

**Management proposals to INMO/SIPTU in relation to
Nurse/Midwifery Recruitment and Retention initiatives**

8th February, 2017

HSE, DOH & DPER

DELIVERY OF 2017 FUNDED NURSING WORKFORCE PLAN

The following detailed arrangements are proposed in the context of overall agreement with INMO/SIPTU as part of current engagements on nurse staffing.

1. Additional Nursing Posts

The Department of Health and the HSE undertake to deliver the 2017 funded nursing workforce plan with key elements as follows:

	WTEs
Additional Midwives under National Maternity Strategy	96
<i>Emergency Department new posts</i>	107
Emergency Department vacant posts	75
Acute Hospital Service Development posts	74
Advanced Nurse Practitioner with Candidate backfilling	120
<u>Agency Conversion (funded from Agency reduction)</u>	<u>736</u>
Total	1,208

**Admitted patients as per Expert Group Interim Report final figure being worked on in existing ED WRC process.*

These posts will be additional to the total nursing and midwifery numbers funded / employed at end December 2016, bringing total nursing numbers to 37,043 WTEs.

Hospital Group/Community Health Organisation Arrangements

The breakdown of the 1,208 posts to be delivered by each Hospital Group/Hospital and Community Health Organisation will be provided to the INMO and SIPTU. Delivery of these posts will be explicitly incorporated into the 2017 Operational Plans of each Hospital Group/CHO. Delivery will be managed under the Performance and Accountability Framework. This Framework was instituted in 2016 and is being further strengthened in 2017. It is designed to hold units and relevant managers accountable for the delivery of key priorities.

2. Directors of Nursing

Full delegated authority has been restored to CEO / Chief Officers and their management teams for the recruitment of funded posts. Hospital Groups/Hospitals and CHOs will be facilitated in delegating operational responsibility and authority for nursing recruitment to Directors of Nursing / Directors of Public Health Nursing. This will be within the funded workforce plan and subject to the Performance and Accountability Framework and national oversight through the arrangements set out at 3 below.

3. Implementation issues

The National Service Plan 2017 has been agreed and implementation and accountability arrangements are well advanced for its successful delivery at national and local level. In order to fully encompass and give priority to the additional posts at 1 above in these established accountability and reporting arrangements, the Minister for Health will issue a direction under section 10 (1) of the Health Act 2004 to the HSE requiring the delivery of these posts. The Act specifies that: "The Executive shall comply with a direction issued by the Minister under this Act". A copy of this direction shall be laid before both Houses of the Oireachtas. Under section 10(2) of the same Act the Minister will require the HSE to report on the performance of this direction as part of the reporting arrangements for implementation of the 2017 National Service Plan. The Minister will also require special reports by end June, end September and end December on recruitment of the above posts. This quarterly report will be shared with the INMO and SIPTU and lodged with the Workplace Relations Commission.

A Standing Committee of management and INMO and SIPTU will be established, subject to agreement, to support implementation through the industrial relations process. This Committee will review the special reports and any other implementation issues related to paragraphs 1 through 3 above. Where the Standing Committee identifies that matters are not proceeding at Hospital Group / Hospital and CHO level in the manner set out above, the HSE will where appropriate and necessary utilise the Performance and Accountability Framework to ensure compliance with this agreement. Implementation of this Framework is also subject to ongoing reporting to the Department and performance oversight.

4. Permanent Full Time Contracts for Student Nurses

All graduating student nurses and midwives will be offered permanent contracts within a Hospital Group or CHO once their internship commences, subject to their attaining registration post-qualification and satisfactory performance. Arrangements will be put in place to offer preferred locations where possible. This can be linked with subsequent career break should the graduate wish to gain additional experience or qualifications.

5. Vacancies

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, subject in exceptional cases to changes in the ongoing service rationale or configuration. It is recognised that during the fiscal crisis, even where there was room within pay budgets, recruitment restrictions posed difficulties in providing maternity cover. The removal of recruitment restrictions and the devolution of authority to operate within the funded workforce plan may provide increasing scope at local level to provide maternity 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 commits to engaging further on the issue of maternity leave including with third party input.)

2017 Nursing | Midwifery Funded Workforce Plan

The capacity of Health Services in Ireland to meet increasingly complex demand requires specific focus as to the nursing resource within the delivery units of 7 Hospital Groups and 9 Community Health Organisations.

In order to ensure safe delivery of healthcare and concurrently protect the wellbeing of staff; it is incumbent on each stakeholder to work towards closing communication gaps and addressing deficits on a proactive basis. The support required is a shared ownership piece with each stakeholder having the opportunity to contribute positively to realise the joint objective of safer better healthcare.

1.1 Nursing Posts Status at end December 2016

The following table sets out the current position in relation to the 35,835.14 Whole Time Equivalents employed within Nursing and Midwifery in Health Services and distribution of same.

Hospital Groups	20,820.17
Mental Health	4,753.61
Primary Care	2,847.51
Social Care	7,223.93
Corporate & HBS	151.93
Health & Wellbeing	37.99

WTE employed at each work location – Hospital Groups:

Children's Hospitals	1,189.19
Dublin Midlands Hospitals	3,653.53
Ireland East Hospitals	4,201.00
RCSI Hospitals	3,152.53
Saolta Healthcare Hospitals	3,318.51
South/ South West Hospitals	3,864.56
University Limerick Hospitals	1,438.85

WTE employed at each work location – Community Health Organisations:

Community Healthcare Organisation (CHO)	WTE Dec 2016
Combined Total - Primary Care Mental Health and Social Care	14,825.05
CHO 1	1,663.26
CHO 2	1,506.98
CHO 3	1,240.15
CHO 4	2,248.82

CHO 5	1,521.75
CHO 6	1,134.37
CHO 7	1,616.12
CHO 8	1,741.49
CHO 9	1,956.18
Other Non-Acute	195.93

Detailed Breakdown by Work Location – Hospital Groups

Hospital Group /Division	WTE Dec 16
Children's Hospitals	1,189.19
Our Lady's Children's Hospital	688.08
Tallaght Paediatric Hospital	105.66
Children's University Hospital	395.45

Dublin Midlands Hospitals	3,653.53
Coombe Women & Infants University Hospital	323.49
Midland Regional Hospital, Portlaoise	249.61
Midland Regional Hospital, Tullamore	374.44
Naas General Hospital	242.55
St. James's Hospital	1,449.62
St. Luke's Hospital, Rathgar	76.80
Tallaght Hospital	936.02
other acute services	1.00

Ireland East Hospitals	4,201.00
Cappagh National Orthopaedic Hospital	133.83
Mater Misericordiae University Hospital	1,122.93
Midland Regional Hospital, Mullingar	311.86
National Maternity Hospital	386.99
Our Lady's Hospital, Navan	179.77
Royal Victoria Eye & Ear Hospital	97.08
St. Columcille's Hospital	143.23
St. Luke's General Hospital	390.37
St. Michael's Hospital	156.50
St. Vincent's University Hospital	928.59
Wexford General Hospital	348.85
other acute services	1.00

RCSI Hospitals	3,152.53
Beaumont Hospital	1,181.36
Cavan General Hospital	366.63
Connolly Hospital	458.16
Louth County Hospital	85.31
Monaghan General Hospital	33.34
Our Lady of Lourdes Hospital	680.54

The Rotunda Hospital	346.24
other acute services	0.95

Saolta Healthcare Hospitals	3,318.51
Galway University Hospitals	1,296.55
Letterkenny General Hospital	554.78
Mayo General Hospital	448.84
Portlincula Hospital	292.39
Roscommon County Hospital	111.96
Sligo Regional Hospital	600.83
other acute services	13.16

South/ South West Hospitals	3,864.56
Bantry General Hospital	108.33
Cork University Hospital	1,490.65
Lourdes Orthopaedic Hospital	35.22
Mallow General Hospital	96.75
Mercy University Hospital	419.78
South Infirmary-Victoria University Hospital	276.50
South Tipperary General Hospital	325.22
University Hospital Kerry	427.68
University Hospital Waterford	678.53
other acute services	5.90

University Limerick Hospitals	1,438.85
Croom Hospital	66.09
Ennis Hospital	105.31
Nenagh Hospital	98.65
St. John's Hospital	108.06
University Maternity Hospital	203.36
University Hospital Limerick	857.38

Detailed Breakdown by Work Location – Divisions in CHO

Community Healthcare Organisation (CHO)	WTE Dec 2016
Total - Mental Health	4,753.61
CHO 1	501.53
CHO 2	565.04
CHO 3	385.45
CHO 4	777.48
CHO 5	646.80
CHO 6	242.27
CHO 7	362.09
CHO 8	504.72
CHO 9	572.30
Other Non-Acute	195.93

Community Healthcare Organisation (CHO)	WTE Dec 2016
Total - Primary Care	2,847.51
CHO 1	296.60
CHO 2	295.38
CHO 3	198.79
CHO 4	356.13
CHO 5	253.27
CHO 6	198.39
CHO 7	516.46
CHO 8	417.86
CHO 9	314.63

Community Healthcare Organisation (CHO)	WTE Dec 2016
Total - Social Care	7,223.93
CHO 1	865.13
CHO 2	646.56
CHO 3	655.91
CHO 4	1,115.21
CHO 5	621.68
CHO 6	693.71
CHO 7	737.57
CHO 8	818.91
CHO 9	1,069.25

2. Conversion of existing agency staff into permanent posts

A total of **736** agency posts will be converted, management will identify the number by location and include in funded Workforce Plan.

3. Nursing Posts funded through the National Maternity Strategy by site in 2017
Following the publication of the National Maternity Strategy 2016, an additional 96 Midwives will be recruited in 2017.

4. Emergency posts WRC Agreement * subject to WRC process

ACUTE NURSING PROFILE	ED Admitted / Boarded Patient Additional WTE
HG Dublin Midlands	17
Dublin Midlands Group HQ	-
The Coombe Women and Infant University Hospital	-
Midland Regional Hospital, Portlaoise	3
Midland Regional Hospital, Tullamore	3
Naas General Hospital	7
St James's Hospital	1
St Luke's Hospital, Rathgar	-
Adelaide & Meath - General Hospital Tallaght	3
HG Ireland East	11
IE Group HQ	-
Cappagh National Orthopaedic Hospital	-
Mater Misericordiae University Hospital	3
Midland Regional Hospital, Mullingar	2
National Maternity Hospital, Holles St	-
Our Lady's Hospital, Navan	-
Royal Victoria Eye & Ear Hospital	-
St. Columcilles Hospital, Loughlinstown	-
St. Luke's Hospital, Kilkenny	2
St Vincent's University Hospital, Elm Park	4
St Michael's Hospital, Dun Laoghaire	-
Wexford General Hospital	-
HG National Childrens	4
Children's University Hospital, Temple Street	1
Adelaide & Meath - National Childrens Hospital Tal	-
Our Lady's Children's Hospital, Crumlin	3
HG RCSI	30
RCSI Group HQ	-
Beaumont Hospital	-
Cavan General Hospital	14
HSE - Connolly Memorial Hospital	2
Louth County Hospital	-
Monaghan General Hospital	-
Our Lady's of Lourdes Hospital, Drogheda	14
The Rotunda Hospital	-

HG Saolta	23
Saolta University Healthcare Group HQ	-
Galway University Hospitals	15
Letterkenny General Hospital	-
Mayo General hospital	3
Portiuncula Hospital General and Maternity	1
Roscommon County Hospital	-
Sligo General Hospital	4
HG South/ South West	12
South/South West HQ	-
Bantry General Hospital	-
Cork University Hospital	8
Kerry General Hospital	1
Kilcreene Orthopaedic Hospital	-
Mallow General Hospital	-
Mercy University Hospital	-
South Infirmary - Victoria University Hospital	-
South Tipperary General Hospital	3
Waterford Regional Hospital	-
HG University of Limerick	10
Croom Hospital	-
Ennis General Hospital	-
University Hospital, Limerick	-
Nenagh General Hospital	-
St John's Hospital, Limerick	-
University Maternity Hospital, Limerick	10
Total Acute	107

Current ED Vacancies:

ACUTE NURSING PROFILE	ED Vacancies
HG Dublin Midlands	13
Dublin Midlands Group HQ	-
The Coombe Women & Infant University Hospital	-
Midland Regional Hospital, Portlaoise	2
Midland Regional Hospital, Tullamore	2
Naas General Hospital	1
St James's Hospital	4
St Luke's Hospital, Rathgar	-
Adelaide & Meath - General Hospital Tallaght	4
HG Ireland East	13
IE Group HQ	-

Cappagh National Orthopaedic Hospital	-
Mater Misericordiae University Hospital	4
Midland Regional Hospital, Mullingar	2
National Maternity Hospital, Holles St	-
Our Lady's Hospital, Navan	1
Royal Victoria Eye & Ear Hospital	-
St. Columcilles Hospital, Loughlinstown	-
St. Luke's Hospital, Kilkenny	1
St Vincent's University Hospital, Elm Park	4
St Michael's Hospital, Dun Laoghaire	-
Wexford General Hospital	1
HG National Childrens	5
Children's University Hospital, Temple Street	2
Adelaide & Meath - National Childrens	
Hospital Tal	1
Our Lady's Children's Hospital, Crumlin	2
HG RCSI	13
RCSI Group HQ	-
Beaumont Hospital	4
Cavan General Hospital	2
HSE - Connolly Memorial Hospital	3
Louth County Hospital	-
Monaghan General Hospital	-
Our Lady's of Lourdes Hospital, Drogheda	4
The Rotunda Hospital	-
HG Saolta	12
Saolta University Healthcare Group HQ	-
Galway University Hospitals	6
Letterkenny General Hospital	2
Mayo General hospital	1
Portiuncula Hospital General and Maternity	1
Roscommon County Hospital	-
Sligo General Hospital	2
HG South/ South West	15
South/South West HQ	-
Bantry General Hospital	-
Cork University Hospital	7
Kerry General Hospital	2
Kilcreene Orthopaedic Hospital	-
Mallow General Hospital	-
Mercy University Hospital	2
South Infirmary - Victoria University Hospital	-
South Tipperary General Hospital	1
Waterford Regional Hospital	3
HG University of Limerick	4
Croom Hospital	-
Ennis General Hospital	-

University Hospital, Limerick	4
Nenagh General Hospital	-
St John's Hospital, Limerick	-
University Maternity Hospital, Limerick	-
Total Acute	75

5. Development Posts Acutes 2017

A total of 74 development posts will be filled in the Acutes Division as set out below:

Nursing Posts 2017 Acute Division			
Development	HG	Hospital	WTE
ED	UL		30
Herity Report-CATH Lab	SSWHG	UHW	1
ICU	SSWHG		11
All island Cardiology	Childrens		2
AM U Portlaoise	Dublin Midlands	Portlaoise	6
Funded from €4m new 2017 funding			
Development			
Pancreatic Transplant	Ireland East	SVUH	16
IPIMS	Dublin Midlands	MRHT	1
Orthopaedics Trauma	Childrens	OCLHC	1
FME	Childrens	OCLHC	1
Duchenne M D	Childrens	OCLHC	1
Scoliosis	Childrens	OCLHC	4
2016 Developments not yet in post – part of €6.8m funding			

6. Advanced Nurse Practitioners

The backfilling of 120 ANP's will be funded in 2017.

7. December 2017 Nursing Figure

The impact of additional and realigning of resources would have a net effect of 37,043 WTE in Nursing | Midwifery nationally in December 2017. Funding is confirmed and available to implement this Workforce Plan in full in 2017.

Retention Measures

The nursing and midwifery workforce is critical to the delivery of safe effective patient care. The Irish Public Health Service employed 35,835 whole time equivalent nurses and midwives, on December 31st 2016, which accounted for 32.5% of the total health workforce. As has been highlighted this figure compares with 39,006, in December 2007 before the commencement of the moratorium. In the interim the population has grown substantially with a significantly larger cohort of over 65's.

This strategic proposal has to be viewed from a short, medium and long term perspective. There are currently a number of very positive developments underway which will ultimately lead to the stabilisation of our workforce with quality safe staffing at their core; these should be used to their full advantage in recruitment and retention, including the:

- Taskforce on Nurse Staffing and Skill Mix in acute medical and surgical wards
- Report of the ED Taskforce
- Clinical Programmes
- Models of Care
- Wider Hospital Groups and CHO initiatives to mention a few.

Workforce Planning

Taskforce on Staffing and Skill-mix in Medical and Surgical Wards

The pilot of the Taskforce on Staffing and Skill-mix in Medical and Surgical Wards is due to conclude in March 2017. The initial roll out will be extended to a further 10 wards. Planning for the national roll out, to all medical and surgical wards, will be accelerated with a view to the inclusion of a multi-annual implementation plan commencing in the 2018 estimates.

Phase 2

Phase 2 of the Task Force on Nurse Staffing and Skill Mix, which has commenced its work, will be advanced in a timely fashion and every effort to inform the 2018 estimates process.

Children's Nursing

A funded position is being put in place with immediate effect to develop a distinct national workforce plan and provide recommendations for children's nursing.

Midwifery

All midwifery staffing requirements, arising from the maternity strategy, to be implemented, on a phased basis, leading to a midwife to birth ratio of 1 to 29.5 as recommended. The rollout of the provision of the maternity strategy will involve the recruitment of an additional 96 midwives in 2017.

Advanced Nurse Practitioners

In 2017 the number of Advanced Nurse Practitioners will be increased service wide to support implementation of a programme for change in a number of priority areas to facilitate an improved model of care. There will be an initial intake of 120 candidate ANPs in September 2017, which will be funded at candidate rate of CNM3. Each consequential vacancy will be back filled at the salary grade vacated.

Clinical Nurse Managers 1's

Management are committed to funding 100 CNM1's in 2017, and will commence this process in February, 2017. There will be further engagement with the trade unions to determine potential future requirements.

Clinical Nurse Managers 2's

It is vital that all managers play a role in the workforce planning process for their area. Hence CNMs should be involved in recruitment where this is practical. CNM2s play a pivotal role in retaining and recruiting nurses and midwives as recognised by the Taskforce in Staffing and Skill Mix in its recommendations. CNMs will be targeted for participation in Leadership programmes, interview technique programmes, and unit development support programmes. E.g. Productive ward, Team based performance management.

Rehired Retirees

Nurses and midwives who return to work, following retirement, will be entitled to return at the incremental point they were on when they left the system. With regard to personnel who retired at a higher grade (CNM2, ADON etc), if they return to work at the grade occupied at the time of retirement, they will be paid at the incremental point of the scale they were on at time of retirement. However, if returning at a lower grade (e.g. Staff Nurse), they will be remunerated at the maximum point of this lower grade.

Co-ordinated approach to recruitment of nurses from abroad

Circular 026-2015 Extension

- Extend Bring Them Home campaign beyond the UK, applying a second €1,500 allowance after a period of 12 months. Payment of NMBI as per Circular, year in which the returning nurse/midwife joins public health service.
- Whilst the national recruitment campaigns are on-going, the success of these initiatives should be further examined. For example, an annual programme of campaigns should be streamlined, for example at Christmas and New Year. The location of these campaigns should be further explored, for example recruitment

drives at airports etc. In addition, areas of high density Irish nurses and midwives working abroad (e.g. UK and Australia) should be prioritised and targeted for international recruitment campaigns.

- The use of technology in recruitment requires greater attention. Today's world functions around social media and therefore could be harnessed for greater recruitment opportunities, for example Facebook, websites, apps and national media campaigns. Skype interviews will be utilised as a routine recruitment mechanism as this will assist in value for money recruiting.
- On-boarding of new nurses; this is enabling the integration of the new nurse/midwife into their post, preparing them to succeed through developing them from the first point of contact with the organisation. Once hired, nurses/midwives will be engaged continuously before they start in the organisation, to support being valued and welcomed at the first point. HR will convene a working group in conjunction with Directors of Nursing to develop a standardised approach to on-boarding. Preceptorship, at ward / workplace level, is a key component in this strategy and requires further dialogue with the trade unions.

Staff Nurse Panels

All 2016 and 2017 nurses and midwifery graduates will be offered permanent full time positions within a HG/CHO, dependent on the attainment of their registration post qualification and satisfactory performance. Arrangements will be put in place to offer preferred locations where possible. A career break/special leave will be included as part of their contract to provide the opportunity should the graduate wish to gain additional experience/qualifications. All nurses and midwives, on existing panels, will be offered permanent positions and their contracts will provide the same opportunities as those offered to newly graduated nurses and midwives as per funded workforce plan.

Career Break Scheme

All newly recruited nurse and midwife graduates, after one full year of service a career break option will be available as per the Career Break Scheme. It is hoped this measure will help retention in that new recruits will not resign for the purposes of travel but instead will take a career break with a view to returning to the Irish health service.

Develop a national recruitment specific transfer panel

Set up process similar to PHN's

Accelerate the progress on a national nurse and midwifery transfer panel, completed within **3 months** of this agreement being ratified.

Working Hours

A measuring hours' process, established under the provisions of the Chairman's note from LRA is currently dealing with the issue of measuring all hours of work undertaken by nursing staff. It is anticipated that the work of this group will be concluded by **31st March 2017**.

Post Graduate Places

Eligibility and Access to Post Graduate Education

The **HR Circular 020/2014 Sponsorship of Nursing & Midwifery Post Graduate programmes** sets out the scope, eligibility, funding arrangements, and both the nurse and employing agency responsibilities. This is applied nationally through NMPDUs and Voluntary organisations. This is to ensure equitable access for all to continuing education funding.

All third level programmes are requested by staff (permanent, temporary, full-time, part-time) through their line managers who submit applications through their DON/M and funding is provided by their aligned NMPDU or DoN/M within the Voluntary sector.

In 2015, over 1,549 post graduate programmes were funded through this process. This figure however, does not include that provided by the Voluntary sector, and so therefore this is an underestimate of the total provision for 2015. It is also of note, that these figures are growing year on year, with greater demand in 2016 (figures not yet available). It is anticipated that there will be comparable demand and that a similar level of provision will be funded in 2017.

Table 1.0 outlines the current availability of key Post Graduate Specialist Education, including the number of places and the geographic spread.

Table 1.0 Current availability of Post Graduate Education

	Foundation Level 8	Geographic Coverage	Number of Places	PGDip / Masters	Geographic Coverage	Number of Places
Peri-Op	6 (+2 in development)	East, South, Mid-West	50+ *	6	East, West, Mid-West	90+*
ICU	8	East, North East, South	70*	8 (2 are childrens)	East, West, South	140+*
CCU				11 (2 are combined with ICU)	East, North East, South, West	90+*
ED	5	East, North East	22+*	19 (9 ANP Specific)	East, West, South	No max number of

						places – demand driven
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* It should be noted that these are the current minimum number of places, with additional capacity in many instances dependent upon service demand.

CNME Education Provision

In addition to the above education provision, in 2016 the CNME's provided education programmes to a total of 44,926. A total of 1717 programmes were delivered, of which 560 education programmes were provided to 913 nursing staff from Emergency Departments, Injury Units, AMAU and MAU's. In addition, the CNMEs developed 158 new programmes in 2016. At a minimum, there will be a similar level of provision funded in 2017.

Future Plans New National Programmes

The new national programmes outlined in Table 2.0 below, have and will be further developed by the ONMSD in collaboration with the National Clinical Care Programmes. In conjunction with the current training needs assessments that have been undertaken with nurses and midwives on the ground, the programmes will be tailored to meet the specific needs of these nurses and midwives, as identified in these assessments/consultations. Consequently, these programmes will be designed with a specific focus on foundation level programmes, to support nurses and midwives on their pathway to PGDip and Masters level, for those who wish to do undertake same.

The funding for these programmes is in addition to that outlined above.

Table 2.0 New Post Graduate Foundation Programmes 2017

	Foundation Level 8	Geographic Coverage	Number of Places
Peri-op	New National Programme (Anaesthesia and Recovery Room)	National access/ blended learning Commenced 2016	400 over 2 years
Pre-Assessment	New National Programme	National access/ blended learning Under tender (expected Q3 2017)	100 for 2017
ICU	New National Programme (Critical Care Nursing)	National access/ blended learning Under tender (expected Q3 2017)	2 courses per year with a min target of 600 over 4/5 years
ED	New National Programme	National access/ blended learning	2 courses per year with a min

		Under Tender (expected Q3 2017)	target of 550 over 3/5 years
Acute Medicine	New National Programme	National access/ blended learning Under Tender (expected Q3 2017)	2 courses per year with a min target of 560 over 3 years

Targeted Funding

In terms of the above programmes, along with additional programmes being funded by the ONMSD, for example **Frailty Education** (100 nurses in 2017) along with a suite of 10 training priorities for midwives (e.g. maternal sepsis, PPH etc.), additional funding will be targeted at those programmes, that are identified as critical to service delivery and staff development. In addition, the prioritisation of these programmes, are based on the co-design of these programmes with front line nurses and midwives, to ensure that funding is targeted to meet service and staff development needs. In tandem with this, the focus of the targeted funding, in alignment with the circular noted above, will provide for equitable access of programmes for all nurses and midwives, whereby oversight of the funding will be monitored for geographic distribution across services, relative to service pressures.

Sponsorship Programmes

In 2016, 108 sponsorships were provided for Post Registration PHN education. For 2017, **140** sponsorships will be provided. Progressively increase to 160 over a phased time period as follows 2018, 150; 2019, 160. via and funding for prioritisation in 2018 estimates bid.

In 2016, 85 sponsorships were provided for Post Registration Children's education. For 2017, 85 sponsorships will be provided.

In 2016, 101 sponsorships were provided for Post Registration Midwifery education. For 2018, the number of sponsorships to be determined by **Maternity Strategy**.

Clinical Leadership

The Framework of the **Taskforce on Staffing and Skill Mix** (Phase I Med/Surg) outlines the key role that ward leadership plays particularly in relation to creating and sustaining a positive ward environment which, in turn has a positive impact on patient and staff outcomes and safety. For these reasons the Taskforce made a number of recommendations in this regard. Taking into consideration the recommendations of the Commission on Nursing Report (1998), the Taskforce supports the role as described, as the CNM1 as determined by the activity and complexity of the nursing/midwifery service, with clearly defined roles and responsibilities, in addition to assuming charge of the ward in the absence of the CNM2.

Pre-registration nurse training places

Re-introduce nursing post graduate programmes (duration tbc subject to EU regulation) for existing registrants to gain registration in another division (previously known as "conversion courses") this would increase the supply of available qualifications across the nursing workforce, to potentially tackle issues of distribution of qualifications. Currently, this is being pursued in relation to general and intellectual disability nursing for 2018 subject to funding.

Undergraduate training places

130 additional undergraduate places in 2017 to include 20 sponsorship places.

Study Leave

The HSE will provide a progress report to INMO/ SIPTU within 3 months of this agreement on the development of national standards for entitlements to study leave.

Funded Workforce Plan 2017

A funded workforce plan for nursing 2017 has been finalised.

Health Safety and Welfare at Work

Manager Empowerment for Injury at Work and Critical illness protocols

All frontline managers will be supported to train in respect of existing agreements, circular letters and regulations with regard to health, safety and welfare at work, injury work scheme, critical illness protocol, the sick leave regulations and the managing attendance policy through the **HSELand eLearning** Programme. Approximately 1,200 managers across the system have been trained to date.

MSK and stress related illness

Roll out of **12 service delivery units** nationally during 2017 which will serve as Work Well HUBS as a one stop shop for staff in relation to six areas: (1) occupational health, (2) counselling, (3) critical stress debriefing, (4) health promotion, (5) health and safety and (6) rehabilitation and return to work (including musculoskeletal, ergonomics etc.).

Safety Reps, Time Release

A minimum of two Nursing/Midwifery Safety Reps shall be elected in each work place. The HSE will facilitate such representation with the necessary time off, with pay, to undertake appropriate training. Safety representatives will be given time to conduct and carry out their role, as per Health and Safety Regulations. Management

will work proactively with the INMO/SIPTU to promote the Health & Safety agenda and initiatives in the workplace.

It has not been possible to reach a common understanding on the following matters:

Payment for meal breaks

Pre retirement initiatives

Allowances

Protected time CPD 1 hour

CHO DON

Immediate implementation of the working group on the Centers of Nursing and

Midwifery Education, pursuant to Labour Court Recommendation 20165 which was issued to the Department of Health on 07 February 2013

Staffing Care of the Elderly, maintain existing staffing and service levels.