Irish **Nurses** and **Midwives** Organisation

Working Together

Submission to:

PUBLIC SERVICE PAY COMMISSION PHASE II

From:

THE IRISH NURSES AND MIDWIVES ORGANISATION

Date:

29 NOVEMBER 2017

Part 1.1: Are there currently recruitment issues for this section?
Please indicate which grades are experiencing the most significant difficulties.

Yes- all grades of Nursing and Midwifery
Directors of Nursing and Midwifery (5 Bands + 2 analogous Grades)
Assistant Directors of Nursing Band 1 and Band 2
CNM/CMM III
CNM/CMM II (+ analogous grades, i.e. Clinical Nurse Specialist)
CNM/CMM I
Staff Nurse / Midwife
Public Health Nurse
Psychiatric Nurse

Note: The Department of Health Review of Undergraduate Nurse and Midwifery Degree Programme (2012) recommended that the undergraduate nursing students for the profession should be maintained at 1,570. In February of 2017, as part of the Management Proposals to INMO/SIPTU in relation to Nurse/Midwifery Recruitment and Retention initiatives, the total number was increased to 1,700.
INMO view this as appropriate given the anticipated wastage and the limits of available clinical placements. The issue confronting our Health Service is a failure to recruit and retain Irish educated registered nurses and midwives.

Part 1.2: Please provide evidence to support the recruitment difficulties identified? (E.g. number of competitions, number of applications to each competition, number of offers for each competition, number of acceptances/refusals to each competition, etc.)

Taking December 2007 as the year of reference (prior to the introduction of the Health Service Moratorium), the current Nursing and Midwifery Whole Time Equivalent (WTE) employment figures remain below those of December 2007.

Table 1. Annual Nursing and Midwifery Whole Time Equivalent (WTE) Census

(Note: the annual census figures include approx. 800 nursing students as WTE per annum)

December of year:	Total WTE	Change
2007	39,006	N/A
2008	38,108	-898
2009	37,466	-1,540
2010	36,503	-2,503
2011	35,902	-3,104
2012	34,637	-4,369
2013	33,768	-5,238
2014	34,504	-4,502
2015	35,353	-3,653
2016	35,835	-3,171

Source: Health Service Executive, 2007-2016.

As can be seen in Table 2, the nursing and midwifery grades have not recovered to the same extent as other grades.

Table 2: WTE Employment Changes by Grade

Grade	Change March 2009 -August 2017 (WTE)	Change December 2015- August 2017 (WTE)	Change December 2015 - September 2017 (WTE)
Clerical/ supervisor grades	-3.2% or -578	+23.3% or +1,212	+25.7%% or +1,315
Consultants	+29.2% or +650	+6% or +96	+8.3% or +227
NCHD	+26.6% or +1,306	+5.4% or +225	+8.1% or +472
Staff Nurse	- 10.1% or -2,767	-0.6% or -154	-0.8% or - 208
Nurse manager	-1.8% or -132	+6.6% or +459	+6.6%% or +458

Source: Health Service Executive, 2017a.

In December 2016, the total number of qualified nurses/ midwives in the public system was 35,430 WTE (this figure excludes nursing students, the total including students is 35,835 WTE) and of that number, 24,768 WTE were at the Staff Nurse grade (70%). There is agreement with the Department of Health and HSE to grow the total number to 36,654 WTE qualified nursing and midwifery staff by December 2017.

The February 2017 agreed Nursing and Midwifery Workforce Plan provides for a total increase of 1,224 qualified WTE, of which 1,030 are at the Staff Nurse grade. Therefore, at the end of 2017, there should be a total of 25,798 WTE Staff Nurses. The figures show, however, that in September 2017, there were 24,541 WTE Staff Nurses, 227 less than in December 2016. Therefore, the projected shortfall up to December 2017 has now increased to 1,257 WTE.

Rather than the nursing and midwifery workforce increasing, it is decreasing, and this has implications for the 2018 Nursing/Midwifery Funded Workforce Plan. In December 2017, the agreed base figure should be 37,059 (inclusive of Nursing Students). This will form the basis for the calculation of the 2018 Workforce Plan.

There are core fundamental elements that must be factored into any funded nursing /midwifery workforce plan;

- Nursing and midwifery are predominantly female professions (greater than 91%). Maternity leave at any time is estimated between 3-4% of the total workforce. For the purpose of HSE funded **vacancy figures,** statutory maternity leave is not recorded as a vacancy. The Public Service Pay Commission must therefore take this into account when determining the actual vacancy rate.
- These figures relate only to the vacancies which the HSE have agreed to fill based on funding. The HSE/Department of Health are committed to determining future nursing/midwifery staffing requirements based on evidence based models of care relating to patient dependency. This is currently being piloted on a small number of medical and surgical wards spread over three hospitals. This will increase the numbers of nurses/midwives required in future years to provide safe patient care. Example, a similar exercise in Australia led to a 3.5% increase in nurse staffing. (Drennan et al., 2017)
- The National Maternity Strategy (Department of Health, 2016) has determined the minimum level of growth for 2017 & 2018 is 200 WTE midwives. Of those, 96 WTE were to be recruited during the calendar year 2017, with the remaining 104 WTE in 2018. The WTE number of midwives in January 2017 was 1,461 but by August this had fallen to 1,409. There is now a requirement for an additional **252 WTE** to reach the Maternity strategy 's determined level of growth. The HSE has confirmed that the 2017 target will not be met and that the expert recommended ratio of 1 midwife to 29.5 births will therefore not be reached during 2017 or 2018.
- The determined needs for the National Children's Hospital, which has been sought from the Department of Health, is for an increase of a minimum of 300 WTE nursing posts.

Part 1.3: Please provide evidence of any relevant initiatives to address these difficulties (if applicable)?
Part 1.4: Please provide evidence of the outcomes of the initiatives described in part 1 Q.3 (E.g. change in numbers of applications, change in the number of percentage of acceptances, change in the number or percentage of refusals, etc.

Part 1.3 and Part 1.4 will be taken together here with the outcomes highlighted in bold text.

The agreement between the Department of Health, HSE, the Department of Public Expenditure and Reform, and INMO and SIPTU Nursing on Nurse/Midwifery Recruitment and Retention Initiatives of February 2017, provides for a national steering Group, which is independently chaired and reports to the Minister for Health on a quarterly basis.

The Minister of Health issued a direction to the HSE under Section 10(1) of the Health Act 2004* to ensure that the additional agreed nursing and midwifery posts are encompassed and prioritised in the process for implementing and reporting on the 2017 National Service Plan.

The most recent report to the Minister was issued in September 2017 and the information set out below is reflective of that report. (Health Service Executive, 2017b)

In summary, the effect of all the initiatives is that, as of the beginning of September 2017, there was only a net increase in the WTE nursing number of 13.

The Minister for Health, at a meeting in November 2017 with the INMO, accepted that all the initiatives to recruit have so far failed.

**Utilisation by a Minister for Health of Section 10 of the Health Act 2004 to direct employers in a certain manner, is unique and unprecedented in relation to a staffing matter and in this instance only relates to the grades of Nursing and Midwifery. In fact, in Ireland it has, according to the current Minister, only ever been required once before by Minister Harney in relation to co-location of private hospitals with public hospitals (Department of Health, 2017a)*

- **Total nursing was to have increased by 1,224 WTE, however, by September 2017 a net increase of 13 WTE was achieved** (additional vacancies due to maternity leave continue to exist).

- Funded Workforce Plan 2018 and 2019 – to be agreed
  Assuming that the minimum increase required for 2017 is 1,224 WTE and applying that increase, the December 2019 Census should read a minimum number of 39,507 WTE in order to deliver current levels of health care. Considering the net increase between December 2016 and 2017 was 13 WTE, without pay initiatives, this target will remain virtual.

- Conversion of posts filled by Agency staff into directly employed HSE nursing and midwifery posts
  At the end of August 2017, 138 posts filled by agency staff were converted out of a target of 736. Please note that where posts have been converted it does not increase the net availability of nursing /midwifery hours.

- Exhaust all existing employment panels
  The HSE have confirmed that for the Acute Hospital Panel, 60 % are already employed in the public health service and the panel process is being used as a means for transfer.

- Fill Emergency Department new posts and vacant posts arising from the provisions of WRC Agreement regarding EDs dated January 2016 and the Expert Group of August 2016 which identified an additional cohort of nursing staff to care for admitted patients without assigned beds in ED.
  There has been a major effort by the HSE to fill these posts, however, they report that the turnover rate in these departments is so high that leavers outnumber starters. Therefore, net growth has not been possible.

- Additional Acute Hospital Service Development posts
  There has been a major effort by the HSE to fill these posts but again the high turnover rate had reduced the net increases.

- Filling of all vacancies arising from resignations /retirements or maternity leave
  In a female dominated profession, replacement for maternity leave is not available. T**he HSE have dedicated HR support teams deployed to encourage recruitment. A diary of nursing and midwifery career events was undertaken utilising traditional advertisements, social media and the 'Bring Them Home' campaign, specifically targeting nurses working in the UK. However, despite all of these initiatives, the growth in the nursing workforce between December 2016 and September 2017 was 13 WTE.**

- Offer of permanent contracts to all nurse and midwifery graduates from 2016/2017.
  The HSE estimate that of the 1600 graduates, 600 will avail of permanent contracts.

- Advanced Nurse Practitioners - intake of 120 candidate ANPs in September 2017 with backfilling of consequent vacancies.
  The 120 candidates have been appointed but backfilling is subject to the normal recruitment process and there is no evidence that the workforce has grown by 120.

- National Maternity Strategy - appointment of an additional 96 midwifery posts in 2017
  The total WTE number of midwives in January 2017 was 1461. By August, this had fallen to 1409, a decrease of 52 WTEs. Instead of the workforce growing by 96, it decreased by 52.

The Strategy provides for the recruitment in 2018 of a further 104 WTE midwives which, given the current situation, is unlikely to be achieved.

- Retired/Rehired to fill short-term vacancies
  The HSE record a very low uptake of this initiative.

- 127 Additional CNM1 Posts in medical/surgical wards.
  The HSE Census shows that 127 nurse managers were recruited. However, this figure includes all grades of manager, therefore, we cannot say how many of those recruited were at CNMI level. The September Report shows that the 127 posts mainly consisted of CNMII and CNMI posts, which shows that since December 2016, only nursing managers at the first line level were recruited into the system.

- Safety Health and Welfare at Work Act 2005 – provision for specific nurse and midwifery elected safety representatives in each location.
  Work in progress. No real effect on recruitment.

- Pre-Retirement Initiative to allow nurses and midwives eligible for retirement to serve their final 5 years on a half time basis with no loss of pension entitlement.
  250 allocated places not filled.

- 'Bring Them Home' campaign –Incentivised payments to recruit nurses and midwives working abroad to come to Ireland.
  The Government's 'Bring Them Home' campaign, launched in July 2015, targeted 500 nurses and midwives employed in the UK. However, only 91 nurses were enticed to return to work in the Irish public health service, 40 of these left prior to fulfilling a years' service.

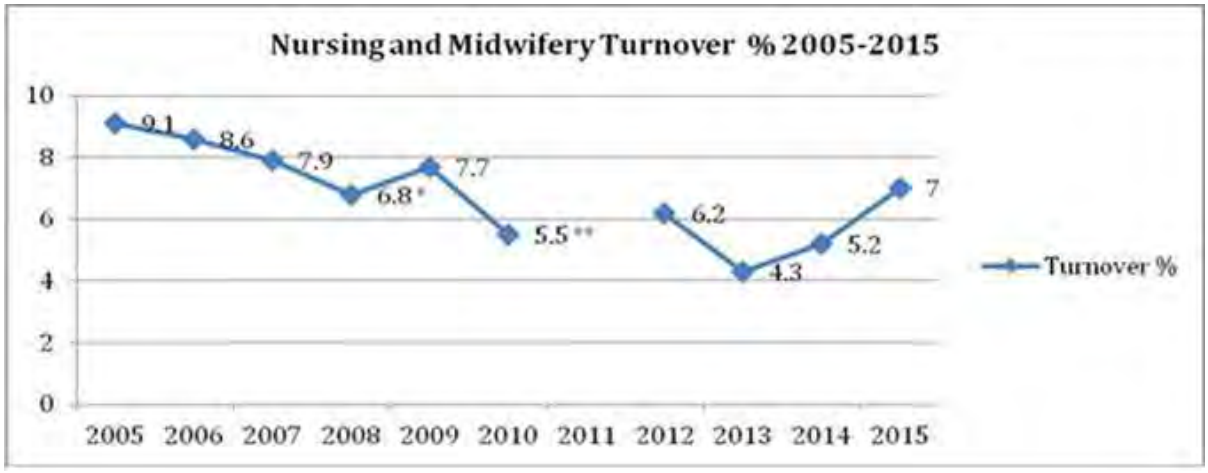
Part 1.5: Please supply any relevant data, including trend data (from 2007 to 2017), that you may have; such as staff numbers, turnover rates, staff vacancies, age profiles and details of recruitment campaigns from 2007 onwards, etc.

1.5.1 Turnover

The 2016 turnover rate recorded in the Health Sector Staff Turnover Estimate for Staff Nurses and Midwives is 7.9%.

The graph shows that turnover reached its lowest in 2013 but it has sharply increased in 2014 and 2015. At staff nurse level it has further increased in 2016. This sharp increase appears to have continued into 2017 and the HSE have confirmed that in spite of recruitment, the number of leavers is matching the number of joiners. They expressed the view that retention of nursing and midwifery staff is now a serious problem.

Figure 1: Average National Turnover for Nursing and Midwifery 2005-2015.



Source: Health Service Executive, 2017a.

1.5.2 Staff Vacancies

According to HSE Health Sector Staff Turnover Estimate 2016, the net outcome of starters versus leavers in the various grades were as follows:

Table 3: Nursing Grades Starters Versus Leavers

	Starters	Leavers	Differential
Nurse Manager	203	453	-250
Nurse Specialist	49	60	-11
Staff Nurse	2,573	2,271	+302
Public Health Nurse	36	58	-22
Nursing Other	11	19	-8

Source: Health Service Executive, 2017a.

It is significant that in the Staff Nurse grade, 71% of Leavers were recorded as resignations and in the Nurse Manager category, 42% were because of resignations.

Retirements accounted for a lower figure in the Staff Nurse grade at 20% and 50% at Nurse Manager grade.

1.5.3 Age Profile

The current age profile of nurses and midwives in the HSE poses a serious challenge in terms of workforce planning, recruitment and retention. **65% of the HSE nursing/ midwifery population is over 40 years** of age**. There are almost 9,000 nurses and midwives over the age of 50.** Many of these have an entitlement to retire at age 60.

Table 4: Age Profile of HSE Nursing and Midwifery Staff as of September 2016

Age	Number of Nursing and Midwifery Staff
20-24	926
25-29	1,681
30-34	3,049
35-39	4,175
40-44	5,077
45-49	4,233
50-54	4,060
55-59	3,177
60-64	1,375
65+	125

Source: Department of Health, 2017b.

Note: The total nursing/midwifery headcount population in August 2017 was 40,977 for the entire public health service, including the Voluntary Hospitals, equating to a WTE figure of 35,607. The only available age profile figures relate to the HSE population. There is nothing to suggest that the trend would be any different in the Voluntary Hospitals.

Part II – 1: Are there currently retention issues for this sector? Please indicate which grades are experiencing the most significant difficulties.

YES - All grades of Nursing and Midwifery
Directors of Nursing and Midwifery (5 Bands + 2 analogous Grades)
Assistant Directors of Nursing and Midwifery Band 1 and Band 2
CNM/CMM III
CNM/CMM II (+ analogous, i.e. Clinical Nurse Specialist)
CNM/CMM I
Staff Nurse / Midwife
Public Health Nurse
Psychiatric Nurse

2.1.1 Pay and Conditions

Nursing and Midwifery employment in Ireland is largely within the public sector. The major retention issue in this sector for nursing and midwifery grades is that the domestic and international competitors are offering enhanced terms and conditions and better pay.

As evidenced below, Ireland pays nursing and midwifery at a lower rate than other graduate professions requiring the same entry qualifications. Internationally, nurses are on a par or exceed the pay rate for Allied Health Professionals.

Promotion to management positions will inevitably cause a trickle-down vacancy impact, i.e. the promotees will, by and large, have come from within the public service staff cohort.

The turnover rate for Nurse Manager grades recorded in the 2016 Estimates is 5.8%, for Nurse Specialists it is 3.4% and for Public Health Nurses it is 3.4%. The filling of vacancies, at Nurse Manager, Nurse Specialist and Public Health Nurse level, is a manifest demonstration that nurses and midwives are motivated by career development and enhanced earnings at least as much as any other grade.

Tables 5, 6 and 7 below demonstrate that:

- ✓ Nurses/ midwives in Ireland work longer hours per week compared with nurses in the other countries: 1.5 hours longer than nurses in Canada and the UK and 1 hour longer than nurses in Australia
- ✓ Irish nurses have a longer pay scale than those in any of the other countries under review (14 points compared to 8 and 9);

- ✓ Significantly, the Tables show that nurses in Ireland are paid an annual salary substantially less than nurses in the USA, Canada, Australia and the UK (when the 20% High Cost Area Supplement is taken into consideration);
- ✓ For Ireland to retain or attract back Irish nurses, or to attract international nursing professionals, it must be in a position where it pays equal to or better than those nations who actively and successfully recruit Irish qualified / experienced nurses and midwives.

Table 5: Staff Nurse Salary Minimum Point of Scale in Main Destination Countries for Irish Nurses (All Figures Presented as Purchasing Power Parity[1] Ratio 2017 Rates):

Country	Hours P.W.	Min-point	Hourly Rate (HR)
USA	37	55,200	28.59
Canada	37.5	53,078	27.13
Australia	38	41,844	21.10
United Kingdom **+ High Cost Area Suppl. max 20%**	37.5	32,404* 38,885	16.56 19.87
Ireland	39	33,908	16.66

Sources: UK: NHS; Australia: Industrial Relations Commission of New South Wales; Canada: Health Science Association of British Columbia; USA: US Bureau of Labor Statistics

(*2nd point of Band 5 Salary Scale – All Irish nurses and midwives commence employment on the 2nd 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] Purchasing Power Parity, is a number that standardises currency in order to facilitate international comparison. Purchasing power is equal when the ratio between countries' price level of a 'fixed basket of goods and services' is equal to 1. A purchasing power parity exchange rate equalises the purchasing power of different currencies in their home countries for a given basket of goods.

Table 6: Staff Nurse Salary 5th Point of Scale in Main Destination Countries for Irish Nurses (All Figures Presented as Purchasing Power Parity Ratio 2017 Rates).

Country	Hours P.W.	5th Point	Hourly Rate (HR)
USA	n/a		
Canada	37.5	61,250	31.30
Australia	38	51,262	25.85
United Kingdom **+ High Cost Area Suppl. max 20%**	37.5	36,501 43,801	18.65 22.38
Ireland	39	40,701	20.00

Sources: UK: NHS; Australia: Industrial Relations Commission of New South Wales; Canada: British Colombia Nurses Union; USA: US Bureau of Labor Statistics

(* 2nd point of Band 5 Salary Scale – All Irish nurses and midwives commence employment on the 2nd point of the salary scale in recognition of nursing degree qualification and are recruited to areas where the high cost area supplement automatically applies.)

Table 7: Staff Nurse Salary Max Point of Scale in Main Destination Countries for Irish Nurses (All Figures Presented As Purchasing Power Parity Ratio 2017 Rates).

Country	Hours P.W.	Max-point	Hourly Rate (HR)
USA	37	79,000	40.92
Canada	37.5	69,679 (9)	35.61
Australia	38	58,755 (8)	29.63
United Kingdom **+ High Cost Area Suppl. max 20%**	37.5	41,066 (8) 49,279	20.99 25.18
Ireland	39	53,333(14) 45,274(8)	26.20 22.25

Sources: UK: NHS; Australia: Industrial Relations Commission of New South Wales; Canada Health Science Association of British Colombia; USA: US Bureau of Labor Statistics.

2.1.2 Nursing and Midwifery Versus Allied Health Professionals.

Irish staff nurses are paid significantly less than Irish allied health professionals working in the same hospitals and community care areas skilled and educated to the same level as nurses and midwives.

The tables 8, 9 and 10 below show the relative position of the staff nurse vis-à-vis the allied health professional across five countries: USA, Canada, Australia, the UK and Ireland. They detail salaries at the minimum, fifth and maximum points of the salary scales. Salaries are converted into Purchasing Power Parity (PPP).

In the main destination countries for Irish nurses, Ireland is the only country that pays a nurse significantly less than comparator Allied Health Professionals.

Table 8: Comparison of Staff Nurse(SN) Salary Minimum Point of Scale with Allied Health Professional (AHP) Salary in Main Destination Countries for Irish Nurses.

Country	SN	Hourly Rate (HR)	AHP	Hourly Rate (HR)	SN > / < AHP
USA	55,200	28.59	56,280	29.15	<1,080
Canada	53,078	27.13	51,759	26.45	>1,319
Australia	41,844	21.10	41,899	21.13	< 55
United Kingdom **+ High Cost Area Suppl. max 20%**	31,611* 37,934	16.15 19.39	31,611* 37,934	16.15 19.39	Equal
Ireland	33,908	16.66	41,629	21.56	**<7,721**

Sources: UK: NHS; Australia: Industrial Relations Commission of New South Wales; Canada: Health Science Association of British Columbia; USA: US Bureau of Labor Statistics.

(*1st point of Band 5 Salary Scale)

Table 9: Comparison of Staff Nurse(SN) salary 5th point of scale with Allied Health Professional (AHP) salary in main destination countries for Irish Nurses.

Country	SN	Hourly Rate (HR)	AHP	Hourly Rate (HR)	SN > / < AHP
USA	N/A				
Canada	61,250	31.30	61,755	31.56	<505
Australia	51,262	25.85	52,731	26.59	<1,469
United Kingdom **+ High Cost Area Suppl. max 20%**	36,501 43,801	18.65 22.38	36,501 43,801	18.65 22.38	Equal
Ireland	40,701	20.00	48,846	25.30	**<8,145**

Sources: UK: NHS; Australia: Industrial Relations Commission of New South Wales; Canada: Health Science Association of British Columbia; USA: US Bureau of Labor Statistics.

Table 10: Comparison of Staff Nurse(SN) salary at maximum point of scale with Allied Health Professional (AHP) salary in main destination countries for Irish Nurses.

Country	SN	Hourly Rate (HR)	AHP	Hourly Rate (HR)	SN > / < AHP
USA	79,000	40.92	81030	41.98	<2,030
Canada	69,679	35.61	64,542	32.98	>5,137
Australia	58,755	29.63	60,703	30.62	<1,948
United Kingdom **+ High Cost Area Suppl. max 20%**	41,066 49,279	20.99 25.18	41,066 49,279	20.99 25.18	Equal
Ireland	53,333	26.60	60,754	31.47	**<7,421**

Sources: UK: NHS; Australia: Industrial Relations Commission of New South Wales; Canada: Health Science Association of British Columbia; USA: US Bureau of Labor Statistics.

2.1.3 Nursing and Midwifery salaries v Health Care Assistant (HCA) salaries

Registered nurses/ midwives are responsible for patient care and can, if assured of competence, delegate appropriate aspects of that care to a Health Care Assistant. However, in many instances the registered nurse/midwife is paid less than the HCA to whom care is delegated and for whom the registered nurse/ midwife remains accountable to the NMBI in respect of care outcomes.

Table 11 illustrates that a staff nurse/midwife must reach point five of the salary scale before she/he exceeds the maximum point of the Health Care Assistant salary scale, and then only by a mere €283. Where a staff nurse is paid on a point of the scale which is lower than point five, she/he is actually paid less than a health care assistant on the maximum of the health care assistant salary scale.

Table 11: Differential between Staff Nurse and Health Care Assistant Salary Scales (April 2017)

Point of Scale	Health Care Assistant	Staff Nurse
1	€26,834	€28,483
2	€28,444	€30,498
3	€29,704	€31,537
4	€30,374	€32,710
5	€31,107	€34,189
6	€31,859	€35,666
7	€32,319	€38,137
8	€33,102	€38,404
9	€33,906	€39,683

Source: Department of Health, Consolidated Salary Scales.

Registered nurses / midwives should be paid a salary which reflects their statutory accountability and responsibility and not less than a grade which reports to them and for whom they have clinical responsibility. In order to retain nurses/midwives, the staff nurse/midwife salary scale must commence at a point that substantially exceeds the maximum of the HCA scale.

Part II – 2: Please supply evidence to support the retention difficulties identified? (E.g. Data on vacancy rates, data on turnover rates, data on leaver reason, and data on joiner reason etc.)

Retention difficulties can be observed in the evidence about turnover rates, Starter and Leavers, reasons for leaving, pay and the age profile.

2. 2. 1 Turnover

The reality is that nursing and midwifery are demand driven services, characterised by low remuneration, high stress work environments, poor staffing levels associated with unsatisfactory working conditions and a poorly controlled working environment. These issues are consistently reported as the causative factors for the decisions of nurses and midwives to leave our services. Among the competing countries, the evidence shows that Ireland is the lowest paying country. Ireland is the only country that pays nurses significantly less than the comparator Allied Health Professional grade.

Table 12: Turnover Rates by Nursing Grade

Grade	Turnover Rate
Nurse manager	5.8%
Nurse Specialist	3.4%
Staff Nurse	**7.9%**
Public Health Nurse	3.4%
Nursing Others	5.6%

Source: Health Service Executive, 2017a

Table 13: Starters and Leavers by Nursing Grade

	Manager	Nurse Specialist	Staff Nurse	PHN	Nursing Other	Total
Fill Existing Vacancy	90%	86%	91%	97%	91%	
Fill New Vacancy	7%	14%	6%	3%	9%	
Convert Agency	2%	0	3%	0	0	
Total Starters	**203**	**49**	**2,573**	**36**	**11**	**2,872**
Resignation	42%	42%	71%	24%	47%	
End of Contract	1%	3%	3%	9%	0	
Retirement	50%	47%	20%	55%	32%	
Other	8%	8%	7%	12%	21%	
Total Leavers	**453**	**60**	**2,271**	**58**	**19**	**2,861**
Difference	**250**	**-11**	**+302**	**-22**	**-8**	**11**

Source: HSE, 2017a

2.2.2 Pay

It is a fact that in Ireland, the female dominated professions of nursing and midwifery are low paid in comparison to other professions with the same educational entry requirements. It is regularly articulated to the INMO by its nursing and midwifery members that Ireland is reluctant to address the low pay of this female dominated profession. Indeed, all of the improvements to the basic pay scale since 1997 have resulted from the threat of industrial disputes or the taking of strike action.
Therefore, there is a fundamental belief, strongly held by the nursing and midwifery profession and confirmed by INMO's surveys of its members, that improving pay is hugely significant to the professions. There is a strong belief that in Ireland, the professions of nursing and midwifery will remain within the cycle of low pay and that achieving better pay requires migration to countries that reward their nurses and midwives on a par with other comparable professions.

2.2.3 Burnout:

Burnout is defined as "a condition of extreme exhaustion and disillusionment caused by overwork and stress" (Penguin English Dictionary)

The RN4CAST Study identified burnout as a serious issue within the Irish health system. The majority of nurses working in medical and surgical units across the acute hospital sector reported moderate to high levels of burnout and low levels of job satisfaction.

The *RN4CAST Study* and the subsequent study on *Nurses intention to leave their profession: A cross sectional observational study in 10 European countries* found that Ireland ranked among the highest where nurses described burnout as the primary reason for their intention to leave the profession.

Table 14: Burnout - Intention to Leave Nursing 10 European Countries

Country	High Burnout %
UK	42
Ireland	41
Poland	40
Germany	30
Spain	29
Belgium	25
Norway	24
Finland	22
Switzerland	15
Netherlands	10

Source: Heinen et al., 2013.

2.2.4 Violence

Nursing and midwifery are now high-risk occupations in terms of aggression and physical assault. Between 1st January 2011 and 27th July 2016, 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. (Casey, 2016) **This equates to an average figure of 34 physical assaults on nurses and 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 increasing services, decreasing staff and increased demand. Unfortunately, these statistics show that they personally now suffer the consequences.

2.2.5 Age Profile

The current age profile of nurses and midwives in the HSE poses a serious challenge in terms of workforce planning, recruitment and retention. 65% of the HSE nursing population is over 40 years of age. There are almost 9,000 nurses and midwives over the age of 50. Many of these have an entitlement to retire at age 60.

Part II – 3: Please provide evidence of any relevant initiatives to address these difficulties (if applicable)? –

Part II – 4: Please provide evidence of the outcomes of the initiative described in part II- Q.3. (E.g. Change in vacancy rates, change in turnover rates, change in reasons for employees joining/leaving, etc.)

As set out in Part I Q.3 and Q.4, a variety of initiatives have failed to improve recruitment **and retention** of nursing and midwifery grades.
Specific retention initiatives include:

1. **The Pre-Retirement Initiative** – Only those over 55 years of age were eligible for the pre-retirement initiative. There are more than 4,500 nurses and midwives employed in the HSE above that age. While 250 places were allocated to the scheme, there were only 83 applications to avail of the scheme. By any measure, the prospect of serving your final five years on a half time basis without losing pension entitlement should be an attractive proposition. We proffer that the low pay of the eligible grades (CNMII and below) makes the scheme financially unviable for many.

2. The offer of permanent contracts to graduating students and incremental credit for 36-week clinical placement are both initiatives introduced in 2017. While too early to draw definitive conclusions, the HSE advise that this will, at best, result in the retention of 600 of the total 1,600 graduating nurses and midwives.

The combination of all the initiatives outlined in Part I -Q.3 was a net increase of 13 WTE between December 2016 and September 2017. This was despite the fact that the Public Health Service recruited 2,473 WTE in the same period.

This demonstrates that **retention is as big a problem as recruitment** and that without a significant boost recruitment will continue to be outstripped by those leaving.

As everything else has clearly been tried and failed, improved pay and reduced hours of work are the remaining incentives to be applied in order to compete in a worldwide competitive market and to correct the apparent ingrained gender pay bias.

Part III – 1: Evidence of any impact of recruitment and retention difficulties on service provision: (i.e. Data/analysis that clearly identifies impacts on service provision)

3.1.1. Bed Closures

A shortage of registered nurses leads to the closure of beds: The Table below, extracted from the Official Side Submission to the Public Service Pay Commission (Department of Public Expenditure and Reform, 2017) demonstrates that 116 beds were closed because of staff shortages in week ending 29 January 2017.

Table 15: Bed Closures by Hospital Group (week ending 29th January 2917)

Hospital Group	Infection control	Refurb/ 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
National Total	**24**	**3**	**116**	**143**

Source: Department of Public Expenditure and Reform, 2017.

3.1.2 Emergency Department overcrowding

In October 2017 there were 8,903 patients admitted for care for whom there was no inpatient bed (INMO, 2017) The INMO/SIPTU Agreement Quarterly Update to Minister September 2017 (Health Service Executive, 2017b) records that the care of such patients required an additional 123 RGNs. Emergency Department overcrowding has increased by 15% in a year on year comparison based on October 2016 v 2017.

3.1.3 Missed Care

The RN4CAST study of 12 European countries recorded that the level of missed care reported by Irish nurses was higher than the average of the 11 other countries surveyed.

An increase in a nurse's workload by one patient and a 10% increase in the percent of missed nursing care were associated with a 7% (OR 1.068, 95% CI 1.031–1.106) and 16% (OR 1.159 95% CI 1.039–

1.294) increase in the odds of a patient dying within 30 days of admission respectively." (Ball, et al, 2017)

A study investigating missed care in the community identified missed care as an issue in the Irish health service. Over 50% of the respondents indicated missed care in their previous working week. More specifically, the respondents stated that in the past they carried surveillance of all over 65s in the community to identify potential health and safety risks, but that this was not something that they could do anymore due to staff shortages (Phelan & McCarthy, 2016).

3.1.4 Waiting Lists

Closed beds and closed operating theatres due to a shortage of nurses is a contributory factor to lengthy waiting lists. The figures from the National Treatment Purchase Fund (NTPF) show that in October 2017, 80,894 people are on the list for surgery (NTPF, 2017).

3.1.5 Staff Burnout

The study of staff burnout referenced in 2.2.3 illustrates a link between staff burnout and a serious risk for errors or misadventure.

3.1.6 Utilisation of Agency

The HSE and Voluntary Hospitals have a very high dependency on agency staff to provide basic Nursing, Health Care Assistants, Medical Social Care and Allied Health Professionals care.

The total HSE costs this year to date (week 43) is recorded as €197 million. €48,641,504 of this is the nursing cost. The HSE estimate the cost of agency nursing at €1.5 million per week. In addition, the voluntary hospitals, for the month of September 2017 spent €1.69 million in and €2.25 million in October. The HSE is obliged to pay commercial rates of VAT on the engagement of agency staff. They also pay a fee of 4.5% to the agency supplier and in some cases a higher fee if the contracted agency cannot provide the staff.

The agency nurse engaged is paid the same rate of pay as their direct hired comparator. However, their net pay is higher as deductions for pension and pension related deduction (pension levy) are not applied to agency workers.

Government could better utilise this annual cost, now exceeding €52 million per annum, by investing in an improved salary scale for nurses and midwives.

The recent evaluation of the Pilot Implementation of the Framework for Safe Nurse Staffing and Skill mix of June 2007, carried out by the University College Cork, confirmed that evidence supports that lower nurse staffing levels in hospitals are associated with poorer patient outcomes. Likewise, it confirmed that when a scientific approach to rostering, which is currently being piloted in Ireland, titled

nursing hours for patient day was introduced in Australia, it led to an approximate 3.5% increase in nursing staff and a reduction in the use of agency nursing, with consequential decline in hospital vacancy rates and an increase in staff retention. (Drennan, et al., 2017)

It also confirms that the decline in agency nurse usage had a positive result in terms of economic savings and a positive effect on patient outcomes including reduction in mortality, pressure sores, urinary tract infections, cardiac arrests and length of stay.

Appendix 1 details the hospitals included in the Voluntary Agency Figures below.

Table 16: Voluntary Agency Figures September - October

Category	Agency Spend €k (Voluntary Hospitals) September 2017	Agency Spend €k (Voluntary Hospitals) October 2017
Admin	106	56
Medical	574	593
Nursing	1,697	2,256
Paramedical	27	21
Support	741	739
Grand Total	**3,146**	**3,665**

Source: Corporate Employee Relations Service, Health Service Executive.

In addition, the Agency costing for the HSE year 2017 to date (January – October week 43) can be seen in Table 17 below:

Table 17: HSE Agency Costing January to October Week 43

Category	Hours	Cost in Euro €	WTE
Nursing	1,187,006	€48,641,508.84	708
Healthcare Assistants	1,811,987	€53,213,008.44	1080
Allied Health	542,282	€21,114,610.22	323
Social Care	255,032	€8,045,620.29	152
Total	**3,796,307**	**€131,014,747.79**	**2,264**
Medical	873,918	€63,150,208.27	521
Total	**4,670,224**	**€194,164,956.05**	**2,785**

Source: Corporate Employee Relations Services, Health Service Executive.

3.1.7 Future Proofing for demographic changes

The Economic and Social Research Institute (ESRI), published a report in October 2017 detailing the huge challenges facing the health service arising from the significant demographic changes that will occur, in this country, over the next 12 years to 2030.

The report identifies the need for a major expansion, of all areas of our healthcare system, to ensure that our health services can meet the now known demands that will face it in the coming years.

The stark declaration that demand for health services will increase in such pivotal areas as:

- acute hospital services – up 33%;
- older person services – up 54%;

The INMO believes that the findings of this report support:

- A minimum 25% increase in the nursing/midwifery workforce over the next five years. Longer-term investment is needed to ensure Nursing workforce is planned for and based on evidence based dependency models. Currently the taskforce on nurse staffing is being piloted in three acute hospitals.

  Additionally, the maternity strategy with the midwife to birth ratio of 1:29.5 is already agreed and the business plan for the National Children's Hospital has identified a minimum requirement of 300 additional registered children's nurses.

  This will require a radical investment in nursing/midwifery both in terms of recruitment, and retention to ensure adequate numbers for our expanding health service;

- A minimum of 2,000 acute beds to meet the growth in demand with a consequent requirement to employ adequate nursing staff. Already in the past decade, acute hospital activity has increased by up to 20% with a resultant 94% increase in the number of admitted patients on trolleys.

  The further increase in activity, of up to 33%, as indicated in this report, can only be met by a significant and immediate expansion of our acute bed capacity and workforce, particularly nursing and midwifery;

- The predicted 54% increase demand for older person services can only be met by investment in the complete range of services for older persons. Our ageing population will require significant investment in homecare packages of nursing care, public health nursing services, intermediate care beds and long stay residential care. Evidence based models of care will be required to determine nurse staffing and skill mix across all of these services.

Retention in these services which are labour intensive, has always been problematic and is recognized currently by the application of location allowances in such services. This is an area of increasing specialty which in its own right must maintain its ability to recruit and retain nursing staff If the care required to citizens is to be delivered in the future.

Part III – 2: Please provide evidence of labour market pressures from the private sector domestically or international organisations (if applicable). (E.g. Data/analysis on numbers of employees joining international employers in similar sectors, data/analysis on numbers of employees joining similar sectors in the domestic private sector)

3.2.1 International Health Sector

Both Australia and the UK have predicted nursing shortages. In the case of Australia, they have predicted a shortage of 110,000 nurses by 2025. Australian and UK Health Services actively recruit in Ireland. This has involved face to face interviews with both pre-and post-registered nurses and midwives.

Additionally, Irish employment agencies such as Kate Cowhig Recruitment have been engaged by UK Trusts to recruit pre-and post-registered Irish nurses and midwives. The United Arab Emirates also target Ireland and tend to aim at the more experienced nurse and midwifery workforce. Other countries who recruit in Ireland are Canada and the United States.

For an Irish nurse to work in another jurisdiction, they require a Certificate of Current Professional Status (Verification Request) from the Nursing and Midwifery Board of Ireland (NMBI). There is a fee for this service. The Table below indicates the number of registered nurses and midwives who sought such verifications between 2009 and 2016. Verifications are a strong indication of intention to work as a nurse in an overseas country.

Table 18: Certificate of Current Professional Status Requests (Verification requests)

Verification Requests								
	2016	**2015**	**2014**	**2013**	**2012**	**2011**	**2010**	**2009**
United Kingdom	467	547	743	963	727	725	829	630
Other EU	13	19	13	11	28	62	12	26
Australia	501	340	349	643	770	1,214	415	1,963
Canada	51	51	77	129	136	173	166	410
United States of America	106	78	64	67	77	111	81	84
Other non-EU	149	144	154	134	127	98	72	80
Total Requests	**1,287**	**1,179**	**1,400**	**1,947**	**1,865**	**2,383**	**1,575**	**3,193**
Total Nurses	**1,059**	**977**	**1,173**	**1,596**	**1,591**	**2,059**	**1,356**	**2,714**

Source: Nursing and Midwifery Board of Ireland, 2009-2016

Note: It should be noted that during the embargo on nurse and midwifery recruitment between 2009 and 2013, 9,343 nurses and midwives sought verification to work abroad. It is likely that the vast majority of these did leave Ireland in those years and they are a target market which the “Bring Them Home” campaign has failed to attract.

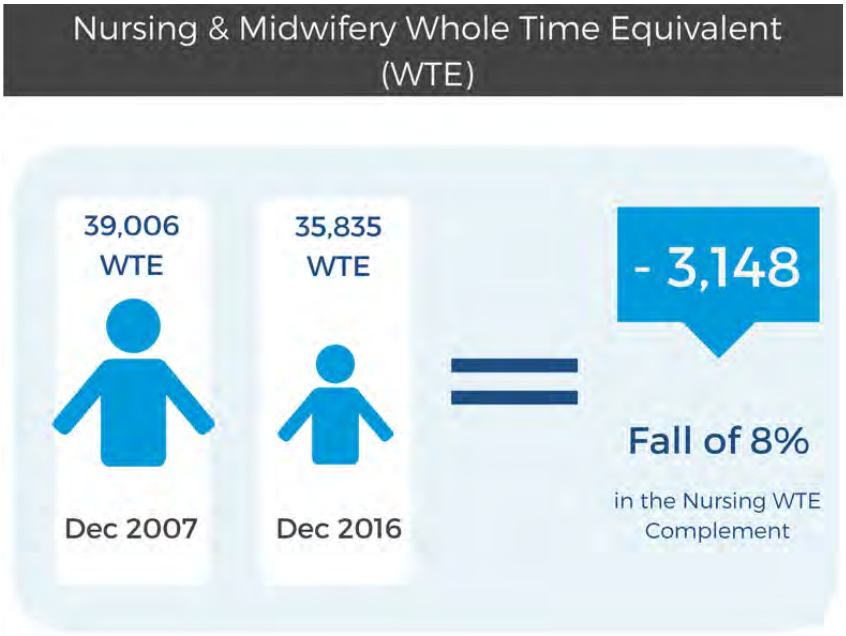
3.2.2 Irish Private Hospital Sector:

The Irish Private Hospital Sector source their nurses and midwives from the public-sector pool. In doing so they have greater flexibility to offer incentive packages which reward both the recruiter nurse and the recruitee where the nurse stays for specified periods of time. They also apply the salary structure more flexibly to suit their particular needs when they are short staffed.

3.3.1 NURSING AND MIDWIFERY SUPPLY

There are 3,148 less nurses and midwives in the health system since 2007 (Figure 1) a fall of 8% (See 2.1). Hospital activity has dramatically increased, despite a reduction in acute beds and an increased attendance at Emergency Departments (EDs). The average length of stay 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. Since the RN4CAST, the Nursing and Midwifery Taskforce of 2016 found that there has been in increase in bed occupancy from 92% to 97%. 20 out of the 23 hospitals reported an occupancy rate of over 85%. This is considered a critical rate and unsafe by international standards. Model 4 hospital's increased to 104% (Scott, et al, 2013).

Figure 1 - Nursing and Midwifery Whole Time Equivalent (WTE). Source: HSE, Health Service Employment Reports 2007-2016.



	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

Table 1. Source: HSE Performance Reports 2008, 2014, 2015

Retention's Impact on the Supply of Nurses and Midwives

Retention is the most significant impediment to maintaining and growing the nursing and midwifery labour supply. *The current number of undergraduates - to serve the purpose it was intended for i.e. replace and grow the workforce – is now not sufficient due to* ***high resignation rate exceeding the annual qualifying workforce*** *therefore this exodus via resignations must be addressed (Figure 4).*

Figure 2. details the current challenges affecting the domestic supply of nurses and midwives in Ireland. The current training levels and outputs are not enough to meet current demands. Once training is completed, nurses and midwives are leaving the service, opting for workplaces with better pay.

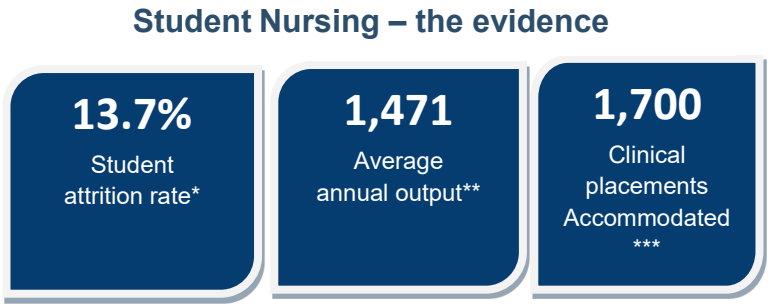


Figure 2. Student Nursing - the Evidence.
Source: *Office of the Nursing Director, 2009. **NMBI, 2015. * HSE, 2017a.**

The INMO/HSE/Department of Health submission to the Department of Public Expenditure and Reform of 2015 – *Nursing/Midwifery Recruitment and Retention – Pay Rate for 36 week Placement an Incremental Credit*, identifies and confirms that nursing/midwifery training places are designed to produce graduates annually from 13 higher education institutes and institutes of technology who provide the undergraduate programmes in partnership with health service clinical sites. In 2017, the CAO recorded a fall in applications for undergraduate nursing of 10% (CAO, 2017). Furthermore the Health Education Authority states that between 2011/12 and 2015/16 there has been a drop of 3% in undergraduate enrolment into nursing programmes (HEA, 2017).

The Irish health service is facing serious problems as a number of severe challenges are affecting the nursing and midwifery workforce within the HSE. The current supply of nurses and midwives is not meeting demand. A combination of chronic retention issues, including an extremely high resignation rate, increasing service demands and impending exodus with the ageing workforce requires immediate attention (Figure 4).

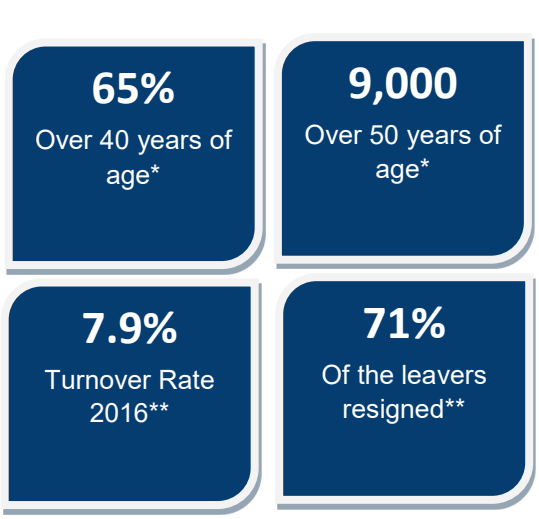


Figure 3. Nursing in the HSE - the Evidence

Source: *HSE, 2016. HSE, 2017b.

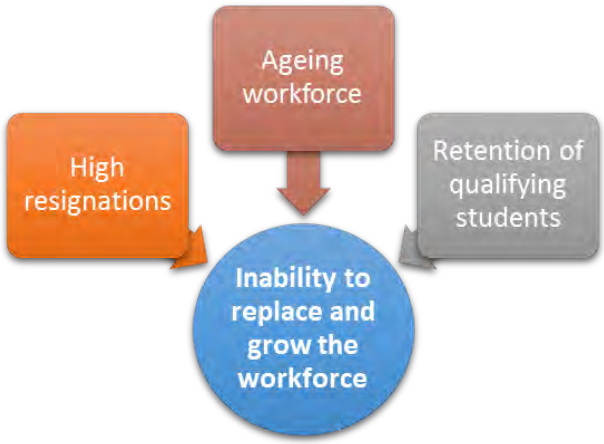


Figure 4 - Retention's Impact on the Supply of Nurses and Midwives.

3.3.2 WHO WANTS IRISH NURSES?

Countries such as Australia, Canada, UK, and USA are experiencing a shortage of nurses. These countries seek to recruit English speaking, highly educated and experienced nurses and therefore, Irish nurses are highly sought after. The non-Irish nursing workforce, who have had a number of years of experience of working in an English speaking health system are also attractive to these countries. As a result, the countries are actively and intensively targeting these nurses.

Figure 5 - Who Wants Irish Nurses? Source: NMBI, 2016.

3.3.3 UK DEMAND FOR NURSES AND MIDWIVES

The NMBI requests for certificates of verification show the extent to which Irish nurses intend to leave the country to go to work as nurses in these countries. (See 3.2.1, Table 15).

The UK Migration Advisory Committee in its report to the UK government on the Partial Review of Shortage Occupation List - Review of Nursing, March 2016 identified that in the UK the demand for nurses and midwives from Ireland over recent years has been affected by a number of factors including:

- *"Changing demographics – general growth in the population together with an ageing population has led to a growth in demand for health and care services;*
- *Health care reform - the drive towards greater integration of health and social care services has resulted in increased demand for nurses*
- *The changing roles of nurses – nurses were increasingly required to undertake more advanced practices which resulted in additional training and mentoring which was not all workplace based duties; and*
- *A greater focus on quality of care – The Francis Report led to updated safe staffing guidelines which effectively created a demand shock." (*MAC, 2016)

These are the very same factors that continue to impact on the demand for nurses in Ireland. Not

Brexit is also a rising challenge which faces Ireland in the coming years and has created a huge amount of uncertainty. This was recently raised as a concern by the Director of the WHO Workforce Department at a recent Human Resources for Health Conference, who stated that the UK may try to fill gaps left by migrant health workers by attracting nurses from Ireland under the traditional UK - Ireland, bilateral agreement.

3.3.4 HAS THIS PAY INEQUITY EVER BEEN EXAMINED?

The INMO's 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 12.16 might bring about change in that position in a future benchmarking type exercise"* (Government of Ireland, 2007). The change referred to in paragraph 12.16 relates to the expanded role for nurses and midwives in the context of enhanced duties, more cost effective and appropriate skill mixes and more efficient rosters.

3.3.5 HOW NURSES AND MIDWIVES HAVE EXPANDED THEIR ROLE?

Since 2007 nurses and midwives have undertaken tasks previously performed exclusively by doctors.

These include:

- ***IV cannulation;***
- ***nurse and midwife prescribing;***
- ***nurse and midwife led clinics;***
- ***the administration of first dose medication;***
- ***phlebotomy including emergency phlebotomy; and***
- ***delegated discharge of patients.***

*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 and midwives **and form part of their role and function.***

The RN4CAST has found that improved nurse staffing is associated with a decrease risk in mortality. Investing in nursing has been identified as making good business sense. In the US, each $1 spent on improvements to nurse staffing was estimated to return a minimum of $0.75 economic benefit to the investing hospital (Aiken, et al, 2014).

3.3.6 PAY - WHAT DO THE DEPARTMENT OF HEALTH SAY?

*"there is a **worldwide open market for our nursing graduates,** markets that we are currently **unable to compete with in terms of pay**"…and that Ireland needs to be able to attract **"international nursing professionals** to ensure that we can **achieve a high performing organisation which provides a good quality of care**" (DPER, 2017).*

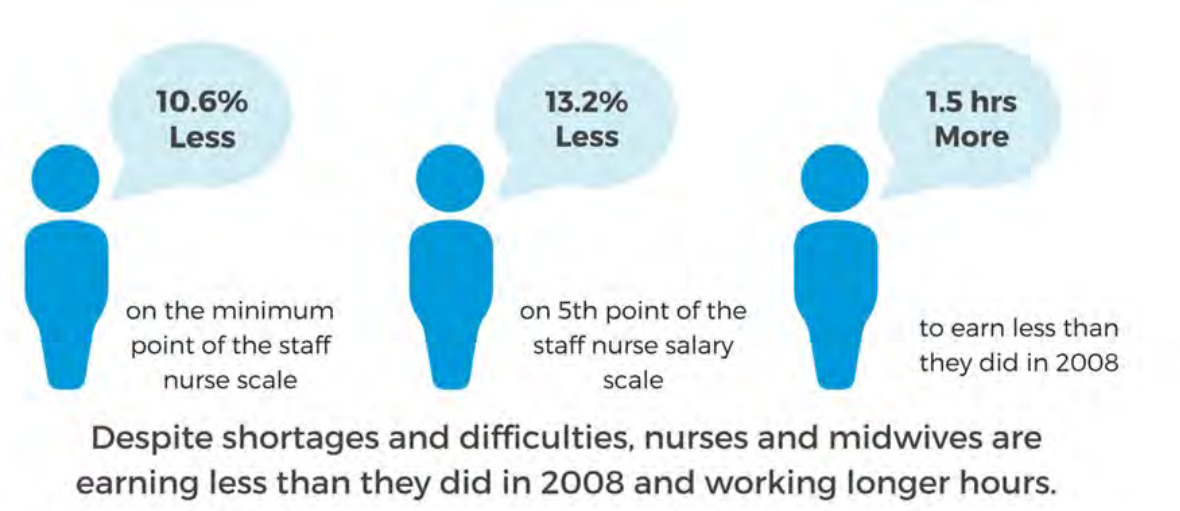


Figure 6: Nurse and Midwife Earnings. Source: See 2.1.1.

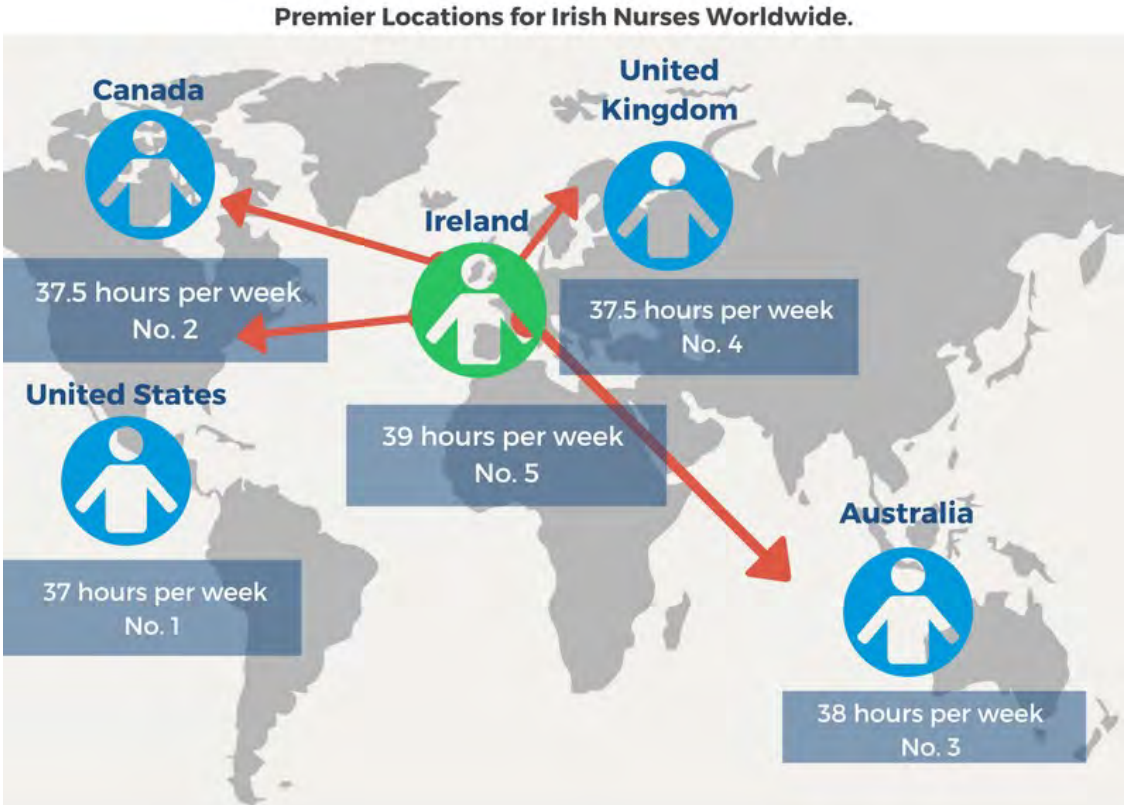


Figure 7: Premiere Locations for Irish Nurses. Source: See 2.1.1.

Figure 7 provides an indication of the premier locations for nurses around the world. Nurses and midwives in Ireland work longer hours per week compared with nurses in the other countries: 1.5 hours longer than nurses in Canada and the UK and 1 hour longer than nurses in Australia. Nurses in Ireland are paid an annual salary substantially less than nurses in the USA, Canada, Australia and the UK (when the 20% High Cost Area Supplement is taken into consideration). (See 2.1.1 - Table 5, 6, 7 for comparisons).

WHO on Global Nursing Shortage

*The WHO estimates that there are currently **7.3 million nurses and midwives in the WHO European Region**. It categorically states that "this number is **not adequate to meet current and projected future needs**". (WHO Europe, 2017).*

Globally, there is a shortage of nurses and midwives. The European Commission estimates a potential shortfall of approximately 1 million health workers by 2020, almost 600,000 of these will be nurses or midwives (European Commission, 2012). Another study has shown that by 2030, it is projected that there will be a needs-based shortage of 1.1 million nurses and 50,000 midwives across the 31 OECD countries (Cometto, 2016).

OECD on the Nursing Shortage

*The OECD echoes and states that "to **address shortages and reduce emigration**, countries that are **losing a significant number of their skilled health workers** may also need to do more to retain them, by **improving their working conditions and pay rates**" (OECD, 2016).*

The demographics and epidemiologic changes occurring in Ireland, can also be seen worldwide. The ageing workforce population is another challenge facing many countries throughout the world. This is something which the nursing and midwifery workforce is not immune.

Ireland is highly dependant on overseas recruitment. Investigating the migration flow into Ireland, the NMBI register in 2016 identified that the number of newly registered qualifications from the EU stood at 1,031 and 1,088 from other countries (Table 2). For 2016 and 2017, the numbers of newly registered nurses in Ireland from overseas exceeds the number of those nurses trained in Ireland (1,829 - Irish and 2,100 foreign trained).

Number of Newly Registered Qualifications NMBI Register 2016				
Year	**Ireland**	**EU**	**Others**	**Total**
2016	1,829	1,031	1,088	3,948

Table 2 - Number of Newly Registered Qualifications. Source: NMBI, 2017.

Migration of nurses and midwives

*Although, migration is a well-established phenomenon throughout the world. There is a trend for developed countries to "**increasingly fish from the same pool of a global, but finite, health workforce**" (Buchan, et al, 2014).*

The cost of recruiting and adaptation programmes for Non EU nurses recruited to Ireland, has been verified by Irish hospitals as a minimum of €8,000 - €11,000 per nurse, an average of €9,500. Taking the 2016 figures and using €1,088 as a reference point this would indicate the total cost was a minimum of €10.3 million. Directors of Nursing and Midwifery directly involved with non EU recruitment have confirmed to the INMO and receipts are available .

Ethically, recruiting nurses and midwives has been widely debated and is seen to cause a skill shortage in developing countries.

Ireland has signed up to the *WHO Global Code of Practice on the International Recruitment of Health Personnel*.

Article 3.6 of which states that "Member States should strive, to the extent possible, to create a sustainable health workforce and work towards establishing effective health workforce planning, education and training, and retention strategies that will reduce their need to recruit migrant health personnel" (WHO, 2010).

THE TOP THREE COUNTRIES OF TRAINING OF NON-EU REGISTRANTS IN IRELAND 2010 - 2016

INDIA
PHILIPPINES
NIGERIA

Figure 8 - The Top Three Countries of Training of Non- EU Registrants in Ireland. Source: Walsh, et al, 2017.

See 3.2.1 for migration of Irish nurses and requests for certificates of verification.

World Health Organisation

Objective 2 of the ***Global Strategy on Human Resources for Health: Workforce 2030****, states that member countries "****must align investment in human resources with the current and future needs of the population and health systems****". It also states that members countries must optimise the health workforce through a fair employment package, "…****the package should comprise a fair wage appropriate to skills and contributions, with timely and regular payment as a basic principle, meritocratic reward systems and opportunities for career advancement****" . (WHO, 2016).*

Therefore, the time has arrived to break the cycle of low pay for the female dominated professions of Nursing and Midwifery in Ireland. Not doing this will continue with the long-held delusion that it is possible to protect and grow the public health services in Ireland. Expecting low paid overworked nurses and midwives who have choices in today's global market, to remain is not consistent with the evidence.

International comparisons and the absence of a differential over a supervised grade, deem it essential to increase nurse and midwife pay. The time has come for Ireland to recognise and pay its Nurses and Midwives on par with all other health graduate professional grades.

3.3.8 IRELAND'S CHOICES TO RETAIN ITS NURSING AND MIDWIFERY WORKFORCE

X Ignore the facts that all measures except pay have been tried and have failed.

OR

✓ Accept the market reality and what the OECD states in terms of improving pay and conditions in order to recruit and retain its nursing and midwifery workforce

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Appendix 1.

List of Voluntary Hospitals included in the September & October Agency costs

Adelaide & Meath - General Hospital Tallaght, including - National Children's
Beaumont Hospital
Cappagh National Orthopaedic Hospital
Children's University Hospital, Temple Street
Mater Misericordiae University Hospital
Mercy University Hospital
National Maternity Hospital, Holles St
Our Lady's Children's Hospital, Crumlin
Royal Victoria Eye & Ear Hospital
South Infirmary - Victoria University Hospital
St James's Hospital
St John's Hospital, Limerick
St Michael's Hospital, Dun Laoghaire
St Vincent's University Hospital, Elm Park
The Coombe Women and Infant University Hospital
The Rotunda Hospital