

# Official Side Submission to Public Service Pay Commission (Final) 21<sup>st</sup> February 2017

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## 1. Introduction

The Irish public health service is one of the largest employers in Ireland with a workforce of over 107,000 whole-time equivalents who deliver care across the country (see appendix 1 for details).

The recruitment embargo introduced by Government in March 2009 meant that there were limited jobs in the health service for nursing, many medical and social care graduates leaving college/ university each year. At the end of 2013, the HSE had a total of 99,959 employees (WTEs). This represented a reduction of 12,812 WTEs (-11.4%) since the peak in October 2007<sup>1</sup>. The ‘real reduction’ was in the order of 15,400 WTEs when subsumed agency, filled new service developments and transfer of functions to other sectors are taken into account.

According to the National Skills Bulletin 2016, during 2016 shortages were observed in an increasing number of occupations and sectors compared to recent years. Of note, nursing, medical and radiography are listed as some of the key skill shortages (defined as where domestic supply and skills/ labour is insufficient to meet demand).<sup>2</sup>

## 2. Profile of HSE Staff (December 2016 data)

### 2.1 Workforce size, occupational composition and distribution

According to the December 2016 Census 107,085 WTEs were employed in the public health service in Ireland. This included 9,723 doctors/ dentists (9%), 35,835 nurses (33.5%) and 15,364 health and social care professional (14.3%). These 3 staff groupings together made up 57% (60,922 WTEs) of the entire public health sector workforce at the end of 2016.

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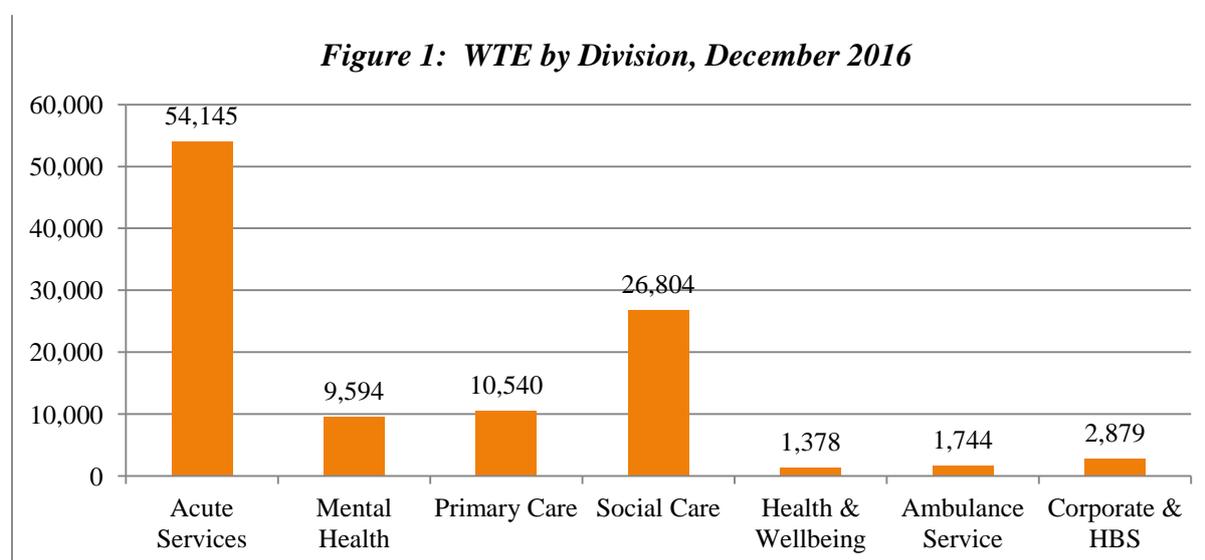
<sup>1</sup> Health Service Personnel Census, various years

<sup>2</sup> National Skills Bulletin 2016, SOLAS Expert Group on Future Skills Needs <sup>3</sup>  
Health Service Personnel Census, December 2016

**Table 1: Workforce position December 2016<sup>3</sup>**

Staff Grouping	WTE Dec 2016	Percentage
Medical / Dental	9,723	9.1%
Nursing	35,835	33.5%
Health & Social Care	15,364	14.3%
Management/ Admin	16,767	15.7%
General Support Staff	9,448	8.8%
Patient & Client Care	19,949	18.6%
<b>Total</b>	<b>107,086</b>	<b>100%</b>

The distribution of staffing according to care division shows that just under 51% were employed within the Acute Hospital Services (WTE 54,145) followed by 25% (26,804 WTEs) in Social Care.<sup>3</sup>



Public health sector employment as a proportion of total employment stood at 5.3% at the end of 2016<sup>4</sup> when the total number employed in the state was recorded as 2.027 million.

## 2.2 Demographic profile of HSE staff<sup>5</sup>

### 2.2.1 Age Profile

The demographics of the health workforce have significant implications for future workforce planning decisions. Factors such as age and gender impact on the replacement demands for staff need to be considered when determining supply of certain occupations.

<sup>3</sup> *Ibid*

<sup>4</sup> *National Skills Bulletin 2016, SOLAS Expert Group on Future Skills Needs*

<sup>5</sup> *Health Informatics Unit, HSE, December 2015*

Approximately 65% of all HSE employees (excluding voluntary) are aged over 40 years with 21% aged under 35 years. In contrast 31.6% of those employed in the general population are aged under 35 years<sup>6</sup>. Table 2 shows the age profile of staff currently employed by the HSE.

**Table 2a: Age profile of HSE staff (excl voluntaries) 5Year Age Bands**

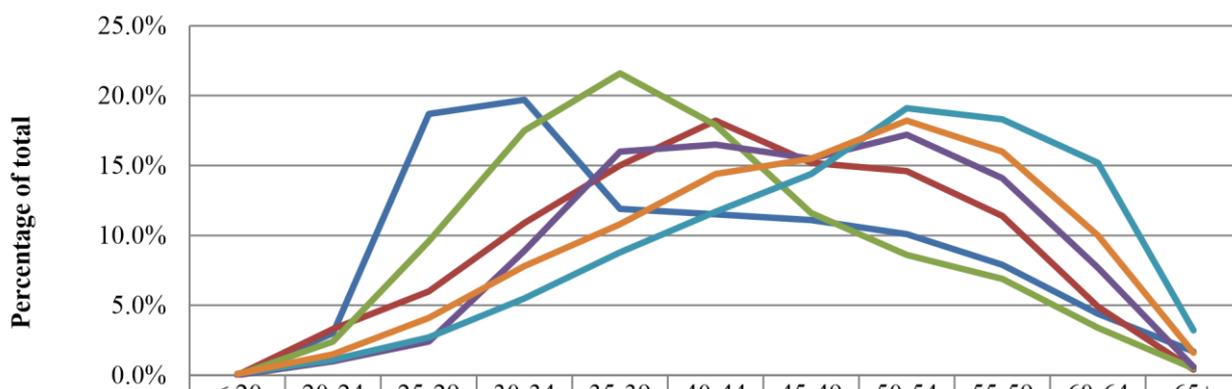
Age Band	Percentage	Cumulative %
< 20 years	0%	0%
20-24 years	3%	3%
25-29 years	7%	10%
30-34 years	11%	21%
35-39 years	14%	35%
40-44 years	16%	51%
45-49 years	14%	65%
50-54 years	15%	80%
55-59 years	12%	92%
60-64 years	7%	99%
65+	1%	100%

**Table 2b: Age profile of HSE staff (excl voluntaries) by staff category, Sept 2016**

Age Band	Medical/ Dental	Nursing	Health & Social Care	Mgt/ Admin	General Support	Other Patient & Client Care	Total
< 20 years	1	3	1	1	4	14	24
20-24 years	209	926	238	126	75	207	1,781
25-29 years	1,307	1,681	960	311	180	548	4,987
30-34 years	1,376	3,049	1,749	1,134	371	1,042	8,721
35-39 years	835	4,175	2,155	2,047	598	1,451	11,261
40-44 years	804	5,077	1,782	2,116	794	1,941	12,514
45-49 years	774	4,233	1,154	1,985	978	2,083	11,207
50-54 years	706	4,060	855	2,209	1,296	2,445	11,571
55-59 years	551	3,177	685	1,812	1,243	2,146	9,614
60-64 years	311	1,375	339	989	1,034	1,348	5,396
65+	121	125	54	83	214	214	811
<b>Total</b>	<b>6,995</b>	<b>27,881</b>	<b>9,972</b>	<b>12,813</b>	<b>6,787</b>	<b>13,439</b>	<b>77,887</b>

<sup>6</sup> National Skills Bulletin 2016, SOLAS Expert Group on Future Skills Needs

**Figure 2: Age profile as % of total (excluding voluntary)**



	< 20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
Medical/ Dental	0.0%	3.0%	18.7%	19.7%	11.9%	11.5%	11.1%	10.1%	7.9%	4.4%	1.7%
Nursing	0.0%	3.3%	6.0%	10.9%	15.0%	18.2%	15.2%	14.6%	11.4%	4.9%	0.4%
Health & Social Care	0.0%	2.4%	9.6%	17.5%	21.6%	17.9%	11.6%	8.6%	6.9%	3.4%	0.5%
Management/ Admin	0.0%	1.0%	2.4%	8.9%	16.0%	16.5%	15.5%	17.2%	14.1%	7.7%	0.6%
General Support	0.1%	1.1%	2.7%	5.5%	8.8%	11.7%	14.4%	19.1%	18.3%	15.2%	3.2%
Other Patient & Client Care	0.1%	1.5%	4.1%	7.8%	10.8%	14.4%	15.5%	18.2%	16.0%	10.0%	1.6%

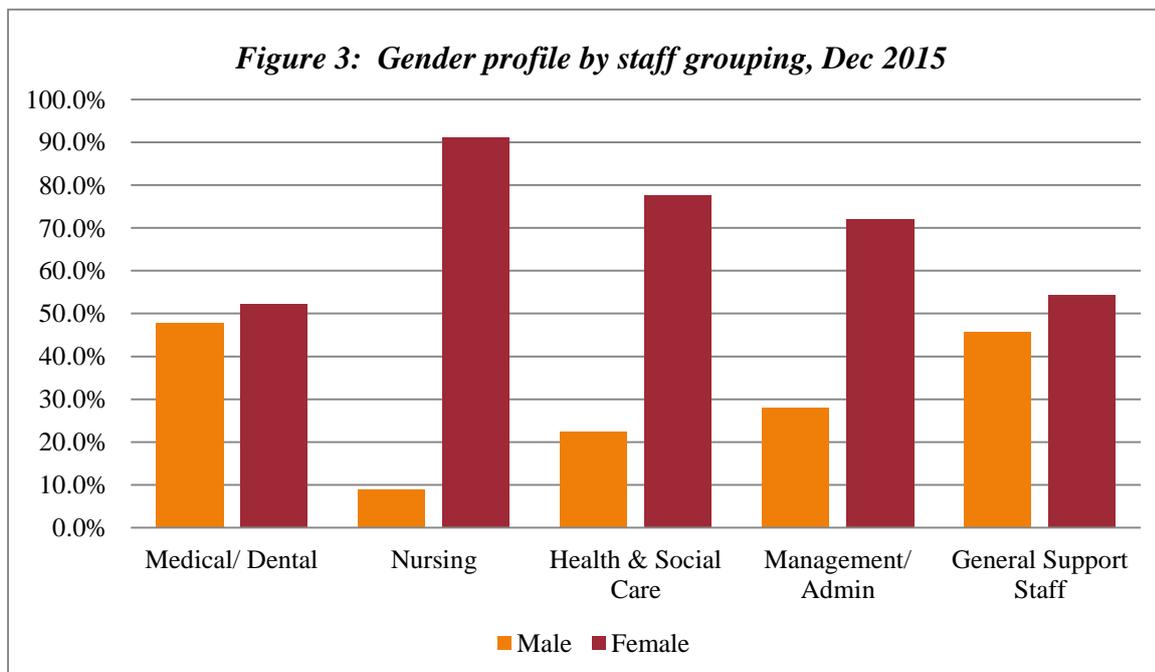
### 2.2.2 Gender profile

An analysis of the gender profile of HSE staff carried out at the end of December 2015 showed that the healthcare workforce was mainly female at 77.6%. This compares with women making up 45.9% of the workforce across Ireland in general<sup>7</sup>.

Of the three staff groupings discussed above, doctors and dentists were more or equally distributed male to female (52.3%). However, consultants had more males at 62.5% whereas NCHDs had a marginal female majority at 52%.

By contrast, nurses and midwives were mainly female at 91%.

<sup>7</sup> National Skills Bulletin 2016, SOLAS Expert Group on Future Skills Needs



### 2.2.3 Staff turnover

Staff turnover in 2015 was 5.8%, up from 5.2% in 2014. The highest turnover rate was in Health and Social Care Professions at 8% and General Support Staff at 8%. The lowest was within the Medical/ dental staff grouping at 3.55%. Table 3 provides a high level analysis of turnover rates for 2015 and 2014.

**Table 3: Staff Turnover, 2014 and 2015**

Staff Grouping	2014	2015
<b>HSE Total</b>	5.2%	5.8%
Medical/ Dental	19%	3.5%
Nursing	5%	7%
Health & Social Care	5%	8%
General Support Staff	5%	8%

Rates of attrition among new entrant staff over last three year period for agencies encompassed by the report from Health Business Services identify an attrition rate of 30.4% (the total number of new entrants over the last three years was 16,592 headcount and the number of those entrants that since exited is 5,052 headcount).

Details on turnover/ attrition for all staff in general for 2016 are not yet available. Indications are that this data will be available end March 2017 as part of the health service personnel census profile report on staffing.

## Retirements, 2014-2016<sup>8</sup>

The total number of retirements within the three core staffing categories (Nursing, Consultant, and Allied Health Professionals) is presented in table 4 below while table 5 provides more detailed information on all retirees during Q4 2015 and Q1 2016. Information on expected retirements over the next three years was sought however this data is not currently available for staff in general.

**Table 4: Number of actual retirements over the last three years**

Staff Grouping	2014	2015	2016	Total
Consultants/Doctor/Dentist	75	69	43	187
Nurses	690	744	675	2,109
Allied Health Professionals	114	99	114	327

**Table 5: Retirees, Q4 2015 and Q1 2016**

Staff Grouping	Q4 2015	Q1 2016
Medical/ Dental	6.85	8.05
Nursing	102.75	90.1
Health & Social Care	19.01	26.67
Management/ Admin	37.53	48.45
General Support Staff	47.27	55.85
Other Patient and Client Care	53.87	54.75
<b>Total</b>	<b>267.28</b>	<b>283.88</b>

Expected retirements for Consultants in 2017 amounts to 19 with a further 29 expected in 2018.<sup>9</sup>

## 2.3 Recruitment & Retention

### 2.3.1 Recruitment and Retention Challenges

While there are shortages of various categories of staff across the health service, it is experiencing particular difficulties recruiting nursing in certain specialist areas (particularly specialist posts in theatre, ED, paediatric ICU and theatre), psychiatry and radiography which are also in demand internationally.

Increasing the pay of health service professionals will not in itself address the issue. There are a range of other factors that are also relevant including:

- Pressurised work environment which impacts on employees' ability to deliver patient care

<sup>8</sup> National Recruitment Service (NRS)

<sup>9</sup> National Doctors Training and Planning, HSE

- Provision of continued professional development, paid study days and clinical support
- Ability to offer a more attractive work environment
- Ability to address inefficient systems or processes which impact or distract from providing patient care

There is a global market for health workforce professionals which is challenging to compete with.

A report by the Nursing and Midwifery Board of Ireland (NMBI) in December 2015 indicates an average intake to the undergraduate programmes between 2002 and 2011 as 1,705 per year with the average attrition rate at 13.7%.<sup>10</sup>

In attempting to identify the current challenges in this regard, as well as solutions to address these difficulties, this analysis seeks to answer the following questions:

- What particular sectors of the HSE workforce are experiencing recruitment and retention challenges
- What effect is this having on services and patient experience
- What is being done to improve recruitment and retention to services across the HSE and what more can be done to improve retention of existing staff.

### ***2.3.2 What particular sectors of the HSE workforce are experiencing recruitment and retention challenges***

Evidence of low recruitment relates to the unsuccessful filling of vacancies. That is, a post that has been advertised and it hasn't been possible to fill it.

In the last three years the National Recruitment Service has had particular difficulty filling posts in the following areas:

- Psychiatry – Consultant and NCHD
- Mental Health Nursing
- Nursing in many other divisions (i.e. general acute, paediatric, midwifery).
- Clinical Nurse Specialists in some specialty areas
- Radiographers, particularly in the area of Mammography/ BreastCheck Programme
- Consultants
- Psychologists
- Paramedics

There are currently 75 vacant nursing posts within Emergency Departments as set out in table 6. Table 7 identifies the closed beds by hospital group.<sup>11</sup>

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<sup>10</sup> NMBI, December 2015

<sup>11</sup> Summary Status Report on the Winter Initiative, HSE, 3<sup>rd</sup> February 2017

**Table 6: Current ED Nursing Vacancies**

Hospital Group	ED Vacancies
Dublin Midlands	13
Ireland East	13
RCSI	13
South/ South West	15
UL	4
Saolta	12
Children's	5
<b>National Total</b>	<b>75</b>

**Table 7: Closed Beds – week ending 29<sup>th</sup> January 2017**

Hospital Group	Infection control	Refur/ Maintenance	Staff Shortages	Total
Ireland East	1	0	17	18
Dublin Midlands	12	1	28	41
RCSI	1	0	3	4
South/ South West	1	1	44	46
UL	1	0	15	16
Saolta	0	1	8	9
Children's	8	0	1	9
<b>National Total</b>	<b>24</b>	<b>3</b>	<b>116</b>	<b>143</b>

### 2.3.3 Particular professions facing recruitment and retention challenges

#### 2.3.3.1 Mental Health Services - Psychiatry

The current level of vacancy for Consultant and NCHD posts in Mental Health is summarised in tables 8 and 8.1 (based on 2015 and 2016 data):

**Table 8: Consultant Posts – Psychiatry**

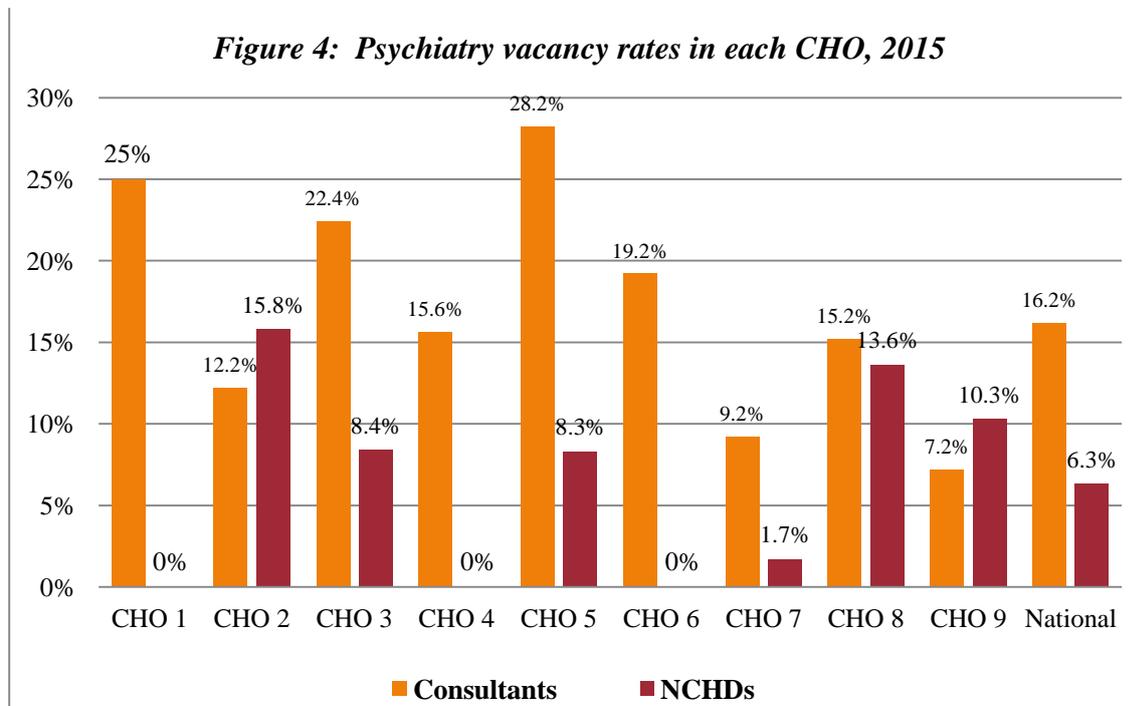
	Total Approved Posts	Permanent	Temporary	Vacancy	% Vacancies	Filled by Agency	% of Vacant Filled by agency
Consultant at Sept 2016	418.2	290.1	51	77.1	18%	37.2	48%

**Table 8.1: NCHD Posts – Psychiatry**

	Approved Posts	Permanent	Temporary	Vacancy	% Vacancies	Filled by Agency	% of Vacant Filled by agency
NCHD at Sept 2015	491.12	15	417.12	59	12%	31	53%

In summary, based on 2015/16 data:

- At any one time, Mental Health services can carry overall Consultant vacancy rates of 18%;
- For some CHO’s Consultant vacancies were up to 28% (CHO 5);
- Some sub-specialities present even more challenges where, for example, in one CHO there are 50% vacancies;
- NCHD vacancies vary significantly at each intake and was at 12% when the last detailed dataset was gathered.



A targeted consultant recruitment campaign commenced in February 2015 following agreement on a new career and pay structure for Consultants between the Department of Health, HSE and IMO and in December 2015 a working group, chaired by the National Director HR, was established. The difficulty experienced due to lack of applicants is further compounded by additional challenges whereby successful applicants do not accept post at job offer stage.

As at December 2016 the Mental Health Division continues to experience difficulties in recruitment particularly for medical and nursing posts. A workforce initiative which maps out workforce gaps currently takes place on a twice yearly basis. This indicates a vacancy rate of 19% (approx. 80 posts) for consultants. For some CHOs the consultant vacancy rate is as high

as 28%. In addition there are sub speciality vacancy rates of between 33-60% (e.g. Mental Health Intellectual Disability and CAMHS) in some services.

### 2.3.3.2 Nursing

The Irish Public Health Service employed 35,835 (see appendix 1 for details) whole time equivalent nurses and midwives on December 31<sup>st</sup> 2016, which accounted for 32.5% of the total health workforce.

#### 2.3.3.2.1 Healthcare Assistants

There has been a significant shift in the overall skills-mix in terms of nursing and healthcare assistant/ support grades. WTE details as follows:

	WTE Dec 2008	WTE Dec 2015	WTE Dec 2016	change since Dec	% change since	WTE change since	% change since	% WTE Dec 2008	% WTE Dec 2015	% WTE Nov 2016	% WTE Dec 2016
<b>Total Health Service Staffing</b>	<b>110,245</b>	<b>103,884</b>	<b>107,085</b>	<b>+3,201</b>	<b>+3.1%</b>	<b>-</b>	<b>-2.9%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
						<b>3,160</b>					
Consultants	2,256	2,724	2,861	+137	+5.0%	+605	+26.8%	2.05%	2.62%	2.66%	2.67%
NCHDs	4,955	5,814	6,060	+246	+4.2%	+1,105	+22.3%	4.49%	5.60%	5.66%	5.66%
Medical other	886	798	801	+3	+0.4%	-85	-9.6%	0.80%	0.77%	0.75%	0.75%
Nurse Manager	7,476	6,947	7,279	+332	+4.8%	-197	-2.6%	6.78%	6.69%	6.78%	6.80%
Nurse Specialist	869	1,475	1,579	+104	+7.0%	+710	+81.7%	0.79%	1.42%	1.47%	1.47%
<b>Staff Nurse</b>	<b>27,460</b>	<b>24,749</b>	<b>24,768</b>	<b>+19</b>	<b>+0.1%</b>	<b>-2,692</b>	<b>-9.8%</b>	<b>24.91%</b>	<b>23.82%</b>	<b>23.12%</b>	<b>23.13%</b>
Public Health Nurse	1,521	1,501	1,499	-2	-0.1%	-22	-1.4%	1.38%	1.44%	1.40%	1.40%
Nursing Student	408	387	405	+19	+4.8%	-3	-0.6%	0.37%	0.37%	0.45%	0.38%
Nursing other	360	295	305	+10	+3.5%	-55	-15.2%	0.33%	0.28%	0.29%	0.28%
Therapists (OT, Physio, SLT)	3,279	4,002	4,234	+233	+5.8%	+955	+29.1%	2.97%	3.85%	3.96%	3.95%
HSCP other	12,154	10,576	11,130	+554	+5.2%	-1,024	-8.4%	11.02%	10.18%	10.39%	10.39%
Management	1,262	1,327	1,445	+118	+8.9%	+183	+14.5%	1.15%	1.28%	1.33%	1.35%
<b>Clerical &amp; Administrative</b>	<b>16,558</b>	<b>14,837</b>	<b>15,322</b>	<b>+485</b>	<b>+3.3%</b>	<b>-1,236</b>	<b>-7.5%</b>	<b>15.02%</b>	<b>14.28%</b>	<b>14.32%</b>	<b>14.31%</b>
Ambulance	1,313	1,601	1,640	+39	+2.5%	+328	+25.0%	1.19%	1.54%	1.53%	1.53%
Care	17,185	17,359	18,308	+949	+5.5%	+1,124	+6.5%	15.59%	16.71%	17.08%	17.10%
Support	12,304	9,494	9,448	-46	-0.5%	-2,856	-23.2%	11.16%	9.14%	8.81%	8.82%

#### 2.3.3.2.2 Nurse attrition rates

This year 1,439 nurses and midwives graduate and register with NMBI the current HSE data via the staff census would suggest an annual mean turnover of approximately 6.9% (based on 2015 figures), though 7.5% in the Acute Hospital Groups and 7.3% in smaller hospitals.

The national turnover rates for nursing and midwifery 2013-2015 were as follows:

- 2013: 4.3%
- 2014: 5.2%
- 2015: 6.9%

The increasing turnover rate is an indication of the relaxation of the moratorium on recruitment and subsequent movement with the health service. The overall number of nurses and midwives who left the public health service in 2015 was 2,607.5. The main reason(s) for leaving are presented below:

**Table 10: Nursing Staff Turnover 2015 by reason for leaving<sup>12</sup>**

Reason for leaving	WTE	%
Resignation	1,493.5	57%
Retirement	744	29%
End of contract	90.8	3%
Other Hospital Group/ Service	195	7.4%
Dismissal	3	0.1%
Permanent infirmity	65.7	2.9%
Deceased	14.5	0.6%
Career Break	1	0.04%
<b>Total</b>	<b>2,607.5</b>	<b>100%</b>

The HSE is currently actively recruiting with rolling campaigns being run with the National Recruitment Service. The HSE is also holding further recruitment events in the coming months throughout 2017. In the majority of cases permanent employment is being offered, however; there are occasions where initial contracts of fixed term duration are being offered. Currently all new graduate nurses and midwives are being offered positions within the group where they currently work where possible and many will be interviewed in the coming weeks and it is hoped that they will take up these offers of employment.

### **2.3.3.2.3 Nursing applications, 2016<sup>13</sup>**

In relation to nursing, a total of 1,226 applications were received by the National Recruitment Service during 2016. However, it is important to note that the majority of acute hospital nursing recruitment takes place at National Recruitment Service level and Hospital Group level. Consequently, the required data is not available centrally and cannot be retrieved readily from Hospital Groups. The figures provided in the table below relate to applications received by the NRS only.

<sup>12</sup> National Midwifery Planning and Development Unit, HSE

<sup>13</sup> National Recruitment Service, HSE

<b>Table 11: 2016 Nursing Applications received by the NRS</b>	
Acute Nursing	488
Emergency Department	65
Mental Health	415
Children's	68
Midwifery	86
Intellectual Disability	104
<b>Total</b>	<b>1,226</b>

#### **2.3.3.2.4 Nursing appointments**

With regard to short and medium term, the offer of permanent employment alongside other non-pay incentives cannot be underestimated. Whilst permanent employment may entice some, this needs to be communicated within an overall career package with access to a dynamic nursing and midwifery career pathway that provides opportunities for greater professional autonomy, professional development and an expansive scope of nursing and midwifery practice. There are a number of very positive initiatives currently underway which we hope will ultimately lead to the stabilization of our nursing and midwifery workforces. These include the Taskforce on Nurse Staffing and Skill Mix in acute medical and surgical wards, the Maternity Strategy 2016-2026 and the New National Children's Hospital, to mention a few.

The HSE commenced a project in September 2016 in relation to nursing and midwifery workforce planning, recruitment and retention. The purpose of the project is to develop coopinonated accurate information on the nursing and midwifery workforce, including supply and demand, and retention. A project group has been established and work is on-going. Work has also commenced on assessing the use of induction and exit interviews across the hospital groups, it is hoped to put in place a standardised approach with a view to aid retention.

#### **2.3.3.2.5 Nursing Strategy 2017**

A Nursing Strategy/ Funded Workforce Plan for 2017 has been developed in collaboration with the Department of Health. The impact of additional and realigning of resources would have a net effect of 37,043 WTE in Nursing/ Midwifery nationally in December 2017, representing a net increase of 1,208 WTE in 2017. The funded workforce plan allows for routine filling of vacancies on foot of retirements/ resignations, subject in exceptional cases to changes in the on-going service rationale for configuration.

<b>Table 12: Nurse Profile</b>	<b>Number</b>
Additional midwives under National Maternity Strategy	96
Emergency Department new posts	107
Emergency Department vacant posts	75
Acute Hospital service Development posts	74
Advanced Nurse Practitioner with Candidate backfilling	120

Agency Conversion (funded from agency reduction) 736

**Net total 1,208**

### *Nurse Graduates*

In relation to **Nurse Graduates**, the number due to qualify in 2017 in every discipline of the nursing register is 1,439. All nurse graduates will be offered permanent contracts within a Hospital Group or CHO once their internship commences, subject to their attaining registration post-qualification and satisfactory performance. Arrangements will be put in place to offer preferred locations where possible. This can be linked with subsequent career break should the graduate wish to attain additional experience or qualifications.

<b>Table 13: Nurse Graduate by Category</b>	<b>Number</b>
General	801
Integrated Children's and General	77
Intellectual Disability	144
Mental Health	301
Midwifery Direct Entry	116
<b>TOTAL</b>	<b>1,439</b>

The total number of undergraduate students in training currently:

<b>Table 14: Undergraduate students in nursing</b>	<b>Number</b>
General	3,204
Integrated Children's and General	308
Intellectual Disability	576
Mental Health	1,204
Midwifery	464
<b>TOTAL</b>	<b>5,719</b>

### *Conversion of existing agency staff*

A total of 736 agency posts will be converted, management will identify the number by location and include in funded workforce plan.

### *Nursing Posts funded through the National Maternity Strategy by site in 2017*

Following the publication of the National Maternity Strategy the Health Service has increased the number of midwives recruited by 80 and this will be advanced annually.

### **Emergency Department Posts**

<b>Table 15: Acute Nursing profile</b>	<b>ED Admitted/ Boarded Patient Additional WTE</b>
Dublin Midlands HG	17
Ireland East HG	11
National Children's Hospital HG	04
RCSI HG	30
Saolta HG	23
South/ South West HG	12
UL HG	10
<b>TOTAL</b>	<b>107</b>

### **2.3.3.3 Children's Nursing**

Nurses caring for children are committed to delivering safe, quality, holistic care to children, 'with a quality and safety culture that places the interest of service users and patients at the centre of care' (HIQA, 2012). They will provide nursing care in partnership with and supportive of parents/guardians and families.

A key challenge for the Children's Hospital Group is the difficulties regarding nurse recruitment and retention, specifically the ability to fill vacancies in paediatric theatre nursing and PICU.

The total number of nursing posts within the three children's hospitals is 1,274 WTEs. The overall attrition rate ranges from 6.2% to 15.4%. The attrition rate for Paediatric ICU nursing is significantly higher at 14% to 21%. Current numbers for February 2017 are included in table 16.

<b>Table 16: Children's Nursing, February 2017</b>	<b>Crumlin</b>	<b>Tallaght</b>	<b>Temple Street</b>
Total number of nursing posts in each hospital	727	117	430
Total number of Paediatric ICU posts	134.5	N/A	60.75
Total number theatre posts	76.5	N/A	43
Attrition rate from Paediatric ICU 2016	14%	N/A	21%
Attrition rate from Theatre 2016 (Including recovery)	12%	N/A	14%
Attrition rate overall	15.38%	6.19%	tbc
Retirements coming up	1.5wte	1wte	2wte

### **2.3.3.4 Nurse Specialist Posts**

In 2017 the number of Advanced Nurse practitioners (ANPs) will be increased service wide to support implementation of a programme for change in a number of priority areas to facilitate a new model of care. There will be an initial intake of 120 candidate ANPs in September 2017, which will be funded at candidate rate of CNM3. Each consequent vacancy will be backfilled at the salary grade vacated.

In addition, the HSE is committed to funding 100 CNM1's, and will commence this process before the end of February 2017.

The current number of specialist nursing posts is shown in table 9, page 10.

**Details on the outcome of actual campaigns for the recruitment of specialist nursing is awaited from the NRS.**

### **2.3.3.5 Nursing Remuneration – Ireland and internationally**

#### ***2.3.3.5.1 Nursing Remuneration in Ireland***

In 2015 the HSE conducted a survey of nursing remuneration. Based on a representative sample of 3,000 nurses across the country, the HSE found that the average basic pay of a nurse is €40,300<sup>14</sup>. Including allowances, overtime and premium pay, average gross pay rises to €50,600.

While this is an average figure (and thus contains both higher and lower paid nurses) two further points are worth noting. Firstly, the survey also shows that 69% of nurses are at the top of their salary scale (€43,800 for a staff nurse). Secondly, the starting basic pay for a registered staff nurse is €27,483. Adding average new entrant premium payments of around 20%<sup>15</sup>, a newly-registered nurse working for the HSE can expect to earn in the region of €32,980 annually.

A number of measures have been taken in the past eighteen months to increase the attractiveness of their positions. These include:

- Increasing the rate of pay for student nurses to 70% of the first point on the nursing salary scale;
- Awarding incremental credit to nurses taking up a permanent post for previous trainee placements;
- From 1 September 2016, restoring the Community Allowance of €5,449 for psychiatric nurses working in the community;
- The introduction of a nursing/medical interface payment arising from the transfer of tasks from non-consultant hospital doctors to nurses; and,
- Approval of a pilot support package of €1,500 for an international recruitment campaign of up to 500 nurses who had previously emigrated.

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<sup>14</sup> Department of Health

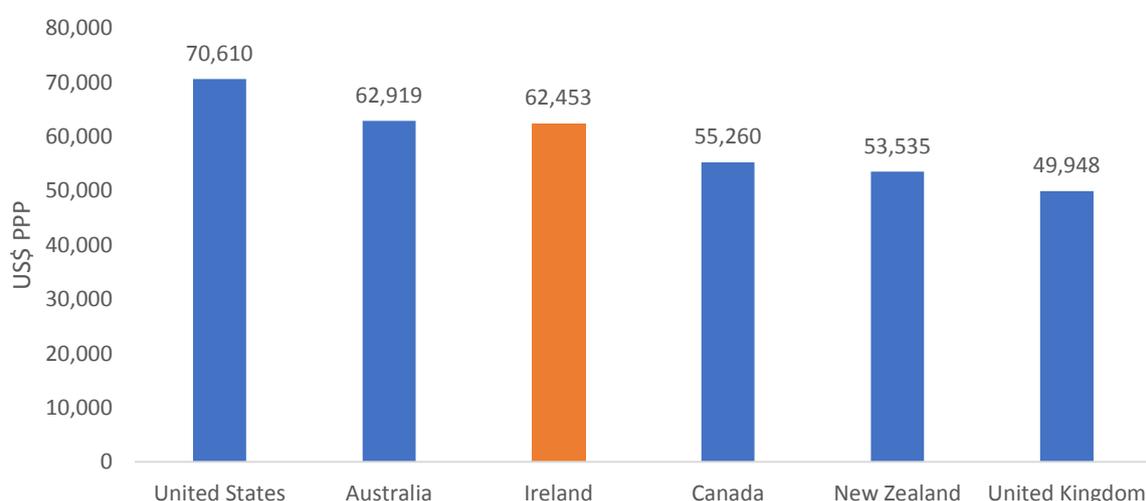
<sup>15</sup> Department of Health

### 2.3.3.5.2 Nursing Remuneration Internationally

Supporting the average pay survey finding of €50,600 reported above, actual pay bill data for hospital nurses is submitted to the OECD on an annual basis. In 2015 the average gross pay of a staff nurse working fulltime in publicly-funded acute hospitals (excluding voluntary hospitals) was €50,637<sup>16</sup>. Data includes basic pay plus allowances paid for basic overtime, on-call allowances, weekend and public holiday premiums, night duty and arrears.

This level of remuneration compares very favourably with Anglophone countries that can be considered relevant market destinations. Figure 4.1 below present's data for 2013, the most recently available internationally comparable. It is striking that only the United States – with the most expensive health system in the world on a GDP per capita basis – pays nurses substantially more than Ireland. Real pay in Australia is virtually the same as in Ireland, while in Canada, New Zealand and the United Kingdom it is less.

**Figure 4.1: Average salary of a hospital nurse, US\$ PPP, 2013**



These figures need to be caveated by the fact that countries use a wide range of methodologies to arrive at the numbers submitted to the OECD. For example, in the United States and Canada national workforce surveys are used, in Australia, Ireland and New Zealand the overall nursing pay bill is divided by the number of nurses, while in the United Kingdom only basic pay is represented. Nevertheless, based on available data, the rates of remuneration on offer in Ireland is competitive by international standards.

Excluding allowances and looking specifically at how remuneration compares between Ireland and England, Table 17 below shows the salary scale for a HSE staff nurse (staff nurses make up 69.0% of the nursing workforce) and the comparable, Band 5 scale for a nurse in England<sup>17</sup>.

<sup>16</sup> OECD health statistics: [http://stats.oecd.org/index.aspx?DataSetCode=HEALTH\\_STAT#](http://stats.oecd.org/index.aspx?DataSetCode=HEALTH_STAT#)  
(Figures relating to remuneration under Health Care Resources heading.)

<sup>17</sup> NHS England nursing salary scales for 2016/17 can be accessed here: <https://www.rcn.org.uk/employment-and-pay/nhs-pay-scales-2016-17>

Using February 2017 exchange rates, it can be seen that a new entrant nurse in Ireland earns 7.2% more in basic pay than a new entrant nurse in England. For a nurse of seven years' experience, the differential widens to 12.3%. A Band 5 nurse in England stops receiving increments at this point while a staff nurse in Ireland could potentially see their pay increased a further five times, meaning that a nurse at the top of the HSE scale earns 31.5% more than a nurse at the top of the English Band 5 scale.

**Table 17:** Basic pay scales for entry-level nursing in Ireland and England compared, 2016

	<b>HSE (EUR)</b>	<b>HSE (GBP = 1.17 EUR)</b>	<b>NHS England (GBP)</b>
1	27,483	23,490	21,909
2	29,497	25,211	22,458
3	30,537	26,100	23,363
4	31,710	27,103	24,304
5	33,189	28,367	25,298
6	34,666	29,629	26,302
7	36,137	30,886	27,361
8	37,408	31,973	28,462
9	38,683	33,062	
10	39,952	34,147	
11	41,222	35,232	
12	42,469	36,298	
LSI	43,800	37,436	

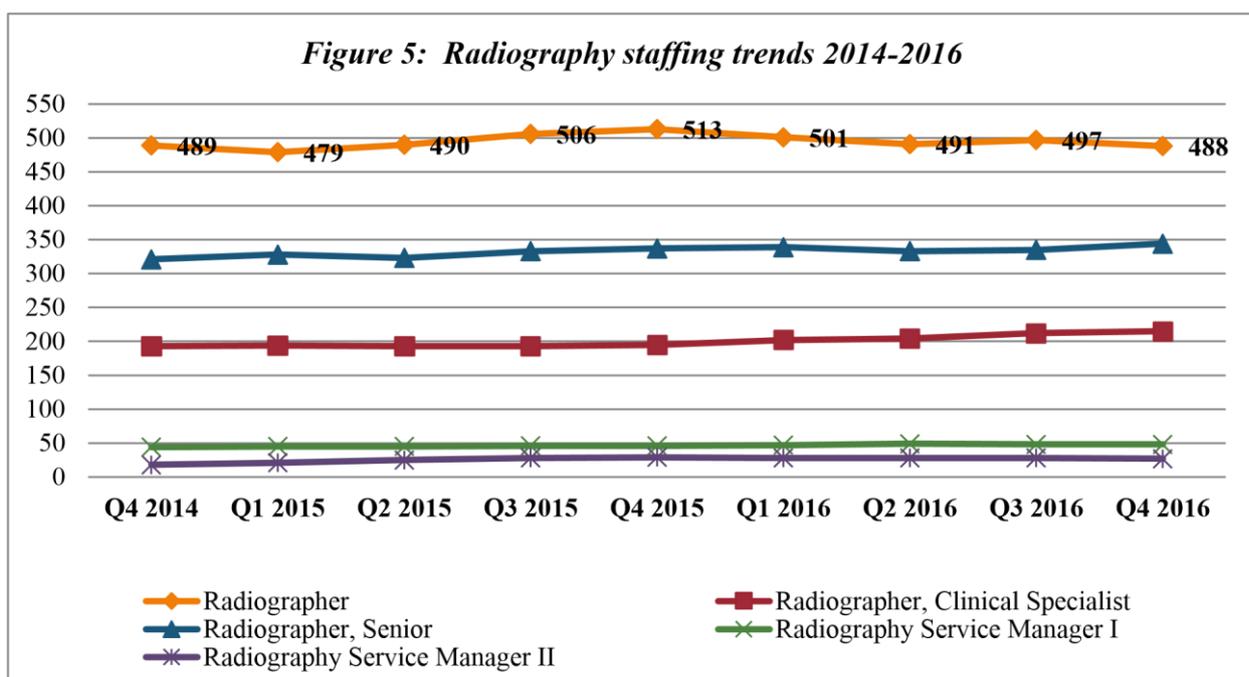
### **2.3.3.6 Radiography and Sonography**

With regard to supply of radiography staff, up until September 2015 there were 40 radiographers trained per year in the one education programme in Ireland in UCD. In September 2016 UCD increased student intake to 57 with no additional HSE funded tutor supports and it is the intention to increase numbers to 100 from September 2017.

There are currently 1,120 whole time equivalent radiographers (1,257 headcount) working in the Irish public health service<sup>23</sup> and over 1,800 are registered with CORU (October 2016). The December 2016 Census shows that approximately 43.6% were at basic radiographer grade with a further 31% at senior radiographer grade. A small proportion – 73 (6.5%) - are employed as service managers (I and II).

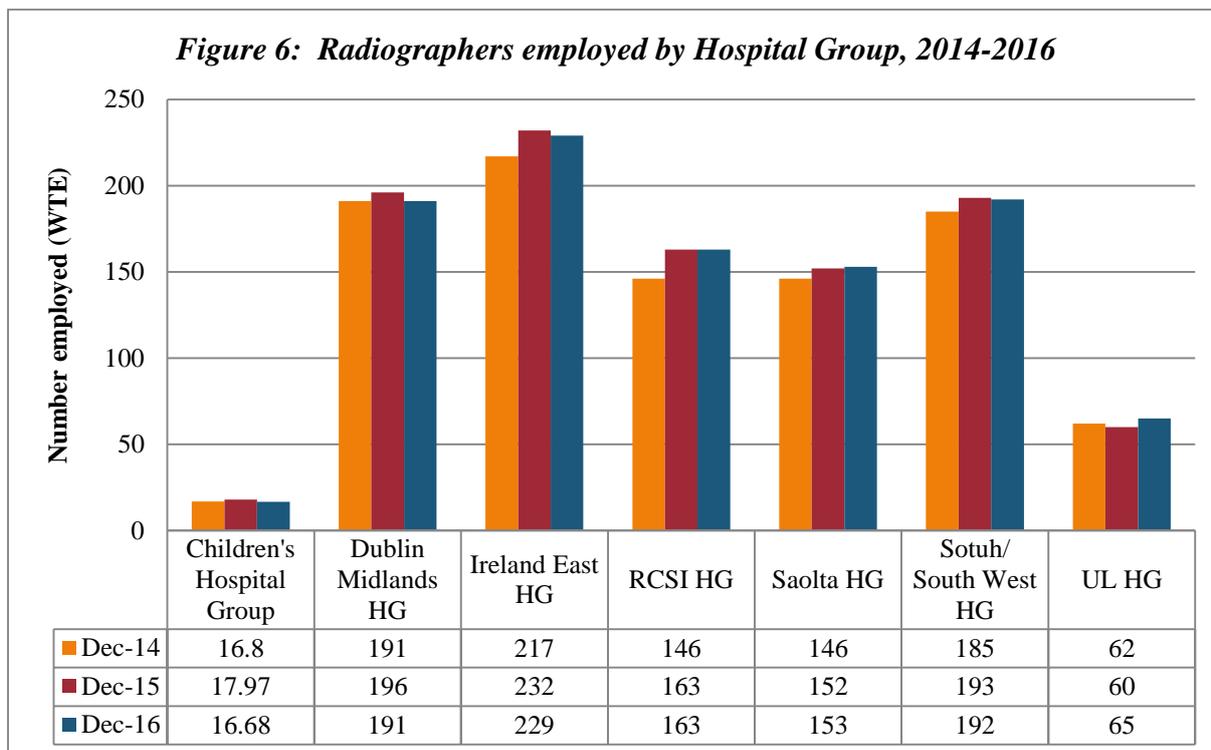
<b>Table 18: Radiographers WTE trends, Dec 2014-Dec 2016</b>			
<b>Grade</b>	<b>Dec 2014</b>	<b>Dec 2015</b>	<b>Dec 2016</b>
Radiographer	489	513	488
Radiographer, Clinical Specialist	193	195	215
Radiographer, Senior	321	337	344
Radiography Service Manager I	44	46	46
Radiography Service Manager II	18	29	27
Radiography Tutor	1	1	1
<b>Total</b>	<b>1,066</b>	<b>1,121</b>	<b>1,120</b>

Monthly trends for 2016 show significant movement within this profession particularly at radiographer basic grade level. At the end of Q1 2016 there were 501 Radiographer WTEs compared to 488 at the end of Q4 2016, a reduction of 13 WTEs. The following chart illustrates the trends across all radiographer grades since December 2014.



### 2.3.3.6.1 Radiography WTEs by Hospital Group

There is significant variation in the spread of radiographer WTEs across the country as shown in figure 6.



### 2.3.3.6.2 Radiographers Contract type at December 2016<sup>18</sup>

Of the 1,120 radiographers employed by the HSE at the end of December 2016, the vast majority (79%) are permanent full-time with a further 16.2% working in a permanent part-time capacity. A small proportion of radiographers are on fixed-term contracts (2.8%) either full or part-time or specified purpose contracts (2%). Of note, of the 488 radiographers employed at basic grade, only 80.7% are employed in a permanent full-time capacity and at senior radiographer grade this applies to only 74% of staff. This is largely due to the high proportion of females to males in the radiography profession as set out below.

### 2.3.3.6.3 Radiographers by Gender<sup>19</sup>

The vast majority of radiography staff are female (82.2%), however there is some variation to this in terms of geographical location. The lowest proportion of females working as radiographers are within the Dublin North East area at 76.6% whilst the largest proportion are within the South at 82%.

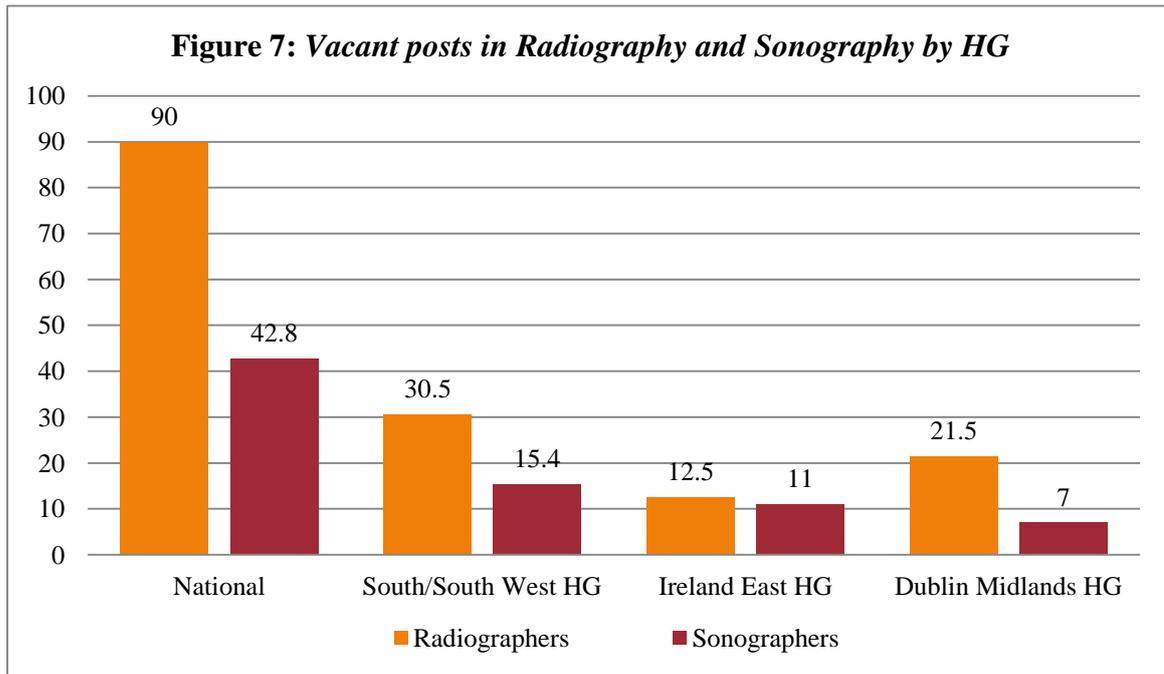
### 2.3.3.6.4 Profile of Radiography & Sonography Departments<sup>20</sup>

A recent analysis compiled by an Ultrasound Working Group (Clinical Strategy and Programmes, HSE) surveyed radiology departments across the country to obtain information on the delivery of radiology services as well as data on the number of radiographers and sonographers employed by the HSE. Based on a response of 33 (of 47) public hospitals the vacancy rates are as follows:

<sup>18</sup> Health Service Personnel Census, December 2016

<sup>19</sup> Ibid

<sup>20</sup> Ultrasound Working Group, Clinical Strategy and Programmes



### **2.3.3.6.5 Current Challenges**

In relation to Radiography, the challenges currently being faced relate to training, attracting and retaining sufficient numbers of Mammographers specifically within Breastcheck Programme. Rapid Access Clinics for Symptomatic Breast Disease are dependent on the support of the hospitals diagnostic teams such as radiology and concern has been expressed around the recruitment of personnel into these teams.

The number of Mammographers currently employed within the BreastCheck Programme is 66.7 WTEs and there is a reported vacancy of 18 posts<sup>21</sup>. In relation to these vacancies, a rolling recruitment campaign is on-going with through the National Recruitment Service. This campaign is open at all times for applications and interviews are held each time a new applicant applies, working closely with BreastCheck on same. A total of 13 posts were filled in 2016.

Plans to deliver self-sufficient, sustainable health workforce planning capability in Ireland are being progressed by the HSE including the establishment of a cross-sectoral Health Workforce Planning Steering Group (in the Department of Health) to develop a National Integrated Strategic Framework for Health Workforce Planning for health services in Ireland. The objective is that this will support the recruitment and retention of the right mix of staff across the health system to meet planned and projected service need.

An Integrated Health Workforce Planning Unit is being established by the National HR Directorate in the HSE in order to develop a strategic plan for the entire health workforce here in Ireland i.e. public - including HSE, NCCP, Tusla, Section 38s etc. - and private sectors). Other countries have adopted a similar approach in order to improve the coordination and overall effectiveness of all health workforce planning activities nationally. Current efforts are

<sup>21</sup> *BreastCheck Screening Service*

focused on initiating dialogue with all other key stakeholders in this regard. Initial analysis has identified the following areas of opportunity:

**Education:** Graduate Mammography Programmes (for qualified Radiographers) could be reestablished in UCD. And potentially Graduate Programmes (for non-qualified Radiographers) developed and introduced nationally, which could fast-track efforts to build a pool of qualified specialist Mammographers. Possibilities to develop Undergraduate Radiographer rotation through Breastcheck could also be explored.

**Sponsorship:** Is already provided by Breastcheck to Radiographers undertaking Graduate Mammography Programmes (up to MSc) and this includes travel and subsistence for weeks required to attend didactic lectures etc. Although there is perhaps little opportunity to improve current sponsorship arrangements it may be worth reviewing additional education and training opportunities that could be established to help then retain Mammographers that are qualified.

**Practice:** Potential for Expanded and Advanced Practice opportunities warrants exploration (as this is the single biggest issue Mammographers report that prevents them coming to work here in Ireland). Some opportunities for Radiographer Assistants may also develop as a knock on effect, but it's expected the opportunities in Breast Screening for Assistants will be limited (as two Mammographers work together in mobile screening units producing a highly efficient model, in the confined space available, delivering a 40 person throughput per working day).

### **2.3.3.7 Consultant Posts<sup>22</sup>**

As of end May 2016 there are 2,933 approved permanent Consultant posts, an increase of 197 since January 2015 and of 986 since January 2005. A further 60 posts were in place by the end of December 2016 as shown in table 19 below.

Data indicates that approximately 200 of these permanent Consultant posts are vacant. There are approximately 300 non-permanent Consultant posts, most of which appear to be associated with vacant permanent posts. This means that service is maintained – to a certain degree – in the absence of a permanent appointee.

Each year approximately 55% of the Consultant posts approved by the HSE are additional, while 45% are replacement. In this context, in the decade since it assumed the functions of Comhairle na nOspidéal, the HSE has processed applications for and approved 1,415 posts, each of which represents a recruitment opportunity.

Based on the data above, at the current time the number of vacant Consultant posts is gradually reducing, albeit at a very slow rate. While this emphasises the challenge associated with filling particular Consultant posts, it illustrates the extent of growth in Consultant posts - for every vacant post which is being recruited/advertised and filled, another new post is being approved.

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<sup>22</sup> *Towards Successful Consultant Recruitment, Appointment and Retention. HSE, December 2016.*

**Table 19: Approved Consultant Establishment (as at 31st December each year)**

Speciality	2013	2016	Variance
ANAESTHESIA	347	366	19
EMERGENCY MEDICINE	79	95	16
INTENSIVE CARE	14	21	7
MEDICINE	621	708	87
OBSTETRICS/GYNAECOLOGY	127	147	20
PAEDIATRICS	153	183	30
PATHOLOGY	238	264	26
PSYCHIATRY	392	440	48
RADIOLOGY	232	256	24
RADIATION ONCOLOGY	26	26	0
SURGERY	441	487	46
<b>Total</b>	<b>2,670</b>	<b>2,993</b>	<b>323</b>

The HSE approved 105 Consultant posts for HSE hospitals and agencies during 2016 and 102 Consultants took up duty in HSE posts in 2016.

In relation to Consultants, approximately 200 applications were received in 2016 and 2015.

**Table 20: Consultant Recruitment – applications received by the NRS 2014-2016**

	2014	2015	2016
Consultant Contracts issued	52	99	96
Approximate applications received**	100	200	200

\*\*Approximately 2 applications for every contract issued

### ***Barriers to successful Consultant recruitment and retention***

A Committee was established during 2016 at the request of the Director General, HSE to identify the operational and administrative barriers to successful Consultant recruitment and retention and to make recommendations for improvement by way of a formal report.

This followed an evaluation of the processing, approval and recruitment of Consultant posts undertaken by HSE HR in conjunction with the HSE NRS and the PAS following agreement on a new pay and career structure for Consultant posts in January 2015.

This evaluation identified a range of issues associated with Consultant vacancies, including:

- the extent to which Consultant posts – both new and replacement – are progressed without reference to potential candidate availability. At the current time, there is no relationship between the post being approved and whether there are sufficient candidates available in Ireland or abroad (e.g. number of trainees in Irish training schemes in that specialty / subspecialty over recent years);

- the large number of Consultant Applications Advisory Committee (CAAC) approved posts for which NRS are awaiting Job Descriptions from the relevant acute hospital or mental health service before they can progress the post to the PAS. The effect of this is to maintain a vacancy with no permanent recruitment process initiated;
- that Hospitals and Mental Health Services often wait until a Consultant has retired before initiating the application to secure a replacement / reconfigured post. This has the effect of creating vacancies even where the impending potential vacancy was known years in advance.
- that Consultant vacancies are not uniform in terms of specialty or location. In this context, particular specialties including Psychiatry, Surgery, Emergency Medicine and Paediatrics are experiencing challenges irrespective of location while sites such as Waterford, Letterkenny, Naas and Portlinculla struggle to recruit Consultants in any specialty.

The Committee noted that further factors influencing Consultant decisions to apply for or accept an offer of a post include:

- remuneration.
- lack of clarity with regard to access to facilities / resources – in a number of cases Consultants have commenced post in the absence of / with severely limited access to key resources or facilities to deliver services. Additionally, Consultants have commenced without administrative support, access to office space or appropriate clinical supports;
- what appears, in some cases, to be local “last in gets least resources” effect and an absence of collective responsibility within disciplines / specialties and hospitals to plan for and embrace new arrivals and share, in a balanced way, facilities and responsibilities;
- poor or variable ‘welcoming’ processes including induction and appraisal.

The report concluded that – in light of the above - vacancy figures for various specialties and locations often did not relate to the availability of qualified candidates but instead to poor processes, unnecessary delays and the lack of clarity as to the procedures needed for the creation, approval and filling of posts.

### ***NCHDs***

Section 86 of the Medical Practitioners Act 2007 obliges the HSE to assess on an annual basis the numbers and types of intern, specialist trainee and non-trainee posts required by the health service, and to publish the results of this assessment.

Following the recommendations in 2006 of the working group on undergraduate medical education (Medical Education in Ireland: A New Direction, Fottrell) we have seen incremental annual increases in the intake of exchequer-funded CAO students into the 6 Irish medical schools. The intake has increased from approximately 340 pre-Fottrell to 725 in the current era. The HSE has kept pace with the increasing graduate numbers by creating additional intern posts to ensure that these doctors can meet the requirements for registration with the Medical Council, and this approach continued in 2015.

The December 2016 Census shows that the number of NCHDs has grown by 246 WTEs compared to December 2015 with the current number of NCHDs now 6,060 WTEs.

### 2.3.3.8 Paramedics – National Ambulance Service

A total of 1,728 staff are currently employed within the National Ambulance Service (NAS). This includes 942 Paramedics and 317 Advanced Paramedics as shown in table 21 below.

<b>Table 21: NAS Staff Breakdown by Job Type</b>	<b>Dec 2016</b>
Area Operations - ICO (Headcount)	148
Area Operations - Paramedic Inc. Para Class (DB HC)	942
Area Operations - Advanced Paramedic	317
NEOC – Call Takers & Dispatchers	85
Area Operations - Student Paramedics (21)	94
NAS Corporate	142

#### 2.3.3.8.1 Identified deficits NAS Staffing Profile 2017

**Intermediate Care Operatives (ICOs):** Current level of service requires a WTE complement of 160.8. We expect to have this fully staffed in May 2017. New Service Developments will require an additional 20 WTE's for 2017.

**Paramedical Staff:** There is currently a shortfall of 128 WTE's to meet delivery of Existing Level of Service [ELS]. The NAS will support new service developments with 40 WTE's in 2017. In addition, 94 Trainees recruited in 2016 will support this, with the remainder (54), focused on ELS. Notwithstanding this, of note is the recommendation arising from the Capacity Review which identified a requirement of approximately 600 Paramedic staff to address response time performance in NAS.

**Advanced Paramedics (AP):** There is a general target of 40% of Paramedics to be trained to AP level and this will be continued with a minimum of 20 Paramedics to be trained every year. However, this will need to be reviewed in relation to the recommendations identified National Ambulance Service of Ireland Emergency Service Baseline and Capacity review (2016).

**NEOC (Call Takers and Call Dispatchers):** Current Staffing at 155 will maintained in 2017 despite a high (14%) turnover. An additional 2 posts will be added to support the development of a clinical hub in NEOC in 2017. Additional requirements will be considered under the Dublin Control Centre review.

#### 2.3.3.8.2 NAS Staff Turnover

2016 metrics in NAS staffing profile data would suggest an annual mean turnover of approximately 4.5% (80 WTE's) (based on 2015 figures).

- **Age Profile:** Currently 187 Staff are aged between 55 years and 59 years, and 75 staff aged over 60 years.
- **NAS Paramedic trainees profile:**

- Paramedic Trainees (*First Year Training*) due to enter the NAS services in 2017 is 111.
- Paramedic Interns (*Second Year Training*) due to enter the NAS services in 2017 is 96.

To sustain and develop this workforce within NAS a focus will be maintained on the recruitment and retention to NAS, on-going staff development and finalisation of the OD NAS Management structural review (currently underway).

Enhanced resources will need to be considered in particular in area of Training & Development and also administrative management to support the on-going development and embedding of governance arrangements within the wider NAS organisation.

The increasing turnover rate may be considered as an indicator of the relaxation of the moratorium on recruitment and subsequent movement of health service staff within the health service.

Within NAS there are strong structured career pathways with education programmes in place supported by the NAS College for all specialist areas. This will need to be enhanced particularly in the area of “Continued Professional Development” to support adherence to developing “Clinical Practice Guidelines” established by the NAS regulator (Pre Hospital Emergency Care Council PHECC).

The overall number of NAS personnel who left the public health service in 2016 was 67. However the high turnover as identified in the region of 80 WTE’s annually with a particularly high turnover rate in the NAS Emergency Operations Centre which remains an on-going cause of concern.

**Details on the outcome of actual campaigns for the recruitment of paramedics is awaited from the NRS.**

### **2.3.3.8.3 Incentives for Retention – Paramedic Training Times**

The timeline involved in paramedic training is approximately 2 years, and thus there is a time lag in having paramedical skills available within NAS.

In that regard NAS have on-going rolling recruitment campaigns managed by National Recruitment [NRS] in this particular NAS staffing area.

### **2.3.3.9 Psychology**

In relation to psychologists, the following information has been provided by the National Recruitment Service:

#### **Psychologist Staff Grade**

- 19 Posts remain unfilled with HBS Recruit (NRS)

- National Panel currently in place which went live in November 2016 (following agreement of the new eligibility of this grade within the HSE) - 190 Active Candidates
- In total 114 posts filled by HBS Recruit over past 2 years
- Proposing to supplement the existing national panel with a new campaign in April 2017 to capture the 2017 graduates as well as any other qualified candidates not currently within the HSE - Exact launch date to be finalised with the HSE Psychology Managers Working Group

### **Psychologist Senior**

- Filled 67 Senior posts in past 2 years
- New National Campaign underway (to reflect the new eligibility) - National Interviews taking place this week with new National Senior Panel due to go live end of next week
- 36 posts to offer to that panel once it goes live
- Proposing to supplement it again end of 2017 - Exact dates to be agreed with HSE Psychology Managers Working Group

**Details on the outcome of actual campaigns for the recruitment of psychologists is awaited from the NRS.**

### **2.3.3.10 Major Allied Health Professional Grades – Applications 2016**

**Table 22: 2016 major AHP Grade Applications Received by the NRS**

	2014	2015	2016
Occupational Therapists	Awaiting data	Awaiting Data	1,167
Speech & Language Therapists			737
Physiotherapists			1,532