

Submission presented on behalf of SIPTU Health Nurse & Midwife Sector

5th February 2017

This submission seeks to identify the key factors which have negatively impacted on nurse and midwife health professionals since 2009. These factors are having a continued impact on the inability of the employer to attract, recruit and retain staff within these important services.

The measures identified have all contributed to a considerable reduction in the terms and conditions of nurses and midwives over the past number of years.

Labour Market:

Ireland, as in most developed countries, is suffering from an acute shortage of nurses and midwives. SIPTU contends that the challenges arising within the public health system arise, in part, from uncompetitive rates for pay and commitments to further education which are available in the private sector and abroad.

Since 2009, nurse and midwife numbers employed by the public health service have dropped by approx. 3,200. Repeated efforts to attract the return of graduate nurses and midwives have failed to produce any real results.

This finding has been supported by the report published by SOLAS entitled '*Expert Group on Future Skills Needs – National Skills Bulletin 2016*'.

Within the report, the Expert Group identified that shortages exist *for 'nurses – advanced nursing practitioners (e.g. intensive care, operation theatre, theatre nurse management, registered nurses (e.g. general nurse, cardiovascular care, elder persons care, childrens care, intellectual disability care, mental health care) and clinical nurses'*.¹

Given the challenges arising, SIPTU contends that the following issues should be considered in addressing the shortfall shortage.

¹ SOLAS 'National Skills Bulletin 2016' – Healthcare Occupations (pg. 105-107)

- **Restoration of pre-2010 Pay scales:**

In line with other colleagues within the public service, we are calling for the restoration of the pre-2010 pay scales.

- **Removal of the Pension Levy:**

In line with other colleagues within the public service, we are calling for an orderly withdrawal of the pension levy for all public service workers.

- **Staffing Levels:**

Staffing levels within nursing and midwife grades have been reduced by over 3,200 since 2009. As a result, approval is required to re-establish staffing levels to an appropriate level which ensure that nurses and midwives are resourced to provide for the needs of their patients.

- **Recruitment/Retention:**

The public health system has not been able to retain graduate nurses and midwives over the past number of years. This is a direct result of the policy of Government in reducing public sector pay and conditions across these grades. Coupled with the inability of the Irish system to compete with other foreign countries such as the UK, USA, Australia and Canada, the Irish private health sector is offering packages which are not being met or equalled by the Irish health system.

In 2015 the HSE initiated a recruitment drive in the UK in order to attract the return of Irish Nurses and midwives back to this country. Due to the non-competitive nature of the package offered, the drive returned approximately 80 nurses and midwives to return. Of these, more than 50% returned back to the UK within the first 12 months of return.

As an example of the competitive nature of recruitment from the Irish private health system, it is common that incentives such as 'signing on payment', 'negotiable increment progression', 'rent assistance' and 'loyalty bonus' are common. None of these incentives are comparable within the public health system and therefore it is not able to compete for the recruitment/retention of staff.

Action needed: We contend that it is imperative that the mechanism for payment and reward of nurses and midwives is reconsidered in order to ensure that we are competitive to attract staff to the public service. Such a review should ensure that appropriate research into the scope of packages on offer in the Irish private and foreign health sectors is conducted to evidence the extent to which the public health service is not competitive.

- **Working Hours:**

Under the terms of the HRA, nurses and midwives work an extra 1 ½ hours per week on a fulltime basis (39hours). This equates to approximately 70.5 extra hours per year being worked without payment. The additional hours are deeply unpopular with our members and also have a further negative impact by delaying access to premium earnings. It is also important to state that the level of additional hours worked by nurses and midwives is greater for these categories of staff when compared to most other groups who are covered by the PSA.

Action: restoration of 37.5hour working week.

- **Allowances:**

A number of allowances for nurses and midwives were removed/restricted for payment as part of the Government review of allowances in 2011/2012. The abolition of allowances for nurse and midwife grades included: Dual Responsibility, Midwifery Qualification, RGN in the Community, Nurse Co-Ordinator allowance, Specialist Co-Ordinator allowance, Specialist Allowance for weekends/public holidays and Nurse assigned to Occupational Therapy.

Action needed: we are calling for a review of the decisions made to remove or restrict payment of some allowances within nursing and midwifery.

- **Advanced Practice:**

Within the programme for government, stated commitments for the progression of advanced practice are provided for nurses and midwives professions. It is our position that such initiatives provide benefit for career progression for both nurses/midwives and for the patient/service user. In addition, such initiatives provide real cost savings and evidence real change to traditional mechanisms for service provision.