

# No must mean no

THIS issue of *WIN* is dominated by the theme of safe staffing encapsulated in the phrase 'SAFE staffing equals safe care equals SAFE patients'. At our recent annual conference, where we launched our safe staffing campaign, most debate focused on the issue of safe staffing and maintaining the environment, for nurses and midwives, where they can engage in safe practice.

At the conference we also had the announcement, on behalf of the Minister for Health, that, under the chairmanship of the chief nursing officer, the Department of Health is establishing a workforce on nurse staffing. This workforce, of which the INMO will be a member, will be the first step, in conjunction with the midwifery workforce forum, in establishing – through the application of agreed dependency tools – uniform, safe staffing levels which would at all times reflect acuity and dependency.

The INMO has welcomed the establishment of these two groups and we will be active participants in both processes in the coming months. However, and this is pivotal, we will continue to pursue the immediate lifting of the recruitment embargo on nursing and midwifery posts. This issue was set to come before the LRC as *WIN* went to print.

However, in stark contrast to this, we recently had the publication by the HSE, of its latest set of plans, purportedly under Haddington Road, which amount to nothing less than a full frontal assault on frontline staffing levels, regardless of their impact on patient care and safety. The details of these plans, which have been

brought forward without any safety audit or risk assessment, are covered on *page 7* and in the ADC reports in this issue. The INMO has already highlighted the dangers for patient care arising from the proposals to substitute nursing staff with interns under the support staff intern programme or, in the community, to replace experienced public health and community general nurses with new graduates.

The latest HSE plan is not driven by any concern for patient safety; it is only driven by the need for the health sector to save €290 million under Haddington Road, during this year. The specific plans set out recently by the HSE are targeted at realising €80 million of this sum, apparently regardless of the impact on frontline services. Despite the utterances about reform, reorganisation, efficiency and productivity, it is worth noting that the latest HSE plan contains no initiatives to de-layer over populated, middle and senior management grades. What the plans actually represent is an absolute centralisation of power, with all authority and autonomy being taken from directors/assistant directors of nursing/midwifery.

In response to these proposals, the INMO has commenced detailed regional discussions with senior nurse manager members. It is clear that these members share the Organisation's concern, about patient safety, arising from these plans. It is equally clear that they want to retain the authority and autonomy to evaluate their own staffing levels, based on their professional judgement, and to have staff numbers and a skill



mix that reflects their patient population.

The INMO will continue to be active, assertive, visible and strong partners with our directors/assistant director members, in every action they take to protect the frontline and patient care. When they say no, we will say no. We must stand together, like never before and protect the patients we are there to serve, and protect the regulated and registered nurses and midwives who strive, every day, to deliver safe care through safe practice.

We will engage with the political system, we will engage with the HSE and we will engage with interested parties, to the health service, to explain to them why these measures are too grievous, cut too deep and compromise the integrity of the care required by patients.

To all of them we will say, knowing that we are right, that, on this occasion, no means no and we will not implement measures which compromise the care of our patients/clients. Not now and not ever.

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(ISSN: 2009-4264)

Volume 22 Number 5  
June 2014

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



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