OPENING STATEMENT TO OIREACHTAS COMMITTEE BY FÓRSA TRADE UNION FOR SESSION ON WEDNESDAY 4TH DECEMBER 2019

Introduction

Fórsa Trade Union warmly welcomes the opportunity to address the Oireachtas Committee on the issue of workforce planning in the health sector. The Fórsa delegation today consists of Éamonn Donnelly Head of Health and Welfare Division and staff colleagues at the Fórsa National Health Office, Chris Cully, Catherine Keogh and Diarmaid Mac a Bhaird. Fórsa Trade Union represents over 30,000 workers in the public and voluntary health sector across a broad diversity of grades, groups and categories. A large portion of the Fórsa represented workforce consists of Health and Social Care Professionals (including Physiotherapists, Speech and Language Therapists, Occupational Therapists, Dietitians, Podiatrists, Psychologists, Social Workers, Social Care Workers, Pharmacists, Physicists, Audiologists, Orthoptists). This list is far from exhaustive. Fórsa also represents a very large cohort of clerical/administrative and management grades.

Workforce planning

The concept of workforce planning is widely accepted as planning to place the right number of people with the right skills in the right place at the right time. In the area of healthcare, this should be designed with the sole ambition of providing improved patient outcomes which, in turn, deliver better care and improved quality of life. There are a number of contributing factors which militate against effective healthcare workforce planning and, thus, bring about a much reduced capacity to achieve such improved patient outcomes.

Taking a step back and reactive planning

The Irish health sector has been pieced together over 90 years as a composite of state and voluntary services. It has traditionally been dominated by the acute hospital sector. It is at best, disjointed. The Irish Health Service is resourced with highly competent workers who work honestly and diligently. However, such diligence is often compromised by a systems failure which consequently fails to deliver the required levels of improved patient outcomes. The social and political measurement of the performance of our health services is most often based upon the number of patients waiting on hospital trolleys and the length of hospital waiting lists. This crude measurement leads to reactive and pressure based planning. The cyclical nature of system failure and reactive planning will never bring about an integrated healthcare system which focuses on Health Promotion and Improvement, Community Based Health Intervention and appropriate acute hospital healthcare. Effective workforce planning requires taking a step back and planning to resource the type of health system envisaged in the Sláintecare model.

The Funding Model

The current funding model whereby year on year funding allocation is distributed is not fit for purpose for an effective integrated healthcare system. Inevitably, as overspends arise, a cap in hand approach applies in whatever area of healthcare is attracting the most noise at a particular point in time. For example, if a particular controversy arises in Mental Health, unplanned supplementary resources are provided to ease political pressure. This approach can only lead to a funding 'turf warfare' and accordingly, we will never get to a point where preventative interventions realise their full value to society. If the fundamental principles of Sláintecare are to be achieved, multi-annual budgeting will be a necessity.

Recruitment of Staff

The responsibility for recruitment of staff lies with National Recruitment Services (NRS). NRS is resourced with a cohort of highly dedicated staff which, put simply, is operating way beyond its capacity to generate timely staff recruitment. NRS is inhibited by rules surrounding the 'Recruitment Licence' in addition to the sheer size of the task of recruiting staff on a national basis. Furthermore, the lack of a formal staff mobility policy ensures that there is a residue of workers seeking geographical relocation while at the same time residing on placement panels whereby they are offered positions in areas outside of a geographical preference. A mobility policy would greatly ease the pressure on the system in this regard. The crude instrument of a recruitment freeze also introduces layer upon layer of derogation processes which take months to overcome, leaving vital posts remaining vacant or the utilisation of agency workers at a demonstrably higher cost to the state.

Health and Social Care Professionals

There exists a chronic situation with regard to vacant HSCP posts. The direct effect of this is felt by patients in need of interventions. The 'rate of churn' of HSCPs is in excess of 7%, second only to Hospital Consultants. The Sláintecare model references the need for an additional 1,400 HSCPs. This figure does not even take into account the number of alarming and critical gaps in the current structure. As we seek to move to a model which places more emphasis on community based health intervention which frees up acute hospital services to deliver what is needed in that area, HSCP recruitment cannot simply be an option. Without significant HSCP recruitment, the model simply will not get beyond the starting line. On an ongoing basis, the built-in excess wte planning which applies in nursing to cover maternity and parental leave should apply to HSCPs, as 80% of HSCP staff are female. Additionally, there should be automatic progression from Basic to Senior Grade Therapist after 5 years practice subject to competency validation. This would be of great benefit to isolated rural areas as a therapist who has built up an intervention/patient relationship would not need to move from that rural area to attain career progression. There is also a clear need for a HSCP advocate in the Department of Health, which would operate in its own stream and not within a nursing reporting arrangement.

CHO Primary Care Networks

Fórsa Trade Union has given its support and cooperation to the establishment of 9 Learning Sites (1 per existing CHO) in the area of Primary Care. The establishment of the 9 Learning Sites brings about significant change in the way HSCPs currently work. In order for the Learning Sites to succeed, they

must be adequately staffed. If the Minister for Health's proposal to create 6 Integrated Care Organisations to replace the current configuration of 9 CHOs and 7 Hospital Groups comes about, it is likely that the Network Model trialled in the 9 Learning Sites will continue. It is imperative, therefore that if the 9 sites are deemed to be a success with adequate staffing, then the growth into more geographical networks are adequately staffed in the same way.

Clerical/Administrative and Managerial Grades

There is an accepted lazy narrative in social and political circles that the health sector is awash with administrative staff and managers. This is neither true nor fair. In fact the number of administrative staff by ratio in the Irish Health Sector is lower than many international comparators. Clerical staff are charged with tasks such as paying the wages of doctors and nurses and are often the first point of contact for members of the public. The acceptance of the narrative referenced above is demoralising on this group of workers, many of whom bore the biggest brunt of the cull on staff numbers during the financial crisis at great personal cost. Health Sector managers are simply vilified for lack of performance and accountability, where, in reality, the system is failing due to ad hoc planning. Fórsa Trade Union is supportive of a performance system for senior managers, as, at least, such a system protects senior managers from a generic allegation which is made without any real basis. It would be hard to find, for example, many workers in the health system, with as onerous a responsibility as borne by Heads of Social Care in the CHO structure. In fact the dangerous level of risk borne by these workers has been independently verified. Recently there was an announcement in the national media (without any reference to this union) of the need to whittle down the number of managers in the system. This assumption is made without any meaningful analysis. In fact, this approach was tried before, resulting in a massive deficit of corporate and intellectual knowledge which in turn generated a subsequent re-establishment of previous numbers.

Fórsa Trade Union once again thanks the Committee for its attention and time and we will endeavour to answer any questions you may have either on the day itself or by further correspondence.