



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

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

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22<sup>nd</sup> February 2016

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

**From: Rosarii Mannion, National Director of Human Resources**

**Re: HR Circular 003/2016 – Transfer of Tasks from Non-Consultant Hospital Doctors to Nurses/Midwives under the Nursing/Medical Section of the Haddington Road Agreement.**

Dear Colleagues,

I am writing to inform you that the Minister for Health has conveyed his approval for the Transfer of Tasks from Non-Consultant Hospital Doctors to Nurses/Midwives under the Nursing /Medical Interface Section of the Haddington Road Agreement (Appendix 7, Point 4). 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 (see document attached).

**Transfer of Tasks:**

The following tasks including their intrinsic elements will transfer from Medical staff to Nursing/Midwifery:

- Intravenous cannulation; including, in the appropriate setting,
  - peripheral cannulation in adults
  - peripheral cannulation in children which are subject to additional specific protocols and arrangements
- Phlebotomy — currently carried out by NCHD's as distinct from general routine phlebotomy, which is the responsibility of specifically trained and employed phlebotomy staff; This task includes, in the appropriate setting:

- venepuncture in adults
- venepuncture in children
- Intra Venous drug administration — first dose; including in the appropriate setting
  - Medication management
  - Basic Life Support Training
  - Safe use of any medical devices and vascular access devices (VAD's) used in order to safely administer IV therapy.
  - Theoretical knowledge of the medication prescribed in that clinical area (subject to local policy)
  - Anaphylaxis Treatment
  
- Nurse led delegated discharge of patients.

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 Hospital 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 group, consisting of the Chief Operating Officer, Medical Director and Director of Nursing. In line with the Agreement this group is required to establish a Joint Local Implementation Group which includes representative from the INMO, SIPTU Nursing and IMO, with joint chairs agreed locally at the outset.

In order to ensure implementation within the agreed timescales:

- The local management group will put in place initial and on-going support arrangements for the provision of training in the relevant tasks, including sufficient appropriate training time both on site and off site.
- Local management will ensure that staff are communicated with in respect of these developments
- The local management team will prepare a proposal for any additional requirements in relation to staffing, including skill-mix in line with nationally agreed ratios. This will be discussed at the Local Implementation Group. In drawing up this proposal, local managers will prioritise these requirements within paybill management and control processes and associated accountability requirements. Consideration will also take account of and include overall benefits, efficiencies and on-going savings accruing from the changes.

- In the event of a disagreement or dispute over this (or any other) aspect relating to implementation will be referred without delay to the National Implementation Group for determination.
- The IMO, SIPTU Nursing and the INMO will ensure that where appropriate training is provided and adequate staffing levels are in place, union members will cooperate fully with the transfer.
- Delegation of responsibility for relevant tasks to the appropriate grades in each location will be communicated in writing to the appropriate staff including an indication of the commencement date.

### **Verification:**

There will be a relatively short evaluation, verification and implementation period associated with progress in task reallocation. In this regard it is agreed the parties will commence a verification process early in 2016 and no later than 31<sup>st</sup> March 2016.

The verification process will be conducted by a National Implementation and Verification Group (NIVG) and their decision as to whether the agreement has been implemented in a particular site or clinical setting will be final. This group will include Department of Health, HSE, INMO, IMO, SIPTU Nursing representatives and have an independent chair. Representatives of the Group will conduct site visits where required, in order to verify progress.

In order for verification to occur the following will need to apply:

- Evidence that Training programmes are in place and undertaken by a sufficient quantum of nurses.
- Evidence of specific confirmation of tasks being undertaken by nurses and that associated benefits are being achieved.
- Evidence that at least three tasks have been undertaken by nurses.
- Evidence that the required level of cooperation required by the National Implementation and Verification Group in relation to transfers has been forthcoming.
- Where a task has not transferred for reasons outside of the control of nurses, they will not be disadvantaged by this.
- Where training has not been put in place, individual nurses will not be disadvantaged by this.
- The verification process will be conducted as set out in Appendix 2 to this agreement.

### **Timescales:**

- Transfer of tasks will commence from January 1st 2016 and no later than 31<sup>st</sup> March 2016
- While the speed of progress will vary considerably from location to location, implementation in line with this agreement will occur by 30<sup>th</sup> June 2016.

- Verification will run parallel to this process and be conducted as set out in Appendix 2 of the Agreement.
- The National Implementation and Verification Group may be required to continue in place to end of 2016 in order to ensure that progress in relation to the transfer of tasks has been sustained.

### **Payment:**

The Minister for Public Expenditure and Reform has sanctioned the Agreement on the basis that payment should not commence any earlier than 1<sup>st</sup> July 2016. However, the sanction provides that payment may be made retrospectively to 1<sup>st</sup> January 2016 subject to verification from the NIVG as set out in Appendix 2 of the Agreement.

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. T1/6<sup>th</sup> will apply between these hours.

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 John Delamere / Edna Hoare, Corporate Employee Relations Services, HSE HR Directorate, 63-64 Adelaide Road, Dublin 2. Tel: 01 6626966; Email: [info.t@hse.ie](mailto:info.t@hse.ie)

Yours sincerely,




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**Rosarii Mannion**  
National Director of Human Resources