HSE Implementation Plan LCR Recommendations LCR21901 & LCR21942 (Enhanced Nurse/Midwife Contract)

Introduction

This implementation plan sets out the actions to be taken by the HSE to implement the Enhanced Nurse/ Midwife Contract as per Labour Court recommendations LCR21901 and LCR21942. The Enhanced Nurse/Midwife Contract was reviewed in light of the synergistic benefits provided by the LCR in relation to Sláintecare implementation. The Labour Court recommendations fundamentally change the role of the nurse/midwife on appointment to the Enhanced Nurse/Midwife grade. These changes will support the implementation of Sláintecare, the development of community services, patient safety and ensuring health and social care are provided within the budget allocated to the HSE. While recognising the need to realise benefits of the contract as soon as possible, the HSE will at all times have the safety of patients as its first priority. Therefore, necessary lead time for the Implementation Steering Group, chaired by the HSE Chief Operations Officer to plan and risk assess is built into the implementation timeline.

This plan sets out key productivity measures that will be subject to independent verification. The approach will include mandating and monitoring full compliance with the terms of the Enhanced Nurse/Midwife Contract. The business platform for monitoring the deployment of the Enhanced Nurses Contract against agency use and overall skill mix will be the ICT systems for the Safe Nurse Staffing and skill mix Framework (from this point referred to as the 'Framework' in the document). This platform is the only evidence-based workforce deployment platform for Nursing in the state. Go live of monitoring and reporting will be aligned to the roll out of the ICT system. Funding for the roll out of the ICT system will be a critical need in the 2020 National Service Plan.

Context

This plan is viewed explicitly through the lens of the Labour Court Recommendations LCR21901 and LCR21942 which provide for the creation of the Enhanced Nurse/Midwife Grade. The Enhanced Nurse/Midwife Contract provides an opportunity to act as an enabler to the delivery of Sláintecare and achievement of cost control related to, for example, agency expenditure, avoidable acute admission and delayed access. It is important to note that as the grade did not previously exist, as this plan is specific to the grade, and as the overall implementation plan for Sláintecare is separate, baselines and forecasting across all aspects is not possible. For this reason, both activity/progress monitoring and traditional metrics (percentages) are used. When the first year of baseline monitoring is complete and the aforementioned ICT system is in place, KPIs will be considered for the National Service Plan linked to the contract and overall pay and numbers strategy.

The key productivity measures are:

1. Contract change to incorporate shift of care to the community and support implementation of new approaches to chronic disease management, implementation of Sláintecare and related development of community services.
2. Flexibility and assessment of rosters in the context of the Framework, to include Community Care
3. Review of staffing and skill mix in all areas including ambulatory and outpatient areas. Facilitate nurses to focus on assessment, delivery and delegation of care.
4. The implementation of Integrated Care Organisations.
5. Full cooperation with the implementation of the Health Care Assistant review.

Enablers

The Enhanced Nurse contract is a key enabler to transform the profession and focus on the delivery of improved patient care and services. There is a particular focus on hours of work, location of work and enhanced duties. Compliance with these contractual obligations provided for by the LCR among the Enhanced Nurse/Midwife workforce will be a critical success factor for delivery of the HSE National Service Plans going forward, and therefore will be robustly managed at individual and collective level in line with relevant policies and national agreements.

Financial & Safety Imperative

The Enhanced Nurse Contract provides for increased productivity and flexibilities across the health service. In tandem with the implementation of this plan the normal process of service estimates will reflect any investment required.

The Labour Court Recommendation identifies 3 potential funding sources. The 3 potential funding sources it identifies are:

1. Nurses element of new entrant funding under PSSA
2. There will be reductions in spending on agency staff in nursing and midwifery as a result of the roll out of the Safe Staffing Framework**
3. Proposed productivity measures outlined in the Labour Court Recommendations.

The verification of the productivity measures of this plan will be subject to existing financial controls and also subject to independent verification
The Court commented that the delivery of these productivity measures and the migration of staff will, in the opinion of the parties, lead to the delivery of significant savings. This will be subject to an independent verification process under the auspice of the Court. In this regard it is proposed, in consultation with the Court, to secure independent expertise to determine the overall outcome of the reforms with an emphasis on assessing the impact on efficiency and effectiveness of service delivery. This will require expertise in assessing nursing policy reform as it relates to service delivered.

As this implementation plan sets out, the full potential benefits of this change in nursing are leveraged in the interests of patients, service users and their families. In this context there will be a significant focus on driving productivity and efficiencies set out as actions below.

It will be necessary, as part of determining and addressing any resources required to oversee and implement the agreement, to include any additional data, system or staff capacity to meet the reporting requirements of this overall implementation plan.

A structured healthcare analyst led evaluation will be required due to the need to economically model savings in respect of, for example, high acuity care that is avoided and/or acute bed equivalent services provided in the home. Residual net funding issues related to the implementation of the agreement will be the subject of the normal estimates process with the DOH and DPER.

** The roll-out of the Framework is linked to the review process of ICT expenditure under the Digital Government Oversight Unit (DGOU). This will involve a phased approach to roll out including two review reports.

It is intended to roll out the Framework nationally in medical and surgical and Emergency Department areas in acute hospital settings by the end of 2021. It has been agreed to commence the roll-out in medical and surgical areas of the nine model four hospitals starting in 2019 with:

- Beaumont Hospital
- Galway University Hospital
- St James Hospital

Following DGOU review and approval of the report the roll out will extent to the next three hospitals:

- The Mater Misericordiae University Hospital
- Cork University Hospital
- University Hospital Limerick

The second report is then due at this point and once approved we can progress to the last three model four hospitals:

- Waterford University Hospital
- St Vincent's University Hospital
- Tallaght University Hospital

In tandem with the roll-out of Framework in medical and surgical areas in the model 4 hospitals it is envisaged that rollout will extend to include Phase 2 of the Framework (Emergency care area).

The roll-out will extend to model two and three hospitals once the model four hospitals are complete.

As the Framework is implemented in Hospitals, the ICT system will be used to provide regular reports on reduction in usage of agency staff. These reports are generated based on Nursing Hours per Patient Day required in each Hospital ward. The reports separate the hours used by WTE staff and agency staff. As such, the reports will outline the total number of agency hours used in each Hospital ward. These reports can therefore be subsequently used to calculate agency hours saved.

The roll-out process will be led and coordinated by senior HSE Lead with support from DOH.
It is understood that there are costs associated with the roll out of the Framework which will have to be met from the exchequer.

HR Strategy

The contract for Enhanced Nurse/Midwife will optimise the skills of the nursing workforce and help to build a sustainable, resilient workforce. This will also support the revised People Strategy 2019-2024 which encourages leadership, talent and capability.

Approach to Implementation and Actions

A key element of the Labour Court recommendations is the provision of an independent verification process to ensure full delivery of the productivity measures that are designed to contribute to cost savings in respect of the new Enhanced Nurse Practice salary scale. In order to achieve this, a full understanding of the deliverable measures is required and the associated units of measurement – many of which are captured in existing Business Intelligence and Performance Reporting functions but will need to be analysed in new ways.

Core to the verification process will be the existing Performance & Accountability Framework and aforementioned Healthcare Analyst evaluation. There will be time required for constructive dialogue and collaboration with Hospital Groups and CHOs to appropriately set out the reporting and/or analytic requirements. There are also inter-dependencies between some of the specific recommendations of the Court and the timeline of multiannual programmes of work, such as the Framework. This is reflected in the action timelines.

Governance at National Level

There will be a high-level oversight group established with appropriate representation from DPER, DoH and HSE. The central role of this group is to monitor and review progress of the implementation plan.

A HSE Steering Group has been established to be chaired by the COO Operations to oversee the implementation of this plan. Members will include: National Director Acute Operations; National Director HR, CFO, CCO, National Director Community Operations; AND Older People Strategy, AND Primary Care Strategy; Community Operations HR, ONMSD, Chief Group Director of Nursing & Midwifery, Directors of Nursing from CHO's representing Public Health Nursing, Intellectual Disability and Community Older Persons.

The central role of the Steering Group will be commissioning, overseeing and reporting on the execution of the implementation plan. Performance management will be provided through the normal monthly governance and accountability arrangements. The National Performance and Oversight Group will provide overall governance as regards performance as is usual. The Steering Group will convene task-and-finish subgroup as required for time bound elements; e.g. confirming the application process, see below.

Process issues

The application process for the Enhanced Nurse/Midwife Contract will be similar to that of the Senior Staff Nurse. There is an administrative consideration at Hospital Group and CHO level, as each application must be reviewed while the application of the new scale is applicable on an individual basis from the date of next increment after 1 March 2019. The commencement date for implementation will be Q3 2019. HR Circulars to give effect to the agreement will be approved by DOH/DPER. The local implementation process will include

co-ordination between CHOs and Hospital Groups locally to support the achievement of cross cutting goals related to the establishment of Integrated Care Organisations.

Implementation actions are set out in Appendix 1.

Appendix 1 LCR Recommendations (Nursing/Midwifery) Implementation Plan

Rec No.	Recommendation Description (LCR no)	Action	Action Description	Start	End
1	**Eligibility, commencement date & probation. Qualifying conditions. (LCR 21942 1, 2 & 3, LCR 21901)**	1.1	Communication plan to be developed and initiated informing potential applicants of 1) eligibility criteria/qualifying conditions 2) application process 3) changes to contractual obligations on appointment and monitoring of same	Q3 2019	Q1 2020
2	**Location (LCR 21942 - 4.1-4.5)**	2.1	Establish reporting of measures to maximise the deployment of successful individual applicants (by region) and groups of applicants (by specialty/diagnostic related group)	Q4 2019	Q4 2019
		2.2	Identify one pilot site (acute hospital) to test a community virtual ward.	Q1 2020	Q1 2020
		2.3	Assess results of pilot and develop rollout plan to extend Community Virtual Ward to other sites as appropriate.	Q3 2020	Q1 2021
3	**Sláintecare (LCR 21901 - 1)**	3.1	Identify other new ways of delivering care under Sláintecare that can be tested and scaled up similar to virtual ward implementation (example community clinics, in reach and outreach between primary and acute care)	Q4 2019	Q2 2020

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Rec No.	Recommendation Description (LCR no)	Action	Action Description	Start	End
4	**Assessment of rosters (LCR 21901 -2)**	4.1	Complete an assessment of rosters in line with service provision in locations where framework has been rolled out. Staff on enhanced nurse/midwife contracts will support changes to rosters.	Q1 2020	Q4 2020
5	**Duties (LCR 21942 - 6.1 & 6.2)**	5.1	Create a standard operating procedure for deputising and operationalize this.	Q3 2019	Q4 2019
6	**Duties - compliance (LCR 21942 - 6.3iii)**	6.1	Institute a reporting mechanism for failure to comply with the SOP for deputising.	Q3 2019	Q4 2019
7	**Duties - clinical (LCR 21942 - 6.3 vi)**	7.1	Create and issue guidance on an ongoing basis to line managers on the determination of the "full range of clinical duties appropriate" for staff following appointment to the grade Enhanced Nurse / Midwife.	Q4 2019	Q2 2020
8	**Duties - task sharing NCHCDs (LCR 21942 - 6.3 ix)**	8.1	Review list of shared tasks across acute, community, and integrated settings - include explicitly in communication for applicants referred to ref contractual changes in the implementation action for recommendations 1-3 eligibility, application, probation.	Q4 2019	Q1 2020
9	**Duties - continuous skill acquisition (LCR 21942 - 6.3 x)**	9.1	Utilise Nurses' and Midwives' PDP Framework as a mechanism for continuous development and skills acquisition.	Q1 2020	Ongoing

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Rec No.	Recommendation Description (LCR no)	Action	Action Description	Start	End
10	**Duties - training (LCR 21942 - 6.3 xiii)**	10.1	Communicate HSE position on mandatory training requirements for Enhanced Nurses and Midwives to Directors of Nursing / Midwifery and the NMBI.	Q3 2019	Q1 2020
		10.2	Contribute narrative on identifying any additional mandatory training requirements as deemed appropriate by line manager /Director of Nursing & Midwifery in grade specific employee handbook.	Q1 2020	Q1 2020
11	**Duties - Moving work to the community (LCR 21942 - 6.3xvi)**	11.1	Identify areas where care will transfer to the community setting including new ways of working to manage chronic disease.	Q4 2019	Q4 2020
12	**Review of nursing in all areas (including ambulatory care) (LCR 21942 - 6.3 xvii)**	12.1	Identify methodology required for review.	Q4 2019	Q1 2020
		12.2	Gather baseline data in each area to be included in review	Q4 2019	Q1 2020
		12.3	Conduct review of staffing and skill mix in all areas, initially focusing on OPD, Ambulatory care and Theatre.	Q2 2020	TBD
		12.4	Develop of HR processes to support reassignment/redeployment of nursing staff if applicable and identify any resource required to support this	TBD	TBD
13	**HCA review (LCR 21942 - 6.3 xxii)**	13.1	Publish, , the necessary revised PPPGs for the deployment of the nursing and non-nursing workforce across acute, community and integrated care organisations taking account of the Enhanced Nurse Midwife contractual changes and skill mix including delegation to HCAs and other clinical support staff	Q1 2020	Q4 2020

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Rec No.	Recommendation Description (LCR no)	Action	Action Description	Start	End
14	**Safe Staffing Framework and ICT (LCR 21942 - 6.3 xxii)**	14.1	Continued Implementation of the framework (phase 1&2) with an implementation plan for hospitals- subject to resources being available. See roll-out plan in text above.	Q4 2019	Q4 2021
15	**Reduction of spending on agency staff (LCR 21901)**	15.1	The actions in respect of this matter are those as set out throughout this document relating to the implementation and roll-out of the Framework on Safe Staffing	Q4 2019	Ongoing
16	**Review of staffing and skill mix (LCR 21901)**	16.1	Appoint 8 safe staffing coordinators	Q4 2019	Q1 2020
		16.2	Commence roll-out of the Framework in 3 model 4 hospitals	Q4 2019	Q4 2020
		16.3	Roll-out of the Framework in a further 3 model 4 hospitals	Q1 2021	Q4 2021
		16.4	Commence the community healthcare phase of the Framework- subject to resources being available	TBD	TBD

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Rec No.	Recommendation Description (LCR no)	Action	Action Description	Start	End
17	**Changes to individual rosters, all care settings. 24/7 service provision. (LCR 21942 - 9.3 & 9.4)**	17.1	Assess rosters of all enhanced nurses and midwives on appointment and change these as required to enable 24/7 services, improve access and patient safety	Q1 2020	Q3 2020
18	**Changes to rosters, safety clinical & service need.(LCR 21942 - 9.5 & 9.6)**	18.1	Define the suite of safe staffing tools (e.g. safe staffing framework and other evidence based staffing tool). Issue guidance to managers on the facility to change rosters afforded under the new contract and require the use of this as a mechanism to maximise safety and efficiency	Q1 2020	Q3 2020
19	**Notice of roster and rest days (LCR 21942 - 9.7 & 9.8)**	19.1	Four weeks' notice of roster changes on appointment to be built into appointment process. The requirement of shorter notice of roster changes to be made explicit on appointment and in grade specific employee handbook. Guidance to line managers prepared and issued to ensure short notice roster change is utilised as required and per LCR recommendation to maintain service provision and safety	Q4 2019	Q3 2020
20	**Requirement of overtime for service needs (LCR 21942 - 9.10)**	20.1	Guidance to line managers prepared and issued to ensure required overtime is utilised as required and per LCR recommendation to maintain service provision and safety.	Q4 2019	Q3 2020

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Rec No.	Recommendation Description (LCR no)	Action	Action Description	Start	End
21	**Work outside of contract & compliance of monitoring work time legislation (LCR 21942 - 9.11)**	21.1	Requirements to be set out on employee handbook for the grade. Declaration of hours worked outside of contract to be required (compliance with this declaration is covered in 9.10 above). Where total hours worked are in breach of the Organisation of Working Time Act disciplinary procedures as per policy will be taken.	Q4 2019	Q3 2020
22	**Performance review and verification (LCR 21942 - 11)**	22.1	Grade specific performance verification to be added to current performance review. Verification to focus on evidence of compliance with the above provisions including but not limited to; Verification of task sharing Verification of continuous skill acquisition Verification of flexibility of location for service needs, patient safety and to support community healthcare Verification of cooperation with reviews of rosters	Q1 2020	Ongoing
23	**(OVERARCHING RECOMMENDATION) Commissioned healthcare analyst designed impact analysis in place to determine net saving or cost.**	23.1	Commissioned healthcare analyst designed impact analysis in place to determine net saving or cost.	Q2 2020	Q2 2020
24	**Implementation RNID 2017 WRC R&R Agreement**	24.1	Review progress of implementation	Q4 2019	Q1 2020
25	**Existing allowances will continue to be apply to all scales incl ENP**	25.1	Estimate of component cost within annual pay calculations	Q3 2019	Q4 2019
26	**Number of ANP's to 2% of the nursing& midwifery workforce**	26.1	Monitor % of registered ANPs/AMPs as % of workforce on an ongoing basis	Q4 2019	Ongoing
27	**Extension of location and qualification allowance to nursing and midwifery staff working in medical and surgical areas, maximum full year cost of €10m**	27.1	Assess numbers eligible & cost.	Q4 2019	TBD