

## **Recruitment and Retention Proposals**

### **Your Questions Answered**

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#### **Background**

In October 2018, INMO members voted to reject the proposals from management following recommendations of the Public Service Pay Commission. While the Commission recommended several measures to address the difficulties, managements proposal did not go far enough to expand on the issues set out in the PSPC report and therefore **these were rejected as insufficient by INMO members.**

INMO members were subsequently balloted and voted to engage in strike action to secure improved measures to address the recruitment and retention crisis and secure safe staffing. Following the recent national strike by nurses and midwives, there are now proposals to be considered which are a combination of:

- a labour court recommendation relating to the matters in dispute in the context of the current national public service agreement (PSSA);
- an agreement with the Department of Public Expenditure and reform relating to Expert review group, its makeup and timeframe, and the funding for the Safe Staffing and Skill mix Framework;
- a second labour court recommendation on the provisions of the contract for EPN; and
- the subsequent amended contract.

All aspects of these proposals are outlined below in the form of a Q & A and members are asked to give them careful consideration before they vote. The INMO executive council is recommending acceptance of the proposals.

#### **Q.1. What is being proposed to address Safe Staffing**

We have received confirmation from the Department of Public Expenditure and Reform, that they accept, will fund and implement the recommendation from the Labour Court which provides for the accelerated roll out of the Nursing taskforce in surgical and medical areas. This framework for safe staffing sets out the method to determine how many Nurses are needed to provide safe care, based on patient dependency.

This will now as per Dept of Public Expenditure and Reform commitment, be underpinned by annual funding to the HSE, specifically for this purpose. This is a significant move as in the last two service plans, funding was not allocated by the HSE for this purpose. We now have confirmation that government will provide funding and instruct the HSE to spend it on the implementation of this important framework.

Phase one of this framework relate to Safe Staffing and Skill Mix in General and Specialist Medical and Surgical areas and has been completed at pilot stage, phase two has commenced and relates to Acute Floor in the acute hospital settings over the coming three

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years and will be fully implemented by end of 2021. Acute floor includes, ED, AMAU, MIU, LIU, SSU, CDU. Phase three will deal with community and care of the older person.

Where the framework has been implemented, benefits include; Supernumerary CNM2s, stabilised ward staffing by the allocation of appropriate numbers of staff nurses with an appropriate skill mix of 80:20 (RN: HCA) on general and specialist medical and surgical wards and 85:15 in acute floor areas. Also, staff reported greater job satisfaction, reduced burnout, reduced sick leave, reduced dependency on agency staff and improved safety of patient care. Overall the framework at pilot stages was proven to reduce costs and aid recruitment and retention and patient outcomes improved.

### Q.2.How does the proposed new Enhanced Nurse / Midwife Practice Salary Scale work?

- The Introduction of a new Enhanced Practice Salary scale (EPS) for staff nurses and midwives would see staff nurses/ midwives benefit from a pay rise at their next incremental date. Signing up to the new EPN/M is voluntary.
- The EPS has fewer points (8) than the staff nurse/midwife salary scale (12) which means the maximum point and long service increment are reached three years' earlier.
- The EPS is higher, point for point, than the staff nurse/midwife salary scale.
- Assimilation to the Enhanced Practice Salary Scale occurs at your next incremental date at which point you will be paid your due increment and immediately move across to the EPS at the nearest point upwards from your existing point on the staff/midwife salary scale. For example:

Current Point of Staff Nurse Salary Scale	on next Incremental Date eligible for Enhanced Practice Scale	Value
2 <sup>nd</sup> point (skip 3 <sup>rd</sup> point) €31110	4 <sup>th</sup> point €33367 plus move to 1 <sup>st</sup> point Enhanced Practice Scale €35806	€2257+ €2439 = €4696
3 <sup>rd</sup> point €32171	4 <sup>th</sup> point €33367 Plus move to 1 <sup>st</sup> point of Enhanced Practice Scale €35806	€1196+ €2439 = €3635

- New Graduates: currently a newly graduated nurse/midwife would move to the second point of the incremental scale following 16 weeks service and then would have to wait a year before moving to the third point of the scale. These proposals would see the newly graduated nurse/midwife following 16 weeks service, skip the second point and go straight to the third point of the incremental scale which is currently €32,171. 1 year later on reaching the 4<sup>th</sup> point they then assimilate onto the EHP scale (35806)
- Long Service Increment pay increase - from €45701 to €47201 – an increase of €1500.

**Q.3. Will Senior Staff Nurses / Midwives get an Increase in Pay?**

The proposals provide that the EHP will be extended to the Senior Staff Nurse/Midwife grade. Senior Staff Nurse/Midwife members will see a pay increase from €47898 to €49471 – an increase of €1573. This increase will be reflected in pension on retirement.

Senior Staff Nurse / Midwife eligibility criteria will also reduce. Currently, the requirement is that you must have 20 years post registration service to be eligible to apply for the SSN/M. The proposal will see the service eligibility reduced to 17years benefiting 1500 nurses and midwives this year.

**Q.4 What do the proposals say about Location and Qualification Allowances?**

The proposals recommended the following:

- Extension of the Location and Qualification Allowances to maternity services, medical and surgical areas and community PHN maternity services from 1<sup>st</sup> March 2019.
- 20% Increase in Location and Qualification Allowances. This would see the Location Allowance increase from €1858 to €2230 and the Qualification Allowance increase from €2791 to €3350. Increase backdated to 1<sup>st</sup> March 2019.
- Public Health Nurses not in receipt of maternity allowance will be eligible for an allowance.
- CNM1 and CNM2 in medical and surgical wards will now receive either location or qualification allowances.
- Increased allowances will be reflected in pensions on retirement.

**Q.5 What about RNID Nurses?**

Staff nurses working in intellectual disability will benefit from the pay increases of the new Enhanced Practice Salary Scale. In addition, however, staff nurses who work alongside or supervise social care workers will be regraded to CNM1 (in accordance with the outstanding RNID element of the 2017 Workplace Relations Commission agreement on recruitment and retention).

**Q.6 What about developing the Nursing and Midwifery Professions?**

The Labour Court's proposal will see a review of the nursing and midwifery professions to be undertaken by an Independent Expert Group. This review will be completed by the end of Quarter 1 2020. This proposal is significant as the outcome of the review must inform the discussions and have an input to any new pay agreement. The review group will include an agreed chair, international nursing/midwife expert and INMO nomination.

The pay of management grades will be examined by the expert group, from CNM1 to Director level and related grades. The Independent Expert Review Group will be tasked with determining how the HSE will accommodate Continuing Professional Development in terms of time for education, funding for education, and additional staff resources to replace those in education.

**Q.7 What about Advanced Nurse/ Midwife Practitioners?**

Funding is to be provided to ensure that 2% of the nursing and midwifery workforce will be

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made up of Advance Nurse/Midwife Practitioners – this would mean an estimated 740 AN/MPs, an increase of 500 on current numbers.

### **Q.8 What about Management Grades?**

Phase 1 of this agreement introduces a new staff nurse/midwife salary scale, which recognises enhanced practice. It also increases allowances for staff nurses/midwives, CNM/CMM 1&2 and PHNs and extends those allowances to maternity services and acute medical and surgical areas.

Having increased pay at the staff nurse/midwife level and allowances, **Phase 2** of the agreement will see an independent expert group (not a government department) review our professions. The expert group will deal with claims for CNM/CMM, CNM/CMMs, CNS/CMS, PHNs, ANPs, ADONs, DONs and other related grades.

This review must take account of the pay implications arising from the new scale for staff nurses and midwives.

Across the public service, there are unpaid benchmarking pay awards for higher-paid management grades. In nursing and midwifery, these amount to 6.8% for CNM/CMM 3s and 10% for Assistant Directors and Directors of Nursing/Midwifery and their related grades. Because of the salary increases for staff nurses/midwives, the Labour Court have referred these awards to the expert group.

Nursing and midwifery managers will be the only group to have their unpaid awards examined before the start of the next pay agreement.

In addition anomalies in the Director of Nursing/Midwifery grades are to be reviewed.

### **Q.9 What are the eligibility criteria for the enhanced staff nurse/midwife?**

The Labour Court issued its Recommendation on the 3<sup>rd</sup> of April 2019 and provides as follows:

- i. Registration as a Nurse / Midwife on the Register of Nurses and Midwives maintained by the Nursing and Midwifery Board of Ireland;
- ii. Placement on the 4<sup>th</sup> point of the Department of Health Staff Nurse / Midwife salary scale.
- iii. Documented competencies including care competencies in relation to patient case load;
- iv. Evidence of skill acquisition from 'on the job' learning;
- v. Certified skills training – as a minimum mandatory training - relevant to care required for patient case load.
- vi. Evidence of participation in audit and evaluation of care provision including collection of quality care metrics where same are in place.

### **Q.10 What is new in the contract for the ENP?**

Attached, as Document Two, you will find a copy of this Enhanced Practice contract, with notes on how it compares with current arrangements. In most cases, it is consistent with the current contract and national agreements. Where the contract introduces something new, we have clearly marked it so that you can decide for yourself.