



Irish Nurses and Midwives Organisation
Cumann Altraí agus Ban Cabhrach na hÉireann
Working Together

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General Secretary
Phil NiSheaghda

PNS/CC

30th July 2024

Mary Butler TD
Minister of State for Mental Health and Older People
Department of Health

Email: mary.butler@oireachtas.ie

Re: Announcement of Government funding of a new Postgraduate Gerontological Nursing Programme initiative for the private LTRC.

Dear Minister Butler,

Thank you for meeting with the Irish Nurses and Midwives Organisation on Thursday, 18 July 2024 to discuss the Government Press Release on the 6 June 2024, 'Ministers Butler and Collins announce €3.2 million for new Postgraduate Gerontological Nursing Programme'. As an outcome from the meeting we agreed to forward you issues of concerns that the INMO have identified.

Overall, the INMO welcomes the announcements on the investment in postgraduate gerontological education for nurses and recognise the urgent need to focus on the development of education and career pathways for nurses in the Long-Term Residential Care setting (LTRC), as outlined in the COVID-19 Nursing Homes Expert Panel Examination of Measures to 2021 Report. However, it is important to recognise that the Report did not specifically recommend postgraduate gerontological training education programmes for staff in the private nursing home sector should be funded through public finances. It was recommended that the role of the Department of Health should focus on 'regulation'. We believe that the responsibility for funding education for nurses in the private LTRC should primarily rest with the employer.

It is important to outline the INMOs position regarding LTRC. The INMO is aligned with the Sláintecare strategy and continues to support the call for 'Ending the over-reliance on market mechanisms to deliver new health care services by the expansion of public nursing homes and homecare' (p77) as stated in the 'Committee on the Future of Healthcare Sláintecare Report' (May 2017).

We are concerned that the private nursing home sector continues to grow and is becoming increasingly concentrated in the hands of a small number of profit-driven operators supported by private equity funds. Currently, it is reported that 81% of all beds are now provided by private nursing homes with 14 large operators dominating the sector. Additionally the ESRI

report into LTRC in Ireland since the COVID-19 pandemic highlighted that between February 2020 and December 2022, that almost 700 beds were closed in public LTRC homes (Walsh and Connelly, 2024). This raises the question about how serious the Government are in following through on their commitment to expand public nursing homes. It also raises questions about the alignment between profits and resident outcomes and the influence of these providers in negotiating funding to provide care. Funding for private LTRC must be linked to greater transparency and publication of financial accounts to determine the contribution of private LTRC operators to safe staffing and skills mix, education and training support, issues emphasised by the COVID-19 Nursing Homes Expert Panel.

The INMO agrees with COVID-19 Nursing homes Expert Panel Report that highlighted as 'critical' the need to address issues related to staffing, roles, conditions of employment, the development of education and career pathways in nursing homes.

We believe that the Government should provide for a framework of enabling conditions for collective bargaining. This should include measures for easing access of trade union representatives to nurses and other workers in the private LTRC sector. This should be a prerequisite to any funding provided and set out in the service level agreement (SLA) covering the funding. (As discussed, the German Government have recently introduced this provision in relation to public procurement and it is the ICTU position that Ireland must follow this example)

Your team were unable to confirm if this requirement was set out in the SLA and committed to reverting to us in regard to same.

The INMO believe that the allocation of public funding to support private nursing homes to support Postgraduate education is an opportunity for Government to secure a commitment for positive change from the private LTRC sector. This must include collective bargaining rights, improvements in working conditions, the implementation of the safe staffing framework and a commitment from the private nursing home to support the continuing professional development of nurses in the sector.

As set out above your team were unable to confirm if this requirement was set out in the SLA.

The INMO believe that the allocation of €3.2 million to private nursing homes for Postgraduate education of nurses in gerontology requires further detail and clarification. The role and commitment of the private LTRC operators is unclear. Further detail and commitment on the cover that the employer will provide while the nurse is participating in the education programme. The Government must obtain reassurances that nurses undertaking the programme are not expected to shoulder the burden of working full-time and attending teaching component of the programme in their own time. There must be a commitment from employers to release nurses to attend the teaching and learning components of the programme whether in-person or online.

As set out above your team were unable to confirm if this requirement was set out in the SLA.

Recognition for completing a postgraduate specialist programme in nursing must be linked to specialist allowances and career opportunities in specialist and advanced nursing practice. The Department of Health 'Policy on the Development of Graduate to Advanced Nursing and Midwifery Practice' must be used as a basis for developing clinical nursing career pathways

in private LTRC and factored into any agreement for access the funding related to this initiative. This is critical to ensure equity of opportunity and pay between the public and private sectors. Failure to address this issue will result in nurses who have completed the postgraduate course in gerontological nursing leaving the private LTRC to take up position in the public sector where their specialist qualification will be recognised with the appropriate allowances and career opportunities. Failure to address this issue will ultimately undermine the initiative and dramatically reduce the potential of achieving the expected outcomes.

As set out above your team were unable to confirm if this requirement was set out in the SLA.

It has been established and is accepted that registered nurses make a difference to patient safety and care outcomes. We believe that this is true in all healthcare settings that nurses practice including LTRC with its increasing levels of complexity and acuity. Nurse safe staffing and skill mix are fundamental to ensuring patient safety, reducing morbidity and mortality and improving patient (resident) satisfaction. The INMO believe that any funding allocated to the private LTRC must be linked to the introduction of the Safe Staffing and Skill Mix Framework (once the report is completed). This will require private LTRC to move from the current cost of care model to a model based on dependency assessment. This will also require the utilisation of registered nurses to their full potential and to optimising the full extent of their scope of professional practice.

Private nursing homes already recognise the important role of collective bargaining and representation. Nursing Home Ireland (NHI), an employer's organisation, states on its website that their members accounts for '90% of all private and voluntary nursing home beds in the State'. The INMO believe that the right to choose to participate in collective bargaining must be extended to nurses and all workers within the private LTRC sector. When considering all employment sectors there is currently only 34% collective bargaining coverage. Private Nursing Homes if availing of state funds should have this contingent on collective bargaining for their staff in the Service level agreement with the state funder.

The INMO pose the question 'why should tax payers monies go to a private LTRC' who deny their workers access to collective bargaining, should they want it. The INMO argues that any public funding allocated to private LTRC through the Nursing Homes Support Scheme, Government initiatives or public procurement should be contingent on collective bargaining to determine terms and condition of employment for the workforce.

We also have concerns that there will be an increasing expectation that the Government will use public finances to fund the education and CPD of nurses employed by private LTRC. The Nurses and Midwives Act 2011 (Section 90.) places an obligation on employers to facilitate and support professional development of nurses. This will becoming increasingly important with the introduction of the NMBI Professional Competence Scheme, expected to be introduced in 2025. It is our view that funding of CPD and continuing education for nurses must be factored into the business plan for nursing homes in the private sector to ensure that they can provide safe care to residences and to enable them to fulfil their obligations under the Nurses and Midwives Act. We believe that the Government must resist any call for public funding that would enable private LTRC to avoid fulfilling their obligations to provide support for ongoing CPD for nurses they employ. This obligation must remain with the employer and not the state. If the state funds, as is the case in point, then conditions must be attached to the service level agreement as set out in this correspondence.

Overall, we believe the state intervention with private employers providing services on behalf of the state must have conditions attached. We set out in this correspondence what these should be.

It was not known if these conditions were included in the SLA and we submit, that if not then the funder- state must insist that the employers provide these assurances to the state now. This can for the basis of a letter of understanding between the funder(state) and employer.

The funder must be conscious that as set out the INMO is very concerned relating to conditions of employment for the staff employed and the many examples of potentially exploitive treatment of some of the workers recruited as we are aware of through our representative role.

As set out the INMO provided insurance for specific categories of private sector workers and if any expansion to practice emanates from this agreement we must be consulted and given time to consult with the underwriter.

In addition, we set out that the services in question when provided a large portion of state work – through service level agreement – should be encompassed in the state claims agency provision of indemnity. We await your response to this specific issue.

We look forward to your reply and think that the specific policy issues could benefit from a follow on meeting with you and your team.

Thank you for your attention to this note

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PHIL NÍ SHEAGHDHA
General Secretary
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