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

Submission to:	**THE PUBLIC SERIVCE PAY COMMISSION**
From:	**THE IRISH NURSE AND MIDWIVES ORGANISATION**
INMO Principle Spokespersons:	**MS PHIL Ni SHEAGHDHA / MR LIAM DORAN / MR DAVID HUGHES**
Venue:	**ST STEPHEN'S GREEN HOUSE EARLSFORT TERRACE DUBLIN 2**
Date:	**07 FEBRUAY 2017**
Time:	**9.00 am**

1. INTRODUCTION

1.1 The Irish Nurses and Midwives Organisation is the largest trade union representative body for nurses and midwives in Ireland. INMO in addition to being a trade union, provides professional development services, including extensive post registration education, to the professions of nursing and midwifery and four out of every five nurses working in the jurisdiction are members of the organisation.

1.2 The INMO has circa 40,000 members in all categories of nursing from the first year student to the most senior grade Group Director of Nursing. The INMO is a recognised trade union for collective bargaining purposes in all branches of nursing, acute services, community services, intellectual disability services, GP practice, paediatric services and midwifery. The organisation does not organise in the mental health service. The pay and terms and conditions of workers in the mental health services are generally comparable and, in terms of national negotiations bargained at the same table.

1.3 The INMO is a member of the Irish Congress of Trade Unions and wishes to register with the commission our full support and endorsement of the submission already made by the Public Services Committee of the Irish Congress of Trade Unions. This additional submission is made in the context of the labour market challenges faced in the short, medium and long term by the Irish public health service, particularly in regard to the professions of nursing and midwifery, as the professions hold internationally recognised skill sets.

1.4 With regard to the specific considerations prescribed in the commission's terms of reference, we will argue the following:

a) That the relative pay for nurses and midwives is inappropriate for grades where the minimum entry requirement, knowledge and skill set, decision making responsibility, autonomy and professional status are higher or equal to many higher paid professional grades within the Irish public service.

b) That while remuneration levels for nurses and midwives in the Irish economy are determined in the public sector, because the private sector is a minority employer in our context, there is significant evidence that the Irish health service as a whole, both public and private, are experiencing major difficulties in terms of recruitment and retention and are competing for international nurses to fill their shortages. In this

regard we will be providing the commission with evidence that although rates of pay between private and public are similar or the same, the incentive packages offered by private sector employers exceed those offered by the Irish public health service.

c) We will demonstrate to the commission that Irish nurses and midwives operate in a borderless market among English speaking nations and others where the remuneration package, career development and hours of work are better in the relevant market destinations for nurses and midwives.

d) We will demonstrate that the professions of nursing and midwifery have developed, expanded and extended to a point which justifies a realignment of their pay and terms and conditions of employment within the Irish public service.

e) We will highlight recommendations of the second Public Service Benchmarking Body, which have never been implemented for particular grades of nurses and midwives and which now need to be given effect.

2. THE STRUCTURE OF NURSING IN IRELAND

2.1 The current structure of nursing and midwifery in Ireland is largely based on the recommendations of the Commission on Nursing report of 1998 and the previous agreement on pay and conditions of nurses which is known as the Blue Book Agreement of 1996. Both emerged from a considerable campaign of industrial action by nurses

2.2 Nursing and midwifery are registered professions which are subject to annual licencing renewal in order to practice, and the entry requirement for which is now an Honours Bachelor's Degree (level 8). Midwifery is a separate and distinct profession which prior to the year 2006, had a requirement that applicants must already be a nurse before they could be a midwife. Midwives are paid on the same salary scales and in the same pay structure as registered general nurses. Registered general nurses, registered children's nurses, registered nurses for the intellectual disability are all paid on a common set of salary scales in the same grading structure. Psychiatric nurses have a marginal pay advantage at staff nurse level over the other divisions, which is based upon the assimilation of an historic location allowance in the mental health services. Public Health nurses are community based nurses who, in addition to being a registered general nurse, are required to hold a number of years nursing experience and a post graduate higher diploma in order to practice. The public health nurse, therefore, is not an entry

grade and its pay alignment has been with the Clinical Nurse Manager 2 grade in the pay structure.

2.3 Within the cadre of registered general nurses there is a massive diversity across medical specialities and many nurses specialise and are educated specifically for those specialities on the basis of post graduate education. While the grading structure does not provide for such a level of diversity or recognition of specific degree status, i.e. masters or doctorate, there is a specialist qualification allowance where an individual registered general nurse is educated for a specific specialty and practices in that speciality. A second allowance which applies is known as a Location Allowance. Location allowances were specifically designed and agreed to attract nurses into particular areas of the health service where there were difficulties in recruitment. Typical areas were Care of the Older Person Services.

2.4 THE GRADING STRUCTURE

2.4.1 The current grading structure dates back to the Blue Book Agreement (1996) and the Commission on Nursing Report of 1998. The basic registered grade is that of staff nurse/midwife.

2.4.2 The first promotional grade is that of Clinical Nurse Manager 1, which is described in the Commission on Nursing Report as a trainee manager grade.

2.4.3 The Clinical Nurse Manager 2 is a Ward Sister with considerable managerial responsibility for operational management of the nursing team in a particular ward, including support staff. In a typical hospital 40 Staff would report to a Ward Sister.

2.4.4 Clinical Nurse Manager 3 is a grade specific to the acute hospital sector and was a new grade introduced, following the Commission on Nursing, to comprehend a specialist area comprising a number of wards or unit of care.

2.4.5 Assistant Directors of Nursing, at middle management level, there are two grades of Assistant Director of Nursing based on hospital size and activity. Assistant Director of Nursing Band 1 in the larger acute hospitals and mental health and Assistant Director of Nursing, non-Band 1 in all other areas.

2.4.6 The original title for the Chief Nurse of a service, Matron, was replaced under the Blue Book Agreement (1996) and the Commission on Nursing (1998) to Director of Nursing. There are five bands of Director of Nursing, based on size and complexity of service. These were allocated on criteria based on the 1996 Blue Book Agreement, which is now out of date and the current actual allocation of directors has strayed significantly from it. In addition to the five bands of Director of Nursing, the Director of Mental Health Nursing has a distinct and separate grade slightly lower than the Band 1. The Director of Nursing in an intellectual disability service is a Band 2(a), which falls between Band 2 and 3 of the main structure. The Director of Public Health Nursing is paid on the same scale as the Director of Mental Health arising from an equal pay determination in favour of that cadre of Manager.

2.4.7 With the evolution of Hospital Groups, a new post of Group Director of Nursing was developed as part of the group management structure. That structure was intended, under a CEO, to have a Clinical Medical Director, a Director of Nursing and a Financial or Business Director. The Department of Health sanctioned specific increased salaries for the CEO position and the Business Manager position but appointed Group Directors of Nursing on the same salary scale as the Band 1 Director of Nursing. This remained the position until December 2016 when sanction eventually issued providing for equality of pay with the COO/Business Manager.

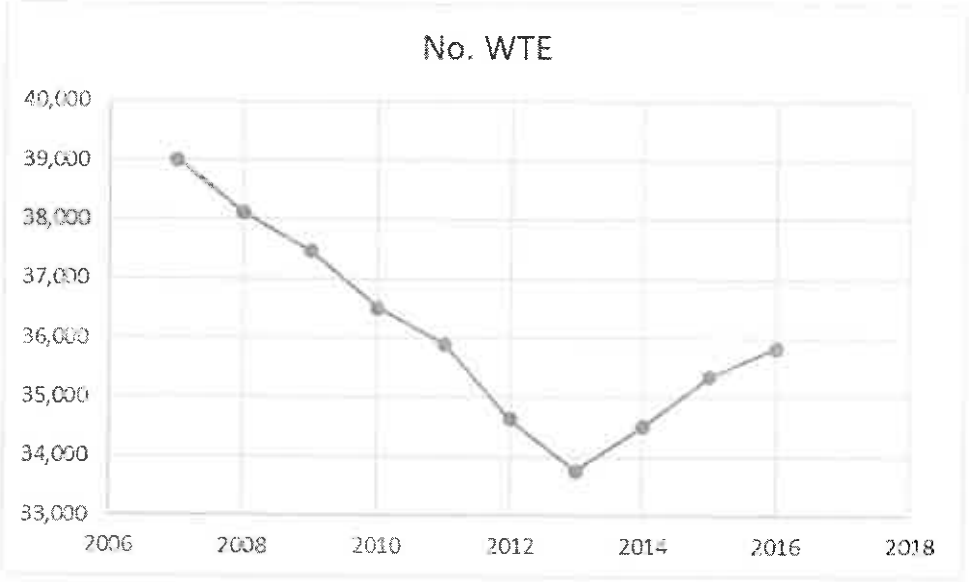
3. A POLICY FAILURE CONTRARY TO COMPELLING EVIDENCE IN RESPECT OF THE DEMAND FOR NURSES AND MIDWIVES

3.1 It is common cause between the Department of Health, the HSE, and the INMO that the whole time equivalent compliment of nursing and midwifery staff fell from 39,006 at the end of December 2007 to 35,330 in November 2015. This represents a fall of 9.3% compared with an overall fall in public sector health personnel of 7.2%. In the same period the number of medical staff grew by 16%. The Staff Nurse compliment, at 24,598, was some 2,595 lower than it had been in 2007. These figures have been accepted by the Department of Health and the HSE, in an agreed paper presented to DPER, in the context of nursing and midwifery recruitment in December 2015. It must also be taken into account that approximately 2% of nurses and midwives are on maternity leave at any given time and with a virtual ban on replacement, the actual number working is 2% less than is reported. **Appendix 1**

3.2 Tables 1 and 2 below display the numbers of nurses and midwives employed at 31 December each year.

Nurses' & Midwives employed in the Public Health Services 2007 – 2016 (HSE stats.)

Year	Number WTE
2007	39,006
2008	38,108
2009	37,466
2010	36,503
2011	35,902
2012	34,637
2013	33,768
2014	34,504
2015	35,353
2016	35,835



3.3 In this context the opening paragraph of Part 3 of the Department of Public Expenditure and Reform's submission to the Public Service Pay Commission, is disappointing. It represents a continuation of a policy failure to ignore the evidence presented by the Department of Health on numerous occasions, going back to the Commission on Nursing, on the need to have workforce planning and prepare for the demographic changes and health needs of the nation. To present the number of nurses recruited between Quarter 1 – 2014 and Quarter 3 – 2016, without any reference to the attrition rate in nursing and midwifery, is entirely disingenuous and an examination of the HSE's employment statistics demonstrates that the net increase of nurses and midwives between November 2015 and November 2016 is, in fact, 465, including students. Moreover the statement is oblivious to the fact that the actual number of staff nurses and midwives for that period fell by 0.6% in the case of midwifery and only marginally

increased by 0.8% in General and Children's nursing. Registered staff nurses in Psychiatric Services fell by 2.7% in the period and staff nurses in Intellectual Disability increased by only 0.1%. The December 2015 joint submission from the Department of Health, HSE and INMO and other unions described this turnover factor where you recruit significant numbers but lose so many that your net increase does not actually improve the overall staffing. **Appendix 2** To quote from the Report, which again we remind the Commission, is common cause between employers and trade unions representing nurses and midwives "***The picture presented highlights risks to achieving the goals of the HSE Corporate Plan and more immediately the 2016 National Service Pan. In addition to the data presented above, it is important to note that the overall number of staff nurses and midwives employed within the public services has been reduced by over 9% between December 2007 and December 2015. This is despite active attempts at recruitment throughout 2015. The overall picture highlights a significant risk to the provision of safe and compassionate care and consequently necessitates actions at national, regional and local levels to examine specifically what measures are required to attract and recruit new graduates in the first instance. It also requires the determination and implementation of measures to support and retain existing registered nurses and midwives in order to provide a safe and compassionate health service to the population.***" That agreed report goes on to describe the situation as a crisis and to highlight an urgent requirement to: -

i. **Retain new graduate nurses and midwives; and**
ii. **Recruit and retain experienced nurses and midwives.**

The report is attached as **Appendix 3**

3.4 The blanket moratorium on recruitment, which has had a higher impact on nursing and midwifery than on most other grades and professions in the public health service, was rigidly implemented without regard to all previous evidence available to the Department of Health and, in fact, commissioned by them independent of representative bodies. The Commission on Nursing set the blue print for the development of nursing and midwifery and following it, in 2002, the Department published a nursing and midwifery resource study, which from page 147 onwards comprehensively outlines a strategy for recruitment and retention. Among its many suggested requirements was that of "*increasing the number of pre-registration nurse training places*" and, on pay, it called for higher entry level salaries; improved pay differentials for promotional posts; an alternative form of early retirement to hold experienced nurses in the service for longer; long service

rewards; the extension of qualification allowance to ensure equity for generalist nurses; and financial recognition for high pressure areas. We attach this report as **Appendix 4**

3.5 The Department's review of the undergraduate nursing and midwifery degree programme in December 2012, concluded that it was essential to have a sufficient number of effectively prepared nurses and midwives from the undergraduate programme to meet the needs of the health service. It recommended that the then current number of undergraduate student nurses and midwives should continue to be commissioned even after taking into account the 2009 employment control framework for the health service and workforce planning scenario, which indicated that the overall number of students then being prepared at undergraduate level just met the demand.

3.6 In spite of these compelling reports, the moratorium was bluntly imposed with devastating consequences on the quality of care and the ability of the health service to continue meeting demand and the HSE cut the number of student training places. Indeed at page 156 of the final report of the steering group on the nursing and midwifery resource entitled "*Towards Workforce Planning*" produced by the Nursing Policy Division of the Department of Health, and a long time before the moratorium was applied, Figure 4.3-1 graphically demonstrates the downstream consequences of pervasive turnover. **Appendix 5** What actually happened in the application of the moratorium was much more severe than depicted even in that. An international study RN4CAST 2009 – 2011 recorded that nurses in more than ¼ of Irish Acute Hospitals reported a deterioration in care given and the author's predicted a further deterioration because of the staffing moratorium. **Appendix 6**

4. GLOBALISATION

4.1 It is vitally important that Ireland, as a nation, continues to attract sufficient students to the professions of nursing and midwifery and develops an ability to retain those whom the nation invests in within the Irish public health system. Previous shortages in both public and private sectors were met by significant national recruitment campaigns which sought to attract nurses from Europe, the Philippines, India and Africa. As a result we have a sizeable and welcome cohort of international nurses providing excellent service in the Irish hospital and healthcare system. However, the ability of Ireland to recruit in a global market, which both the European Commission and the World Health Organisation has identified as facing a massive shortage of health professionals, will be competitive and difficult.

4.2 The European Commission estimates a potential shortfall of approximately 1 million health workers by 2020. Almost 600,000 of these will be in the nursing and midwifery categories. The World Health Organisation predicts a global deficit of 12.9 million skilled health professionals by the year 2035. The US Bureau of Labour Statistics estimates that by 2020 the United States may have 1 million vacancies for nurses and the UK Centre for Workforce Intelligence predicted that the shortage of nurses for the UK could be as high as 190,000 in 2016.

4.3 The UK National Health Service Organisation Health Education England, in its commissioning and investment plan 2016 and 2017, at page 2 and 3, identifies the greatest risk in terms of shortage of health professionals as being that in adult nursing and paramedics. It says that the HEE's local teams are prioritising commissions in these professions over others, where supply prospects are stronger. **Appendix 7**

4.4 We, therefore, suggest that there is incontrovertible evidence to demonstrate a massive demand for nursing and midwifery, which will require Ireland to significantly invest in recruitment and retention of its own home grown nursing and midwifery workforce. Sadly efforts to do that have been severely hampered by the past eight years and by common cause, Ireland now faces a crisis in terms of nursing and midwifery staffing in spite of the submission by the Department of Public Expenditure and Reform suggestion to the contrary. Indeed, in the face of such compelling evidence of a global competitive market for nurses and midwives in which Irish trained nurses and midwives are highly sought after, we found the position adopted by DPER disappointing. In more recent exchanges we have been informed that DPER fully accept the magnitude of the predicted and current shortage and the difficulty experienced by health employers when trying to recruit and retain.

5. NURSING AND MIDWIFERY SUPPLY IN IRELAND

5.1 The joint submission to DPER of 2015, **Appendix 3**, page 4 identifies that the main source of the supply of nurses and midwives to the health service is from the pool of graduates from 13 higher education institutes and institutes of technology who provide the undergraduate programmes in partnership with health service clinical sites. It records that in 2015 nursing was one of a few categories that had a fall in CAO applications. This is worrying. The average intake to undergraduate programmes in all branches of nursing and midwifery between 2002 and 2011 was 1,705 per year and an

average attrition rate of 13.7% was experienced resulting in an average annual output of 1,471 (NMBI December 2015). The report also suggests that there is an inability on the part of some of our major hospitals to attract a number of undergraduate student nurses to work as staff nurses in their organisation, with 22% not taking up employment or being offered a staff nurse position. The report quotes from a recent Union of Students in Ireland Survey, in which over 92% of nurses responding indicated that they had considered emigrating when the qualify as a nurse or midwife – 72% of those said payment with over 60% saying lack of financial support.

5.2 During the summer of 2015, the HSE initiated a high profile international recruitment campaign in the United Kingdom to bring home nurses and midwives who may have left during the moratorium or who may have emigrated to gain professional and life experience abroad. They hoped that 500 such nurses would be attracted back under that campaign. While the bring them home campaign had an incentive package, by common consent, the package and terms and conditions, on return, were not comparable with what was being offered elsewhere. At 5.4 and 5.5 we provide a direct quote from the December 2015 report which was accepted by the Department of Public Enterprise and Reform.

5.3 Additionally, many of those who left did so with a very poor assessment of their value in the Irish system, in light of the particularly harsh treatment imposed on student and graduating nurses and midwives when recession hit the country. Fourth year students were the lowest paid employee in the health service but they had the highest pay cut, approx. 40%, imposed on them.

5.4 ***"Recruiting \|Recent Irish graduates who have emigrated***

Whilst there is a perception that many nurses and midwifes will return to work in Ireland now that the moratorium on recruitment has been rescinded (though recruitment needs to be in line with Paybill Management Control); sadly, this has not been the experience of the HSE. During the summer of 2015, the HSE initiated a high profile international recruitment campaign (in the UK) to "bring home" nurses and midwives who may have left during the moratorium, or who may have emigrated to gain professional and life experience abroad. Recent data indicates that approximately 70 nurses and midwives have been offered positions, despite the incentivised recruitment package on offer; suggesting that the package and terms and conditions on return are not comparable with what is being offered elsewhere. Clearly this recruitment campaign, undertaken to*

address identified supply side shortages has not been sufficient to address the recruitment difficulties".

*** HSE have recently informed us that a total of 88 were ultimately recruited at a cost of €374,500.**

5.5 ***" Basic pay comparison for a registered nurse:***

Country	Ireland	England* (Band 5 AfC)	Australia**
Salary in local currency	€27,211 – €42,469	£21,478 - £29,540	$58,142 - $81,649
Salary in Euro	€27,211 – €42,469	€30,127 - €39,138	€38,460 - €54,010.21

**** Information kindly provided by NRS***

***** Salary converted to Euro based on rates 15th December 2015***

The above table outlines that the basic pay salary in England is at approximately point 3 of the Irish pay scale and in addition, there are other payments given to nurses and midwives to support them live and work there. Specifically, the "High Cost Area Supplement" is automatically added to salaries in these areas. This is 20% of the basic salary; from a minimum of £4,117 (€5,670) to a maximum of £6,342 (€8,736).

Furthermore, there are additional financial incentives offered to Irish graduate nurses as part of their recruitment and retention packages. In some of these organisations it is stipulated that nurses and midwives must stay 18-24 months to retain the benefits. Support is provided such as:

- *Paid accommodation for a defined period of time and/or relocation subsidies;*
- *Sign on financial incentives of up to £3,000 (approximately €4,200);*
- *Guaranteed education linked to the achievement of specific skills and competencies;*
- *Guaranteed full payment of masters programmes within a defined timeframe;*
- *Payment of registration fee with the Nursing and Midwifery Council;*
- *Flights etc.*

**** Appendix 4 highlights the details of some of these packages.***

In addition, many of the UK organisations have clinical staff (equivalent of clinical facilitators) in place to support clinical nurse managers with the orientation/induction and the ongoing development of nurses who work with them.

The recruitment package (salary only) offered to new graduates in Ireland is therefore not competitive even within the UK market and this urgently needs to be addressed given the ease and low cost of travel between our 2 countries. "

**** Irish Nurses and Midwives work 39 hours per week, comparators work 37.5***
note: Incremental credit was sanctioned as a result of the 2015 December submission.

5.6 More recently the Mater Private who have a continuous programme of recruitment seeking to attract nurses, offered an incentive of €3,000 to their existing staff to introduce a friend back to the Mater Private and a €3,000 incentive package for a returning nurse to cover flights, accommodation and other expenses with a further €3,000 after six months, provided they gave a commitment to working for two years with the employer. Details of this offer are attached as **Appendix 8**

5.7 Nursing Homes Ireland, in a recent letter to the INMO on 13 January 2017, confirmed their view that *"there is a crisis in the recruitment of nurses within the Irish Health Service and within International Health Care. This crisis has also impacted on the nursing home sector and the challenges became more acute following the lifting of the HSE Moratorium on recruitment. Furthermore, the reduction in undergraduate nurse training in Ireland has impacted negatively"* **Appendix 9**

5.8 Nursing Homes Ireland, in the same letter, confirmed that they had engaged a number of preferred recruitment agencies to recruit in Europe, India and the Philippines.

6. NURSING AND MIDWIFERY ARE NOW HIGH RISK OCCUPATIONS IN TERMS OF AGRESSION AND PHYSICAL ASSAULT

6.1 Between 01/01/11 and 27/07/16 the numbers of physical assaults on staff in statutory Acute Hospitals increased from 673 to 3,462. Of these 65% (2,261) of the injured parties are recorded as nursing and midwifery staff, not including psychiatric nurses. This equates to an average figure of 34 physical assaults on nurses or midwives a month. Nursing and midwifery make up 33% of the total public health service workforce, they are in the frontline and they carry the burden of trying to maintain a safe level of care within a reality of decreased services, decreasing staff and increased demand. Unfortunately these statistics show that they personally now suffer the consequences.

**** Ref. ONMSD/EMP 2.3 HSE Service Plan***

6.2 Nursing and midwifery is a high risk profession, with low remuneration and inadequate staffing levels, where there is little planning for retention and recruitment and, therefore, nurses and midwives are deciding to leave.

7. PAY

7.1 Registered nursing is an internationally recognised licenced profession and Irish nurses and midwives are highly valued because of the high quality of education and training in Ireland and the reputation built up over many decades by Irish nurses who have emigrated and practiced in almost all developed nations. For Ireland to retain or attract back Irish nurses, it must be in a positon where it pays equal to or better than those nations who actively recruit and seek out Irish qualified nurses and midwives. There is, therefore, in terms of international comparisons, significant justification for the Public Service Pay Commission to recommend the adjustment sought by the INMO, which would see Irish nurses and midwives paid equally with the other therapeutic grades who carry similar educational requirements and many of whom have just become regulated professions.

7.2 The table below shows the relative position of the staff nurse vis-a-vis other recognised professional public service grades. It should be noted that in almost all other cases the grades work less than 39 hours per week. Additionally, nurses and midwives rarely achieve full pensionable service and the average retirement age is 61 and length of service 30 years or less.

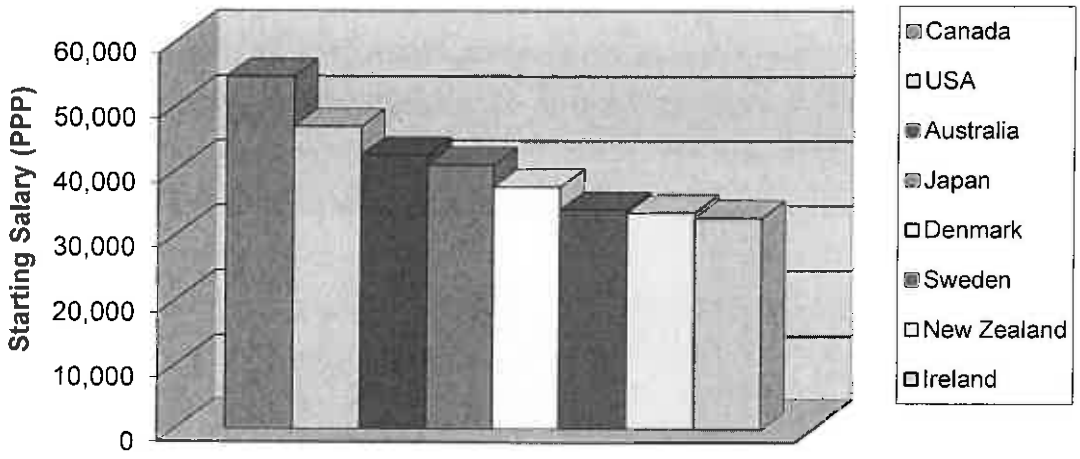
CURRENT SALARIES – AT VARIOUS POINTS OF SCALE

Grade	After 1 Year	After 5 Years	After 10 Years	After 15 Years
Staff Nurse	€29,497	€34,666	€41,222	€43,800
O/T and Other AHPs	€35,981	€40,009	€45,525	€49,984
Radiographer	€34,514	€38,344	€43,777	€48,054
Respiratory Technician	€35,686	€39,168	€47,866	€51,320
Teacher (following recent TUI / INTO agreement)	€32,806	€40,551	€48,150	€55,710
Garda (following recent Labour Court Rec.)	€31,942	€42,310	€48,600	€50,327

** Nurses and midwives 39 hours per week, net of meal break all others, except Gardai, work 37 or less*

7.3 In terms of international comparisons the (ICN) International Council of Nursing, through its international workforce forum, collects wage data on a bi-annual basis. The wage data collected relating to starting salaries for clinical nurses working in the public sector hospitals, for the purpose of comparisons, is converted into PPPs (Purchasing Power Parity). The table, for purchasing power parity, is an internationally accepted table and applying the 2016 conversions, to the eight countries who responded to the wage survey, Ireland ranked lowest in terms of starting pay, using 2016 salary comparisons.

Starting Salaries for Clinical Nurses working in Public Sector Hospitals (in PPP)



ICN: Hospital Starting Salary

Canada	54,536
USA	46,834
Australia	42,446
Japan	40,951
Denmark	37,537
Sweden	34,025
New Zealand	33,502
Ireland	32,718

7.4 International Comparative Starting Salaries by Profession

In this graph countries were asked to compare starting salaries of nurses (clinical nurse = 1) to the starting salaries of other professions. In most countries, all professions' starting salaries in the respondent countries, with the exception of the Nursing Auxiliary, were rated equal or higher than the starting salary of a clinical nurse.

Country	Australia	Canada	Denmark	Ireland	Japan	New Zealand	Sweden	USA	Average Rating
Clinical Nurse	1	1	1	1	1	1	1	1	1.00
Physician	2	3.5	1.32	1.41	1.29	1.2	1.96	2.7	1.92
Teacher	1.2	1.5	1.14	*1.02	1.03	0.96	1.03	0.84	1.09
Police	1.2	1.5	1.03	*0.92	1.11	1.01	1.04	0.89	1.09
Physiotherapist	1	0.93	1	1.23	0.88	0.85	0.99	1.2	1.01
Accountant	1.2	1.83		2.35	0.96	0.09	1.32	0.99	1.25
Nsg Auxillary	0.6	0.45	0.94	0.91		0.71	0.81	0.38	0.69
LPNEM	0.8	0.68			0.8	0.90		0.63	0.76

**** International Council of Nurses Workforce Forum Report 2016, Nurses Wages and their context.***

Note: starting pay for Irish teachers and police have subsequently increased.

7.5 The claim for parity with therapeutic grades was considered by the second Benchmarking Body in 2007, but its job comparison was confined to the grade of Speech Therapist alone. The Speech Therapist rate is the same rate as the other therapeutic grades all of whom are listed as B Grades and were not subjected to job evaluation. The Benchmarking Body, in its report at 12.41, while finding against parity at that time, it did state "*developments of the kind referred to in paragraph 12.6 might bring about change in that position in a future benchmarking type exercise*".

7.6 Since that time nurses and midwives have embraced, without additional allowances or additional pay, diagnostic responsibility in terms of ionising radiation (x-rays) and drug prescribing. Additionally, as part of the HSE's obligation to comply with the European Working Time Directive for medical staff, nurses and midwives have undertaken tasks previously performed exclusively by doctors. These include IV cannulation; the administration of first dose medication; emergency phlebotomy; and delegated discharge. All of these changes have been independently verified as having taken place

and are now extensively covered as part of the duties of many nurses / midwives and form part of their role and function.

7.7 Hospital Activity

In the same period and with 3,500 less nurses and midwives, hospital activity has dramatically increased, despite a reduction in acute beds and an increased attendance at Emergency Departments (EDs). The average length of stay (ALS) in hospital has decreased. Which means services in the community are receiving patients earlier and at a greater volume than in the past. It also means that hospitals are working at a greater pace and increased capacity. This is during a time when nursing staff numbers in the hospitals and community are decreasing. It is of note that currently Irish acute hospitals have a 95% plus bed occupancy rates in acute hospitals while over 85% occupancy is viewed as unsafe internationally. **Appendix 6** (RN4CAST)

	2008	2014	2015	Change 2008-2014/5
Acute Beds	11,847	10,480	N/A	- 1,367
In-patient discharge	592,133	622,763	644,990	+ 52,857
ALS days	6.03	5.43	N/A	- .6
Day cases	770,617	957,258		+ 186,641
ED attendances	1,150,674	1,217,572	1,293,140	+ 142,466

The Re-alignment of Nurse and Midwife Pay and Hours is now an imperative if Ireland is to provide a health service suitable to the needs of its people.

7.8 This submission presented a mere sample of the overwhelming evidence that Ireland is in crisis and needs to compete on terms and conditions of employment with all other developed nations. Therefore, the time has come, we believe, for a realistic realignment of the staff nurse and midwife grade with what are now its peer group of therapeutic grades in the public health service. This is justified, based on the market conditions that currently exist and which, by international agreement, are likely to continue for the foreseeable future with regard to the ability of countries to recruit and retain sufficient nurses and midwives to provide their public health service. It is merited, also based on the significant enhancement and enrichment of nursing practice which has occurred over the past decade. Equity demands that nurses and midwives be treated equally with those for whom the same educational requirements and with whom an equality of responsibility for the delivery of health care which is, at least, equal is recognised in their

pay and their hours of work. Currently nurses and midwives work longer hours with lower salary scales than every other therapeutic grade. It is imperative, in our view, that the Public Service Pay Commission recommend a fundamental realignment of the basic staff nurse and midwife grade and the professions generally to recognise the true value of nursing and midwifery in the delivery of Irish health services into the future.

7.9 **Finally, listed below are unimplemented Benchmarking Body Recommendations.**

7.9.1 Director of Nursing Bands 1,2,3,4,5 – 10%

7.9.2 Assistant Director of Nursing Bands 1 and 2 – 10%

7.9.3 Clinical Nurse Manager 3 – 6.8%

7.9.4 Registered Nurses in Intellectual Disability services re-graded to CNM1, who supervise or work alongside Social Care Workers