

Addendum to Management Proposal on 8th February 2017

Department of Health, Department of Public Expenditure and Reform and HSE Management consider that the proposals advanced on 8th February represented a comprehensive response to the issues of recruitment and retention of nurses and midwives within the resources available.

In regard to the further issues raised by the staff side on foot of these proposals, the following is the definitive management position.

1. Pre-Retirement Initiative

As a further retention measure, management are agreeable to introducing a pilot pre-retirement initiative for nurses and midwives. This will operate as follows:

- The scheme will be operated strictly on pilot basis for 2 years, following which an evaluation will be conducted to establish the effectiveness of the intervention as a retention mechanism. With the benefit of this evaluation, a decision will be taken on the continuation of the initiative.
- Eligibility will be confined to nurses and midwives aged 55 and over who have 20 years public service or more whole-time service and do not have enhanced superannuation benefits. Nurses and midwives up to Clinical Nurse/ Midwife Manager 2 (or equivalent) and basic grade Public Health Nurses will be eligible for the scheme.
- The pilot initiative will be limited to a maximum of 250 in each of the two years of the pilot phase.
- Nurses and midwives who opt for the scheme must retire upon completion of the job sharing period and not later than attaining age 65.
- Nurses/midwives in full time (1.0 WTE) permanent positions aged 55 or over may apply to work on a 0.5 WTE job-sharing basis for a maximum of 5 years prior to retirement. Superannuation benefits will then be calculated on the basis of actual service plus a maximum of 2.5 years in respect of the pre-retirement job-sharing period, subject to over-all maximum of 40 years' service.
- If a nurse/ midwife who has opted for the pre-retirement initiative were to apply to return to full-time employment then the service given would be counted as actual service without addition.
- A Circular will issue to give effect to above with a commencement date 1st July, 2017

2. Restoration of Certain Allowances for New Entrants

Restoration of the following allowances for new entrant nurses will be positively considered in the pay negotiations scheduled for Q2 2017:

- Midwifery Qualification (PHN)
- Registered general nurse in the community
- Nurse co-ordinator allowance
- Specialist Co-ordinator allowance (nurse tutors)
- Nurses assigned to occupational therapy
- Child and Maternal Module – management reserve position and will further examine potential for introduction

3. Maternity Leave Cover

It is noted that the methodology deployed in the Task Force on Nurse Staffing and Skillmix takes account of actual maternity leave on a ward by ward basis. This will see the issue addressed comprehensively as part of the continued roll out of the Task Force in the years ahead when the output of the Taskforce is considered as part of the Estimates and National Service Planning process.

Management support diversity, equality and inclusion in the workplace. Management commit to cover maternity leave in accordance with the funded workforce plan. The funded workforce plan provides for 37,043 WTEs by the end of the year. This allows for the routine filling of vacancies on foot of retirements/resignations/maternity, subject in exceptional cases to changes in the ongoing service rationale or configuration. Management focus is on filling nursing and midwifery vacancies to ensure a sustainable workforce.

4. Three Year Nursing and Midwifery Workforce Plan

Funded workforce plans will be implemented in 2018 & 2019 to meet service need. Funded workforce plans will be finalised before end November of each year. Relevant engagement will be undertaken with stakeholders.

5. Community Nursing and Midwifery Structures

An immediate process of engagement will recommence under the auspices of the WRC which will include Community Nursing and Midwifery in the context of CHO structural implementation.

6. Care of Elderly

In relation to COE management commit to maintaining funded staffing levels at those prevailing on December 31st 2016 on the basis of an immediate resumption under the aegis of the WRC of the

process with regard to staffing and skill mix in the sector and a commitment to bring these discussions to finality by 30th April, 2017. Any changes in relation to service provisions will go through normal consultation processes.

7. CNM1's

Management are committed to funding the upgrade of 127 existing staff nurses to CNM1's. This will be confined to Medical and Surgical wards and this initiative will commence in July 2017.

Further engagement with Trade Unions to determine future requirements with a view to such engagement being concluded by 30 April, 2017.

8. Leadership, Education & Professional Development Programme

In the context of implementing the Health Service People Strategy management commit to ensuring all Nurses and Midwives will have a Personal Professional Development Plan. This process will commence prior to December 2017. It will identify and provide a supportive framework for the professional development needs of each nurse and midwife in line with the requirements of their speciality. Plans will be reviewed and developed on an annual basis.

Management will undertake a review of education and development supports for Nursing and Midwifery in consultation with the professions and relevant trade unions with a view to prioritising education initiatives in 2018.

9. Management Response to Matters Raised in LRA Oversight Body Statement

- Universal provision of CPD. The demand has very significant cost implications and wider policy implications and cannot therefore be conceded. However, attention is drawn to 8 above.
- Payment for meal breaks – The demand has very significant cost and wider policy implications and cannot therefore be conceded. The management position is that meal breaks must be provided. In order to address management systems issues where they arise, a data gathering process is currently underway and will be completed by end April, 2017. Management will put measures in place to ensure issues identified in this exercise are addressed with a view to such measures being decided by the end of May 2017.
- Restoration of time-and-a sixth across the sector – a process is currently underway to give effect to the addendum to the First Verification Report on Transfer of Tasks under Nursing /Medical Interface Section of the HRA. Where agreement cannot be reached in relation to any aspect of the Agreement the immediate intervention of the Chairperson will be sought and his decision will be final.
- Reinstitution of the pre-Retirement Initiative – as set out at Point 1 above.

- Reinstatement of certain allowances – as set out at Point 2 above
- 1:1 maternity leave - as set out at Point 3 above.

10. Career Breaks

Management confirm that the existing career break scheme is available to all Nursing & Midwifery Grades. Where applications are refused they will be subject to review at Group/CHO HR level. Any such application should be in the first instance to the Director of Nursing.

11. RNID

Management will explore issues arising in the context of integrated workforce planning and future models of care and commit to a time limited process to commence immediately and an update to be provided to the Unions in 2 weeks' time.

12. A Funded Workforce Plan to Support the National Children's Hospital

A funded workforce plan is under development and a person has been appointed to finalise this in Q2. Management will consult with Stakeholders regarding same.

13. Agency Conversion

Management will undertake a dedicated process to maximise agency conversion where possible up to 50%.