



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Oifig an Stiúirthóra Náisiúnta, Acmhainní Daonna
Feidhmeannacht na Seirbhíse Sláinte
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31st March 2016

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

From: Rosarii Mannion, National Director of Human Resources

Re: HR Circular 007/2016 - Agreement Facilitated under the Auspices of the Workplace Relations Commission between the HSE and the INMO on 14th December 2015 including revised proposals on 11th January 2016.

Dear Colleagues,

The HSE wishes to confirm and give effect to Agreement between the HSE and the INMO on 14th December 2015 including revised proposals on 11th January 2016 facilitated under the auspices of the Workplace Relations Commission (WRC).

1. Escalation Policy (Appendix 1)

The attached policy is designed to standardise its application across all Emergency Departments (EDs), inclusive of DATHs Hospitals.

Implementation of the Escalation Policy will be initiated by each Hospital Group Chief Executive Officer (CEO) and requires notification of same to the Joint Chairs of the ED

Taskforce. The SDU will examine and report on the particulars with regard to how the situation develops in respect of the implementation of the policy.

2. Group Wide Executive Forum

A Group wide Executive Forum has been established to monitor the implementation of the agreement and specifically the National Escalation Framework (ref: WRC ED Agreement December 2015)

This Forum, which is already established by Hospital Groups, has the following membership:

- Group CEO (Forum Chair) /Group Director of Nursing/Group Clinical Director/Chief Operations Officer, plus senior level hospital management and any other grades/professionals as deemed required by the Forum;
- The Group CEOs/or the staff side may require the attendance of other senior managers or clinicians from individual hospitals in the group to address specific issues relating to the implementation of the escalation plan;
- INMO ED representatives, from each of the emergency departments within the Group, and relevant INMO full time Industrial Relations Officers;
- This standing, mandatory, Forum will meet, for the first time, this week and will convene, on a weekly basis,
- The parties to the Agreement are scheduled to attend at WRC on 15th April 2016 where timelines/implementation will be reviewed.

The primary purpose of the Executive Forum is to:

- Specifically review, monitor and ensure that 24/7 application of the system wide escalation framework and procedures to ensure full adherence to all aspects of those procedures;
- Monitor the implementation of all aspects of the agreement which are subject to local application/action;
- To issue, on a weekly basis, a report (copied to the Joint Chairs of the ED Taskforce Implementation Group (Tony O'Brien, HSE/Liam Doran, INMO) to the National Director Acute Hospitals, detailing the ongoing implementation of the agreement;
- The Chair of the Forum and/or the lead staff side representative may refer, any matter ,to the joint chairs, for immediate clarification in the event of any difficulty arising with regard to interpretation of the overall agreement and, particularly the escalation policy; and
- Consider any other matters/actions viewed as essential to improve the environment within the Emergency Department e.g. staffing/proactive rostering of teams across the hospital and other relevant performance indicators.

Hospital Level Forum

There is currently weekly hospital level engagement at hospital level between senior hospital management, including the clinical director, and INMO representatives. The purpose of the Hospital level Forum is to oversee the operational implementation of the escalation process locally and clarify all necessary measures required to implement the full escalation policy.

This process ensures:

- The identification of senior decision makers, in ED and core specialism's, at all times within the hospital;
- Ensure that all clinical concerns, held by ED nursing staff, are acknowledged and responded to in a timely manner;
- Review the role of site managers, at weekends, and out of hours managers to ensure that they can immediately identify, and address, all necessary measures in relation to patient flow; and
- Within the ED there is a senior nurse manager present, on a 7/7 basis, with the necessary autonomy to immediately address all issues to ensure patient flow.

The work/actions/decisions of this hospital level Forum will be advised to the Group Wide Executive Forum on a weekly basis.

3. Escalation Policy and Health and Safety: Promoting a Just Culture

It is the policy of the HSE as set out in the National Disclosure Policy that we operate in a just culture and that this would be promoted across the health service.

In line with this policy, staff are encouraged to report incidents, adverse events, near miss events, including their own in the knowledge that there is fair minded and positive treatment of this information and that there are structures in place within each hospital to promote learning from these events and risks. The HSE will prioritise training and education of the Open Disclosure Policy the policy for hospitals and nurse managers.

4. Incident and Risk Reporting (Appendix 2)

The HSE is committed to the continued rollout of the National Incident Management system with a focus on simplifying reporting and ensuring that information on incidents reported is made available at each level within the hospital, including the emergency department. These measures are set out in more details in Appendix 2 of this Circular.

Each Hospital Group through its relevant quality safety and risk function will be responsible for ensuring risks identified within emergency departments are reviewed and reflected in the hospitals risk register. Mitigating actions for these risks will be identified

and the quality safety and risk function will be responsible for ensuring staff in Emergency Departments are kept apprised of these actions on a daily basis and an audit plan set up under a QPS framework to monitor and provide the feedback loop.

5. Health and Safety - Escalation Policy

When the escalation policy is invoked, it must then be addressed through the effective implementation of the escalation policy.

The factors contributing to this environment will be the subject of an immediate health & safety risk assessment. In a period of escalation while every effort will be made to ensure there is no diminution in standards of clinical care, the responsibility for maintaining adequate staffing levels appropriate to the level of activity at that time lies with the directorate and/or hospital management who must prioritise staffing of the ED. During periods of escalation, the provision of good clinical care will continue to be a key priority.

Each ED will have its own Health & Safety Statement which will reference the operation of the escalation framework. The establishment of Health & Safety representation will include an INMO representative in each ED department. These functions will be supported as provided for under Part 4 of the safety health and welfare at work act 2005. Specific measures will be taken to support staff experiencing work related stress. These will be developed within each group and hospital and will include timely access to appropriate occupational health support.

6. Health and Safety – Extension of Insurance Based Scheme

The insurance based scheme currently applicable to nurses employed in mental health services will be extended to nurses employed in Emergency Department including assessment areas. The precise operation of this scheme will be outlined in a Circular to be drawn up between the parties. This is currently in progress.

Each ED is to be a designated as a Workplace under the Safety, Health and Welfare at Work Act 2005 and the establishment of Health and Safety representation rights will include an INMO representative in each ED.

A security, safety and hygiene review has already commenced, beginning in HSE South /South West Hospital Group.

The following is granted in lieu of working hours undertaken over and above the standard i.e. lunch breaks etc. – 2 days leave will be provided in 2016 and a further 2 days in 2017. This will only apply to nursing staff currently in employment and commencing employment in an ED Department before 1st December 2015.

7. Emergency Department Management Structures

- It is agreed that Unscheduled Care / Patient Flow Managers at a senior level be appointed to all Emergency Departments. For those hospitals where there is an existing ADON post within ED and AMAU, it will be necessary to develop appropriate local solutions that seek to optimize the new role in terms of providing dedicated commitment and focus to driving unscheduled care management and patient flow within ED. It will also be necessary to agree clear lines of accountability and governance for the role to ensure there is no duplication or blurring of roles and functions.
- In Emergency Departments experiencing continuing high numbers of admitted patients, a dedicated CNM2, with staff, will be assigned to care for admitted patients and progress patient flow. This is a measure will be evaluated following twelve months. A total of **14 EDs** have been identified. Inter alia arrangements in place in three of the hospitals. (Designated hospitals are listed in **Appendix 3**).
- There is agreement that that all **25 Emergency Departments** (apart from St. James' where these posts are already in place) will advertise for and appoint 7 CNM1 posts. *These CNM1 posts are upgrades of staff nurse posts without an increase in whole time equivalents.*
- Hours of work will be determined based on the requirements of the role. Posts will not operate on a 9.00 am - 5.00 pm basis.

8. Advanced Clinical Skills

The concept of an advanced clinical nurse position emerged which requires further development and advancement. It is recognised that this measure would serve to increase productivity and enhance patient care in a timely manner. Engagement to further develop this concept has begun and a Joint Working Group with appropriate representation has already been established.

9. Attracting and Retaining Staff:

Pending the completion of this ED Task Force, on determining staffing levels for ED, it is agreed that it is imperative that immediate measures are taken to address staffing deficits.

The HSE will identify innovative and progressive initiatives to secure and retain staff to ensure that EDs are adequately staffed at all times including advertising vacant posts as they arise.

Specifically, the HSE will progress the following:

- Measures necessary to target new graduates and other nursing staff (working with non-permanent contracts) by offering permanent contracts, attractive career structures (including early access to specialist post-graduate programmes) and opportunities for other learning, education and skills development;
- Support, as far as possible in line with service need, flexible working arrangements to enable retention of staff;
- Ensure the staff at CNM1 grade will have a leadership role in supporting and mentoring new graduates, and other new nursing staff to ED, in terms of orientation, skills development and training;
- Use of targeted and accelerated local recruitment processes to enable early and effective replacement of staff; and
- Develop the use of nursing banks to support the filling of rosters pending recruitment of agreed permanent staffing numbers.

For queries regarding this circular please contact to Mr. John Delamere, Assistant National Director of HR HSE,

Email: info.t@hse.ie Tel: 01 6626966

Yours sincerely,



Ms. Rosarii Mannion
HSE National Director Human Resources

Cc: Mr. Liam Doran, General Secretary, INMO

Enc. (3)