



SUBMISSION TO:  
PUBLIC SERVICE PAY  
COMMISSION

By: PSYCHIATRIC NURSES ASSOCIATION

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## 1 Recruitment:

### a) Identify grades that have evidence of recruitment difficulties

There are recruitment difficulties for all grades of nursing.

Area Director of Nursing

Assistant Directors of Nursing/ Nurse Practice Development Co-ordinators.

Clinical Placement Co-ordinator/Clinical Nurse Managers, iii, ii & i

Clinical Nurse Specialists/Community

Mental Health Nurses

Staff Nurses

### 1 (b) Identify Reasons for Recruitment Issues

1 (b) (1) Ireland is the lowest paying of all the countries actively competing for nurses as outlined below.

### Staff Nurse Salary Minimum Point of Scale (all figures presented as purchasing power parity\* ratio) in main destination countries for Irish Nurses)

Country	Hours P.W.	Min-point	Hourly Rate
Canada	37.5	53078	27.13
Australia	38	41844	21.10
Ireland	39	33908	16.66
United Kingdom + High Cost Area Supp Max 20%	37.5	32404* 38885	16.56 19.87

\*(2nd point of band 5 salary scale – all nurses commence employment on the 2<sup>nd</sup> point of the salary scale in recognition of nursing degree qualification and are recruited to areas where the high cost area supplement automatically applies.)

### Staff Nurse Salary 5<sup>th</sup> point in main destination countries for Irish Nurses.

Country	Hours P.W.	5 <sup>th</sup> point	Hourly Rate
Canada	37.5	61250	31.30
Australia	38	51262	25.85
Ireland	39	40701	20.00
United Kingdom + High Cost Area Supp Max 20%	37.5	36501 43801	15.68 22.38

\*(2nd point of band 5 salary scale – all nurses commence employment on the 2<sup>nd</sup> point of the salary scale in recognition of nursing degree qualification and are recruited to areas where the high cost area supplement automatically applies.)

### 1 (b) (2) Poor and Unequal Remuneration

### Applying the Principles of the UK Approach in Comparative Pay Levels of Nurses,

### HCA's and Therapy Grades to Nursing Pay in Ireland

The competencies for entry to the Nurses and Midwives Division of the professional register maintained by the Nursing Board Standards and Requirements (NMBSI 2015) are assured and require that Nurses in Ireland graduate with an Honours Degree.

The title nurse and midwife is protected in law through the Nurses and Midwives Act of 2011. "An Act for the enhancement of the protection of the public in its dealings with nurses and midwives and provides for the registration, regulation and control of nurses and midwives, to enhance the high standards of professional education, training and competence of nurses and midwives".

"The Nurse or midwife who is delegating a particular role or activity (the delegator) is accountable for the decision to delegate. This means the delegator is accountable and that resources and supervision, where required, are available.

They are also accountable for appropriate assessment, planning, implementation, monitoring and evaluation of the delegated role of activity." (Scope of Nursing and Midwifery Practice Framework 2015)

On recruitment to the Health Services, nurses are required to supervise, delegate to Health Care Assistants (HCA's) and provide clinical leadership.

- Those same young graduate nurses are highly offended when they discover the HCAs they are supervising are being paid more than them.

Please note the comparative salaries

<i>Staff Nurse Mental Health</i>	<i>Health Care Assistant</i>
29,122	26,834
31,067	28,444
32,246	29,704
33,448	30,374
34,707	31,107
35,891	32,859
37,129	32,319
38,091	33,102
39,142	33,906
40,505	
41,845	
43,754	
45,086 LSI	

- In Ireland the Nurse must reach the 5<sup>th</sup> point of the scale before s/he exceeds the basic pay of a HCA.
- In the UK the professional qualifications of the Nurse are recognised with the 1<sup>st</sup> point of the nurse's scale above the maximum of the HSE Scale.
- In the UK The Nurse is recruited at the same level as the Therapy Grades (Physiotherapist, Occupational Therapist, Podiatrist etc).
- In Ireland the nurse is treated as a lesser professional than the Therapy Grades.

Please note the comparative salaries

<i>Staff Nurse Mental Health</i>	<i>Therapy Grades</i>
29,122	34,969
31,067	37,040
32,246	38,743
33,448	39,982
34,707	41,031

35,891	42,118
37,129	43,191
38,091	44,293
39,142	45,389
40,505	46,484
41,845	47,638
43,754	48,851
45,086 LSI	50,062
	51,033

- It is the PNA’s view that the Staff Nurse Scale must start at a point higher than that of the HCA, e.g. 33,969 the first point of the Therapy Grade Scale.
  - Having regard to the comparable minimum qualifications (Honours Degree) and the role and responsibilities the Therapy Grades Salary Scale should be applied in its entirety to Nursing.
  - The development of the Staff Nurse scale in this way would enhance recruitment and retention.
- 1 (b) (3) Labour Market pressures as outlined in 3b
- 1 (b) (4) Mental Health Nurses are in significant demand in the UK (Royal College of Nursing LMR 2012) and other countries and services in these locations are offering relocation/incentive packages to attract Irish Nurses. The “bring them home” campaign in 2015 offering €1500 relocation package, only generated 6 psychiatric nurses.
- 1 (b) (5) Work environment, e.g.; overcrowding, staff shortages, failure to implement service developments as per Vision for Change<sup>1</sup>. (Appendix 1), Job satisfaction, workplace stress, lack of cohesion and continuity of care, unsustainable workload, acuity of symptoms of service users due in part to lack of community development, lack of career opportunities, incidences of violence and aggression.

**1 c) Supply relevant data (where possible) in support of the issues raised such as trends in staff numbers, turnover rates, staff vacancies, age profiles and details of recruitment campaigns etc**

1 (c) (1) In a draft report to the HSE CEO in 2011 (Mental Health Nursing and Protecting Service Availability; 2011) the Asst Director for Mental Health noted that mental health services had lost 1,049, or 21% of its available nursing staff over 2009-2010. While recruitment of new graduating nurses was continuing, a situation was identified where due to the age profile of mental health nurses further significant losses could be anticipated. He also noted a;

*“risk to service quality and continuity and increased risk of harm to staff and service users.....because of a combination of retirements and resignations (particularly nursing staff and management) and the implementation of the employment control framework’.*

This was followed up with a similar exercise in 2015 which examined the age profile of psychiatric nurses in the HSE. It identified a need for 5,122 to staff services as configured at that time. 1,172 nurses were 54 years older and a further 651 between 50-53 years old. The majority of these would be able to retire at 55 under the fast accrual pension scheme.

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<sup>1</sup> Government of Ireland (2006) A Vision for Change: Report of the Expert Group on Mental Health Policy. Dublin: The Stationery Office

In December 2016, HSE figures show that there are 885 nurses over 55 and 867 nurses between the ages of 50-54. Under fast accrual potentially 885 nurses may retire immediately, whilst a further 867 may retire within the next 5 years. Total of 1752 which equates to 34.2% of the mental health nursing workforce.

#### **1 (c) (2) Staff Vacancies:**

In 2015 the HSE identified a need for 5122 psychiatric nurses to staff services as configured at that time. The headcount as of September 2017 was 4748, this is an increase of 22 from December 2015. However, there was a loss of 23 nurses between August 2012 and September 2017. These figures would suggest that there are 374 vacancies, however a recent survey of PNA branches suggest vacancies are closer to 500. Services with high levels of vacancies are:

Tallaght/St. Loman's Dublin:           43 vacancies (over 20%)

St. Joseph's, Portrane:               58 vacancies (over 20%)

When we factor in the service developments as outlined in Vision for Change, (which have not yet been implemented), there is a requirement for the provision of an additional 700 plus nurses. When we factor in 10-15 nurses per assertive outreach teams as recommended by Vision for Change, i.e.; 1 team per 100,000 equates to 675 nurses at 15 nurses per team x 45 teams. Refer to Appendix 1. (provides an overview of service deficits including assertive outreach teams)

## 2. Retention

### 2. a) Identify grades that have evidence of retention issues.

- There are retention difficulties for all grades of nursing.  
Area Director of Nursing  
Assistant Directors of Nursing/ Nurse Practice Development Co-ordinators.  
Clinical Placement Co-ordinator/Clinical Nurse Managers, iii, ii & i  
Clinical Nurse Specialists/Community  
Mental Health Nurses  
Staff Nurses

### 2. b) Identify Reasons for Retention Issues

**2 b) (1)** Ireland is the lowest paying of all the countries actively competing for nurses as outlined below.

#### Staff Nurse Salary Minimum Point of Scale (all figures presented as purchasing power parity\* ratio) in main destination countries for Irish Nurses)

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**2. b) (2)** “The Bring Them Home Campaign” was established to entice the vast numbers of nurses who emigrated to the UK upon graduating or soon after, however, it failed miserably, generating only 6 Psychiatric Nurses, as the key reason why they left, i.e.; poor salary had not been addressed.

## 2 b) (3) Poor and Unequal Remuneration.

### Applying the Principles of the UK Approach in Comparative Pay Levels of Nurses, HCAs and Therapy Grades to Nursing Pay in Ireland

The competencies for entry to the Nurses and Midwives Division of the professional register maintained by the Nursing Board Standards and Requirements (NMBI 2015) are assured and require that Nurses in Ireland graduate with an Honours Degree.

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  - Having regard to the comparable minimum qualifications (Honours Degree) and the role and responsibilities the Therapy Grades Salary Scale should be applied in its entirety to Nursing.
  - The development of the Staff Nurse scale in this way would enhance recruitment and retention.
- 2 (b) (3)** Labour Market pressures as outlined in 3b
- 2 (b) (4)** Mental Health Nurses are in significant demand in the UK (Royal College of Nursing LMR 2012) and other countries and services in these locations are offering relocation/incentive packages to attract Irish Nurses.
- 2 (b) (5)** Work environment, e.g.; overcrowding, staff shortages, failure to implement service developments as per Vision for Change. (Refer to Appendix 1), Job satisfaction, workplace stress, lack of cohesion and continuity of care, unsustainable workload, acuity of symptoms of service users due in part to lack of community development, lack of career opportunities, incidences of violence and aggression.

## **2. c) Provide details of any relevant initiatives to address retention difficulties.**

The 2016 agreement on Recruitment and Retention with the PNA provides for: (Appendix 2)

- Timelines around the approval and recruitment process.
- Nurse training places – Increase needed.
- Post graduate training
- Graduate training.
- Appointment of temporary nurses
- Appointment of 2016 graduates
- Addressing disincentives which undermines the response to the crisis.
- Improvement in efficiency of recruitment process
- Incremental recognition for retired nurses returning to the service.
- Consistency in payment of overtime rates
- Facilitating part time nurses to increase their working hours.
- Payment in recognition of role of community nurses (Community Allowance) Appendix 3
- Payment of increment to graduates 2011-2015, Appendix 4.

- Developing Clinical Career Pathway, Advance Nurse Practitioner.
- Development of 24/7 Crisis Services
- Consistency in application of Serious Physical Assault Scheme
- Investment in Post graduate education
- Implementation group established.
- Separate mental health forum for negotiations regarding CHO restructuring.

**2. d) Provide details of the outcome of any relevant initiatives to address retention issues.**

Despite the payment of the incremental credit for the 36 week internship for 2011-2015 graduates and all temporary and graduates nurses being made permanent, and all of the above. There was only a net gain of 22 nurses from December 2015 – September 2017.

### 3. Recruitment and Retention

#### 3. a) The Impact of Recruitment and Retention difficulties on service provision.

**3 a) (1)** In 2006 the Government Policy for Mental Health “Vision for Change”, was published. It outlined the policy for change in mental health services from a Hospital based to a more community based service.

The bed reduction was achieved with a 60% reduction from 4173 to 1656 beds in the period up to 2015. However, only 30% of the promised community services have been developed as illustrated in the research conducted by the RSCI last year, which was commissioned by the PNA<sup>2</sup>.

- Some of the key findings of this research include:
  - No 24/7 Crisis Intervention Services
  - The lack of Assertive Outreach Teams and those that have been established are severely under resourced. Vision for Change proposed 10-15 nurses on each team per 100,000 population.
  - Lack of Intensive Care Rehabilitation Units. One 30 bed unit proposed for each region, i.e.; a total of 120 beds nationally.

#### **3 a) (2)** Child and Adolescent Mental Health Services

- In phase 2 of this research, participants identified and linked 15 deficits mostly underpinned by staff shortages (refer to table 3, page 7, Appendix 1)
- There were 2,520 children and young people on waiting lists for an initial assessment for mental health services in February 2017, an increase of 44 per cent on the same period last year, according to the HSE.
- Of these, 10 per cent had been waiting more than 12 months for an initial appointment. Barnardo’s carried out its own survey of those who have been waiting for Child and Adolescent Mental Health Services (CAMHS). It found almost 60 per cent have been waiting for more than a year while a quarter (26 per cent) have been waiting more than two years for an initial appointment. The majority of parents (67 per cent) perceived that the primary reason for the delay in their child getting an initial treatment or assessment is because of underfunding by the Government. This was followed by insufficient numbers of staff to undertake assessments (64 per cent).
- In May 2017, 50% of the admission beds in Linn Dara, Child and Adolescent Mental Health Services (CAMHS) in Dublin were closed until the end of October, i.e.; 11 of the 22 beds were closed. This was directly due to nursing shortages as the service was short of 50% of the complement of nurses. A Vision for Change recommended 100 CAMHS beds nationally, following the closure of the beds in Linn Dara, the bed numbers were reduced to 52 nationally.

**3 a) (3)** As a consequence of the 60% reduction in beds and the lack of community services there is a huge demand on beds resulting in 120% bed capacity e.g.; regular admission of service users in Waterford and Kilkenny who due to no beds are resorted to sleeping on chairs.

Other impacts in Service provision due to psychiatric nursing shortages.

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<sup>2</sup> PNA RCSI (2016) An Impact Evaluation of “Vision for Change” (Mental Health Policy) on Mental Health Service Provision: A National Descriptive Evaluation project

**3 a) (4)** Tallaght/St. Loman’s Mental Health Services have 43 nursing vacancies as a consequence, the assertive outreach, which should have 45 nurses as per Vision for Change, had 13 nurses last year and this has been reduced to 8. This is a vital service for those with an enduring mental illness to ensure that these service users can live as independently as possible in the community. The diminution of this service will ultimately result in an increase in admissions of this client group.

**3 a) (5)** The same service are proposing to close their 6-bed high observation unit at the end of this month. This is a unit for those with an acute mental illness who require a high level of observation often as they are a danger to themselves.

**3 a) (6)** In Kerry the Homebased Team, A Vision for Change development has been disbanded.

**3 a) (7)** In Waterford – The Mental Health Liaison service will be reduced to one third due to the non-replacement of a liaison nurse on maternity leave. This is the only acute community service in Waterford. Also, in Waterford, service managers are proposing to suspend parental leave/ cancel annual leave for 4 weeks over the Christmas period due to nursing shortages.

**3 a) (8)** St. Joseph’s Intellectual Disability of Mental Health Services has 60 nursing vacancies with a huge reliance on overtime and agency.

**3 a) (9)** Vision for Change (2006) sets out the need for the development of four “intensive care rehabilitation units” (ICRU) within the HSE. The units would provide 30 beds within each of the four regions and provide care for individuals with severe and enduring mental illness. These individuals are described within the document as being “especially vulnerable”. The lack of mental health nurses has made this impossible and will continue to have a detrimental effect on the lives of these individuals.

In preparation for our submission we surveyed 20 in patient acute admission units across all four regions of the country. The total bed capacity of these units is 677, of this 110 service users have been admitted for a period of six months or more. This equates to 16.25% of the admission beds in these areas.

Service	No of Admission Beds	In Patient for over 6 months	Percentage
Sligo/Leitrim	44	18over	40%
Limerick	28	1 over	3.5%
Waterford	44	7 over	16%
Galway	45 beds	7 over	9%
Mayo	32	2 over	16%
North Cork	19	1 over	5.25%
Vergemount	30	3 over	10%
Clare	39	6 over	15.55
Cork South	50	5 over	10%
West Cork	18	4 over	22%
Louth	42	13 over	31%
Donegal	34	2 over	6%
Kildare	29	4 over	13.8%
Kerry	34	3 over	9%
Newcastle	26	6 over	23%
Cavan	25	2 over	8%
Laois	46	13 over	28%
Mullingar	24	4 over	16.5%
Roscommon	22	4 over	18%
Connolly	49	6 over	16%
<b>Total</b>	<b>723 beds</b>	<b>116</b>	<b>16.25%</b>

Some of these individuals have been cared for within these settings for many years and have been subjected to short term conditions for extremely long durations. Currently, these 116 service users could be cared for in an ICRU service but lack of staffing continues to make this unachievable.

The main reason for the lack of development of the community services as recommended by Vision for Change is the lack of Psychiatric Nurses. This was acknowledged by the Minister for Mental Health, Ms Helen Mc Entee in May 2017 when she stated *"The biggest challenge in that is the staffing numbers. Funding is not really the issue, we could have €100m allocated tomorrow but if you don't have the trained staff then you're going to have to try and spend it elsewhere,"* she said. She also went on to state that increasing nursing places in college, increasing wages and upgrading facilities are all measures she hopes will begin to improve the success rate of the HSE in recruiting much needed staff.

### **3 b) Evidence of Labour Market Pressures from Private Sector Domestically or International Organisations.**

**3 b) (1)** According to the Department of Health the top 5 destinations for Irish Nurses emigrating are Australia, UK, US, Canada and New Zealand. The Nursing and Midwifery Board of Ireland (NMBI) showed a total of 1059 nurses and midwives sought "certificates of current professional status" in 2016, documents which verify their qualifications and are sought by nurses when they intend to work overseas. This is a strong indication of the nurse's intention to work abroad.

**3 (b) (2)** The UK has 24,000 nursing vacancies and this is expected to increase after Brexit. Mr Jim Campbell, Director of the World Health Organisation Workforce Department, speaking at the Global Forum on Human Resources for Health held in Dublin in November 2017, raised his concerns that post Brexit, the UK may try to fill gaps left by EU migrant health workers by attracting nurses from Ireland under the traditional UK-Ireland bilateral agreement.

The UK are offering packages such as:

- €8000 relocation costs
- €3000 location payment (double the payment of the Irish "bring them home campaign")
- Educational Opportunities
- Low Cost accommodation
- 37.5-hour week.

**3 b) (3)** Domestically- St. Patrick's Hospital, Dublin starts all graduates on the 2<sup>nd</sup> point of the scale. €3,000 welcome package i.e.; €1,500 paid after 6 months, €1,500 paid after 12 months. Nurses work a 37.5-hour week and are not subject to the pension levy.

**3 b) (4)** Morell Health Care Service Ltd, Kildare, a private company that provides nurses to the HSE pays nurses €25.00 per hour, which is equivalent to €50,700 per annum.

### **3. c) Any other information relevant to the submission.**

**3 c) (1)** Many of the projects outlined in the Mental Health Division's projects overview document, Oct 2017, [Appendix 5](#), are both necessary and indeed welcome. A significant number of these projects will require increased staffing of which a large number will be psychiatric nurses.

**END**