

## **MANAGEMENT PROPOSALS IN RELATION TO NURSE/MIDWIFERY STAFFING, RECRUITMENT AND RETENTION**

(From the Department of Health, HSE, and  
the Department of Public Expenditure and Reform).

### **BRIEFING DOCUMENT**

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#### **1. STAFFING**

- 1.1 The baseline nurse/midwife staffing number will be increased from 35,835 (December 2016) to 37,048 (December 2017) - increase of 1,208 posts.
- 1.2. This baseline number will be fully funded and will allow **all** vacancies, arising from maternity leave, resignations, career breaks and retirements, to be automatically filled.
- 1.3 Full delegated authority for recruitment will now be devolved to Directors of Nursing/Directors of Public Health Nursing/Directors of Midwifery under the funded workforce plan. This eliminates the need for “*business plans*” and provides authority to replace within the funded new ceiling.
- 1.4 The Minister for Health, to ensure activation of this workforce plan, will issue a directive under Section 10 (1) of the Health Act 2004 to the HSE requiring delivery of these posts. A copy of the Minister’s direction will be laid before the House of the Oireachtas and, 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 the implementation of the HSE 2017 National Service Plan. The Minister will also require special reports by end of June, September and December on recruitment of these posts. The quarterly report will be given to the Oireachtas, shared with the INMO and a standing committee, involving the INMO, will be established to support implementation through the industrial relations process.
- 1.5 ***Task Force on Staffing and Skill- mix in Medical and Surgical Wards.***  
  
The initial pilot recommendations of the Task Force on Staffing and Skill Mix in Medical and Surgical wards is due to conclude in March 2017. The initial roll out to seven wards will now be extended to a further 10 wards in 2017. The national roll out, to all medical and surgical wards (254), will be accelerated with a view to the inclusion of a multi -annual implementation plan commencing in the 2018 estimates.
- 1.6 Management will undertake a dedicated process to maximise agency conversion, where possible, up to 50%.

## 1.7 **Rehire Retirees**

In the short term, as a measure to cover vacancies and maintain the agreed staffing level, nurses or midwives who have retired and who wish to return to work will be entitled to return at the incremental point they were on when they left the system. Normal abatement rules apply in these circumstances and the amount of time that such rehired retirees can work in a given year is limited, as the earnings, from the combined pension and income in a given year, cannot exceed the annual salary which would have been earned prior to retirement.

- 1.8 Funded workforce plans will be implemented, in 2018 and 2019, to meet service need. Future workforce plans will be finalised, before the end of November each year, and INMO engagement will form part of this process.

## 2. **RECRUITMENT**

- 2.1 All 2016 and 2017 nursing and midwifery graduates will be offered permanent, full time, positions within a hospital group or community health organisation. 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 or qualifications.

- 2.2 All nurses and midwives, on existing panels, will be offered permanent positions and their contracts will provide the same opportunity as those offered to newly graduated nurses and midwives as per the funded workforce plan.

- 2.3 The existing Bring Them Home Campaign allows for up to €1,500 reimbursement of expenses incurred by nurses and midwives recruited in England to return. It is proposed that, in addition to the existing scheme, a second payment of €1,500 gross will be paid after twelve months of service. The scheme will also apply to nurses and midwives returning from other countries.

- 2.4 Management have confirmed that the existing career break scheme will be available to all nursing and midwifery grades on an equitable basis with those recruited in the preceding initiatives. Where applications are refused, they will be subject to review at Group/Community Health Organisation HR level. Applications, for career breaks, should, in the first instance, be made through the Director of Nursing/Midwifery in each case.

- 2.5 It is proposed to reintroduce nursing post graduate programmes for existing registrants to gain registration in another division (conversion courses). This is planned, in relation to General and Intellectual Disability Nursing, for 2018, subject to funding.

- 2.6 The undergraduate places in respect of Registered General Nursing, Registered Children's Nursing and Registered Nursing for Intellectual

Disability, will be increased by 130 in 2017 and this will include 20 sponsorship places.

### **3. MIDWIFERY**

- 3.1 Staffing requirements, arising from the Maternity Strategy, will be implemented, on a phased basis, leading to a midwife to birth ratio of one to 29.5 as recommended. The rollout of this provision, of the Maternity Strategy, will involve the recruitment of an additional 96 midwives in 2017.

### **4. RETENTION - SPECIFIC INITIATIVES**

#### ***4.1 Pre-retirement Initiative***

- 4.1.1 The pre-retirement initiative, which was unilaterally withdrawn from nurses and midwives in 2009, will be re-introduced and modified to suit the current circumstances. The scheme aims to retain experienced nurses and midwives in the workforce up to their retirement age. It recognises that the nature of the work can lead to burnout. The initiative, therefore, allows a nurse or midwife to reduce their hours, to half time, for their last five years of service but the years involved will count as full years for pension purposes.

- 4.1.2 Under the proposals the scheme will be piloted for two years. Nurses and Midwives, aged 55 and over, who have twenty years public service or more, and who do not have enhanced superannuation benefits, may apply. Applications will be accepted from grades up to the max of CNM2 or equivalent and basic grade Public Health Nurses.

- 4.1.3 The pilot initiative will be limited to a maximum of 250 in each of the two years of the pilot phase.

- 4.1.4 The scheme will come into effect, on 01 July 2017, if the proposals are accepted.

#### ***4.2 CNM1 - Restoring Commission on Nursing Structure***

- 4.2.1 In response to INMO demands for restoration of the frontline management structure, recommended by the Commission on Nursing 1998, management have agreed to re-establish 127 CNM1 positions in medical and surgical wards. They have also agreed to review the management structure in all 254 medical and surgical wards.

#### ***4.3 Advanced Nurse/Midwife Practitioners - First Step on New Policy***

- 4.3.1 120 candidate Advanced Nurse Practitioners will be enrolled in September 2017. The agreed rate for the candidate ANP is CNM3.

### **5. RESTORATION OF CERTAIN ALLOWANCES FOR NEW ENTRANTS**

5.1 The Government withdrew a number of allowances from specific categories of nurses and midwives who entered the workforce after 2012. Under these proposals, the restoration of those allowances will be positively considered in the pay negotiations scheduled for May 2017. The allowances involved are as follows:

- Midwifery Qualification (PHN);
- Registered General Nurse in the Community;
- Nurse co-ordinator allowance;
- Specialist co-ordinator allowance (Nurse Tutors);
- Nurses assigned to Occupational Therapy; and
- Child and Maternal Module – management will further examine potential for introduction as part of talks in May.

## 5.2 ***Twilight Premium – Older Persons / ID Services***

The time plus one sixth premium, in respect of the period 6.00 p.m. – 8.00 p.m., will be restored in the ID and Care of Older Person services. The Independent Chair will issue full details, in relation to same, on 10<sup>th</sup> April 2017.

## 5.3 ***ID Sector***

5.3.1 Under the proposals management will agree to activate an unimplemented agreement recorded under the second Benchmarking Body Report (2007). To deal with the anomaly, whereby social care workers in the ID sector are paid higher than RNID, the second Benchmarking Body recorded an offer made by HSE management and recommended that INMO should accept it.

As part of these proposals, HSE management have agreed to implement the agreement and have undertaken to establish the numbers to whom it would apply, before the end of April 2017. Under the offer Registered Nurses for Intellectual Disability, who work alongside or are supervising social care workers, will be regraded to CNM1.

## 6. **CARE OF OLDER PERSON SERVICES**

6.1 Management, under the proposals, agree to maintain the staffing levels, in Care of Older Person Services, as they were funded in December 2016 and to conclude their discussions, with the INMO, in respect of skill mix and staffing numbers by the end of April 2017.

6.2 INMO must be consulted before any increase in services.

## 7. **EDUCATION AND CONTINUOUS PROFESSIONAL DEVELOPMENT**

7.1 A minimum of 1,549 post graduate programmes will be funded in 2017, in addition to those funded by the voluntary sector (voluntary Hospitals and ID sector).

- 7.2 Centres for Nurse and Midwifery education will deliver a minimum of 560 education programmes for nurses and midwives in 2017.
- 7.3 Post registration Public Health Nursing sponsorship places will increase as follows: 140 in 2017; 150 in 2018; and 160 in 2019.
- 7.4 There will be a review of education and development supports, for nursing and midwifery, involving the INMO, to prioritise education initiatives in 2018.

## 8. **HEALTH, SAFETY AND WELFARE AT WORK**

### 8.1 ***Management Training***

All frontline managers will be supported/advised in respect of existing agreements, circular letters and regulations with regard to health, safety and welfare at work, injury at work scheme, critical illness protocol, sick leave regulations and the managing attendance policy through HSELand e-learning programmes.

This is to ensure every nurse/midwife is given relevant support/entitlements following any workplace incident.

### 8.2 ***Musculoskeletal Injury and Stress Related Illness***

The HSE will rollout twelve service delivery units nationally during 2017, which will serve as "WORK WELL HUBS". These will be a one stop shop for staff in relation to:

- Occupational health;
- Counselling;
- Critical stress debriefing;
- Health promotion;
- Health and safety; and
- Rehabilitation and return to work, including workplace adaptation and ergonomics.

### 8.3 ***Health and Safety Representatives***

A minimum of two nursing and midwifery safety representatives will be elected in each workplace. The HSE will facilitate these representatives with the necessary time off, with pay, to undertake appropriate training. Safety Representatives will also be given time, to conduct and carry out their role, as per health and safety regulations.

- 8.4 HSE management have also agreed to fund two Nurse/Midwifery National Health and Safety Workplace Representatives who will be available to support and organise these workplace safety, health and welfare representatives.

## 9. WORKING HOURS

- 9.1 Under the Lansdowne Road Agreement, a Chairman's note was agreed separately in respect of the need for health employers to measure all hours of work undertaken by nursing/midwifery staff, including the inability to take statutory meal breaks and additional hours worked unpaid at the beginning or end of a shift or working day.

A working group has been established to carry out this work and it will be completed by 31 March 2017. A specific data gathering exercise, in relation to untaken meal breaks, will be completed by the end of April 2017 and management will put measures in place to ensure the issues identified from these exercises are addressed, with a view to such measures being decided by the end of May 2017.

INMO, in the context of this process will be seeking full recompense/recognition for all additional hours worked.

- 9.2 The management position is that meal breaks must be provided and that employers have an obligation to ensure all nurses and midwives can take their rostered meal breaks.

## 10. EXECUTIVE COUNCIL RECOMMENDATION

### 10.1 In summary it is in our strategic best interest to:

- accept and ensure implementation of these proposals;
- continue to secure pay restoration in line with all other public servants;
- be present at, and active participants in, the pay talks in May arising from the Pay Commission's report; and
- allow members to decide, after these May discussions, if our key pay claim - **parity with other health professionals** - has been addressed.