



Q1. Why are the INMO Executive Council recommending a yes vote to these proposals?

A. INMO Executive Council is recommending a YES vote because:

- ✓ The issues to improve staffing levels, contained in these proposals, are important steps towards correcting the reduction in Nursing and Midwifery figures since 2007.
- ✓ The funded workforce plan places, for the first time, legal obligations on the HSE to recruit and report on progress to Government. This is very significant as the focus of the HSE, in respect of posts that become vacant, will be subject to regular government scrutiny. The funding for this workforce plan will be committed to, in advance, and cannot be spent on any posts except the nursing and midwifery posts it is intended for.
- ✓ Funded workforce plans will also be prepared, following engagement with the INMO, in November 2018 and 2019.
- ✓ The Taskforce on Staffing has commenced the process of establishing a scientific method of determining staffing levels and skill mix. Expansion of this process is proposed, as part of these proposals, and commitments to continue, and fund, this method of determining nursing staffing levels is also confirmed.
- ✓ They ensure all nurses/midwives on panels, and 2016 and 2017 graduates, are offered permanent, full time, posts.
- ✓ Devolved authority for recruitment to nursing and midwifery managers.
- ✓ Allowances removed will be restored to new entrants.
- ✓ Pre-retirement initiative will, once again, be available, and this should prevent senior, experienced, nurses and midwives being forced to retire when they can work reduced hours without pension service being negatively affected.
- ✓ Acceptance ensures the INMO will be central to discussions, beginning in May, which, in the context of the Public Service Pay Commission report, will lead to further restoration of pay, unwinding of FEMPI and reduction in the pension levy.
- ✓ Acceptance also ensures the INMO can pursue, through direct engagement in May, our pay claim for parity of pay/hours with Allied Health Professional colleagues, which is further supported by our recruitment/retention difficulties.
- ✓ 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.

Q2. What were we balloted on and why do we have to vote again?

A: The INMO commenced a campaign, to improve staffing levels, in November 2016. To progress this members were balloted in pursuance of the following five issues:

1. agreed staffing levels, appropriate to the need of patients, with devolved authority to nurse managers;

2. introduction of recruitment and retention incentives to recruit and retain nursing and midwifery staff;
3. adherence by employers to all existing local agreements on staffing;
4. commitment from government to fund, and implement, reports on staffing in surgical/medical wards, emergency departments and the maternity strategy; and
5. adequate measures to protect the Health, Safety and Welfare of nurses and midwives, at work, including a realistic timeframe for implementation of agreed staffing levels.

Following a nationwide ballot of INMO members a positive mandate was obtained on the 14th December 2016. Management were put on notice that, to avoid a dispute, proactive engagement would have to commence with the INMO.

Proposals emerged following direct discussions with the employer on 8th February 2017. The INMO Executive Council felt that these proposals did not go far enough and therefore exercised the positive mandate, obtained in December 2016, by serving notice, on 13th February 2017, of intention to commence Industrial Action on 7th March 2017.

This led to further engagement, with the assistance of the Workplace Relations Commission (WRC), culminating in the proposals that emerged in the early hours of Saturday 4th March. The INMO Executive Council considered these proposals on Saturday 4th March 2017.

We need to vote again because the proposals represent significant progress in relation to staffing, recruitment, and retention. The proposals also protect our rights and conditions, under the Lansdowne Road Agreement (LRA), and ensure our ability to progress our pay claims, through engagement on its successor, in May.

Q3. What about our basic pay?

A: As members were advised, at the time of the ballot, pay was NOT the subject of this ballot. This is because there already is an agreement in relation to how pay, for grades within the LRA, will be considered. This involves the following:

- The Government has established an independently chaired Public Service Pay Commission (PSPC). The INMO made a comprehensive submission, and presented oral evidence, to the PSPC, on 7th February 2017. ([Access INMO submission here](#)).
- This Commission has terms of reference that allows it examine basic pay with a view to recommending to government possible action where there is a recruitment and retention problem.
- The INMO agreed a joint statement with the Department of Health and HSE. This confirmed that there is a shortage, in nursing and midwifery grades in the Irish public health service, and that employers are now competing in a global market, which:
 - *'has posed problems for Irish employers who have not been able to deliver on targets for recruitment of nurses/midwives'*.This joint statement was presented to the PSPC and must form part of its deliberations in accordance with the terms of reference governing its work.
- The PSPC is due to report to Government before the end of April 2017. Public service trade unions, in the context of the PSPC report, will commence discussions, on restoration of pay, the unwinding of FEMPI, and the removal of the pension levy in accordance with the Lansdowne Road Agreement in mid May 2017.
- The INMO position has not changed in that nurses and midwives relative pay must be addressed as part of this process. In addition the Pension Levy must be removed and restoration of Pay and hours of work - 37hr week, also stand to be addressed as part of this process.
- The INMO Executive Council, in recommending acceptance of these proposals, has made it very clear that any successor to LRA must address all these matters.

Q4. What do these proposals offer in the meantime?

A: There are a number of proposals, under each of the headings members were balloted on (Q2 refers), beginning with:

Staffing Levels - as follows:

At present, the official number of WTE nursing and midwifery funded posts is 35,835.

This proposal requires the employer to fund, and employ, an additional 1,208 posts to increase this figure to 37,043 by December 2017. This means that every single retirement, resignation, maternity leave and long term absence must be filled, and the additional 1,208 posts recruited as well, to get to that total number by December 2017.

This will be a funded workforce plan and therefore will not require additional sanction from a budget point of view. This removes the requirement for business cases, and senior managerial sanction to advertise, until the figure exceeds 37,043. **This will speed up the process of recruitment considerably.**

Central to these proposals is that authority to fill these posts will be devolved to operational Directors of Nursing/Midwifery/Public Health Nursing. **This should, and must, also cut out delays in filling and advertising vacant posts.**

For the first time ever, for Nursing and Midwifery, the Minister for Health will monitor the delivery of these posts by invoking section 10(1) of the Health Act 2004.

This monitoring, as set out in section 10(2) of the same Act, will require the HSE to provide the Oireachtas with special quarterly reports on progress on recruitment, by the end of June, end of September and end of December 2017. This report will be shared with the INMO and lodged with the Workplace Relations Commission.

For the first time this places a legal obligation on the HSE to recruit nurses and midwives, in an organised manner, and to report to Government on progress.

Q5. What do these proposals offer in securing safe staffing?

A: The INMO has sought, and achieved, agreement on a scientific basis for determining, by the CNM2, ward based staffing levels. This is currently being piloted on seven medical and surgical wards, in three hospitals, and a first report is due to issue by the end of March 2017.

It is a model that can determine care improvements associated with correct staffing and skill mix.

These current proposals confirm that this initial roll out will be extended to a further ten wards. Planning for a national roll out, to all surgical and medical wards, will be accelerated with a view to the inclusion of a multi – annual implementation plan submitted for funding to the government budgetary process in October 2017.

This means that the constant arguments, regarding correct staffing levels, should be over. This provides for an agreed, scientific, method of determining staffing requirements which Government would be required to action, and fund, annually.

Q6. Will this Task Force only apply in Medical and Surgical Wards?

A: No: the first phase is in medical and surgical wards. Phase two has commenced and is examining the basis for determining staffing levels in Emergency Departments (ED).

These proposals commit the Department of Health /HSE complete this work in time for the budgetary estimates in October 2017.

The Care of the Elderly area will follow. In the meantime these proposals confirm that the HSE has to maintain the staffing levels funded for care of the elderly services in December 2016 and immediately engage with the INMO in respect of same. In addition, they cannot increase service/activity levels without engaging with the INMO.

Midwifery staffing levels are determined separately, as set out in the Maternity strategy, which requires a phased increase in midwifery numbers leading to a midwife to birth ratio of: 1:29.5

These proposals also confirm the recruitment of 96 additional Midwives in 2017 to commence this process.

Q7. Will there be jobs for new graduates in 2017?

A: Yes: New graduates will all be offered permanent, full time, positions under this funded workforce plan.

Q8. Will nurses and Midwives on panels be offered posts?

A: Yes: As part of these proposals permanent contracts will also be offered to all those on recruitment panels.

Q9. Are there any new promotional posts as part of these proposals?

Yes:

- **127 staff nurses on medical and surgical wards** will be re-graded by local competition to CNM1 posts. This is to commence the return of the total numbers of CNM1 posts, on each ward, to that which was recommended by the Commission on Nursing.
- **In Intellectual Disability Services** these proposals confirm that the employer will immediately examine, with the INMO, areas of care where Staff Nurses are working alongside, and/or supervising, social care workers, and re-grade these staff nurse posts to CNM1.
- An additional **120 candidate ANP** posts will be provided, service wide, during 2017, and the salary for each candidate will be at CNM3 rate. (The ANP salary on qualification is ADON band 1). Each consequential vacancy arising from this process will be back filled at the salary of the grade vacated.
- The number of places, on the Higher Diploma programme for PHN, will be increased, under these proposals, from 112 in 2016, to 140 this year, 150 in 2018, and 160 in 2019.

Q10. What about the allowances removed from nursing and midwifery (new entrants) in 2012?

A. These proposals confirm that all nurse specific allowances which have not been restored as yet:

- Midwifery qualification / child health module allowance (€2,791) per annum;
- RGN in community case load management (€3,709) per annum;
- Specialist Co-coordinator allowance (education) (€4,319) per annum.
- Nurses assigned to occupational therapy. (€3,732 - Qualified €1,702: Unqualified) per annum; and
- Nurse co coordinator allowance (€18.09 per shift).

will be positively considered, and restored, as part of the pay negotiations in May 2017.

Q11. Is the pre – retirement initiative restored?

A: Yes. These proposals reintroduce this scheme from July 2017.

As part of these proposals the pre-retirement initiative will be re-introduced from 1st July 2017. As before there would be a limit set, on the numbers who could avail of it each year, and this limit will be 250, for the first two years, after which it will be reviewed.

The requirements, as per the suspended scheme, require the nurses/midwives to have 20 years' service and be aged 55 or over. The period of application has, under these proposals, been extended to cover those aged between 55 and 65.

This scheme allows for Staff Nurses, CNM1, CNM2 and PHN grades to job share for five years, prior to retirement, while maintaining service, at full years, for pension purposes. Superannuation benefits will be calculated on the actual service of 2.5 years plus an additional 2.5 years (Total of five years).

Q12. Are there any more student nurse training places?

A: Yes. This proposal offers 130 additional undergraduate places in 2017.

Q13. Any incentives to get emigrated nurses/midwives back home?

A: Yes. The Bring Them Home package is to be improved as follows:

- €1,500 relocation allowance to be extended to any country and not confined to the UK; and
- A second payment of €1,500 will be paid, to the returning nurse/midwife, after 12 months - this is similar to the existing "Back to Nursing" financial criteria.

Q14. Pending the recruitment of additional nurses can retired nurses/ midwives be offered work?

A. Yes - currently retired nurses/midwives can be offered work, and they are paid on the first point of the salary scale. These proposals will improve this to ensure payment reflects salary point prior to retirement.

The limitations, on hours worked, will remain as per the pension abatement rules.

Q15. Has the process of measuring working hours been agreed?

A. Yes - this process has now commenced and is being piloted in six locations. The data is due to be returned by end of April 2017. These proposals now confirm that, on completion of this measurement exercise, the employer puts measures in place to ensure identified issues are addressed by end of May 2017.

Q16. Do any of the proposals require the employers approach to address the health and safety concerns of nurses and midwives be improved?

A. Yes - the INMO was critical of the fact that very few managers had knowledge of health and safety at work, injury at work schemes, and critical illness protocols and agreed managing attendance policies. These proposals confirm that all frontline managers will be trained, in these agreed policies, with a view to ensuring members do not have unnecessary delays in obtaining their entitlements.

Workplace well-being in the HSE is changing the manner in which services will be delivered to staff. They propose that staff will have access to all services relating to occupational health, counselling, critical stress debriefing, health promotion, health and safety, and rehabilitation, prior to return to work, as part of this process nationally and that 12 service deliver units will oversee this. As some locations currently are not in receipt of services and other have long delays for appointments, these proposals also commit to address these failings.

Management, as part of these proposals, commit to working, with the INMO, to promote these improvements, for nursing and midwifery staff, and, if agreed, discussions on the practical application of these improved measures, for nurses and midwives, would commence immediately.

These proposals also provide that each workplace can immediately elect two nursing/midwifery safety reps, with full recognition under legislation. These reps will be provided with protected time, off work with pay, to undertake training. Time with pay will also be provided to allow them undertake their role, in the workplace, and they would be central to promoting improvements, in health and safety, for members in the workplace.

**THE
EXECUTIVE COUNCIL
IS
RECOMMENDING
ACCEPTANCE
OF THESE PROPOSALS**