Dispute Resolution 2016

MEMBERS HANDBOOK

Des Kavanagh

Peter Hughes
General Secretary

DISPUTE SUCCESSFULLY CONCLUDED

Following the conclusion of our Industrial Action summer 2016 in relation to issues pertaining to the Recruitment and Retention of Psychiatric Nurses we are publishing in this magazine the important details around each issue and the outcome. It is important to point out that in many ways planning for this dispute commenced 5 years ago, when in the midst of the horrors of the recession the then PNA Officer Board established a Sub-Committee to prepare an Industrial Action Strategy for the Future. Over the past 12 months that strategy was updated into a 5-phase strategy. Additionally, the Board decided to commission an independent research into the implementation of Vision for Change and finally, in the months before Annual Conference, April 2016 we carried out a review of psychiatric nursing shortages across the Country. During Conference, we highlighted in the national media that:

- In April 2016, there were over 600 vacant psychiatric nursing posts across the country.
- Having regard to forecasted retirements and the numbers due to graduate annually this shortage could exceed 1000 over the next 12 months.
- Despite the staffing crisis there was no evidence of any concern amongst health service managers who have used the mental health services to make savings throughout the recession.
- Implementation of Vision for Change would require a significant increase in the existing nursing workforce for which no provision was being made.
- The Government while planning for the opening of a new Forensic Hospital (CMH) in Portrane in 2019 had done nothing to deal with the nursing shortages and the particular problems experienced in retaining staff in North Dublin.

- At least another 30 Acute Beds are required for Child and Adolescent Mental Health Services (CAMHS) of which 22 are to be provided in the new National Children's Hospital. These services will require psychiatric nurses, yet there is no evidence of any forward planning to ensure the availability of that nursing resource.

There were a large number of Motions passed at Conference in which delegate after delegate highlighted the staffing crisis and its impact on patient care. Following lengthy discussion Conference resolved to ballot our members for Industrial Action to compel the HSE to adopt a pro-active Recruitment and Retention Strategy which might hopefully encourage our Graduates to stay and those abroad to return; to address disincentives in the workplace, enhance career prospects and commence the process of active implementation of the policy on Home Based Crisis Services, etc.

You, our members, voted resoundingly in favour of Industrial Action. Notice was served on the employers. While there were some negotiations during the notice period Industrial Action commenced on June 29th 2016. After 49 days of Industrial Action progress has been achieved on most of our agenda and a number of significant concessions have been won. Over the following pages, we highlight the progress made.

On conclusion of the Dispute we resolved to continue the battle for restoration of the Increment to the Graduates 2011-'15. This was achieved following discussions with Minister Harris. We were joined in those negotiations by Graduate Representatives who were excellent in highlighting the anomaly effecting them.

The agreed measures have the potential to produce over 2,000 graduates over the next 4 years. However, if we are to compete with other countries with nursing shortages the Government must move to address the significant pay and conditions deficits in the Irish Health Service. In this regard the PNA has made extensive submissions to the Public Service Pay Commission. We are satisfied that we have achieved a lot over the past 12 months and we see these measures as the commencement of a period of rejuvenation for Psychiatric Nursing. As another organisation sloganized in the past: 'A lot Done, A Lot More to Do!'

CONTENTS

WRC
An Coimisiún um Chaidreamh san Áit Oibre
Workplace Relations Commission
C-160975-16

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5 August 2016

Re: Mental Health Services

Following a lengthy engagement under the chairmanship of the Workplace Relations Commission, the following proposal was agreed for recommendation by the parties in relation to the issues raised.

Recruitment issues

- Timelines around the approval and recruitment process.
  Agreed wording to issue to the system in this regard.

  Nurse training places – Increase needed
  Approval for additional 60 places for 2016 granted, with an additional 70 for 2017.

- Post Graduate Training – To allow nursing disciplines convert to Psychiatric Nursing.
  This training scheduled to commence in UCD January 2017. The numbers involved will be 40. This number will be subject to review in respect of future years.

- Graduate Training – Enable Graduates in health sciences qualify in Psychiatric Nursing through an accelerated process.

  All parties are committed in principle to this proposal. By way of progressing the matter, a scoping exercise has commenced, including review of best practice internationally, and this will be concluded in the first quarter of 2017

- Extension of service provision over a 7 day/24 period.

  This proposal is agreed in principle by the parties. It has been put forward a general hypothesis that 24 hour services within the community will yield positive outcomes both qualitative and quantative. It is agreed that an exercise is required that in the first instance the hypothesis be fully scoped out with regard to questions that can be scientifically supported. This will include a review of international best practice and models of care in other jurisdictions. The review group will be established to complete the above work and report back within quarter 4 of 2016. Nominations to this group will be sought from all relevant parties, without delay.

Retention issues

- Temp Nurses – Request to have a conversion process for existing temp staff.
  The Mental Health Division, in conjunction with HR , have issued letters which will ensure that all those entry grades currently on temporary contracts will either through legislation, panels or a local process, be made permanent. This will include 2016 graduates. Furthermore those on a panel will retain their panel place.

- Facilitate part-time nurses requesting to increase their hours
  The parties fully support this position, where budgets allow and particularly in areas where overtime and/or agency spend is a factor. Correspondence will be issued by management, in this regard.

- Payment recognising the role in the community:

Within the provisions of the Lansdowne Road Agreement, agreement in principal has been reached between the relevant management and union side on the application of an incremental salary scale for psychiatric nurses in the community, the introduction of which will be contingent on specific productivity measures to be discussed for the entire cohort of mental health nurses.

In keeping with this requirement, following an extensive process under the chair of the WRC, the following productivity measures have been identified as supporting the re-introduction of a payment, specifically:

The general body of mental health nurse agree to:

- Full co-operation with the continued roll out of Vision for Change.
- Full co-operation with movement of services from hospital based to the community, including movement of staff across the system subject to current agreed processes.
- Support the development of extended services.
- Full co-operation with the expansion of the ANP's and their role, including any initiatives which may be put foward.
- Commit to full engagement on the role out of revised structures in the Community Health Organisations.
- Support the role of the psychiatric nurse in the community, in discharging their functions under the Mental Health Act.

Incremental credit 36 week placement 2011-2015
Following significant engagement between the parties, under this process a submission was received by the DOH. A submission was made by DOH seeking an immediate review. No approval has been given for an early review to address the issue. The staff side reserve their position in this regard.

Development of ANP posts.
The Mental Health Division is committed to the development of ANP posts. Initially the HSE will commit to 3 ANP posts in each CHO area plus 1 in the National Forensic Mental Health Service. . These are in addition to existing ANPS. Discussions will need to commence with key stakeholder, such as Area Directors of Nursing and Mental Health Division and staff representatives, to ensure that the appointment of the ANP's are in line with identified clinical need.

- Incremental recognition for retired staff returning to the service as staff nurses.
  The HSE will, from the date of any agreement, recognise previous service for this cohort of staff, up to the LSI of the Mental Health Staff Nurse grade. This sanction is only granted in the context of an overall agreement being reached.

- Consistency in the application of schemes which ensure that a staff member is given their entitlements without delay.
  Corporate Employee Relations have issued a letter clarifying the provisions of the Revised Physical Assault Scheme. It is further agreed to examine a specific issue raised, regarding sick leave and revert directly prior to the 25th August 2016.

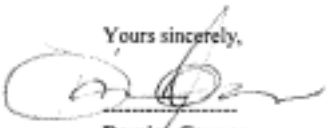
- Consistency on overtime rates paid, with regard to point of scale.
  The HSE will, from the date of any agreement, issue direction that staff working overtime, should be paid in accordance with their own hourly rate, taking cognisance thereafter of the provisions of the LRA.

- Education
  The parties agree that the release of staff for education is necessary; however this will need to be balanced in the context of service provision. There is continued professional development in the HSE. Mandatory training will be prioritised, with post graduate courses supported, with time off managed in the best manner possible at local level. The Mental Health Division commit to ensuring that there is an equitable application of time and resources, across each specific area.

- The parties agree to an ongoing review process on the implementation of this agreement, at both local and national level. There will be regular ongoing engagement at local level to address the day to day roll out of the agreement. It is further proposed that in November 2016, the parties will reconvene under the WRC to look at overall status of implementation.

This document is a composite proposal in response to a range of issues raised by the staff representatives. If any part of this proposal is rejected by either party it is withdrawn in its entirety and deemed not to have been tabled.

Yours sincerely,



Damien Cannon
Regional Manager

WRC
An Coimisiún um Chaidreamh san Áit Oibre
Workplace Relations Commission

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16th August 2016

Ref: C-161080-16

I refer to the WRC proposal of 5th August and to the subsequent engagement that took place at the WRC concerning some clarifications on a number of key issues within that proposal.

Over the last two days these items have been discussed and the following proposal is presented as an appendix to the original WRC proposal document of 5th August 2016.

All parties have agreed to its acceptance and implementation.

Proposal

1. From 1st September 2016, 50% of the Community Allowance will be restored.
2. A further 50% of the allowance will be paid from 1st January 2017 which will be backdated to 1st September 2016 subject to the satisfactory sign off by a newly established verification group.
3. The independently Chaired verification group will validate progress of the productivity measures attached to this proposal (see the list of the productivity measures involved).
4. Subject to the finalisation of the verification process (to be completed by mid December 2016), the Community Allowance will be fully restored and paid as an on-going payment from January 2017.
5. Terms of reference for the verification process will be agreed within the next week. The group will be made up of 3 union members and 3 management members.
6. In effect the Allowance (€5449)will be restored from 1st September 2016 subject to the sign off and completion of verification process under the auspices of the Independent Chair.

In recognition of the progress made, the union will stand down all industrial action with immediate effect.

Yours sincerely

Anna Perry
Director, Conciliation, Facilitation and Mediation Services

Productivity Measures

1. **Full co-operation with the continued roll-out of Vision for Change.**
2. **Full co-operation with the movement of services from Hospital based to community, including movement of staff across the system subject to current agreed processes and as provided for in Vision for Change and other Public Service Agreements.**
3. **Support the development of extended services.**
    - Co-operating with extending day hospital provision over a 7 day service.
    - Co-operating with the exploration to develop crisis intervention services to minimise need to admit into Approved Centres.
4. **Full co-operation with the expansion of the Advanced Nurse Practitioner (ANP) role, including any initiatives which may be put forward.**
    - Agreeing clinical themes for new 28 ANP posts and distributions across the country, which are in line with Clinical Programmes and Mental Health Service Plans. Joint submission to NMBI regarding development/application for these new posts.
5. **Commit to full engagement on the roll-out of revised structures in the Community Health Organisations.**
    - Commit to engage constructively with local area management teams.
    - Commit to the development of local management/union forums in each area to be used as the principle platform where negotiations/issues of concern are raised, to meet quarterly. There will be a separate Mental Health Forum.
6. **Support the role of the psychiatric nurse in the community, in discharging their functions under the Mental Health Act.**
    - Authorised officer role to be expanded whereby psychiatric nurses in the community are included. This will continue to be on a voluntary basis.
    - Development of integrated community care plans.
    - Further development of rehabilitation and recovery programmes.

RECRUITMENT STRATEGY

There is a shortage of Nurses across the Western World. The shortage of Psychiatric Nurses in Ireland has reached critical proportions. While there are currently more than 600 vacancies this could increase to over 1000 if we cannot attract as many graduates as possible to remain in the service after qualification and if we cannot attract many of those who have left the service to return.

We have sought to address this problem under several headings but in this Section we will focus on the strategy as it applies to increases in the numbers of Students or Post Graduates entering training. Currently we recruit 290 students annually of which 250–260 graduate annually. Between 2011-'15 more than 1250 psychiatric nurses qualified of which approximately 700 remained in the service. The challenge is to recruit more and retain more.

The Agreements reached with the HSE and Department of Health include:

- An increase in student numbers from 290 to 350 in the 2016 intake.
- A further increase to 420 students in 2017.
- Following which there will be a Review for 2018.
- Additionally, there will be a further increase in numbers by the provision of 40 places on an annual Postgraduate Psychiatric Nursing Course from January 2017.
- Work is continuing on the provision of a conversion course for medical science graduates.

The current crisis has been fed at two levels:

a) Lack of adequate recruitment.

b) Vey large numbers of retirements.

While the current strategy deals with the challenges in recruitment we know that the current peaks in retirement numbers will ease off in about 5 years' time. In the meantime, we need to maximise the numbers of nurses remaining in the service while we will continue to depend on Overtime, Agency and Retired Nurses to try and maintain services to patients. The next 5 years will be tough but we are confident the measures being put in place now will provide the numbers needed for an expanded service going forward.

Please note the documentation enclosed which give expression to the agreements reached.

THE WRC AGREEMENT PROVIDES FOR:

Recruitment Issues:

- **Timelines around the approval and recruitment process.**

  Agreed wording to issue to the system in this regard.

- **Nurse training places – Increase needed**

  Approval for additional 60 places for 2016 granted, with additional 70 for 2017.

- **Post Graduate Training – To allow nursing disciplines convert to Psychiatric Nursing.**

  This training scheduled to commence in UCD January 2017. The numbers involved will be 40. This number will be subjected to review in respect of future years.

- **Graduate Training – Enable Graduates in Health Sciences qualify in Psychiatric Nursing through an accelerated process.**

  All parties are committed in principal to this proposal. By way of progressing the matter, a scoping exercise has commenced, including review of best practice internationally, and this will be concluded in the first quarter of 2017.

APPOINTMENT OF TEMPORARY NURSES

It is little short of incredible that at a time of severe nursing shortages that it has taken this PNA Dispute to force management to appoint our Temporary Nurses. As far as we are concerned this valuable resource must be cherished and supported and not undermined by temporary employment.

It was agreed that:

- Those entitled to Contracts of Indefinite Duration would be appointed immediately.
- Those on National Panels would be appointed in their current locations while holding onto their panel placements if on a different panel to their current location.
- All employers to ensure that Permanent Posts are offered to current (2016) Graduates.

THE WRC AGREEMENT RECORDS:

Temp Nurses – Request to have a conversion process for existing Temporary Staff.

The Mental Health Division, in conjunction with HR, have issued letters which will ensure that all those entry grades currently on temporary contracts will either through legislation panels or a local process, be made permanent. This will include 2016 graduates. Furthermore, those on a panel will retain their panel place.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Operations & Service Improvement, QPS, Standards and Compliance.
Mental Health Directorate,
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Dundrum
Dublin 14
Telephone No: 01-2157498
email:jim.ryan1@hse.ie

28th June 2016

Gerry O'Neill
CHO Area 9

Re: Conversion of Temporary Nurses

Dear Gerry

Further to my previous correspondence regarding the above, the following process has now been agreed to convert those nurses employed on a temporary basis for less than 2 years.

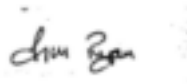
1. Nurses currently employed on a temporary basis who are on a permanent NRS panel should be given a permanent contract.

2. A local competition should commence to interview those nurses currently employed on a temporary basis for less than 2 years and who are not on a NRS permanent panel. Successful candidates will then be issued with a permanent contract.

It is essential to ensure compliance with the requirements of the National Vetting Bureau legislation is adhered to as part of this process.

Please bring this to the attention of local HR for implementation as a matter of urgency. For further information concerning the above, please contact vivienne.fay1@hse.ie

Yours sincerely,



Jim Ryan

Assistant National Director,
Operations, Service Improvement, QPS, Standards & Compliance
Mental Health Division

Feidhmeannacht na Seirbhíse Sláinte
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23rd June 2016

Gerry O'Neill
CHO Area 9

Re: Conversion of Temporary Nurses - Protection of Employees (Fixed Term Work) Act 2003.

Dear Gerry

As you are aware a scoping exercise was undertaken to determine the number of nurses currently employed in the mental health services who are on temporary contracts.

The results illustrate that there are a number of current temporary nurses who may have entitlements by virtue of the application of the terms , conditions and legislative provisions of the Protection of Employees (Fixed Term Work) Act 2003 .

In order for the HSE to be fully compliant with the terms and provisions of the above legislation please ensure that any/all current temporary mental health nurse employees within your respective areas of responsibility who by virtue of the application of the legislation have an entitlement to a Contract of Indefinite Duration (CID) are processed accordingly.

In circumstances where current temporary nurses who were previously issued with permanent contracts and in circumstances where they may have declined to sign or accept such contracts, please proceed to confirm to those current temporary employees that for the purposes of the legislation they are now deemed to be on a contracts of indefinite duration (CID) based on their current hours, terms and conditions of employment with the HSE.

Yours sincerely,

Jim Ryan
Assistant National Director,

Operations, Service Improvement, QPS, Standards & Compliance
Mental Health Division

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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14th July 2016

Gerry O'Neill
CHO Area 9

Re: Conversion of Graduates Nurses 2016

Dear Gerry

I refer to previous correspondence concerning the implementation of a local process to issue permanent contracts to all temporary nurses currently working in the Mental Health Services.
The National Division recognises the importance of retaining student nurse graduates and expects each area to fully utilise all options available to them to maximise retention, while remaining compliant with the Pay and Numbers Strategy.
Please ensure that the 2016 nurse graduates are included in the local process and offered contracts of employment subject to the normal recruitment processes and checks i.e. competition, references, Garda clearance, copy of qualifications etc. and having regard to existing permanent panels in NRS.

Yours sincerely,

Jim Ryan

Jim Ryan
Assistant National Director,
Operations, Service Improvement, QPS, Standards & Compliance
Mental Health Division

REMOVAL OF DISINCENTIVES

Over the next 5-6 years we will face significant pressures in staffing our services. Many of the measures now agreed will not produce nurses in the short term. We are therefore dependent on the goodwill and availability of the current workforce to work additional hours and those who are retired to return to part-time working. It is important that there are no disincentives which would discourage nurses from making themselves available. We also need an efficient recruitment process. At the time of the dispute it was taking 9 months to recruit each nurse.

A number of measures in particular have been agreed to address deficits in some parts of the country:

- Part Time Nurses will be facilitated to Increase their Hours where they Choose to'
- The HSE Embargo which requires 3 Posts to be shed before one is recruited will not apply in Psychiatric Nursing.
- The Timelines Involved in recruiting nurses will be improved.
- Nurses working overtime will be paid at their own personal hourly rate.
- Retired Nurses returning to work as staff nurses will be paid at the LSI.

The Workplace Relations Commission Agreement Provides for the Following:

Incremental Recognition for Retired Staff Returning to the Service as Staff Nurses:

The HSE will, from the date of any agreement, recognise previous service for this cohort of staff, up to the LSI of the Mental Health Staff Nurse Grade. This sanction is only grated in the context of an overall agreement being reached.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Stiúrthóir Náisiúnta um Meabhairshláinte
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National Director, Mental Health Service
Dr. Steevens Hospital, Dublin 8, DO8 W2A8
Tel: 01 8976108 Email: mentalhealth@hse.ie

Internal Memorandum

Memo to: **Each Chief Officer**

Memo from: **Anne O'Connor, National Director Mental Health**

Date: **8th September, 2016**

Re: **WRC Agreement**

Dear Colleagues,

I am writing to you in relation to the recent WRC Agreement between the HSE and the PNA, details of which were sent to you by Paul Braham on 2nd September. There are four key issues to be addressed by management as outlined below:-

Increased Hours for Part Time Nurses

One of the issues to be addressed by the HSE involved Nurses working on a part time basis who have made a request to management to increase their hours of work and have not been accommodated. As a result, the reliance on overtime and agency arrangements continues with implications in terms of value for money, HSE Paybill Management & Control Framework and the continuity of a safe and quality service.

Please review the use of overtime and agency in your area and where part time nurses have indicated that they wish to increase their hours, ensure that this is facilitated without delay and with no negative impact on the requirements of the HSE pay bill management and control framework.

Replacement Posts

It would appear that some services are applying a 3: 1 ratio before granting approval for replacement posts.

Please be advised that although there is an expectation and requirement for all areas to manage resources within the HSE Pay-bill Management and Control Framework, the Mental Health Division have not issued a directive that replacements can only be approved if the 3:1 ratio is applied.

As you are aware even where a CHO is in escalation, they may replace entry and mid-level posts on the core list in line with the HSE Paybill Management and Control Framework and where consideration has been given to the need to balance financial and service risk. Entry level core list includes Student Nurses, Staff Nurses, Senior Staff Nurses and CMN1 posts. Mid-level core list includes CNM11 and CNM111, whose primary responsibility is for management supervision of direct patient care (excludes CNS, tutors and practice development etc). No senior level posts or new posts at any level can be filled without National approval.

Timeline for approval of replacement posts.

It has been brought to my attention that in some areas it takes an inordinate length of time to receive a decision with regard to applications and business cases seeking approval to replace nursing posts.

Notwithstanding the fact that approval to replace may not be granted in all instances, the Mental Health Division has given assurances to the PNA that where approval has been granted at local level and forwarded to the Division for approval, the entire process will not exceed 28 days.

In this context, it is essential that at local level you ensure that such applications received by you as Chief Officer are processed in a timely fashion. In the event that you do not approve the application this decision should be communicated back to the service within a week. Where the application has your local approval, this should be forwarded to the Division with all relevant documentation for approval. The Division has undertaken to communicate the decision concerning the approval back to you within 4 working days. It is imperative that this is forwarded to the relevant person who made the application within the specified timeframe.

Overtime Rates for Nurses

An issue was raised regarding the lack of consistency throughout the country in terms of the rate paid to senior nurses who are working overtime. Whilst it would appear that in the majority of areas throughout the country, overtime rates are calculated on the basis of the hourly rate of the individuals' substantive grade, this is not a uniform practice.

It is essential to ensure consistency in this regard and therefore you are asked to instruct local management to ensure that all grades doing overtime receive the overtime rate relevant to their substantive grade with immediate effect.

Yours sincerely,

Anne O'Connor
National Director
Mental Health

PAYMENT TO REFLECT ROLE IN THE COMMUNITY

COMMUNITY ALLOWANCE

Since the abolition of the Community Allowance a situation had emerged that:

- New Community based nurses complain of being treated as second class nurses.

- Nurses abroad described the prospect of returning home to be assigned to work in the Community as a significant disincentive.

- Nurse Managers described the need to have a mix of experience in community teams. However, the unavailability of the Community Allowance resulted in experienced nurses turning down community based posts including Promotional Posts.

- Current pressures in Mental Health Care is resulting in very complex care needs having to be met in the community. This requires enhanced knowledge and a significant skill set.

- The Department of Public Expenditure and Reform (DPERS) refused to restore the Community Allowance as it was. However, a payment of 5,449 Euro p.a. will be made to those qualifying nurses who do not have the Community Allowance, i.e. a new form of the Community Allowance has been agreed for those who were not in receipt of the Allowance prior to the Dispute.

- A copy of the Circular in enclosed.

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Office of the National Director of Human Resources
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6th October 2016

To: Each Member of the Directorate and Leadership Team
Each Assistant National Director, HR
Each Chief Officer, CHO
Each Hospital Group CEO
Each Hospital Group HR Director
Each CEO Section 38 Agency
Each HR Manager Section 38 Agency
Each Employee Relations Manager

From: Rosarii Mannion, National Director HR, HSE

Re: HR Circular 012/2016 Sanction for Payment of Allowance for Psychiatric Nurses working in the Community

Dear Colleagues,

I refer to the engagement between management (HSE, Department of Health and Department of Public Expenditure and Reform) and representatives of the psychiatric nursing body under the chairmanship of the Workplace Relations Commission that concluded on the 16th August, with the agreement of all parties present to the Commission's proposals dated the 5th and 16th August 2016.

The engagement latterly focussed on the payment of an allowance for psychiatric nurses working in the community who do not qualify for the existing Community Allowance. I can, in keeping with guidance from the Department of Health, convey sanction by way of this Circular for the payment of an allowance of €5,449 from the 1st September 2016, subject to the terms set out in the Workplace Relations Commission document dated 16th August 2016, in conjunction with those set out in a further document issued 5th August 2016. (Attached)

It is noted that the payment of the second 50% of the allowance, backdated to the 1st September 2016, is subject to verification and that the payment of €5,449 will apply across all of the qualifying

grades, unlike the value of the Community Allowance currently in place, which varies depending on grade.

All queries with regard to the contents and applicability of the Circular should be forwarded to Corporate Employee Relations at 01-6626966 or to info.t@hse.ie

Yours sincerely,

Rosarii Mannion
National Director of Human Resources

Incremental Credit for Graduates 2011-'15

Following a long campaign by the Nursing Unions the Government decided at the end of 2015 to restore incremental credit for the Internship year for those nurses graduating from 2016 onwards. While this was welcome progress it left the 2011-'15 Graduates extremely aggrieved. During our dispute, we sought to resolve this impasse but Government, while acknowledging the grievance, were unwilling to resolve an issue which effected all Graduates in a dispute confined to the Psychiatric Services.

At the end of our Dispute the PNA NEC resolved that 'we were not leaving the graduates behind'. Meetings were held with our INMO Colleagues and with our Graduates. A campaign Strategy was agreed. Meetings were held with Minister Harris at which a number of our Graduates, Thomas Hehir (Clane), Philip Doyle (Laois), Catriona O'Connor (Limerick), attended and cogently articulated their sense of grievance.

Eventually Minister Harris convinced DPERS to concede the claim and the Minister approved the restoration of the Increment to all of our Graduates.

Copy of the Circular is enclosed.

L to R: Thomas Hehir, Aishling Culhane, Philip Doyle, Peter Hughes, Catriona O'Neill

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Oifig an Stiúrthóra Náisiúnta, Acmhainní Daonna
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15th November 2016

To: Each Member of the Directorate and Leadership Team
Each Chief Officer, CHO
Each CEO, Hospital Group
Each CEO, Section 38 Agency
Each Employee Relations Manager
HR Senior Staff

c.c. Ms. Mary Doran, General Manager, National Recruitment Services.
Ms. Yvonne Kelly, General Manager,National Payroll, HSE Health Business Services.

From: Rosarii Mannion, National Director HR

Re: HR Circular 016/2016 re Incremental Credit in respect of Nursing/Midwifery Clinical Placement - 2011-2015 Graduates.

Dear Colleagues,

I refer to recent consideration of the above following on from the process provided for in the Chairperson's Note attaching to the Lansdowne Road Agreement and between the HSE, the Nursing Unions and the Department of Health.

Accordingly, I can now advise of the approval of the Minister for Health, with the consent of the Minister for Public Expenditure and Reform, to the award of incremental credit in respect of the thirty six week, 4th year undergraduate clinical placement period for those nurses who graduated from Irish Universities between 2011 and 2015. The sanction is effective from 1st January 2017.

Specifically, this means that from 1st January 2017, all Nurses and Midwives who have undertaken the clinical placement as part of their 4th year undergraduate programme in an Irish University, or will in the future undertake this clinical placement as part of their 4th year undergraduate programme

in an Irish University, will qualify for thirty six weeks incremental credit in respect of clinical placement. Practical examples of how the new arrangements will apply in different circumstances are set out in **Appendix 1** (*revised 25th November 2016*).

In addition, for nurses who continued in employment in the post qualification pre-registration period, the quantum of their employment in that period, up to a maximum of 8 weeks, also qualifies for the award of incremental credit.

Queries:

Queries from individual employees should in the first instance be directed to respective Line Managers/Department Heads.

Queries from HR/ER Departments may be referred to Edna Hoare, HSE Corporate Employee Relations, HR Directorate, HSE, 63/64 Adelaide Road, Dublin 2. Tel: 01-6626966, E-mail: info.t@hse.ie

Yours sincerely,

Rosarii Mannion
National Director of Human Resources

REVISED APPENDIX 1 (25th November 2016):

HR Circular 016/2016 re Incremental Credit in respect of Nursing/Midwifery Clinical Placement: 2011 – 2015 Graduates

Appendix 1 sets out the process of awarding incremental progression in respect of the 36 week, 4th year undergraduate clinical placement period, for those who graduated between 2011 and 2015.

The incremental point of all Staff Nurses who graduated since 2011 should be reviewed on the basis that they should have their increment brought forward by 36 weeks, provided the effective date is 1st January 2017 or later.

Examples of Incremental Progression from 01.01.2017:

1. **Nurses who graduated in 2011**
   Staff nurse graduates in 2011 and was placed on 1st point of the salary scale on 1.10.2011
   01.10.2011 – 1st point
   01.10.2012 – 2nd point
   01.10.2013 – 3rd point
   01.10.2014 – 4th point
   01.10.2015 – 5th point
   01.10.2016 – 6th point
   21.01.2017 – 7th point (Increment granted after 112 days allowing for incremental credit in respect of 36 week clinical placement)

   Staff nurse graduates in 2011. Leaves the service on 13.09.2011. Rehired on 31.03.2014 on 3rd point of staff nurse (new entrant scale)
   31.03.2014 – 3rd point
   31.03.2015 – 4th point
   31.03.2016 – 5th point
   01.01.2017 – 6th point (Incremental credit granted in respect of 36 week placement means increment date revised from effective date of circular)
   22.07.2017 – 7th point (Increment granted after 202 days allowing for incremental credit in respect of 163 days carried forward in respect of clinical placement)

   Note the above example must allow for incremental credit in respect of nursing service that is verified in accordance with the relevant circulars

2. **Nurses who graduated in 2012**
   Staff nurse graduates in 2012 and was placed on the 1st point of the salary scale on 21.09.2012
   21.09.2012 – 1st point

21.09.2013 – 2nd point
21.09.2014 – 3rd point
21.09.2015 – 4th point
21.09.2016 – 5th point
11.01.2017 – 6th point (Increment granted after 112 days allowing for incremental credit in respect of 36 week clinical placement)

3. **Nurses who graduated in 2014**
Staff nurses graduates in 2014 and was placed on the 1st point of the salary scale on 3.10.2014
03.10.2014 – 1st point
03.10.2015 – 2nd point
03.10.2016 – 3rd point
23.01.2017 – 4th point (Increment granted after 112 days allowing for incremental credit in respect of 36 week clinical placement)

DEVELOPMENT OF CLINICAL CAREER PATHWAY

The Commission on Nursing was strongly of the view that clinical practice should be recognised and rewarded. Prior to the Commission's Report in 1999 the only avenue for career advancement in nursing was primarily through the management pathway. The Commission recommended the creation of Clinical Nurse Specialist (CNS) and Advance Nurse Practitioner (ANP) Posts. Regrettably our experience over the 17 years since the publication of the report is:

- Creation of CNS Posts has been uneven and patchy.
- ANP Posts are rare with currently only 12 in the HSE.
- The Clinical Career Pathway has proven to be a career cul-de-sac.

You will note with this report a copy of the PNA's submission on the creation of ANP Posts in the service. While we have made significant progress through this dispute all branches need to highlight CNS and ANP deficits in their areas. The PNA Head Office will assist by identifying the numbers and variety of posts at CNS and ANP level across the service. National black spots will be relentlessly highlighted as demonstrating management failures in the system!

It is now agreed that an additional 28 ANP Posts will be created in the HSE, i.e. 3 per CHO Area and one in the National Forensic Service. Some of the areas which have been identified for development of ANPs include:

- Child and Adolescent Psychiatry.
- First Onset Psychoses.
- Self-Harm/Suicide/ Liaison
- Rehab/Recovery
- Psychiatry of Later Life
- Eating Disorders.
- Mental Health of ID/ Dual Diagnosis
- Forensic Psychiatry.
- Transgender Mental Health.

Nothing about the above militates against nurses with other Qualifications/experience being developed as ANPs. We are enclosing overleaf a copy of our Submission to the Employers supporting our demand for enhanced investment in Advanced Nurse Practitioner in Psychiatric Nursing.

AGREEMENT:

Development of ANP Posts.

The Mental Health Division is committed to the development of ANP posts. Initially the HSE will commit to 3 ANP posts in each CHO area plus 1 in the National Forensic Mental

Health Service. These are in addition to existing ANPS. Discussions will need to commence with key stakeholder, such as Area Directors of Nursing and Mental Health Division and staff representatives, to ensure that the appointment of the ANP's are in line with identified clinical need.

In the following we are enclosing a copy of the PNA submission on this issue.

ADVANCED NURSE PRACTITIONERS (ANP'S)

The development of ANP's was first recommended by the Commission on Nursing in 1999. The Commission based on the knowledge available, consultations across the nursing practice, educational and regulatory family and International Research was satisfied that a need existed for the development of the Clinical Carer Pathway, Staff Nurse to CNS to ANP.

6.25, 6.26 REPORT OF THE COMMISSION ON NURSING

Seventeen years later it is regrettable that only 12 ANP posts exist in HSE and some of those will be lost through retirement in the short term with little or no obvious development of ANP posts ongoing. Indeed, there is evidence of a number of ANP posts having been developed to the point of approval only for the HSE to withdraw the funding.

In examining the current distribution of ANP's the following evidence emerges:

There are no ANP's in

Sligo / Leitrim Mental Health Services

Cavan / Monaghan Mental Health Services

Louth / Meath Mental Health Services

Longford/ Westmeath Mental Health Services

Clare Mental Health Services

Wicklow Mental Health Services

Wexford – Waterford Mental Health Services

Carlow Kilkenny South Tipperary Mental Health Services

Kerry Mental Health Services

South Lee Cork Mental Health Services

North Dublin Mental Health Services

West Dublin Mental Health Services

Kildare

(The only Dublin Service with ANP's are Area 2 and Central Mental Hospital Dundrum)

In 2010 the Health Committee of the OECD's Directorate for Employment, Labour and Social Affairs published a paper.: "Nurses in Advanced Roles: a Description and Evaluation of experiences in 12 Developed Countries" which make a number of points, we want to highlight:

- Many Countries are seeking to improve health care delivery by reviewing the roles of health professionals, including nurses. Developing new and more advanced roles for nurses could improve access to care in the face of a limited or diminishing supply of doctors.
- Evaluations show that using advanced practice nurses can improve access to services and reduce waiting times. Advanced Nurse Practitioners are able to deliver the same quality of care as doctors for a range of patients, including those with minor illnesses and those requiring routine follow-up. Most evaluations find a high patient satisfaction rate, mainly because nurses tend to spend more time with patients, and provide information and counselling.
- OECD countries are at different stages in implementing more advanced roles for nurses. Some countries (e.g. the United States, Canada and the United Kingdom) have been using advance practice nurses for a long time, initially in the primary care sector, but most recently also hospitals.

  In most countries, one of the main reasons for developing more advanced roles for nurses is to improve access to care in a context of a limited supply of doctors. Another reason for the development of APN roles is to promote higher quality of care, for instance by creating new posts to provide more intensive follow-up and counselling for patients with chronic illness in primary care or the creation of advance nursing posts in hospitals to oversee quality improvement initiatives. In some countries, the development of ANPs is also seen as a way to contain costs. By delegating certain tasks from more expensive doctors to less expensive "intermediate level" advanced nurses, it may be possible to deliver the same (or more) services at a lower cost. Also, by improving quality of care, it may be possible to reduce health spending in the longer term by avoiding complications and unnecessary hospitalisations.

  In addition, the development of more advanced roles for nurses is often seen as a way to increase the attractiveness of the nursing profession and retention rates by enhancing career prospects.
- The number of nurses in advanced practice roles still represents a small proportion of all nurses even in those countries that have the longest experience in using them. In the United States, NP's and CNS's represented respectively 6.5% and 2.5% of the total number of registered nurses in 2008. In Canada, they accounted for a much smaller share, NP's only representing 0.6% and CNS's 0.9% of all registered nurses in 2008, although their numbers have increased in recent years.
- In general, the available evaluations show that the use of advanced practice nurses can improve access to services and reduce waiting times for the set of services they provide. There is also a large body of evidence showing that advanced practice

nurses are able to deliver the same quality of care as doctors for a range of services transferred to them (e.g. Routine follow up of patients with chronic conditions, first contact for people with minor illness), provided that they have received proper education and training. Most evaluations find a high patient satisfaction rate with services provided by advanced practice nurses, and in many cases a higher satisfaction rate than for similar services provided by doctors. This seems to be due mainly to the fact that advanced practice nurses tent to spend more time with each patient, providing them with more education and counselling. Fewer studies have tried to measure the impact of APN activities on health outcomes, but those that have tried to do so have not found any negative impact on patient outcomes following the transfer of certain tasks from doctors to nurses.

- A number of factors may either act as a barrier or facilitator to the development of advanced roles for nurses. This study has focussed on four factors: 1) the professional interests of doctors and nurses (and their influence on reform processes); 2) the organisation of care and funding mechanisms; 3) the impact of legislation and regulation of health professional activities on the development of new roles; and 4) the capacity of the education and training system to provide nurses with higher skills.
- In most countries covered under this study, the opposition of the medical profession has been identified as one of the main barriers to the development of more advanced nursing roles.
- A majority of countries covered in this study also mentioned the importance of ensuring that the education and training system provides sufficient opportunities to train nurses with more advanced skills as a key success factor. A lack of skilled nursing staff may make it difficult to fill new APN posts. In the United States, governments at the federal and state levels have recently increased funding to support new education and training programmes for all nurses including advanced practice nurses, in response to concerns that the education system was not producing enough nurses at the level required to perform advanced practice. In Canada and Ireland, the funding of new Master's level programmes and the growing ability of universities to enroll more students in these programmes have contributed greatly to the growing number of advanced practice nurses in recent years.
- In all countries where nurses now assume more advanced roles, governments have had to facilitate and support the process to overcome all of these barriers: by providing the necessary leadership to get the process started and to involve all relevant parties and mobilise their support (or at least minimise their opposition); by adapting the legislative and regulatory framework to allow nurses to perform new roles; by providing proper financial incentives for primary care groups and hospitals to create APN posts; and by helping to finance new education and training programmes to prepare nurses to fill theses more advanced positions.
- The development and implementation of advanced practice nursing roles should be evaluated in terms of their impact on patient care and costs. Many countries

have tested new "models" of health service delivery involving new roles for nurse through local pilot projects. However, in many cases, pilot projects that have demonstrated positive results in terms of patient care and costs have not been pursued and extended more broadly, because of lack of sustainable funding. These represent missed opportunities to achieve efficiency gains in health service delivery.

- More generally, there will be a need to take a broader approach to evaluating new models of health service delivery. The movement towards greater teamwork and group practices increases the importance of looking beyond the impact of only one specific team member. Evaluation studies need to expand their scope from "simply" comparing how advanced practice nurses do certain tasks compared with doctors, to looking more broadly at the overall organisation of services. Identifying those factors or sophisticated statistical methods to control for different factors. Some evaluations in certain countries have already moved in this direction.

CONCLUSION

1. The Irish Department of Health obviously contributed to the work of the OECD in putting the above Paper together. In this regard it is interesting to note the reference to Ireland and the 'growing number of ANPs in recent years'. I can only assume this is referring to another part of the Health Service other than Mental Health or indeed ID. If this Paper was being written today, 6 years later, it would clearly reflect the reducing numbers of ANPs from a very low base in Mental Health.

2. Left to their own volition the HSE and indeed the Department of Health will never meet the challenge and will never facilitate appropriate numbers of ANPs in Mental Health. If we assume a figure of only 4000 Mental Health Nurses in the HSE and 12 ANPs then the proportion of ANPs represents only 0.003% of the Psychiatric/Mental Health Nursing Population which is a tiny proportion of the ANPs recorded in the Nursing population.

   The above study records Canada at 0.6% of Nurses employed as ANPs as much smaller when compared to the U.S. When one looks at the current Irish experience it is clear that in Mental Health in Ireland our proportion of ANP is less than 2% of the Canadian proportion. This truly reflects the failure of the Irish Services to implement this Recommendation of the Commission on Nursing.

   When the real figure for actual Psychiatric Nursing Posts is used the percentage is even worse.

3. The OECD reflects the international view that 'the development of ANP roles for nurses is often seen as a way to increase the attractiveness of the nursing profession and retention rates by enhancing career prospects'.

   This is a point we have continuously asserted.

4. The achievements of our ANPs has been very well highlighted. We have listened to

Ministers extol on the virtues of the ANP in Mental Health. The work of Gordon Lynch in the past in Kildare CAMHS and the current work of Colman Noctor in CAMHS, St. Patricks Hospital are but two which have been publicly recognised. However, I could equally name each of the other ANPs in similar vein.

5. The OECD study describes in very clear terms both the value of the ANP to the Health Service and the impediments to their greater establishment. It is time the Irish Mental Health Services embraced the opportunities presented by the quality of Irelands system of nursing education. However, this will not happen without a strong organisational impetus from the Department of Health and HSE.
6. Management must commit in a demonstrably meaningful way to increasing the numbers of ANPs in every area of the Health Service.

24/7 SERVICE DEVELOPMENT

Many of our services, especially our Acute Units are described as chaotic with bed occupancy often reaching 130%. Some of the factors which contribute to this problem include:

- Absence of 24/7 Home Based Crisis Teams.
- Absence of Intensive Care Rehabilitation Units and High Support Hostels.
- Lack of fully staffed Assertive Outreach Teams.

As a result, there are many patients inappropriately placed in Acute Psychiatric Units resulting in huge pressure on beds, patients being placed on extended leave in the hope that they will recuperate in the community, excessive numbers being readmitted and many persons needing admission being put off because of the shortage of beds.

We are satisfied that part of this chaos can be relieved by the provision of 24/7 Crisis Home Care Teams. Some members of our negotiating team have personal professional experience of working on those teams in Australia, the UK and on Home Based teams in Ireland (the few that exist).

Agreement has been reached in this Dispute that the PNA Proposal for 4 Pilot 24/7 Home Based Teams to be provided in 2017 will be fully scoped out and informed by International Best Practice and this will be completed by last quarter 2016.

A small PNA/HSE/DOH Working Group is being put in place to scope out the proposed pilots for 2017.

THE WRC AGREEMENT PROVIDES FOR:

Extension of service provision over a 7 day/24 period.

This proposal is agreed in principal by the parties. It has been put forward a general hypothesis that 24-hour services within the community will yield positive outcomes both qualitative and quantative. It is agreed that an exercise is required that in the first instance the hypothesis be fully scoped out with regard to questions that can be

scientifically supported. This will include a review of international best practice and models of care in other jurisdictions. The review group will be established to complete the above work and report back within quarter 4 of 2016. Nominations to this group will be sought from all relevant parties, without delay.

APPLICATION OF SERIOUS PHYSICAL ASSAULT SCHEME

One of the most devastating but all too common experiences of Nurses, especially in Psychiatry and Intellectual Disability Nursing, is to be seriously physically assaulted. The traumatised nurse needs the support of colleagues and managers. There are many examples of managers acting in a generous, caring and supportive way. Regrettably there are also examples of injured nurses not been supported or cared for.

In 1994, following the stabbing of 3 nurses in Artane the previous year and following a huge campaign by the PNA, Minister for Health Brendan Howlin approved a Scheme for Psychiatric Nurses Injured by Assault at Work. An essential aspect of the scheme sought to address the situation where the injured nurse was further traumatised by having their income reduced by loss of their normal Premium earnings. In this regard the Scheme ensured that the nurse traumatised by assault and injury would not be further traumatised by reductions in their normal earnings.

This Scheme worked very well for nearly 20 years until managers in the West followed by the Mid-West, South and North West began to insist that the injured nurse would not be approved for the payment of their normal premium earnings until they had been seen and deemed unfit by Occupational Health. This could take 4/5 months and in the meantime the Nurse was often unable to pay their mortgage.

As a result of the Industrial Action by the PNA this problem has now been resolved. Once the injured nurse submits a Medical Certificate confirming that they have been injured as a result of a serious physical assault in the workplace their premiums will be approved for immediate payment.

For Nurses who are seriously injured and unable to return to work in the short to medium term there are provisions for payment of:

- Full pay including premiums for 6 months.
- If not recovered an extension of 3 months with full pay including Premiums
- If not recovered a further extension of 3 months on full basic pay.

It is now agreed that at the end of the 2 x 3 month extensions if the nurse has not recovered s/he will move onto the Five Sixths Pension as opposed to Sick Leave pending recovery, (if recovery is possible).

Copies of the relevant documentation are included in the following pages.

All members should make themselves aware of their entitlements which the PNA has laid out in great detail in a booklet which is available from Head Office.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Corporate Employee Relations Services
Health Service Executive
63-64 Adelaide Road
Dublin 02 FR50

Telephone (01) 6626966
Fax (01) 6626977

To: **Each Assistant National Director HR**
Each Hospital Group HR Director
Each Employee Relations Manager
Each Chief Officer CHO Area
Each Chief Officer Mental Health

Re: **Serious Physical Assault Scheme**

Date: **13th July 2016**

Ref: **CERS 26/2016**

Dear Colleagues

I refer to the nationally agreed definition of a **serious physical assault** as set out in the HSE Long Term Absence Benefit Schemes Guidelines (copy enclosed):

"The intentional or reckless application of force against the person by another without lawful justification, or causing another to believe on reasonable grounds that s/he is likely immediately to be subjected to such force without lawful justification, resulting in a physical injury."

All employees who are absent from work as a result of a serious physical assault by a patient/client incurred in the course of their duties are covered by the Serious Physical Assault Scheme subject to the following criteria:
The assault occurred in the actual discharge of the employee's duties, without his/her own default and by some injury attributable solely to the nature of his/her duty.

The Scheme provides for full pay (including allowances and premium earnings) for a period of up to:

- 6 months for officer grades
- 3 months for support staff grades
- Special extensions to the scheme for nurse (3 months at basic pay plus allowances and premium pay and 3 months at basic pay only).

Payment under the Serious Physical Assault Scheme does not affect an employee's entitlement under the normal sick pay scheme. Further details of the Schemes are set out in Appendices 2 and 3.

Once a decision has been made by the appropriate manager that the employee satisfies the eligibility criteria for the Scheme, arrangements should be made to apply the payment provisions with immediate effect. The manager's decision to grant payment under the Scheme will be informed by a medical assessment. The information required to enable the manager to determine whether the employee comes within the scope of the Scheme may already be available on foot of an initial medical assessment immediately following the

assault. In such cases, the manager may use this medical report to determine if the employee satisfies the eligibility criteria and is not required to await the outcome of an Occupational Health assessment.

Please note that all employees who are injured/assaulted at work must be referred to the Occupational Health Service for medical assessment as a matter of priority so that a rehabilitation plan can be devised to support the employee and facilitate his/her return to work as soon as possible.

Please bring this to the attention of the relevant management in your area of responsibility.

Yours sincerely,

Paul Byrne,
Corporate Employee Relations Services

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Corporate Employee Relations Services
Health Service Executive
63-64 Adelaide Road
Dublin 02 FR50

Telephone (01) 6626066
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To: Each Member of the Directorate and Leadership Team
Each Assistant National Director, HR
Each Chief Officer, CHO
Each Hospital Group CEO
Each Hospital Group HR Director
Each CEO Section 38 Agency
Each HR Manager Section 38 Agency
Each Employee Relations Manager

Re: Serious Physical Assault at Work Scheme & Injury Allowance

Date: 31st August 2016

Ref: CERS 31/2016

Dear Colleagues

Where an employee has exhausted the pay provisions under the Serious Physical Assault at Work Scheme (including the special extensions for nurses), s/he may be granted the injury allowance in accordance with the provisions of the relevant health service superannuation scheme. The injury allowance may be granted where an employee is injured:

(*a*) in the actual discharge of his or her duty, and

(*b*) without his or her own default, and

(*c*) by some injury attributable solely to the nature of his or her duty,

There is no requirement that the employee must have availed of or exhausted the provisions of the Public Service Sick Pay Scheme in order to access the injury allowance. However, employees should be informed that the period during which the injury allowance is payable is not reckonable for superannuation purposes. Employees should also be given the option of availing of the normal sick leave provisions as this period will be reckonable for superannuation purposes (excluding periods for which Temporary Rehabilitation Remuneration is payable).

The employee should be advised that payment of the injury allowance is subject to review and conditional on the employee's co-operation with the organisation's HR Policies and Procedures governing sickness absence and rehabilitation.

For further information, please refer to the following policies:

- HSE Rehabilitation Policy
- HSE Managing Attendance Policy
- HSE Long Term Absence Benefit Schemes Guidelines

Queries from HR and Employee Relations Departments in relation to this legislation may be referred to Anna Killilea, Corporate Employee Relations: telephone 01-662 6966/ email info.r@hse.ie.

Yours sincerely,

John Delamere
Corporate Employee Relations Services

OTHER MEASURES

1. Post Graduate Education

Copy of the agreement supporting Post Graduate Nurse education is included over leaf.

Education

The parties agree that the release of staff for education is necessary; however, this will need to be balanced in the context of service provision. There is continued professional development in the HSE. Mandatory training will be prioritised, with post graduate courses supported, with time off managed in the best manner possible at local level. The Mental Health Division commit to ensuring that there is an equitable application of time and resources, across each specific area.

2. Implementation Group

To ensure implementation of these agreements an Implementation Group is being established.

The parties agree to an ongoing review process on the implementation of this agreement, at both local and national level. There will be regular ongoing engagement at local level to address the day to day roll out of the agreement. It is further proposed that in November 2016, the parties will reconvene under the WRC to look at overall status of implementation.

3. Separate Mental Health Forum for Negotiations re CHO Restructuring

THE WRC AGREEMENT PROVIDES FOR:

Commit to full engagement on the roll-out of revised structures in the Community Health Organisations.

- Commit to engage constructively with local area management teams.
- Commit to the development of local management/union forums in each area to be used as the principal platform where negotiations/issues of concern are raised, to meet quarterly. There will be a separate Mental Health Forum.

TEMPORARY APPOINTMENTS (CIRCULAR 8/16) REPLACEMENT FOR ACTING UP ARRANGEMENTS.

1. Circular 8/16 which arose from LCR 21104 gave expression to the implications of Circular 17/2013, i.e. all nurses acting up for 13 weeks on or after the introduction of Circular 17/2013 are entitled to a contract of Temporary Appointment.
2. This means that the Nurse is temporarily appointed to the Post and is entitled to be paid as if appointed.
3. It also means that following this temporary appointment the nurse will continue to attract annual increments for so long as the temporary appointment lasts (for as long as s/he is acting up).
4. Many nurses who were acting up when this Circular came into operation, or who commenced acting up subsequently, continued to be paid an Acting Up Allowance and on appointment or regularisation were then put on the scale to which they were promoted. However, they may have been denied their true entitlements.
5. If you were appointed or regularised since October 2013 you should examine your record of payments to ensure you have been properly paid.
6. Following the negotiations in Cork relating to the opening of the new Acute Unit Helen O Mahony, our Cork South Lee Rep posed the question: Shouldn't our members who have been regularised be assimilated onto the higher scale in accordance with Circular 17/13 LCR 21104 and Circular 8/16 confirmed her in that view.

   Head Office agreed with her analysis and pursued the claim on behalf of a number of nurses who had been regularised/appointed. The following is one example. We will call her 'Mary'.

   Mary was acting up in 2013 and was paid her normal salary (Max of scale with LSI) 44086 Euro plus the Acting Allowance of 4442 Euro pa.. giving a total of 48,128.

   In 2015 she was appointed /regularised and placed on the 3 rd point of the scale @ 48,559 E.

   When the PNA examined her pay record we found that she should have been given a Temporary appointment in 2013 which would have entitled her to the 6 th point of the CNM 2 Scale 52,067 E. She was entitled to incremental credit in 2014, '15 and '16 and should therefore now be on 55,852pa.

   Her salary has now been corrected and substantial arrears paid.

   We believe there are many more Marys out there. Are you one of them?

Feidhmeannacht na Seirbhíse Sláinte
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63-64 Adelaide Road
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Telephone (01) 6626966
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Mr Peter Hughes
General Secretary Designate,
The Psychiatric Nurses Association of Ireland,
Station House,
The Waterways
Sallins
County Kildare

09th August 2016

Re: WRC Proposal regarding Recruitment and Retention Dispute

Dear Peter,

I refer to your correspondence of August 5th, 2016, to my colleague Paul Byrne.

With regard to No 1, the HSE fully understand that the PNA will continue to pursue this issue. Relating to item 3, we confirm agreement to the establishment of an implementation group that will meet on a fortnightly basis initially. The precise membership of same will be finalised shortly.

In respect of item 2, it is the position of the HSE that there has always been a funding stream available through the NMPDU. Support goes beyond just funding and includes agreed time off and flexible rostering to accommodate attendance at courses.

The HSE is agreed that any support will be distributed on an equitable basis within services and form part of the learning contract that is completed between the Director of Nursing and Nurse before any courses are agreed. Within such contracts, commitments from both sides regarding funding, time off etc. should be fully outlined.

I trust the forgoing provides the necessary elaboration on the points raised and please feel free to give me a call if there is a need for further clarity is required.

Yours sincerely

John Delamere
Head of Corporate Employee Relations

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