

Measures to increase staffing levels during current ED/Winter Surge Crisis

The below measures shall apply to hospital sites with 24 hour Emergency Departments, and are to apply for four weekends in January starting on Saturday January 7th for the duration of the national crisis i.e. while the HSE National Crisis Management Team is in operation. If the HSE NCMT stands down prior to the last weekend in January, the exceptional measures will also cease. The Department proposes that the exceptional measures are reviewed in the week of January 23rd regardless of the status of the HSE National Crisis Management Team. Although the HSE Winter Plan extends to later in Q1 2023, it is not expected that the exceptional weekend working measures will continue for the duration of the winter period.

These measures are necessary in the very immediate term given the pressures on ED and supersede any other local arrangements

1. The measures outlined shall apply for weekend periods (8am Sat – 24.00hrs Sun) between Saturday January 7th and end of month.
2. These measures are only to be activated in circumstances where all other possible staffing related options, i.e. use of agency, redeployment, rostering, skill mix, (this is not an exhaustive list), have been fully explored and utilised, and there still remains a continuing staffing deficit that must be addressed to meet service delivery requirements arising. These measures will apply to specialist teams / expertise where they may not be available normally outside Monday to Friday (Acute and Community IPC teams for example)
3. **Staff currently working reduced hours**
Staff who are contracted to work less than the full time commitment for their grade.
 - Where such staff undertake an additional shift of at least 8 hours, duration, they will be paid the appropriate overtime rate (as set out in 4 below, as applies to full time staff, for such additional hours worked).
4. **Full Time Staff**
Full time staff who undertake an additional shift of at least 8 hours will be paid double time for such hours. In addition, such staff will be entitled to TOIL at the rate of 50% of hours worked. By way of example, a person who undertakes a 12-hour shift will be paid appropriate overtime rates, plus TOIL of 6 hours, a person undertaking 10 hours overtime, will bank 5 hours TOIL. The arrangement for taking of TOIL will be worked out at local level depending on service needs and the circumstances, which pertain to this memo, are no longer an issue and will not be granted any earlier than 1 April 2023, in any event.

*The arrangements set out at 3 and 4 above are not applicable in circumstances where staff undertake regular and rostered overtime as part of their normal work pattern.

5. In the event of any staff member undertaking such overtime duties, taking uncertified sick leave in the 7 days immediately following on from such shift, in such instances the enhanced overtime or TOIL arrangements shall not apply, and the staff member concerned will only be remunerated for the overtime period involved at normal rates.
6. **Management Grades – Grades VIII and GM only and equivalent grades in Nursing and Health & Social Care professional grades.**
Overtime is not normally paid to these grades. However, it is recognised that the presence of key managers in these categories during the periods encompassed by the provisions of this correspondence is imperative in helping to address the challenges arising during the period. Accordingly, and solely in light of the particular ED situation arising at this time, it is permissible that staff in these categories be given an equivalent amount of TOIL to the additional hours worked, at a time to be mutually agreed in the future.
7. There will be a need for employers to be cognisant of these provisions of working time legislation where the actioning of the measures set out above are being introduced.
8. The measures outlined apply to all overtime grades of staff, other than as set out in section 7, deemed necessary to ensure the optimum delivery of services over the weekend periods during the month of January 2023.

Hospitals and CHOs will be required to report WTEs and cost of these emergency staffing measures over the period.