(Appendix A)

#### **BUSINESS CASE TEMPLATE**

### **PART 1: GENERAL INFORMATION**

1. Name of Allowance: Acting Up (or Substitute) Allowance

2. Description: Payment of an allowance in instances where the employee performs the duties of a higher post to their substantive role

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3. Number on Spreadsheet:

### PART 2 BUSINESS CASE PROPOSAL

Please tick relevant box:

Maintain

x (subject to review)

Modify

In both instances, please provide a through and considered business case for maintaining the allowance either as is or in modified format. The modifications should also be detailed, and include information on any revisions of the headings outlined in the Allowances Template.

The Department should confirm that the allowances represent value for money and provide additional or higher value work which can not be considered as part of the normal responsibilities, flexibilities or duties expected of a person in such a post.

This information should be returned to Sighle.de.barra@per.gov.ie by 31 January, 2012.

## SECTION (a) BUSINESS CASE FOR RETAINING ALLOWANCE (Please complete headings below)

(1) What does the employer receive in return for the allowance?

The payment of an Acting Up Allowance or Substitute Allowance has been paid in the health sector since the 1950's (Circular 7/52 & 32/59). The rationale for paying an employee an allowance to perform the duties of a post higher to their substantive role is done on the basis that the arrangement is temporary in nature while awaiting a recruitment process or appointment of a permanent employee to the post. This ensures the vacant position (which usually carries management/clinical responsibility) is covered to ensure continuity of service delivery and decision making.

(2) Is the allowance cost effective/represent value for money?

The allowance paid is a set amount or the minimum of the salary scale of the post being substituted/acted into. This minimum payment represents good value for the money as the clinical/management responsibility is covered without paying a full salary appropriate to the role. There are a number of acting allowances now agreed for different Categories of Staff e.g. Psychiatric Nurses (Circular 36/2000); Health Care Professionals (Circular 152/2000)

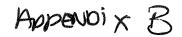
Since the introduction of the Moratorium on Recruitment and Promotions in the Civil & Public Sector in early 2009 acting arrangements have only been agreed on an exceptional basis where there is a valid and appropriate business case to approve the allowance. In most instances this has happened where there is a clinical risk and/or management responsibility in the professional front line services e.g. Ward cover.

In this regard it should be noted that the majority of expenditure on Acting Allowances is in respect of arrangements put in place prior to the introduction of the Moratorium. Discussions are ongoing with staff representatives to explore and agree a mechanism to end the majority of these arrangements.

(3) Other Pertinent Issues (e.g. why duties cannot form part of grade/post; impacts/risks if duties/responsibilities not undertaken)

In addition a review of our Acting Policy is currently being undertaken with a view to extending the amount of time an employee would 'act' or take responsibility for higher duties without receiving payment.

### **BUSINESS CASE TEMPLATE**



#### PART 1: GENERAL INFORMATION

1. Name of Allowance: Location Allowance

2. Description: Annual allowance paid to Nursing staff when working in specified agreed Departments/Service Areas

3. Number on Spreadsheet:

#### PART 2 BUSINESS CASE PROPOSAL

Please tick relevant box:

Maintain x (subject to Review)

Modify

In both instances, please provide a through and considered business case for maintaining the allowance either as is or in modified format. The modifications should also be detailed, and include information on any revisions of the headings outlined in the Allowances Template.

The Department should confirm that the allowances represent value for money and provide additional or higher value work which can not be considered as part of the normal responsibilities, flexibilities or duties expected of a person in such a post.

This information should be returned to Sighle.de.barra@per.gov.ie by 31 January, 2012.

# SECTION (b) BUSINESS CASE FOR RETAINING ALLOWANCE ON MODIFIED BASIS

(1) What does the employer receive in return for the allowance?

The Location Allowance was agreed and implemented with effect from 5<sup>th</sup> November 1999 for Nursing staff working in recognised areas as specified in the Agreement, as follows: Accident & Emergency Departments, Theatre/O.R., Intensive Care Units, Cancer/Oncology Units, Geriatric Units/Long-Stay Hospital or Units in County Home, Units for Sever and Profoundly Handicapped in Mental Handicap Services, Acute Admission Units and Secure Units in Mental Health Services, Care of the Eldery (excluding Day Centres), Alzheimers Units in both Mental Health Services and the Intellectual Disability Sector, Psycho-geriatric Wards, Elderly mentally Infirm Units, Psychiatry of Later Life Services.

The allowance is paid in recognition of the arduous nature of the work undertaken in the specified areas and to ensure the required skill mix is achieved for the provision of a safe and quality service.

(2) Is the allowance cost effective/represent value for money?

While the allowance is an annual sum it is only paid to staff for the period they are assigned to one of the qualifying areas and is discontinued once the nurse moves to a location not specified in the agreement or are promoted above Clinical Nurse Manager 2 level. This system of payment ensures the employer received value for money for the duties undertaken.

(3) Other Pertinent Issues (e.g. why duties cannot form part of grade/post; impacts/risks if duties/responsibilities not undertaken))

Prior to the implementation of the Labour Court Recommendations in 1999 duties were preformed in the qualifying areas without additional payment. The agreement recognised the need to support and encourage nursing staff to work in these challenging areas that were difficult to recruit and retain staff.

#### **BUSINESS CASE TEMPLATE**



#### **PART 1: GENERAL INFORMATION**

1. Name of Allowance: Specialist Qualification Allowance

2. Description: Annual allowance paid to Nursing staff employed directly on duties in specialist areas where they possess the relevant clinical qualification

3. Number on Spreadsheet:

#### PART 2 BUSINESS CASE PROPOSAL

Please tick relevant box:

Maintain x (Subject to Review)

Modify

In both instances, please provide a through and considered business case for maintaining the allowance either as is or in modified format. The modifications should also be detailed, and include information on any revisions of the headings outlined in the Allowances Template.

The Department should confirm that the allowances represent value for money and provide additional or higher value work which can not be considered as part of the normal responsibilities, flexibilities or duties expected of a person in such a post.

This information should be returned to <u>Sighle.de.barra@per.gov.ie</u> by 31 January, 2012.

# SECTION (a) BUSINESS CASE FOR RETAINING ALLOWANCE (Please complete headings below)

(1) What does the employer receive in return for the allowance?

The Specialist Qualification Allowance was agreed and implemented with effect from 5<sup>th</sup> November 1999 (Ref. DoH Circular 112/99) for Nursing staff employed in specialist areas with the following Specialist Qualifications:

Accident & Emergency Nursing Course, Anaesthetic Nursing Course, Behaviour Modification Course, Behavioural Therapy Course, Burns Nursing Course, Child and Adolescent Psychiatric Nursing Course, Coronary Care Course, Diabetic Nursing Course, Ear, Nose and Throat Nursing Course, Forensic Psychiatric Nursing Course, Gerentological Nursing Course, Higher Diploma in Midwifery, Higher Diploma in paediatrics, Infection Control Nursing Course, Intensive Care Nursing Course, Neurological/Neurosurgical Nursing Course, Operating Theatre Nursing Course, Opthalmic Nursing Course, Orthopaedic Nursing Course, Higher Diploma in Cardiovascular Nurse/Diabetes Nursing/Oncological Nursing/Palliative Care Nursing/Accident & Emergency Nursing, Rehabilitation Nursing Course, Renal Nursing Course, Stoma Care Nursing Course.

The Specialist Qualification embraces a post graduate educational qualification in respect of the specialist areas listed above, which promotes the skills and competencies and workforce capacity for the nurse to undertake role expansion. The allowance is paid in recognition of the Specialist Qualification held while working in the specialist area on specialist duties.

(2) Is the allowance cost effective/represent value for money?

The allowance is cost effective and represents value for money through the extended scope of practice / role expansion undertaken by nursing staff in these specialist areas. In addition the post registration educational qualification has assisted in the development of the clinical career pathway of Clinical Nurse Specialist (CNS) which has changed practice to support service delivery.

(5) Other Pertinent Issues (e.g. why duties cannot form part of grade/post; impacts/risks if duties/responsibilities not undertaken))

The Commission on Nursing Report recommended a new framework which gave a secure basis for the further professional development of nursing and midwifery in the context of anticipated changes in the health services, both organisation and delivery. As outlined above the establishment of the Clinical Nurse Specialist has been a key driver in the expansion of the nursing role.