



Re-Instatement of Time and One Sixth for Hours Worked between 6-8 pm

Social Care Sector of the HSE.

Dear Colleagues,

As you are aware, the payment of time and one sixth for nurses who work between 6 and 8 pm has been restored in the acute hospital division. This restoration took place as a result of the nursing/medical interface agreement which saw the sharing of four tasks between nursing/midwifery staff and medical staff. These four tasks are:

- 1 IV Cannulation
2. Phlebotomy
3. First dose antibiotics
4. Nurse/midwife led discharge.

This process took place within a structured framework which was overseen and independently chaired. Payment was afforded, following the first phase of verification which took place in August 2016. The INMO sought to engage with the HSE in respect of sectors outside of the acute hospital division and this engagement proved very difficult. However, we now have made progress and a similar framework is in place for the development of the expansion of the role of the nurse in services outside of the acute hospital division in accordance with the agreement set out in both the Haddington Road Agreement and the Lansdowne Road Agreement.

The four tasks that applied in the acute sector do not automatically apply in care of the elderly or the ID services. Therefore, it was necessary to broaden the list to include

other tasks that might have more relevance for the sector involved.

Only four of the tasks are required to be undertaken and it is not necessary for every nurse to undertake the four tasks, the agreement requires that these tasks are undertaken by nursing staff, this can be done by the creation of a specialist post or indeed by a small number concentrating on one of the four tasks and becoming expert in this specific task. This meets the requirement for verification and it is likely that it is more efficient means of delivering the expansion of the nursing role in services outside of the acute hospital division.

Care of the Elderly

In care of the elderly sector, **four tasks are to be undertaken from a list of seven***, the menu of tasks is as follows:

1. IV Cannulation
2. Phlebotomy
3. IV antibiotics
4. Nurse Led Discharge
5. Pronouncement of Death
6. Male catheterisation
7. IV fluid and hydration

*Note: if some of these tasks on this list are already being processed and undertaken, then they count toward the total of four required.

These tasks, prior to implementation must be preceded by the development of a local policy and within national guidelines as set

out by NMPDU/Office of the Nursing Services Directorate. Specific training and upskilling of nursing staff is a requirement pre-engagement and nurses must be confident in their ability to deliver the service safely. Any concerns in this regard, must be raised with management and management must engage with local implementation group prior to implementation or roll-out of any aspect of this agreement.

In respect of Phlebotomy, this refers particularly to out of hours and emergency phlebotomy, it is not a routine phlebotomy service that is being introduced. This is important as there are specific phlebotomy staff who can be employed for routine phlebotomy. This agreement only applies to out of hours, urgent phlebotomy where necessary.

Social Care Disability Sector

In this sector, any four of the following nine tasks can be considered, these are,

1. First dose IV medication
2. IV Cannulation
3. Phlebotomy - out of hours
4. Nurse led discharge – nurse supporting early discharge both in leaving hospital and receiving back to care setting for collective responsibility
5. All or part end of life care around activities not currently undertaken, this may include any of the tasks above with the key aim of supporting people in their own homes even on a campus or in a community setting
6. Catheterisation, male and other
7. Pressure ulcers/tissue viability/wound management
8. PEG tube re insertion – purging etc
9. Tracheostomy change

It is agreed that if any of these tasks are already undertaken by nursing staff, they will count towards the four in total. Likewise, if any of the tasks are being undertaken, but management believe that they should be replaced or indeed staff believe, it would be of more benefit to replace them with any of the listed tasks, this can be the subject of local negotiation. However, the **total** of tasks to be carried out must not exceed four from the list above, for the purpose of this agreement.

Next steps

The next steps are that local implementation groups have now been put in place, INMO members should be involved at that stage as no agreement on tasks can be reached without the full agreement, following consultation of INMO members who are involved. INMO full time officials will also be involved at the implementation group meetings.

These tasks, prior to implementation must be in the context of the development of a policy and procedure within national guidelines as set out by NMPDU/Office of the Nursing Services Directorate. Specific training and upskilling of nursing staff is a requirement pre-engagement and nurses must be confident in their ability to deliver the service safely. Any concerns in this regard, must be raised with management and management must engage with local implementation group prior to implementation or roll-out of any aspect of this agreement.

Re-instatement of the Premium Pay

Having considered all of these matters, the independent Chairman was asked to adjudicate on specific re instatement of the premium pay that was removed in 2013.

As part of this process, it is now agreed that the formal date of implementation will be the 01st of July 2017, subject to an initial verification process relating to preparation of local plans for implementation, payments would be re-instated from 01st of July 2017.

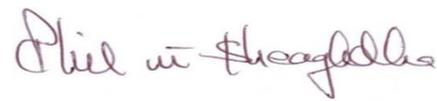
The national implementation group met on 22nd of June 2017 and confirmation was received that the location implementation groups have been established and plans are in place for the local implementation groups to commence their work which means that payment will now be re-instated on the 01st of July 2017. Retrospection of this payment was sought by the INMO to 01st January 2016. However, following consideration by the independent arbitrator, a recommendation has issued, which is binding, that the retrospection will apply for a period of 10 months from the commencement date, which mirrors what

happened in the acute hospital division. Therefore, retrospection will be paid back to 01st September 2016.

The circular that will enact this process has been issued today by the HSE which enables this process to commence. You can **view a copy of the circular here**.

INMO section offices have been fully briefed and circulated with this information, however, if you have any queries, please do not hesitate to contact the INMO Official with responsibility for your area.

Thanking you



Phil Ni Sheaghda
Director of Industrial Relations