



# Irish Nurses and Midwives Organisation

## Working Together

### QUARTERLY INDUSTRIAL RELATIONS UPDATE

January-April 2017

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# IN

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#### Irish Congress of Trade Unions (ICTU)

##### 1. Women's Conference

To celebrate International Women's Day on 08<sup>th</sup> of March 2016, ICTU launched **#BeBoldForChange**, their campaign to promote a more inclusive, gender-equal world of work. According to ICTU "The World Economic Forum has predicted the gender gap will not be closed until 2186: this is too long to wait." Congress has called for a "series of new, concrete measures" to tackle the ongoing gender pay gap, after new figures showed Ireland sits just ahead of the EU 28 in overall earnings for women and has failed to make major progress on closing the pay gap over the recent years.

Among the measures called for by Congress are: to make pay gap reporting compulsory for large employers, introduce mandatory action plans to close the gap and sanctions for those who refuse to comply. Analysis by the Trade Union Congress has revealed that the average woman has to wait nearly a fifth of a year (66 days) before she starts to get paid, compared to the average man. The current

gender pay gap for all full-time and part-time male and female employees stands at 18 per cent. According to **Frances O'Grady**, TUC general secretary "This pay gap means that across the board women effectively work for free for the first 66 days of the year until Tuesday 7 March." for more information on International Women's day, go to [www.internationalwomensday.com](http://www.internationalwomensday.com)



2. The INMO were in the WRC during February and March for conciliation with HSE management relating to:

##### 2.1 ED Implementation Agreement

A review of the ED agreement of 2016 is currently overseen by the WRC. A number of issues remain outstanding:

1. WTE nursing figures for admitted patients
2. Advanced clinical role development
3. CNM1 posts — full application
4. Time in Lieu — 2 days 2016/17
5. Security Reports — completed copies to be provided to the INMO

6. Triage Escalation Policy: reviewed

The next meeting of this review group is scheduled to take place on 10<sup>th</sup> of April 2017 and a further update will issue following this.

##### 2.2 Injury At Work and the Department of Health

On 16<sup>th</sup> of March 2017, the INMO and HSE management met at the WRC in relation to injury at work, specifically the application of the Injury Grant and its incorporation into the single scheme pension for new entrants, covered by that pension scheme. The outcomes from this conciliation include:

1. The Injury at Work Grant will be incorporated into the single scheme pension for new entrants, covered by that pension scheme.
2. It is confirmed that CERS are in the process of developing advisory documentation, based on the Pensions Ombudsman determination ref: PO140920574, involving a claim taken by the INMO on behalf of a nurse member, which clarified and confirmed that persons who are temporarily incapacitated and, therefore, out of work, resulting in their capacity to contribute to their own support being completely impaired, it was inappropriate.

appropriate to apply a degree of impairment in these cases. Therefore, the HSE will confirm that there is no requirement for a medical assessment of a person's degree of impairment in cases of temporary incapacity.

The HSE understand that the INMO seek a retrospective review of cases treated in a manner that varied from this judgement and seeks that the HSE retrospectively corrects sick leave records if the individuals concerned so desire. The HSE is to revert on this issue. (click [here](#) to view letter from INMO to HSE Management)

### 3. National Issues:

#### 3.1 Travel and Subsistence Rates-Civil Service

A review of travel and subsistence rates has taken place recently in the Civil Service and in accordance with section 2.28 of the Haddington Road Agreement. An Adjudicator ruling was issued in late 2016. The new rates for travel will apply from 1st April 2017 in the civil service. Please find link to the revised rates [here](#). The civil service rates are usually applied across all of the public services. The INMO and other health sector trade unions met with the HSE and the Department of Health on 28th of March 2017, seeking an update on this issue. The HSE advise that they are aware of the changes and are awaiting instructions from the Department of Public Expenditure and Reform. On the 06th of April 2017, the HSE published circulars 006-007/2017 relating to Domestic subsistence allowance and 009/2017 relating to subsistence allowance abroad. To view these circulars, please click [here](#).

#### 3.2 Bereavement Leave

Bereavement leave in the civil service has recently been revised and improved. To view this document please click [here](#). The INMO and other health sector unions have lodged the claim to have these revisions applied within the health service on 28/03/2017. The HSE are to revert to the INMO and other health sector unions.

#### 3.4 Revision to Garda Síochána Vetting Procedures

The INMO and other health sector unions have been advised that the new regulations (SI No. 223 of 2016) have issued across the public sector relating to the retrospec-

tive Garda Síochána vetting. These regulations state *The National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016 provide a statutory basis for the vetting of person carrying out relevant work with children or vulnerable persons. The Act stipulates that a relevant organisation shall not permit any person to undertake relevant work or activates on behalf of the organisation, unless the organisation receives a vetting disclosure from the National Bureau of the Garda Síochána in respect of that person. The Acts define relevant work or activities as "any work or activity which is carried out by a person, a necessary and regular part of which consists mainly of the person having access to, or contact with, children or vulnerable adults.*

The INMO and other health sector unions met with HSE on Tuesday 28th of March to agree protocol and procedures in respect of this new legal requirement. It was confirmed at that meeting that:

1. There is no charge applicable to this process for the individual
2. Each individual not previously vetted, if deemed with the category "relevant work with Children and Vulnerable Persons (Section 21) will be required by their manager to have submitted the Garda Síochána vetting request no later than December 2017.

Currently the INMO and other health sector trade unions are negotiating the process and documentation which will issue to managers in relation to this implementation. We are due to complete this process on 10th of April 2017. Thereafter, agreed documentation will issue to the health sector management and you may, if not previously vetted be requested to complete this process if you are determined to be covered by section 21 in your current role. Please click [here](#) to view a list of questions the INMO sought clarity on and the responses of the HSE.

#### 3.5 Adjustment to Pay Rates

On 1st of April 2017 the Department of Health issued circular 06/2017 which outlines *adjustment to pay rates for certain public servants to include an additional payment from April to August 2017 inclusive, for those earning up to €65, 000, the continued application of the €1, 000 annualised payment from 1st of September*

*2017 for those earning up to €65, 000 and the first phase of pay restoration for public servants who were subject to pay adjustment under the financial Emergency Measures in the Public Interest act 2013 (FEMPI).* To view these circulars, please click [here](#). New consolidated salary scales will be available on the Department of Health website shortly [www.health.gov.ie](http://www.health.gov.ie).

### 1. Taxation on Mileage

#### INMO/Health Sector Specific Issues

On Friday 24th of March 2017, A meeting with HSE management regarding taxation of mileage from home base for planned essential calls took place. Issues discussed included the revenue implications of claiming mileage for planned essential calls, grades of PHN and Community RGNS at weekends; and the revenue/audit implication for fixed rate mileage, which is method of application of payment for urban areas. The HSE's concern relates to the possible revenue implications with regard to mileage from home to first call and from last call home when base is closed at weekends. The INMO position is that home is the base as per the circulars re weekend working. In addition, PHN/RGN and palliative care nurses interact with clients from home by phone, giving advice, advising on preparation to undertake prior to the visit etc. As the health centre is closed, home is the only base at weekends. This matter is outstanding and advice from revenue is necessary prior to concluding same. Updates will issue to relevant INMO Sections.

### 2. Safeguarding of Vulnerable Adults

The INMO, along with colleagues in other nursing unions have referred the matter of the HSE policy on safeguarding vulnerable persons at risk of abuse to the WRC for conciliation. This referral was made as unions have raised issues in relation to 9 specific areas of the policy:

1. Examination of the current definition of abuse - which differ from the definition in Trust in Care
2. A discussion took place regarding peer on peer allegations of abuse, having regarding to the nature of client conditions etc. This will need to be reflected in the definitions of abuse.
3. The Safeguarding policy needs to be amended to reflect that the Trust in Care is the only agreed policy in place to investigate and/or review any allegations against staff members;

4. Amendment of the Safeguarding Policy to ensure that only one preliminary screening is required and that this will satisfy both the requirements under the Safeguarding and Trust in Care policy.
5. The procedure to be followed for residential and community services need to be clearly set out and needs to reflect the different language used in Older Persons and Disabilities e.g. community in older person means something different to describe community services in Disabilities etc.;
6. abuse will be advised in writing of the outcome of the preliminary screening
7. The policy needs to be amended to ensure that any person who makes an allegation of the opportunity to meet with the HSE Safeguarding Team if required and the outcome from the review of the preliminary screening by the HSE Safeguarding Team;
7. Examination of the current definition of institutional abuse;
8. Examination of the workload for Designated Officers under the policy and a specific request to reduce the volume of paperwork required;
9. Clarity and clear statements regarding the designation of responsibility within the policy.

The WRC conciliation conference will take place on 18th of May 2017.

### 3. Staffing Issues

The HSE recently published nursing staffing figures for January 2017. Click [here](#) to view a copy of these figures. In this document it is stated that: *Health & Social Care, Management Admin and Nursing staff categories increased from last month's employment levels. Pre-Registered Nurse Students and General Admin Staff, showed increases this month.* However, the figures on page three of this document show that there was an actual decrease across all nursing categories (apart from student numbers). The actual staffing figures show a **DEFICIT** of -162 WTE from December 2016 to January 2017. The only recorded increase in nursing categories is recorded in the student nurse placement category. Please find tables below:

	December 2016	January 2017	
Student Nurses	405	667	
<b>Increase</b>			<b>262</b>

This reflects clinical placement for student nurses and not increased employment in the nursing population. As you are aware, the student nursing population are allocated placement commencing in December each year, but in some locations the placement commences in January, the combined sick children's and general placement usually commences in February. This is not reflective of an increase in the nursing population, rather it is setting out the scheduling of placement of the 1,500 students for 36 weeks each year. The INMO wrote to the National Director of HR to have the text in the HSE's workforce numbers correct to accurately reflect the drop in WTE nursing staff numbers. Click [here](#) to view this letter to HSE National HR.

For further updates and industrial relations information, and indeed many interesting articles, please see our monthly magazine, World of Irish Nursing.

	DECEMBER 2016	JANUARY 2017	DEFICIT
NURSE MANAGER	7, 279	7,271	<b>-8</b>
NURSE SPECIALIST	1,579	1,569	<b>-10</b>
STAFF NURSE	24,768	24, 633	<b>-135</b>
PUBLIC HEALTH NURSE	1,499	1,496	<b>-3</b>
NURSING OTHER	305	299	<b>-6</b>
<b>TOTAL</b>	<b>35,430</b>	<b>35,268</b>	
<b>DEFICIT</b>			<b>-162</b>

**WIN** INMO

See centre pages for Q&A on expanded proposals re INMO campaign

Emergency  
We must invest in nursing  
Media Watch

**HOURS** **MONEY**

Pay issue now front and centre  
Nurses and midwives demand equity