An Roinn Sláinte
DEPARTMENT OF HEALTH

12 February, 2013

Dr Ambrose McLoughlin
Secretary General
Department of Health
Hawkins House
Dublin 2

For the attention of Ms Frances Spillane

Re: Centres of Nursing and Midwifery Education in the Voluntary Hospitals

I am pleased to present this Report on behalf of the Working Group established on foot of Labour Court Recommendation 20165 concerning the Centres in the voluntary hospitals (see Appendix 8).

The Nurses and Midwives Act 2011 imposes statutory obligations on the Health Service Executive and its service providers in relation to the education and training of nurses and midwives and facilitating them to maintain professional competence on an on-going basis. In addition, the HSE's functions under the Health Acts encompass the education and training of students, nurses, its employees and the employees of service providers.

The Report includes recommendations relating to the Centres in Section 1 that will support the future continuing education and professional development of nurses and midwives, given the statutory requirement and in the context of the impending establishment of the hospital group structures.

I would like to thank the members of the Group for their dedication and valuable contributions during the development and finalisation of the Report.

P Barrett

Paddy Barrett
Department of Health
Chairperson

cc: Mr T O'Brien
Ms L McGuinness
Mr B O'Brien
Prof. J Higgins
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Report of Working Group on Centres of Nursing and Midwifery Education

– pursuant to Labour Court Recommendation 20165

7 February, 2013

Appendices to Report – See attached document

Executive Summary

Background

The Commission on Nursing (1998) identified the need to establish centres of nursing education in the context of a comprehensive and coherent system of continuing nurse education, providing equity in access, availability of programmes and funding. The Centres of Nursing Education were established in 2002 pursuant to an agreement between management and the staff side following the transfer of pre-registration nursing education to the third level sector. Centres for Children's Nursing and Midwifery Education were established in 2006 under a separate national agreement.

Concerns arose as early as 2003 that the arrangements put in place for the DATHS and voluntary hospitals centres established under the 2002 Agreement were not being implemented and that the Centres had not operated as effectively as envisaged. Problems identified, particularly around governance, staffing structures, regional remit and funding were examined initially in 2003/04 without resolution. These matters were subsequently considered by the Labour Court in 2006, by an expert Report - the Butler Report[1] in 2009, and the Labour Court again in 2011 when the Court recommended that this Group be established to consider how best to implement the recommendations of the Butler Report, having regard to current constraints. Further details in related appendices attached to this Report.

The Butler Report addressed a range of issues relevant to the centres on which there was a consensus by the Group as regards current shortcomings. These include:-

Staffing Levels, Staffing Qualifications/Titles/Skill-Mix, Succession Planning, Strategic Planning, Resources, Clarification of Region, Hub and Satellite arrangements and relationships with other centres of learning.

Butler recognised however that issues relating to staffing etc were, even in 2009, subject to constraints under the moratorium. The recommendations and principles agreed are, to a significant degree, compatible with the thrust of the Butler Report and take account of the difficulties that exist in relation to staffing and resources.

Executive Summary

Nurses and Midwives play a central role in the delivery of essential and effective healthcare and further expansion of the nursing and midwifery role along the lines already achieved, for example in relation to prescribing, can further enhance effective and efficient service delivery.

The Group recognises that the Centres (CNE/CCNE/CME) in the voluntary hospitals play a key role in the provision of continuing education and professional development to nurses, midwives and other support staff including health care assistants and are satisfied that the services provided are a key requirement for the future development of the health system.

[1] *Review of CNE's located in the DATHS and Voluntary Hospitals including the Centre of Children's Nurse Education and the Centre of Midwifery Education*, Isobel Butler, August 2009.

Nurses and Midwives play a central role in the delivery of essential and effective healthcare and further expansion of the nursing and midwifery role along the lines already achieved, for example in relation to prescribing, can enhance effective and efficient service delivery.

At the first meeting of the Group, notwithstanding the basis on which the Group was established, the DATHS representative advised that the DATHS hospitals had not accepted the Butler Report. The Director of Nursing, Mercy Hospital, also expressed certain reservations. In contrast, the staff of the Centres accept the Butler Report, consider it to be an accurate account of the position in the centres and also the Labour Court recommendation and that these form the basis for the work of the Working Group and subgroups. The Board of Management of the CME also accepts the Butler Report. Given the opposing views, the Group did not reach a consensus on Governance arrangements for the DATHS and Voluntary Hospitals (Acute) as envisaged by Butler.

The health services will continue to require a strong focus on continuing education and professional development.

The Nurses and Midwives Act 2011 assigns a range of specific obligations on the Health Service Executive with respect to the education and training of nurses and midwives. It imposes specific obligations on nurses and midwives to maintain professional competence on an on-going basis and on their employers to facilitate this.[2] It also provides that specialist nursing and midwifery education and training services are covered by sections 38 and 39 of the Health Act under which the HSE enters into arrangements with service providers.

Under Section 7 of the Health Act, the HSE's functions encompass the education and training of students, nurses, its employees and the employees of service providers.

The establishment of the new structures for the health services gives an opportunity to finally put in place arrangements that will support the effective functioning of the Centres in the DATHS and voluntary hospitals. This should enable the Centres to provide an education service across a specified geographic area and have appropriate governance arrangements under an agreed framework.

The Group has noted that the Project Team on the Establishment of Hospital Groups has considered and recognises the need for continuing professional development/ education/training of healthcare professionals on a network basis under the proposed Hospital Group framework. This Working Group is satisfied that the Centres, covering a geographic area, are capable of delivering services on a cost effective basis, where the future development of the health services will involve a clear linkage of budgets to activity and resources so as to maximise value for money.

Section 1 sets out the main recommendations agreed by the Group.

Section 2 contains key principles agreed by the Group for the Centres having considered the Reports of the two Sub-Groups established to look at (i) the Centre of Children's Nurse Education and the Centre of Midwifery Education; and (ii) the Voluntary General and the Intellectual Disability Centres of Nurse Education.

Sections 1 and 2 should inform the work of those charged with the development of the

[2] *Sections 84, 87 and 90 in particular.*

Hospital Group structures in their consideration of education and continuing professional development of nursing, midwifery and support staff. The Group is satisfied that its recommendations and principles should be reflected in the future structures. Given identified weaknesses in planning of services, resource identification and budgetary constraints etc. the Group is agreed that service planning is critical and development of service agreements is a key requirement.

Section 3 summarises the Group's considerations vis-à-vis the Butler Report.

Section 4 addresses the Butler recommendation that staff covered by the 2002 and 2006 agreements when the centres were being established should now be given the retirement options that were available in 2002 and 2006.

Section 5 contains a more detailed outline of the Group's conclusions and recommendations.

A number of appendices are attached setting out: the Group's Terms of Reference, background to its work, agreements relating to the establishment of the Centres, relevant Labour Court Recommendations, the Butler Report, and other material.

1. Recommendations

1.1 Key Principles

The Group recommends that the Centres should continue to play a key role in the HSE and relevant agencies meeting the continuing education and professional development requirements of nurses and midwives in the health service and within the legislative framework of the Nurses and Midwives Act 2011. This should also extend to other key functions undertaken including:- competence maintenance, provision of FETAC level 5 for support staff, supporting nursing and midwifery programmes, and education supporting the implementation of the clinical care programmes and other programmes being implemented to meet service need.

While the Group concluded that the status quo should apply in relation to governance for an interim period until the new hospital group structures are established, **it is satisfied that the development of a national model/template for the delivery of continuing nursing and midwifery education is required as part of the development and roll out of the new structures,** notwithstanding it's terms of reference.

1.2 Governance (Sections 2 and 5.1)

The Group recommends that the national template for the delivery of continuing nursing and midwifery education under the new structures encompass reporting relationships.

The Group also recommends that the primary responsibility of the Director and the Centre should be to the region, notwithstanding that they are located within hospitals, and that funding arrangements and reporting relationships should reflect this. The Sub-Groups, Children's and Midwifery, recommend that the Director of CCNE/CME will report to the Director of Nursing and Director of Midwifery on the site of the CCNE/CME on internal site educational operational matters and that other CCNE/CME staff in both the hub and satellites report to the Director of the Centre.

The future Governance arrangements must ensure that the Boards of Management, or alternate, function in a positive manner giving direction and support to the Centres.

The Group supports the proposed Governance models set out by the Children's and Midwifery Sub-Group in section 2. The Children's and Midwifery Centres were established with clearly defined hub and satellite arrangements and this has worked relatively well.

Whether a Regional Educational Committee structure would work better than a Board of Management structure for the Centres (other than Children's and Midwifery) requires further consideration. Having regard to the different views held

on Governance and the impending establishment of the Hospital Group structures, **it was agreed that the status quo should continue for an interim period pending the implementation of the new structures.**

1.3 Budgets/Financing of Centres (Sections 2 and 5. 2)

As part of the Group's deliberations details were provided outlining the current business processes for the CNME in the HSE North West region. This process is reflected in the steps set out in section 3 of the Report of the General and ID Sub-Group and has the support of the Group. **The Group recommends that these steps form the basis for the future operation of the voluntary centres.**

The Group believes it is imperative that each Centre can identify its budget, have control over it, engage in related business planning and decision making and be in a position to plan its service provision on the basis of same. As a first step all Centres should set down current overall funding available whether this is funding or resources allocated by the base hospital (staff pay, equipment etc) or funding or resources from external sources.

The capacity of the Centres to charge for the provision of services, particularly to 3rd parties and whether Centres attached to voluntary hospitals may be able to charge, which is under consideration at present, needs to be clarified. **In any case, the Group recommends that the capacity of Centres to charge for services in the future should be examined given the current financing difficulties.**

The Group noted that there may also be some scope for funding from the Office of the Nursing and Midwifery Services in respect of 'National' training modules/requirements where there is an additional cost to the CNME in providing same, and this exceeds historic funding provided. However this is not a solution to the broader budgetary and funding issues around the Centres.

In order to facilitate the establishment of a proper reporting framework the Group recommends that the Health Service Executive be requested/directed to make available the budget and expenditure (both statutory and voluntary) of all Centres through their Corporate Reporting System.

The Group recognises that the first call on Centres funding should be in respect of the provision of mandatory training. It considers that a national costings template would be desirable for all educational activities.

1.4 Geographic / Regional Remit (Sections 2 and 5.3)

The Group is satisfied there is a need to address the Centre's responsibilities to outside agencies and that these agencies be clearly defined. **It recommends that the geographic / regional remit should be identifiable; funding for the delivery of same specifically identified, that the Governance model should clarify who within the Centre or Hospital is responsible for delivery of the geographic / regional remit and**

should provide a (e.g. Board of Management) structure that incorporates the geographic area / region and addresses the tension between internal and external geographic / regional requirements.

The Group recognises that the General Centres of Nursing Education and the ID Centre would facilitate continuing education and training for all members of the multidisciplinary team within the geographical remit of the Centre, provided related funding is received from/in respect of these groups.

The Dublin North and Dublin South (Kildare and Wicklow) regional areas are not clearly defined and there is a need to define what organisations are or should be working with the different voluntary CNEs. Geographic / regional boundaries and remit needs to be clearly identified.

The Group is satisfied that the position of Moore Abbey needs specific consideration, particularly given the absence of a Director of CNME in Tallaght, to which it is currently attached. The Group is also satisfied that ID and mental health both require further examination.

1.5 <u>Staffing, Succession Planning (Sections 2 and 5.4)</u>

The provision of Continuing Education and Professional Development will be an ongoing statutory requirement for nurses and midwives within the health sector. This is a legislative requirement and will be defined by the Nursing and Midwifery Board of Ireland. Butler recommended that all staff working in a Centre should be Registered Nurse Tutors or have Masters level education and the Group supports this.

The Group recognises the filling of the Director of Centre position as critical and also recognises the need for staff replacement across hubs and satellites.

Acknowledging the reality of the Moratorium and the ongoing requirement to reduce staffing levels, **the Group recommends that every consideration should be given to filling any vacant Director Posts and ensuring the Centres have adequate staff to provide mandatory and relevant continuing education, training and professional development.** The ongoing application of the moratorium means that where key staff are not replaced this is resulting in a lack of essential competencies being available.

This Report recognises that the HSE is required to comply with the Employment Control Framework (encompassing the moratorium on recruitment) set by Government. Subject to the Employment Control Framework being complied with, **this report recommends that the HSE should have regard to the critical role played by the Centres and accord an appropriate priority to the filling of key positions within this service.**

1.6 Service Agreements - Resource Allocation (Sections 2 and 5.5)

The Group is strongly of the view that the best course, particularly in the short term, and perhaps also in the longer term, depending on the nature of the Hospital Group structures, **would involve explicit recognition of the work of the Centres in the service agreements between the HSE and the hospitals concerned and also formal agreements between hospitals where hub and satellites, or similar, arrangements are in place.**

It recommends that the HSE should arrange to include related requirements in the Service Agreements at the earliest opportunity, 2013 if possible, that these should be developed and refined over time, and that 'Secondary' agreements should also be developed between the centres and those in the region concerned to whom it is to provide services.

There are many areas that could be addressed in 'lower level' formal agreements beyond those put in place between the HSE and the voluntary hospitals, including provision of services to staff working within the hospital and provision of services to staff who are working for other health care providers within the geographic area / region for which the Centre has a remit. **The Group recommends that agreements should also be put in place between hubs and satellites and to cover other situations where services are shared or funding provided by a third party.**

1.7 Hospital Groups

The Group recommends that the Strategic Board and Project Team established to consider Governance Issues for the envisaged Hospital Groups and any other policy groups established to advance the Hospital Group framework should be formally advised of the work of this Group and that consideration be given to this Report as the Hospital Group framework is advanced.

1.8 Title of Centres/Renaming (Section 5.6)

The Group considers that the status quo should be maintained until there is clarity in relation to the centres being funded for agreed services/functions and these would be reflected in any new title.

1.9 Early Retirement (Section 4)

Notwithstanding the recommendation in the Butler Report that the option of early retirement terms available to staff in 2002 and 2006 be open to current staff; having regard to the position regarding retirement options available at present, there is no avenue post ISER that would facilitate this option. It is possible that amalgamation of Centres could arise in the context of the proposed formation of Hospital Groups and this could allow scope for further consideration. **The Group recommends that the issue be advanced in this context.**

1.10 Monitoring Arrangements

Arrangements should be put in place to monitor implementation of this Group's recommendations and to ensure that they are taken into account in the development of Hospital Group Structures and the roll out of new structures for the delivery of health care more generally. **The Group recommends that the parties put in place a small monitoring group involving the Department of Health to pursue this objective.**

2. Principles agreed by Working Group

2.1 Centre of Children's Nurse Education

Governance CCNE

	Governance CCNE	
	Board of Management (Chair)	
Internal		External to CCNE
Director of Nursing		Chair of BOM
Reporting on internal site matters		Strategic and operational on external to CCNE site matters
	Director CCNE	
	Access to financial support /advice when required	

Explanatory Note:
Board of Management
The Board of Management will govern the delivery of education by the CCNE.

Reporting Arrangements
The Director of CCNE will report to the Director of Nursing on the site of the CCNE on internal site educational matters and to the Chair of the Board of Management on strategic and operational educational matters external to the CCNE site.

Financial support /advice
The Director of the CCNE will have access to financial support /advice when required.

Sub-groups X 2
The Board of Management will have two subgroups:

- 1 Local (for 3 hospitals education only)
- 1 National/Regional/Specialist/ Tertiary for *all* services.

Note: BOM membership revised to represent *all* services *settings* e.g. primary care.
Numbers on BOM need to be manageable and functional.
CCNE and CME should work collaboratively and with other CNEs.

Target Groups for children's nursing education delivery
RGNs, RCNs, PHNs, HCAs, Others.

Resources Human and Financial
A formal agreement at BOM level needed regarding the sharing of staff in the 3 sites to allow travel for delivery of education (could be put in service plan).

Reporting arrangement for education staff on satellite sites
They report to their local site line manager on internal operational matters and to the Director of CCNE on external strategic and operational delivery matters.

Principles:
Director of CCNE post- mandatory must be filled.

Across hub and satellites:

Replacement of CCNE staff with suitably qualified RNT's
Require sufficient staff to deliver on service plan including staff/support
Succession planning and implementation is imperative.

Position: BOM set up like this can function in new order with new members regardless of span and scope as they may be determined by new structures.

Service Level Agreement
Service level agreements or similar contractual arrangement required to deliver services regionally and nationally. Funding for external delivery based on service need and plan.

A national costing template would be desirable.

Provision for CCNE/ staff development agreed as essential. No agreement reached as to how to operationalise this.

Positive note: Good site infrastructure in place in both Centres.

Development of National Children's Hospital
The Group is satisfied to recommend the above template for the Centre of Children's Nurse Education. It notes the development of the National Children's Hospital and that the above template for the Centre will have to be reviewed in conjunction with this development. It recognises that the national model of health for children's health care needs further work.

2.2 Centre of Midwifery Education

Governance of Centre of Midwifery Education

	Governance ME	
	Board of Management (Chair)	
Internal		External to CME
Director of Midwifery		Chair of BOM
Reporting Operational on internal site matters		Strategic and operational on external to CME site matters
	Director CME	
	Access to financial support /advice when required	

Explanatory Note:
Board of Management
The Board of Management will govern the delivery of education by the CME.

Reporting Arrangements
The Director of CME will report to the Director of Midwifery on the site of the CME on internal site educational operational matters and to the Chair of the Board of Management on strategic and operational educational matters external to the CME site.

Financial support /advice
The Director of the CME will have access to financial support /advice when required.

Sun-groups X 2
The Board of Management will have two subgroups:

- 1 Local (for 3 hospitals education only)
- 1 National/Regional/Specialist/ Tertiary for *all* services.

Note: BOM membership revised to represent *all* services *settings* e.g. primary care. Numbers on BOM need to be manageable and functional.

Target Groups for midwifery education delivery
RMs, PHNs,
RGNs/RCNs - Neonatal Education may be in conjunction with CCNE,
RGNs who are Midwives (A&E, Practice Nurses), HCAs, others.

Improvements required- Better business model
Learning needs analysis
Service plan development
Streamlined delivery.

Resources Human and Financial
A formal agreement at BOM level needed regarding the sharing of staff in the 3 sites to allow travel for delivery of education (could be put in service plan).

Reporting arrangement for education staff on satellite sites
Mirrors that of the Director CCNE: they report to their local site line manager on internal operational matters and to the Director CME on external strategic and operational delivery matters.

Principles:
Director of CME post- mandatory must be filled as is case in 2012.

Across hub and satellites:

Replacement of CME staff with suitably qualified RNT including a Midwifery Qualification
Require sufficient staff to deliver on service plan including administrative support/staff
Succession planning and implementation is imperative.

Position: BOM set up like this can function in new order with new members regardless of span and scope as they may be determined by new structures.

Service Level Agreement
Service level agreements or similar contractual arrangement required to deliver services regionally and nationally. Funding for external delivery based on service need and plan.

A national costing template would be desirable.

Provision for CME staff development agreed as essential. No agreement reached as to how to operationalise this.

Positive note: Good site infrastructure in place in both Centres.

2.3 Voluntary General/Intellectual Disability CNEs

1. ***Identify optimum governance structure(s) for voluntary CNEs and include:***
   - ***a) Regional Education Committee including Terms of Reference***
   - ***b) Reporting Relationships***
   - ***c) Consider appropriate governance for Moore Abbey Education Centre.***

a) **Principle**: Within the new proposed health structures, there must be a Regional Nurse Education Committee with a clearly defined regional remit for the provision of Continuing Education and Professional Development and organisational learning across the Hospital Groups and other care groups in the region. The Committee would also cater for Support staff and allied healthcare professionals.

b) **Principle:** There was agreement that all staff working in a CNE should be RNTs or have a Masters level Education and that Directors would have 'business' competencies in addition to nursing and educational qualifications at masters level or beyond.

c) **Principle**: Consideration was given to (i) Moore Abbey being a Stand Alone Centre for Intellectual Disability for Dublin/Mid Leinster / Kildare with a Director of Centre in post, while recognising that this would necessitate the provision of adequate funding to service a regional remit; or as an alternative, (ii) it remaining as a satellite centre but developing links with the Centre of Nursing and Midwifery Education in Tullamore instead of AMNCH (Tallaght Hospital).

However, given the development of new health structures in train, the Group is satisfied that the position of Moore Abbey needs to be examined in this context.

Muiriosa Foundation crosses 6 counties one of which is Kildare but also covers Laois, Offaly, Meath, Westmeath and Longford. In relation to educational input (CPD at least) Moore Abbey CNE would continue to be involved in each of these counties.

2. ***Identify principles for the designation of catchment area for voluntary CNEs, including ID, and scope of their activities***

   -consider 2002 agreement for scope
   -consider target discipline groups for education service.

Principle:

- Moore Abbey designated Centre for CPD Specialist Professional Education for Intellectual Disability.

- St Ita's is developing as a designated Centre for CPD mental health.

- General Voluntary Hospitals for CPD for General, Public Health and Community Nurses and generalist professional education to ID and Mental Health Nurses.

- The General Centres of Nursing Education and ID Centre would facilitate continuing education, training and professional development for all members of the multidisciplinary team within the hospital groupings and the other care groups in the region of the CNME provided there was funding received from these groups.

3. Identify the processes by which the business of the CNEs will operate, having regard to staffing and resource constraints.

This will include:
Training needs analysis, costing elements, service level agreement with CNE, identify key headings for SLA, promoting programmes, monitoring activity and finance.

Principle: The following six steps to be followed:

1. Identify what areas/organisations are linked to the geographical remit of each CNE.
2. Establish Regional Education Committee.
3. Conduct a yearly training needs analysis for the entire region, considering national as well as regional educational and training needs.
4. Devise financial estimates to respond and to implement the training needs analysis, discuss and decide priorities at Regional Education Committee meetings.
5. Draw up service plan.
6. Budget devolved and managed by the Director of CNE.

Principle: Funding- Clarity is required around where budget will be sourced and rolled out.

Principle: Staffing levels- where there is insufficient existing staffing levels in CNE, funding to include provision for external trainers where necessary.

3. Outcome of Groups Considerations vis-à-vis Butler Report

The Labour Court expressed the view in LCR20165 that the resolution of the dispute could be best advanced within the parameters of the Butler Report and that the parties establish a working party to consider how best to implement the recommendations of the Butler Report, having regard to current constraints.

At the first meeting of the Group, notwithstanding the basis on which the Group was established, the DATHS representative made it clear that the DATHS hospitals had not accepted the Butler Report and that they were not satisfied with several aspects of the Report. Concerns regarding the accuracy of the report were also highlighted by the Director of Nursing, Mercy Hospital, who also expressed strong reservations on the merit of the proposal that the CNE should report into the HR function.

In contrast, the staff of the CNE/CCNE/CMEs accept Butler; consider it to be accurate account of the position in the centres and also the Labour Court recommendation and that these form the basis for the work of the Working Group and subgroups.

Given the opposing views, the Group did not reach a concensus on Governance arrangements for the DATHS and Voluntary Hospitals (Acute) as envisaged by Butler, and it is difficult to see that the proposals put forward by Butler on Governance will be acceptable to all going forward. There was agreement with the proposal in the Butler Report that staff be transferred to the HSE would not be feasible. There was a level of support for the CNE being part of the DATH's/Voluntary's own Corporate Governance Structure as proposed by Butler, though reporting into nursing rather than the HR function. The DATHs had previously responded to Butler proposing SLAs.

The 2002 and 2006 National Agreements provided for the identification, in partnership with the Directors of Nursing Midwifery Planning and Development Units, of the education, training and development needs of all nurses within the Centres remit and the provision of a comprehensive training and development programme in accordance with annually agreed objectives. A number of representatives of the centres responding to the outline given by Dr. Mary Hodson of the process in place for service planning and delivery in the North West highlighted the absence of adequate service planning arrangements for their centres. Related to this, is the need for identification of a specific budget for the centres and for engagement in related business planning and decision making.

Butler addressed a range of other issues relevant to the Centres on which there was a level of concensus as regards current shortcomings. These include:-
Staffing Levels, Staffing Qualifications/Titles/Skill Mix, Strategic Planning, Resources, Succession Planning, clarification of Region, Hub and Satellite arrangements and relationships with other centres of learning. It recognised however that issues relating to staffing etc were, even in 2009, subject to constraints under the moratorium. The recommendations and principles agreed are to a significant degree compatible with the thrust of the Butler Report.

4. Issues relating to Early Retirement/Voluntary Redundancy Option

The IR SubGroup could not agree collectively with the Butler recommendation that staff covered by the 2002 and 2006 agreements should be given the options available in both 2002 and 2006. The proposed reorganisation of hospital services on a group basis may offer some scope to address the matter.

The 2002 and 2006 Agreements, reflecting a recommendation in the Commission on Nursing Report, provided that those who are aged 50 or more on 5th November 1999 and 17th November 2005 will be considered eligible to apply for early retirement should they so wish. Those who do not meet this age criteria are not eligible to be considered.

It provided that the 'standard' early retirement terms in the case of those aged under 60 at date of retirement and on modified social insurance, with a maximum of 7 added years subject to an overall maximum of 40. The detailed terms of the option are set out in page 6 of the 2002 Agreement, (see Appendix 4) and on page 7 of the 2006 Agreement (see Appendix 5).

The Butler Report, para 4.12 recommended that staff covered by the 2002 and 2006 agreements should again be given the options available in 2002 and 2006 ....*"they should be offered the choice of remaining in the CNE under the new arrangements or early retirement"*.... on the basis that the review highlighted that the 2002 and 2006 agreement was not fully implemented and that staff who opted to transfer to the CNE's in good faith have unmet expectations.

At the Labour Court on 15th September 2011, the Union sought an entitlement to have the options available to the workers concerned in 2002 revisited, particularly the option of early retirement, in the context of the Butler Report confirming that the 2002/2006 agreements were not in place. The HSE stated it is opposed to the reopening of the option of early retirement with added years, that it would be unreasonable to have such an option reinstated almost ten years after the original offer had been made, and that reopening would set a huge precedent within the health service and wider public sector.

The IR Sub-Group considered the position of staff assigned to CNE's who might wish to pursue early retirement on a number of occasions. Management were of the view that facilitating those not aged 50 in 2002 and 2006 would pose particular difficulties. However consideration was given to these staff and various avenues explored. Notwithstanding the arguments put forward on behalf of staff in relation to possible avenues that might address staff needs, it was not possible to reach agreement. The Department and the HSE confirmed that they are not in a position to grant the option sought on behalf of current staff having regard to the current exit arrangements available for public servants and the significant changes that have taken place since the 2002 and 2006 agreements.

4.1 Exit Arrangements

The Incentivised Scheme of Early Retirement (ISER) announced by the Minister for Finance in his Budget address on 7 April 2009 replaced all existing early retirement arrangements.

Consequently, all existing early retirements schemes / arrangements including the Pre-Retirement Initiative and Pilot Early Retirement Schemes available to nurses and midwives who met the eligibility criteria, were replaced by the ISER.

4.2 Current Retirement Options

Post ISER the sanction of the Department of Public Expenditure and Reform (DPER) is required in respect of any proposed exit arrangements. There are no specific exit arrangements in place in the HSE / health service at present, however DPER have indicated that, where the circumstances require it, proposals to reduce numbers in specific services, locations or sectors will be considered where appropriate. Examples would be where a function was no longer necessary or where it could be performed by less staff.

DPER have already indicated that the terms of any exit arrangement could not exceed those offered under the 2010 HSE exit schemes. The 2010 early retirement scheme provided for the immediate payment, on retirement, of pension and lump sum benefit with no reduction in respect of payment prior to minimum retirement age (no actuarial reduction). Recent early retirement arrangements (ISER and 2010 HSE Scheme) have not included an 'added years' element.

A Cost Neutral Early Retirement (CNER) facility is currently available in the public service. Under this facility public servants aged over 50/55 can retire with immediate payment of superannuation benefits, subject to actuarial reduction to take account of the early payment of lump sum and the longer period over which pension would be paid.

4.3 Abolition of Office

The view was put forward by the INMO that 'Abolition of Office' terms could apply and that this could provide a possible solution.

There is no provision for the 'abolition of office' under the Local Government Superannuation Scheme. There is however provision for the discretionary granting of added years in certain defined circumstances including where an office is abolished. The approval of the appropriate Minister would be required to abolish an office in the first instance. The relevant statutory provision was repealed in 2001.

It should be noted that an office is not abolished where employees of a body or agency are transferred to another body/agency. Such transfers are usually provided for in legislation and the individuals usually transfer on a 'no less favorable terms

and conditions' basis. Likewise abolition of office does not occur where an employee is re-assigned within an organisation. There is no similar provision in the VHSS for the discretionary granting of added years in circumstances where an office is abolished.

4.4 Position having regard to Butler Report

Having regard to the position regarding retirement options available at present there is no avenue post ISER that would facilitate the option supported by Butler. It is possible that amalgamation of Centres could arise in the context of the proposed formation of Hospital Groups and this could allow scope for further consideration, subject to Department of Public Expenditure and Reform approval.

5. Conclusions and Recommendations

The Centres in the voluntary hospitals play a key role in the provision of continuing education and professional development to nurses, midwives and also other allied health professionals and support staff including health care assistants. Going forward the health services will require a strong educational focus. The Centres should have a key role to play in the HSE and agencies meeting the continuing education and professional development requirements of the Nurses and Midwives Act 2011. Other key functions undertaken include competence maintenance, provision of FETAC level 5 for support staff, supporting nursing and midwifery programmes, and education supporting the implementation of the clinical care programmes.

The establishment of the new structures for the health services gives an opportunity to finally put in place arrangements that will support the effective functioning of the centres so that they can deliver a regional remit and have appropriate governance arrangements under an agreed framework.

While the Group concluded that the status quo should apply for an interim period, it is satisfied notwithstanding its terms of reference that, in the context of the roll out of the new hospital group structures, a national model/ template for the delivery of nursing and midwifery education is required.

From the meetings, contributions, work of the Group and mandatory requirements, it is clear that there is a strong recognition of the importance of the Centres and that continuing nursing and midwifery education and professional development and nursing and midwifery education must be facilitated under any future arrangements. Notwithstanding the need to be conscious of impending changes in the organisational structure of the health service and that the new structures may have implications for the Centres, it was agreed that certain key principles arising from consideration of the Butler Report Recommendations should apply irrespective of the new structures.

5.1 Governance

It was agreed prior to the establishment of Centres of Nurse Education that all such Centres would be overseen by a Board of Management, representative of all health service employers (representing all relevant nursing divisions and midwifery) within a catchment area and that the purpose of the Board of Management was to oversee the strategic development of the Centre of Nurse Education and ensure it provided a service sensitive to the needs of the particular region/area.

It is recognised that Boards of Management being simply representational committees and not being the employer gives rise to difficulties. Equally, where the Director of the Centre is paid by the hospital in which the Centre is located difficulties are bound to arise unless the reporting relationships are agreed and recognised.

A key question identified in the course of discussion centred on whether, at present, responsibility for service delivery rests with the Director of the Centre or the Director of Nursing and Midwifery. Some concerns were expressed in relation to: a potential conflict of interest for the Director of the Centre in meeting internal and external requirements, accountability - who is responsible for what needs to be clarified, what is the priority for the post holder and who has the right to determine same.

It is considered that the 2002 and 2006 Agreements did not set out in sufficient detail the envisaged reporting relationships and the 'chain of command' within hospitals. Beyond the questions around the Board (or Regional Committee) there is a need to specifically determine the primary reporting relationship for the Directors of the Centres. This, as noted above, highlights the need for a national template for the delivery of continuing nursing and midwifery education under the new structures and that it encompasses reporting relationships.

Given that the primary role of the Centres should be to deliver services to all registered nurses and midwives within its remit, inclusive of the site in which they are located, it is considered that the primary responsibility of the Director and the Centre should be to the defined geographic area / region, notwithstanding that they are located within hospitals, and that funding arrangements and reporting relationships should reflect this. This question is also relevant to the delivery of any service agreements that are agreed under future arrangements. The Sub-Groups, Children's and Midwifery, recommend that for internal matters the Director of CCNE/CME will report to the Director of Nursing/ Midwifery on the site of the CCNE/CME on internal site educational operational matters and that other CCNE/CME staff in both the hub and satellites report to the Director of the Centre.

It is considered that the future governance arrangements must ensure that the Boards of Management, or alternate, function in a positive manner giving direction and support to the Centres. The size of the current Boards would seem to be an issue, particularly having regard to lack of clarity around the regional remit of certain centres. Having regard to the 2002/2006 Agreements and Butler Report, views were expressed that the governance model would need to be adapted for different areas.

The Group supports the proposed Governance models set out by the Children's and Midwifery Sub-Group. Children's and Midwifery were established with clearly defined hub and satellite arrangement and this has worked relatively well.

Whether a Regional Educational Committee structure would work better than a Board of management structure for the centres (other than Children's and Midwifery) requires further consideration. Having regard to the different views held and the impending establishment of the Hospital Group structures it was agreed , as set out in the recommendations, that the status quo should continue for an interim period until the new structures are put in place with the position of the centres to be considered as part of the establishment process.

5.2 Budgets/Financing of Centres

The manner in which the voluntary Centres are funded is critical to the manner in which they can operate, cutting across governance, budgeting, service planning and delivery.

Issues identified by the groups included the need for identification of specific budgets, and a lack of funding to fulfil delivery of internal and, in particular, delivery of regional remit. There was a view that funding is provided on an ad hoc basis from a variety of sources. This means that there is a void in relation to planning of service provision. The need for external sources of funding for regional and, in the cases of Children's and Midwifery, the national remit was raised.

As part of the Group's deliberations, details were provided outlining the current business processes for the CNME in the HSE North West region. This process is reflected in the steps set out in section 2 of the Report of the General and ID Sub-Group and has the support of the Group.

It is imperative that each Centre can identify its budget, have control over it and that it is in a position to plan its service provision on the basis of same. As a first step all centres should set down the current overall funding made available, whether this is explicit funding or resources allocated by the base hospital (staff pay, equipment etc.) or funding or resources from external sources.

There is a clear recognition that the future development of the health services will involve a clear linkage of budgets to activity and that resources travel so as to maximise value for money. The Group is satisfied that the Centres are capable of delivering services on a cost effective basis.

The Butler report specifically recognised that its recommendations would have to be considered having regard to the current financial situation and the position in the interim has deteriorated significantly. Given the pressures on acute hospitals budgets generally it makes it even more important that there is clarity around the level of funding available to the Centres located in these hospitals, and that their budgets are clearly identifiable.

The Department of Health identified from previous papers some funding that had been provided to the hospitals and which remains with the base allocation, attached as Appendix 11 along with related material provided by Group members. The ONMSD also noted that additional 'funding' had been provided from time to time to cover cost pressures and capital requirements. However it appears that this funding, though within the hospital base, has not been specifically earmarked for the Centres in any of the voluntaries.

There were a number of views expressed in relation to the capacity of the Centres to charge for the provision of services, particularly to third parties and whether Centres attached to voluntary hospitals may be able to charge – those in the HSE cannot

charge at present. This issue, under consideration at present, needs to be clarified and the question of charging generally for services should be examined given the current financing difficulties.

It is noted that there may also be some scope for funding in respect of 'National' training modules/requirements where there is an additional cost to the CNE/CCNE/CME in providing same. The Office of the Nursing and Midwifery Services Director has confirmed that it will fund any additional costs accruing to Centres as a result of delivering national programmes where this exceeds historic funding provided. However this assumes that the base funding is identified and allocated to the Centres and is not therefore a solution to the broader budgetary and funding issues around the Centres.

In order to facilitate the establishment of a proper reporting framework, the Group recommends that the Health Service Executive be requested/directed to make available the budget and expenditure (both statutory and voluntary) of all Centres through their Corporate Reporting System.

There was agreement within the Group that 1st call on Centres should be the provision of mandatory training and that a national costings template would be desirable for all educational activities.

5.3 Regional Remit

There was agreement on the lack of focus on the regional remit of the centres with a need to address the Centre's responsibility to outside agencies and that these agencies be clearly defined. However this has to be considered in the context of the Centres currently providing a regional remit to the extent that they can, given current constraints. Significant concerns were expressed in relation to the extent to which the Centres have been funded to deliver a regional remit.

The Regional remit should be identifiable and funding for the delivery of same specifically identified. The Governance model should clarify who within the Centre or Hospital is responsible for delivery of the geographic / regional remit and provide a (Board of Management) structure that incorporates the area / region and addresses the pull between internal and regional remits.

A Board of Management governance structure as outlined by the Children's and Midwifery SubGroup lends itself to identifying and fulfilling the regional and internal remit (and Tertiary/national). As noted by the SubGroup, the membership should represent all service settings while at the same time the numbers on the Board of Management need to be manageable and functional. It was also noted that the 2006 Midwifery agreement provided for a regional remit, whereas the Children's agreement provided for a national remit.

The Voluntary ID SubGroup set out a number of proposals covering the designation of catchment area for voluntary CNEs, including ID covering Moore Abbey, St. Ita's

and the Voluntary Hospitals. It is recognised that the General Centres of Nursing Education and the ID Centre would facilitate education and training for all members of the multidisciplinary team within the geographical remit of the Centre provided there was funding received from these groups. There was agreement that the Dublin North and Dublin South (Kildare and Wicklow) regional areas are not clearly defined and that there is a need to define what organisations are or should be working with the different voluntary CNEs. Regional boundaries and remit need to be identified.

The positions of Moore Abbey, and whether it should be a stand alone centre or attached to Tullamore, and of the ID and mental health sectors generally were discussed. The development of St. Ita's as a centre for mental health was noted and the implications of there being no Director of the Centre in Tallaght at present for the reporting relationship. The Group is satisfied that ID and mental health both require further examination.

5.4 Staffing, Succession Planning

The provision of Continuing Education and Professional Development will be an ongoing statutory requirement for nurses and midwives within the health sector. This is a legislative requirement and will be defined by the Nursing and Midwifery Board of Ireland. Butler recommended that all staff working in a Centre should be Registered Nurse Tutors or have Masters level education and the Group supports this. While consideration was given to renaming 'Nurse Tutors' as 'Specialist Coordinators' no conclusion was reached as there is no agreement with the Nursing and Midwifery Union that the Titles would change.

The problems caused by the moratorium, absence of a budget and service planning were highlighted as issues that impinge on the staffing of the Centres. This also gives rise to an inability to address succession planning. Everything is dependent on the Director and/or inadequate levels of staff now found in most Centres.

Concerns were expressed by the members of all sub-groups in relation to the future availability of suitably qualified staff for the Centres in the context of both the Centres themselves and the posts therein not being attractive to potential candidates. There was also agreement that the application of the moratorium means that the absence of replacements for key staff is resulting in a lack of competencies required being available.

The Reports of the sub-groups and subsequent discussions identify the filling of the Director Post as critical and the need for staff replacement across hubs and satellites. Acknowledging the reality of the Moratorium and the ongoing requirement to reduce staffing levels, every consideration should be given to filling any vacant Director Posts and ensuring that the Centres have adequate staff to provide mandatory and relevant continuing education, training and professional development which is critical to future delivery of care. This Report recognises that the HSE is required to comply with the Employment Control Framework (encompassing the moratorium on recruitment) set by Government. Subject to the

Employment Control Framework being complied with, this report recommends that the HSE should have regard to the critical role played by the Centres and accord an appropriate priority to the filling of key positions within this service.

5.5 Service Agreements - resource allocation

The Group is strongly of the view that the best course, particularly in the short term, and perhaps also in the longer term, depending on the nature of the Hospital Group structures, would involve explicit recognition of the work of the Centres in the service agreements between the HSE and the hospitals concerned and also formal agreements between hospitals where hub and satellite, or similar, arrangements are in place.

It is satisfied that the HSE should arrange to include related requirements in the Service Agreements at the earliest opportunity, 2013 if possible, and that these should be developed over time.

Having regard to the absence of dedicated funding in many Centres the view was expressed that these Centres operate on a basis of goodwill in the absence of formal arrangements and agreements. There is a significant level of consensus within the Working Group on the need for and the benefits that would derive from formalised service level agreements.

The Butler Report recognised current resource constraints as an issue and the general outlook is now much tighter. However the absence of specific resource allocation and the difficulties this creates highlight the need to put in place formal arrangements that would cover at a high level the provision of services by and the operation of the Centres.

As a first step in the absence of clearly identifiable budgets it is proposed that the existing Service Agreements between the HSE and the Voluntary Hospitals be expanded to include explicit centre of education obligations, see Appendix 10. 'Secondary' agreements would also be developed between the Centres and those in the region concerned to whom it is to provide services.

The HSE/Voluntary Hospital agreements would, as a first step, identify the key factors, mandatory obligations/CPD, specifically recognise the Centres, the services to be provided and resource/staffing allocation. At a more detailed level the agreements would also recognise arrangements for the use of facilities including where they may be used for the provision of courses to the region.

There are many areas that could be addressed in 'lower level' formal agreements beyond those put in place between the HSE and the voluntary hospitals, including provision of services to staff working within the hospital and provision of services to staff who are working for other health care providers within the geographic area / region for which the Centre has a remit. Agreements should also be put in place

between hubs and satellites and to cover other situations where services are shared or funding provided by a third party.

5.6 Other issues addressed

Hospital Groups
The Strategic Board and Project Team established to consider Governance Issues for the envisaged Hospital Groups should be formally advised of the work of this Group.

Title/Renaming
In considering whether it would be beneficial to rename the Centres it was noted that some were named in the existing agreements. It was felt that the status quo should be maintained until satisfied that the centres would be funded for agreed services and/or functions and these would be reflected in any new title.

Report of Working Group on Centres of Nursing and Midwifery Education

– pursuant to Labour Court Recommendation 20165

APPENDICES

7 February, 2013

Contents

Appendix 1

Centres for Nursing and Midwifery Education

LCR 20165 Working Party

Terms of Reference

- To fulfil the recommendations outlined in LCR 20165.

- To determine how best to implement the recommendations of the Butler Report, having regard to current constraints.

- To select and agree effective governance structures for the Centres of Nursing and Midwifery Education as set out in the Butler Report.

In the event of the outcome of the process having implications for HSE managed CNEs, the matter will be the subject of early direct discussions between the parties, with a view to reviewing these centres if deemed necessary.

Appendix 2

Membership of Group/Subgroups

Working Group		SubGroup
Mary Connor	CNE, Galway	General and ID
Ann Donovan	Tallaght (AMNCH)	General and ID
Margaret Ferguson	CNE, Moore Abbey	General and ID
Dr Mary Hodson	HSE	General and ID
Margaret Moran	CNE, St. Vincents	General and ID
Bernie O'Callaghan	CNE, Mercy	General and ID
Sheila O'Neill	Moore Abbey	General and ID
Liz Roche	HSE	General and ID
Bridie Sullivan	Mercy	General and ID
Mary Godfrey	CCNE	Childrens and Midwifery
Patricia Hughes	Coombe	Childrens and Midwifery
Ann Mulhall	CME	Childrens and Midwifery
Geraldine Regan	Crumlin	Childrens and Midwifery
Mary Wynne	HSE	Childrens and Midwifery
John Delamere	HSE	IR
Phil Ni Sheaghdha	INMO	IR
Annette Kennedy	INMO	IR
Paddy Barrett	DoH	IR

Clare Treacy, INMO also attended part of the Groups deliberations on behalf of Phil Ni Sheaghdha.

Background to Report **Appendix 3**

Background Information – Working Group Procedures.

1. Working Group

The Working Group was established pursuant to the preceding recommendation. An inaugural meeting was held in Dr Steevens' Hospital on 4th April 2012. The question of whether the work of the Group should be confined only to the DATHS and voluntary hospitals was considered. Draft terms of reference were drawn up in advance of the first plenary meeting held on 31st May 2012 and agreed at the meeting. It is noted that these confined the work of the Group to the DATHS and Voluntary Hospitals, reflecting the content of the Butler Report. It was agreed that in the event of the outcome of the process having implications for HSE managed Centres, the matter will be the subject of early direct discussions between the parties, with a view to reviewing these centres if deemed necessary.

Further meetings of the Group were held on 11th June, 3rd July, 22nd August and 26th October 2012, with 2 further meetings involving the Chair, HSE CERS and the INMO in November. A teleconference with Patricia McCormack took place on 5th September 2012 to discuss inclusion of Centres in future Service Agreements. A copy of the Document subsequently agreed with her and forwarded to Acute Hospitals HSE for consideration, having regard to observations received from the INMO and HSE is attached, Appendix E. The Chair subsequently engaged with Acute Hospitals, HSE with a view to agreeing inclusion of the Centres in Service Plans.

The Group collectively and within subgroups established by the Group gave detailed consideration the recommendations contained in the Butler Report focusing in particular on Governance arrangements, Budget and associated decision making, financing, access to and level of resources, including staffing.

The process of change currently in train and the impact this could have on any findings by the Group was considered. It was agreed that, irrespective of the impact that these changes might have, it would be useful for the Group to finalise its deliberations having regard to the need into the future for structures to deliver nursing and midwifery professional competence education and training, and that the recommendations of the Group could feed into any process looking at future structures.

With regard to the future of continuing professional development/education/ training of staff including nurses, midwives and healthcare assistants etc. under the proposed Group framework, it is understood that the project team on the Establishment of Hospital Groups have taken note of this matter in the Report to be submitted to the Minister. It is further understood that the Report will reference both the need to attach training posts to Hospital Groups rather than individual hospitals and the need to engage in the provision of continuous educational and

professional development for nurses / midwives and other health care professionals both within and outside of the acute hospital setting.

In this context, the Working Group noted that CPD is required and that access to formal accredited learning is required for staff in the smaller hospital. It was also noted that the Centres of Nursing and Midwifery Education were integral to the ongoing provision of CPD and organisational learning and development across the hospital groupings and other care groups within the region of the Centre while working collaboratively with the services, other corporate education training providers and with the Academic institutions.

2. SubGroups

Three subgroups were established to examine and report on key issues highlighted in the Butler Report. The following terms were agreed for the work of the SubGroups:-

I. Sub Group - Centre for Children's Nurse Education and the Centre for Midwifery Education

Aim: Consider how to best implement the recommendations of the Butler Report having regard to current constraints for Children's Nursing and Midwifery

1. Identify optimum governance structure(s) for voluntary CCNE and CME this will include:

- National Education Committee including Terms of Reference
- Reporting Relationships

2. Identify the catchment area for each voluntary CNE and scope of their activities

- consider 2006 agreement for scope
- consider target discipline groups for education service

3. Identify the processes by which the business of the CCNE and the CME will operate, having regard to staffing and resource constraints.

This will include:

- Training needs analysis
- Costing elements
- Service level agreement with CCNE/CME
- identify key headings for SLA
- Promoting programmes
- Monitoring activity and finance

II. SubGroup Voluntary General/Intellectual Disability CNEs

Aim: Consider how to best implement the recommendations of the Butler Report having regard to current constraints for Voluntary General/Intellectual Disability CNEs

Agenda

Discuss and identify structures and processes with reference to the recommendations in the Butler Report under the following key areas:

1. Identify optimum governance structure(s) for voluntary CNEs and include:

- Regional Education Committee including Terms of Reference
- Reporting Relationships
- Consider appropriate governance for the Moore Abbey Education Centre

2. Identify principles for the designation of catchment area for voluntary CNEs and scope of their activities
- consider 2002 agreement for scope
- consider target discipline groups for education service

3. Identify the processes by which the business of the CNEs will operate, having regard to staffing and resource constraints.

This will include:

- Training needs analysis
- Costing elements
- Service level agreement with CNE
- Identify key headings for SLA
- Promoting programmes
- Monitoring activity and finance

3. Reports of the SubGroups

Draft reports were prepared following consideration of the key issues by SubGroups I and II at the meeting held on 3rd July.

It was hoped that the Reports of the subgroups would form the basis of an agreed framework for the centres particularly in relation to Governance, internal and external, reporting relationships, business planning, regional remit, staffing and

resources in the context of the Butler Report and the related recommendations contained therein.

As part of the process, it was agreed that the draft Reports of the SubGroups would be circulated to relevant stakeholders for consideration. Those consulted included members of the Boards of Management of all CNES in Dublin North, Dublin South Kildare and Wicklow and Cork Voluntaries and their Board of Management and ONMSD and NMPD Directors in the relevant areas, the Board of Management for Children's and Midwifery and the DATHs.

Having regard to difficulties identified with the proposed governance arrangements set out in the Voluntary/ID SubGroup's Report in the consultative process, the DATHs representative requested a meeting in relation to the course proposed. At a subsequent meeting with the Chair, John Delamere and Annette Kennedy it was agreed that an alternative approach could be prepared for consideration by the main group.

An alternative proposal was submitted on behalf of the Directors of Nursing in the DATHS Group for consideration by the Working Group, see appendix 9.

The draft reports of the subgroups were considered by the Working Group on 22nd August and at the final plenary meeting of the Group on 26th October.

4. Meeting of Working Group held 22nd August

Outcome

I. Childrens and Midwifery SubGroup Report

There was strong support for the reports prepared by the SubGroup. There is a consensus that the centres and hubs work well at present, reflecting in particular goodwill that exists, given ongoing resource constraints. However the members of the Group consider that improvements are required as outlined in the Group's Report, particularly around service agreements, clarity of funding for regional remit and levels of staffing for the centres.

II. General and ID SubGroup Report

Having given consideration to the SubGroup's recommendation and that put forward on behalf of the DATHS as an alternative, it was clear at the meeting that issues remained in relation to agreeing a governance framework that would be acceptable to all members of the Working Group. It was also evident that the extent to which funding for the regional remit had or had not been included in the base funding for the HSE/hospitals concerned remained a contentious issue.

The reporting relationships for the Directors and staff of the Centres were discussed. Varying views on reporting relationships for the staff of the centres and who is ultimately responsible for the governance of the centres were expressed.

5. Principles agreed at Final Meeting of Working Group 26th October 2012

At this meeting the Principles as set out in section 2 of the Report were agreed.

Governance arrangements were agreed for the Centre for Childrens Nurse Education and the Centre for Midwifery Education. Having regard to the impending changes arising from the establishment of the Hospital Group structures and that the Group did not reach a concensus on Governance arrangements for the DATHS/ Voluntary acute centres, it was agreed that most practicable solution in the short term is for the current Governance arrangements to continue in place pending implementation of the new structures.

Given identified weaknesses in planning of services, resource identification and budgetary constraints etc. it was agreed that service planning is critical and development of service agreements is a key requirement.

Support for the delivery of education by the centres is required given mandatory education and training requirements

The Group reaffirmed that nurse led education for nurses is a model that works well, recognising that competence maintenance is the responsibility of the individual, the Centres and the Director of Nursing and that the Nursing and Midwifery Act requires a commitment to training and CPD by the HSE and employers.

6. IR SubGroup

The IR SubGroup met on a number of occasions to give consideration in particular to recommendation 4.12 of the Butler Report – that staff covered by the 2002 agreement should be offered the choice of remaining in the CNE under the new arrangements or early retirement.

Appendix 4

Briefing Note for Employers

Arrangements relating to the transfer of pre-registration Nursing Education to the third level sector

- *Basis of Staff Transfer*
- *Voluntary Early Retirement Option*
- *Centres for Nurse Education*
- *Locations, Functions and Structures*
- *Declaration of Intent*

Basis of Transfer to Universities or Institutes of Technology

1. The following general principles apply in the case of Nurse Teachers, including Principal Nurse Teachers transferring to the third level sector and reflect the outcomes of negotiations between the representatives of all parties and have been accepted by the nursing unions.

2. The provisions govern the assimilation of Nurse Teachers into their affiliated third level University or I.T. upon the commencement of a four year undergraduate Nursing Degree programme in the academic year 2002/3. Thus, transfer is to the third level institution affiliated with the School of Nursing only.

3. The date of appointment of those transferring is 1st August 2002. The assimilation shall apply on a once-off basis to those employed in a School of Nursing on 31st July 2002, including those on secondment, leave of absence, maternity or parental leave at that time. This includes those who may be on a special assignment where they retain a right to return to their substantive post within the School of Nursing.

   The term Nurse Teacher encompasses the following grades; Principal Nurse Tutor, Acting Principal Nurse Tutor, Nurse Tutor, Acting Tutor, Clinical Teacher and Acting Clinical Teacher.

4. To be assimilated a Nurse Teacher must hold a Masters Degree.

5. Nurse Teachers will be assimilated to the Lecturer grade of their affiliated University or I.T. and must assume the roles and responsibilities of, and accept all the conditions of employment relative to the Lecturer grade, as required.

6. In the case of Universities, the following assimilation arrangements will apply in relation to salary (it should be noted that different scales apply in individual Universities depending on PRSI status and, also, slightly different scales between Universities). The scale points indicated are currently (February 2002) applicable and will attract adjustments, including any element that may be retrospectively applied arising from the report of the Public Service Benchmarking Body.

   a. A Nurse Teacher who, immediately prior to the date of assimilation, was on the 1st to 5th point of the Nurse Tutor salary scale, shall –

i. Enter the applicable Lecturer salary scale of his or her affiliated University at a point of –

Pre 6 April 1995		Post 5 April 1995		University
£	€	£	€	
37,197	47,231	39,156	49,718	Trinity College
37,071	47,070	39,018	49,543	University College Dublin
37,242	47,287	39,201	49,775	University College Cork
37,062	47,059	39,013	49,536	NUI, Galway
39,277	49,871	39,277	49,871	Dublin City University
39,276	49,870	39,276	49,870	University of Limerick

ii. After one year at that point, proceed to a point of –

Pre 6 April 1995		Post 5 April 1995		University
£	€	£	€	
40,083	50,894	42,193	53,574	Trinity College
40,073	50,882	42,178	53,555	University College Dublin
39,806	50,543	41,900	53,203	University College Cork
40,058	50,864	42,168	53,543	NUI, Galway
41,329	52,476	41,329	52,476	Dublin City University
41,326	52,474	41,326	52,474	University of Limerick

Where s/he will remain until such time as s/he satisfies the three criteria (research activity, teaching and contribution to the wider community) set out in the Post Entry Assessment procedure required by the affiliated University for progression beyond that point up to the maximum point of the Lecturer salary scale;

b. A Nurse Teacher who, immediately prior to the date of assimilation, was on the 6th to 10th point of the Nurse Tutor salary scale, shall enter the applicable Lecturer salary scale of his or her affiliated University at a point of -

Pre 6 April 1995		Post 5 April 1995		University
£	€	£	€	
40,083	50,894	42,193	53,574	Trinity College
40,073	50,882	42,178	53,555	University College Dublin
39,806	50,543	41,900	53,203	University College Cork
40,058	50,864	42,168	53,543	NUI, Galway
41,329	52,476	41,329	52,476	Dublin City University
41,326	52,474	41,326	52,474	University of Limerick

Where s/he will remain until such time as s/he satisfies the three criteria (research activity, teaching and contribution to the wider community) set out in the Post Entry Assessment procedure required by the affiliated University for progression beyond that point up to the maximum point of the Lecturer salary scale.

7. The actual salary scales in the case of Trinity College rise to maxima of €62,296 and €65,575 depending on P.R.S.I. status with slightly different maxima in the other Universities.

8. In the case of Institutes of Technology a uniform scale applies to the Lecturer grade across all Institutes. Assimilation arrangements will be similar to those outlined above, save that progression on the scale will be in line with criteria laid down by the Institutes rather than the Post Entry Assessment procedure. The salary scale currently applicable in the Institutes is as follows;

£	€
31,212	39,631
32,697	41,516
38,491	48,873
39,823	50,565
41,178	52,285
42,539	54,013
43,907	55,750
45,265	57,474
46,623	59,198
47,985	60,928
49,346	62,656

9. A Principal Nurse Teacher shall be assimilated onto the applicable Lecturer scale on the same basis as a Nurse Teacher and the Post Entry Assessment procedure will also apply in like manner in the case of the Universities.

10. No position of the nature of a Principal Nurse Teacher is recognised in the Education sector. In the case of Principal Nurse Teachers it has been agreed that a once-off lump sum payment of €7,618.43 will be made to those who transfer to their affiliated third level institution. This will also apply in the case of those who hold substantive posts as Principal Teachers within the health service and who may currently be on secondment to a third level institution and to those who are filling positions as 'acting' Principal Teachers and who have been 'acting' in the position for 3 years or more on 31st July 2002. Responsibility for payment of this once-off lump sum will lie with the health service employer rather than the third level institution (upon receipt of application for same).

11. Nurse Teachers who do not have a Masters Degree but who have registered for such a degree by the commencement of the academic year 2002/3 will be eligible for transfer to their affiliated third level institution on a secondment basis from their substantive post in the health service for a period of three years. Upon successful completion of the Masters Degree within the three year period, a Nurse Teacher will be eligible for assimilation on the basis outlined with effect from the date of attainment of the Degree.

Those who do not successfully complete the Masters Degree will transfer back to their substantive post within the health service.

12. An opt-back provision has been agreed as follows: - a Principal Nurse Teacher or a Nurse Teacher who is assimilated into a third level institution shall, if they so wish, be given the opportunity to transfer back to the health service at the end of a period of 12 months following the date of assimilation. An indication of intent to exercise this option should be given at 9 months, facilitating at least 3 months notice. Any individual exercising such option will revert to the salary applicable to their grade in the health service, prior to transfer (and in the case of a Principal Nurse Teacher be required to repay the once-off lump sum).

13. In the case of Nurse Teachers in the Mental Health sector who are registered under the relevant provisions of the Mental Treatment Act relating to enhanced superannuation benefits, it may be confirmed that provisions relating to 'uniform accrual' as specified in the Local Government Superannuation Scheme will apply in the event of transfer to an Institute of Technology or the University of Limerick/Dublin City University. This means that while the relevant provisions of the Mental Treatment Act do not apply to staff upon transfer to the third level sector, there is an arrangement which provides for an addition to their actual service for upon transfer. The addition provides that 4/3rds of actual service in the 'enhanced' benefits scheme will apply in the non-enhanced benefits environment. Thus for example an individual registered under the Mental Treatment Act with 15 years actual service would be considered to have 20 years service upon transfer (but would forego any entitlement to retire at 55 or have service above 20 years counted on an enhanced basis).

It is intended that this provision will also apply to those transferring to T.C.D., U.C.D., U.C.C. and U.C.G.

14. Should the commencement of the four year undergraduate Degree programme from autumn 2002 be deferred for any reason the assimilation arrangements of Nurse Teachers to Lecturer positions outlined above are similarly deferred.

15. Finally, this agreement between the Health Service, the Nursing Unions, the Universities and Institutes of Technology does not prevent any Nurse Teacher from applying in the normal way through open competition for an academic appointment in any of the relevant third level institutions.

Early Retirement / Voluntary Redundancy option

16. Reflecting a recommendation in The Commission on Nursing report, Nurse Tutors who are aged 50 years or more on 5th November 1999 will be considered eligible to apply for the early retirement option should they so wish. Those who do not meet this age criteria are not eligible to be considered.

17. The terms which will apply in such cases are the 'standard' early retirement terms, viz. a maximum of 7 added years, subject to an overall maximum of 40 years, for superannuation lump sum and pension purposes in the case of those aged under 60 at date of retirement and on modified social insurance.

18. Nurse Tutors who are eligible to be considered for the early retirement terms should be provided with details of their entitlements as soon as possible in order that they may make a fully informed indication as to their intentions by 29th March 2002. It will not be possible to pursue such option having indicated a preference to transfer (or having transferred) to a third level institution.

The arrangements which will apply in such cases are, in general terms, as follows;

Pensionable Staff on modified PRSI under age 60 with at least 5 years actual service and less than 40 years reckonable service

(i) Immediate payment of pension and lump sum based on reckonable service plus a maximum of 7 added years in the case of persons with 20 years or more of service and pro-rata for less than 20 years subject to

a) reckonable and added service not exceeding either 40 years or reckonable service plus potential service to age 65,

and

b) 'redundancy' added service plus any added years entitlement under existing superannuation provisions subject to the added years not exceeding 10 years (Mental Treatment Act).

(ii) **At least 40 years of reckonable service or aged 60 + with at least 5 years actual service.**

Immediate payment of pension and lump sum for officers based on existing entitlements under the provisions of the Superannuation Scheme,

plus

Severance gratuity of 2 weeks pay per year of potential service to age 65 (subject to a limit of 18 weeks pay).

(iii) **Pensionable staff on full PRSI – under age 60 with at least 5 years actual service and less than 40 years actual reckonable service.**

(a) Preserved pension and lump sum payable at age 60,

plus

Severance gratuity of 2 weeks pay per year (and fraction) of service subject to the sum of the severance gratuity and the actuarially reduced equivalent of the preserved lump sum not exceeding two years pay,

plus

Statutory entitlements,

or

(b) Immediate payment of pension and lump sum based on reckonable service,

and

A supplementary severance gratuity, equivalent to the excess (if any) of 2 weeks pay per year (and fraction) of potential service to age 65 (subject to a limit of 18 weeks pay) over the statutory entitlements.

Note: Statutory entitlements to be determined in accordance with the prevailing terms of the Redundancy Payments Scheme at the time of notice being issued. Care should be taken regarding minimum notice provisions.

At present, arrangements provide for ½ weeks pay for each year of service under age 41 and 1 weeks pay for each year of service over age 41 plus one weeks pay, subject to the statutory ceiling of €507 per week.

19. The actual date upon which an applicant is facilitated may agreed with the applicant having regard to the circumstances within which the employer is seeking to maintain continuity of nurse education for the residual (2nd and 3rd year) Nursing Diploma students. Phasing arrangements may be agreed with individuals due to the overlap which will arise initially between the termination of the Diploma programme and the commencement of the 4 year Degree programme.

Accordingly, an applicant may avail of the early retirement option with effect from 1st September 2002, 1st September 2003 or 1st September 2004 and should be facilitated. This arrangement applies only to those employed at 31 August 2002 and meet the age criteria, as specified.

Centres for Nurse Education

20. Introduction

The Report of the Commission on Nursing recommended the establishment oft Centres of Nursing Education providing a range of educational and training services to nurses in the health services. The Centres of Nurse Education will have a role in;

- the provision of in-service training to nurses and;
- act as a centre for professional development of nurses within a health service

The Centres of Nurse Education have a key role to play in supporting and developing staff in the clinical area to which nursing students are assigned.

21. The Number and Location of Centres

Following extensive consultation throughout the country it has been decided that there will be eighteen Centres of Nurse Education. Each of these centres will provide education to the population of nurses within its catchment area and will cater for nurses across all divisions.
The operation of the Centres and the programmes being delivered require close working relationships both within and between the statutory and voluntary sectors to ensure the optimum utilisation of both physical resources and existing expertise within organisations. It is intended that the general principles governing these relationships will reflect, for example in the Intellectual Disability Sector, those set out in the Department of Health and Children report *Enhancing the Partnership*, which stated, ".....that some joint training initiatives on an inter-agency and inter agency/health board basis are taking place and that there should be further opportunities for increased co-operation and co-ordination in this respect in the future".

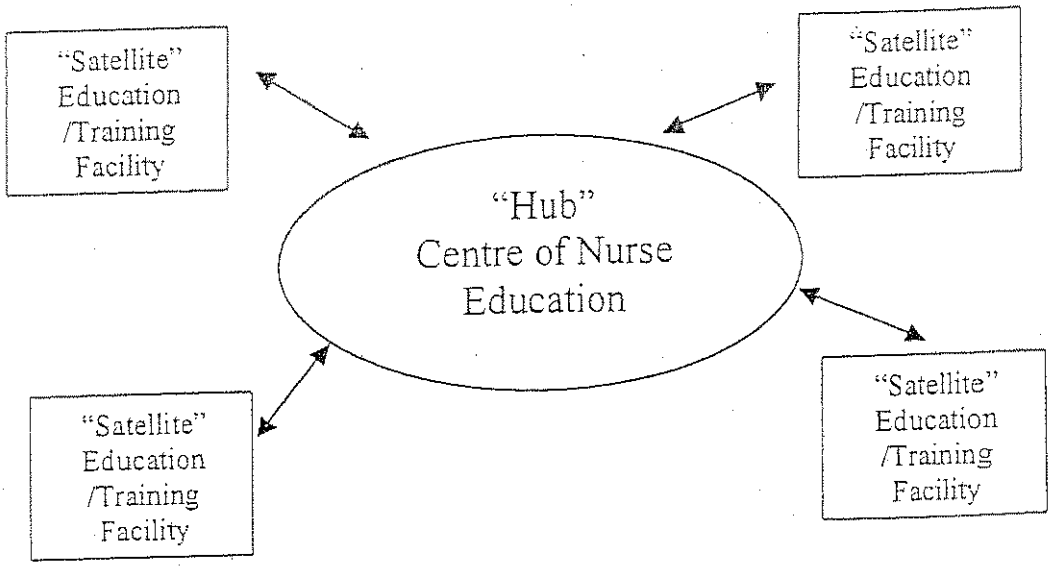
Name	Office Location
Donegal Centre for Nurse Education	Letterkenny
Sligo/Leitrim Centre for Nurse Education	Sligo
Mayo/Roscommon Centre for Nurse Education	Castlebar
Galway Centre for Nurse Education	Galway
Midlands Centre for Nurse Education	Tullamore
Kerry Centre for Nurse Education	Tralee
Cork Centre for Nurse Education (1)	Cork (University

- Cork Centre for Nurse Education (2) — Hospital) / Cork (Mercy Hospital)
- Dublin North Centre for Nurse Education — Mater
- Dublin North Centre for Nurse Education — Beaumont
- Dublin North Centre for Nurse Education — Portrane
- Dublin East/Wicklow Centre for Nurse Education — St Vincent's
- Dublin South West/Kildare Centre for Nurse Education — Tallaght
- Dublin South West/Kildare Centre for Nurse Education — St James's
- West Dublin Centre for Nurse Education — Clonsilla/ Blanchardstown
- South Eastern Centre for Nurse Education — Waterford
- North-Eastern Centre for Nurse Education — Ardee
- Mid-Western Centre for Nurse Education — Limerick

22. Structure

In order to provide a comprehensive and coherent system of continuing nurse education, which provides equity of access and availability of an appropriate range of quality programmes, these centres will be developed in different ways. Diagram 1 depicts the manner in which a centre could be organised for the purpose of programme delivery.

Diagram 1 - Model of CNE at Health Board Level



23. Function of the Centres

- Provide education and programmes of professional development across all divisions of nursing.
- Identify in partnership with the Directors of Nursing and Midwifery Planning and Development Units the education, training and development needs to support the delivery of nursing care.
- Provide a comprehensive training and development programme in accordance with annually agreed objectives
- Ensure that training and development is aligned to national initiatives and to organisational objectives. While the centres are responsible for delivery of education to all nurses within a catchment area, the education and development programmes delivered by the centre need to meet the needs of the region as a whole and also meet national needs.
- Ensure very close working relationships & liaison between higher education institutes and all health service agencies.
- Promote cross-divisional and interagency educational practices.
- Promote the professional development of staff as integral to the management of the nursing and midwifery resource.
- Source and evaluate internal and external education and training providers.
- Establish and/or maintain systems to record education, training and development activities in accordance with agreed procedures.
- Evaluation of education, training and development activities.
- Encourage and support the research agenda at local and national level
- Ensure that education, training and development activities are grounded in sound evidence.

24. Management of the Centres

All Centres will be overseen by a Board of Management, representative of all health service employers (representing all relevant nursing divisions) within a catchment area.

The purpose of the Board of Management is to oversee the strategic development of the Centre for Nurse Education and ensure it provides a service sensitive to the needs of that particular region/area.

25. Composition of Management Board

The Board should be representative of:

- Directors of Nursing who are in receipt of a service from the Centre
- Director of Nursing & Midwifery Planning and Development Unit
- Others to be determined by the Board.

26. Chairpersons of Board of Management, Centres of Nurse Education

The Commission on Nursing identified the need for a comprehensive and coherent system of continuing nurse education, providing equity in access, availability of programmes and funding. The Chairpersons of the Board of Management will need to establish effective communications between the Centres to ensure that education and development is aligned to national initiatives and to organisational objectives. While the Centres are responsible for delivery of education to all nurses within a catchment area, the education and development programmes delivered by the Centre need to meet the needs of the region as a whole and also meet national needs.

27. Establishment of Boards of Management

The process of establishing the Board(s) of Management should be commenced immediately and meetings should be arranged involving employers of nurses across the different services within the geographical area in this regard. The following is a diagrammatic illustration of the intended arrangements.

Diagram 2 – Board of Management Centre of Nurse Education (outside ERHA)

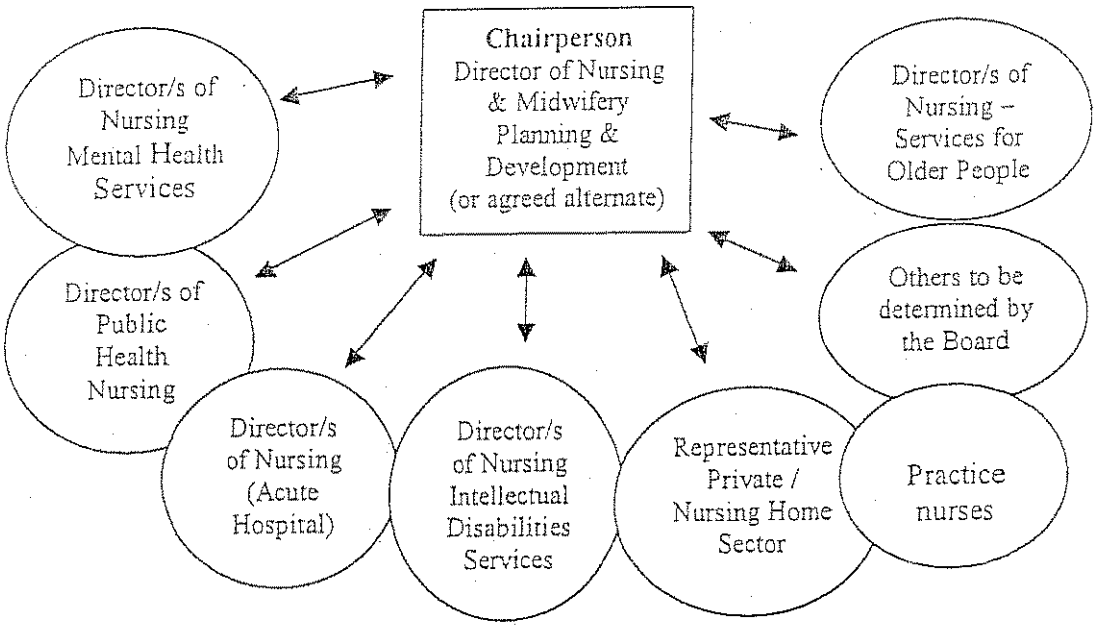
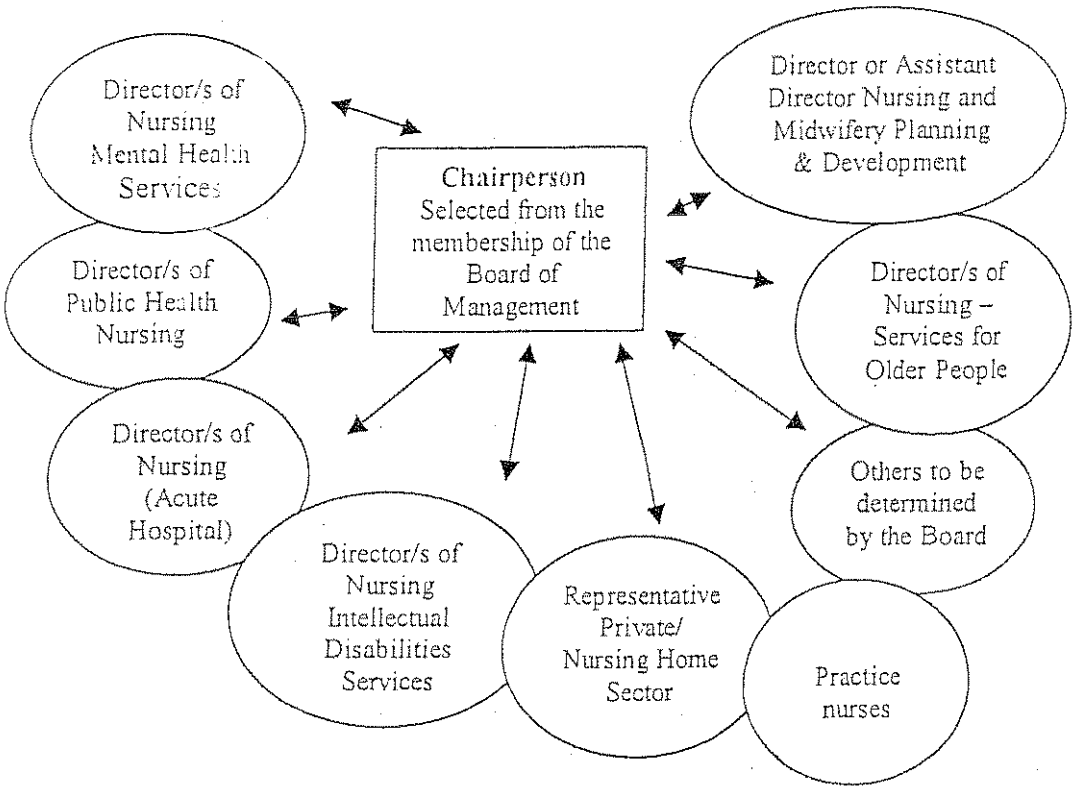


Diagram 3 – Board of Management Centre of Nurse Education (ERHA)



28. Director of Centre

Centres of nursing education will operate under the overall direction of a Director. The role of the Director, Centre of Nurse Education is to develop and manage a centre of education that provides accessible, high quality training, education and development to all nurses within the centres' geographical remit.

The Director, Centre of Nurse Education will be appointed on a permanent and pensionable basis, on a salary as set out in the particulars of office (point 32).

It has been agreed that the first filling of this position will be by a competition confined to Principal Nurse Tutors. It has been agreed that where a post is filled on this basis assimilation from the Principal Nurse Tutor scale to the new scale will be on a point to point basis.

Staffing of Centre

Diagram 4 – Staffing of Centre of Nurse Education

Board of Management

↓

Director

↓

Key Function
In-service education and continuing professional development.

Role summary
- Provide education and programmes of professional development across all divisions of nursing.
- Identify in partnership with Directors of Nursing Midwifery Planning and Development Units the education, training and development needs of all nurses within the Centres remit
- Provide a comprehensive training and development programme in accordance with annually agreed objectives
- Promote evidence-based practice and research utilisation

Staff
Nurse Tutors
Clinical instructors
Trainers/education officers
Clinical Facilitators
Sessional input
Clinical Nurse Specialists
Advanced Nurse Practitioners

Support Structures
Clerical Admin
Library

29. Specialist Co-ordinators

It has been agreed that two positions as Specialist Co-ordinators will also be created in each Centre for Nurse Education from among the staff that remain within the Centres. It is intended that they will be filled after the Director post has been filled and arrangements have been finalised as to the numbers of Tutors transferring from or remaining within the health sector, having regard to the particular skills requirements in each Centre. It has been agreed that such individuals will fully participate in teaching remaining Nursing Diploma students if required. The 2 positions in each Centre will attract a salary each point of which is €3,500 above the current Nurse Tutor scale.

30. Lead-in period to full operation

It is recognised and agreed that it will not be practical to have such Centres fully operationalised until the remaining pre-registration Diploma students (year 2 and 3 in 2002/3 and year 3 in 2003/4) have completed their education. The Department of Health and Children is continuing its dialogue with the third level institutions in relation to the Diploma programme.

Director, Nurse Education Centre - Qualifications and Particulars of Office

31. Professional and Academic Qualifications, Experience

At the latest date for receipt of completed applications, applicants must possess:

- Registration with An Bord Altranais or eligibility to register with An Bord Altranais.
- A minimum of 3 years relevant management experience in education / training.
- Education to Masters Degree level in a subject relevant to the post.

32. Particulars of Office

Tenure	Appointments will be on a permanent and pensionable basis.
Remuneration:	€45,363.93 (£35,727) - €46,816.51 (£36,871) - €48, 269.09 (£38,015) - €49,721.67 (£39,159) - €51,174.25 (£40,303) - €52,626.83 (£41,447) - €54,079.41 (£42,591) - €55,592.94 (£43,783), (in 1st October 2001 terms).
Working Week:	39 hours per week.
Annual Leave:	29 days.

Arrangements for first filling of Posts as Director, Centre for Nurse Education

33. Eligibility for confined competition

Eligibility is confined to existing Principal Nurse Tutors in Pre-Registration Schools of Nursing, who exercise an option to remain within the health service rather than transfer to the affiliated University/Institute of Technology.

Individuals who hold substantive positions as Principal Nurse Tutor but are currently on secondment are eligible to apply.

Individuals who have been appointed as "Acting" Principal Nurse Tutor for 3 years or more by 31st July 2002 are eligible to apply.

34. Eligibility criteria for individual Centres

Eligibility in the case of each Centre is confined to such Principal Nurse Tutors, as set out at 1. above working within the geographical area of each Centre. This means that the following arrangements apply:

Centre	Eligibility: *Principal Nurse Tutors Employed in*
Donegal	Letterkenny
Sligo	Sligo General and Cregg House
Mayo/Roscommon	Castlebar
Galway	UCHG and Portiuncula
Midlands	M.H.B.
Kerry	Tralee
Cork Centre (C.U.H.)	in employment of SHB in Cork
Cork Centre (Mercy)	Mercy/South Infirmary, Cope Foundation & Bon Secours Hospital
North Dublin (Mater)	Mater
North Dublin (Beaumont)	Beaumont St. Vincent's Hospital, Fairview
North Dublin (Portrane)	N.A.H.B. St. Ita's and St. Josephs
West Dublin	J.C.M.H., Blanchardstown, Daughters of Charity
Dublin East/Wicklow	St. Vincent's, St. Michaels, St. John of Gods
Dublin S.W./Kildare	St. James Hospital, Stewarts Hospital St. Patrick's Hospital.
Dublin S.W/Kildare	Tallaght Hospital Sisters of Jesus & Mary, Monastervin, St. Brendan's
South Eastern	SEHB

Appendix 5

Agreement Regarding the Basis of Transfer of Pre-Registration Midwifery and Children's Nursing Education to the Third Level Sector

The following general principles apply in the case of Nurse/Midwife Teachers, including Principal Nurse/Midwife Teachers transferring to the third level sector and reflect the outcomes of negotiations between representatives of all parties. *(The term Nurse Teacher encompasses the following grades; Principal Nurse/Midwife Tutor, Nurse/Midwife Tutor, Clinical Instructor.)*

1. The provisions govern the assimilation of Nurse/Midwife Teachers into their affiliated third level University or College upon the commencement of a four year undergraduate Midwifery Degree programme and a 4.5 year undergraduate integrated Children's/General Nursing Degree programme for in the academic year 2006/2007. Thus, transfer is to the third level institution affiliated with the School of Nursing/Midwifery for these Programmes i.e this refers to the re-aligned partnerships.

2. The date of appointment of those transferring is 1st August 2006. The assimilation shall apply on a once-off basis to those eligible to transfer (on 17th November 2005) and who are employed in a School of Nursing/Midwifery on 31st July 2006, including those on secondment, leave of absence, maternity or parental leave at that time.

3. To be assimilated a Nurse/Midwife Teacher must hold a Masters Degree.

4. Nurse/Midwife Teachers will be assimilated to the Lecturer grade of their affiliated University or College and must assume the roles and responsibilities of, and accept all the conditions of employment relative to the Lecturer grade, as required.

5. In the case of Universities, the following assimilation arrangements will apply in relation to salary (it should be noted that different scales apply in individual Universities depending on PRSI status and, also, slightly different scales between Universities). The scale points indicated are currently (December 2005) applicable and will be updated to take account of subsequent pay increases.

a. A Nurse/Midwife Teacher who, immediately prior to the date of assimilation, was on the 1st to 5th point of the Nurse/Midwife Tutor salary scale, shall –

i. Enter the applicable Lecturer salary scale of his or her affiliated University at a point of –

Pre 6th April 1995	Post 5th April 1995	University/College
€55,855 p.a.	€58,796 p.a.	Trinity College
€55,665 p.a.	€58,589 p.a.	University College Dublin
€55,923 p.a.	€58,864 p.a.	University College Cork
€55,652 p.a.	€58,583 p.a.	National University of Ireland, Galway
€58,980 p.a.	€58,980 p.a.	Dublin City University
€58,977 p.a.	€58,977 p.a.	University of Limerick

In circumstances where the salary of a Nurse/Midwife Teacher (including location/qualification allowance) immediately prior to the date of assimilation is higher than the point set out at table (i) above, he/she will be placed on the next nearest point (but not below) on the appropriate Lecturer salary scale. (See Appendix I) Lecturer Salary Scales). This point becomes the reference point for Post Entry Assessment as described at ii. (a) below.

(Dundalk Institute of Technology – see 6. below)

ii. After one year at that point, proceed to a point of –

Pre 6th April 1995	Post 5th April 1995	University/College
€64,864 p.a.	€68,278 p.a.	Trinity College
€60,172 p.a.	€63,334 p.a.	University College Dublin
€59,773 p.a.	€62,919 p.a.	University College Cork
€60,155 p.a.	€63,325 p.a.	National University of Ireland, Galway
€62,058 p.a.	€62,058 p.a.	Dublin City University
€62,056 p.a.	€62,056 p.a.	University of Limerick

(Dundalk Institute of Technology – see 6. below)

(a) Where s/he will remain until such time as s/he satisfies the three criteria (research activity, teaching and contribution to the wider community) set out in the Post Entry Assessment procedure required by the affiliated University for progression

beyond that point up to the maximum point of the Lecturer salary scale.

In circumstances where the salary of a Nurse/Midwife Teacher (including location/ qualification allowance) immediately prior to the date of assimilation is higher than the point set out at table (ii) above he/she will be placed on the next nearest point (but not below) on the appropriate Lecturer salary scale. (See Appendix I Lecturer Salary Scales). This point becomes the reference point for Post Entry Assessment as described at ii. (a) above.

b. Principal Nurse/Midwife Teachers and Nurse/Midwife Teacher, who, immediately prior to the date of assimilation, were on the 6th to 10th point of the Nurse Tutor salary scale, shall enter the applicable Lecturer salary scale of his or her affiliated University at a point of -

Pre 6th April 1995	**Post 5th April 1995**	**University/College**
€64,864 p.a.	€68,278 p.a.	Trinity College
€60,172 p.a.	€63,334 p.a.	University College Dublin
€59,773 p.a.	€62,919 p.a.	University College Cork
€60,155 p.a.	€63,325 p.a.	National University of Ireland, Galway
€62,058 p.a.	€62,058 p.a.	Dublin City University
€62,056 p.a.	€62,056 p.a.	University of Limerick

(Dundalk Institute of Technology – see 6. below)

Where s/he will remain until such time as s/he satisfies the three criteria (research activity, teaching and contribution to the wider community) set out in the Post Entry Assessment procedure required by the affiliated University for progression beyond that point up to the maximum point of the Lecturer salary scale.

In circumstances where the salary of a Principal Nurse/Midwife Teacher or a Nurse/Midwife Teacher (including location/ qualification allowance) immediately prior to the date of assimilation is higher than the point set out at table (b) above he/she will be placed on the next nearest point (but not below) on the appropriate Lecturer salary scale. (See Appendix I Lecturer Salary Scales). This point becomes the reference point for Post Entry Assessment as described above.

6. In the case of Dundalk Institute of Technology Nurse Midwifery Teachers and Principal Nurse/Midwifery Teachers will be assimilated on to the applicable Lecturer salary scale as follows:

   a. A Nurse/Midwife Teacher who, immediately prior to the date of assimilation, was on the maximum point of the Nurse/Midwifery Tutor or Principal Nurse/Midwifery Tutor salary scale for at least three years shall enter the Lecturer salary scale at the second next higher point in monetary terms to that maximum point, i.e. the nearest point plus one.

   b. In all other cases, a Nurse/Midwifery Teacher shall enter the lecturer salary scale at the next higher point in monetary terms to the point of the Nurse/Midwifery Tutor or Principal Tutor salary scale which he or she was on immediately prior to the date of assimilation.

€50,507
€52,910
€62,254
€64,442
€66,635
€68,837
€71,052
€73,250
€75,446
€77,652
€79,854

   c. Progression on the scale will be in line with standard criteria laid down by the Institute.

7. Where an alternative to the partner college is being sought by a Nurse/Midwife Tutor or Principal Nurse/Midwife Tutor (this only applies where there has been a re-alignment of partner colleges) the applicant can indicate so on the Decision Form. This will then be pursued by the HSE EA, with the relevant colleges, in order to determine if such a request can be accommodated.

8. No position of the nature of a Principal Nurse/Midwife Teacher is recognised in the Education sector. In the case of Principal Nurse/Midwife Teachers it has been agreed that a once-off lump sum payment of €10,250.35 will be made to those who transfer to their affiliated third level institution.

This will also apply in the case of those who hold substantive posts as Principal Teachers within the health service and who may currently be on secondment to a third level institution and to those who are filling positions as 'acting' Principal Teachers and who have been 'acting' in the position for 3 years or more on 31st July 2006. Responsibility for payment of this once-off lump sum will lie with the health service employer rather than the third level institution (upon receipt of application for same).

9. Nurse/Midwife Teachers who do not have a Masters Degree but who have registered for such a degree by the commencement of the academic year 2006/7 will be eligible for transfer to their affiliated third level institution on a secondment basis from their substantive post in the health service for a period of three years. Upon successful completion of the Masters Degree, within the three year period, a Nurse/Midwife Teacher will be eligible for assimilation on the basis outlined with effect from the date of attainment of the Degree.

   Those who do not successfully complete the Masters Degree within a three period of the date of transfer will transfer back a post in education within the health service.

10. An opt-back provision has been agreed as follows;

- A Principal Nurse/Midwife Teacher or a Nurse/Midwife Teacher who is assimilated into a third level institution shall, if they so wish, be given the opportunity to transfer back to the health service at the end of a period of 12 months following the date of assimilation.

- An indication of intent to exercise this option should be given at 9 months, facilitating at least 3 months notice.

- Any individual exercising such option will revert to a post in the Centre for Nurse/Midwifery Education for their area, at the appropriate salary applicable to their teaching post in the H.S.E./Hospital prior to transfer. In the case of a Principal Nurse/Midwife Teacher they will receive a salary based on 95% of the salary applicable to the Director of the Centres for Nurse/Midwifery Education.

- Principal Nurse Tutors who invoke the opt back provision are required to repay the once off lump sum on return to the H.S.E. (see 8. above).

11. Should the commencement of the four year undergraduate Midwifery Degree programme from Autumn 2006 (4.5 years in the case of Children's/General Nursing Degree Programme) be deferred for any reason the assimilation arrangements of Nurse/Midwife Teachers to Lecturer positions outlined above are similarly deferred.

12 Nurse/Midwife Teachers who currently work part-time and transfer to the Universities and Dundalk Institute of Technology will transfer to full-time posts. If this working pattern subsequently changes the University/Institute of Technology concerned will notify the health services so that financial adjustments may be made as appropriate.

13. This agreement between the Health Service, the Irish Nurses Organisation, the Universities and Dundalk Institute of Technology does not prevent any Nurse/Midwife Teacher from applying in the normal way through open competition for an academic appointment in any of the relevant third level institution.

Pensions/Superannuation

14. All reckonable service will transfer in accordance with the provisions of the superannuation schemes as part of this agreement. A representative group will be established to ensure the efficient management of this transfer.

15. The actuarial value of the nurse/midwife teachers' reckoned public service for relevant nurse/midwife teachers who wish to transfer their service to the superannuation scheme of the university to which they are assimilating will be paid on a group basis to the pension schemes of four universities - University of Dublin Trinity College (TCD), University College Dublin (UCD), University College Cork (UCC) and National University of Ireland, Galway (NUIG). This requires that arrangements be put in place to ensure the smooth and timely transfer of this service.

To facilitate this, the nurse/midwife teachers who opt to transfer will arrange to supply the following:-

(i) an agreed and signed declaration of verified service history in the public sector;

(ii) confirmation in writing as to whether they wish to purchase and/or restore previous service;

(iii) an agreed and signed declaration as to whether or not their reckonable public service is to be transferred to the relevant University Scheme or preserved in the public sector.

16. The representative group will issue guidance to Nurse/Midwife Teachers on how to progress items (i) to (iii) as a matter of priority.

Labour Court Recommendation

17. The terms of Labour Court Recommendation 18430 will be implemented by the H.S.E. post actual transfer of staff to the Universities/Colleges. The amount to be paid will be examined on an individual basis taking into account salary/assimilation arrangements etc.

18. Staff who transfer to a third level University or to Dundalk Institute of Technology and who subsequently invoke the opt back provision will be required to repay the lump sum, payable arising from Labour Court Recommendation No. 18430, in full immediately on return to H.S.E./Voluntary Hospital employment.

Early Retirement / Voluntary Redundancy option

19. Nurse/Midwife Teachers who are aged 50 years or more on 17th November 2005 will be considered eligible to apply for the early retirement option should they so wish. Those who do not meet this age criteria are not eligible to be considered.

20. The terms which will apply in such cases are the 'standard' early retirement terms, viz. a maximum of 7 added years, subject to an overall maximum of 40 years, for superannuation lump sum and pension purposes in the case of those aged under 60 at date of retirement and on modified social insurance.

21. Nurse/Midwife Teachers who are eligible to be considered for the early retirement terms should be provided with details of their entitlements as soon as possible in order that they may make a fully informed indication as to their intentions by 28th July 2006.

The arrangements which will apply in such cases are, in general terms, set out below. However, Nurse/Midwife Teachers considering this option are strongly advised to ensure that they receive information regarding their individual specific entitlements under the Department of Health 1987 Early Retirement/Voluntary Redundancy Scheme from their local employer (Superannuation Section).

Pensionable Staff on modified PRSI Under age 60 with at least 5 years actual service and less than 40 years reckonable service

(i) Immediate payment of pension and lump sum based on reckonable service plus a maximum of 7 added years in the case of persons with 20 years or more of service and pro-rata for less than 20 years subject to

a) reckonable and added service not exceeding either 40 years or reckonable service plus potential service to age 65,

and

b) 'redundancy' added service plus any added years entitlement under existing superannuation provisions subject to the added years not exceeding 10 years (Mental Treatment Act).

(ii) **At least 40 years of reckonable service or aged 60 + with at least 5 years actual service**.

Immediate payment of pension and lump sum for officers based on existing entitlements under the provisions of the Superannuation Scheme,

plus

Severance gratuity of 2 weeks pay per year of potential service to age 65 (subject to a limit of 18 weeks pay).

(iii) **Pensionable staff on full PRSI – under age 60 with at least 5 years actual service and less than 40 years actual reckonable service.**

(a) Preserved pension and lump sum payable at age 60,

plus

Severance gratuity of 2 weeks pay per year (and fraction) of service subject to the sum of the severance gratuity and the actuarially reduced equivalent of the preserved lump sum not exceeding two years pay,

plus

Statutory entitlements,

or

(b) Immediate payment of pension and lump sum based on reckonable service,

and

A supplementary severance gratuity, equivalent to the excess (if any) of 2 weeks pay per year (and fraction) of potential service to age 65 (subject to a limit of 18 weeks pay) over the statutory entitlements.

Note: Statutory entitlements to be determined in accordance with the prevailing terms of the Redundancy Payments Scheme at the time of notice being issued.

At present, arrangements provide for (subject to qualification) two weeks gross pay per year of service subject to a statutory ceiling of €600 per week. When that figure has been calculated, a bonus week, also subject to a ceiling of €600 is added to get the final statutory redundancy lump sum figure.

22. The actual date upon which an applicant is facilitated may be agreed with the employer depending on the circumstances within which the employer is seeking to maintain continuity of nurse/midwifery education within the Centres for Nurse/Midwifery Education/School of Nursing. Phasing arrangements may be agreed with individuals due to the overlap which will arise initially between the conclusion of the current Post-Registration Diploma programmes and the commencement of the 4/4.5 year Degree programme.

Accordingly, an applicant may avail of the early retirement option with effect from 1st September 2006, 1st September 2007 or 1st September 2008. This arrangement applies only to those employed at 31 August 2006 and who are eligible to apply for early retirement.

CENTRES FOR NURSE/MIDWIFERY EDUCATION

23. **Introduction**

The report of the Commission on Nursing recommended the establishment of Centres of Nursing Education providing a range of educational and training services to nurses in the health services. The Centres of Nurse Education have a role in:

- The provision of in-service training to nurses and
- Act as a centre for professional development of nurses within the health services.

24. The Centres of Nurse Education also have a key role to play in supporting and providing continuous professional development programmes for staff in the clinical area to which nursing students are assigned.

The Number and Location of Centres

25. The 2002 agreement provided for the establishment of Centres for Nurse Education. Each of these Centres provide education to the population of nurses within its catchment area and cater for nurses across all divisions.

26. The operation of the Centres and the programmes being delivered require close working relationships both within and between the statutory and voluntary sectors to ensure the optimum utilisation of both physical resources and existing expertise within organisations.

27. In order to provide a comprehensive and coherent system of continuing nurse education, which provides equity of access and availability of an appropriate range of quality programmes, these Centres were developed in different ways.

28. Functions of the Centres

- Provide education and programmes of professional development across all divisions of nursing/midwifery.
- Identify in partnership with the Directors of Nursing/Midwifery and the Director of the Nursing and Midwifery Planning and Development Units the education, training and development needs to support the delivery of nursing/midwifery care.
- Provide a comprehensive training and development programme in accordance with annually agreed objectives.
- Ensure that training and development is aligned to national initiatives and to organisational objectives. While the centres are responsibility for delivery of education to all nurses/midwives within a catchment area, the education and development programmes delivered by the centre need to meet the needs of the region as a whole and also meet national needs.
- Ensure very close working relationships and liaison between higher education institutes and all health service agencies.
- Promote cross-divisional and interagency educational practices.
- Promote the professional development of staff as integral to the management of the nursing and midwifery resource.
- Source and evaluate internal and external education and training providers.
- Establish and/or maintain systems to record education, training and development activities in accordance with agreed procedures.
- Evaluation of education, training and development activities.
- Encourage and support the research agenda at local and national level.
- Ensure that education, training and development activities are grounded in sound evidence.

29. Centres to be overseen by a Board of Management established by the HSE. This will include representatives of health service employers (representing relevant nursing/midwifery divisions) within a catchment area.

30. The purpose of the Board of Management, which reports to the HSE, is to oversee the strategic development of the Centre for Nurse/Midwifery Education and ensure it provides a service sensitive to the needs of that particular region/area.

31. The Board of Management will include representatives from:

- Directors of Nursing/Midwifery who are in receipt of a service from the Centre
- Director of Nursing and Midwifery Planning and Development Unit
- Others to be determined by the H.S.E.

Proposals for Continuing Midwifery and Children's Nurse Education

32. Under existing arrangements Schools of Midwifery and Schools of Children's Nursing provide a range of continuing education programmes to staff in their services. With the planned transfer of midwifery and children's nurse education to the third level sector it is necessary for the health services to provide for the continued provision of these services.

(i) Provision of Continuing Midwifery Education Dublin Area

33. The Coombe Women's Hospital has been designated as the Centre for Midwifery and Nurse Education to service the National Maternity Hospital, the Coombe Women's Hospital, the Rotunda Hospital as well as the general requirements for midwifery education in the Dublin catchment area.

34. The Dublin Centre for Midwifery will be overseen by a Board of Management established by the HSE. This will include representatives of health service employers (including representatives from Directors of Midwifery from within the catchment area).

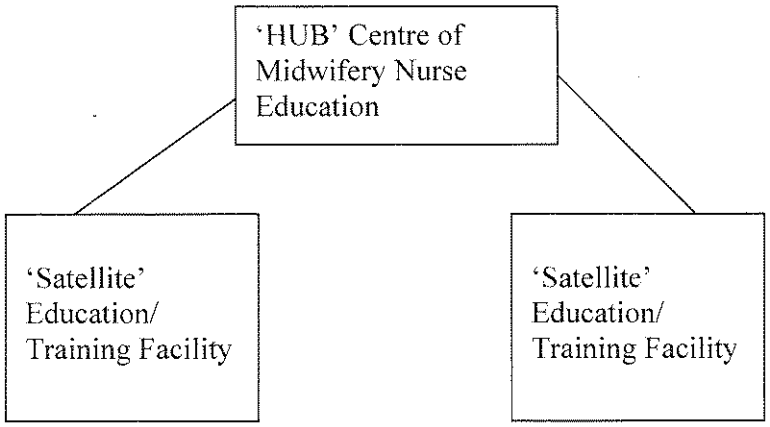
35. The purpose of the Board of Management, which reports to the H.S.E., is to oversee the strategic development of the Centre for Midwifery Education and ensure it provides a service sensitive to the needs of that particular region/area.

36. The Board of Management will include representatives from:

- Directors of Midwifery who are in receipt of a service from the Centre
- Director of Nursing and Midwifery Planning and Development Unit
- Others to be determined by the H.S.E.

37. In order to provide a comprehensive system of continuing midwifery education which provides equity of access and availability to each site, this site will be established on a 'hub and satellite' structure as outlined in the 2002 agreement.

Model for Continuing Nurse Education for Midwifery in the Dublin Area



38. An assessment of the existing sites to identify the most suitable HUB centre having regard to facilities etc. will be undertaken as a matter of priority, by the HSE in consultation with relevant service providers.

(ii) **Provision of Continuing Midwifery Education outside Dublin Area.**

39. Continuing Midwifery Education outside the Dublin area i.e. Cork, Galway, Limerick and Drogheda will be provided through the existing Centres of Nurse Education which will henceforth be designated as Centres of Nursing/Midwifery Education.

40. Centres to be overseen by a Board of Management established by the H.S.E. This will include representatives of health service employers (including representatives from Directors of Nursing and Midwifery for within those catchment areas).

41. The purpose of the Board of Management, which reports to the H.S.E., is to oversee the strategic development of the Centre for Nurse/Midwifery Education and ensure it provides a service sensitive to the needs of that particular region/area.

42. The Board of Management will include representatives from:

- Directors of Nursing/Midwifery who are in receipt of a service from the Centre
- Director of Nursing and Midwifery Planning and Development Unit
- Others to be determined by the H.S.E.

Co-ordination of Continuing Midwifery Education.

43. The Dublin centre of Midwifery Education and other Centres of Continuing Nursing/Midwifery Education will work together to develop and deliver a co-ordinated programme of midwifery education for the sector having regard to priority identified needs. A work programme will be conjointly developed to achieve this objective.

Staffing of the Centre

44. Midwife Teachers who opt to remain with their current employer or who opt back having spent one year with the third level sector have an obligation to teach on all existing and future post-registration education programmes as well as continuing education provided by the H.S.E.

45. Midwife Teachers who opt to remain with their current employer may remain based in their current location for the duration of their employment as a Midwife Teacher or may opt to transfer to the HUB Centre of Midwifery Education . When these posts become vacant any subsequent appointment may be based in the HUB Centre for Midwifery Education as determined by the H.S.E.

Director of Centre of Midwifery Education – Dublin

46. The Dublin Centre of Midwifery Education will operate under the overall direction of a Director. The role of the Director is to develop and manage the Centre that provides accessible high quality training, education and development to all midwives and the appropriate staff within the Centres geographical remit.

The Director Dublin Centre of Midwifery Education will be appointed on a permanent and pensionable basis, on a salary as set out in the particulars of office – attached.

47. It has been agreed that the first filling of this position will be by a competition confined to Principal Midwifery Tutors of the National Maternity Hospital, the Rotunda Hospital and the Coombe Women's Hospital. It has been agreed that where a post is filled on this basis assimilation from the Principal Midwife Tutor scale to the new scale will be on a point to point basis.

ARRANGEMENTS FOR FIRST FILLING OF POSTS OF DIRECTOR, CENTRE OF MIDWIFERY EDUCATION

Eligibility for confined competition

48. Eligibility is confined to existing Principal Tutors in the Schools of Midwifery of the National Maternity Hospital, the Rotunda Hospital and the Coombe Women's Hospital, who exercise an option to remain within the health service rather than transfer to the affiliated University/Institute of Technology.

Individuals who hold substantive positions as Principal Nurse Tutor but are currently on secondment are eligible to apply.

Individuals who have been appointed as 'Acting' Principal Nurse Tutor for three years or more at 31st July 2006 are eligible to apply.

49. In the event of there being more than one eligible applicant for the Director's post the unsuccessful candidate/s will be paid 95% of the Directors Salary on a red circled basis for the duration of the assignment to the Centre.

Open Competition

50. In the event of there being no eligible applicant the position of Director, Dublin Centre for Midwifery Education, falls to be filled, in the normal way, by open competition (subject to paragraph 52 below).

Reporting Relationships

51. The person appointed will report to the Director N.M.P.D.U. in the H.S.E. area.

DIRECTOR, MIDWIFERY CENTRE OF EDUCATION – QUALIFICATIONS AND PARTICULARS OF OFFICE

52. Professional and Academic Qualifications Experience
At the latest date for receipt of completed applications, applicants must possess:

- Registered in the Midwives Division with An Bord Altranais or eligible to be so registered.
- A minimm of 3 years relevant management experience in education/training.

- Education to Masters Degree level in a subject relevant to the post.

53. Particulars of Office

Tenure: Appointments will be on a permanent and pensionable basis.

Working Week: 39 hours per week.

Annual Leave: 29 days

Specialist Co-ordinators

- Dublin -

54. In the event of there being no appointment made under point 49. above, it has been agreed that one post as Specialist Midwifery Co-ordinator will be created in the Centre for Midwifery Education and an appointment made from within the staff that remain within the Centres.

The post will be filled after the Director post has been filled (subject also to paragraph 49 above) and after arrangements have been finalised as to the numbers of Tutors transferring from or remaining within the health sector, having regard to the particular skills requirements in each Centre.

It has been agreed that such individual will fully participate in teaching post registration students if required. The position will attract a salary of €4,018 on each point of the Midwife Tutor scale.

- Outside Dublin –

55. In the case where eligible Principal Midwifery Tutors of the Schools of Midwifery in Cork, Galway, Limerick and Drogheda opt to remain within the HSE they will transfer on a red circled basis to a post of Director of Midwifery Education, in the Centre for Continuing Nurse and Midwifery Education in their catchment area. The post holders will report to the Director of NMPDU for that catchment area, for the duration of this appointment.

56. In areas where the Principal Midwifery Tutor does not opt to remain within the H.S.E. one post of Head of Midwifery Education will be created in the Centres of Continuing Nurse/Midwifery Education in the catchment area of the Schools of Midwifery in Cork, Limerick, Galway and Drogheda. This post will be filled by competition amongst the qualifying staff of the respective schools who opt to remain with the H.S.E.

The salary offered for this post is 90% of the salary of the Director of Midwifery Education. This matter is not agreed and is being referred to a third party.

It has been agreed that such individual will fully participate in teaching post registration students if required.

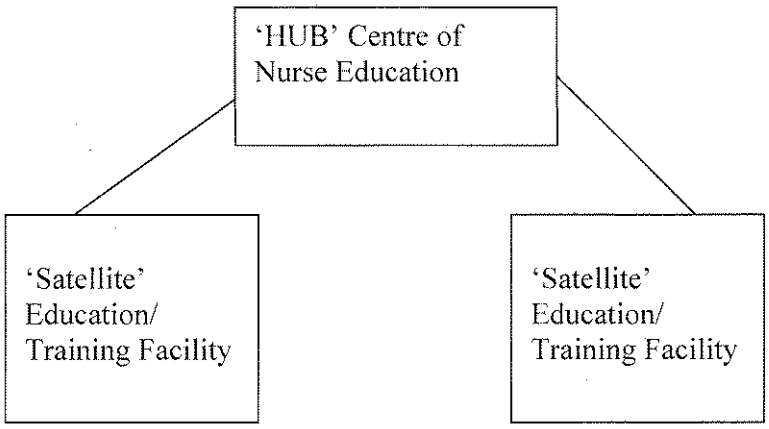
57. The person appointed to this post will report to the Director of the N.M.P.D.U. in relation to policy matters and in the development of the annualised midwifery education programme. They will report on a day to day basis to the Director of the Centre for Nurse Education.

58. In the event of there being no eligible applicant the position of Head of Midwifery falls to be filled, in the normal way, by open competition.

The following are arrangements for the provision of the continuing education in relation to Children's Nurse Education.

59. Our Lady's Hospital for Sick Children, Crumlin has been designated as the interim centre to service Children's University Hospital, Temple Street, Our Lady's Hospital for Sick Children, Crumlin, AMNCH as well as the general requirements for children's nursing education.

60. In order to provide a comprehensive system of children's/nurse education and which provides equity of access and availability to each site, this site will be established on a 'hub and satellite' structure as outlined in the 2002 agreement. An assessment of the existing sites to identify the most suitable site having regard to facilities etc will be undertaken as a matter of priority. This is without prejudice to the proposal to develop a new National Children's Hospital within which the Centre for Children's Nurse Education may ultimately be based.



Staffing of the Centre

61. Nurse Teachers who opt to remain with their current employer or who opt back having spent one year with the third level sector have an obligation to teach on all existing and future post-registration education programmes as well as continuing education provided by the HSE.

62. Nurse Teachers who opt to remain with their current employer may remain based in their current location for the duration of their employment as a Nurse Teacher or may opt to transfer to the HUB Centre for Nurse Education . When these posts become vacant any subsequent appointment may be based in the HUB Centre for Nurse Education as determined by the HSE.

Director of Dublin Centre of Children's Nurse Education

63. The Dublin Centre of Children's Nurse Education will operate under the overall direction of a Director. The role of the Director is to develop and manage the centre that provides accessible high quality training, education and development to all children's nurses and the appropriate staff in the paediatric hospitals and paediatric services nationally.

The Director, Centre for Nurse Education will be appointed on a permanent and pensionable basis, on a salary as set out in the particulars of office – attached.

It has been agreed that the first filling of this position will be by a competition confined to Principal Nurse Tutors of the University Hospital Temple Street, Our Lady's Hospital for Sick Children and AMNCH. It has been agreed that where a post is filled on this basis assimilation from the Principal Nurse Tutor scale to the new scale will be on a point to point basis.

ARRANGEMENTS FOR FIRST FILLING OF POSTS OF DIRECTOR, CENTRE FOR CHILDREN'S NURSE EDUCATION

Eligibility for confined competition

64. This competition is confined to existing Principal Tutors in the Schools of Children's Nurse Education of University Hospital Temple Street, Our Lady's Hospital for Sick Children and AMNCH, who exercise an option to remain within the health service rather than transfer to the affiliated University/Institute of Technology.

Individuals who hold substantive positions as Principal Nurse Tutor but are currently on secondment are eligible to apply.

Individuals who have been appointed as 'Acting' Principal Nurse Tutor for three years or more by 31st July 2006 are eligible to apply.

65. In the event of there being more than one applicant for the Director's post the unsuccessful candidate/s will be paid 95% of the Directors Salary on a red circled basis for the duration of their assignment to the Centre.

Open Competition

66. In the event of there being no eligible applicant the position of Director, Dublin Centre for Children's Nurse Education, falls to be filled, in the normal way, by open competition (subject to paragraph 68 below).

Reporting Relationships

67. The person appointed will report to the Director N.M.P.D.U. in the H.S.E. area.

DIRECTOR, CHILDREN'S NURSE EDUCATION CENTRE – QUALIFICATIONS AND PARTICULARS OF OFFICE

68. Professional and Academic Qualifications Experience

At the latest date for receipt of completed applications, applicants must possess:

- Registered Children's Nurse/Registered General Nurse with An Bord Altranais or eligible to be so registered.
- A minimm of 3 years relevant management experience in education/training.
- Education to Masters Degree level in a subject relevant to the post.

69. Particulars of Office

Tenure: Appointments will be on a permanent and pensionable basis.

Working Week: 39 hours per week.

Annual Leave:29 days

70. Specialist Co-ordinators – Dublin

In the event of there being no appointment made under clause 65 above, it has been agreed that one post as Children's Specialist Co-ordinators will be created in the Centre for Children's Nurse Education from among the staff that remain within the Centres.

It is intended that this will be filled after the Director post has been filled (subject also to paragraph 64 above) and arrangements have been finalised as to the numbers of Tutors transferring from or remaining within the health sector, having regard to the particular skills requirements in each Centre. It has been agreed that such individual will fully participate in teaching post registration students if required. The post will attract a salary each point of which is €4,018 above the current Nurse Tutor scale.

71. Lead-in period to full operation

The H.S.E. will work with staff and the I.N.O. to have these Centres operational as soon as possible.

The Department of Health and Children and H.S.E. are continuing its dialogue with the third level institutions in relation to the post registration programme.

Diagram 4 – Staffing of Centres of Nurse Education

Board of Management

↓

Director

↓

Key Function
In-service education and continuing professional development.

Role summary
- Provide education and programme of professional development across all divisions of nursing.
- Identify in partnership with Directors of Nursing Midwifery Planning and Development Units the education, training and development needs of all nurses within the Centres remit.
- Provide a comprehensive training and development programme in accordance with annually agreed objectives.
- Promote evidence –based practice and research utilisation

Staff
Nurse Tutors
Clinical instructors
Trainers/education officers
Clinical Facilitators
Sessional Input
Clinical Nurse Specialists
Advanced Nurse Practitioner

Support Structures
Clerical Admin
Library

Implementation/Monitoring Group:

72. A representative group will be established, for an initial six month period, to monitor the implementation of this agreement.

Final Decision of Individuals:

73. All eligible Nurse/Midwife Teachers and Principal Nurse/Midwife Teachers , including those who may be on secondment, leave without pay/ career break, maternity or parental leave will be requested to make a final decision regarding their employment options by Friday 28th July 2006. This declaration will be binding on the individual and further options will not be made available.

An appropriate form will be provided by each employer for completion in this regard. The options involved are:

(a) "resign from my employment with _____ and commence employment with _____

(b) "apply for secondment to _____"

(c) "remain in my current employment with _____ Centre for Nurse Education"

(existing staff may opt to remain in their current location for the duration of their assignment or to transfer to the HUB Centre for Nurse/Midwifery Education)

(d) "apply for the early retirement terms".

Subject to the arrangements agreed between health service employers, the I.N.O. and (as appropriate) the third level sector.

Appendix 6

FULL RECOMMENDATION

CD/06/129 **RECOMMENDATION NO. LCR18555**
(CCc-033721-05)

INDUSTRIAL RELATIONS ACTS, 1946 TO 2004
SECTION 26(1), INDUSTRIAL RELATIONS ACT, 1990

PARTIES :

HSE EMPLOYERS AGENCY

- AND -

IRISH NURSES ORGANISATION

DIVISION :

Chairman: Ms Jenkinson
Employer Member: Mr Murphy
Worker Member: Ms Ni Mhurchu

SUBJECT:

1. Re-instatement of arrangements relating to the transfer of pre-registration nursing education to the third level sector

BACKGROUND:

2. In February/March, 2002, agreement was reached between the Department of Health and Children, the Health Service Employers' Agency and all Voluntary Hospitals on behalf of health service management, and the Irish Nurses Organisation and other Unions representing nurse teachers, on all issues arising from the decision, taken by government, to transfer pre-registration nurse education in general, mental handicap and psychiatric nursing to the third level education sector.

Essentially the agreement provided nurse teachers with three options as follows:-

(i). transfer, through assimilation without competition, into a lecturer post in a partnership college/Institute of Technology;

(ii) if over 50 years of age the facility to retire, with added years, on the

early retirement/voluntary redundancy scheme available in stated situations within the public service;and

(iii) transfer to Centres for Nurse Education which were to be established, under agreed conditions and at agreed locations.

In August, 2002, all eligible teachers exercised their choice with regard to their preferred option. The Union's case is that from early 2003 it became apparent, following a review of the centres, that health service management had not introduced the necessary boards of management, staffing structures and funding arrangements which were required to allow the centres to perform as expected. The Union sought discussions with the HSEA but claims that, although management admitted shortcomings, no progress was made

In November, 2004, there was a proposal from management that a further review would be undertaken, particularly within the Eastern Region Health Authority (ERHA). However, the Union claims, that it has not, to date, seen the resulting recommendation / report. The Union made a claim which would allow its members, who had chosen in 2002 to work in the centres, to revisit their options.

The dispute was referred to the Labour Relations Commission and a conciliation conference took place. As the parties did not reach agreement, the dispute was referred to the Labour Court on the 19th of January, 2006, in accordance with Section 26(1) of the Industrial Relations Act, 1990. A Labour Court hearing took place on the 20th April, 2006.

UNION'S ARGUMENTS:

3. 1. Management, by its own admission, has not honoured its part of the original agreement and has not, therefore, put in place boards of management, staffing structures, reporting relationships, funding arrangements and annual service plans which would allow the centres to operate in a manner reasonably expected by the teaching staff who chose to move to the centres in 2002.

2. The result of management's failure is that teachers, with years of experience, have been made to feel marginalised and isolated. They should be allowed the chance of revisiting the options made available to them in 2002.

EMPLOYER'S ARGUMENTS:

4. 1. Whilst acknowledging that there have been problems, management is satisfied that significant effort was made and success achieved in the context of addressing all components of the 2002 agreement.

2. All centres were established, are operating, and carry out the role and functions as originally prescribed. There is clear evidence that the Boards of Management have been established and meet regularly. Directors were assigned to each of the centres.

3. The employer does not consider it feasible that the options of transferring to the third level sector or early retirement / redundancy can be revisited for the group of teachers involved. Should this happen the role and functions of the centres will become redundant

RECOMMENDATION :

The case before the Court concerns the Union's claim for the restoration of the options for nurse teachers contained in the 2002 Agreement on *Arrangements Relating to the Transfer of Pre-registration Nursing Education to the Third Level Sector*. The options available to nurse teachers in the 2002 Agreement were:

- **To transfer to an affiliated third level institution, into a lecturer post through assimilation and without competition.**

- **To avail of an early retirement/voluntary redundancy option.**

- **To remain within the health service through the Centres of Nurse Education.**

The Commission on Nursing recommended the establishment of the Centres of Nurse Education to provide a range of educational and training services to nurses in the health services, and to have a key role in supporting and developing staff in the clinical area to which nursing students are assigned.

The Union stated to the Court that from early in 2003 it became apparent that health service management had not introduced the necessary Boards of Management, staffing structures and funding arrangements which were required to allow the centres perform the expected and previously promised range of functions. Throughout this period the staff continued to maintain the services of the centres of Nurse Education. The Union stated that it sought to address these shortcomings with the HSE Employers Agency but, due to the lack of response, decided to submit the claim before the Court today.

The Court has carefully considered both the oral and written submissions of the parties. In pursuance of the implementation of the 2002 Agreement, the Court notes the commitment of the HSE Employers' Agency to honour and discharge its obligations in full under the 2002 Agreement with respect to the Centre of Nurse Education established under it.

To address the claim before it, the Court recommends that the Union should clearly identify its concerns regarding the "shortcomings" of the centres of Nurse Education, in writing to the HSE Employers' Agency, within three weeks of the date of receipt of this Recommendation.

Furthermore, the Court recommends that the 2002 Agreement with respect to the centres of Nurse Education be implemented in full and that the Union's stated concerns regarding, but not necessarily limited to, such matters raised at the hearing as funding, staffing, reporting relationships, structures, and the Boards of Management be appropriately addressed within six months of the date of this Recommendation. Any residual issues arising may be referred back to the Court.

The Court so recommends.

Signed on behalf of the Labour Court

Caroline Jenkinson
27th April, 2006
CON/MB Deputy Chairman

NOTE

Enquiries concerning this Recommendation should be addressed to Ciaran O'Neill, Court Secretary.

Butler Report

Appendix 7

Appendix 7

Review of the Centre's of Nurse Education

CNE's located in the DATHS and Voluntary Hospitals including the Centre of Children's Nurse Education and the Centre of Midwifery Education

Isobel Butler

August 2009

Contents

1. Introduction to the Review

This review was commissioned in February 2009 by a Joint Union Management group. The aim was to review and examine the current and future role and functions of the Centres of Nurse/Midwifery Education (CN/ME's)subsequent to the 2002/2006 National Agreements and the Labour Court Recommendation No. LRC 18555 and arrive at a set of recommendations for fully optimising their role going forward.

1.2 Methodology and Scope

The agreed Terms of Reference for the review identified the following sites for inclusion in the review

- DATH's and satellites
- Midwifery hub and satellites
- Children's hub and satellites
- Cork- Mercy Hospital
- A HSE site which is working well – Sligo , Tullamore and James Connolly were each visited
- NMPD/ONSD

A series of Interviews and focus groups were held in each of the sites. In each of the sites the Director of Nursing and the Director of the CN/ME (where there was one in post) were contacted and asked to set up a the focus group and advised that the following participants should be invited to attend

- Director of NMPD
- CN/ME Directors/staff/staff reps
- Directors of Nursing/Midwifery / CEO's and other members of their team that they felt were relevant

Where participants were unable to attend the focus group, interviews were subsequently arranged.

The focus groups and interviews focused on capturing the following information:

- **Ascertaining a snapshot of the current situation**- What is the current role of the CN/ME? What educational services are they providing? How are service need's identified? How is planning currently carried out? How is strategy currently agreed upon? How is budget currently managed? What is current relationship between CN/ME and NMPD.
- **What is the optimal role/function of the CN/ME?** How can they play an enhanced and optimal role in delivery of agreed education programmes consistent with the HSE

transformation programme, National Service Plan for 2009, proposed legislation and agreed developments in relation to the roles of all grades of Registered Nurse and Midwives and the relevant education and training needs of Nursing and Midwifery Personnel and Support Services Staff ? What educational services should/could it provide? How should service needs be identified? What decision making processes should be in place to ensure optimal functioning of the CN/ME as a provider of Education? What planning/ strategy development processes should be in place? What should the link between the NMPD and the CN/ME be in order for the CNEM to fulfil their role in the delivery of education programmes consistent with the HSE transformation programme, National Service Plan for 2009, proposed legislation and agreed developments in relation to the roles of all grades of Registered Nurses and Midwives and the appropriate education and training needs of Nursing and Midwifery Personnel and Support Services Staff ?

- **To enable the CN/ME's to fulfil this optimal role what changes need to happen in relation to**
    - Budget holding and associated decision making
    - Staffing levels (ratios determined) and professional academic qualifications including administrative and other support staff for the CN/ME Grades i.e. Nurse Tutor/Specialist Co-ordinator –title/job descriptions need review.
    - Planning methods
    - Reporting relationships and governance
    - CPD and Succession Planning (recruitment/replacement)
    - Resources/Physical Infrastructure/facilities etc
    - Any other changes?

1.3 Analysis of data generated through focus groups and interviews – The data was analysed and key themes emerged related to the issues outlined in the terms of reference and the strengths and weaknesses of the current CNE model. An overview of the themes related to the terms of reference are reported overleaf in Section 2 and the detailed picture for each CNE is outlined in the Appendices (1-8) attached to the report. The key issues related to the strengths and weaknesses of the CNE model are outlined in Section 3. Section 4 of the report contains the recommendations for changes to enhance the efficiency and effectiveness of the CNE's in the future.

2 **Overview of Findings of the Review – The Current Situation in the CNE's reviewed.** (the detailed report on each CNE can be found in the Appendices 1-8 on Pages 26-90 of the report)

2.1 Role of the CNE's

- Each of the eight CNE's reviewed see their role as providing Continuing Professional Education and in-service staff development to Registered Nurses to enable them develop their knowledge, skill and competence to meet the needs of the service and the role related developments of all grades of Registered Nurse and Midwives.

- They provide training and education to HCA's.

- The CNE's differ though in who they see as their prime target for these educational programmes. Whilst all of the CNE's in the review 'open' or 'offer' places on their programmes to 'staff from other health service organisations or the regions', they do not all see it as their remit to provide a regional focus nor do they include the external stakeholders in their Educational/Training Needs Analysis. For Beaumont, the Mater and St. James the prime focus of the CNE is the education of the staff in their own hospital . Both the Mater and St. James have provided some specific programmes to PCCC Nursing teams on request and all three welcome staff from other services and indeed both The Mater and Beaumont send their prospectus to other service providers in the surrounding geographical area.

- St. James Hospital has moved away from the CNE model to a Learning and Development model . The Learning & Development Centre now combines the educational services provided by the CNE with those of the Learning and Development Unit and its role is to provide education and training focused on the Multidisciplinary Team (MDT) right across all the Directorates (all 4000 employees of the Hospital); Beaumont is also looking to move to this model; St. Vincent's is currently carrying out an internal review of 'Education and Nurse Practice Developments' within the St. Vincent's Healthcare group which will make recommendations on the optimum model for Nursing Education for the Healthcare group.

- Whilst the CNE's provide a wide range of Educational programmes to registered nurses and HCA's not all the identified educational needs are being delivered upon. In particular there is a large unmet need at a regional level. The main problems underpinning this are issues of
    - Governance

- Lack of Resources including Budget
- Clarity of the role of the CNE.
- Autonomy of the CNE
- Clarity over the what is the designated region.
- The carrying out of a comprehensive Educational needs analysis encompassing all stakeholders.
- The Efficacy of the Board of Management (BOM) model.
- Sometimes unclear relationship between role of CNE and role of Practice Development .

2.2 **Staffing Levels and issues of Skill-mix within the CNE's** –Many of the CNE's have staffing shortages, staff have left or retired and have not been replaced.

- At the time of this review there were no CNE Directors in post in either AMNCH or Beaumont.
- In addition some CNE's do not have Specialist Coordinator positions at all and some do not have them for certain areas.
- None of the CNE's in this review have Specialist Coordinators in Mental Health.
- The CCNE , The Centre of Midwifery Education and St. Vincent's University Hospital have no Specialist Coordinator posts.
- In addition in St. Vincent's University Hospital there is only one Registered Nurse Tutor the other two members of staff do not have an educational qualification.
- Where staff shortages exist or appropriately qualified staff are not in post it has a major impact on the centres ability to meet the educational needs of the service.
- Where staff have not got educational qualifications there is an additional work load on qualified staff supporting curriculum development and assessments.
- The ability of CNE's to draw from/utilise clinical staff from the Hospital to deliver programmes is currently becoming more difficult due to the wider economic circumstances affecting the Health Services- the demands of the patient care at ward level means that increasingly there can be problems of release.
- There are shortfalls in numbers of administrative staff in many of the CNE's.

2.3 Educational Services currently being provided

These include

- Specialist Post Graduate Nursing Education in Partnership with Universities.

- Professional Skills Development Courses
- Foundation Courses
- In-service Education courses (some of these are Bord Altranis Cat 1 courses)
- Skills based training programmes arising from nationally identified need eg IV Cannulation & Venepuncture
- Return to Nursing/Midwifery Practice
- Preceptorship Training
- National initiatives such as 'The Hospice Friendly Hospitals Programme (HFHP)'

In the main these programmes are taught over a day, ½ day or number of days over an extended period.

Attendance at educational programmes is also becoming a problem. Increasingly staff are not being released to attend training. This can be a problem in the acute hospital on whose site the CNE sits but it is very problematic for Health Service Organisations around the region and distant from the CNE to release staff to travel to the CNE. More outreach is needed from the CNE but there are resource implications that are stopping or limiting the ability of the CNE's to travel off-site to deliver programmes.

2.4 **Reporting Relationships.**

A number of different reporting relationships for Directors of the CN/ME exist within the Centres under review.

- In the Mater the Director CNE reports to the DON.
- There is no Director in post in Beaumont.
- The Director of the Centre for Learning & Development, St. James reports into the HR Directorate .
- There is no Director in AMNCH but the previous Director reported to the NMPD Director.
- The Director of the CME reports to the DON Coombe Women's Hospital (The Hub).
- The Director of CNE SVUH , the Director CCNR , the Director CNE MUH report to the NMPD Director.

2.5 **Budget-** With the exception of the Centre for Learning & Development St. James, none of the reviewed CN/ME's have an agreed allocated budget and none of them have a budget devolved to the Director of the CNE. In most cases the Director CNE approaches the DON to access funding. The NMPD provides funding for the HCA FETAC Level 5 Healthcare Support

Certificate and the Information day for Registered Nurses re FETAC Level 5 Health Care Support Certificate and this goes directly to the DON/finance department of the Hospital within which the CNE is sited.

2.6 **Relationship between the CN/ME and the NMPD-** As mentioned in 2.4 above three of the CNE's report to a Director of NMPD. The Directors of NMPD also chair the BOM's of the CNE. The Directors of the NMPD approach/inform the Directors of CN/ME about Nationally identified Training needs and Initiatives originating from the Office of the Nursing Services Director. Sometimes the NMPD has been a source of funding for a CNE or for a Service Provider.

2.7 **How need is currently identified? –** All CNE's believe that service need is the prime driver of their work. Where a need has been identified at National Level through the Office of the Nursing Services Director it is communicated to the CNE through the Director of the NMPD and they are then invited to provide a service to meet that need e.g. IV Cannulation & Venepuncture. As regards Local and Regional need the CNE's differ somewhat in how they approach the process of needs identification . For some CNE's there is a formal Educational/Training needs analysis process whereas for other CNE's the process is ad hoc. Some have carried out a needs analysis on an annual basis. Others conducted a needs analysis once and now simply react to service need when it is identified locally/regionally and brought to their attention e.g. by a DON at a BOM meeting. None of the Educational Needs Analyses link directly to the Team based Performance system.

- In the Mater and Beaumont- the Hospital service plan is the driver and the Educational needs analysis is undertaken through meetings of the DON, Nursing HR, Nursing Executive, At Nursing Practice Development committee meetings clinical practice issues are raised, Clinical practice support nurses in clinical practice identify educational needs and the Education Committee and they agree priorities for the coming year and the CNE develops a plan to meet those needs.

- In St. James the service plan is also a driver and there is a Learning and Development Steering Group with representation from directorates and departments and they identify and prioritise educational needs. A programme of courses is drawn up annually based on identified learning and development needs of multidisciplinary staff.

- In the CCNE and the Centre for Midwifery the BOM is driving the process of identification of need, but for both these centres the work of the BOM is in its early stages. The needs of the Hub and Satellites are currently the priority but both recognise a regional remit and respond to identified need if approached by a DON of another service.

- In MUH the CNE carries out an Educational Analysis across the region .

- Moore Abbey (satellite of AMNCH- ID sector) have become more formal and less ad hoc and are now carrying out a formal educational needs analysis annually within their own service across its three sites.

- The importance of also being able to respond to need that arises during the year within a service was stressed at all centres.

- The educational needs of the regional stakeholders associated with most of the CNE's are not being fully identified or met. In most cases regional stakeholders have not been included in a Formal Educational Needs Analysis process. (MUH is an exception but they report a low response rate to their analysis)

- Some problems or challenges to carrying out an Educational/Training needs Analysis were also highlighted.
    - Poor attendance or lack of attendance at BOM meetings can be a problem if the BOM is carrying out the analysis.
    - Poor response rates
    - Some organisations are aware of the resource difficulties facing CNE's and do not approach them at all with their identified needs.
    - Where the geographical area being served by the CNE is very large (eg MUH, Cork)cost can be an issue if CNE staff need to travel to hold focus groups or meet stakeholders.

2.8 **Planning and Strategy-** Some CNE's have a Strategic Plan most do not. Some CNE's carry out an annual Educational needs Analysis and evaluate programmes once delivered and this annual cycle is the extent of their planning. In some centres there is no formal educational/training needs analysis process. The problems that underlie this lack of planning include:

- The BOM not functioning as a BOM but rather as an information sharing meeting.
- The absence of a clearly identified budget makes planning very difficult. In some CNE's the Director is seeking resources on a programme by programme basis.
- Staffing levels and the skill-mix amongst the staff in CNE's also have a negative impact on planning.

3. Key issues for the CN/ME's .

3.1 There clearly is and will continue to be a need for continuing professional Education for Registered Nurses and other members of the Nursing team. The CNE is well placed to develop and deliver programmes to meet these needs. The provision of accredited education at local level is viewed as advantageous by Nursing Management and Corporate management in all the stakeholder organisations consulted for this review. They see it as being easier for staff to avail of education provided in this way and it is also easier for the Service to release them. Stakeholders agreed that despite the resource issues faced by the CNE's that the education they have provided has been of a high quality.

3.2 The location of CNE's on the site of acute hospitals is an advantage - The proximity of the classroom to the clinical setting is seen as essential. The CNE draw upon the Clinical Specialist skills within the acute hospital and this enhances the quality of the service they provide. In addition it allows Nurses and HCA's from other health care settings in the region to access this knowledge and experience. Course participants may come from diverse workplaces and this leads to a good dynamic in the classroom and enhances shared learning through sharing and discussing experiences. Patients may be attending more than one service provider in a region (E.g. a Resident of a nursing home or an older person being visited by a PHN may also be a patient of the acute hospital) and strategically targeted education can enhance that patient journey and smooth or even speed transition from one service to another. The CNE can be utilised to provide training to staff in the Community and/or other Health Care services to whom the patient is being discharged/transferred. *"The CNE is uniquely based to bridge the gap between the acute hospital and the community."*

3.3 Outreach services to regional stakeholders- Not all CNE's have been able to provide this but where it has been provided it has been greatly valued both by participants and their employers. Indeed because of the difficulties of release this has become more important but resource issues constrain the CNE's in what they can provide.

3.4 The capacity of the CNE to continue to provide continuing professional education in an efficient and effective manner is constrained by a number of key issues.

- **Issues of Governance including Reporting Relationships and Accountability-** Corporate and Nursing management within the DATH's and the MUH believe that the Directors of CNE's should report into their Corporate Structures (as is the case for 3 of the CNE's). Where the Director reports to the NMPD Director in the HSE, management view this situation as problematic. They question to whom the BOM is accountable? Where does it get its authority from? If the BOM makes decisions is the Corporate body expected to respond? They wish to have greater clarification of operational reporting relationships. Directors of CNE's believe that they need clear reporting relationships. The view was expressed by some CNE Directors that they need to Report to the Area Director of NMPD to be part of the chain of communication and decision making emerging linked to the Office of the Director of Nursing Services and thus ensuring a regional educational focus.

- **Boards of Management-** The CNE BOM's associated with the DATHS Hospitals and MUH do not function effectively. They are primarily fora for information sharing. There is an absence of a shared vision and plan for the CNE's and this is in part due to poor attendance and in part due to lack of clarity/buy in /awareness of Terms of Reference . They do not effectively
  - "co-ordinate the strategic planning function and planned development of educational training and professional development for the Regions Nurses"
  - "ensure that appropriate physical and human resources are in place to support the development of the CNE's"
  - "Ensure that programmes are planned and developed in line with Service needs and that the principles of accessibility, equity and quality underpin such programmes and that all programmes are properly evaluated in terms of relevance to clinical, management and educational practices , value for money and learning outcomes."

    from Terms of Reference of BOM's MUH, Sligo/Leitrim and Tullamore.

Attendance at the BOM's can be poor and inconsistent. Key players such as the DON of the hospital within which the CNE is situated can be missing. They do not play a lead role in formally identifying need although it is a place they can bring a need to. The BOM's in the CCNE and the Centre of Midwifery education are different. They are younger

committees and are developing a more focused role. However there is still some disagreement amongst members of the CCNE as to the extent that the role of their BOM should develop.

- **Staff being employed by different agencies-** For MUH and the CCNE staff some staff in the CNE have different employers. In MUH this is viewed as been problematic primarily in terms of potential HR difficulties. It has also meant that a current vacancy has remained unfilled due to disagreements over whose role it is to fill it. In the CCNE it is a problem because one member of staff is employed by and based in a satellite and the Director of the CCNE is employed by and based in the HUB leading to operational difficulties , the Director of the CCNE has no direct authority over the staff member, who in return has no direct reporting relationship to the Director of the CCNE. Indeed she reports into the Specialist Coordinator/Principal Tutor of the AMNCH CNE. A confusing and probably unworkable situation.

- **Lack of clarity /agreement as regards regional remit and definition of regional boundaries-** Under the 2002 agreement the CNE's were set up as Regional CNE's expected to provide a service to the acute hospital within which they are sited and a designated geographical region surrounding that Hospital. For three Hospitals the remit is seen as being primarily to the acute hospital. The needs of stakeholders in the region are not being met in this model. For the CNE's that do have a greater regional focus, they are still not meeting the regional needs fully nor are they able to fully meet the needs of the acute hospital . In some regions to whom the CNE is supposed to be providing a service within the region is unclear . Some stakeholders never get any service from the CNE's . Regional Stakeholders feel they have a large unmet need.

- **Autonomy of the Centres to make decisions and deliver agreed programmes-** The centres do not operate as autonomous entities focused on the Educational needs of all stakeholders in their designated region. This was certainly the expectation of how they would operate by those staff that transferred from the old Schools of Nursing to the CNE's and it is a source of frustration and disillusionment that they never operated in this manner. External stakeholders certainly believe that the acute hospital within which the CNE sits have undue influence over the role of the CNE and that as a result their needs are not met. Where Directors of CNE's report to the Director NMPD not the DON of the hospital their relationship can be complicated. Regional stakeholders feel that the role

of the CNE is overly focused on the needs of the acute hospital. *"We do not feel that it is our CNE meeting our needs"*

- **Budget or lack of it-** CNE's need a dedicated budget delegated to the Director of the CNE. Currently they do not have this (The exception is St. James which has an agreed budget) The lack of an agreed budget hampers the work of the CNE and makes planning impossible. Currently the funding of the CNE's in the DATHS hospitals is from the budgets of those Hospitals. The absence of a non-pay budget and indeed petty cash can make the day to day running of the CNE very difficult. It is unclear what funding is available at Hospital level for Nurse Education, the DON 's in the DATHS are the budget holders.

- **Staffing issues-** There are a number of problems on the staffing front.
    - **In some cases the CNE are short staffed** because staff who have retired or left the CNE's have not been replaced. This certainly impacts on the level and quality of service that the CNE can provide. There is no agreed ratio of staff in the CNE to the Nursing population that uses the centre.

    - **The Skill-mix within the CNE-** The CNE needs to be staffed by qualified staff with an educational qualification and therefore competence in the area of curriculum development and assessment techniques. Where the centre is staffed by staff who are not qualified to a minimum Registered Nurse Tutor level it impacts on the quality and quantity of service provided. Some CNE's have no specialist coordinator posts and/or none in the specialist areas, again this impacts on the range of programmes that can be offered and also on how workload is managed and shared within the CNE.

    - **Staff Development is an issue-** CNE staff must be able to keep up to date in clinical developments if they are to educate others. They need access to ongoing continuous professional development. This is not always available to the staff of the CNE's and where it is not, staff believe that it has a negative impact on the CNE's ability to effectively meet service need. If CNE's are to provide programmes at Level 8 and 9 then staff need to be educated to masters level and the opportunity to study at PhD level. In those centres where there is no access to staff development it has a negative impact on staff morale.

- **Staff morale and unmet expectations-** this is certainly a big issue in the CNE's that have staff who transferred to the CNE's in 2002. In some cases the manner in which this was done was problematic for staff and this has impacted on morale. This has then been compounded by the unmet expectations and frustrations associated with how the CNE's have developed and been supported by both the acute hospitals and the NMPD.

3.5 It is clear from the complexities and issues outlined in this review that in effect the 2002 agreement has not been fully implemented.

4. Recommendations for The Future

These CNE's, located on the grounds of large University Hospitals with their established close clinical links are ideally placed to meet the continuing professional educational needs of Registered Nurses and Midwives, Support Services Staff and other members of the Multidisciplinary team within a designated region. They have a central role to play in ensuring ongoing development of skills competence's in Registered Nurses . In order to fulfill this role efficiently and effectively a number of changes need to be made .

4.1 **Governance Structures-** The current governance arrangements are problematic and do not work. Changes need to be made to reporting relationships, accountability and to the role, structure and functioning of the BOM.

From an educational point of view, the most appropriate Governance Structures going forward would be that the Director and staff of the CNE would become employees of the HSE and report into NMPD. The Director of the CNE would report to the Chair of the Board of the CNE and the Chair would be an NMPD Employee. (This Governance model is described in more detail in 4.1 (c) below.)

However in order for the Governance model described in (c) to work there would need to be buy in from the key stakeholders in particular the Corporate and Nursing Management of the DATH's and Voluntary Hospitals. Currently in St. James Hospital, Beaumont and the Mater the CNE is part of the Corporate Structure with the Director CNE reporting into that structure. Management in these Hospitals strongly voiced their opinion that this structure should remain in place and that the CNE's must primarily meet the Educational needs of

these Hospitals. In addition Management in MUH Cork , SVUH and AMNCH expressed strong opinions that they see the future of the CNE as within their Corporate Structures.

In view of the realities of the current situation it is the opinion of this writer that these Hospitals will not move to the Governance arrangements laid out in (c). Therefore the alternative Governance model should be that the CNE becomes part of the DATH's/Voluntary's own Corporate Governance Structure reporting into their HR function.

On an annual basis, in cooperation with the Learning and Development function ,the CNE should carry out an Educational/ Training needs analysis. In addition the CNE must develop a strategic plan to meet ongoing developments in Continuing Professional Educational needs of Nursing and associated staff in that organisation.

Under this model the NMPD would takeover responsibility for leading out on the identification of educational and training needs for all stakeholders across the region. The current BOM structure would be replaced by a Regional Education Committee structure composed of DON's from all agreed stakeholder organisations within the agreed region.

The role of the Regional Education Committee would be to carry out a full and appropriate annual Educational/Training needs analysis . This must be linked to Service Priorities, Strategic Developments, Policy, HIQUA standards, Mental Health Commission Standards , requirements of the Nurses Act and requirements for the expansion of Nursing and Midwifery Practice and needs identified through Team Based performance Management.

- DON members will be the link back into to their own service to ensure that the agreed Educational/Training needs analysis is facilitated at local level.
- The Committee will utilise sub-groups based around care groups (Acute Hospital Services, ID, Mental Health, Community Care, Care of the Older person etc) to agree priorities .
- Based on the Needs Analysis and the agreed output from the Sub-groups on priorities and delivery issues the NMPD would then approach a CNE to commission an appropriate Educational programme to be delivered in a manner that suits the identified need. E.g. It might need to be delivered in the CNE classroom, within a clinical setting in the acute Hospital , through e-learning or as outreach to the

Organisation with the identified need. A service level agreement should then be reached between the NMPD and the CNE and this should include a

- Description of the educational service being provided
- The manner in which it will be provided
- Standards of delivery
- Monitoring methods
- Evaluation
- Cost

The funding for this programme would pass directly to the CNE and would be accounted for by the CNE to the Regional Education Committee through its chair.

The Regional Committee through the NMPD could approach any CNE to provide training and select the one best suited/able to meet their need.

(a) **Centre for Midwifery Education**- Under the above proposal the Director of the Centre for Midwifery education would continue to be an employee of the Maternity Hospital within which the CME is located but will report to the Chair of the Midwifery Regional Educational Committee , an employee of NMPD. This reporting relationship will involve regular reports on

- Annual Business Plan
- Educational and Training Needs Analyses
- Quarterly financial report on budget spend (see point
- Prospectus
- Progress report on delivery of agreed Educational Program's
- Levels of uptake of Educational and Training Program's
- Difficulties or challenges in delivering agreed plans and suggestions on how to overcome them.
- Progress towards delivering on the agreed Strategic Plan
- Reports on projects
- An annual report.

The Midwifery Regional Educational Committee (previously known as the BOM)would be composed of the three DOM/N's from the three Maternity Hospitals, an experienced

Finance Officer, the Director of the CME and an appropriate NMPD employee who would be an Independent chair of the Committee.

This Committee would have two sub-groups or working groups one focused on the three Maternity Hospitals and the other focused on identifying the needs of the other key stakeholders in the region- Midwives working in A/E in acute hospitals, midwives in private practice and any other stakeholders.

(b) **Centre for Children's Nurse Education-** Under the above proposal the Director of the Centre for Children's Nurse Education would remain an employee of Crumlin Hospital but would report to the Chair of the Children's Nursing Educational Committee an employee of NMPD. This reporting relationship will involve regular reports on

- Annual Business Plan
- Educational and Training Needs Analyses
- Quarterly financial report on budget spend (see point
- Prospectus
- Progress report on delivery of agreed Educational Program's
- Levels of uptake of Educational and Training Program's
- Difficulties or challenges in delivering agreed plans and suggestions on how to overcome them.
- Progress towards delivering on the agreed Strategic Plan
- Reports on projects
- An annual report.

The Children's Educational Committee (previously the BOM)should be composed of the three DON's from OLHC, CUH and NCH Tallaght, an experienced Finance Officer, the Director of the CME and an appropriate NMPD employee who would be an Independent chair of the Committee.

This Committee should have two sub-groups or working groups one focused on the needs of the hub and the two satellites and the other focused on identifying national needs . On an annual basis the Director of the CCNE would instigate an Educational needs analysis focused on national needs and involving the Area Directors of NMPD Nationally and through them DON's at local level.

The .5 Registered Tutor based in AMNCH should transfer to the CCNE Hub and be a full member of that team with the Director CCNE as her line manager.

(c) This is the alternative governance model mentioned above. As already stated it is the belief of this writer that this governance model is the most appropriate from an educational point of view but because it is dependent on buy-in from the DATH's and Voluntary Hospitals it will not work. That alternative governance structure is described here in point (c).

The Director and staff of the CNE would become employees of the HSE and report into NMPD. The Director of the CNE would report to the Chair of the Board of the CNE and the Chair would be an NMPD Employee

The Director of the CNE would report to the Chair of the Board of the CNE and the Chair would be an NMPD Employee.

The staff of the CNE should then report to the Director of the CNE.

This would align the CNE's as Educational Providers with the Office of the Nursing Services Director who has a National focus on Practice Development and Education and Training.

In addition this would facilitate the process of transfer of budget for continuing education from the Area Director of NMPD to the Director CNE.

If the CNE's get HETAC accreditation it is essential that there is a coordinated approach moving forward in terms of Identification of Priorities and agreement on types and numbers of HETAC courses etc. Their plans must align with service need and with the vision of the Office of the Nursing Services Director, HSE. This Governance structures facilitates a logical, planned development linked to need.

The Director of the CNE would be accountable to NMPD for performance on agreed Performance Indicators linked to the agreed annual or strategic plan.

The role and function of the BOM needs to change. The responsibilities of the current BOM should be transferred to a Regional Educational Committee which will operate in a much more focused way. Membership of the Regional Educational Committee should be composed of the Directors of Nursing (Acute, Community Nursing Services, Mental Health and ID), an experienced Finance Officer, Director of NMPD and the Directors of CNE's. This Committee should be chaired by an NMPD person and have a clear agreed terms of reference.

The role of the Regional Educational Committee should be to:

- Develop a medium to long term Regional Educational Strategy .
- Ensure that the CNE carries out a full and appropriate annual Educational/Training needs analysis . This must be linked to Organisational Priorities, Strategic Developments, Policy, HIQUA standards, Mental Health Commission Standards , Service Plans , requirements for the expansion of Nursing and Midwifery Practice and needs identified through Team Based performance Management.
    - DON members will be the link back into to their own service to ensure that the agreed Educational/Training needs analysis is facilitated at local level.
    - The Committee will utilise Sub-groups based around care groups (Acute Hospital Services, ID, Mental Health, Community Care, Care of the Older person etc) to agree priorities and to link with the Director CNE on issues of delivery etc.
    - Based on the Needs Analysis and the agreed output from the Sub-groups on priorities and delivery issues, the Director of the CNE will draw up a Prospectus for the coming year and distribute to all stakeholders.
- Receive regular reports from the CNE and his/her team including a Business Plan for the year, progress reports on delivering on the Regional Strategy , Educational Prospectus , progress updates on the Annual Educational Programme , Financial reports, reports on projects and an annual report.
- The Regional Educational Committee would have an agreed annual schedule of meetings with an agenda circulated in advance, meetings minutes and an attendance register.

4.2 **NMPD Role /Relationships to CN/ME's going forward-** The role of the NMPD in relation to the CNE's needs to be strengthened. The proposed Governance structures (4.1 above)are based on the NMPD having a more clearly defined role in relation to the CNE's.

The chair of the proposed Regional Educational Committee (replacing the BOM) should be a member of the NMPD team. Currently BOM chairs are Regional Directors NMPD .There is merit in the NMPD looking at the suggestion of having one senior member of its team with responsibility/expertise in the area of Education who could fulfil this role for a number of regions in an area. In the absence of this proposed change then the Regional Director

should continue to fulfil the role but in the case of the CCNE and the CME it would be advantageous that the Area Director would be the chair because the remit of those centres straddles a number of regions. The role of the chair of this committee should be similar in both of the Governance models described. The role should include:

- Chairing the committee.
- Ensuring that the Committee has an agreed and clearly understood terms of reference.
- Liaising with the Director of CNE .
- Transferring budget from NMPD to CNE.
- Ensuring evaluation takes place and changes are introduced based on the evaluation outcomes.

If the CNE's revert to the DATH's Corporate structure then the chair will also have responsibility for

- Organising and carrying out of a Regional Educational/Training Needs Analysis including ensuring that prioritisation of need is agreed by the Committee.
- Commissioning the CNE's in the Voluntary Hospitals to provide programmes to meet the need.
- Agreeing service level agreements with the CNE
- Overseeing the monitoring of these agreements .
- Linking to the Director of CNE, DON and Nursing Executive in relation to Nationally Identified Educational Needs that are relevant to the staff in that DATH so that those needs are incorporated in their own Internal Educational/Training needs Analysis process.

The NMPD should also play a role in fostering greater collaboration between CNE's especially where this will enhance delivery of Education in the most cost effective and service focused manner. Collaboration should happen around

- Module/Course Development.
- Course Delivery e.g. possible joint delivery drawing a team from across a number of CNE 's to get the best skill-mix required for delivery on Learning Outcomes; Alternating Delivery/scheduling of courses; developing 'specialism's' in different CNE's so that each CNE does not deliver every course.
- Developing a coherent and coordinated approach to the development and delivery of any future HETAC accredited modules. It is important that there is an organised

approach to module development and delivery that is clearly linked to identified needs of all stakeholders, avoids duplication or omission and which represents best value for money.

- Research.

4.3 **Budget and Associated Decision Making-** The CNE needs an agreed budget (pay and non-pay) delegated to the Director of CNE. The Director of the CNE needs to be involved in developing the educational element of the Service Plan, including the costing, estimates and adjustments of the budget. Costing's will include :

- Costs associated with curriculum development, assessment, exams etc
- Course delivery
- Equipment
- Operational running costs of the CNE .
- CNE staff development etc

In developing this the Director should be guided by the expertise of an appropriate Finance Officer. If budgetary adjustments are necessary, the Director CNE should be involved in planning and agreeing where the savings will impact,. Funding sources for the budget may come from different sources such as:

- Nursing , Midwifery Planning and Development
- Directors of Nursing in Voluntary or Private Hospitals.
- General Hospital Training Budgets
- Other agencies e.g. the National Initiative funded by the Irish Hospice Foundation

These funds should all be accounted for and at any given point it should be possible to issue a report on expenditure and remaining balance. Accountability and transparency of budget management are essential and transparent budget reports detailing funding income and source, specified expenditure and remaining balance will be made by the Director CNE .

Where the NMPD has commissioned education and training from a CNE the Director of CNE will make a budget in relation to that training to the NMPD who will report that to the Regional Educational Committee to show where and how money is being spent.

The HSE and DoH&C should review the current funding mechanism to the Universities for Specialist Post Graduate Nursing Education programmes. Currently 100% of the funding for

these goes to the Universities whereas 4 of the 6 modules are delivered by CNE and Hospital staff.

4.4 **Staffing Levels-**To fulfil their role and deliver on the agreed Educational programmes the CNE's need an appropriate complement of staff to meet service needs. Currently all the CNE's in this review have identified staffing shortages and have identified how these impact on service delivery. In addition all the CNE's have different staffing levels. Staffing levels need to be brought up to full complement. However this report recognises the realities of the current economic climate and the moratorium on recruitment and realizes that it probably will not be possible to get a full complement of staff at the current time. However it must be recognised that these shortages do impact on service delivery and will need to addressed urgently once the moratorium has been lifted.

The Strategic Plan of each CNE should identify how they plan to increase their capacity to meet the educational needs of the stakeholder organisations (both the DATH's and the Regional Stakeholders). An incremental increase in staffing levels to grow capacity and deliver increased services where need has been identified should be built into the strategic plan to be acted upon once the current moratorium has been lifted.

There should be a realisation that where staffing levels are insufficient to deliver the educational needs identified that there will be an impact on both the quantity and quality of the service to patients .

4.5 **Staffing Qualifications/Titles /Skill-mix.**

- **Staff qualifications:** All staff currently working in a CNE should be Registered Nurse Tutors or have a Masters level Education. In addition its is desirable that all CNE Educational staff should progress to acquiring a Masters level qualification. Those staff who wish to progress to PhD level should be supported to work towards this goal however this report recognises the realities of the current economic climate and realizes that there are currently unlikely to be the resources to support this. When recruiting staff to CNE's in the future a Masters level qualification is the most appropriate qualification.

- **The Title Specialist Coordinator** is an unclear title. A more appropriate title would be Educational Coordinator with responsibility for..... There needs to be agreement across all CNE's as to what this role involves.

- **The Title Nurse Tutor-** As all CNE staff move to a Masters level qualification and in view of the fact that the target audience are all adult learners , the title Nurse Tutor should be reviewed. A possible job title going forward might be Nurse Educator.

- **The number of Educational Coordinators/Specialist Coordinators** per CNE -the number of these posts per CNE should depend on the range and type of services the CNE provides. There should be an Educational Coordinator for ID and Mental Health where a CNE is providing Education in these fields.

- **Administration resources**- CNE's need appropriate administration staff to meet the demands of the service they provide. Currently where there are shortages in administration staff in CNE's the Director's and/or other staff are carrying out this work to meet the workload associated with being a FETAC accredited centre (Indeed when the CN/ME's become HETAC accredited these administrative demands will increase). This is inefficient and takes educational staff away from providing education and impacts negatively on the CN/ME's capacity to meet service needs. Going forward each CN/ME needs to have a full complement of administrative resources to meet need. Again there is a recognition of the constraints under the current moratorium on staffing levels.

  Where a budget is delegated to a Director of CNE there will also be a need for the administrative support to be available to the Director in terms of managing the budget.

- **Qualifications and Competencies' of CN/ME Directors-** It is essential that going forward Directors of CNE's would have 'business' competencies in addition to Nursing and Educational Qualifications. Education must be to a minimum of Masters level or beyond. Before Budgets are devolved to Directors they need to have a Personal Development Plan (PDP) agreed between themselves and their line manager to facilitate the development of their Business and Financial management

Skills for effectively managing the budget and contributing to Educational Service Plans and Costing's as identified above in 4.3.

- **Ability of Director to Delegate:** Going forward the Director needs to have an identified member of staff to delegate to responsibility for the day to day running of the CNE when s/he is off site on CNE business and for periods of Annual Leave and Illness . This role should be akin to a 'team leader' or Senior Educational Coordinator role.

- **Continuous Professional Development of CN/ME staff including administration staff-** All staff working in CN/ME's need to have access to CPD. Staff need to keep up to date with their clinical competence and developments in the clinical field. Through Team Based Performance Management each CN/ME should identify and agree development priorities for the team based on the CN/ME strategic plan, the stakeholder Educational/Training Needs, developments in the clinical areas and developments in the role of the Registered Nurse, support workers and members of the MDT. Each staff member should agree a PDP with the Director of CN/ME. CPD could take the form of attending Conferences; undertaking an Educational Programme; pursuing a Masters or PhD or spending protected time in the Clinical area of a Centre of excellence in their clinical field. The entire CN/ME team should have an in-service training opportunity on an annual basis.

  The CPD needs of Administrative staff must be included in this process. In particular Administrative staff will have Development needs associated with providing Administrative Support to the Director who is managing a delegated budget.

4.6 **Succession Planning (Recruitment and Replacement)- including where a member of staff is absent due to illness-** Staff who leave must be replaced otherwise the capacity of the CNE to delivered on the agreed service will be impacted upon. Staff who are on extended sick leave also need replacement on a temporary basis. Directors need to be empowered to make decisions and recruit staff otherwise service delivery will be compromised. The CN/ME strategic plan should identify how they CNE will undertake appropriate succession planning. However the constraints of the current moratorium need to be recognised.

4.7 Planning

- Strategic Planning- Each CNE should develop a strategic plan with a medium to long terms focus. Two issues that must be addressed in the strategy are how the CNE is going to develop its capacity to become more responsive to evolving service needs and planning to develop alternative delivery methodologies including e-learning, and delivery of education closer to the clinical setting . The Research component of the work of the CNE should also be addressed in the plan.

- Educational/Training Needs Identification and Annual Training Plan-Every CNE should conduct an annual Education and Training needs analysis for their target group of stakeholders (as described in 4.1 above). This analysis must be linked to Organisational Priorities, Strategic Developments, Policy, HIQUA standards, Mental Health Commission Standards , Service Plans , requirements for the expansion of Nursing and Midwifery Practice and needs identified through Team Based performance Management. Based on the outcome of the analysis and the prioritisation of their Education Committee the CNE should draw up an annual Prospectus.

- Curriculum Design- A team based approach to curriculum design should be adopted and membership of this team could be drawn from CNE, Practice Development, Learning and Development thus enhancing cooperation between the internal educational stakeholders and enhancing effectiveness of the programme.

- Increased Focus on developing accredited Skill based programs such as Venepuncture and IV Cannulation. This will allow

    - A targeted approach to meeting identified skill needs;
    - Easier release of staff to do programs;
    - Greater take up amongst staff of short accredited courses that build up to a recognised qualification;
    - More opportunity for blended learning which combines delivery of programs closer to the clinical setting , e-learning components as well as classroom based delivery.

- Role and function of Practice Development Units- The comprehensive Educational Plan must clearly articulates the respective roles of Practice Development and the CNE in

meeting agreed Educational needs. Boundaries and areas of cooperation must be clear and agreed.

4.8 **Resources/Physical Infrastructure/facilities etc**- There is great variance in the quality of the Physical Infrastructure and facilities between CN/ME's. The CN/ME's must have appropriate facilities to /deliver quality educational programmes. For some centres there may need to for one-off capital investments to improve the physical infrastructure. Whilst it is unlikely that resources will be available to do this is the near future due to the economic climate , but the Strategic Plan of the CNE should address this issue in the long term .

CN/ME's should have:

- Sufficient classroom facilities (all educational staff need to be able to use classroom facilities simultaneously to maximise the capacity of the CN/ME to deliver programmes) fitted out with appropriate Audiovisual and IT equipment
- Clinical Skills rooms.
- Proximity of classrooms/clinical skills rooms to the clinical areas- To facilitate staff releases and transfer of learning from the classroom to the clinical setting the CN/ME's need to consider moving towards a delivery model which focuses less on full day programmes with releases away from the clinical area to increased delivery of shorter skill based programmes closer to the clinical setting. This may mean reaching agreement at local level as where these facilities are best located.
- Facilities in outreach centres- where CN/ME staff travel to a stakeholder organisation to deliver a programme they need access to classrooms/clinical skills room in those sites. Staff release's to travel to the CNE are becoming more problematic and outreach is one solution to that problem but if the quality of the education is not to suffer then the facilities need to be available at the outreach organisation. Portable projectors and laptops should be available to Nurse Educators who travel to deliver/facilitate the programmes.
- Computer Rooms accessible to CN/ME users and staff undertaking research, educational programmes of any duration, e-learning and independent study.
- Access to Libraries and on-line Journals- Where these belong to different stakeholders e.g. the University, the HSE, the DATH's access should be negotiated for all users and staff of the CN/ME.
- Access to conference room facilities
- Teleconferencing facilities to support alternative modes of delivery and support .

- IT infrastructure and software development to support e-learning.
- Access to catering facilities.
- Offices, storage, general facilities such as washrooms etc

4.9 **The relationship between Corporate Learning and Development and CN/ME's and the issue of Centres of Learning and Development** - there needs to be greater cooperation between the CN/ME and Corporate Learning and Development. Both have a focus on Continuous Professional Education and in some cases both are providing programmes to the same cohort of staff, for instance Induction. In some situations there is cooperation between the two but in other Hospitals they work in parallel and isolation with minimal or no communication between them. Greater cooperation between the two will enhance Multidisciplinary team working and ensure better value for money through removal of duplication, economies of scale and sharing of resources.

The HR Director and Director CNE should ,as a priority develop a detailed plan to progress this cooperation. Cooperation should start with the Educational/Training Needs Analysis and should continue through the prioritisation process, the development of the Annual Educational Prospectus and if relevant in curriculum development.

Some DATH's have, or are planning to develop, Centres of Learning and Development which amalgamate the CNE with Learning and Development function in that organisation- This move should not be viewed as a negative one. The fears and concerns that have been expressed by some, are that nurse education will be lost or diminished in such a move. This does not have to be the case and where Centre's of Learning and Development are being developed then the key issues are to:

- Ensure that the Nurse Education is central to the remit of the Centre and is protected and ring fenced . This must be clearly articulated in the Mission/Vision for the Centre and in its Strategic Objectives .
- Ensure that there are robust links between the Director of the CNE and the DON and Nursing Executive.
- Conduct annual Educational/Training Needs analyses which focuses on the Hospital Service plan, clinical need and developments in the role of the Registered Nurse and associated support staff.

- Develop Internal Service level agreements for Nurse Education linked to identified need.
- Appoint a Director of the Centre who has a Business qualification in addition to an educational and nursing qualification.
- Establish robust links through the Governance structure to the NMPD.

4.10 **Clarification of Region-** There needs to be a clear and transparent agreement about whom CNE is providing service to in the region. Each health service provider in the region must be affiliated to a Regional Educational Committee and through their auspices it should be agreed which CNE will provide them with what service. There may be a need to allow some external stakeholders to become affiliated to a different CNE. For instance under the 2002 agreement St. Vincent's in Fairview was aligned to Beaumont CNE. They have never had a service from Beaumont and their acute services are planned to move to the Mater Hospital in the coming years. It makes more sense for them to be part of the Mater Hospitals region. This of course has a knock on impact of requiring the Mater to have an Education Coordinator (currently know as Specialist coordinator) for Mental Health.

4.11 The Hub and satellite arrangement- The relationship between the hub and satellite needs to be clarified.

AMNCH and Moore Abbey will be impacted upon under the proposed governance structure. If the CNE is AMNCH is solely focusing on providing a service to AMNCH with the exception of what the NMPD commissions for the region then the rationale for the Hub and Satellite is no longer valid. The satellite CNE in Moore Abbey should become a standalone regional ID service provider. The staff in the centre should report to the DON in Moore Abbey and through the commissioning arrangements link into chair of the Regional Education Committee .

For the CCNE and the CME it is essential that there is clarity about the role of the CN/ME , the service they provide to the satellite sites and in addition how budget is transferred to the Director of the CN/ME and the autonomy of that Director to manage the services of the CN/ME. For these two centre's there needs to be:

- The role of both the CCNE and the CME should be to coordinate and provide educational services to nurses working within both the hub and satellite sites and agreed regional stakeholders.
- This means that the Director of CCNE and CME are responsible for this coordination and service delivery.
- The Educational Committees (previously BOM's) of both have a responsibility to ensure that the Educational and Training needs Analysis is carried out across the hub and satellites and the agreed region.
- The Director of the CCNE and CME must have the authority and autonomy to deliver on the agreed educational and training plan across the hub and satellites with clearly identified and agreed resources from both the hubs and satellites.
- These means that a non-pay budget to deliver the agreed educational plan must be agreed and transferred from the hospitals to the Director of the CN/ME. This budget must also include provision for teaching and centre resources required to deliver on the plan. (i.e. the Director must have funds for the day to day running of the centre and be able to ensure that repairs are carried out to essential equipment etc)
- Where the CCNE or CME provides education and trainings services to a regional stakeholder then the budget for this needs to transfer to the CN/ME (either from NMPD, that stakeholder organisation, another funding source)
- In order to deliver on the agreed educational plan the Director of the CN/ME needs to have the authority to utilise the agreed human resources from within both the hub and satellite sites. These human resources need to be identified and agreed by the Educational Committee (previously BOM) and authority to utilise the resources transferred to the Director of CN/ME. An annual resource plan needs to be agreed and signed off by the Educational Committee.
- The Director of CN/ME must report to the Educational Committee through the Chair of that Committee on progress and challenges to delivering the agreed Educational and Training plan.

4.12 **Staff covered by the 2002 agreement-** This review highlighted that the 2002 agreement was not fully implemented and that staff who opted to transfer to the CNE's in good faith have unmet expectations. The recommendations of this review suggest changes to the CNE governance arrangements and the employment relationships of some staff. Staff covered by that 2002 agreement should again be given the options available in 2002. It is unlikely that it

would be feasible to offer them a move to third level but they should be offered the choice of remaining in the CNE under the new arrangements or early retirement.

4.13 **Specific Recommendations for each CNE-** Section 4 has concentrated on general recommendations for the CNE's as a whole going forward. The appendices include a detailed overview of each CNE including the specific issues for them to deal with individually within their own service.

Appendix 1

Mater Misericordiae University Hospital

Participants in the Focus Group included

- Staff of CNE including- Director of CNE, Specialist Coordinators, Nurse Tutors
- Director of Nursing, Nursing HR, Divisional Nurse Managers, Nurse Practice Development Coordinator
- ADPHN from the Community

1. **Current role of the CNE:** "To provide Continuing Professional Education and in-service staff development to Registered Nurses and other members of the health care team to enable them develop their knowledge, skill and competence to meet the needs of service."

   "As a participating Hospital in the Hospice Friendly Hospitals Programme (HFHP), the CNE provides Communication Training on death, dying and bereavement for all hospital personnel."

   "The Centre is critical to the delivery of the Post Graduate Specialist Post Registration Nursing Programmes in partnership with UCD. In addition, to meet the evolving needs of service and the competence requirements of the registered nurse the Centre provides a range of professional skills development courses in areas such as ICU, Perioperative, Oncology. Potential new hospital based courses for delivery later half 2009 include Cardio Thoracic (including transplantation), Lower GI, and a course in Spinal is also quite likely and Radiology ."

   "Historically the Ethos of Professional Nurse Education in the Mater has been Nurse led."

   "The Centre plays a role in providing education to Nurses working in PCCC particularly CIT and PHNs to enable them to update their skill for instance in the areas of IV administration of drugs, Venepuncture & Cannulation. "

   "For the past few months the Centre has been working with the liaison nurse for Care of Older Persons. Thus from September (2009) programmes in area such as PEG Tube feeding, subcutaneous administration of fluid and catheterization will be provided for nursing working in nursing homes. These programmes have been developed and will be delivered in partnership with clinical colleagues thus assisting "in the sharing of knowledge between the acute setting and the Community".

"Our Education programmes are open to all registered nurses, we invite staff from hospitals where our student nurses are allocated (such as Cappagh Orthopaedic, Clontarf, Cherry Orchard, Bons Secours, Mater Private). The provision of continuing professional education is available not only for Hospital nurses but also for nurses from Primary Community Continuing Care (PCCC), Community Intervention Teams, Prior to the embargo quite a number of staff from the Rotunda attended programmes. FETAC is run in partnership with Rotunda and Temple Street."

"Our Primary Focus is on educating the Nurse and the Nursing Team"

"We work closely with practice development to assist the Nurse to develop and maintain competence"

2. **Staffing levels CNE:** The CNE has 7 members of staff including a Director, a Specialist Coordinator, 4 Nurse Tutors and 1 Admin person. (I Nurse Tutor is on secondment since 2006 thus currently 3 Nurse Tutors in the CNE)
   The CNE is a purpose built Centre, which has 8 classrooms (capacity of 40 per classroom; two classrooms interconnect giving a capacity of 80 persons) 4 tutorial rooms, a staff room, a conference room. The rooms are shared with the Hospital but room booking is controlled by the CNE. The Hospital Library is located in the CNE. There is a computer training room with 16 PC's located in the courtyard of the CNE.

3. **Educational services being provided (all figures are for 2008)**
   - In 2008 provided a 5 ½ - day Nurse Induction Programme: Day 1 includes nursing and general staff. Total for 2008= 296 (161 nurses and 135 General Staff). In 2009 this was a 7 day programme.
   - Haemovigilance Lectures and Workshop(2008= 151)
   - Manual Handling (2008 figures include both orientation and Return to Nursing Practice= 116)
   - CPR (CNE co-ordinates for the Induction & the Return to Nursing Practice Programmes, delivered by Heart House) (2008 = 152)
   - Scope of Practice for Nursing & Midwifery (2008 = 175)
   - Administration of Intravenous medications for Registered Nurses and Medication Management (2008=221 including 157 MMUH nurses, 56 Mater Private Nurses & 8 Claremont Community Intervention Team)
   - Hospital & Nursing Information Systems(2008 = 143)

- Nursing care essentials 1(2008=136)
- Nursing Care Essentials 2 (2008= 142)
- Return to Nursing Practice Course- The CNE with funding from the NMPD developed a curriculum with Connolly and St. Ita's CNE's; it is a 6 week course and is run in conjunction with Beaumont, Connolly, St. Ita's and Temple Street. (2008 = 19). Theory is provided in Centre and clinical placements in hospitals as identified.
- Student Support & Supervision-Preceptorship (2008= Day 1=205, Day 2= 172)
- Management Skills Training Up-date – a two day course. Figures for 2008= 7 (only allowed max 10)
- Continuous Positive Airway Pressure (CPAP)- a one day study day (2008= 34)
- Clinical Audit Study Day- one day workshop (2008= 14)
- In-service Training for Registered Nurses in relation to the Healthcare Support Certification Programme- (2008= 38)
- Leading and Empowered Organisation (LEO) Programme- 3 day programme open to all Healthcare personnel. (2008 =62)
- Health Informatics Training System (HITS) Course- open to all Healthcare personnel. A Self-study online course (2008= 38)
- Feedback Skills Programme- open to all Healthcare personnel (2008= 57)
- Healthcare Records on Trial Training- open to all Healthcare personnel (2008= 96)
- Hospice Friendly Hospital Programme- Communications Training- all staff in the Hospital, 3 day programme. (2008= 13 Started December 2008)
- Healthcare Support Certificate Programme - FETAC Level 5- Health Care Assistants working in the Mater Hospital. Figures for 2007/ 2008= 37 (11 MMUH & 26 external staff); 2008/2009 = 22 (includes internal and external staff)

New Courses Commenced from January 2009

  - Venepuncture and Cannulation Skills
  - Presentation Skills
  - Professional Development Portfolio
  - Pain Module run with ANP and UCD
  - Nurses with Authority to Prescribe Ionising Radiation (X-ray) – Start date to be agreed

- Specialist Post Graduate Nursing Education in Partnership with UCD leading to Post Graduate Diplomas in the following areas (in each case there are 6 modules 2 delivered by School of Nursing UCD and 4 by the CNE and the Relevant Mater Clinical Department)

- Cardiovascular Nursing (2008 = 10 completed including MMUH and external students)
- Intensive care Nursing (2008= 14 completed including MMUH and external students)
- Diabetes Nursing (2008 = 10 completed including MMUH and external students)
- Gastro-Intestinal Nursing (2008 on hold)
- Emergency Nursing -6 modules (2008= 20 completed including MMUH and external students)
- Oncology Nursing (2008= 25 completed including MMUH and external students)
- Peri-Operative Nursing (2008 on hold) To recommence 2009/2010
- Spinal Injuries Nursing (2008 on hold)
- Renal Nursing- (2008 on hold)

- Clinical Professional Development Courses included:
  - Intensive Care Course – 16 completed
  - Peri-operative Practice – 11 completed
  - Spinal Injuries Nursing – 2 completed
  - Haemodialysis Nursing - onhold
  - Oncology/Haemotology Nursing – 9 completed

4. **Reporting Relationships.-** The Director of the CNE is an employee of the Mater Hospital and reports to the DON of that hospital. All CNE staff are employed by the Mater and report to the Director of the CNE.

5. **Budget-** The budget is held within the office of the DON.

6. **Current relationship between CnE and NMPD-** the Director of the CNE and the DON liaise with the NMPD. The Director Centre attends the BOM meetings held by NMPDU. Representatives from external organisations & the Director NMPD and sit on the Centre of Education committee. The NMPD liaised with the CNE about the X-ray prescribing programme, Venepuncture and Cannulation, Nurse prescribing and e-learning.

   "Sometimes the priorities of the HSE are not the immediate prioritise of an acute Hospital. It is most important that the Education and Training programmes are linked to the Mater Service Plan"

7. **Method of identifying service needs , Strategy Development and current Planning methods –** The Service Plan for the Mater Hospital drives the plan. The DON, Nursing HR, Nursing Executive and the Education Committee are involved in identifying service priorities for the coming year and then they agree the educational need. The Education Committee includes both internal and external stakeholders including the Area Director NMPD. Based on their views the CNE draws up a plan and once that is approved it is published in a booklet and made available .

   The Strategic Plan for the CNE for 2009 is based on

   - The 5 core themes of the MMUH Nursing Vision,
   - A consideration of external driving forces including – Credit Crunch; HSE Transformation Programme; Nurses Bill, Resources/VFM; Dublin Academic Health care; Quality and Patient Safety Report and Mater Hospital; Development Programme
   - Professional Nursing and Post-Registration Specialist Education

   The key areas in the CNE 2009 Strategic Plan are

   - Quality assurance HETAC
   - Development of Modules/Programmes at Supplemental & Special Purpose award level- HETAC Accreditation
   - Nurse Prescribing Ionising Radiation Programme
   - Review Assessments FETAC Level 5 HCA programme- SKILL VEC Programme
   - Mater NET- Develop CNE Site
   - Maximise Electronic Room Bookings
   - Review Policies and guidelines
   - Room Checks
   - Deliver on vision of continuous review/improvement and development

8. **Themes emerging from Focus Group - Future Role of CNE in MMUH-**

   - **Continue to provide education and training to nurses and other members of the nursing team:**
     " To continue to develop and improve the Educational service that the CNE provides, constantly reviewing to ensure flexibility and ability to respond quickly so that Mater Hospital is able to deliver its service plan and that in that context the Continuing Professional Development needs of its 12,000 registered nurses are met".

     To develop the skills of other members of the nursing team, assisting in the development of their skills, and ensuring that appropriate Skillmix exists"
   - **Develop Programmes that respond to the Nurses Act, The HSE Transformation programme and National needs identified by the Office of the Nursing Services Director**

"To respond to the Nurses Act and the ongoing need for the Registered Nurse to develop and demonstrate new skills & competence as a requirement of registration"

"To respond to developments at national level and develop and provide appropriate training related to those developments e.g. Integrated Code of Discharge Planning; X-ray Prescribing, National Isolation Policies and other initiatives aimed at improving patient flow, reductions in waiting time etc "

"The Transformation Programme will give rise to training needs in the area of Chronic Illness, GI; Heart Failure etc, the CNE will play a role in meeting those needs"

"The Workforce Analysis Study previously carried out through the CNE's could be repeated to identify further areas for development"

- **To Acquire HETAC Accreditation** and develop and deliver HETAC accredited modules at Level 8 .
- **Future methods of Identification of Training Needs and Strategic Planning-**

  The views of staff in the CNE and the Nursing Managers in MMUH is that:

  "The current TNA method should continue in the future, it is a model of best practice, the senior staff are involved and it focuses on the MMUH Service Plan which is the priority"

  "If we had more resource this CNE could be a HUB for all the DATHS"

  The view from the Community is that:

  "There needs to be a greater and deeper partnership between the CNE and the community. The Mater is located geographically in the middle of a community area and the CNE should plan to deliver programmes to meet the training and education needs of Community RGNs, PHNs and HCA's working in the area. In order to do this there are resource implications and there would need to be greater communication with the community in the planning stages. The priorities of the Community need to be delivered upon. Staff need to be aware of what is needed, why it is needed and then there would be better transfer of learning to the workplace"
- **Suggestions to improve IT, coordination and links to the Nursing teams at ward/unit level and in the community were identified.**

  "Need to improve/enhance ICT to assist in planning and also delivery of on-line learning which could help with the problem of staff releases."

  "There needs to be a more co-ordinated approach, lots of flyers come in on courses, people go on the course but there may be no action plan to put learning into place"

  "There needs to be a team plan to ensure that learning is put into place in the workplace."

  "More meetings with the Community Intervention Team are essential"
- **Types of Educational Services that could be delivered by CNE's in future-**
  - **Changes to learning modes and methodologies**

"On-line learning"

"More problem based learning that is scenario based"

- **Widening the Focus of the CNE to provide training to members of the MDT**

"The CNE is well placed to deliver the 5 core FETAC level 5 modules to the wider Support Staff who are currently on the SKILLVEC programme"

"More Multidisciplinary training and education"

"More focus on the Community Nursing needs- their needs, need to be identified formally and then the CNE needs to put a plan and a programme in place to meet them"

"We need to get a balance between our own needs and the needs of others"

"Continue to work with the NMPD , but the needs of the acute Hospital should be the priority"

"Acute Hospitals should be involved in the National Need Identification Process eg Discharge Planning, there needs to be different and varied models"

- **Resource Implications for the Future**

" If the CNE is to provide an Education service to other Health Care Services external to the MMUH there would be a resource implication and this needs to be acknowledged and addressed"

"When the service is stretched it is difficult to meet the training needs of other external agencies"

"The flow of money from the user to the CNE needs to be improved. Currently 50% of the students using the CNE are external to the MMUH and there is no financial contribution which comes with them."

"We need to have a properly financed process which identifies need for the agreed target group, plans for that need, prioritises and delivers on the need and is funded to do so"

"Funding for training staff in the Community should be made available to the CNE"

- **Staff Qualifications and Succession Planning**

"There is a big difference between a registered nurse tutor and a non-registered nurse tutor, the RNT is the minimal level that should be accepted for working in a CNE- acting up is ok but if the balance between those with clinical skills and those with educational skills if not correct it can lead to problems. A CNS can deliver training but may have difficulties with the concepts and skills of curriculum development, assessment and those linked to the quality assurance aspects of education. Staff in the CNE need educational qualifications"

"The concept of Nurse Tutor is a poor one at 3rd Level"

"In the original agreement the posts of Specialist Coordinator were linked to the ID and Mental Health sector, we have neither here "

"Within the Community there is a huge need to develop the roles associated with practice development and CPD such as CNS and Practice Development."

"Succession Planning is essential- all staff are involved in curriculum meetings, everyone is a course coordinator and manages a programme and liaises with the clinical staff- in this way they all have developed similar curriculum development and course management skills"

"Staff are encouraged and supported to undertake CPD in whatever is available"

"Masters programmes have been undertaken by some staff and others have a Post-graduate diplomas in e-learning, all of these add great value"

"All staff in the CNE are encouraged to take responsibility for their own area of responsibility and be accountable for it and report on it at meetings."

"We constantly evaluate"

"The age profile of staff needs to be focused on/recognised for planning for the future"

"Staff can apply for a secondment to the CNE for a 6 month period usually, should a vacancy exist. This provides the opportunity to develop their teaching skills and they may decide to undertake either a postgrad diploma in teaching or a Masters in education"

"It is important that staff transferring into the CNE have both the necessary skills and commitment"

"The link to the Community is essential here as well- we need to ensure that the CNE staff are available and competent to go out to the community and deliver training in that context"

"The links to the University need to continue-Joint appointments may be possible. In the future there will be a Professor of research post"

Appendix 2

Regional CNE (HSE Dublin- Mid Leinster) AMNCH Tallaght

Participants in the focus group included

- A/DCEO AMNCH
- ADON Mental health Services, Dublin West/South West
- Moore Abbey- DON and Specialist Coordinator ID services
- Peamount- DON and Quality and Education Staff member
- Staff of CNE- 2 Tutors and Specialist Coordinator
- DON Naas General Hospital

Interviews were carried out with the DON AMNCH and the retiring Director of CNE.

A visit was made to Moore Abbey to interview the DON and Specialist Coordinator ID services

A separate meeting was held with the staff of the CNE at their request and this included tutors, specialist coordinator and Admin staff.

1. **Current Role of the CNE:** The Regional Centre for Nurse Education is located at AMNCH Tallaght and has a satellite at Moore Abbey in Monasterevin and a 'quasi-satellite" in the Education Centre in Peamount Hospital. This is a complex CNE for a variety of reasons. Through the three sites the CNE has provided training and education to staff in the following health service providers:

- Naas General Hospital;
- St. Brigids, Crooksling;
- SCJMS (Moore Abbey) services in South Kildare, Laois/Offaly and Longford/Westmeath
- Cherry Orchard Hospital
- Bru Caoimhin
- The National Children Hospital AMNCH is a satellite of the CNE in Our Ladys Hospital (OLCH) Crumlin
- Cheeverstown House
- Mental Health Services- St. Lomans and Mental Health Services Kildare
- Baltinglass District Hospital
- Meath Community Unit
- St. Vincents Hospital Athy
- Various Community Care Services
- Irish Wheelchair Association

2. **Staffing levels and Infrastructure**

There are 7 staff in the CNE 2 based in Moore Abbey and 5 in AMNCH. (At the time of this review the Director had retired so they were down to 6 staff members.)

Director (now retired and at the time of the review May 2009 there was no one in post)

Specialist Coordinator based in CNE AMNCH- this is a duel post Sp Co-ord. and A/Prin T. as AMNCH unique had responsibility for General and Children's Nursing.

Specialist Coordinator based in SCJMS Moore Abbey

2 Tutors 1 of whom is attached to the Satellite in OLCH Crumlin. Both Tutors are .5

Secretarial /Admin Support AMNCH

Secretarial /Admin Support Moore Abbey .6

The CNE in AMNCH is situated in the Educational Centre AMNCH

3. **Educational Services being provided**

Programmes linked to University of Dublin (Trinity College)

- Postgraduate Diploma/Registration in Children's Nursing
- Postgraduate Diploma in Specialist Nursing- strands include:
    - Intensive care Nursing;
    - Emergency Nursing ;
    - Oncology Nursing in partnership with St . Lukes;
    - Peri-Operative Nursing;
    - Renal Nursing;
    - Haematology Nursing ,
    - Orthopaedic Nursing and
    - Cardio Vascular Nursing

Programmes offered by the CNE AMNCH

- Return to Nursing Practice Programme
- Adaptation Placements
- Healthcare Support Certificate Programme- FETAC Level 5- Health Care Assistants
- FETAC Quality Standards Course
- In-service Training for Registered Nurses in relation to the Healthcare Support Certification Programme
- Portfolio Development for Nurses
- Mental Health Commission Training on the mental Health Act , 2001
- Prevention/Management of Aggression and Violence
- Preceptorship
- Evidence Based Practice
- Facilitating Teaching and Assessing in Nursing Practice

- Foundation/Programme in (A) Intensive Care Nursing and (B) Emergency Nursing
- Leading and Empowered Organisation (LEO) Programme
- Planning to deliver Venepuncture and Cannulation
- Planning to deliver X-ray prescribing

Programmes offered by Peamount Hospital- FETAC Accredited centre with own Role Number with FETAC. This centre developed independently. Prior to their centre being set up their staff attended AMNCH

- Leading and Empowered Organisation (LEO) Programme
- Healthcare Support Certificate Programme- FETAC Level 5- Health Care Assistants
- Balloon Gastrostomy Tube Replacement
- BLS
- CPI
- Infection and Control
- Manual Handling
- Fire training
- Complaints, Grievances' and Disciplinary Procedures

Programmes offered by Moore Abbey

- Bord Altranis Category 1 Courses
    - Bringing Research to Life
    - Evidence Based Practice
    - Professional Portfolio Development
    - Participating in Effective Meetings
    - Scope of Practice
- Prevention and Management of Osteoporosis in People with Disability
- Presentation Skills
- Refresher Course in the Basics of Infection Control
- Leading and Empowered Organisation (LEO) Programme (coordinated with CNE in AMNCH)
- Manual Handling
- Basic Life Support
- Healthcare Support Certificate Programme- FETAC Level 5- Health Care Assistants
- Care Planning Workshops in conjunction with Practice Development
- Infection Control

- Goal Setting course IPR's
- Distance Education- Skills Refresher Courses- Oxygen Therapy; Mental Health Issues; Administration of Medication and Injections; Bowel Care Management (developed because of the difficulty in getting staff released to attend courses)
- Delivered the ID components of the Return to Nursing Practice for the Regional CNE in Tullamore.

Naas General Hospital- The on-site Practice Development Co-ordinator in Naas delivers continuing education programmes and mandatory training and uses external funding from the NMPD to bring in external people to deliver some training eg IV Cannulation. Staff from the public and private nursing homes have also attended this training. Training is designed and delivered to meet identified service needs.

4. **Reporting Relationship**
   - At the time of the review the Director of the CNE reported to the Director of NMPD, Liz Roche and through her to Michael Shannon the Area Director of NMPD. (This was felt to be problematic by AMNCH management)
   - Spec. Coordinator/A/Principal Tutor (Post Graduate Education) reports to DON AMNCH Tutors and Admin staff report to the A/Principal Tutor .
   - The .5 tutor with responsibility for the Paediatric services reports to the A/Principal Tutor but is part (satellite) of the Paediatric CNE hub in OLHSC Crumlin (to date not clarified as signed up to the 2002 agreement). The Director of that CNE has no line management relationship with this tutor.
   - The Specialist Coordinator in SCJMS Moore Abbey reports to the DON in Moore Abbey. She liaises with the Director of the CNE in AMNCH. Occasional meetings. Occasional Team meetings in AMNCH. Delivered ID Training in Tallaght for Stewarts.
   - Peamount- The staff member responsible for Quality and Education is an employee of Peamount and reports to the DON there.

5. **Budget**-The Director of the CNE is not a budget holder. Funding of the CNE comes through the DON of AMNCH. The DON has not been notified of an identified education budget .
   Funding for the HCA training comes from the NMPD and goes directly to AMNCH.
   Peamount receives no funding/has no link with the CNE for funding. Funding for the HCA training in Peamount comes from the NMPD.

The DON Naas sourced funding from NMPD to deliver training in Naas and West Wicklow- based on an identified service need eg Phlebotomy.

There is no flow of funding from the CNE in AMNCH to Moore Abbey. Funding for Moore Abbey comes directly from NMPDU to the Dir. Of Nursing and hence from the budget of the DON there. Funding for the Irish Wheelchair Association participants on the FETAC level 5 course delivered by Moore Abbey came from FAS.

6. Current Relationship between CNE and NMPD

The BOM which includes 37 DON's including reps from Mental Health, Care of the Older Person, ID, OLCH, Crumlin, Our Ladys Hospice is chaired by the Director of the NMPD . No Terms of Reference for the BOM were available. The NMPD liaises with the Director about National Programmes eg Venepuncture and Cannulation.

When the previous Director was in post he reported to the NMPD.

"The DON gets requests for statistics in a variety of different formats and from different people and this is time consuming- this needs coordination"

Methods of identification of need, Strategy Development and current Planning methods

The BOM carried out an Education needs analysis (2004-2005) , this was driven by the then NMPD Director Sheila O Malley It was not possible to deliver on the scope of what was identified in the needs analysis so the BOM agreed to prioritise and focus on

- FETAC level 5 training for the HCA's
- LEO
- Return to Nursing Practice
- The 18month Post Graduate Programme for Paediatric Nurses which was sited in AMNCH

In Moore Abbey the TNA process has become more formal and involves inputs from the DON and from the floor. All relevant staff are involved. Following the TNA a plan is developed looking at the immediate and strategic needs and a 5 year plan is developed.

The DON AMNCH, staff of the CNE and participants at the focus group were all in agreement that it is very difficult to develop a strategic plan in the absence of an agreed and identified budget.

8. Themes emerging from the Focus Groups and Interviews

- **What is the regional catchment area for the CNE**: "There is no clear agreement about what the catchment area is and how it borders with the catchment area of St. James."

"Service users in the region thought that they would have equal access to St James CNE and the AMNCH CNE but it didn't work this way, it appears to regional service users that only AMNCH has a regional remit"

- **Different Service Users have different needs that they wish the CNE to respond to**
  - "Excellent CNE facility but service users in the community would like training delivered in the Community. Perhaps mandatory training programmes could be run locally in a community facility"
  - "There is no Specialist Coordinator for Mental Health"
  - "We are committed to our regional remit and to the community. If we were strictly to follow the 2002 agreement which set up the CNE then the General, ID and Mental Health Sectors would have equal access to us, but this is not what happens in practice"
  - "The CNE is overly influenced by AMNCH because it is located here, it does not operate as an 'independent education island' focused on the needs of all the stakeholders"
  - "Naas and Peamount have good facilities which could be accessed by more".

- **There are difficulties with Governance and they underlie a number of the difficulties identified** . AMNCH management view of the strengths and weaknesses of the structure, reporting relationships and Governance of the CNE .

  "For AMNCH Corporate there is a problem with the current situation with Education and Training. Corporate HR have a learning and development strategy but the CNE is not linked into it. There needs to be greater linkage and coordination between the two and a greater level of working together"
  "For management of AMNCH the operational reporting relationship needs to be clarified"

  Staff of the CNE feel that
  "There can be a breakdown of communication because of the number of different 'bosses' and conflicting priorities

- **Coordination between the various education players needs to be improved/streamlined-** the view was expressed that there is a lack of clarity on who's role it is to deliver what- CNE? NMPD? Corporate L&D?

- **The centre is currently seeking HETAC accreditation.** However Moore Abbey have not been involved with the process.

- **Staffing and Resource issues including:**

  "Staffing levels are not sufficient to meet need"

  "Currently there are no agreed staffing levels for CNE's based on anything other than the numbers that were in post when the Centres were set up."

  "Currently there is no staff development for staff of the CNE"

  "There is no plan or discussion on the needs of the CNE currently or going forward for resources, equipment, IT, upgrading of equipment etc"

  "As staff have left they have not been replaced. A replacement procedure was never agreed and so numbers drop"

- **Strengths of the current service**

  "A strength of the CNE is the quantity and quality of training that gets carried out on the limited resources available."

  "The Return to Nursing Practice programme is seen as a good example of what works well"

- **The Efficacy and usefulness of the BOM model was questioned**

  "The manner in which the BOM operates doesn't fully support the work of the CNE- the BOM should be a vehicle for coordinating analysis of need, agreeing prioritise and sharing of information. The current frequency of meetings does not facilitate this."

  "A piece of work was carried out by the BOM, a TNA, it was agreed that training should be standardised but that didn't happen"

- **Issues going forward-** stakeholders identified that there is more potential to the CNE than is currently being realised .
    - **Annual Budget-** Going forward the felt that an annual, clearly identified and agreed budget for the CNE is essential to deliver on identified need

"We shouldn't have to go cap in hand to the NMPD every time we want to do or plan a course. We have to write to them to get funding to register for FETAC, write again to get the funding of the backfill and write again for the funding for tutors"

"Appropriate resources need to be agreed to deliver the agreed training. The Director of the CNE needs a delegated budget and the CNE needs a level of autonomy. It should not be unduly influenced by any one of the stakeholders. There needs to be an agreed structure supported by the HSE, with appropriate funding and the with a clear and agreed link into the clinical areas"

- **Service Level Agreements-** Suggestions were made that service level agreements are essential going forward. Also that clinical service need should always be the driver of what training and education is provided.
- **Defined Region that CNE is delivering to**
- **Effective Governance structures must be put in place-** Agreed reporting relationships that enable the effective working of the CNE are essential.
  "The BOM needs to be more active and vibrant. The role of the NMPD needs to be clarified. Where do they fit in? Do they provide funding? Is there role simply to inform about training and education or to get involved with delivery?"
- **The needs of both the Mental Health Services and the ID services must be met through the CNE**
  "The Mental Health needs a service to meet its needs, and needs to be closely involved in identifying that need. The delivery methods will need to suit the service need and circumstances"
  "ID must not be overlooked going forward and there needs to be a specific and ongoing focus on the need of that sector. There should be room to open up the service and deliver a broader regional service if appropriate funding was available. Links between the Specialist Coordinators in ID in other CNE's would be beneficial. Currently Moore Abbey is not involved with the discussions on HETAC accreditation but HETAC would be ideal for this sector too. The Specialist coordinator would find it beneficial to be on the BOM"
- **More cooperation and collaboration between educators on the different sites and within AMNCH and also between the Local and National Level:**

"Staff working in the centre need greater opportunities to meet with and collaborate with the staff who deliver programmes in Peamount, Moore Abbey and Naas and they also need more opportunity to meet with the stakeholders to identify need and plan to meet it."

"The role of the satellites is important and should be enhanced going forwards, anywhere in the region where education and training takes place should be seen as a satellite and linked in to the CNE. It is important to have people on site locally to be involved in identifying need and delivering training"

"The relationship , both boundaries and areas of cooperation between practice development, Learning and Development and the CNE need to be clarified. Improved communication and coordination of the work of Practice Development and the CNE would be beneficial"

"From the point of view of the management of AMNCH there is an opportunity to get out of the silo of only focusing on nursing and focus in on a learning and development model. There is a golden opportunity to broaden the remit of the centre eg in the area of Lifting and handling all grades should be trained from the same place; the area of orientation. Any move towards a Centre for Learning and Development would need to ensure that the Director of the centre has a Nursing background and at the same time an insight and vision for the MDT- 80% of the education would be directed to nurses"

"Need greater consultation on national policies. Sometimes there seems to be a lack of coordination between what is happening nationally and locally. We need to beware of developing a defensive approach to service delivery."

- **Adequate resources to support agreed CNE education programme and strategy.**
  "Facilities such as on-line library need to be available to all"

- **Staff Qualifications and Succession Planning-** the importance of agreed staffing levels adequate to meet the needs of the agreed region was stressed by the participants. In addition the need for CNE staff to have an educational background was highlighted.

"Strong belief that the staff working in the CNE must have educational qualifications at a minimum Registered Nurse Tutors preferably with further qualifications. This is essential for programmes that have an examinable component eg diplomas or higher. Development of curricula, setting of papers and assessments is a essential. Clinical Facilitators can have the clinical skills but lack the educational experience/competence"

"There needs to be an agreed definition of appropriate staffing levels eg what should be the ratio of CNE staff to numbers of staff in the region the CNE is servicing"

Appendix 3

Centre of Children's Nurse Education CCNE

Participants in the Focus Group included :

- The DON of the OLCH Crumlin, the DON of CUH Temple Street and A/DON of NCH Tallaght.
- The Director of the CCNE
- Nurse Tutors from OLCH Crumlin x 2
- The Nurse Practice Development Coordinator and Continuing Education Coordinator CUH Temple St.
- Nurse Practice Development Coordinator/ADoN, AMNCH Tallaght
- Administrator CCNE, OLCH, Crumlin.
- Director NMPD

  Subsequent interviews were carried out with the CEO OLCH Crumlin, Nurse Tutor AMNCH, Dir CCNE.

1. **Role of the CCNE** – OLCH Crumlin, is the Hub site and the satellites are the National Children's Hospital Tallaght and Children's University Hospital Temple Street

The philosophy of the CCNE states:
"Children's Nursing exists within a rapidly changing healthcare setting where Registered Nurses must deliver quality care that is appropriate, safe, effective and efficient, thereby enhancing the outcomes for the child and family. Nurses need to constantly develop their knowledge, skills , attitudes and values in order to respond to new, evolving and enhanced nursing practises across all children's healthcare settings. The CCNE aspires to facilitate nurses (and appropriate support staff as required) with this process, by providing programmes that are relevant, based on best evidence and responsive to current and emerging children healthcare needs."

The role of the Hub is to provide continuing education/training and professional development for registered nurses and other appropriate staff across the three children's hospitals and the Dublin catchment area, and specialist programmes relating to children's nursing nationally, including post-registration specialist education programmes (HSE and DoH&C, July 2007).

Currently the CCNE is not functioning as a Hub with Satellites. Each site is operating by itself to meet its own Education and Training needs. Currently staff do not travel between the sites to avail of or deliver in-service training eg Intravenous Therapy Management , Blood products, manual handling etc. In addition the Preceptorship programme is not coordinated through the CCNE, each site delivers their own programme do not share resources.

"The CCNE is in its infancy and has developed in constrained circumstances"

2. **Staffing Levels and Infrastructure**

HUB OLCH Crumlin

-Director of CCNE

-2 Nurse Tutors

In total 1.6 WTE including the Director.

-1 Administrator CCNE

-1 Coordinator CLLC- Irish Hospice Foundation Programme

-.5 WTE Administrator CLLC- Irish Hospice Foundation Programme

Satellite NCH incorporated in AMNCH Tallaght

-.5 Nurse Tutor

Satellite CUH Temple Street

-Continuing Education Coordinator- separate to the CCNE

Nurse Practice Development in all three sites (these are not staff of CCNE but work with them to deliver programmes)

There is no Specialist Co-ordinator post in the CCNE.

The CCNE is situated on the grounds of OLCH and owned and funded by that Hospital.

3. **Education Services being Provided by the CCNE**

Each site runs its own continuing education/ training to meet service delivery needs. There is a focus on responding to local need and delivering locally. Some programmes are delivered nationally.

In 2008 the CCNE Hub delivered the following programmes

- Preceptorship /Teaching and Assessment in Clinical Practice (2 days) in collaboration with Nurse Practice Development
- Breastfeeding/Breastmilk Feeding in a Children's Healthcare Setting*
- Caring for Children requiring Enteral Feeding*
- Caring for Children with a Life-Limiting Condition (Level A)*

- Caring for Children with a Life-Limiting Condition (Level B- 15 days) *
- Caring for Children with a Tracheostomy*
- Chemotherapy for Children
- Children's Pain Management*
- Child Protection Awareness Training
- Haemovigilance and Infection Control
- Intravenous Therapy Management*
- Management of the Acutely Ill Child (Ward Level- 5 days) *
- Parenteral Nutrition
- Paediatric Intensive Care- Foundation Course a six-month hospital –based programme to facilitate the development of knowledge, skills and practice in paediatric intensive care nursing

Programmes offered nationally*

Collaboration is happening on big projects such as the Higher Diplomas- Critical care and Emergency Nursing were done through the CCNE, delivered to staff in OLCH Crumlin and CUH Temple Street but this was in place prior to the setting up of the CCNE in 2006.

Postgraduate diploma programmes (Level 9) in partnership with the School of Nursing , Midwifery and Health Systems in UCD in Critical Care (Paediatric Intensive Care), Emergency (Children's) and Oncology (Children's) Nursing.

CUH collaborates with DCU on Specialist Nursing Programmes (Level 8) which are accredited by DCU and open to participants on a National Basis eg Nursing Care of Children with Asthma, Nursing Children Inherited Metabolic Disorder.

HCA programme FETAC Level 5- 2 modules pertaining to children are delivered through CUH Temple Street.

CCNE has been approached to develop a FETAC level 5 module of Trachostomy Care in Children

4. **Reporting Relationships**-The Director of the CCNE reports to the Director of NMPD, HSE Dublin Mid-Leinster. Currently if the Director of the CCNE needs access to the CEO of OLCH she goes through the DON OLCH. The DON of OLCH reports the CCNE view/position etc to the Board of OLCH not the Director of the CCNE.The staff in the CCNE hub at OLCH report to the Director of the CCNE.

The educational staff in Temple street are separate to the CNE and report to the DON in Temple Street .

.5 nurse Tutor in AMNCH in Tallaght is an employee of AMNCH and reports to the A/Principal Tutor in AMNCH who in turn reports to the DON AMNCH. The Director CCNE has no line management relationship with this member of staff.

5. **Budget-**There is no allocated budget for the CCNE. The Dir CCNE puts a request for finance into the DON's office in OLCH for all non-pay items. This leads to operational problems for the CNE. It is also problematic in meeting the national remit of the CCNE, this impacts on the ability to expand the current range of programmes .

   Education and training in CUH Temple Street is funded from the DON's budget in Temple Street. Currently funding that comes with a National Programme being delivered by the CCNE goes directly to OLCH and is managed by their Finance Department not by the Dir of the CCNE e.g. the National Initiative funded by the Irish Hospice Foundation

6. **Current Relationship between the CCNE and the NMPD-** The Director of the CCNE reports to the Director of the NMPD, Dublin Mid –Leinster. the Director of the NMPD chairs the BOM of the CCNE which also includes the BOM is made up of the DON of OLCH Crumlin, the DON of CUH Temple Street and A/DON of NCH Tallaght, the Director of the CCNE. The other two Directors in the Dublin Region and the Area Director have also attended the BOM. At the request of the DON's Practice Development have also attended the BOM.

7. **Needs Analysis and Planning-** At the time of the review the role of the BOM in this process was still in its early stages of development and was described as being a 'little ad hoc'. The plan is that the BOM will initiate the Needs Analysis and then agree the annual programme and resource requirements and develop the delivery plan.

   In the past 12 months HSE have approached Dir of CCNE and invited participation in national initiatives ie XRay prescribing, Venepuncture and Cannulation and staff from Hub are participating in such initiatives

   The DON of OLCH highlighted the importance of being able to rapidly respond the a training and education need that arises rapidly from clinical developments within the Hospital. The example was given of an ECHMO service where staff had to be sent abroad to engage in education and training.

She emphasised the importance of being able to respond to these types of needs rapidly and the importance of ensuring that any BOM led process needs to be flexible enough to meet these needs. Currently Hospitals around the country will approach the DON in OLCH and request a specific programme based on their local need. CNS's from the clinical area may then travel to that site and deliver training (the cost for this is carried by OLCH). Similar demands made on some CNS groups in CUH – This means that the CNS could go out from OLCHC in July and the CNS of same speciality from CUH goes in August. The process is not coordinated through the CCNE.

8. Themes Emerging from Focus Groups and Interviews

- **Governance and Reporting relationships-** all stakeholders and participants are in agreement that the Governance structures are problematic and contribute/underlie many of the other issues.
    - There is agreement on the importance of clear and agreed reporting relationships and accountability. However there is variance amongst the various stakeholders as to what should be in place. Questions and issues raised include: "To whom is the BOM is answerable, who do they report to? Where do they get there authority from?" The two most divergent views are that the CCNE should be aligned fully with OLCH Crumlin with a reporting structure into their Management structure. The opposing view is that the CCNE should have greater autonomy, should not be linked into OLCH rather should be aligned with the HSE and report into the Area Director NPMD with a BOM to which the three hospitals have membership.
    - Currently there is no reporting relationship between staff in the other two hospitals and the Dir CCNE . There is a .5 tutor in AMNCH but who reports into staff in the CNE in Tallaght. This needs to be addressed to ensure that the Dir can deliver on the training plan, make best use of resources, ensure that there is an appropriate staff development programme in place to meet service needs.
- **Role of BOM-** The BOM is on a developmental curve and their role needs to be further refined and agreed upon.
    - Again the views on the future are varied but their importance in ensuring that a Educational Needs Analysis is carried out and a plan developed which is properly resourced is agreed upon by all.
    - Membership of the BOM was highlighted as an issue- Are all relevant stakeholders present?
    - Stakeholders diverge in their thinking on what the role should be- some are happy with the role of the BOM as it is. Others believe that it is developing and that in time

it will develop further . A third view is that the BOM needs play a much greater role and that this is essential if the CCNE is to deliver on the vision that was agreed when it was set up.

- If there is to be a delegated budget for the Dir of the CNE to deliver on the agreed continuing education plan, then there would be benefit in having a financial person on the BOM
- The importance of commitment to the BOM process and attendance at meetings was highlighted.

- **TNA planning process-** needs to be initiated by the BOM and should also include National need. Currently there is no process in place in the CCNE to involve health service providers around the country in an Educational/Training needs analysis. The DON's continue to be approached by other health service providers and they continue to respond themselves to meeting that need rather than using the CCNE to coordinate the response/delivery.
  The NMPD does approach the CCNE and invite participation in national Initiatives eg Venepuncture, X-Ray Prescribing.

  Some stakeholders expressed the view that the BOM needs not only to prioritise the training needs and sign off on the annual plan but they also have a further role in devolving a budget and resources to the Dir of CCNE to deliver on that plan and associated CCNE staff development.

- **Budget-** All stakeholders agree that the CCNE needs to have an adequate budget to deliver on its Education plan.
  - Again there are differences of opinion on whom should be the budget holder. The opposing views are that the DON's should continue to manage their own education budgets against the model where the Director of the CCNE should have a devolved budget sufficient to deliver the agreed educational plan and with accountability to the BOM.
  - The importance of a the non-pay budget were stressed- the lack of one is hindering the day to day operation of the CCNE.
  - Funding for staff development is essential.

- **Resources and staff-**
  - There is no specialist coordinator post. A deputy or a lead person is needed

- .5 of the tutor resources do not answer to the Director.
- There is no allocated non-pay budget and the CCNE is dependent on OLCH to fund day to day expenditure, maintenance etc. The Director of the CCNE must apply to Finance in OLCH and comply with their strictures.
- Appropriate staffing levels for the CCNE need to be agreed. Currently the numbers are down on what was proposed in 2006. Staff who retired have not been replaced (OLCHC and CUH)
- Infrastructure- The CCNE needs modernisation and funding to allow this to be brought to the appropriate standard of facility to deliver on its remit.eg Up-to-date clinical skills rooms etc

- **The role of Practice Development and their relationship with the CCNE needs to be agreed.**

- **Qualifications of staff working in CCNE-** Staff working in the CCNE need to be Registered Children's Nurses , educated to Master's degree level and hold a specialist qualification in education ie Registered Nurse Tutor. Clinical staff who are contributors to delivering education and training need to be Registered Children's Nurses . "Children's Nursing is a Philosophy.

- **Greater cooperation and coordination between the three sites-** This is already developing but needs to be enhanced and supported.
  - Cooperation on standardising policies and associated education programmes which also allows for greater cooperation on delivery.
  - Flexible delivery by staff across all sites
  - Greater use of working groups involving staff from all sites at programme development level
  - Co-ordination of programmes by the CCNE

Appendix 4

Centre for Learning and Development, St. James Hospital

Participants in the Focus Group included

- DON St. James Hospital
- A DON from Public Health
- Directorate Nurse Manager , St. James Hospital
- Head of Learning and Development
- Staff of Learning and Development – SKILL Coordinator; 2 Education Facilitators, 1 Learning and Development Facilitator;
- 1 Clinical Placement Co-Ordinator (Nursing Practice Development Unit)
- 1 Practice Development Nurse St. James (ICU/HDU)

1. **Role of the Centre**-Following the 2002 agreement a CNE was set up in St. James which provided Post Graduate Nursing Programmes linked to TCD , ongoing in-service education to Nursing staff and FETAC Level 5 training to HCA's. 2 years ago an agreement was reached to develop a new model and move away from the CNE model to a Learning and Development model. The centre combines the educational services provided by the CNE with those of the Learning and Development Unit. The role of the L&D centre is
    - To provide education and training focused on the MDT right across all the Directorates (all 4000 + employees of the Hospital)
    - This education provided aims to be responsive to service need
    - Mandatory training such as BLS, manual handling, Fire training, induction programmes etc is provided
    - Professional Post Graduate Nursing Education and In-service Education
    - FETAC Level 5 training for HCA's
    - The SKILLVEC FETAC training for support staff is coordinated from this department (St. James is a Critical Mass Site)
    - The centre will try and accommodate the education needs of external stakeholders e.g. PCCC, Community Intervention Teams when approached by those stakeholders or by the NMPD
    - The role of the centre is evolving and is expected to develop further in the future.
2. **Staffing Levels**- The Centre has 3.5 Education Facilitators/Tutors and 2 L & D Facilitators (there is a mix of nursing background and Corporate Training background), the Head of L&D (who has a

nursing background) a Skill co-ordinator (part funded by SKILL programme) and admin support. Staff are contracted to teach on an eclectic mix of programmes suited to their qualifications and experience. The Education Facilitators /Tutors have a variety of different qualifications to Higher Diploma and Masters level. The centre works closely with practice development.

3. **Educational Services being Provided:**
   - Post graduate nurse education programmes in specialist nursing in conjunction with the School of Nursing and Midwifery at Trinity College Dublin. These include- Intensive care Nursing; Accident and Emergency Nursing; Cardiovascular Nursing; Peri-Operative Nursing; Haematology Nursing and Gerontological Nursing.
   - There is co-operation with AMNCH Tallaght for the Post Grad courses. They may be run on either site with participants from both sites depending on demand.
   - Short nursing courses are facilitated, coordinated and delivered in cooperation with Nurse Practice Development and clinical staff (Clinical Facilitators, CNMs etc) eg Bord Altranis category 1 Course- Introduction to Palliative Care, Endoscopy, foundation courses for Registered Nurses, IV study days. The Clinical staff facilitate and or support the course and use the facilities free of charge.
   - Nursing Research Seminars /application of research Courses
   - Short courses eg Management Development; Leadership; Team based performance management.
   - IT training
   - Preceptorship /Teaching and Assessment in Clinical Practice in collaboration with Nurse Practice Development
   - ALERT (accredited to Portsmouth) in collaboration with ICU/Nurse Practice Development.
   - Mandatory Training for all staff e.g. BLS, ACLS, Manual handling, Non Violence Crisis Intervention and Induction Programmes etc
   - Ongoing in-service education and study days for all members of the MDT
   - FETAC courses for Health Care Assistants.
   - Coordination of the SKILLVEC programme for all support staff.
   - Links to Quality Improvement Workshops on Policy and Procedures.

4. **Reporting Relationships-** the Centre for Learning and Development is part of the HR Directorate in St. James. The Head of Learning and Development reports to the Director of HR. She also reports to

the DON, the Nurse Education Group and the Learning and Development Steering group in relation to identification and provision of education programmes.

5. **Budget**- There is an agreed and identified Central Education and Training Budget held within the Centre and managed by the Head of the Centre. The Head of the Centre links directly to an individual in Finance to access the budget. The DON holds the education budget for specialist post graduate education programmes but is processed through CLD. Funding for educational programmes delivered to groups external to St. James has been provided by the NMPD. Funding for the FETAC Level 5 programme for HCA's comes from the NMPD. No funding was provided for the IV Cannulation programme to be developed with the HSE. The Centre is expected to generate funding so may bill external service users for training they access depending on who particular service and established professional relationships etc.

6. **Current Relationship between Centre and NMPD-** There is no formal link from the Centre to the NMPD. However the centre links to the NMPD
    - Through attendance at the CNE BOM.
    - The NMPD Director or Area Director also liaises with the Head of Learning and Development through CNE Directors or ONSD about Nursing Policy and Strategy etc and education needs arising from that.
    - The NMPD acts as a link between the region and the Centre. For instance they approached the centre about the learning needs of a Community Intervention team.

7. **Method of Identifying Service Needs Strategy Development and Current planning methods-** The focus of the Centre is to respond to the Educational needs of staff within St. James Hospital. A close working relationship has been developed between the internal stakeholders and the Centre. There is a Learning and Development Steering Group with representation from directorates and departments and through this Learning needs are identified and prioritised and agreement is reached on the programme of funded education and training on an annual basis. A prospectus (programme of courses) is drawn up annually based on identified learning and development needs of multidisciplinary staff. The Education programme reflects the Corporate Objectives and Goals; Dept and Directorate Learning needs linked to service and Policy Development and National Changes driven by changes in Health and the developing role of the Registered Nurse. The prospectus is published on the Intranet.

In addition last year a L & D needs analysis was undertaken involving staff across disciplines – grades V, V1, V11 and equivalent and CNM 2's, CNM 3's , there was a 30% response rate and following on from that focus groups were held to explore the key trends, these were prioritised in the Prospectus. The plan is to develop the evaluation of programmes further by linking into Directorate meetings.

8. Themes arising from Focus Group and Interview.

- **There is no clear, agreed definition of what the region** is that might be expecting a service from this centre.

- Participants felt that there the Centre for Learning and Development has **advantages over the CNE model** because of its strong emphasis on providing Interdisciplinary Education to the MDT. This reflects the changes and developments and focus on MD Teamworking within the Clinical areas.
  "More Support staff are beginning to attend other training programmes as a result of attending the centre for FETAC Level 5 training. Having that on site in the centre seemed to break down some barriers."
  "Cross-fertilisation is good "

- The **Importance of maintaining a strong commitment to Nurse education** was highlighted. The need to almost 'red circle' and protect this and ensure there is no diminution was stressed by participants.
  "Having to wide a remit could be a problem, HR will see the Corporate side and Nursing has to promote the Nursing agenda, we have to keep fighting for it"
  The centre does have a clear role to focus on the nurse.

- Building on the collaboration on the post-grad programmes there is scope for **greater sharing around resources and facilities between CNE's** on different sites.

- **Focus is on Corporate need rather than Community need.**

- **The Community has needs that must be met,** currently they approach the NMPD for facilitation in meeting these needs. For instance "the IV course must be delivered in a manner that is suitable for Nurses working in a community setting rather than an acute hospital setting". Tailor made programmes are needed.

"Nurses in the community value the opportunity to come into the acute hospital and work with other nurses."

"The feedback from Community Nurses who is excellent"

"CNS's have come out to the community and delivered programmes eg breast care."

- **The link between the Centre and Nurse Practise Development are invaluable**- For instance Nurse Practice Development staff link into the Induction programme and to the training for Overseas nurses. There was a link between the Centre and Nurse Practice Development around the 'Tissue Viability Documentation'.

- **It's difficult to get the medics to attend training**.-they have little protected time and are more focused on their clinical role.

- **Funding**- on the post graduate courses the funding goes to the Universities who teach 2 modules whereas the other 4 modules are taught in the Centre.

- **Library facilities are available and are open to staff**- There are two Libraries on site one belongs to TCD and only staff registered as post-grads with Trinity can use that. Staff need access to the on-line Journals. This is being worked on.

- **Future Developments**- The focus should be on developing and refining the Learning and Development module and enhancing cooperation and communication with internal stakeholder and other CNE's. The focus must be on responding to the needs of the agreed stakeholders which currently is St. James Hospital.
    - **Fears**- That the reporting relationship would become more complex as a result of this review. The feasibility of reporting into the NMPD was questioned. "Accountability and Responsibility needs to be clear in any reporting relationship".

    - **"Governance may need tweaking"**
    - **Community would like greater access**- all participants were clear that there was an openness to involve the community

    - **Funding is an issue if more external stakeholders are accessing the centre for tailored programmes.**

- **The Learning and Development Steering Group could have a link to the Community.**

- **HETAC accreditation is being sought and that will lead to development and delivery of more Level 8 programmes.**- "The current economic situation and its impact on the health services means that the numbers of Nurses going Higher Diplomas and Masters has decreased because of the financial and time cost. This means that short HETAC accredited modules delivered in the workplace have become more relevant."

- **The curriculum is currently under review with TCD and this may identify further developments and possible changes to a HETAC modular delivery.**

- **HETAC appears to offer better value for money.**

Appendix 5

CNE, Beaumont Hospital

Participants in the Focus Group included

- DON Beaumont Hospital
- Staff of the CNE: Senior Education Co-ordinator; 2 Education Co-ordinators
- 3 Clinical Course Co-ordinators
- 1 Nurse Practice Development Co-ordinator
- Head of Learning and Development
- Head of Organisation Development

1. Role of the CNE

- Reflects the Beaumont Hospital Mission Statement – Beaumont Hospital is a university teaching hospital with a mission to deliver the best quality care to patients. We are working together to develop and continually improve the way we deliver care and enhance the environment in which staff work.
- Guided by Beaumont Hospital Strategy – 2006-2010
- Guided by Dublin Academic Teaching Hospital Nursing Strategy – Leading the way in quality patient care 2009-2012
- Our philosophy on teaching in nurse education is based upon the assumption that education is a two way process and the responsibility for a successful outcome is shared between the teacher and the student.

  "As a teacher / educator we must be willing to learn from students in the same manner in which we expect them to learn from us. Fundamental to this is that education is an enjoyable and rewarding experience for all concerned".
- "The CNE recognises the importance of linking nursing theory to practice in our ever changing healthcare system. Through education we strive to provide the knowledge and skills to equip each nurse to develop, in order to meet the needs of the client group in his or her care. We believe that the purpose of education is to enable an individual to follow a pathway of lifelong learning which should be in as far as possible student centred, equitable, accredited and allows for transfer and progression and thus increase the individuals employability".

- "It is our belief that education increases knowledge and enhances nursing skills in the clinical area. It promotes and encourages evidence based practice through research. We are committed to assisting nurses to achieve a high standard of patient care by promoting the continuing professional development of each individual nurse through education in tandem with clinical exposure and experience. Education programmes are developed and run in response to areas of need which have been highlighted by clinical staff and managers. The underlying premise of our teaching philosophy is relatively simple. There is no escaping our duty to health service users. As nurse educators, our ultimate goal is to fulfil our part in the provision of education for front line staff resulting in the improvement of patient care. As committed practitioners, we believe it is essential to empower nurses to be educators as well as learners. We encourage the life long acquisition of knowledge and skills and feel it is an integral part of our role as nurses to assist patients or clients in becoming lifelong learners particularly in relation to health."
- The focus of the education offered is to meet the needs of Beaumont - "No one who approaches Beaumont has ever been turned away, there is capacity to include them in a programme." We have encouraged Lusk and the wider area to attend programmes such as IV Cannulation, Tissue Viability and Preceptorship programmes. Numbers on some programmes have to be capped because of equipment needs e.g. Venepuncture and Cannulation.

  "Our booklet is sent far and wide – all are welcome"
- Some of our specialist programmes are delivered in partnership with other DATHS e.g. Return to Nursing Programme.
- Additional HCA's are taken on board from the Community and St. Francis Hospice for the FETAC level 5 Training – Skillvec HCA haemodialysis module run by Beaumont for DATHS hospitals
- Community outreach CPR training is provided.

2. Staffing Levels in CNE

- No Director in post since 2007.
- 1 Senior Education Coordinator (CNM 3)
- 1 Education Coordinator (CNM 2) reporting to Nursing Practice Development Co-ordinator
- 1 X 0.5 WTE Education Co-ordinator (CNM 2)

The following staff are linked to delivering Education & Training in the CNE

- Clinical Course Co-ordinators – based clinically in their respective areas supporting staff and providing further education and training through structured days based in Centre of Nurse Education.
- Clinical Practice Support Nurses: With a particular focus to support new qualified nurses, new graduates and international nurses in practice. Majority are based clinically and all provide cover to clinical areas within their speciality units.
- Other staff that facilitate and support education and training in the Centre of Education include: Haemoviligance Trainers, Infection control managers, DCU Nurse Lecturers, Clinical Nurse Specialists in their chosen field, Speech and Language Therapists, Physiotherapists, Companies supporting education in relation to equipment in the hospital and Key Medical Staff (this list is not exhaustive). The support and motivation given by this group is vital and essential to the future of the service.

3. Educational Services being Provided

- Orientation Programme for new nurses (1 week programme on a monthly basis)
- Intravenous Administration of Drug/ Therapy Study Day (1 day every month)
- Blood Transfusion Education Programme (4 hour programme monthly)
- Refresher Blood Transfusion Education Programme (1 ½ hour programmes every month)
- Infection Control Standard Precautions (provided by Infection Control Team)
- Infection Control TB Education Sessions (provided by Infection Control Team)
- Multidisciplinary Tracheostomy Education Programme (4 hour programme)
- Preceptorship Programme (2 day programme)
- Venepuncture Programme (5 hour programme)
- Venepuncture and Cannulation Programme (1 day programme)
- Tissue Viability and Profore Workshops (Education sessions ½ hour monthly provided by Tissue Viability)
- Tissue Viability -Mattress and Vac Pump Sessions (Education sessions ½ hour monthly provided by Tissue Viability)
- Woundcare Link Nurse Study Day (Provided by Tissue Viability)
- English Language Workshops (on demand 2 hour sessions) Full time Education Co-ordinator TEFL trained
- Communication Skills for International Staff (in association with DCU Language Services)

- La Touche Training-Healthcare records on Trial
- International Nurses Orientation Programme (recruitment)
- ECG Interpretation Study Day (Coronary Care Clinical Course Co-ordinator led)
- Chest Drain Management (Multidisciplinary)
- Summer Events – May-September (Neuroscience Department)
- Infusion Pumps

EDUCATIONAL SESSIONS

- PCx Blood Glucose Monitoring Equipment (Diabetes Team)
- T34 Rockford Healthcare Syringe Driver (Palliative Care)

STUDY DAYS

- Cardiac Management Study Day
- Respiratory Management Study Day
- Neuroscience, Endocrine and Renal Management Study Day
- Gastro-intestinal and Related Topics Management Study Day
- 'Enhancing your clinical support skills' Study Day
- Working together to Improve Medication Management Study Day
- Multidisciplinary Palliative Care Study Day
- Falls Prevention Study Day
- Medical Division Study Day

EXAMPLES OF SOME OF THE CONFERENCES

- Surgical Nursing Conference
- Cardiac Nursing Conference
- Acute Care of Older Adults
- Operating Theatre Department Nursing
- Intensive Care Nursing Conference
- Palliative Care
- Neurosciences
- Radiology Nurses

POST REGISTRATION SPECIALIST PRACTICE PROGRAMMES FOR NURSES - (6 month unless otherwise specified)

- Medical Nursing
- Surgical Nursing
- Coronary Care Nursing

- Emergency Department Nursing
- Gerontology Nursing
- Haemodialysis Nursing – 4 months
- Renal Nursing (Nephrology, Transplant, Peritoneal Dialysis, Haemodialysis)
- Intensive Care Nursing
- Neuroscience Nursing
- Oncology Nursing
- Oncology/ Haematology Nursing
- Operating Theatre Department Nursing

POST GRADUATE DIPLOMA IN NURSING IN PARTNERSHIP WITH FACULTY OF NURSING AND MIDWIFERY RCSI

- Coronary Care Nursing
- Emergency Department Nursing
- Gerontology Nursing
- Intensive Care Nursing
- Neuroscience Nursing
- Oncology Nursing
- Operating Theatre Department Nursing
- Renal Nursing

Programme in Partnership with MMUH

Return to Nursing Practice

4. **Reporting Relationships-** staff are employees of Beaumont and report into the DON

5. **Budget-** currently managed by the DON. The pay budget is for the funded posts. The Hospital funds the centre from its own budget. There is a ring fenced training budget for certain courses e.g. postgraduate and/or FETAC. Some funding from the NMPDU is also available. The hospital funds courses and study leave such as degrees and MSc's. This is usually 50% but this may be reduced in the current climate.

6. **Current Relationship to NMPD-** there is very little contact with the NMPD. Originally there were monthly or bimonthly meetings but in the last 3 years they have become very infrequent. A member of the staff from the CNE attends the CNE BOM chaired by the NMPD.
   "We get occasional emails but there is no planning or coordination."

"The NMPDU request a lot of statistics –These requests are very often duplicated by departments in the HSE but in different formats."

7. **Method of Identifying Service Needs , Strategy Development and Current Planning methods**

Educational needs are identified from a number of information sources including

- At Nursing Executive meetings, clinical practice issues are raised
- At Nursing Practice Development committee meetings clinical practice issues are raised
- Clinical practice support nurses in clinical practice identify educational needs
- CNM / Staff nurse meetings
- Nurse Education Committee Meetings
- Evaluations of programmes
- Multidisciplinary planning e.g. Tracheostomy, PEG

Planning is carried out by the Director of Nursing/ Assistant Director of Nursing; the Nurse education committee with staff from different clinical areas; Clinical course co-ordinators, NPDU, Senior Education Co-ordinator and Education Co-ordinator and liaison with Training and Development.

8. **Themes emerging at Focus Group**

- **Region was never defined.**
- **Funding is a weakness of the current model-**this leads to problems buying equipment to run a programme eg Venepuncture arms, there was no budget allocated to do it. Currently funding at a reduced rate for the post graduate programmes goes to the universities despite the fact that 3 out of 6 modules are delivered through the CNE
- **Qualifications of staff- between them the staff have the qualifications of Registered Nurse Tutor,** MSc Education and Training, MSc Cardiology Nursing Research.
- **Facilities –** insufficient for current and future needs- "have begun to use the Hi-tech Smurfit medical building when they can facilitate us."
- **Library-** access is good
- **Having a Director in post would improve coordination and planning**
- **Future Developments-** there are no tutors remaining from the 2002 change to a CNE. The Plan is to move to a Centre of Learning and Development similar to St. James which would be open to all staff not solely focused on Nurses.

  "The centre should be for the hospital – it needs to have a strong nursing element but there should be sharing of teaching and learning."

The plan is to have a Director of the Centre who would have a Masters level qualification. Currently the management thinking is that this post would not need to be exclusively a nursing post and that the incumbent would benefit from having 'business competencies' and that if the Director is not a Nurse then there would need to be a strong Nursing Profession lead through other roles and committees. Some CNE and Nursing staff expressed concerns about this.

- **Possible Future Governance/Reporting Relationship-** "the Director of the Centre would report to and Educational Steering Group/Committee and the DON.
- **Provide an education Service to external stakeholders in the catchment area-** This would mean that they also had to be part of the educational needs analysis process,
- **Service Level Agreements-** these would be useful if the centre was to be providing training to the region. "The market rate for training needs to be paid" "We would embrace a regional remit for training if it were properly funded"
- **Seeking HETAC accreditation-** if this is achieved then running a centre which has the rigour to run accredited programmes will mean new skills for staff and more funding.
- **For the Centre to run more effectively in the future it needs:**
    - A pay and non-pay budget – "which is allocated by HSE for Learning and Development". "Ring fenced funding for backfilling."
    - Appropriate staffing levels to meet identified need
    - Appropriate and sufficient equipment
    - Integrated IT to enable an e-learning platform and VLE's. Currently post grad students linked into the RCSI use Moodle.
    - Clinical skills lab
- Integrated Learning and Development Strategy 2009-2014- (Summary document provided to review for ref.)
- Hospital-wide Education/Training Programmes –many delivered in the Centre of Education – (Copy of Prospectus provided)

Appendix 6

Mercy University Hospital CNE Cork.

Participants in the Focus Group included

- Director NMPD
- Practice Development Coordinator SIVUH
- Director PHN North Lee
- DON Macroom Community Hospital
- Director of Nursing and Client Services COPE Foundation
- Representative of Practice Nurses
- DON MUH
- ADON MUH
- HR MUH x 2
- Director MUH, CNE
- Staff of CNE- 2 Specialist Coordinators, 2 Nurse Teachers and 1 Administration officer

1. **Current Role of the Centre**

The role of the CNE is to provide Professional Development and in service education to Nursing staff across the defined region. The stakeholders of the CNE include the Public, Private and Voluntary sectors. The centre is currently seeking FETAC approval and when it succeeds it will be in a position to apply to deliver training to Health Care Assistants in the MUH CNE.

Policy Development- CNE staff have written and contributed to the development of 4 practice guidelines for RGN's in Community and Residential Units in relation to IV Cannulation, IV antibiotics administration, Hypodermocylisis and Falls. They have contributed to the development of practice guidelines in relation to Catheterisation and Hypodermocaylisis guidelines in the MUH.

The Director of the CNE is a member of a support group for Community Hospitals to assist in the implementation of HIQA Standards for Residential Care.

2. **Staffing Levels in CNE-** There are currently 6 staff (4.5 WTE) working in the CNE (.5 of a Specialist Co-ordinator post outstanding)

Director CNE – 1 WTE

2 Specialist Coordinators- 1.5 WTE (.5 is funded by COPE Foundation)

2 Nurse Tutors- 1 WTE

Admin Grade 111 -1 WTE

3. Educational Services being Provided

Course	Approval and Credits	Target	Facilitated by
Academic writing/information searching skills		All stakeholders	CNE staff
Adult Venepuncture Phlebotomy		All stakeholders	CNE staff
Anaphylaxis Training		Practice Nurses and PHN's	CNE staff
Assessment and management of leg ulceration	Bord Altranais Cat 1 approval	Advertised nationally	CNS MUH and CNE staff
Basic Life Support		MUH staff	CNE staff assist MUH in-service training staff
Cardiovascular Health Management for Nurses	DCU accreditation Level 8 5 credits	All stakeholders	CNE staff & Clinical experts across the service
Care of patients with a central line		SIVUH	CNE staff assist SIVUH in-service training staff
Catheterisation		All stakeholders	CNE staff
Catheterisation link training		PHN's	CNE staff
Clinical Audit		All stakeholders	CNE staff
Continence Promotion programme	Bord Altranis Cat 1 approval	All stakeholders	CNE staff
Critical care Study day		Advertised nationally	CNS MUH
Delegation workshop		All stakeholders	CNE staff and CUH CNE staff
Documentation workshop		All stakeholders	CNE staff
Epilepsy update		ID service providers	CNE staff member from ID
Hand hygiene		Community Hospital	CNE staff with Community Infection Control Nurses
IV Antibiotics		Community Hospitals SIVUH	CNE staff CNE staff assist SIVUH in-service staff
IV Antibiotics Link training		Community Hospitals	CNE staff
Manual Handling		COPE & MUH only	CNE Staff assist
Non-Violent Crisis Prevention Training (CPI)		MUH Staff	MUH & CNE Staff
Health Care Assistants Prog	FETAC LEVEL 5	All stakeholders	ID studies module ID staff member CNE

(BASED IN CNE CUH)			CNE staff assist CNE staff from CUH during practical demonstrations and assessments
Nursing Care of the Older Adult	ABA Category 1	All stakeholders	Staff of CNE & plus CNS's
Nursing Management Development Programme	ABA Category 1	MUH Staff	MUH & CNE staff
Nursing Individuals with Diabetes	DCU accreditation Level 8 5 credits	All stakeholders	Staff of CNE and CNS from SIVUH & CUH
Patient Centred Dementia Care Study Day		All stakeholders	Staff from CNE
Preceptorship		All stakeholders	Staff from CNE and staff from UCC
Regional Education Study Days		All stakeholders	Staff from CNE
Wound care		PHN's	Staff of CNE & CNS's MUH
Professional Portfolio Programme for Nurses		All stakeholders	Staff of CNE
Scope of practice and documentation		All stakeholders	Staff of CNE
Implementation of Policies Procedures and Guidelines for Care of the Older Person		PHN's	Staff of CNE
Introduction to research		All stakeholders	Staff of CNE
LEO Programme (Co-ordinated by the NMPD)		All stakeholders	Staff of CNE
Concepts and Issues in Intellectual Disability		All stakeholders	Staff of CNE
An Bord Altranis medication guidelines update		All stakeholders	Staff of CNE
Mouth Care		All stakeholders	Staff of CNE
Patient restraint education		All stakeholders	Staff of CNE
Cultural Awareness for Internationally recruited Nurses		All stakeholders	Staff of CNE
Slips trips and falls		All stakeholders	Staff of CNE

4. **Reporting Relationships**

The governance arrangement involves the CNE Director who is an MUH employee reporting to the Director of NMPD (employee of the HSE). There is a BOM to oversee the strategic direction of the CNE with representatives from the Stakeholders (16 reps) and chaired by the Director of the NMPD. All teaching staff report to the Director of the CNE, administration in the CNE reports to the Clerical Supervisor in the MUH.

It should be noted that when the CNE was set up in 2002- the DON MUH gave the three tutorial staff in the MUH School of Nursing the option of remaining in MUH and working within Training and Development or transferring to the CNE. All three staff opted to transfer across to the CNE and as requested "signed themselves out of the Nursing Dept of the MUH".

The BOM has an agreed terms of reference which states that it will "oversee the strategic planning function and planned development of education and training programmes for the registered nurses and midwives in the catchment area."

5. **Budget**

Pay budget for staff ,with the exception of .5 Specialist Coordinator paid for/employed by COPE, comes from MUH.

The MUH owns the building and pays for the day to day running costs such as lighting, heating, cleaning, stores etc. If equipment breaks down a request to MUH to repair or replace it. No clear guidelines have been issued on this practice.

The budget is unclear after that- To date there has been no allocated budget for CNE staff professional development. One staff member has encountered difficulty in completion of a Masters Program as funding was withdrawn by her employer mid-way through this programme. The issue remains unresolved to date because of lack of clarity as to who is responsible for professional development to CNE staff.

Funding for Programme Development is unclear. Some programmes were funded by Reps of Medical Suppliers etc. Funding was generated from carrying out a piece of research for HSE. Education programmes provided by the CNE do not attract funding to date.

Lack of a budget means that planning is very difficult, " If you need to develop a programme that involves an external speaker with a cost implication, it is very difficult to deliver" (Dependent upon medical reps)

Travel expenses claim's for delivering training and education programmes in an HSE site are submitted to the NMPD. If there is travel to the HSE the NMPD will sanction it but not for Voluntary

or Private Services. Other CNE staff expenses such as travel expenses to attend study days are claimed from money generated from undertaking research.

The NMPD provided a once off funding allocation close to year end which needed to be spent by year end.

"It appears that MUH believes that the centre can become self- funding through generating income."The view of the Director of the CNE is that this will not be possible.

6. **Current Relationship to NMPD-** The Director of the CNE meets with the Director of the NMPD and Directors of CUH CNE and Kerry General CNE 7-8 times a year. The Director of the NMPD does not meet other staff on a regular basis (on the request from MUH CNE Staff – has had 2 meetings since the establishment of the CNE). The NMPD have paid travel expenses for courses delivered by CNE staff in HSE sites.

7. **Method of identifying Service Needs, Strategy Development and Current Planning methods.**

The CNE conducts an Educational Needs Analysis. Responses to it can be poor. There is no funding to travel to the service users around the region to carry out a needs analysis.

Evaluation forms to participants on programmes reveals some Education and Training needs.

DON's around the region are asked to identify their services needs. The terms of reference of the BOM states that part of its role is , " To ensure that programmes are planned and developed in line with service needs and that principles of accessibility, equity and quality underpin these programmes."

8. **Themes emerging at Focus Group**

- **Problems arising from the Governance arrangement**
    - No shared vision of the CNE due to poor attendance at BOM meetings and a poor response to the needs analysis.
    - No allocated budget.
    - There are 2 CNE's in Cork. The other CNE is in CUH. In the original agreement each had been assigned a separate geographic and specialist remit. There have been times when the NMPD have allocated work related to key Stakeholders of MUH to CUH ie Infection control for practice nurses despite Community Hospitals being key stakeholders of the MUH CNE

- Very little collaboration working between the two CNE's "because of the historic divide between "Health Board and the Voluntaries". Since the review the NMPD has asked permission for the CUH CNE staff to use the MUH CNE building as they do not have appropriate resources at present.
- Delivery of programme within MUH CNE is dependent upon release of CNS's from clinical sites, which has to be negotiated each time and is conditional.
- It was agreed in 2008 that NMPD Director would make a maximum of €300 per person available for Professional Development. The situation re the MUH has not been clarified.
- Potential HR difficulties as there are more than one employing body.
- Recruitment- who is responsible. Succession planning is problematic.
- Difficult to gain HETAC accreditation because of lack of accountability to one defined organisation.
- Difficulty in filling the outstanding .5 Specialist Co-ordinator post because of lack of clarity as to which organisation owns the post.

- **Current Relationship with MUH-**

  "From the outset (2002) to the latter end of 2008 the relationship, co-operation and use of the MUHCNE has been minimal. Henceforth, there has been release of Clinical Nurse Specialists to teach on educational programmes but no formal meetings or consultation with teaching staff (with the exception of the Director) and Nursing Management of the MUH."

- **MUH Management view of Future**
  - Proud history of nurse education in MUH. We see a regional remit for education as part of the remit of a university hospital.
  - We have developed a first class facility that we wish to have used to its full potential.
  - Believe that existing governance is an obstacle to moving forward effectively.
  - Believe that there is a need to re-structure and ensure that services provided are not duplicated, but complement what is going on elsewhere.
  - Centre needs a dedicated budget and if it is to fulfil a regional remit funding must come with it. The NMPD currently holds the budget and if the CNE was reverted to MUH then the funding should also transfer. Going forward the view would be that the CNE director would be the budget holder and report into the DON who in turn report into the Executive Mgt
  - If the CNE transfers then the COPE post should be subsumed into the MUH CNE.

- Governance issues make it difficult to plan for succession- currently the CNE director cannot recruit/employ.
- There is IT expertise in MUH that could support ongoing IT developments in the CNE if it were part of MUH. Could support e-learning, videoconferencing , blackboard etc
- The regional remit is a strength of the CNE and advantageous to MUH as patients come in from the community to the acute hospital and then return to the community and the care of the PHN

Strengths identifies at Focus Group

- That it is based on an acute site and has a regional remit- the integration of education to the various stakeholders is positive.

  "You learn from diverse views"

  " The CNE is uniquely based to bridge the gap between the acute and the community. Eg the urology course"
- Participants value the access to accredited course through DCU at local level and value what they see as a high standard of teaching.
- The centre provides outreach- travelling to the local sites. This is good and more is needed. It makes it easier for the employer to release staff. This is currently constrained.
- The CNE has supported the expansion of nurse practice through delivering training on Venepuncture and supra pubic catheterisation.
- The CNE is flexible and responsive to need. This must not be lost going forward.

Weaknesses Identified at Focus Group

- BOM- "Feel that this is the wrong title as the group has no authority, it is simply a steering group"
- Budget-
  - "Lack of limits ability to deliver service"
  - "In the NMPD we do not have the where withal of budgetary transfer to the Voluntary Hospital"
  - "In the Community Hospital we have no educational budget"
- Lack of a budget curtails the autonomy of the CNE and makes planning very difficult.
- Releases of staff to attend courses can be a problem and then this leads to low attendance .
- CNE Director and staff want a more active and proactive relationship with the NMPD going forward in relation to identification of need, strategy development and planning.

- Succession planning is non-existent. "When colleagues retire we do not know if or how those posts will be filled."
- The absence of the National Council has left a gap-. "Where is their funding being redistributed to?"
- "Nursing Homes are a grey area in terms of our remit to them"
- Expectation to deliver education programmes to HSE sites without online access to HSE library and intranet.

ID sector Issues

- COPE recognise that they do not currently use the services of the CNE as much as they could do.
- The need to protect and promote the ID remit was highlighted.
    - Programmes can be poorly attended and unsupported by the employers
    - There is no budget to access expert speakers.

For the CNE to be effective going forward into the future there needs to be

- A clear and workable governance arrangement
- CNE needs more autonomy and independence to deliver on its remit whilst still being accountable for delivery on agreed identified service priorities and budget.
- Budget – preferably a budget that was linked to the allocation of staff trained and contributed to by all stakeholders drawing training from the CNE.

  "All stakeholders could apportion some of their budget to the CNE based on their nurse population."
- Budget needs to be devolved to the Dir of the CNE to provide some autonomy in decision making and delivery on agreed education plan. Accountability for the budget must be built into the Governance structure.
- Budget for non-pay items to remain with the MUH eg buildings maintenance, equipment etc. This will enhance day to day running of the CNE.
- Director will need to have the support a designated financial person to support budget management in addition she will need to develop Budget management skills.
- Develop an Annual Business Plan.
- Designated budget and agreed application process for funding to one organisation for CNE staff development – it is vital that staff be facilitated to stay abreast of their subject area.
- Dealing with one HR for any industrial Relations issues

- First filling of .5 WTE Specialist post by closed competition as agreed in 2002 agreement.
- "Re-imbursement of course fees owed to staff member who had funding arrangement withdrawn."
- Dealing with one HR for any industrial Relations issues
- Staff development should include agreed close links with clinical area so clinical skills are not lost. Work will need to be done to formally establish appropriate and useful links e.g. CNE staff spending a period of time in a Clinical area to up-skill or maintain skill. However this will require an increase in staff numbers to facilitate this practice.
- Staff need postgraduate skills to at least Masters level and should be supported to go further if they aspire to.
- A full Education Needs analysis involving the stakeholder organisations with a Programme developed to meet priority needs. This still needs to be responsive to new needs that are identified on a daily basis.
- Coordination and planning to focus on the most appropriate delivery modes and methods to ensure maximal attendance on programmes eg more local delivery (this can be budget dependent)
- Online access to HSE Library and intranet if future proposed CNE is to continue to provide education programmes to staff working in HSE sites.
- HETAC accreditation and a modularised approach.
- "It's easier to release staff for modules rather than full course"
- Greater cooperation between the two CNE's and with the Universities.

  "There should be an option whereby the CNE delivers a module on behalf of the University and is funded to do so. "

  "University delivery tends to be rigid, CNE could be more flexible and responsive to service needs."

Appendix 7

St.Vincents University Hospital Dublin.

Participants in the Focus Group included

- DON St. Michaels , Dun Laoghaire
- Nurse Practice Development Coordinator Dun Laoghaire
- DON Leopardstown Park Hospital
- Director PHN Community Care Area 10, Wicklow
- ADON /Nurse Practice Development Coordinator SVUH
- CNM 2 Nurse Practice Development SVUH
- Staff of SVUH CNE
    - Director of CNE
    - Registered Nurse Tutor CNE
    - CNM3 CNE
    - CNM 2 CNE
- Smaller focus group of SVUH Managers
    - DON SVUH
    - HR Manager SVUH
    - Learning and Development Manager
    - Nursing HR.

1. Current Role of the Centre

The CNE is a Regional CNE for the East Coast Area HSE/Dublin Mid Leinster.

The role of the centre is to identify the education needs of nurses in the catchment area and provide education and professional development programmes for nurses, midwives and allied health care personnel working in that area.

The Stakeholders in the catchment area include HSE Organisations and Voluntary Organisations.

Voluntary Organisations	HSE Organisations
St. Vincent's University Hospital	Baggot street Community Hospital
Leopardstown Park Hospital	Wicklow District Hospital
Children's Sunshine Home	Wicklow Community Services
Sunbeam House Services	Community Services Clonskeagh
Royal Hospital Donnybrook	St. Colmans Hospital
National Rehabilitation Hospital	St Coumcilles Hospital
Drug Treatment Centre Trinity Court	Community Services Dun Laooghaire
Royal Victoria Eye and Ear Hospital	Aids/Drugs Services Dun Laoghaire
Cluain Mhuire Service	Dalkey Community for the Older Person

St. John of God Hospital	Central Mental Hospital
Dublin Dental Hospital	Sir Patrick Dunbns Hospital
St. Lukes Hospital	Newcastle Hospital
City of Dublin Skin & Cancer Hospital	Vergemount Clinic
St. Michaels Hospital	Clonskeagh Hospital

2. **Staffing Levels in CNE-**In 2002, 2 RNT's of the School of Nursing Staff both of whom had the eligibility criteria to transfer to UCD choose the option to transfer to the CNE. The hospital funded these posts. I person , Clinical Nurse Teacher, not eligible to transfer to the 3rd level was removed from the School of Nursing in September and seconded to the Hospital to make up for a shortfall there.

- Director CNE
- 1 Registered Nurse Tutor
- 1 CNM 2 and 1 CNM 3- The CNM 2 is on a 2 year fixed term contact to teach FETAC Healthcare support certificate course until Dec 2009. At this point it is uncertain what will happen after that. This post is not refundable to the hospital- is being paid out of FETAC funding paid to the Nurse Education Centre to run the programme.
- 2 Clerical Support staff (1.7 WTE) (1 Grade 5 and .7 Grade 3, Vacancy .6 Grade 4 and .3 grade 3)

In January 2007 the Post Registration Nurse Tutor took early retirement and was not replaced. In March 2007 the 2nd Registered Nurse Tutor who was on a year contract was transferred from the CNE by the DON and placed as Healthcare Support Manager in the hospital. This post was not replaced and as there was only one person to teach the FETAC course the DNEC, with the FETAC funding available to the CNE, got a CNM2 appointed in December 2007 on a 2 year fixed term contract. The present RNT in the CNE qualified as an RNT In August 2007.

In order to provide the current level of service with the current staff 2 of the 3 staff work 4 long days a week, the 3rd staff sometimes works 5 days depending on workload at the time. The result of this is that all staff are busy with their respective courses when on duty which leads to less team work and planning time with all staff together. The positive aspect of the staff working 37.5 hours in 4 days is less time in lieu required by staff as core work for courses is done on the long days.

3. **Educational Services being Provided**

- Foundation course in Intensive Care Nursing (6 month course with 15 study days)
- Foundation course in Peri-operative Nursing Care(6 month course with 15 study days)
- Administration of Intravenous Medications Study Day -run every 2 months

- IV Cannulation/Venepuncture Course- 1 day programme- run twice a month, 10 months of the year.
- Registered Nurses Induction programme 1.5 days
- Intravenous Assessors Study Day- 3-4 courses per year
- FETAC Level 5 Health Care Support Certificate
- Programmes managed by the CNE in Partnership with UCD
  Graduate Diploma Courses in Nursing Studies (1 academic year)- Emergency Nursing, Cardio Vascular, Intensive Care, Oncology.
- Programmes Managed in the CNE for the NMPD /SVUH nurses included in these programmes
- Preceptorship Programme- 1 day programme, reduced in the past two years from 12 a year to 3 a year.
- Information day for Registered Nurses re FETAC Level 5 Health Care Support Certificate- in 08/09 3 courses held.
- 5 Day Cancer care Course for non-specialist nurses.

4. **Reporting Relationships** – The CNE Director reports to the Director NMPD and keeps the SVUH DON informed of courses run for SVUH.

5. **Budget-** The centre has no dedicated budget and no petty cash. If the Director needs something she requests it through SVUH. To date she has got what she has asked for. However running clinical skills courses are expensive they require a lot of equipment to be purchased.
   The CNE covered the Cancer Course which was offered to 18 centres and 4 groups have availed of the training
   The only external funding is for the FETAC training for HCA's and the Registered Nurse information day on the FETAC training which comes from the NMPD. In addition the NMPD employed a registered nurse to teach the Preceptorship course.
   If funding is not available from SVUH the CNE approaches the Director of NMPD.
   Since 2002 the NMPD have given some money to the centre. The bulk of the money was used to purchase IT equipment for SVUH Assembly Hall classroom. Some of this was used to upgrade the facilities including, Clonskeagh, and the CMH Dundrum

6. **Current Relationship between CNE and NMPD-** "A positive relationship, they have been supportive and in return the CNE has been supportive of them, in the end this means that the needs of the registered nurse are met."
   The Director of the NMPD chairs the BOM.
   The Director approaches the CNE with requests to provide training related to the Office of the Nursing Services Director .

7. **Needs Analysis and Planning-** the BOM meeting is the place where needs are identified through the DON's. However they are not asking for the programmes they need as they are aware of the staffing level problems.

8. **Themes emerging at Focus Group**

   Weaknesses of the CNE

   - There were 28 organisations in the original agreement and the CNE is not currently meeting all the identified needs of either SVUH or the region. Only 11 of these organisations utilise the services of the CNE and we have nothing to offer the others. We can offer regional programmes with a theoretical basis only not a skill level. But it is the up skilling of nurses that is of primary importance to The Office of The Nursing Services Director." Currently 80% of the CNE's work is delivering to SVUH and 20% to the region.
     "Currently still not meeting all the SVUH need, practice development is doing some of what we should be doing." This is because Practice Development had until 2008 more staff than the CNE.

   - The BOM does not function as a BOM.- Poor attendance at BOM, usually only 10-12 of the 28 organisations are represented. Key stakeholders such as DON SVUH need to be part of the BOM discussions.

   - The current BOM identification need/strategy does not reflect the needs of all the organisations affiliated to the CNE. Some have identified need locally and have not approached the centre. Some do not get involved with the BOM.

   - The boundary between practice development and the CNE is blurred.
     "Practice Development have taken up courses that should have been delivered by the CNE"
     "SVUH staff don't really know the CNE "

"There are a number of programmes that we should have delivered to clinical staff on ward but they were not always released for them."

"Practice Development work with the CNE to support staff".

- **Staffing levels , job titles and qualifications**- The CNE does not have the staff it needs to deliver on the identified need. The staff in the centre are employees of SVUH and the DON can move them as she sees fit.

  There is no specialist coordinator role in the centre. There should be 2 specialist coordinators appointed as per the original 2002 agreement ." The post reg tutor post in the Mater is Specialist Coordinator one , but not in SVUH" "A member of staff with RNT qualification who was part of the CNE was moved by the DON to Continuing Education in SVUH. This resulted with the CNE having no RNT from February 2007 to August 2007 when the CNM2 registered as an RNT.

  "Practice development has been built up with staff, some of them have the RNT or other educational qualifications."

  "There is no career progression for staff"

- Currently to deliver a Post-graduate University Programme and/or an in-service education programme, staff from the MDT in SVUH are utilised. When looking at the cost of these programmes the need for preparation time, assessment time etc is not taken into account. Due to staff shortages at a clinical level we may not be able to depend upon drawing on the services of clinical staff in the current financial situation. Currently clinical facilitators are acting up into management roles or are often redeployed to fill a gap. There is no plan for how the CNE will deal/cope with this.

- "Many of the programmes are hospital oriented not community oriented. The LEO and Venepuncture courses are good"

- If HETAC accreditation is achieved the current resources will not be sufficient to provide accredited training . A FETAC level 5 module takes 60 hours in terms of preparation, coordination, meeting with students etc, and this is over and above the classroom teaching. "The recent Cancer care course took 80 hours of admin on top of the classroom work.

- "Some of the stakeholder centres have educational needs that they would prefer were provided through the CNE. However due to the staffing/resource issues in the CNE they have to go outside and externally source the training. They apply to the Dir NMPD for funding. Eg Leopardstown Park would love to source a course related to Care of the Elderly from the CNE. The location suits them" .
  "In mental health we carry out a TNA locally, look ate specific areas of need and then provide a course, inviting other Mental Health services to join in and funded through the Director of the NMPD."

- Accessibility is an issue: The Region covered by the CNE is very large and the CNE is seen as being inaccessible from some locations eg Carnew. It costs travel, parking etc and this cannot be paid for staff any more. Releases are also problematic.
  "Could ICT help solve this problem? What about e learning?"
  "The CNE does not provide enough outreach to the other stakeholders"

- Insufficient admin support- "CNE staff have to do their own admin when developing a programme and this takes time away from core duties". The CNE have a deficit of a .6 grade 4 and .3 grade 3 secretary. This has resulted especially during the development stage of courses that the secretarial staff, are under pressure to cope with demands. As there is no receptionist appointed to the CNE the grade 5 has to spend time acting as receptionist which takes from secretarial work.

- Infrastructure problems: Facilities are shabby and need upgrading. The Canteen won't deliver meals to the CNE. The Education and Research Centre in SVUH won't take bookings for courses longer than a day."

Strengths of the Centre

- "Its position on the grounds of this acute hospital provides access to expertise from the hospital and access to up to date nursing which is invaluable. The three teaching staff (only 1 with a registered teaching qualification) cannot be expert on everything they need to be able to draw on that wider expertise."
- "The Director of the CNE is enthusiastic, a good listener, very solution focused within her current resources".

- "Within the classroom there can be staff from many areas including the acute and community and other sites, this leads to a great dynamic in the classroom and great sharing of learning."

- Benefit of CNE to SVUH

  "Having a CNE on the site of SVUH is important for the hospital as it is a University based Hospital providing evidenced based care and the CNE supports this and demonstrates it."

  "The postgraduate education is very beneficial to the hospital and if it were to go it would be a loss to the hospital. It brings clinical leadership skills of staff to a higher level and assists staff who are moving into CNS posts."

  "The education provided by the CNE is good value". "The CNE model is cheaper than the University model"

Future needs

- **View of the CNE-** The management structure of the CNE needs to reflect the interests of all the stakeholders. The Dir of the CNE should report to the Area Director of the NMPD. A delegated budget should be available to the Dir CNE to deliver agreed programme to all stakeholders.

- **A different model for a BOM-** "Dissolve the current BOM and put in place a smaller more effective forum, chaired by the Area Director NMPD". "The maternity model is a good one- subgroups identify and prioritise need"

- **CNE needs an agreed designated budget that is ring fenced at the beginning of the year**-"If a comprehensive needs analysis is carried out then the NMPD should look at putting the funding into the CNE to deliver not giving it on an ad hoc to individual stakeholders."
  "In 2007 the NMPD allocated 70,000 to a private organisation for the delivery, coordination, exams etc. all 8 modules to 33 HCA's in the region. That could have been used to employ a member of staff."

- **Generate funding eg through delivering training to Nursing Homes**
  "GP's could be funding training for Nurse Practice

- **Continue the CNE as regional centre with SVUH as part of that-** "This is better for the patient as s/he may be using the services of many of the service providers who access the CNE"

  "If we have a patient (Leopardstown Park) who develops complications then they have to transfer to SVUH for instance to have IV antibiotics. If we are able to do that here then there are less admissions to A&E."

  "There needs to be good cooperation between practice development at local level identifying specific training needs that CNE can meet and that will have positive impact on patient care."

  Focus on involving region more, "We feel like we are an invited group when we come into the CNE, we don't feel a sense of ownership"

- **Need greater focus on Community Services needs**-greater involvement needed in TNA process and planning how to meet need." Improve communication"

- **Formal integrated education needs analysis to be undertaken** involving all stakeholders focused on patient centred service needs, standards and the business case for changed practice at local level"

- **When developing the plan to meet/deliver training needs each stakeholder needs to identify who in their service is available to support the CNE in delivery.**

  "A database of expertise across the region could be maintained by the CNE"

- **Staff skills and staff development**- CNE needs staff with educational qualification, where staff do not have that they must be supported to develop it within an agreed time frame. The CNE staff need to be experts in curriculum development. Needs to be a plan to develop expertise of other staff to move into the CNE in the future.

  The Director of the Centre needs an appropriately qualified person who's role it is to deputise for her when she is absent and also to take on more delegated responsibilities.

  "It would be beneficial to have new blood especially someone who had worked in the university system."

- **Appropriate staffing levels for service being provided.**

Graduate Diploma Courses take up a fulltime member of staff. They must be run by a Registered Nurse Tutor.

More admin support.

"We need ongoing access to clinically competent staff from the Clinical Areas to support our work eg " When Siobhan O Halloran's office asked us to double the numbers we were putting through for IV Cannulation we did so by utilising the clinical people from SVUH."

- **Appropriate facilities**- Clinical simulation room
- **Nursing Electronic system linked into SVUH could be used for education and training**.

- **New educational delivery methodologies** eg E. learning, blending learning could be developed and this would help with issues of release and travel.

- **Accountability in terms of transfer of learning back to the workplace.**

  "If educational programmes are designed to deliver on identified need then that stakeholder organisation must plan for transfer back to the workplace."

  "Learner contracts."

  "Link to team based performance"

  "Follow up clinically to ensure competence"

Appendix 8

Centre of Midwifery Education

Participants in the Focus Group included

- DOM/N National Maternity Hospital
- ADON/M National Maternity Hospital
- Educational Coordinator/Midwifery Tutor National Maternity Hospital
- Acting DON St Columcilles
- Director NMPD
- Professional Dev HSE Co Wicklow PDC Practise Nurses
- DOM/N The Rotunda Hospital
- ADOM Coombe Women's and Infants University Hospital
- A/PDC Coombe Women's and Infants University Hospital
- DOM/N Coombe Women's and Infants University Hospital
- A/Coordinator PG Dipl NICU Coombe Women's and Infants University Hospital
- A/Director Centre for Midwifery Education.
- Self Employed Midwife

1. **Current Role of the Centre**

The CME consists of a Hub (based at the Coombe) and two satellites (based in The Rotunda and NMH). It has a potential student population of 2000.

The CME provides continuing midwifery and nursing education programmes to the staff of the three Dublin Maternity Hospitals, Self-Employed Midwives, A& E nurses who are midwives, Practice Nurses who are midwives and Public Health Nurses, so meeting the general educational for midwifery education in the Dublin catchment area.

The CME will provide specialist programmes as required nationally.

The Goals and Objectives of the Centre are that with HETAC accreditation it would become a Third level Institute (5/10 year strategy)-

- Offering a wide range of accredited Midwifery, Neonatal, Gynaecological Nursing Education and Training Programmes (<5 years)
- Supporting Doctoral Students doing clinical research in the 3 Dublin maternity Hospitals expanding the Maternity and neonatal Body of Knowledge (10 years) and own research.
- Developing e-learning and a video library.
- Develop a clinical skills room

- The Centre was developed on the site of the largest maternity Hospital. Co-location may take 5-10 years to achieve but the need for a CME is current .
- The Nurses and Midwives Act 2009 recognises the distinctiveness of Midwifery - Midwifery and nursing practice is distinctive and different. The KPMG report highlights opportunities to develop midwifery practice models of care which will need an education and training programme to develop competence.
- The centre aims to provide cost effective and focused training based on identified need.

2. **Staffing Levels in CME and Infrastructure**

Director of CME

Coordinator of the Post-graduate Diploma in Neonatal Intensive Care Nursing.

Secretary- part time being recruited.

The Director and Co-ordinator work closely with Practice Development Departments , Clinical Skills Facilitators and the Resuscitation Officer.

Sessional inputs are provided by Clinical Skills Facilitators, Clinical Midwifery Specialists and Advanced /Neonatal Nurse Practitioners and Education co-ordinators.

The Centre has 2 Classrooms with Laptop, Projector, OHP, WB.

Library, Storage rooms , Access to Clinical Skills Room, Conference Centre and 2 offices.

3. **Educational Services Provided.-**In 2008 16 Programmes were provided on 58 occasions with 501 attendees from across the MDT.

Between January and April 2009 14 programmes were provided on 24 occasions.

- **Coombe Women and Infant University Hospital**
  - CPR-BLS
  - NRP
  - Haemovigilance
  - Infection Control
  - Induction Programmes
  - MOH (a multidisciplinary programme)
  - Shoulder dystocia – open to all staff
  - Clinical Skills update
  - Professional Issues Update.

- **All Three Hospitals**
  - Preceptorship Course
  - IV Cannulation
  - 20 HR Breastfeeding Programme
  - CTG Interpretation Workshop
  - Wound Care Workshop
  - Care of the Critically Ill Obstetric Woman
  - Management Development Programmes
  - Customer Care Excellence in Patient Care
  - Post-Graduate Diploma in Neonatal Intensive Care
- **Midwives in Greater Dublin Area**
  - Midwifery Skills update for Practice Nurses who are Midwives
  - Midwifery Skills update for A&E Nurses who are Midwives
  - Care of the Premature infant on transfer from NICU for PHN's
- **In Development**
  - Enhancing skills for Normal Birth
  - The Birth Centre
  - Perineal Suturing Workshop
  - ALERT Programme
  - Bereavement Workshop
  - IV Cannulation for Neonate
  - Documentary Management & Litigation
  - Care of the Critically Ill Obstetric Patient

4. **Reporting Relationships**

The A/Director CME reports to DOM&N CWIUH on an organisational basis

The CME has a Board of Management chaired by the Director of NMPD and composed of the 3 Directors of Midwifery and the A/Director of the CME.

Under the BOM there is a coordinating Group with a Terms of Reference which highlights their role as ensuring that the resources of the 3 hospitals are utilised for the provision of programmes of education and training. Membership of this group includes the A/Director of the CME, an ADOM/N CWIUH, Midwifery Practice Development Coordinator CWIUH, Education Coordinator NMH, Midwifery Practice Development Co-ordinator NMH , an ADOM/N Rotunda and Practice Development Coordinator Rotunda.

5. **Budget-** Cost centre set up in 2008. The CME has no budget.
   CWIUH fund the Hub Site CME (2 room's & Offices) and Operating Costs
   Funding from HSE €100,000 for models etc 2007 shared between the three sites.
   NCNM for specific programme ALERT
   DOM/s for some courses- this is calculated by dividing the cost of the course by 3.
   HSE will pay the Hospital for the Breast Feeding Course for PHN's €200 for a 3 day course
   If the hospital takes a student on clinical placement they charge €250 for five weeks- "nominal but fair."

6. **Relationship to NMPD-** Director of NMPD is Chair of BOM. The NMPD informs BOM and CME of nationally identified needs.

7. **Method of Identifying service needs, Strategy Development and Current Planning method-** The BOM and the COG both carry out a needs analysis. Other needs are identified through the Office of the Director of Nursing Services and the NMPD. Accreditation and Litigation allows leads to the identification of Educational need as do Reports and Recommendations eg Confidential enquires into maternal deaths, reports on stillbirths etc

8. **Themes emerging at Focus Group**
   - "The CME is in its infancy but a level of interhospital working has developed and there is a lot of potential going forward in this way. The coordination group has great potential"
   - "CTG training is mandatory every 6 months . it had to go to external providers at €100 a head. 3 CNM's working with a tutor will be able to deliver the programme."
   - "Shared learning is a great untapped resource. For instance perineal suturing is common in NMH but not in the Coombe so the Clinical Skills Facilitators in MUH can be used. People are willing to share."
   - Funding- currently 94% of the Higher Diploma is delivered by the Hospital yet 100% of the funding goes to the Universities.
   - HCA's are a big opportunity going forward , in looking at the scope of the role of the midwife means that we will become more reliant upon them to enhance the skillmix. Their skills need to be enhanced too.
   - KPMG report – "Hospital destined for co-location onto general site. If this happens it is important that the separate and specialist needs of midwives be recognised and that there continues to be a dedicated CME and/or ring fence midwife education and that we don't

have to fight for a budget. Deficits in Knowledge and skills have been shown to be linked to maternal deaths. A very specific and different programme of education is required for staff working in this area."

"The whole philosophy of normal, natural birth needs to be cultivated by the CME and we need to ensure that it is not lost with co-location."

- "The absence of a devolved budget is a big concern"- Currently there is no dedicated midwife education budget coming to the Hospital. The centre needs a separate budget.
- Future- The role of the CNE should be expanded offering
    - IV Cannulation and Venepuncture
    - Perineal Suturing
    - CPR Pregnant Adult & NRP
    - Examination and Discharge Mother and her Newborn
    - Obstetric Emergencies
    - Midwife led unit/MLA/MMA
    - CTG Interpretation
    - MCA & Clerical Staff Porters- Bereavement, Breastfeeding, Congenital abnormality
    - The CME could be central site for FETAC level 5 training to HCA's
    - Developing new education programmes to deliver on potential developments eg National Council have a new position paper on the role of the midwife;
    - PCCC may develop the role of the midwife and need to work with the BOM and the Director to look at this.
    - Clinical leadership strategy can be linked into in terms of management development programmes. These could be delivered by a well resourced CME more cost effectively.
    - The course developed and delivered to midwives working in A&E can be offered to more general hospitals
    - Going forward Supervision of Midwifery Practices will be a challenge for the Dir of PHN's. Community midwives will need to have cases supervised but that competency is not core in the PHN role so currently they are coming into the Maternity Hospitals on a case by case basis. There are issues here that will need to be worked through in the future and one of the strands of dealing with this issue will be skills training and the CME can play a role.

- Budget is needed (possibly provided by NMPD) and needs to be devolved to the Dir CME. She will develop the proposed educational plan for the year with the BOM and the COG (and any future academic council required by HETAC) based on the needs analysis and will be accountable to that board for spend and delivery.
- The budget that used to be in the PCCC for primary midwife education is gone and is now held centrally and not accessible to Dir PHN
- Reporting from BOM to NMPD
- Staffing Levels and Professional Academic Qualifications
    - A Director with a PHd and management qualifications
    - Deputy Director (Masters)
    - Special Coordinators in Midwifery, Neonatal, Gynae and MCA
    - Clinical Skills Facilitators Midwifery, Neonatal, Gynae and MCA
    - Clerical Support Grade 5 (2) Grade 5 (3 incl receptionists)
    - Porter, Skills lab attendant, Librarian
    - IT, Accountancy and HR support.
- Governance structure and reporting relationship going forward should be the Director to the BOM, the rest of the staff to the Director and the BOM includes Area Director HSE
- Succession planning is essential, all staff should be recruited by the Director and interviewed by the Dir or Deputy and member of BOM.
- All specialist coordinators need a teaching qualification because of the demands of curriculum development and assessment. The Director should have a management and education qualification as well as being a midwife.
- Currently Voluntary Hospitals do not have access to HSE library this should be changed.
- "Developing the CME as proposed in the CME strategy would cut and control costs and utilise skills of all 3 hospitals."
- Future Action Plan of CME BOM updated in light of recession, KPMG report, Budget, Transformation Programme and National Plan 09
    - Appoint specialist coordinators
    - Decide on budget holder
    - Appoint Director and Deputy
    - Recruit Secretarial Support
    - Apply for and fund HETAC accreditation
    - Apply for and fund FETAC accreditation
- Required Resources/Physical Structure going forward

- 3 classrooms with AV equipment and video conferencing
- Meeting room
- Conference room with AV equipment
- Clinical skills lab
- Elearning &Video Library
- Computer room
- Library
- Suite of offices
- Kitchen toilets, storage
- IT equipment, internet access, online journals

Appendix 8

FULL RECOMMENDATION

CD/11/406 **RECOMMENDATION NO. LCR20165**
(CCc-092708-10)

INDUSTRIAL RELATIONS ACTS, 1946 TO 1990
SECTION 26(1), INDUSTRIAL RELATIONS ACT, 1990

PARTIES :

HSE

- AND -

INMO

DIVISION :

Chairman: Mr Duffy
Employer Member: Ms Cryan
Worker Member: Mr Shanahan

SUBJECT:

1. Arrangements relating to nurse education centres.Previous LCR18555

BACKGROUND:

2. The issue before the Court concerns matters outstanding between the parties following Labour Court Recommendation No. 18555. In 2002 an agreement was reached between the parties to transfer pre-registration nursing education to the third level sector. In 2006 the Union brought a claim before the Court in relation to the Agreement. The Union were seeking the restoration of options given to nurse teachers in 2002 and agreement on arrangements relating to the transfer of pre- registration nursing education to the third level sector. The Court issued LCR 18555 which recommended full implementation of the agreement and further local discussions on outstanding matters, with the option to refer any residual matters back to the Court. In 2009 the parties agreed to an independent review of the functions of the Centres for Nursing and Midwifery Education. The "Butler Report" was published in August, 2009 and further talks commenced between the parties.

The dispute was referred to the Labour Relations Commission (LRC) and a

Conciliation Conference took place. As the parties did not reach agreement, the dispute was referred to the Labour Court on the14th June, 2011, in accordance with Section 26(1) of the Industrial Relations Act, 1990. A Labour Court hearing took place on the 15th September, 2011.

UNION'S ARGUMENTS:

3. 1 The HSE confirmed before the Labour Court in 2006, that it had not fulfilled its obligation under the 2002/2006 Agreements. It confirmed this again before the Labour Relations Commission in 2010.

2 The 2002/2006 agreement was very specific in respect of the role of the Centres. The Butler Report confirmed that these agreements were not in place. The Butler Report sets out straight forward methods by which the Centres can operate. It is reasonable that this group of workers who have been attempting to have their situation corrected since 2002 and who participated in this review fully, should now have its principles implemented as a matter of priority.

3 The Union are seeking an entitlement to have the options available to the workers concerned in 2002 revisited, particularly the option of early retirement.

EMPLOYER'S ARGUMENTS:

4. 1 The HSE recognises that there have been difficulties in implementing the agreement in the manner that was originally intended. The HSE remains cognisant of the necessity for the workers concerned having a relevant role with proper governance structure in light of the necessity for ongoing in service education and training for nurses in the current environment.

2 The HSE is opposed to the reopening of the option of early retirement with added years. It is unreasonable to seek to have such an option reinstated almost ten years after the original offer had been made.

3 The reopeninig of the scheme offered to nurse teachers in 2002 would set huge precedents within the health service and wider public sector. Any such move is opposed by the Department of Finance.

RECOMMENDATION :

The Court notes that the dispute has continued for an inordinate period during which it was the subject of a previous Labour Court investigation and has been considered by an independent consultant appointed by the parties. This independent consultant produced a

comprehensive report on all aspects of the dispute (the "Butler" report). Despite these initiatives the dispute remains unresolved.

In the Court's view the resolution of the dispute could best be advanced within the parameters of the Butler report. The Court recommends that the parties establish a working party to consider how best to implement the recommendations of the Butler report, having regard to current constraints.

It is clear that the ultimate solution to the issues in dispute will require the active involvement of the Department of Health. The Department is not party to this referral and consequently the Court cannot address any recommendations to the Department. The parties should, however, invite other interested parties, including the Department of Health, to participate in this working party.

Having regard to the period over which this matter has remained unresolved the process recommended above should be expediated. Accordingly, the working party should be established immediately following the acceptance of this recommendation and should complete its work in a period of not more than six months

Signed on behalf of the Labour Court

Kevin Duffy
4th October, 2011 _____
DN Chairman

NOTE

Enquiries concerning this Recommendation should be addressed to David P Noonan, Court Secretary.

Appendix 9

Draft proposal from the Directors of Nursing in the DATH's group with regard to the DATH's Centres for Learning and Development (CNE's) as alternative to structure proposed by Voluntary/ID SubGroup

As a group the DATH's are in a very unique position with having a number of CNE's in very close proximity covering a large regional remit while serving the educational needs of a large number of staff within their own respective organisations.

Given the remit of the working group we would like to put forward our proposal with regard to structure and governance.

We agree in principal with the setting up of regional education committees we believe however the membership of these committees should comprise of regional representation who liaise directly/work in partnership with the NMPDU.

The Director of the CNE would be in attendance at their meetings with no reporting relationship to the committee. Their reporting relationship would continue via the Director of Nursing (or current reporting relationships will continue within their respective organisation).

We envisage the way the process would work would be that the Regional Education Committees would agree educational requirements for the region on a regular basis and agree a service level agreement with the Director of the Centres for those requirements.

Additional budgetary arrangements should be established to support unique/special education requests (e.g. H1N1 education & training).

We believe this to be the best solution for the DATH's.

Appendix 10

Service Plan Outline agreed with P McCormack and submitted to Acute Hospitals

1. Hospitals/service providers to be subject to Service Agreements:

A. Centres of Nursing/Midwifery Education that would be covered

Mater
St Vincent's
St. James
Tallaght,
Beaumont
Mercy, Cork

Crumlin (as Centre of Childrens Nurse Education – 'hub') and Children's University Hospital, Temple Street and the National Children's Hospital Tallaght (as 'satellites') all 3 would have SA's with HSE

Coombe (as Centre of Nursing/Midwifery Education – 'hub') and Rotunda and Holles Street (as 'satellites') all 3 would have SA's with HSE

All of the above have existing Service arrangments so this element will be incorporated into the service schedules.

For the Disability sites they have specific service arrangement service specification templates which may actually provide for the quantification of the resources and funding associated with the "cost centre" which is the nurse training element.

Do you know if the funding for this nurse training is allocated in their main allocation? We are proceeding on basis that funding is in the HSE Vote (and the hospitals).

A1. We would also want service agreements recognising Intellectual Disability sites – e.g in particular for Moore Abbey - currently a Tallaght satellite.

B - Schedule 3
Guidance Note
(II) Broad Principles
Under (d) specify Nurses and Midwives Act 2011

Schedule 3 Section 2 Service Description

Department/Unit
Centre of Nursing/Midwifery/Childrens Education

Description of Services to be provided/facilitated
A range of continuing education/training and professional development services for nurses/midwives and nursing/midwifery support staff in the health services.

High quality in-service continuing education/training and continuing professional development programmes for nurses, midwives and nursing/midwifery support staff working (i) within the hospital; and (ii) elsewhere in the public health sector e.g. primary and community care (within the agreed geographical remit i.e. regional national).

Supporting and providing continuous professional development programmes for staff in the clinical area to which nursing/midwifery students are assigned within the public health sector.

Staffing (as envisaged in 2002 Agreement)
Director of Centre, Nurse Tutors, two Specialist Co-ordinators and clerical support staff.

Sessional input by clinical staff to include Clinical Nurse Specialists, Advanced Nurse Practitioners and others as required.

2.2 Activities 2013 include:
A schedule of programmes based on an internal and external needs analysis will be developed and provided.

C - Schedule 4 Performance Monitoring

Reporting requirement

Quarterly on agreed training and development programmes developed and delivered. Submission by Centres of activities undertaken, services provided to staff within the hospital and to external staff and educational quality assurance monitoring reports to Regional Educational Committees.

Appendix 11

Historical Financial and staffing data

{In Archive} FW: Palmerstown NMPD
Mary Wynne to: 'Paddy_Barrett@health.gov.ie' 05/09/2012 14:30
Cc: Liz Roche

History: This message has been forwarded.
Archive: This message is being viewed in an archive.

Dear Paddy

Please find recurring funding since 2003 for education in the former ERHA hospitals in John Scott's email below.

Regards

Mary

Ms Mary Wynne

Interim Area Director Nursing and Midwifery Planning and Development DNE

Mellifont Unit

St Brigids Hospital Complex

Kells Road

Ardee

Co Louth

email:mary.wynne1@hse.ie

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041-6860750

www.hse.ie/go/onmsd

From: John Scott
Sent: 05 September 2012 12:53
To: Mary Wynne
Subject: FW: Palmerstown NMPD

Hi Mary

Information as requested allocated recurring in 2003

Recurring in the Former ERHA

St James's Hospital	700,000
Crumlin	225,736
Tallaght	392,986
Beaumont	619,283
St Vincent's	797,811
Mater	1,092,196
	3,828,012

Regards

John

John F Scott
Senior Executive Manager

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Quality and Clinical Care Directorate

Health Service Executive

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Centres for Nurse Education - Staffing Structure

Post	SEHB	NEHB	NWHB		MWHB	MHB	SHB			WHB		ERHA							TOTAL
	Waterford		Sligo/Letrim	Donegal	Limerick	Tullamore	CUH	Kerry	Mercy	Mayo	Galway	Mater	Beaumont	Portlaoise	West Dublin	Dublin East/ Wicklow	Dublin SW / St. James'	Dublin SW Tallagh	
Director	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18
Specialist Co Ordinator	2	2	2	2	2	2	2	2	2	2	2							1	23
Education Officer	1	1			0.5														2.5
Nurse Tutor			3			3	4				5	5	1	2	1	3	8.5	4.5	40
Clinical Teacher									2										2
Corporate Induction Co-Ordinator				1															1
MCA Education Co-Ordinator																			0
Post RegistraFon Co-Ordinator					1														1
Post Registration Prog - Clinical Facilitator					2														2
Specialist Co-Ordinator																			0
Project Officer																			0
Co-ordinator Variations																			
Nursing Prog		1																	
Administrator			1	1															2
Grade IV		1.5									1								2.5
Clerical Officer	2	1	1	1	1.5	2	1	1	1	1	1.5								14
Household Services						0.5													0.5
Grade Unspecified												6	2	4	2	4	9.5	5.5	33
Total approved posts	6	7.5	8	5	8	8	8	4	6	4	10.5	6	2	4	2	4	9.5	5.5	109
Vacant Posts	2				3		2.38	1	1			1	1						11.38
Actual	4	7.5	8	6	5	8	5.62	3	5	4	10.5	5	1	4	2	4	9.5	5.5	97.62
	4	7.5	19		8		13.62			14.5		31							97.62

1/11/04

Ongoing Continuing Nurse Education Funding **Table 1**

ERHA	€ 4,042,661
MHB	€ 854,494
MWHB	€ 782,122
NEHB	€ 1,020,822
NWHB	€ 576,434
SEHB	€ 563,737
SHB	€ 1,328,085
WHB	€ 1,350,939
Total	**€ 10,519,294**

See overleaf for a detailed breakdown of continuing nurse education funding in the ERHA

Conti[illegible]ng Nurse Education On-Going Funding 1999

Table 2

Agency	1998	Funding Provided in Letters of Determination 1999	Additional Funding 1999	Total	
Eastern	102,000	126,000	0.372		
	180,000				
Dghts of Charity Clonsilla	41,000	28,000	77,000		
St Michael's House	10,000	12,000			
Moore Abbey	25,000	12,000			
Royal Hosptial D'brook					
Stewarts	27,000	14,000			
St John of God	16,000	18,000			
Crumlin	206,000	45,000	0.053		
St Vincent's Fairview	27,000				
St Vincent's Elm Park	37,000	43,000			
St Michael's D Laoire	10,000	12,000			
Coombe	14,000	18,000	0.053		
Rotunda	16,000	18,000	0.055		
Holles St	56,000	18,000	0.053		
Beaumont	45,000	50,000	0.125		
St James's	45,000		0.134		
Adelaide	14,000		0.044		
Meath	20,000		0.057		
Tallaght	12,000	55,000			
Harcourt St	10,000		0.029		
Mater	49,000	54,000	110		
Temple St	35,000	40,000			
Our Lady's Hospice	15,000	15,000			
Peamount	15,000	10,000			
Mental Handicap Homes					
Cappagh			0.188		
Totals £	**1,027,000**	27,000	10,000		
Totals Euro	**1,303,961**	**617,000**	**1,540,000**	**3,184,000**	**£m**
		783,392	**1,955,307**	**4,042,661**	**Euro**