



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Oifig an Stiúrthóra Náisiúnta, Acmhainní Daonna
Feidhmeannacht na Seirbhíse Sláinte
Ospidéal Dr. Steevens'
Baile Átha Cliath 8

Office of the National Director of Human Resources
Health Service Executive
Dr. Steevens' Hospital
Dublin 8

Teil/Tel: (01) 635 2319
Rphost/ E-mail: nationalhr@hse.ie

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

From: Rosarii Mannion, National Director Human Resources

Date: 18th July, 2017

Re: **HR Circular 025/2017 re Nurses / Midwives under the Nursing / Medical Section of the Haddington Road Agreement in the Social Care including Primary Care and Intellectual Disability sectors**

Dear Colleagues,

I am writing to inform you that the Minister for Health has conveyed his approval for the Nursing /Medical Interface Section of the Haddington Road Agreement (Appendix 7, Point 4) extending to Social Care, ID and Primary Care. The sanction is granted on the basis that implementation will follow the terms of the document "Final Agreement on Transfer of Tasks" under Nursing/Midwifery Interface Section of the Haddington Road Agreement. In August 2016 an agreed addendum to the First Verification Report stated that agreement in principle has been reached between the HSE, INMO and SIPTU Nursing that the tasks appropriate to each sector outside the Acute Hospital Sector would be identified and agreed.

A core principle underpinning the allocation of tasks to either Medical or Nursing / Midwifery employees is that the task is undertaken by the most appropriate employee at the particular time, in the particular location. These tasks remain the responsibility of each qualified and trained health professional and no individual or group is excluded from this responsibility.

Determination of the tasks for each sector (Social Care and Intellectual Disability)

The tasks for both sectors have been identified and agreed. The following tasks including their intrinsic elements will be shared between Medical staff to Nursing/Midwifery where appropriate and undertaken as expanded roles where currently this is not the case.

Four tasks will be undertaken from a list of seven in Care of the Elderly sector. The list of tasks is as follows:

1. IV Cannulation
2. Phlebotomy- out of hours emergency phlebotomy only – this is not a replacement phlebotomy service
3. IV antibiotics*
4. Nurse Led Discharge
5. Pronouncement of Death**
6. Male Catheterisation
7. IV fluid hydration

* probably the most difficult to implement but would have the greatest impact for the people who would fit this category. Where appropriate, this task may replace one of the 4 when arrangements for implementation are finalised.

**opportunities to implement this task will be identified following sign off of the National Policy for Pronouncement of Expected Death by Registered Nurses (PEDRN). It must be preceded by the development of a local policy with key stakeholders as set out in the national policy.

Four tasks will be undertaken from the following list of tasks in the Social Care Disability sector

1. First Dose IV medication
2. IV Cannulation
3. Phlebotomy – out of hours
4. Nurse led discharge – nurse supported early discharge both in leaving hospital and receiving back to care settings for collective responsibility.
5. All or part end of life care around activities not currently undertaken - This may include any of the tasks above but the key aim to support people in their own homes, either on a campus or community setting.
6. Catheterisation - male and other
7. Pressure Ulcer - tissue viability / Wound Management
8. Peg tube reinsertions / purging etc – already done in some locations relatively recently
9. Tracheostomy changes

A core principle underpinning the allocation of tasks to either Medical or Nursing/Midwifery employees is that the task is undertaken by the most appropriate employee at the particular time, in the particular location. These tasks remain the responsibility of each qualified and trained health professional and no individual or group is excluded from this responsibility.

Implementation

As agreed each sector is required to prioritise this matter and ensure that the necessary actions are undertaken to implement the Agreement with immediate effect. Responsibility for implementation lies with the local management. In line with the Agreement each sector is required to establish Joint Local

Implementation Group which includes representative from the INMO, SIPTU Nursing and IMO, with joint chairs agreed locally at the outset.

Verification

The verification process is the responsibility of the National Implementation and Verification Group (NIVG) and their decision as to whether the agreement has been implemented in a particular site or clinical setting is final. This group includes Department of Health, HSE, INMO, IMO, SIPTU Nursing representatives and an independent chair.

There will be a relatively short three-stage process of evaluation, verification and implementation associated with progress in task reallocation.

Stage 1: Initial verification by end of June 2017 prior to commencement

Stage 2: First Verification to be completed by January 2018

Stage 3: Final Verification to be completed by July 2018

In this regard it has been confirmed to the NIVG that the initial verification has concluded and the NIVG has verified that the progress expected with regard to Stage 1 – Initial Verification has been met.

Representatives of the Group will conduct site visits where required, in order to verify progress.

Payment

I wish to confirm that the agreement with regard to the payment arising for the nursing grades covered by the agreement will apply to nurses who work between the time of 6 p.m. and 8 p.m. The mechanism for determining the payment will be the payment arrangement, in quantum and related conditions, which was in place prior to the Haddington Road Agreement, for hours worked between 6.00 p.m. and 8.00 p.m., i.e. T1/6th will apply between these hours.

As set out in the decision of the Independent Chair dated May 2nd, 2017, once the initial verification was completed before the end of June 2017, payment will commence from July 1st, 2017.

You are required to ensure that the payment is applied using the same mechanism to the terms and conditions of members of the INMO and SIPTU Nursing in each sector in which it applied prior to the Haddington Road Agreement.

It is clearly recognised that implementation of the agreement will have significant benefits to the health service. I would ask therefore that arrangements be put in place as a priority to progress the implementation and verification processes. This sanction is conditional on any costs arising being met from within your existing financial allocation.

Queries

In the first instance queries arising may be addressed by referring to the document “Final Agreement on Transfer of Tasks under Nursing/Midwifery” Interface Section of the Haddington Road Agreement for full implementation details.

Employees and Managers are invited to address any queries that they may have regarding these arrangements to their local HR Departments. Queries from HR Departments in Service Delivery Units, Hospitals and CHO's should be referred to: Edna Hoare, Corporate Employee Relations Service. Email: info.t@hse.ie

Yours sincerely,



Rosarii Mannion
National Director of Human Resources