the protests. The campaign was named 'Enough is Enough' and this was widely covered in the media over many weeks. David Hughes was quoted in the *Irish Times* (23 March 2005) – "Aside from singing a mantra that the Tanaiste's 10 point plan will solve the problem, there was no real evidence of priority action on the A&E issue".

The IRO identified a large number of beds which could easily be refurbished and opened – *Irish Independent* (27 April) – **Over 100 beds lying empty in midst of crisis, nurses claim** – Dave Hughes, deputy general secretary blamed "a bureaucratic black hole" for the "failure of the Health Service Executive to come up with funding promised to staff the beds." The Organisation called on the Taoiseach to intervene but in an article in the *Irish Times* (27 April) under the heading **Taoiseach rules out personal role in A&Es** he said "The Government as a whole worked on the issue. Everybody is involved".

However, we read in the *Irish Independent* on the following day **Harney to brief FF on health service strategy**. In the same article the Taoiseach said that "the Government needed the goodwill of the approximately 1,000 nurses who work in A&E to extend rosters and examine the situation during the busy periods."

A&E nurse Alan O'Riordan was quoted in the *Irish Daily Mirror* (26 April) under the heading **I've been punched, shoved, spat on and verbally abused** – "Because people's lives are in our hands we keep going but we can't physically stretch any more or we will snap".

In the run up to our Annual Conference the *Irish Times* (30 April) reported on an **Initiative to move A&E patients into wards** which said that "the HSE would write to hospital managers instructing them to move patients from trolleys into additional beds to be placed in existing wards." Liam Doran in the same article "accused the HSE of seeking to hide the extent of the problem".

Next we read in the *Irish Examiner* (2 May) that – **Nurses may lose pay increases** – Liam Doran said "We view it as being a retaliatory strike arising from the A&E protest." In the *Irish Examiner* (3 May) under the heading **Nurses claim threat to pay rise linked to protests** – Dave Hughes said "It is a spurious attempt using a trumped-up charge to deprive 30,000 people of their pay increase." In the *Irish Times* (3 May) under the headline **Harney to warn on health sector dissent** – Liam Doran warned "that if the pay increases were withheld, it would have national repercussions and could lead to industrial action".

Annual Delegate Conference

The Organisation's issues were very well covered over the days of conference both nationally and locally. Claire Treacy, Social Policy Director was quoted in the *Irish Examiner* (3 May) regarding the launch of a position paper at the Annual Delegate Conference under the headline – **Nurses seek protection for whistleblowers** – when she said “Nurses/midwives and other healthcare employees should be able to speak out to their employers without fear of reprisal when practices, which are of concern, are found to be taking place or have occurred.”

Some of the headlines which emanated from the conference were as follows: *Evening Echo* (4 May) – **Nurses call for units for sick kids**; *Irish Independent* (5 May) – **Nurses 'targeted for highlighting crisis in A&E Units**; *Industrial Relations News* (5 May) – **Health employers threaten to withhold pay rises for 30,000 nurses**; *Irish Examiner* (5 May) – **Nurses' pay claim vote could lead to industrial action**; *Kerry's Eye* (5 May) – **Harney to face heat in Killarney**. Other headlines included – *Irish Times* (6 May) – **INO mandated to take action to get June pay rise**; *Irish Independent* (6 May) – **One in 10 patients pick up a new infection**.

Gearing up for strike action following threat by HSE to withhold pay increases

After our annual delegate conference we geared up for strike action following the threat by the HSE not to pay increases due to nurses on 1 June 2005, because of alleged non cooperation with the introduction of the healthcare assistant grade. In the *Irish Times* (13 May 2005) – **31,000 nurses preparing to go on strike next month** – Liam Doran said “members had identified difficulties ‘on professional, legal and ethical grounds’ with healthcare assistants doing this work, and had sought talks with all regulatory bodies and stakeholders to air their concerns. Their request had been refused.”

On Wednesday, 25 May 2005 the INO issued a press release stating that the Organisation withdrew the threat of industrial action following a meeting with the National Implementation Body. This was carried in *The Sun* (26 May) – **Nurses end pay threat** where Dave Hughes said “This was never a matter for railroading by the employer”.

A force to be reckoned with...

Elsewhere in the news research done by Media Market showed that the INO out performed all other stakeholders including the Minister for Health and Children, the HSE, the IMO, the IHCA and the Health and Safety Authority in relation to media coverage of the A&E crisis. In the *Irish Independent Business* (12 May 2005) under the heading **Harney the casualty as nurses' A&E campaign makes deepest PR cut** – Michael Farrelly, managing director of Media Market said: “The INO has proved it is a force to be reckoned



Nurses and midwives were joined by patients and their families on the first day of the 'Enough is Enough' campaign

with when it comes to media performance”. He also called the trolley watch campaign “priceless”.

Trolley Watch

Meanwhile, as the Organisation continued to distribute daily trolley figures which were regularly mentioned in papers all over the country, the HSE announced a fall in the numbers of people on trolleys in May – *Irish Independent* (16 May 2005) **Fall in A&E patients on trolleys 'a PR exercise'**. Liam Doran said “if the HSE spent more energy on the issue than on PR everyone would be better off”.

The A&E trolley numbers showed no sign of the traditional drop during the summer months. The €70 million package announced by Minister Harney in November was announced again in June but reduced to €63 million. In *The Sun* (13 June 2005) – **Health Service gets €63 million** – Dave Hughes said: “Part of that announcement is the transition unit in the Mater. Why wasn't the money given to them in January? There has been an awful lot of misery for the poor old patients and staff in the Mater from January to now.”

Care of the Elderly

In the aftermath of the *Prime Time Investigates* programme on Leas Cross Nursing Home the INO was quoted in the *Irish Times* (1 June 2005) – **Plans for independent body to take months** – “The INO condemned the conditions highlighted on the programme as ‘disgraceful and indefensible’ and said it feared this might not be an isolated incident.”

In a story in the *Irish Examiner* (26 July 2005) – **Anger as elderly patients put to bed before 4pm** – Noel Treanor said: “Eight of the residents have to go to bed by 4pm each day in order to sustain the level of work”.

Care of the elderly was in the news again in early August when the INO called for an immediate review of staffing levels and conditions of accommodation for elderly citizens who are being looked after by the State – *Irish Examiner* (5 August 2005) – **Lack of Nursing home staff 'ignored by Government'** – Phil Ni Sheaghdha said: “Almost seven years after this

recommendation was issued by the Commission on Nursing the issue remains as urgent as it did then"

Nurse Patient Ratios

President Madeline Spiers in a letter to the editor – *Irish Examiner* (31 August 2005) – **Emergency Call: we need more nurses per patient** – said: "Mandated nurse/patient ratios have a critical role in the provision of safe levels of care in our hospitals"

Appointment of Professor Drumm

The INO welcomed the announcement of Professor Drumm as the new chief executive officer of the HSE and the story was carried in the *Echo – Tallaght* (23 June 2005) – **Drumm will bring 'dynamic leadership' to HSE – Tanaiste** – Dave Hughes, welcoming the appointment said: "Irish nurses and midwives want to be part of developing a people centred, equity-based health service and feel their input is vital at all levels of strategic planning"

Early in September we read comments from Professor Drumm that there was no quick fix solution to the A&E crisis and that in fact it would take up to two years before it would be resolved. In an article in the *Irish Times* (14 September 2005) – **Drumm sets out stall on future for hospitals** – "The INO expressed concern that it could take another two years to improve the A&E situation and claimed Ms Harney's plan was not working". In the *Irish Examiner* on the same day – **Drumm unfazed by the challenge** – when speaking about his future plans Professor Drumm said: "I can absolutely put my hand on any book and say I'm totally committed to the development of nursing. I saw nursing as being the engine that was always going to drive the health services forward"

Monument to waste

In the *Longford News* (14 September) – in a story on a large protest regarding the lack of progress on opening Phase 2B of the Longford/Westmeath Hospital which has been built but lying idle for years – **Thousands take to the streets to protest over hospital delays** – IRO, Kevin O'Connor "described the 'shelled out' building as a monument to waste and that the public should "stand up and insist that it be provided and provided now"

Special Delegate Conference

Much space was given over a few days to the special delegate conference in September including – the *Irish Examiner* (28 September 2005) – **Nurses break from benchmarking body** – Dave Hughes said "the organisation now felt it was better off on its own in making the case for better pay and conditions for their members". Also in the *Examiner* – **A&E campaign to be stepped up** – Liam Doran said we "could not allow nurses and patients to wait at least another two years before the situation was addressed"

PPARS

In early October the PPARS (Personnel, Payroll and Related Systems) debacle, which had cost the taxpayer €150m, was all over the news when Professor Drumm called a halt to its roll-out pending a complete review. In the *Irish Examiner* (5 October 2005) **An unhealthy state of affairs** – The INO described it as "an 'unstoppable', out of control project which took precedence over all other issues, including patient care"

Student nurses protest in St James

Sixty first year student nurses staged a sit-in followed by a demonstration at the gate of St James's Hospital Dublin against a charge of €100 for immunisation ahead of their six week unpaid placement with the hospital. **Nurses protest against €100 charge** *Irish Times* (22 October 2005) – Phil Ni Sheaghda said "These student nurses are the future of nursing in Ireland"

In the *Examiner* on the same day – **Student nurses end protest over immunisation charges** – the sit-in ended as the hospital agreed to proceed with the immunisation but still insisted that the students be invoiced for the cost.

National Conference – Mullingar

The national conference in Mullingar on 26 October 2005 was well covered in the papers. **HSE chief favours public system for healthcare** *Irish Times* (27 October 2005) – Professor Drumm addressing the conference said "I really believe healthcare should be provided in as many facets as possible through the publicly provided system"

Nurse prescribing – Good news at last

In the *Irish Independent* (27 October 2005) – **Nurses given the green light to prescribe drugs** – Ms Harney said "she would push to have the necessary legislation by December, with regulations to follow next year outlining the scope of such prescribing"

Hygiene Audit

Named and Shamed: Ireland's dirtiest hospitals – was the headline in the *Irish Examiner* (4 November 2005) – following the publication of the findings of the Hygiene Audit. Dave Hughes said "members welcomed the audit's findings. If the next report is as bad as this one, we will all have a lot to answer for"

Assaults

In all the papers on 11 November 2005 we read of the vicious attack on a nurse in St Vincent's Hospital, Dublin. Philip McAnenly said in the *Daily Star* – "This episode highlights the unsafe environment that our members are being exposed to on a regular basis"



Opening the INO Regional Office in Galway were Mayor of Galway City, Cllr Brian Walsh, and INO President Madeline Spiers (right). They are pictured cutting a celebratory cake made by INO member Mary Barrett, from Ballinasloe

New Galway Office

The Irish Nurses Organisation opened a regional office in Galway on 15 November 2005.

This was well covered in many of the papers including the *Galway Advertiser* (17 November 2005) – **INO opens regional office in Westside** – Liam Doran said

“The Galway office will serve as a hub providing industrial relations, educational and training services in the area”

Privatisation of the Health Service

In a story in the *Medicine Weekly* (30 November 2005) on a conference regarding privatisation of the health service – **Medical groups call a halt to creeping privatisation** – Madeline Spiers said “We would be far better, as a society, to invest in public beds in public hospitals.”

Same old story at the end of the year...

In a story on overcrowding in Limerick Regional A&E department written in the *Limerick Post* (3 December) – **Nurse shortage compounds A&E crisis** – Mary Fogarty explained that “despite requests from INO members to open the overflow unit, this has not taken place because they have been told that there are no nurses available.”

The INO once again called for emergency funding for the A&E crisis ahead of the Budget – *Irish Times Health Supplement* (6 December 2005) – **A&E overcrowding at crisis level, says INO** – Liam Doran said “This funding can be used to open available beds and to establish minor injury clinics in other health facilities in major urban areas.”

Above is just a small sample of the coverage afforded to the INO over the last 12 months. INO officials and activists also gave numerous interviews on national and local radio and also on TV during the year.

Affiliations

The INO is affiliated to the following bodies:

National

- Irish Congress of Trade Unions
- Economic and Social Research Institute
- Irish Society for Quality in Healthcare
- Mental Health Association of Ireland
- Inclusion Ireland (formerly National Association for Mentally Handicapped – NAMHI)
- National Women's Council of Ireland
- Institute of Public Administration
- Irish Association for Industrial Relations
- Irish Labour Society
- Health Informatics Society of Ireland.

The Organisation also sponsors the Open University Programme at the National College of Ireland, and contributes to the Economic and Social Research Fund Raising Campaign.

International

- International Council of Nurses (ICN)
- Nursing and Midwifery Forum of the World Health Organisation (WHO)
- European Federation of Nurses Associations (EFN)
- European Midwives Association
- The Midwives Section of the INO is affiliated to the International Confederation of Midwives (ICM)
- The Operating Department Nurses Section is affiliated to the European Operating Room Nurses Association (EORNA)
- The Occupational Health Nurses Section is affiliated to the Federation of Occupational Health Nurses in the European Union (FOHNEU)
- European Healthcare Management Association
- Workgroup of European Nurse Researchers (WENR)
- American Nurses Credentialing Centre (ANCC) International Advisory Council

INO Representation on Irish Congress of Trade Unions and Other Bodies

- **ICTU Executive Council**
Liam Doran, Clare Treacy
- **ICTU Public Services Committee**
Madeline Spiers, Liam Doran, Dave Hughes, Patsy Doyle, Phil Ni Sheaghda, Philip McAnenly, Mary Fogarty, Tony Fitzpatrick, Michael Dineen, Edward Mathews, Liz Curran.
- **ICTU Equality Network**
Clare Treacy
- **ICTU Third World Committee**
Liam Doran
- **ICTU Youth Committee**
Edward Mathews (Chairperson)

- **ICTU Women's Committee**
Madeline Spiers, Clare Treacy (Secretary)
- **ICTU Health and Safety Committee**
Catherine Samuels
- **ICTU Disability Committee**
Cora McGrath, Noreen Muldoon
- **ICTU Retired Workers Committee**
Peg Nealon
- **ICTU Representatives on the following Bodies/Committees**
The Women's Health Council – Clare Treacy
NUI Maynooth – Annette Kennedy

Other Bodies/Committees

National

- **National Council for the Professional Development of Nursing and Midwifery**
Nine INO members are on this Council
- **Monitoring Group – (for the implementation of the Report of the Commission on Nursing)**
Madeline Spiers, Deirdre Daly, Liam Doran, David Hughes
- **Office for Health Management**
(Professional Development for Nurse Management)
Annette Kennedy
- **National Implementation Committee – Midwifery/Children's Nursing**
Undergraduate degree programme
Liam Doran, Denise Lawler, Sara Raftery
- **High Level Group – Role of the Healthcare Assistant**
Madeline Spiers, David Hughes, Annette Kennedy
- **European Working Time Directive – NIG Medical**
Liam Doran
- **European Working Time Directive – Nursing and Midwifery Expert Group**
Liam Doran, David Hughes, Phil Ni Sheaghda, Joe Hoolan, Jo Tully, Teresa Hayes
- **National Women's Council**
Madeline Spiers, Bernie Smyth
- **Comhairle na nOspideal** Anne Cody
- **Inclusion Ireland (formerly National Association for the Mentally Handicapped of Ireland – NAMHI)**
Marie Gilligan

International

- **ICN Council of National Representatives**
Madeline Spiers, Annette Kennedy
- **ICN Remuneration Network**
David Hughes
- **European Federation of Nurses Associations (EFN)**
Annette Kennedy (President 2005-2007)
- **European Midwives Association**
Deirdre Daly (President 2005-2009)
- **European Forum of National Nursing and Midwifery Associations and WHO**
Madeline Spiers
- **American Nurses Credentialing Centre Advisory Body**
Annette Kennedy (Executive member)

For the Record

Benevolent Fund

The Finance and General Purposes Committee, and/or the President and General Secretary, continued to authorise payments from the INO Benevolent Fund to members, and retired members, who find themselves in difficult situations.

The Benevolent Fund is primarily funded by income generated from the Organisation's affinity partnerships with different commercial companies. In return for access to our membership, for the purposes of offering services at competitive rates, these companies make payments to the Benevolent Fund arising from the generated.

In 2005 contributions were, in this context, received from the following:

- Friends First Finance Direct (preferential loans) – €22,000
- MBNA (affinity credit card) – €9,250
- HMCA (health insurance) – €19,600.

Educational Loan Fund

The Organisation continued to grant interest-free loans, in accordance with the regulations of the fund, to members in 2005. The Organisation believes that this investment is of major significance in the ongoing development of the nursing and midwifery professions.

Irish Nurses Rest Association

Two members, from each of the following, are represented on the committee of the Irish Nurses Rest Association:

- Irish Nurses Organisation
- Irish Guild of Catholic Nurses
- Association of Irish Nurses Managers
- Superintendent Public Health Nurses Association.

Winifred Collier and Jo Tully Executive Council, represent the INO.

The Association is open for applications from nurses/midwives in need of convalescence or a holiday, for a limited period, who are unable to defray all the expenses they may incur, or for the provision of grants to defray other expenses incurred in the purchase of a wheelchair or other necessary medical aid.

Publications

The World of Irish Nursing and Midwifery (WIN)

The World of Irish Nursing and Midwifery (WIN), the

official journal of the INO which is published monthly, aims to cover a wide range of issues of interest to Irish nurses and midwives. This includes industrial relations news and ongoing developments within the INO, general nursing/midwifery news, profiles, international news, features about innovation in nursing/midwifery, clinical articles, education and research.

The journal also has an expanding classifieds section with nursing recruitment advertising and a comprehensive diary of events. Forthcoming courses organised by the Professional Development Centre are featured each month.

The journal is produced in a full colour A4 format and is posted to members' preferred addresses. It continues to go from strength to strength and the feedback from the membership remains very positive.

The journal welcomes ideas and suggestions for articles and the editorial team at MedMedia is available to discuss these in detail with members.

Circulars

In addition to *WIN*, regular circulars to branch officers, section officers and nurse representatives were issued from the General Secretary and the officials to ensure that members were fully briefed on issues as they developed, during the year.

Government Departments/ Other Bodies

We would like to formally thank the Tanaiste and Minister for Health and Children, the Ministers of State, and the officials of the Department of Health and Children, for the courtesy shown to us during a very challenging year of negotiations and discussions.

We would also like to thank the newly established Health Service Executive, and the Health Service Executive – Employers Agency, for numerous engagements during the year, and we look forward to working constructively with them in the years ahead.

Our thanks is also due to officers of An Bord Altranais, the National Council for the Professional Development of Nursing and Midwifery and the Irish Congress of Trade Unions.

We also wish to express our appreciation to the officers of the Labour Court, Labour Relations Commission and the Irish Business and Employers Confederation (IBEC).

Finally we also wish to thank the many other government departments and bodies, with whom we met during the last year, including the Department of Justice, the Department of Enterprise and Employment, the Employment Equality Agency and Health and Safety Authority.

Press and Media

The Organisation continues to maintain a high media profile to promote the Organisation's policies and activities in the media. We would like to place on record our sincere gratitude for the media coverage in the last year.

Honorary Officers

It gives us great pleasure to place on record our deep appreciation to all our honorary officers and nurse representatives for their talent, time and commitment,

and without whose excellent work the INO could not develop. To those currently in office and to those who have now resigned we are most grateful.

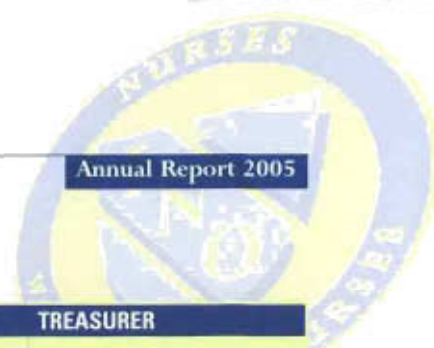
A list of current officers can be found in Appendices I and II.

INO Staff

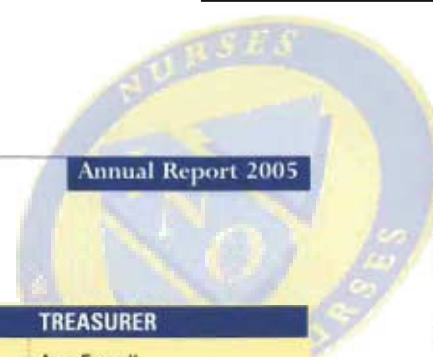
We wish to express appreciation for the very hard work and commitment of all of our staff, in our head and regional offices, during the year. It is greatly appreciated.

Appendix I: Branch Officers – Currently in Office

BRANCH	CHAIRPERSON	VICE-CHAIRPERSON	SECRETARY	TREASURER
ATHLONE	Mary Nooney Athlone District Hospital Athlone, Co Westmeath	Teresa Guinan Athlone District Hospital Athlone, Co Westmeath	Patricia Hayes Loughloe House Athlone, Co Westmeath	Joan Scanlon St Hildas M'Cap Services Grace Park Athlone, Co Westmeath
ATHY/ BALTINGLASS	Michelle Wall St Vincent's Hospital Athy, Co Kildare		Anne Ball St Vincent's Hospital Athy, Co Kildare	Philomena McNamara St Vincent's Hospital Athy, Co Kildare
BALLINA	Sheila McAndrew Ballina District Hospital Ballina, Co Mayo	Mary Ita Reynolds St Augustine's Welfare Home Ballina, Co Mayo	Margaret O'Malley Arus Deirbhle Belmullet, Co Mayo	Kathleen Sheehan St Augustine's Welfare Home Ballina, Co Mayo
BALLINASLOE	Thomas Caulfield Portiuncula Hospital Ballinasloe, Co Galway	Bernadette Griffin Portiuncula Hospital Ballinasloe, Co Galway	Mary Barrett St Brendan's Home Loughrea, Co Galway	Mary Fallon Portiuncula Hospital Ballinasloe, Co Galway
BALLYSHANNON	Valerie McGonigle Sheil Hospital Ballyshannon, Co Donegal	Brid Currstin Donegal Town Community Hospital, Donegal Town	Clare Harte Rock Nursing Unit Ballyshannon, Co Donegal	Audrey Sheerin 2 Clyhore Ballyshannon, Co Donegal
BANTRY	Elizabeth O'Sullivan Bantry General Hospital Bantry, Co Cork		Aileen O'Donovan Bantry General Hospital Bantry, Co Cork	Mary O'Regan-Barsum Bantry General Hospital Bantry, Co Cork
CARLOW	Carmel Shannon Carlow District Hospital Carlow Town	Ellen Burtchaell Carlow District Hospital Carlow Town	Aine Kearney Carlow District Hospital Carlow Town	Lorna Elmes Carlow Emergency Doctor, c/o Carlow District Hospital, Carlow Town
CARNDONAGH	Maria McLaughlin Carndonagh Community Hospital, Carndonagh Co Donegal	Catherine McLaughlin James Connolly Centre Carndonagh Co Donegal	Geraldine Diver Carndonagh Community Hospital, Carndonagh Co Donegal	Margaret Mary Gilmore Carndonagh Community Hospital, Carndonagh Co Donegal
CASHEL (SEHB)	Mary Fanning Our Lady's Hospital Cashel, Co Tipperary	Claire Gleeson Our Lady's Hospital Cashel, Co Tipperary	Grainne Kiely Our Lady's Hospital Cashel, Co Tipperary	Judy Lee Our Lady's Hospital Cashel, Co Tipperary
CASTLEBAR	Regina Durcan Mayo General Hospital Castlebar, Co Mayo	Catherine Walsh Scared Heart Home Castlebar, Co Mayo	Jacinta Flynn Gurteen, Ballyhaunis Co Mayo	Mary Kelly Mayo General Hospital Castlebar, Co Mayo
CAVAN	Raymond Boyle Cavan General Hospital Cavan	Mary Angela Durkin Lisdarn Hospital Lisdarn, Co Cavan	Patricia Allen Cavan General Hospital Cavan	Mary C Reilly Virginia Health Care Centre Virginia, Co Cavan
CLARE	Mary Rowe Ennis General Hospital Ennis, Co Clare	Concepta K Lillis 'Copper Beech House' Ballyalla, Ennis, Co Clare	Oliver O'Halloran St Joseph's Hospital Ennis, Co Clare	Josephine McGrath St Joseph's Hospital Ennis, Co Clare
CLONAKILTY/ SKIBBEREEN	Ann Josephine Harnedy Skibbereen District Hospital Skibbereen, Co Cork		Margaret Pat Murphy Skibbereen District Hospital Skibbereen, Co Cork	
CLONMEL (HSE – Sth East)	David Clarke South Tipperary General Hospital Clonmel, Co Tipperary			Marie Corry South Tipperary General Hospital Clonmel, Co Tipperary
CORK HSE BRANCH		Julia Redmond St Finbarr's Hospital Douglas Road, Cork	Lorraine O'Connor Cork University Hospital Wilton, Cork	Adrienne Murphy St Finbarr's Hospital Douglas Rd, Cork
CORK VOLUNTARY/ PRIVATE BRANCH	Gobnait Magner Mercy Hospital Grenville Place Cork	Helen Carey Bons Secours Hospital College Rd Cork	Margaret Frahill Mercy Hospital Grenville Place Cork	Katherine Moylan St Joseph's Hospital Mount Desert, Lee Road Cork
DROGHEDA	Martin Smith Our Lady of Lourdes Hospital Drogheda, Co Louth		Kathleen Smyth St Mary's Centre Drumcar, Co Louth	Andrea McCabe Our Lady of Lourdes Hospital Drogheda, Co Louth




BRANCH	CHAIRPERSON	VICE-CHAIRPERSON	SECRETARY	TREASURER
DUBLIN EAST COAST BRANCH	Madeline Spiers St Columcille's Hospital Loughlinstown Co Dublin	Marian P Hendrick Mount Carmel Hospital Braemor Park Churchtown, Dublin 14	Bernadette Smyth St Columcille's Hospital Loughlinstown Co Dublin	Eileen Mary Kelly Clonskeagh Hospital Clonskeagh Dublin 6
DUBLIN NORTHERN BRANCH	Moirá Wynne Dublin City University Glasnevin, Dublin 11	Carmel Gormally St Vincent's Centre Navan Rd, Dublin 7	Caroline Cullen Dublin City University Glasnevin, Dublin 11	Kay O'Carroll Bon Secours Hospital Glasnevin, Dublin 9
DUBLIN SOUTH WEST BRANCH	Alan O'Riordan Adelaide & Meath Hospital Tallaght, Dublin 24	Eileen O'Farrell 57 The Park, Kingswood Heights, Tallaght, Dublin 24		Norman Jones St James's Hospital James's St, Dublin 8
DUNDALK	Geraldine McCabe Louth County Hospital Dublin Road Dundalk, Co Louth	Colette Vize Louth County Hospital Dublin Road Dundalk, Co Louth		Anne E Gilligan Louth County Hospital Dublin Road Dundalk, Co Louth
GALWAY	Ann Martin Galway University College Hospital, Newcastle Road Galway	Maureen Lydon St Francis Nursing Unit Newcastle Co Galway	Mary P Burke Galway University College Hospital, Newcastle Road Galway	Mary Esther Walsh Bon Secours Private Hospital, Renmore Galway
KILDARE/NAAS	Margaret Armstrong Naas General Hospital Naas, Co Kildare	Mary P Coonan Naas General Hospital Naas, Co Kildare	Derek Reilly Naas General Hospital Naas, Co Kildare	Edwina Elizabeth Weir Naas General Hospital Naas, Co Kildare
KILKENNY	Olive Cullen St Patrick's Centre Kells Road, Kilkenny	Helen Butler St Luke's General Hospital Kilkenny	Margaret Dalton Kilcreene Orthopaedic Hospital, Kilcreene Co Kilkenny	Martina McCormack St Patrick's Centre Kells Road, Kilkenny
KILLARNEY	Shelia Dickson St Columbanus Home Killarney Co Kerry	Mary Joy St Joseph's Nursing Home Ballykissane, Killorglin Co Kerry	Nora Deirdre Buckley Killarney Community Hosp. Killarney Co Kerry	Kathleen Pyne 113 Woodlawn Park Killarney Co Kerry
LAOIS	Joseph Hoolan Midland Regional Hospital Portlaoise, Co Laois	Caroline Overton Midland Regional Hospital Portlaoise, Co Laois	Bernadette Parsons Midland Regional Hospital Portlaoise, Co Laois	Cora McGrath Midland Regional Hospital Portlaoise, Co Laois
LEITRIM	Sheila Carney St Patrick's Hospital Carrick-On-Shannon Co Leitrim	Irene Argue Drumharkin Glebe Cloone, Carrick-On-Shannon Co Leitrim	Maureen Guihen St Patrick's Hospital Carrick-On-Shannon Co Leitrim	Anne Marion Cox St Patrick's Hospital Carrick-On-Shannon Co Leitrim
LETTERKENNY	Teresa Cassidy Letterkenny General Hosp. Letterkenny, Co Donegal	Mary Howley Chapel Road Dungloe, Co Donegal	Edel Peoples Letterkenny General Hosp. Letterkenny, Co Donegal	Nuala Richardson Letterkenny General Hosp. Letterkenny, Co Donegal
LIMERICK	Anna Malone 96 Lynwood Park St Patrick's Road, Limerick	Bridget Hayes Limerick Regional Hospital Dooradoyle, Co Limerick	Thomas Murphy St John's Hospital St John's Square, Limerick	Margaret Mary Hayes Limerick Regional Hospital Dooradoyle, Limerick
LONGFORD	Kelly Neville Trean Mohill, Co Leitrim		Aoife Maguire Beihy Drumlisk, Co Longford	Marie McGivney Cloonagh Dring, Co Longford
MALLOW	Mary Fennessy Heatherside hospital Buttevant, Co Cork		Mary J Ryan Mallow General Hospital Mallow, Co Cork	Ellen Feehan Mallow General Hospital Mallow, Co Cork
MEATH	Margaret O'Reilly Our Lady's Hospital Navan, Co Meath	Dympna Fegan Our Lady's Hospital Navan, Co Meath	Anne Tully Our Lady's Hospital Navan, Co Meath	Evelyn M Maguire St Joseph's Hospital Trim, Co Meath
MONAGHAN	Patricia Toal St Mary's Hospital Castleblaney, Co Monaghan	Rita Corcoran Monaghan General Hospital Monaghan	Margaret McAdam Monaghan General Hospital, Monaghan	Margaret Keenan St Mary's Hospital Castleblaney, Co Monaghan



BRANCH	CHAIRPERSON	VICE-CHAIRPERSON	SECRETARY	TREASURER
MULLINGAR	Ann Quinn St Mary's Hospital Mullingar, Co Westmeath		Catherine Tormey Mullingar General Hospital Mullingar, Co Westmeath	Ann Farrell St Mary's Hospital Mullingar, Co Westmeath
NENAGH	Ann Nevin Nenagh General Hospital Nenagh, Co Tipperary			Pat Ryan Nenagh General Hospital Nenagh, Co Tipperary
OFFALY	Mary Quirke 144 Arden Vale Tullamore, Co Offaly	Mary Keane Tullamore General Hospital Tullamore, Co Offaly	Anne Dack Tullamore General Hospital Tullamore, Co Offaly	Marie McCafferkey Tullamore General Hospital Tullamore, Co Offaly
ROSCOMMON	Elizabeth Stephens Sacred Heart Home Roscommon		Eileen Kelly Sacred Heart Home Roscommon	Catherine Gallagher Roscommon County Hospital Roscommon
SLIGO	Anne McGowan Sligo General Hospital The Mall, Sligo	Catherine Judge Sligo General Hospital The Mall, Sligo	Breda McHugh St John's Hospital Ballytivnan, Sligo	Mary Walsh Sligo General Hospital The Mall, Sligo
TIPPERARY NORTH (HSE – MidWest)	Ursula Paine Hospital of the Assumption Thurles Co Tipperary	Aileen Bourke 'Dunarra' Tyone, Nenagh Co Tipperary	Mary B Tierney 'Lanespark House' Ballynonty, Thurles Co Tipperary	
TRALEE	Eileen Carmody The Old Bridge, Laharn Listowel Road, Tralee Co Kerry	Veronica Houlihan Dingle Community Hospital Dingle Co Kerry	Noirin Taylor Kerry General Hospital Tralee Co Kerry	Johanna Dillane Bon Secours Hospital Tralee Co Kerry
WATERFORD	Claire Mahon Waterford Regional Hospital Ardkeen, Waterford		Fiona McKeown 48 The Strand, Somerville Tramore, Co Waterford	Mary McCormack-Sandison Waterford Regional Hospital Ardkeen, Waterford
WEXFORD	Hanna Nolan Wexford General Hospital Wexford		Fiona Galvin Wexford General Hospital Wexford	Mary Kehoe Wexford General Hospital Wexford
WICKLOW	Marion Byrne Wicklow Town District Hospital, Wicklow		Mary P Esmonde St Colman's Hospital Rathdrum, Co Wicklow	Nancy Grennan Wicklow Town District Hospital, Wicklow

Appendix II – Section Officers – Currently in Office

SECTION	CHAIRPERSON	VICE-CHAIRPERSON	SECRETARY
A&E SECTION	Sile O'Sullivan Naas General Hospital Naas, Co Kildare		Patrick Gallagher Beaumont Hospital Beaumont, Dublin 9
ASSISTANT DIRECTORS OF NURSING SECTION	Colette Tarrant Our Lady's Hospital Crumlin, Dublin 12	Helen Buckley Naas Hospital Co Kildare	Marie Hoey James Connolly Memorial Hospital Blanchardstown, Dublin 15
CLINICAL NURSE MANAGER SECTION	Niamh Doyle Wexford General Hospital Wexford	Mary Gallagher Letterkenny General Hospital Co Donegal	Monica Cunningham Beaumont Hospital Beaumont, Dublin 9
CLINICAL NURSE SPECIALIST SECTION	Geraldine Hogan Naas General Hospital Naas, Co Kildare		Margaret Sullivan Limerick Regional Hospital Dooradoyle, Limerick
CLINICAL PLACEMENT SECTION	Carolyn McLean Adelaide & Meath Hospital Tallaght, Dublin 24		Mary McTague Mayo General Hospital Castlebar, Co Mayo
COMMUNITY NURSES SECTION (RGNS)	Anne Cullen 7 Cherrygarth Mount Merrion, Co Dublin		Sarah McKiernan 161 Hillside Greystones, Co Wicklow
DIRECTORS OF NURSING SECTION		Evelyn Barry St Colman's Hospital Rathdrum, Co Wicklow	Breda Hayes St Mary's Hospital Dublin 20
GP PRACTICE NURSE SECTION	Mary Cashen Benedine Nenagh, Co Tipperary	Berna Rackard 'Carrickfoyle House' Barnstown, Co Wexford	Lorraine Dillon 40 Glencairn Walk Leopardstown, Dublin 18
INTELLECTUAL DISABILITY SECTION	Marie Gilligan Cregg House Sligo	Kathleen Smyth St Mary's Centre Drumcar, Co Louth	Josephine Ryan St Joseph's Centre Clonsilla, Dublin 15
MIDWIVES SECTION	Mary P. Higgins Erinville Maternity Hospital Western Road, Cork	Margaret Crowley-Murphy St Munchin's Maternity Hospital, Ennis Road, Limerick	
NATIONAL CARE OF OLDER PERSON SECTION	Breda McHugh St John's Hospital, Ballytinnan, Sligo	Ann Coyne-Nevin St Patrick's Hospital John's Hill, Waterford	Geraldine Deegan St Vincent's Hospital Mountmellick, Co Laois
NATIONAL INTERVENTIONAL RADIOLOGY SECTION	Janet Choi Bon Secours College Road, Cork	Clodagh Gowen South Infirmary/Victoria Hospital Old Blackrock Road, Cork	Maureen Woodnutt St James's Hospital James's Street, Dublin 8
NURSE MIDWIFERY EDUCATION SECTION	Mary Cotter Adelaide & Meath Hospital Tallaght, Dublin 24	Sara Raftery Children's University Hospital Temple Street, Dublin 1	Gervaise Maher Beaumont Hospital Beaumont Road, Dublin 9
OCCUPATIONAL HEALTH SECTION	Una Feeney 9 Woodlands Cappagh Kinsale, Co Cork	Marie Hennigan 70 Clonkeen Drive Foxrock Dublin 18	Mary Forde Bupa Ireland Ltd Ballina, Co Mayo
OPERATING DEPARTMENT NURSES SECTION	Elizabeth Waters Naas General Hospital Naas, Co Kildare	Teresa Herity Mater Misericordiae Hospital, Eccles Street, Dublin 7	Theresa Cummins Mater Misericordiae Hospital, Eccles Street, Dublin 7
ORTHOPAEDIC SECTION	Rosemary Masterson Cappagh Orthopaedic Hospital Finglas, Dublin 11	Charlotte Hannon Sligo General Hospital The Mall, Sligo	Paula Devitt Merlin Park Hospital Merlin Park, Galway
OVERSEAS NURSES SECTION	Carmelito Abragan 11 The Court, Dalcassian Downs Dublin 9	Emmanuel Etcheri St Loman's Psychiatric Unit Adelaide & Meath Hospital Tallaght, Dublin 24	Judith Tabuena St. Vincent's Centre Lisnagry Co Limerick



SECTION	CHAIRPERSON	VICE-CHAIRPERSON	SECRETARY
PHN SECTION	Mary Redmond 39 Riddlesford, Kilruddery Bray, Co Wicklow	Fiona McKeown 48 The Strand, Somerville Tramore, Co Waterford	Deirdre Duffy 5 Grange Close, (Off Pottery Rd) Dun Laoghaire, Co Dublin
REHABILITATION NURSES SECTION		Patricia Cormack Irish Wheelchair Association	Eva Wallace National Rehabilitation Hospital Rochestown Avenue Dun Laoghaire, Co Dublin
SCHOOL NURSES SECTION	Julie McTiernan 80 College Park Newbridge, Co Kildare		Irene Henebry 9 Kilsheelin Heights Castlecomer Road, Kilkenny
STUDENT SECTION	Moirá Wynne Dublin City University Glasnevin, Dublin 11	Barry McConaghy Trinity College Dublin 2	Caroline Cullen Dublin City University Glasnevin, Dublin 11
SURGICAL/MEDICAL DAY CARE SECTION	Mary Fleming Mount Carmel Hospital Braemor Park, Churchtown Dublin 14	Noreen Flannelly-Kinsella Our Lady's Hospital Navan, Co Meath	Annette Hughes Merrion Day Surgery 205 Merrion Road, Dublin 4
TELEPHONE TRIAGE NURSES SECTION	Dorcas Collier Carlow Emergency Doctor c/o Carlow District Hospital Athy Road, Carlow	Margaret Curran Carlow Emergency Doctor c/o Carlow District Hospital Athy Road, Carlow	Camilla O'Donoghue Shannon Doc c/o St Camillus Hospital Limerick

Appendix III: INO Secretariat – 2005

General Secretary:	Liam Doran MA BA RGN RMHN
Deputy General Secretary:	Dave Hughes MA (Industrial Relations)
Director of Professional Development:	Annette Kennedy MSc BNS
Director of Organisation & Social Policy:	Clare Treacy RGN RPN Dip IR Dip EO
Industrial Relations Staff	
HSE South West Area and other Dublin health agencies:	Phil Ni Sheaghdha RGN Dip IR & TU Studies
HSE East Coast Area and other Dublin health agencies:	Philip McAnenly BA (Pers Mgt & IR) RGN RPN
HSE Northern Area and other Dublin health agencies:	Edward Mathews RNMH
HSE Midland Region and some Dublin health agencies:	Kevin O'Connor RGN RPN ROM
HSE Mid-West Region:	Mary Fogarty Dip Communications, RGN
HSE North East Region and some Dublin health agencies:	Tony Fitzpatrick Hdip A&E, RGN
HSE North West Region:	Noel Treanor BA (Hons) RGN
HSE Southern Region:	Michael Dineen RPN, Patsy Doyle BSS RPN
HSE South East Region:	Liz Curran RPN
HSE Western Region:	Noreen Muldoon RGN
Media Relations Officer:	Ann Keating
Information & Research Executive (IR):	Colette Mullin Dip Emp Law, BA IR & PM
Information Officers:	Catherine Hopkins Dip Mgt & Emp Rel, Dip IT, JEB
	Lorraine Monaghan Dip Emp Law, BA IR & PM
Administration	
Administration Manager:	Dorothy Mullarkey Dip Management & IR
Office Manager:	Claire Cluxton
Personal Assistant to General Secretary:	Michaela Ruane Dip HRM, JEB Dip IT
Personal Assistant to Deputy General Secretary:	Martina Dunne
Personal Assistant to Director of Social Policy:	Noeleen Smith
Admin Support Staff: (HQ)	Edel Bose
	Phyllis Foody
	Ann O'Brien
	Jacinta Moyles
	Mary Cradden (Appointed October 2005)
	Rosemary O'Sullivan
Admin Support Staff (Cork):	Kylie Matterson
Admin Support Staff (Galway):	Karen Buckley
Admin Support Staff (Limerick):	Una O'Brien MIATI
Accounts Manager:	Dolores Proudfoot
Accounts Assistants:	Sinead Loy
	Angela Coffey
	Kevin Downey
	Una McEvitt (Appointed June 2005)
	Marion Behan
Professional Development Centre	
Education and Promotion Officer:	Kathy Foy-Newman RSCN Dip IR, Dip PR
Course Co-ordinator:	Marian Godley
Assistant Course Co-ordinator:	Linda Doyle
Research/Personal Assistant to Director of Professional Development:	Maria Moynihan
Admin Support Staff:	Helen O'Connell
Section Development	
Section Development Officer:	Mary Power MA RGN RM
Assistant Development Officer:	Jean Carroll BA Psychology Dip BS
Admin Support Staff:	Geraldine McNamee
Library	
Librarian:	Muriel Haire Dip LIS
Assistant Librarian:	Niamh Adams MA BA HDip LIS
Library Assistant:	Rhona Ledwidge
	Aileen Rohan Dip LIS
Maintenance/Housekeeping	
Maintenance Officer:	Stuart Mc Neill
Cleaner/Housekeeper:	Edita Stasitiena
	Jurate Jakubonyte (part-time)

Appendix IV: Salary scales applicable from 1 December 2005

Following application of 1.5% cost of living increase as provided for under Sustaining Progress

Incremental point	1	2	3	4	5	6	7	8	9	10
Student Nurse III	22,342									
Student Nurse (Degree students 12 month rostered placement)	22,539									
Student Nurse Mental Handicap (Degree students 12 month rostered placement)	22,539									
Post Registered Student Nurse	24,167	25,608								
Student Midwife	28,174									
Student Paediatric Nurse	28,174									
Staff Nurse (including Registered Midwife, Registered Sick Children's Nurse, Registered Mental Handicap Nurse)	28,174	29,584	30,997	32,408	33,813	35,028	36,246	37,459	38,672	39,864 41,136
		Long service increment after three years on maximum of scale								
Senior Staff Nurse/Midwife	43,195									
Dual Qualified Nurse (registered in any 2 of the 5 disciplines)	31,868	33,981	35,108	35,976	36,931	38,204	39,443	41,267		
		Long service increment after three years on maximum of scale								
Senior Dual Qualified Nurse	44,668									
Clinical Nurse/Midwife Manager 1	40,647	41,422	42,516	43,628	44,723	45,825	47,054	48,199		
Clinical Nurse/Midwife Manager 2/ Clinical Nurse/Midwife Specialist	44,279	45,040	45,683	46,735	47,896	49,036	50,176	51,459	52,652	
		(plus allowance of €745 pa payable on a red-circled basis to Theatre/Night Sisters who were in posts on 5 Nov 1999)								
Clinical Instructor	46,273	47,049	47,623	48,689	49,764	50,923	52,088	53,252	54,415	
Clinical Nurse/Midwife Manager 3	51,203	52,249	54,895	55,935	56,981	58,041				
Nurse Tutor	52,410	53,145	53,876	54,612	55,346	56,082	56,812	57,549	58,284	59,018
Principal Nurse Tutor	55,047	56,118	57,095	60,148	61,215	62,220	63,476	65,160		
Student Public Health Nurse	29,387									
Public Health Nurse	43,102	43,844	44,477	45,476	46,625	47,737	48,858	50,117	51,290	
		(plus allowance of €1,490 pa payable on a red-circled basis to staff who were in posts on 5 Nov 1999)								
Asst. Dir. of Public Health Nursing	51,207	54,112	55,306	56,406	57,517	59,038				
Director of Public Health Nursing	60,106	61,452	62,802	64,148	65,495	66,850	68,195			
Advanced Nurse Practitioner	51,714	52,748	53,745	56,808	57,772	58,892	59,939	60,979	65,164	
Assistant Director of Nursing (Band 1 hospitals)	51,714	52,748	53,745	56,808	57,772	58,892	59,939	60,979	65,164	
Assistant Director of Nursing (Non Band 1 hospitals)	49,028	50,108	51,207	54,112	55,306	56,406	57,517	59,037		
Director, Nursing & Midwifery Planning & Dev Unit – HSE ERA		87,150								
Asst. Director, Nursing & Midwifery Planning & Dev Unit – HSE ERA		78,598								
Director, Nursing & Midwifery Plan & Dev Unit – HSE Non ERA		78,598								
Director of Nursing/Matron Band 1	69,341	71,269	73,200	75,124	77,051	78,984	80,909			
		(plus performance related pay)								
Director of Nursing/Matron Band 2	65,250	67,087	68,929	70,763	72,609	74,448	76,288			
Director of Nursing/Matron Band 2A	64,728	65,883	67,041	68,195	69,353	70,506	71,663			
Director of Nursing/Matron Band 3	60,106	61,452	62,802	64,151	65,495	66,850	68,195			
Director of Nursing/Matron Band 4	56,052	57,799	59,539	61,288	63,038	64,780	66,159			
Director of Nursing/Matron Band 5	53,329	53,497	54,665	55,831	56,997	58,169	59,338			
Director Centre of Nurse Education	60,419	62,354	64,288	66,223	68,157	70,092	72,026	74,043		

Location and Qualification Allowances applicable from 1 December 2005

Eligibility

Nurses eligible for payment of location/qualification allowances are Staff Nurses, Senior Staff Nurses, CNMs 1 & 2 (incl. Theatre Sisters). A nurse may benefit from either a qualification allowance or a location allowance when eligible – the higher of the two – when working on qualifying duties. Pro-rata arrangements apply to job-sharing and part-time staff.

Grade	Nature of Allowance	
Registered General Nurses	Employed on duties in the following locations: Accident & Emergency Depts, Theatre/OR, Intensive Care Units, Renal Units, Cancer/Oncology Units, Geriatric Units/Long-stay Hospital or Units in County Homes	€1,729
Registered Nurses	Employed on duties in the following locations: Units for Severe and Profoundly Handicapped in Mental Handicap Services, Acute Admission Units in Mental Health Services, Secure Units in Mental Health Services, dedicated Care of the Elderly (excluding Day Care Centres) and Alzheimers Units in Mental Health Services and the Intellectual Disability Sector* (including Psycho-geriatric Wards, Elderly Mentally Infirm Units, Psychiatry of Later Life Services). (*Allowance effective from 1 January, 2004.)	€1,729
Registered Nurses <i>With effect from 1 March, 2002 payment of the specialist qualification allowance is extended to all specialist courses confirmed as Category II by An Bord Altranais</i>	a) Employed on duties in specialist areas appropriate to the following qualifications where they hold the relevant qualifications: <ul style="list-style-type: none"> • Accident & Emergency Nursing Course • Anaesthetic Nursing Course • Behaviour Modification Course • Behavioural Therapy Course • Burns Nursing Course • Child & Adolescent Psychiatric Nursing Course • Coronary Care Course • Diabetic Nursing Course • Ear Nose & Throat Nursing Course • Forensic Psychiatric Nursing Course • Gerontological Nursing Course • Higher Diploma in Midwifery • Higher Diploma in Paediatrics • Infection Control Nursing Course • Intensive Care Nursing Course (incl. Paediatric Intensive Care & Special and Intensive Care of New Born) • Neurological/Neurosurgical Nursing Course • Operating Theatre Nursing Course (incl. Paediatric Op. Theatre) • Ophthalmic Nursing Course • Orthopaedic Nursing Course • Higher Diploma in Cardiovascular Nursing/Diabetes Nursing/ Oncological Nursing/Palliative Care Nursing/ Accident & Emergency Nursing • Rehabilitation Nursing Course • Renal Nursing Course • Stoma Care Nursing Course 	€2,596
Registered General Nurses	b) Holding recognised post-registration qualifications in midwifery or sick children's nursing and employed on duties appropriate to their qualification	€2,596
All Public Health Nurses & Assistant Directors of Public Health Nursing	Receive Qualification Allowance of	€2,596

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

- Nurses who were paid on the dual qualified scale on 1 October, 1996 and in receipt of a location allowance at 1 August, 1998 or eligible for a new location/qualification allowance from 31 March, 1999. In such cases the value of the location/qualification allowance is €1,297 which they receive in addition to their dual qualified scale;
- With effect from 26 November, 2003, nurses who are paid on the dual qualified scale and who then move to an area that attracts a location/qualification allowance will continue to be paid on the dual qualified scale and will also receive the abated value of the location/qualification allowance of €1,297. Payment of the allowance will cease if the nurse moves out of the qualifying area.

Other allowances applicable from 1 December 2005

Grade	Nature of Allowance	
Relevant Nursing Staff	Nurse Management Sub-structures – Special Allowance for weekends/public holidays	€2,768
Psychiatric Nurses	Community Allowance	€4,616
	Nurses assigned to Occupational Therapy (Qualified)	€3,473
	Nurses assigned to Occupational Therapy (Unqualified)	€1,583
Public Health Nurses	Island Inducement Allowance	€1,643
Public Health Nurses	Fixed payment	€26.18
Week-end Work	First call on Saturday and first call on Sunday	€34.76
	Each subsequent call on Saturday and Sunday	€17.41
	Payment in lieu of time off for Emergency work	€26.15
Theatre Nurses who participate in the On-Call/standby Emergency Services	On-Call with Standby – Each Day	
	Monday to Friday	€39.39
	Saturday	€50.60
	Sunday and Public Holidays	€68.39
	All of these figures based on a 12-hour period. Pro rata to apply after hours.	
	Call-Out Rate – Monday to Sunday	
	(a) Fee per operation per 2 hours (17.00-22.00 hours)	€39.39
	(b) (i) Operation lasting more than 2 hours and up to 3 hours (17.00-22.00 hours)	€59.08
	(ii) Operation lasting more than 4 hours and up to 5 hours	€98.47
	(c) Fee per operation per hour (after 22.00 hours)	€39.39
	On-Call without Standby	
	(a) Fee per operation, call-in without standby	€78.78
	(b) Overruns from roster at normal overtime rates (no time back in lieu)	
	On-Call over Weekend	
	In situations where no rostered duty is available over the weekend, the following will apply on a pro-rata basis (i.e. appropriate rate divided by 12, then multiplied by number of hours available). No time back in lieu will apply.	
	Nurse Co-ordinator Allowance	
	A shift allowance of €16.83 will be paid to a staff nurse who undertakes the role of formalising the reporting and accountability relationship with the Theatre Superintendent. The allowance only applies to a nurse who fulfils specified duties when called in (DoHC circular refers).	
Midwives providing Domiciliary Care under the Maternity and Infant Care Scheme	Fee per service	€115.78
	Reduction with a/n visit is after 36th week of pregnancy	€7.22
	Patient removed to hospital before onset of labour and not accompanied by midwife	€42.96
	Patient removed to hospital before onset of labour and accompanied by midwife	€57.37
	Patient removed to hospital after onset of labour and not accompanied by midwife	€71.89
	Patient removed to hospital after onset of labour and accompanied by midwife	€86.00
	Abortions and Miscarriages	€57.35
Special Co-ordinator Allowance		€4,018

Appendix V: INO Private Nurses Fees – (Emergency & General Nurses Section Effective 1 July, 2005-30 June, 2006)

	Mon—Fri Day	Mon—Fri Night	Saturday Day	Saturday Night	Sunday Day	Sunday Night	25, 26 & 31 Dec Day & Night
Up to 4 Hrs	€100		€118		€151		€198
5 Hrs	€107		€127		€165		€234
6 Hrs	€122		€144		€189		€271
7 Hrs	€139		€162		€214		€306
8 Hrs	€154	€169	€178	€189	€239	€247	€343
9 Hrs	€162	€179	€188	€202	€250	€263	€379
10 Hrs	€182	€202	€210	€226	€275	€296	€415
11 Hrs	€202	€223	€231	€251	€299	€329	€451
12 Hrs	€221	€247	€253	€277	€324	€362	€488
13 Hrs	€243	€270	€275	€302	€349	€395	€524

ICU/CCU/A&E/Haemodialysis/Midwifery Theatre Allowance

15%

- Nurses are advised to ensure that a Doctor is in attendance on cases in Private Homes to which they are called.
- Responsibility for payment of fees:

The person (employing authority or individual) who engages the nurse is responsible for the payment of his/her fees within one calendar month.

- Shift payments outlined are inclusive of statutory rest periods as per the Organisation of Working Time Act (1977).

Twilight Shift 8 p.m. - 12 Midnight		Escort Rates		On-Call Fees	
Mon - Fri	€141	1st Hour	€62	Mon - Fri	€70
Saturday	€163	2nd - 8th Hour	€13	Saturday	€77
Sunday	€200	After 8 Hours	€20	Sunday	€84

- If called during a period of Theatre On-call/Sleep Over the full night duty rate (not the on-call allowance) should be paid from the time the on-call period started
- Private Industry Fee €30 per hour daytime. Shifts commencing AFTER 6pm should attract an additional 25%
- Patients insured under the VHI are covered up to a certain figure for the services of a special nurse in the home
- Nurses must send receipts to patients immediately on receipt of fees.

Appendix VI: Subsistence Rates

Subsistence (Normal) Rates:

Class A (salary above €48,610 per annum)	
	€
Night Allowance	138.41
Day Allowance 10 hours or more	40.01
Day Allowance 5 hours but less than 10	16.32

Class B (salary €48,609 and below)	
	€
Night Allowance	127.49
Day Allowance 10 hours or more	40.01
Day Allowance 5 hours but less than 10	16.32

Mileage Rates		
Official Mileage in a Calendar year	up to 4,000	4,001 & over
	cent	cent
Engine capacity up to 1,200cc	86.05	43.50
Engine capacity 1,201cc to 1,500cc	101.27	50.29
Engine capacity 1,501cc and over	128.10	59.49

Notes





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