
Document provided to the
Public Service Pay Commission by the
Chairperson of the Oversight Group

June 2018

Background

Following negotiations between the HSE, the Department of Health, the INMO and SIPTU Nursing in February 2017, which were completed in March 2017, agreement under the auspices of the Workplace Relations Commission was reached between the parties on measures to improve Nursing and Midwifery staffing levels and the recruitment and retention of nurses and midwives.

Under the agreement a commitment was given to deliver a 2017 'Funded Nursing and Midwifery Workforce Plan' which was contained in management proposals dated 8th February 2017 to include 1208 additional posts which were broken down across a number of areas. This figure was subsequently adjusted upwards to 1224.

The management proposals also provided that the delivery of these additional posts would be explicitly incorporated in to the 2017 Operational Plans for each Hospital Group and Community Healthcare Organisation. It was also proposed that their implementation would be managed under the Performance and Accountability framework. It was agreed that Hospital Groups, Hospitals and Community Healthcare Organisations would be facilitated in delegating operational responsibility and authority for Nursing and Midwifery Recruitment to Directors of Nursing and Directors of Public Health Nursing in accordance with the Funded Workforce Plan.

In parallel to and in support of the agreement, the Minister for Health issued a ministerial direction under Section 10 (1) of the Health Act 2004; that the 2017 Nursing and Midwifery Workforce plan as provided for in the management proposals would be prioritised and encompassed in the arrangements for the implementation of the 2017 National Service Plan. The Direction required the HSE to:

1. Report on the performance of the Direction as part of reporting arrangements for implementation of the National Service Plan 2017.
2. To provide special reports by end of June, September and December 2017 on the recruitment of the above agreed posts. These quarterly reports were required to be shared with the INMO and SIPTU and lodged with the Workplace Relations Commission.

In addition, it was stipulated that a High-Level group with representation from the Department of Health, HSE, INMO and SIPTU Nursing to oversee the implementation of various proposals that formed part of the agreement would be set up. The undersigned was requested in late April 2017 to chair the Oversight Group.

Membership and Meetings of the Oversight Group

Membership of the Oversight Group was made up of senior personnel from the Department of Health, HSE, INMO and SIPTU Nursing. Additional representatives attended from each of these organisations depending on the issues being addressed.

The first meeting of the Oversight Group took place on May 10th, 2017. Further meetings took place on 14th June 2017, 21st June 2017, 28th June 2017, 20th September 2017, 25th September 2017, 4th October 2017, 25th October 2017, 8th November 2017, 20th December 2017, 17th January 2018, 8th February 2018, and a number of engagements in March 2018.

A total number of 12 Plenary meetings of the group were held over the period with additional meetings between the Chairperson and both sides separately.

The overall agreement was made up of a number of constituent parts which were

- (i) Management Proposals to INMO, SIPTU in relation to Nurse/Midwifery Recruitment and Retention initiatives dated 8th February 2017 issued on behalf of the HSE, DOH and DPER, and
- (ii) Addendum to Management Proposal on the 8th of February 2017 issued on March 4th, 2017 on behalf of the Department of Health, the Department of Public Expenditure and Reform and HSE management.

The overall agreement included a substantial range of issues as follows:

- Delivery of the 2017 Funded Nursing Workforce Plan indicating an additional 1208 (1224) additional posts to the total Nursing and Midwifery numbers funded and employed at the end of December 2016. This would have had the effect of increasing the total nursing numbers to 37043 WTEs (37059 WTEs).
- Full delegated authority restored to CEOs/Chief Officers for recruitment of funded posts and delegation of operational responsibility and authority to Directors of Nursing/Directors of Public Health Nursing.
- Implementation issues such as the Ministerial Directive and the formation of the High Level Standing Committee to support implementation through the Industrial Relations process.
- The offer of full time permanent contracts for Student/Graduate nurses and midwives.
- Provision for filling of vacancies within the funded Workforce Plan.

The agreement also contained additional provisions for Retention Measures, Workforce Planning, Phase 2 of the Task Force on Nurse planning and Skill Mix, Children's Nursing, Midwifery, Advanced Nurse Practitioners, increase in numbers employed as Clinical Nurse Manager 1 and Clinical Nurse

Manager 2, arrangements for re-hiring Retirees, a coordinated approach to recruitment of nurses and midwives from abroad, proposals in relation to Staff Nurse panels, Career Breaks Scheme, Development of a National Recruitment specific Transfer Panel, Working hours, Post Graduate places, Future plans for new national programs, Targeted Funding, Sponsorship programs, Clinical Leadership initiatives, Pre-registration Nurse Training places, Undergraduate places, Study Leave, Funded Workforce Plan 2017, Health, Safety & Welfare at Work initiatives.

- An Addendum to the management proposals contained additional proposals in relation to Pre-retirement initiatives, restoration of certain allowances for new entrants, Maternity Leave cover, a three-year Nurse and Midwifery Workforce plan, Community Nursing and Midwifery structures, Care of the Elderly, CNM 1s, Leadership, an Education and Professional Development programme, Career Breaks, commencement of a process in relation to RNID, a specific funded Workforce Plan to support the National Children's Hospital, and Agency Conversion.

Overview of Final Report

It should be noted, at the outset, that the role of the High-Level Oversight Committee also referred to within the agreement as a 'Standing Committee' was to oversee the implementation of the agreement in its totality. The group did not have a remit to conduct a review of recruitment and retention, and its work was principally focussed on seeking to achieve implementation of the Agreements between the parties.

The specific outcome in relation to the staffing levels and increases in nursing numbers are contained in the Final Report issued by the HSE to the Minister. The content of the report was, by and large, agreed following consultations with the parties. It was necessary to attach an agreed Chairpersons Note in relation to implementation of a 3-year Workforce Plan as provided for in the Agreement. This matter was referred to the Workplace Relations Commission by the Nursing Unions as an unresolved issue in early 2018. The note is attached as an appendix to this document.

Context

In reviewing the overall outcomes, as they relate particularly to recruitment and retention of nurses and midwives, it is important to understand the context in which this agreement was reached.

Given the agreement on a funded workforce plan, along with the initiatives to recruit and retain additional numbers of staff, 2017 was the first year for a considerable period of time where the

previous moratorium, as it existed over the last number of years was no longer in place. In 2017, the authority to fill vacant positions in nursing was delegated to local level, both CEO and Director of Nursing.

It is understandable that at some Hospital Group, Hospital and CHO levels, practices that applied during the moratorium persisted at least up to the final quarter 2017, in circumstances where overall funding remains a challenge in many areas, given the perennial challenge in relation to budgets.

It appeared to take some time during the year for it to be understood that vacant positions in the Nursing area could, in the main, be filled without a requirement to gain sanction.

Hospital Groups and CHO areas with expenditure challenges continued to struggle with the need to recruit and retain, while at the same time balancing budgets in line with national financial requirements.

Ongoing direct interventions, by National HR, in particular, and the Acute Hospitals Directorate took place throughout the year to address challenges where possible.

While this affected the rate at which Graduate Contracts were offered up until September, it appears that the outturn in relation to Student Nurses and midwives taking up permanent positions meant that the offer of permanent contracts was successful in ensuring that a significant number of staff were recruited in this way.

There was no evidence available to the Oversight Group at the end of 2017 that the Agency Numbers had reduced as a consequence. However, this was predicted to become reflected in Agency numbers during 2018.

From the experience of the Oversight Process, it appears that it takes longer for the effects of any changes agreed and implemented nationally to be applied locally.

The progress in implementing the Agreement made during the year, as identified in the final report, was based on:

- Support from Ministerial level through the Ministerial Order and public announcements
- Joint or shared actions by the stakeholder members of the Oversight group
- Ongoing efforts to ensure implementation of the Agreement by HR at National Level
- Leadership and clarity from Acute Hospitals Division, particularly as the year proceeded
- The positive approach maintained by Unions in communicating with their membership
- The patience and persistence of individual members of the Oversight Group

- Ongoing Recruitment Initiatives at national and local level
- The offer of Permanent Contracts to Student Nurses and Midwives
- Support of this position by the Department of Health

Principal Challenges

One of the principal challenges in dealing with recruitment and retention issues within the Health Service is a lack of live data in relation to recruitment, retention, staff turnover, and exit interview data.

A further challenge, during 2017, related to clarity of funding for the constituent elements of the HSE, including Hospital Groups and CHOs, which initially appeared to delay progress and when finalised gave comfort to the Hospital Groups or Areas that the funding to recruit staff was available.

A lack of clarity around CEO, DON authority to recruit was a feature up to the end of the third quarter but appeared to progress from there on. This is likely to need further reinforcement.

There was an absence of concrete information in relation to the numbers of students going to areas that are in direct competition for nurses and midwives with the public health system. These areas are:

- Private Sector Hospitals
- Private Sector Nursing Homes
- United Kingdom
- European Union
- Australia/New Zealand
- United States
- Other Careers

Data in relation to improvements in and/or success of campaigns to recruit internationally, in relation to returning home was reviewed, indicating that it appears that there may be upturn in this area.

The issue of international recruitment, more generally, appears to be undertaken at Hospital Group or Hospital Level, without full national oversight, despite a commitment to oversee this nationally.

Retention

While examination of retention figures was not a specific aspect of the exercise, this continued to be a feature of feedback from the system and the Nursing Unions. Information provided to the Oversight Group at various stages, indicated that retention remained a significant problem.

Concern was expressed that Graduate Nurses and Midwives are choosing to avail of career breaks or resignation after a relatively short period in the HSE.

During the course of the deliberations and discussions within the Oversight Group, the predominant view was that Recruitment and Retention remains as a significant challenge for the Nursing Workforce.

When it is examined in the international context, it is clear that the need for the Irish Health Service to compete in an international market both in relation to recruitment and retention is going to be a permanent feature of the nursing labour market.

Overall numbers

The Agreement specified that the end of year total numbers, as adjusted, should increase from 35,835 at end of 2016 to 37,059 at end of 2017, a projected increase of 1,224. The figures actually rose to 36,777 an increase of +942, when factoring in student nurses/midwives, or +847 excluding additional student nurses/midwives.

Nursing growth by Grade

Nursing WTE	Dec-16	Dece-17	Change YTD
Total Nursing WTE	35,835	36,777	+942
DON/ADON/Clinical Nurse Manager	7,279	7,434	+155
Clinical Nurse/ Midwife Specialist	1,415	1,483	+68
ANP/ Midwife Practitioner	164	223	+59
Staff Nurse	24,768	25,315	+547
PHN	1,499	1,514	+15
Nursing Student*	405	500	+95
Nursing Education/Other	305	308	+3

**Pre-registered Student nurse are discounted at 50% in census, arising from an INO/Department of Health Agreement.*

This indicates a shortfall of between 282 and 377 staff nurses, equating to between 69% to 77% achievement of the target set within the Agreement, despite the significant input of resources to maximise the numbers during 2017, together with an unprecedented level of commitment from Ministerial, Departmental and HSE Leadership team level.

Change in nurse/midwife WTE Dec 2016 v December 2017

		% of target of 1,224
INMO/SIPTU Agreement	+1,224	
WTE change per HSE Census at December 2017	+942	77%
WTE excluding student nurses/midwives	+847	69%

While a more detailed analysis of the numbers of nursing staff at end 2018, indicates that specific challenges appear to apply to the Mental Health and Maternity/Midwifery areas, there are challenges across all sectors.

Pay Issues

A number of issues relating to pay which did not form part of the Agreement, but were consistently raised by the Unions, related to pay for Graduate Nurses and Midwives as well as a general view that pay, terms and conditions for Nurses/Midwives generally, are contributing significantly to the recruitment and retention problem.

During this process, there were ongoing references to the competition between the HSE and other recruiters, with Nursing Unions expressing the view that pay was a negative factor in the decision making of current and prospective employees within nursing, as to whether they would take up new positions elsewhere or remain within the public health system.

It should be remembered that the Oversight Group were not tasked with either a recruitment and retention review, nor an examination of whether pay levels are a feature of any problem in this area.

Therefore, while the process did not identify that levels of pay are a specific problem, neither did it find that it is not a problem.

During the course of the process, an issue relating to pay of graduate nurses and midwives during the pre-registration and post registration period was raised. It was agreed that, while this was not specifically an item under the Agreement, a small sub-group would examine the issue, and the outcome was that a business case was made by the Department of Health to seek to address the issues raised.

Other relevant issues

While it was not part of the Chairperson of the Oversight Group role to produce a report in relation to the process, I am anxious to respond to questions raised in the context of meetings with the Pay Commission in relation to it.

There are a number of issues that require to be addressed:

- There is a need to have a uniform approach to recruitment of nurses and midwives, while taking into account a level of internal competition between Hospital Groups, Hospitals and CHO areas.
- A modern, fully resourced, I.T. based system which provides the mechanisms to gather and analyse relevant data, on a live basis, in relation to recruitment and retention should be implemented. This should provide access to additional information in relation to Nurses and Midwives exiting the health service and their reasons for doing so.
- The support for locally based recruitment should be upgraded to ensure that Hospitals and areas are supported to undertake recruitment in an efficient manner.
- The efficacy of 'National Panels' should be seriously considered and addressed.
- The fact that Nurses and Midwives are educated and trained within the Irish Health system allows for an opportunity to commence the process of retention from the time the commence as students. A specific, small unit should be developed to co-ordinate the intake, retention and placement of student and graduate nurses and midwives, including enhancing support services for students where appropriate.
- A multi-annual funded workforce plan, by sector and location should be developed. Clarity should be provided to all relevant managers that such funded initiatives are protected and that the funds involve are used for recruitment in Nursing and Midwifery. This should allow Directors of Nursing and Managers to plan accordingly.
- International recruitment initiatives should be streamlines with national oversight.

Conclusion

While I am aware of the overall context of the issues under consideration by the Pay Commission, and their complexity, this document deals with the issues specific to the Oversight Groups remit.

While there may be frustrations among the parties in relation to specific elements of recruitment and retention, some of them outside the sphere addressed within the Agreement, it is the case that much progress was made on issues relating to recruitment and retention as a result of the collaborative approach undertaken.

In my view, it will never be possible to adequately address the challenges without a collective methodology, designed to achieve the best outcomes for the Health Service and Nurses/Midwives.



Sean McHugh
Chairperson
June 20th, 2018