Independent Hours Body

Outline Template for Submissions to the Independent Body Examining Additional Working Hours (HRA) in the Public Service.

This template is designed to assist all parties, including the Independent Body, to ascertain and review the specific key issues to be addressed and to standardise the responses from the primary stakeholders in relation to the terms agreed in "Building Momentum".

Submissions to be made no later than 11th June 2021

Submissions to be sent to submissions@hoursbody.gov.ie

or alternatively can be mailed to:

Secretariat
Independent Hours Body
4th Floor
St Stephens Green House
Dublin 2.

1. Please a summary of how the additional working hours have had an impact in your sector/on your members?

Following a long and protracted campaign emanating in a dispute, nurses succeeded in having their weekly working hours reduced from 39 hours to 37.5 hours per week in 2008.

Five years later in July 2013, this short lived, 37.5 hours week was increased to 39 hours as part of the Haddington Road Agreement. Our nursing members perceived this as working an additional

1 ½ per week, equating to 78 hours per year for free.

The moratorium on recruitment, from 2007 onwards, resulted in unstainable nursing vacancies throughout the Mental Health and Intellectual Disability Services. Some services had over 20% nursing vacancies with 700 vacancies nationally in the Mental Health Services.

Nationally, This created a huge reliance on overtime and agency to sustain services at a basic level and severely impacted on the rollout of Vision for Change 2006, the Government Policy on Mental Health Services.

The increase in hours had very little impact in relation to the delivery and development of services due to the moratorium on recruitment and difficulty in retaining nurses in such a pressurised environment. Many nurses voted with their feet and left the country to work in services abroad with better conditions and more developed services.

The increase in hours had the impact of nurses been able to spend less time with family resulting in the loss of quality family time and an increase in childminding costs. The additional hours combined with staff shortages resulted in higher levels of burnout and attrition in nursing.

Please provide details of the additional working hours and any increase in overtime divisors.
Following the implementation of the Haddington Road Agreement, revised working hours within the public sector were introduced in July 2013. This resulted in all Nursing grades reverting from a 37.5-hour week (introduced in 2008) to a 39-hour working week. This was achieved by accumulating hours owed to the system or, in most cases, the revision of existing rosters. This resulted in an additional 78 hours of working time for all Nursing grades working within Mental Health services.
The overtime divisors used prior to 2008 was based on a 39-hour working week. This changed to a 37.5-hour week and then reverted to the previous arrangements in 2013, that was agreed at the time. Overtime applying to hours above the agreed working week.

 Please provide details of any issues regarding associated costs with reference to possible replacement mechanisms, e.g. rostering changes, productivity measures, recruitment, overtime/premia payments, agency staffing.
If all grades are included, there are currently 5,075 Mental Health nursing grade WTEs within the service. In totality this group provides 10,292,100 hours per year based on a 39hr week. The reduction of hours to 37.5hrs (9,896,250) will result in a deficit of 395,850 hours. This figure equates to 203 WTEs. We believe that these hours will require replacement in approximately 60-65% of cases. Therefore, we believe that roughly 122-132 WTEs are required to cover 24/7 services. This may be achieved by overtime, agency staff or "bank" Nurses.

4. Please provide details of any issues regarding the operational, service delivery and administrative implications associated with any reduction in hourly work requirements, including the proportion of hours that support direct service delivery compared with those that provide indirect services.
The decrease in hours may require revised rosters in some instances. The majority of nurses provide direct service delivery.

5. Any other comments you may wish to make in relation to additional working hours having regard to the Body's Terms of Reference

The Covid 19 pandemic demonstrated the absolute requirement for 24/7 accessible responsive health services capable of addressing the needs of the Irish population. It has also demonstrated the requirement for frontline workers, nursing being the essential lynchpin in delivering that service. Whilst highlighting the valiant contribution of nursing through the pandemic, COVID 19 has also restricted the usual emigration of nurses to services abroad, for example the UK, Australia and Canada.

The Sláintecare Implementation Strategy (2018)¹ proposes the principle of 'Right Care, Right Place, Right Time. The Mental Health Policy' Sharing the Vision (2020)² sets out current and future service priorities which is a successor policy to 'A Vision for Change' (2006)³. This policy is outcomes focused and contains commonalities to Sláintecare. The similarities between the policies enable access to mental health services through the availability of a flexible, talented nursing workforce, therefore, innovative and creative processes are required to attract the staff, recruit them smarter and retain and utilise this expertise and intellectual capital for the benefit of the population.

In terms of a future retention strategy, we know that:

"There is positive association between the amount of working hours and improvements to employees physical and mental health" (Raediker et al 2009)⁴

The increase of nursing hours by 78 hours per year has had a negative impact on the recruitment and retention of nurses, many of whom have emigrated to Australia, Canada and the UK for better terms and conditions, better developed services and continuous service development.

Others stayed working 37.5 hours with a reduction of pay, others used annual leave to offset the increase in childcare. The reduction in hours will arguably have a positive impact on recruitment and retention of nurses.

To develop and deliver a comprehensive mental health services as per Vision for Change 2006 and Sharing the Vision 2020 there is a requirement for 1500 additional psychiatric nurses.

The following measures would have a significant impact on recruiting and retaining psychiatric nurses.

- Increase the number of undergraduate nursing places.
- The provision of a conversion course to nursing for graduates. Graduate Entry Nursing (GEN)⁵, Report of the Scoping Exercise on the Introduction of Graduate

https://www.hse.ie/eng/services/publications/mentalhealth/mental-health---a-vision-for-change.pdf

¹ Sláintecare Implementation Strategy, 2018, Department of Health https://assets.gov.ie/9914/3b6c2faf7ba34bb1a0e854cfa3f9b5ea.pdf

² Sharing the Vision (2020) Department of Health, Government Publications, Ireland 76770__b142b216-f2ca-48e6-a551-79c208f1a247.pdf

³ Vision for Change (2006), Department of Health

⁴ Extended Working Hours and Health 2009 Britta Raediker, Daniela Janßen, Carsten Schomann & Friedhelm Nachreiner

Mental Health Nursing in Ireland (unpublished) Conducted on behalf of the Health Services Executive Mental Health Division and the Office of Nursing & Midwifery Services by The School of Nursing & midwifery, Trinity College Dublin. Continuously compete with the UK, Australia, Canada, and Private Hospitals to recruit and retain nurses by highlighting reduction in hours, recent salary increase, continuous service development and professional development programmes. **Promote Family Friendly Rosters** Defined Career Pathways. All new registrants are recruited on to the Enhanced Nurse Contract scale.

⁵ Report of the Scoping Exercise on the Introduction of Graduate Mental Health Nursing in Ireland (unpublished) Conducted on behalf of the Health Services Executive Mental Health Division and the Office of Nursing & Midwifery Services by The School of Nursing & Midwifery, Trinity College Dublin.