



Irish Nurses and Midwives Organisation
Working Together

Opening Statement to

The Oireachtas Joint Committee on Health

on

Hospital Overcrowding

Irish Nurses and Midwives Organisation

July 11th 2018

Executive Summary

The Irish Nurses and Midwives Organisation (INMO) has consistently argued, over the last decade, that different policy and reform measures introduced in our health services have manifested in an over reliance on the Acute Hospital system that is now unable to cope with the demand. This has led to overcrowding in our hospitals, year on year.

Since 2006, the INMO have counted trolleys in Emergency Departments (EDs) and expanded this count to overcrowded wards and most recently children's hospitals as problems manifest in these areas. The INMO trolley count is accepted as the authoritative source recording numbers of patients admitted to hospital for whom there are no available beds.

These overcrowded conditions can be devastating for patients who suffer from a lack of dignity, lack of privacy and reduced standards of care as staff struggle to cope with their workloads and their working conditions. Additionally, there is now increased evidence of nursing and other staff being subject to verbal and physical assaults which is a manifestation of the conditions of work.

There is no doubt that staff are dealing with unacceptable levels of stress and burnout as a result of their employment in vital areas of health provision in Ireland and use of the Acute Hospital system now requires Oireachteas attention and immediate intervention, to ensure the system does not become inoperable.

In determining interventions, several key areas must be prioritised:

- A commitment to protected, targeted and sustained investment to allow real reform, which requires the implementation of the Bed Capacity Report, the development of primary and long-term care services as recommended in the SlainteCare report while expanding the Acute hospital sector;
- Funded workforce planning for nursing based on patient need and dependency, as set out in the Department of Health nursing framework model –
 - for adequate frontline nursing staff, and
 - investment to correct the low pay of nursing and midwifery grades; and
- Health and safety measurements prioritising the rights of employees to enjoy a safe and Healthy place of work.

Chairperson and Members of the Committee:

The Irish Nurses and Midwives Organisation (INMO) wishes to thank the Joint Oireachtas Committee on Health, for agreeing to the request of the INMO to hold a meeting in relation to the on-going issue of overcrowding in Irish Hospitals.

This meeting was sought as the situation is worsening and we are gravely concerned about the Winter of 2018 into 2019.

The allocated time (five minutes) will not allow this entire statement to be read therefore specific points set out within it will be emphasised and highlighted for the committee's attention.

1. INTRODUCTION AND BACKGROUND

1.1 It is our view that many and varied funding and 'reforming' decisions that were taken since the 1970's have been detrimental to the health service, to the citizens requiring health care, and to health care staff, particularly nursing staff. The end result is a two-tiered health service with varying eligibility for services and poorer outcomes for those citizens who are socio-economically compromised. In addition, the high levels of bureaucracy in the system are difficult for the citizen to understand and navigate, and are problematic for the staff employed in the service. The INMO trolley count is indicative of the deterioration in health service provision with growing numbers of patients admitted to hospital year on year for whom there are no available beds.

1.2 In 2006 the then Minister for Health declared that 486 people on trolleys was 'a national emergency' which required a significant and sustained response. The 10 Point Action Plan was set up with a dedicated Task Force established to oversee the implementation. The main recommendations from this Task Force centred on a number of key concerns including:

- capacity - optimising access to existing capacity in hospitals and community;
- capability - in regard to patient flow and process improvement;
- control - accountability, oversight, measurement.

The Task Force was to work with hospitals to introduce a system of "whole hospital" performance measures to improve the patient's journey not alone through the emergency department but through the hospital system from admission to discharge. (Harney, 2006).

1.3 It was recognised by the Task Force at that time, that Hospitals were operating at close to 100% capacity, when the optimum level should be 85%. Recent data from the OECD, Health at a Glance, 2017 shows that Ireland is below the EU average for the number of Hospital beds per 1,000 population (Ireland <3 against EU rate 4.7). The OECD report also confirms that Irish hospitals are still operating at higher levels of occupancy than other OECD countries.

1.4 Since 2008, the economic recession led to a reduction in the health budget of €3.3 million over the period 2008 to 2013. There was a loss of 12,000 health service staff including the loss of over 5,000 nurses. The subsequent reconfiguration of services further reduced bed capacity. The issues are aggravated by an increasing population and changing demographic which create additional pressures on the health system.

1.5 The Trolley Count in 2018 to date is an illustration: January 2018 saw an 18% increase over the previous year, with the figure being 128% higher than figures recorded for 2007). On 12th March 2018 we saw the highest number ever recorded on one day at 714 patients on trolleys. The year to date (Jan to June) figures stand at 58,771 which is 7,450 higher than in the same period last year. The overall total for patients on trolleys in 2017 was 98,981 and it is predicted that 2018 will exceed that by year end. (Appendix 1. *Trolley Count 2017 and 2018 year to date*).

1.6 In 2015, following a dispute with the HSE regarding working conditions for nurses in emergency departments, the INMO and the HSE, reached an agreement, with the assistance of the WRC, on measures to improve patient flow to address the overcrowding issue in emergency departments. It remains the view of this organisation that, if the agreement was fully implemented and complied with, it would reduce the level of overcrowding within emergency departments. This is clearly evident in the improvements that have occurred in areas where the agreement has actually been implemented.

1.7 There has been significant analysis and reports on the problems of the Irish healthcare system and Emergency Department overcrowding. These include:

- ED Task Force Report of 2006;
- the report of the investigations into the quality, safety and governance of care provided at Tallaght Hospital, conducted by HIQA in May 2012;
- the subsequent ED Task Force Report of 2015;
- the Oireachtas Committee on the future of healthcare Sláintecare Report 2017;
- projections of demand for healthcare in Ireland, 2015-2030 ESRI Report, October 2017;
- the Capacity Report 2018; and
- Nevin Economic Research Institute working paper on equality in Irish Healthcare, May 2018.

1.8 All of these analysis and reports point to the need to expand primary care and social care, to provide equitable and timely access to care based on clinical need not ability to pay, and to increase acute hospital capacity. **It is accepted that the solution to hospital overcrowding requires, in-house hospital improvements combined with significant development of services in primary and long- term care.**

1.9 Targeted protected additional funding is required, that is linked with significant reform that supports the provision of services at the frontline rather than the bureaucratic processes that exist within health. The problems that need to be addressed include:

- Reconfiguration of divisions within the HSE so that all services are managed in an integrated service delivery model. The current mode of divisional budgeting and management of services, works against efficiencies and cost savings across the service;
- There is a need to significantly increase bed capacity in the acute and step-down care areas, to expand the number of community intervention teams and to expand nursing services in long-stay facilities;
- The annual standoff between the HSE and Department of Health has already commenced this year, with budget allocations exceeded and patient services curtailed mid-way through the year. Independent oversight of appropriate allocation is not available and must be introduced, coupled with managerial accountable for subsequent spending. The model adopted for capital allocation protections should be mirrored in provisions of funding for frontline services, funded staffing plans and service developments.

The INMO have publicly supported the SlainteCare report and now call on this committee to recommend that government must prioritise the required funding to execute and implement the transitional plan and ongoing annual budget increases. These must be protected and considered central to all government policy to deliver the much-required reforms.

2. STAFFING

2.1 The following bullet points highlight the challenge of recruitment and retention of nurses.

- ED identified vacancies in 2016 remain unfilled;
- additional nurses to care for additional patients boarded in ED. 183 now required but not recruited;
- Funded Workforce Plan for 2017 - Target of 1224 additional nurses not met. 2018 funded plan still not finalised;
- average time to recruit a nurse - six months.

2.2 The combination of general low pay for nurses and the poor working conditions within the understaffed services including emergency departments, is a significant issue in the recruitment and retention of nurses in the Irish health service. It is clear to

the INMO that the issue of nurses pay needs to be urgently addressed to assist in solving the problem of staffing within the Emergency Departments.

2.3 A review of nurses pay is allowed within the provisions of the Public Service Stability Agreement (PSSA) and imminent report from the Public Service Pay Commission (PSPC) due to report at the end of July 2018. If, low pay for nurses is not corrected, we will be unable to recruit and retain the nurses required to care for our citizens inside and outside the hospital system. We will also be unable maintain the present bed capacity, never mind the increased capacity required for a growing and aging population.

We have reached a pivotal tipping point in relation to recruitment and retention of nursing staff that will have detrimental effects if not addressed by government. These effects will include the closure of beds and lengthening waiting lists. The framework on nurse staffing, which is accepted by the Department of Health as the determinant of nursing posts required based on a scientific determinant, taking patient dependency and outcomes and skill mix into account, must be fully funded and implemented if we are serious about reform and improvements. In addition, agreements to pre-plan staffing workforce plans must be adhered to and agreed well in advance of the year in which they are to apply and the issue of low pay for nurses and midwives must be corrected.

3. HEALTH AND SAFETY

3.1 Our members have advised that the constant pressure of overcrowding, inadequate staffing levels, delayed care to patients and negative patient outcomes, is leading them to personally suffer burn out and stress at a very early stage in their careers. Nurses are also reporting to the INMO, that they find themselves answering, and apologising to the public, before internal and external enquiries, for the inadequate services. They clearly outline their belief that the HSE does not support them appropriately when matters outside of their control, cause patients to have poorer outcomes and indeed inadequate care is provided in unsuitable environments.

3.2 Nursing staff feel a duty to raise concerns about patient care, which is a fundamental professional responsibility of a registered nurse. It is completely unacceptable for professional nursing staff to feel that they are unsupported by their employers in dealing with the consequences of systematic failure in the health service.

3.3 A recent HSE report on assaults against staff in acute statutory Hospitals indicates that 9901 reported assaults were recorded between 2008- 2018. Over 70%, 6964, of all reported assaults were mitigated against nursing staff. There is clear evidence that verbal and physical assaults increase when long waiting times and inadequate and inappropriate staffing is a feature of health care provision.

3.4 This is the manifestation of poor planning, lack of commitments to fund and implement agreed reform and national agreements, it cannot be ignored and simply frowned upon, without the Oireachteas making an unambiguous commitment to frontline nursing staff that they will, provide, adequate and protected funding and reform to correct this unacceptable experience of 1/3 of the health service staff.

3.5 The reality of the ED Nurses daily/nightly experience is described as deep frustration and anger at the fact that they feel unable to care for their patient's fundamental needs in the way they would wish and are trained to do. The physical environment where patients are crammed together within touching distance of each other, with little or no privacy, poor hygiene facilities are inadequate to maintain patient dignity or privacy. This is a dehumanising and degrading experience for patients, their relatives and those that care for them is, and is now in its second decade.

4. CONCLUSION

4.1 The time for reviewing, and analysing the ED overcrowding problem is over. INMO members now require immediate action as they cannot continue to tolerate the situation. We are heading into another winter which is very likely to be worse than 2017, unless appropriate action is taken including proper planning and properly focused funding.

4.2 HSE management often rush to defend the work that they are doing to solve the problem, the reality is the situation is getting worse, and we now need decisive action at the cabinet table to implement and fund the measures that will work. The alternative is simply not tenable for citizens or nursing staff.

4.3 Therefore, in conclusion we request this committee recommends to the Minister for Health and to Government that it is a priority to now confirm:

- a commitment to protected, targeted and sustained investment to allow real reform, which requires the implementation of the Bed Capacity Report, the development of primary and long-term care services as recommended in the SlainteCare report while expanding the Acute hospital sector
- Funded workforce planning for nursing based on patient need and dependency as set out in the Department of Health nursing framework model –
 - for adequate frontline nursing staff, and
 - investment to correct the low pay of nursing and midwifery grades; and
- Health and safety measurements prioritising the rights of employees to enjoy a safe and Healthy place of work.

I am happy to take any questions on any of the issues that arise.

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APPENDIX 1



INMO Trolley Plus Ward Watch 2017

| Hospital | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total |
|---------------------------------------|--------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------|
| Beaumont Hospital | 386 | 471 | 294 | 134 | 269 | 282 | 357 | 265 | 254 | 367 | 269 | 261 | 3609 |
| Connolly Hospital, Blanchardstown | 225 | 207 | 239 | 156 | 223 | 167 | 197 | 187 | 205 | 220 | 266 | 207 | 2499 |
| Mater Misericordiae UH | 505 | 438 | 419 | 437 | 533 | 532 | 455 | 436 | 373 | 403 | 397 | 310 | 5238 |
| Naas General Hospital | 240 | 314 | 338 | 246 | 288 | 269 | 338 | 304 | 212 | 214 | 257 | 341 | 3361 |
| St James' Hospital | 229 | 340 | 336 | 238 | 176 | 106 | 102 | 117 | 108 | 102 | 153 | 171 | 2178 |
| St Vincent's UH | 276 | 311 | 131 | 192 | 188 | 143 | 125 | 134 | 257 | 237 | 213 | 290 | 2497 |
| Tallaght Hospital | 546 | 383 | 485 | 327 | 476 | 399 | 237 | 381 | 448 | 425 | 451 | 289 | 4847 |
| Eastern | 2407 | 2464 | 2242 | 1730 | 2153 | 1898 | 1811 | 1824 | 1857 | 1968 | 2006 | 1869 | 24229 |
| Bantry General Hospital | 111 | 19 | 79 | 61 | 93 | 52 | 12 | 68 | 36 | 89 | 121 | 38 | 779 |
| Cavan General Hospital | 33 | 11 | 31 | 19 | 46 | 45 | 22 | 67 | 78 | 39 | 56 | 35 | 482 |
| Cork University Hospital | 667 | 720 | 716 | 658 | 401 | 469 | 318 | 457 | 628 | 635 | 651 | 495 | 6815 |
| Letterkenny General Hospital | 522 | 384 | 450 | 320 | 507 | 393 | 237 | 241 | 459 | 459 | 502 | 415 | 4889 |
| Mayo University Hospital | 70 | 118 | 200 | 89 | 109 | 74 | 109 | 114 | 132 | 152 | 259 | 237 | 1663 |
| Mercy University Hospital, Cork | 290 | 201 | 362 | 228 | 326 | 196 | 161 | 256 | 215 | 354 | 237 | 319 | 3145 |
| M-W Regional Hospital, Ennis | 46 | 17 | 22 | 20 | 15 | 0 | 0 | 0 | 8 | 14 | 13 | 20 | 175 |
| MRH Mullingar | 540 | 473 | 434 | 256 | 341 | 379 | 439 | 391 | 383 | 342 | 449 | 417 | 4844 |
| MRH Portlaoise | 477 | 406 | 358 | 244 | 287 | 261 | 219 | 260 | 222 | 136 | 173 | 160 | 3203 |
| MRH Tullamore | 503 | 399 | 537 | 326 | 420 | 280 | 309 | 452 | 445 | 422 | 290 | 391 | 4774 |
| Nenagh General Hospital | 18 | 6 | 5 | 13 | 3 | 9 | 4 | 0 | 4 | 17 | 2 | 12 | 93 |
| Our Lady Of Lourdes Hospital Drogheda | 469 | 233 | 216 | 296 | 219 | 313 | 102 | 93 | 134 | 257 | 386 | 73 | 2791 |
| Our Lady's Hospital, Navan | 259 | 278 | 235 | 156 | 139 | 116 | 204 | 164 | 243 | 394 | 108 | 139 | 2435 |
| Portiuncula Hospital | 379 | 323 | 259 | 73 | 87 | 89 | 38 | 52 | 94 | 29 | 79 | 67 | 1569 |
| Sligo University Hospital | 279 | 287 | 301 | 140 | 132 | 88 | 70 | 90 | 323 | 193 | 198 | 305 | 2406 |
| South Tipperary General Hospital | 556 | 449 | 496 | 493 | 397 | 321 | 386 | 489 | 396 | 546 | 400 | 318 | 5249 |
| St Luke's Hospital, Kilkenny | 536 | 253 | 364 | 319 | 404 | 255 | 325 | 432 | 229 | 495 | 398 | 495 | 4505 |
| University Hospital Galway | 618 | 583 | 638 | 410 | 671 | 566 | 202 | 643 | 598 | 679 | 539 | 416 | 6563 |
| University Hospital Kerry | 187 | 146 | 232 | 143 | 234 | 127 | 134 | 170 | 114 | 240 | 263 | 225 | 2215 |
| University Hospital Limerick | 793 | 712 | 699 | 649 | 627 | 640 | 662 | 835 | 902 | 719 | 878 | 753 | 8869 |
| University Hospital Waterford | 480 | 449 | 420 | 393 | 412 | 406 | 358 | 486 | 505 | 483 | 624 | 509 | 5525 |
| Wexford General Hospital | 125 | 89 | 163 | 163 | 131 | 147 | 229 | 197 | 96 | 241 | 56 | 126 | 1763 |
| Country | 7958 | 6556 | 7217 | 5469 | 6001 | 5226 | 4542 | 5957 | 6244 | 6935 | 6682 | 5965 | 74752 |
| Total | 10365 | 9020 | 9459 | 7199 | 8154 | 7124 | 6353 | 7781 | 8101 | 8903 | 8688 | 7834 | 98981 |



INMO Trolley Plus Ward Report Jan 2018-Jun 2018

| Hospital | Jan | Feb | Mar | Apr | May | Jun | Total |
|--|--------------|--------------|--------------|-------------|-------------|-------------|--------------|
| Beaumont Hospital | 355 | 333 | 210 | 178 | 373 | 120 | 1569 |
| Connolly Hospital, Blanchardstown | 363 | 324 | 453 | 346 | 338 | 232 | 2056 |
| Mater Misericordiae University Hospital | 542 | 494 | 404 | 415 | 445 | 351 | 2651 |
| Naas General Hospital | 516 | 420 | 504 | 390 | 329 | 177 | 2336 |
| St James' Hospital | 284 | 216 | 282 | 258 | 150 | 100 | 1290 |
| St Vincent's University Hospital | 559 | 369 | 268 | 391 | 361 | 274 | 2222 |
| Tallaght Hospital | 494 | 589 | 508 | 451 | 532 | 442 | 3016 |
| Eastern | 3113 | 2745 | 2629 | 2429 | 2528 | 1696 | 15140 |
| Bantry General Hospital | 123 | 64 | 62 | 129 | 101 | 82 | 561 |
| Cavan General Hospital | 63 | 43 | 54 | 84 | 56 | 16 | 316 |
| Cork University Hospital | 832 | 928 | 877 | 890 | 826 | 721 | 5074 |
| Letterkenny General Hospital | 671 | 477 | 366 | 254 | 310 | 291 | 2369 |
| Mayo University Hospital | 321 | 190 | 301 | 94 | 50 | 13 | 969 |
| Mercy University Hospital, Cork | 355 | 366 | 302 | 312 | 210 | 102 | 1647 |
| Mid Western Regional Hospital, Ennis | 40 | 26 | 28 | 3 | 5 | 3 | 105 |
| MRH Mullingar | 635 | 422 | 433 | 378 | 390 | 333 | 2591 |
| MRH Portlaoise | 258 | 201 | 202 | 223 | 284 | 236 | 1404 |
| MRH Tullamore | 556 | 591 | 528 | 459 | 598 | 383 | 3115 |
| Nenagh General Hospital | 29 | 8 | 7 | 0 | 3 | 6 | 53 |
| OLOLH Drogheda | 491 | 299 | 205 | 135 | 138 | 31 | 1299 |
| Our Lady's Hospital, Navan | 153 | 238 | 172 | 108 | 127 | 113 | 911 |
| Portiuncula Hospital | 191 | 102 | 133 | 135 | 31 | 99 | 691 |
| Sligo University Hospital | 439 | 447 | 357 | 388 | 377 | 247 | 2255 |
| South Tipperary General Hospital | 511 | 584 | 589 | 571 | 472 | 197 | 2924 |
| St Luke's Hospital, Kilkenny | 615 | 451 | 603 | 576 | 356 | 232 | 2833 |
| University Hospital Galway | 681 | 696 | 709 | 576 | 637 | 501 | 3800 |
| University Hospital Kerry | 382 | 357 | 297 | 174 | 272 | 213 | 1695 |
| University Hospital Limerick | 1003 | 977 | 1022 | 1028 | 858 | 883 | 5771 |
| University Hospital Waterford | 550 | 446 | 407 | 314 | 329 | 347 | 2393 |
| Wexford General Hospital | 189 | 114 | 228 | 75 | 133 | 116 | 855 |
| Country | 9088 | 8027 | 7882 | 6906 | 6563 | 5165 | 43631 |
| Total | 12201 | 10772 | 10511 | 9335 | 9091 | 6861 | 58771 |