




Public Service Pay Commission Report Review



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Background

- The Public Service Pay Commission was established to advise Government on public service remuneration policy.
- The commission's initial task was the provision of inputs on how the unwinding of FEMPI 2009-2015 should proceed. The first report was published in May 2017.
- Chapter 6 of that report addressed Recruitment and Retention in the Public Service . Section 6.5 identified recruitment and retention difficulties in “Mental Health Nursing, nursing in many other divisions i.e.; general acute, paediatric, midwifery, clinical nurse specialists in some specialising areas”


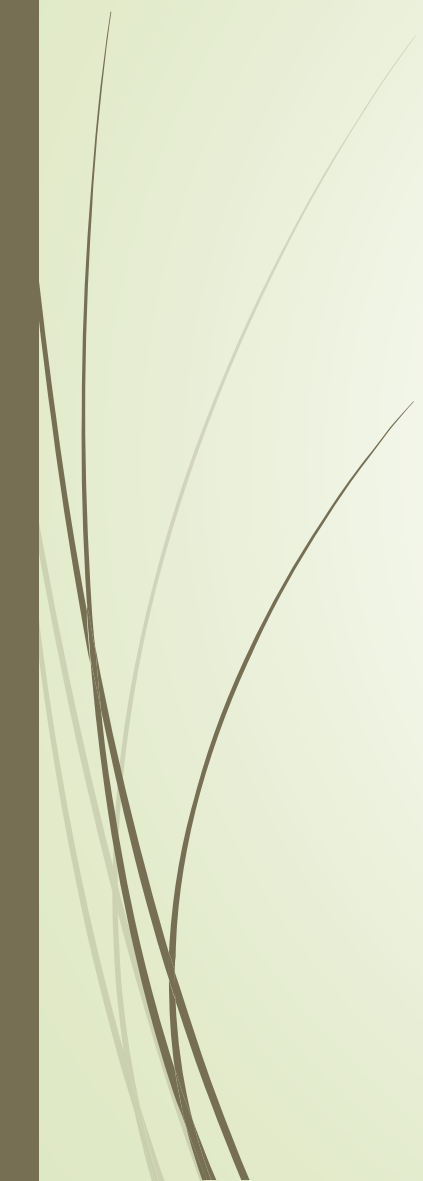



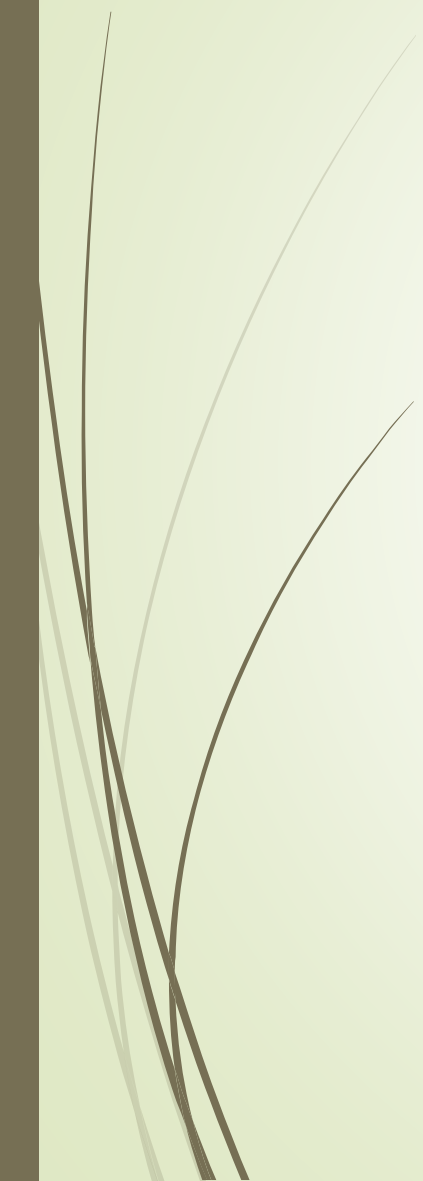
The Public Service Stability Agreement 2018-2020, The Section on Recruitment and Retention States:


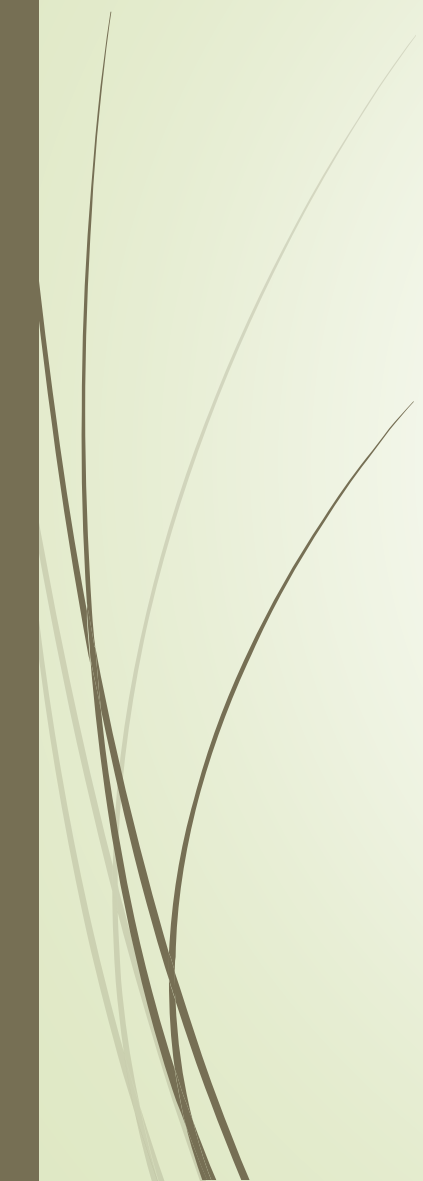
- The Parties note that the Public Service Pay Commission stated in their report at para 6.35 that “consideration could be given to commissioning a more comprehensive examination of underlying difficulties in recruitment and retention in those sectors and employment streams where difficulties are clearly evident”


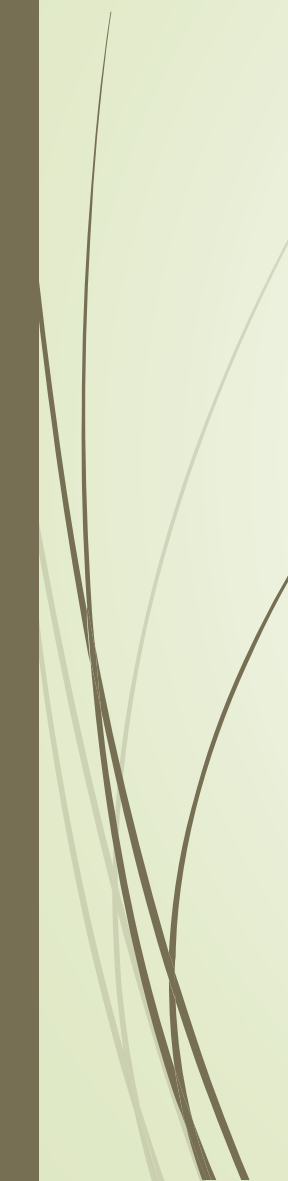
➤ Accordingly the parties agree that:

- The parties to this agreement will have the opportunity to make submissions to the commission on this matter
- The commission will conduct a comprehensive examination and analysis of the particular issues in question, commissioning external expertise as required and taking into account the full range of casual factors in each case. The commission will be asked to generate options for resolving the issues identified. In this regard the commission will develop specific methodological and analytical criteria to support it in carrying out this service.
- The commission will be asked to complete this exercise by end 2018.
- The commission will advise the relevant parties on the outcome of its assessment, which will then be the subject of discussion between the relevant parties. It is accepted by the parties that the output from this exercise will not give rise to any cross sectoral relativity claims.
- The implementation of any proposals that may arise on foot of the commission's report will fall to be considered by the parties.

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- The Commission in relation to recruitment and retention module 1, addressing Nurses/Midwives, NCHD's and Hospital Consultants, commenced their work in September 2017 under the chairmanship of Mr Kevin Duffy.
 - The PNA made 2 comprehensive submissions. The first in November 2017 responding to a template sent out by the Commission in which we identified reasons for recruitment and retention issues, i.e. pay comparisons with other countries/private sector and unequal remuneration using the comparison of therapy grade and HCA salaries. Also outlining the impact on service provision.

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- In May 2018 we were invited to meet the Commission where we highlighted the impact on service provision, competing market forces, nursing shortages, pay anomalies, strongly emphasising the need to address the pay anomalies,
 - The commission engaged with a number of stakeholders from both employer and staff side. They also conducted their own survey with a very low response rate of 9.7% to 12.3% stating in the report that the results should be treated as indicative only. One key finding of the survey was that 36% of nurses intend to leave their current job in the next 2 years.


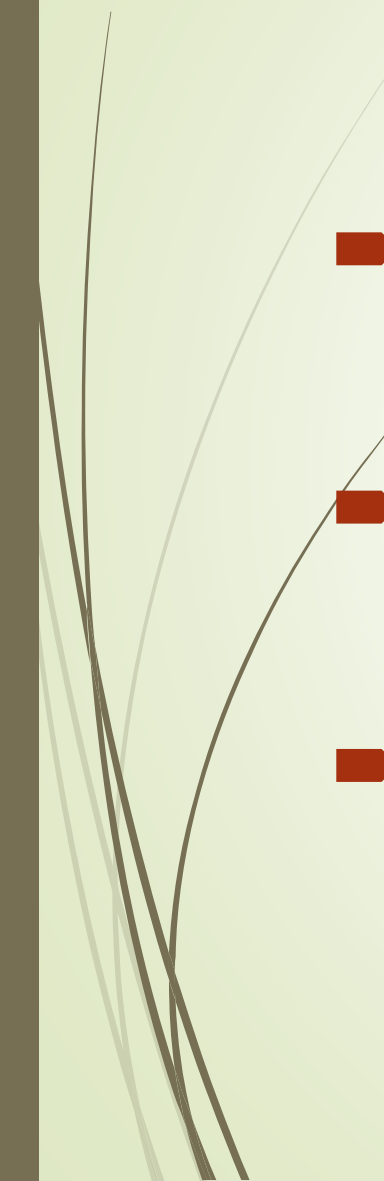
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- The report was eventually issued earlier this month.
 - The commission state they were prevented from undertaking a general pay review for any group by virtue of the Terms of Reference as determined by the Minister for Finance and Public Expenditure and reform. Emphasised by the Minister on 26th October 2017.
 - Despite the staff side submission urging the commission to recommend increased in basic pay as a means of resolving recruitment and retention issues.


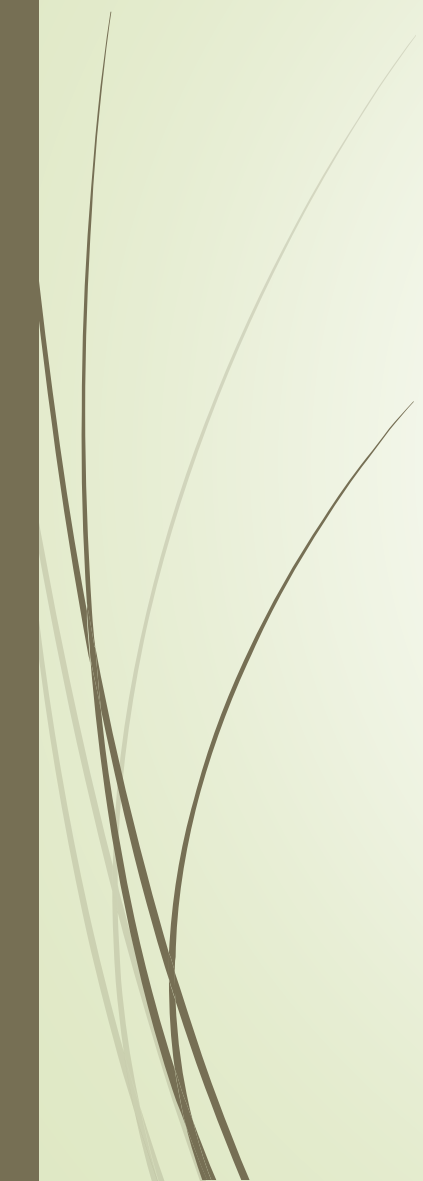
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- An international pay comparison carried out indicated to the commission that, notwithstanding some of the specific non competitive findings, current pay rates do not appear to be unduly affecting the number of nurses, midwives and doctors applying to work abroad. Indeed the commission remains of the view, expressed in its first report, that remuneration is not the main issue impacting on recruitment and retention where difficulties exist.
 - The Commission also references the Public Service Stability Agreement 2018-2020 “precludes the pursuance of claims for increases in pay or improvements in conditions of employment beyond these provided by the agreement.



Trends

- CAO data confirms that applications for Nursing and Midwifery courses remains at around 9%, indicating that nursing continues to be attractive to school leavers. In 2018 5,494 first preferences for 1,830 undergraduate places.
- A 17% increase in Nursing training places since 2015.
- Increase in EU/Non EU NMBI registration.
- Nursing and Midwives constitute 33% of the total staffing of the Irish Public Health Service.


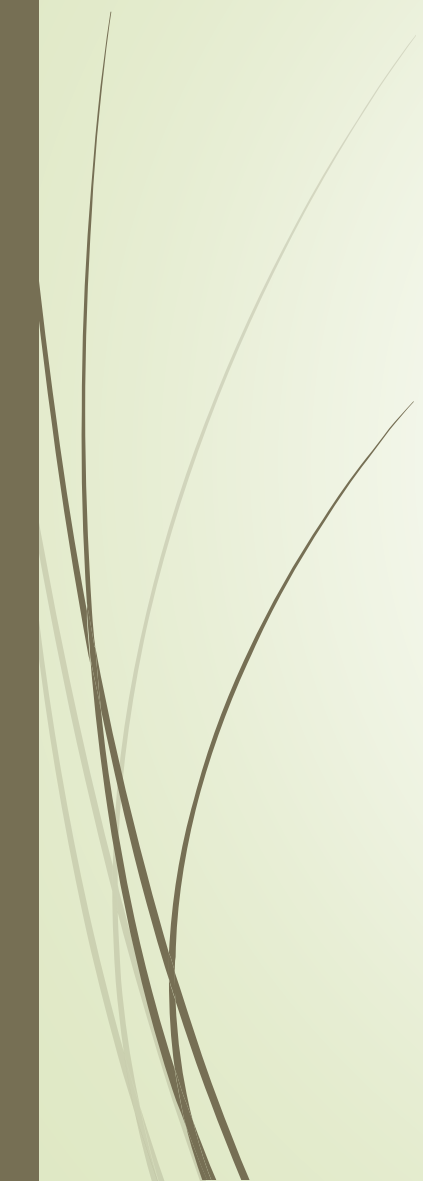
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- 39,006 Nurses and Midwives in 2007
 - 33,768 Nurses and Midwives in 2013
 - 36,777 Nurses and Midwives in 2017


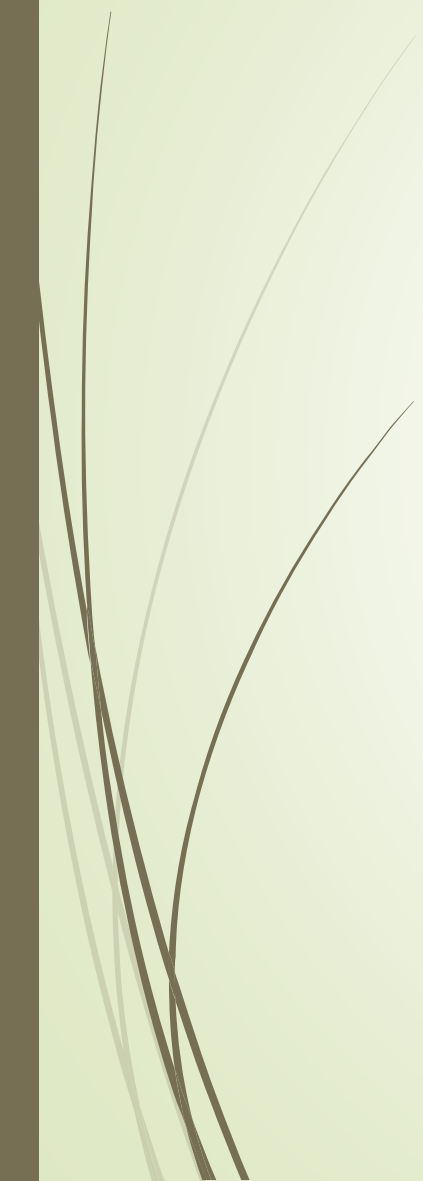
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- The Slainte report recognised an 8% increase in population from 2006 – 2016 resulting in increased demand for services which consequently leads to increase in patient/nurse ratio.
 - Data gaps in vacancy rates, recruitment, competitions, applications, interviews, appointment and retention of employees was identified as a challenge to the commission.
 - The Commission recommends a funded workforce recruitment plan clearly needs to anticipate vacancies that are about to occur as a result of retirement notice, notice of resignation, notification of approved career breaks, maternity leave and ensure that avoidable delays are eliminated. In particular, given that over 90% of the nursing and midwifery workforce are female, it is important to factor in maternity leave to the workforce recruitment plan.





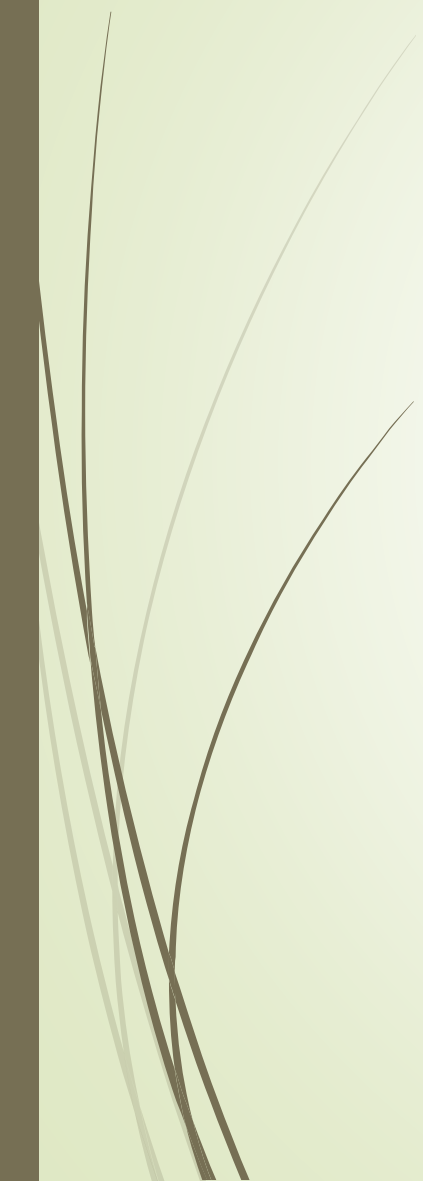
Turnover Rates

- Nursing and Midwifery Workforce analysis in the context of recruitment and retention 2018;
 - 7.3% at staff nurses
 - 6.3% at Nurse Manager
 - 4.3 at specialist grade.
- The commission contends that none of the turnover rates as outlined above are out of line with those experienced in the private sector employment generally.

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- The commissions view is that there is a case for providing additional incentives for nurses to remain in the public sector. Should be targeted at those acquiring additional qualifications and those who accrue long continuous service.
 - Commission recommends both qualification and location allowances should be increased by 20% on the same terms as apply currently and are extended to maternity services.
 - Recommend that eligibility for senior staff is reduced from 20 years to 17 years

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- Commission believes that the post 2011 entrant salary issues will be addressed imminently at a cost of €200 million with an annual average benefit for each WTE nurse of €3,594
 - The Commission was left in no doubt that nurses and midwives are seriously aggrieved at what they regard as anomalies in the current pay structures relative to other professions working in the public health service.

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- The Commission nevertheless believe that thought has to be given by the parties to the Public Service Stability Agreement to consider putting arrangements in place, at an appropriate time, and without compromising the stability of the Public Service pay bill, to allow for the adequacy of current pay arrangements more generally to be fully examined.

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- Furthermore, given the strength of conviction expressed to the commission by the profession about the pay and status comparison with what they regard as comparable health professions and the need for fundamental reforms which will impact significantly on nursing and midwifery in the context of implementing Slainte care, the commission believes there would be value in considering a more general review embracing the full spectrum of issues relating to scope and role (including task transfers), structure, operational flexibility, management responsibilities, professional development and other measures designed to improve quality and efficiency of service delivery in an integrated way alongside any compensation issues to be argued by the staff side.