



Haddington Road Agreement Reduction in Hours of Work

Background

The 'Independent Body Examining Additional Working Hours (HRA) in the Public Service' was established under the Building Momentum public service agreement.

It was tasked with making recommendations to address the additional working time introduced for many civil and public servants under the 2013 Haddington Road Agreement. The Independent Body recommended that working time be restored to pre-Haddington Road agreement (HRA) levels.

This Report was accepted by Government on the 14th of April 2022 with implementation from the 1st of July 2022. For the health sector, this will see the following reduction in full time weekly working hours from July 1st, 2022:

- Nursing and Midwifery: 1.5-hour reduction to 37.5 hours per week;
- Specific Health and Social Care Professionals: 2-hour reduction to 35 hours per week; and
- Management & Administrative: 2-hour reduction to 35 hours per week.
- Specific Medical and Dental: Please see Appendix 1

Rosters/Hourly divisors will be adjusted in accordance with the above to reflect changes to hourly rate of pay.

The number of health service staff impacted by the change is approx. 82,000 (excluding Drs).

The following Principles shall apply in relation to the restoration of pre- Haddington Road Agreement hours.

Broad Principles

1. The introduction of the reduced working week for Nurses, Health and Social Care Professionals (HSCPs) and Management & Administrative staff must not impact service delivery to the general public. Additional funding has been provided to assist with implementation and replacement.

2. The report of the Independent Body notes that nursing and midwifery hours were reduced by 1.5 hours per week in 2008, on a cost neutral basis and in a manner that did not adversely affect patient care. There may be scope to revisit these approaches in the context of dealing with the reduction of hours.

3 Replacement of hours lost by addition of new staff should not be assumed as the default solution. Employers should explore all options to maintain existing service levels within existing staffing compliments, particularly in non-shift working roles. Local arrangements will be discussed between management and union representatives as required.

- a. Full roster flexibility to be considered in order to facilitate the reduction of hours, below examples:
 - i. Staggered lunch breaks to maintain the span of the working day, where applicable;
 - ii. Explore use of previously available Daily Work Schedules (DWS) and 35 hour /37.5 hour rosters;
 - iii. There will be an ongoing requirement for the continued deployment of successfully proven initiatives introduced during Covid, including delivery of services to the public, supported by digital enhancements. E.g. MS Teams and Attend Anywhere; and
 - iv. Deployment of available resources in a manner that recognises fluctuation in service demand (where required).
- b. Part-time staff who currently work less than full time hours may be requested, not to reduce their hours further, but will retain the right to do so, should they wish. Such staff will benefit from an increase in their hourly rate of pay. Part time staff should be advised that they can remain on present hours with pay adjustment or they can avail of the opportunity for a pro rata reduction or seek to increase their hours. Applications for further reductions will be assessed in line with the relevant policy on flexible working. Staff working less than full time hours should be allowed to increase their working hours on an individual basis, if they request to do so.

- c. Prior to 2013, certain locations had hours of weekly work for grades included in this process that were less than 35/37.5 hours, however respectively from the 1st of July 2022 the minimum working week for fulltime staff will be a minimum of 37.5 hours per week for nursing staff and 35 hours per week for HSCP, Management and Administration, and for specific Medical and Dental staff.
- d. In roles e.g. Management & Administrative and Therapy grades that increased their working week through extended opening hours, it may equally be feasible to reduce the working week and maintain existing service levels without incurring increased headcount through phased/start finish times or extended lunch times. Any such changes will be discussed locally as required with relevant Unions.
- e. In recognition of potential Service and ICT system challenges, every effort will be made to minimise the number of new rosters added by utilising work patterns that already exist within the system. Any changes to hours should seek to rationalise rosters in as far as possible, e.g., at most rosters (Daily Work Schedules) should begin and end on 15 minute intervals, including break times. There is also need for early notification of emerging new roster patterns.

5 . Noting the funding allocated for replacement and noting that for shift work roles it will be more difficult to manage the reduction in hours without replacement of staff. However, every effort must be made to recruit to provide for implementation, as agreed. Funding is allocated for replacement and must be tracked and verified as allocated for this purpose. Where a replacement is deemed necessary, the normal replacement process shall apply. Gaps within the roster may be filled through overtime or as per other pre-existing arrangements

6. All measures to reduce working hours must incorporate the different regulatory environments that now exist e.g. safe staffing framework, HIQA requirements, etc.



Appendix 1

Staff Category	Staff Group	Grade Group	Grade	Grade (code)	Contracted Hours	2022 HRA adjustment
Medical & Dental	Medical/ Dental, other	Other Med	Area Medical Officer	1333	37	35
Medical & Dental	Medical/ Dental, other	Other Med	Area Medical Officer, Senior	1325	37	35
Medical & Dental	Medical/ Dental, other	Other Med	Associate Specialist	188Y	39	39
Medical & Dental	Medical/ Dental, other	Other Med	Clinical Director (Psychiatric Services)	1406	39	39
Medical & Dental	Medical/ Dental, other	Other Med	Community Healthcare Network, GP Lead	1310	39	39
Medical & Dental	Medical/ Dental, other	Other Med	Director of Community Care	1319	37	37
Medical & Dental	Medical/ Dental, other	Other Med	Director of Public Health	1318	37	37
Medical & Dental	Medical/ Dental, other	Other Med	General Practitioner-Substance Abuse	152X	TBC	TBC
Medical & Dental	Medical/ Dental, other	Other Med	Medical Director	1945	39	39
Medical & Dental	Medical/ Dental, other	Other Med	Medical Officer	1503	39	35
Medical & Dental	Medical/ Dental, other	Other Med	Medical Officer, Principal	1791	37	35
Medical & Dental	Medical/ Dental, other	Other Med	Medical Officer, Senior	183T	37	35
Medical & Dental	Medical/ Dental, other	Other Med	Occupational Health Physician	1961	37	35
Medical & Dental	Medical/ Dental, other	Other Med	Ophthalmic Physician, Community	1491	37	35
Medical & Dental	Medical/ Dental, other	Other Med	Public Health, Specialist	1317	37	35