

FAQ's about the Associate Nurse Unit Manager (ANUM) and Associate Midwifery Unit Manager (AMUM) role

SECOND Joint Communication

<p>Q1: The Statement of Duties (SOD) is a 'generic' document that does not really suit our area. Can we adapt the SoD to make it more relevant?</p>	<p>A: The SoD is designed to reflect the broad duties required of the role. Changes may be made if required to make the SoD more closely aligned with your ward/units needs but must not alter the overall nature of the ANUM position, and be consistent with the Grade 5 Classification Descriptors. Such changes should be determined at a ward/unit level between the NUM and staff and then discussed with the ADON and/or Organisational Design.</p>
<p>Q2: How is the 'roll out' of the ANUM position occurring?</p>	<p>A: The roll out of the ANUM position is complicated by a number of factors, including a review of other Grade 5 positions on the ward, FTE neutrality, current shift patterns, vacancies, and other unit specific elements. THS, ANMF and HACSU are exploring strategies that ensure the 'roll out' is occurring on each ward/unit including those wards and units that have already have a full establishment.</p> <p>While the role is FTE neutral it is NOT budget neutral. It is anticipated that many current Grade 3 and 4's will apply through a merit based process, which may include EOI and therefore be FTE neutral.</p>
<p>Q3: On some wards, the 'in-charge' person is counted in the 'direct hours' (NHPPD) and with a patient load. Will this change?</p>	<p>A: The fact that a nurse/midwife is included in the 'direct hours' does not mean that the role has to take a patient load. It is the case in many wards/units now that the "In Charge" positions assists other nurses with their workloads and provides clinical direction and supervision therefore providing direct care without having a discrete patient load.</p> <p>It was agreed that where the "In charge" has a current modified patient load this would continue until reviewed, which ensures "FTE neutral". However, on most acute wards, the current "In charge" does not have a patient load.</p>
<p>Q4: What is happening in relation to this role and night duty shifts?</p>	<p>A: The Agreement reached is that the ANUM role is to be implemented on all shifts – 7 days a week (including public holidays) and night duty. There have been areas which have identified needing further review and this is currently the subject of further discussion and negotiation. The agreement is that an ANUM will work night shifts, but with a patient load-as per the current position with the "In Charge" on nights.</p>
<p>Q5: If the ANUM is on night duty will they be able to fulfil the duties required?</p>	<p>A: As the ANUM role would rotate onto night duty (like other shift workers). the night shift gives the ANUM the opportunity to provide nursing clinical leadership (in the absence of the NUM) for night duty staff. This may be of particular value for new staff. It would not be generally expected that an ANUM would be employed on permanent night duty.</p>
<p>Q6: What happens to me if I am already in a permanent Grade 5 Clinical Coordinator Role?</p>	<p>A: Staff currently in Grade 5 roles which may be more appropriately classified as an ANUM, will be approached to consult about their specific circumstances to consider an agreed way forward.</p>