Pre-Budget Submission 2024

1 INMO Pre-Budget Submission 2024 – Executive Summary

As the representative of the largest workforce in the health service, it is crucial to highlight the pressing issues facing our nurse and midwife members.

We must face the reality of the significant challenges to the health service post-pandemic, including healthcare worker shortages, capacity issues, and unmet healthcare needs. These issues are symptomatic of years of underfunding, understaffing, and under-resourcing. Urgent critical investment and meaningful reform are required to address these long-standing issues. It is a major mistake that multiannual funding and workforce planning have never been a feature of planning.

Budget 2024 must prioritise investment in a strong public health service that aligns with the original principles outlined in Sláintecare to deliver universal health care (UHC). Central to this priority is critical investment in nursing and midwifery through a funded workforce plan, recruitment and retention strategies and developing educational capacity. Meanwhile, the housing and cost of living crisis are placing undue pressure on our members and impacting the health service's ability to recruit and retain staff.

In this submission, we will address the specific issues facing nurses and midwives, including the nursing and midwifery workforce shortages, working environment, health service capacity, the cost of living, and societal concerns. These issues must be urgently addressed to ensure a strong public health service that meets the needs of all.

The INMO Calls For:

A funded Nursing and Midwifery Workforce Plan

- A **funded workforce plan** is essential, and a firm commitment to **immediately grow the nursing and midwifery workforce** by a **minimum of 2,000 whole time** equivalents (WTEs) **annually** for the next **three years**.
- In addition, there must be **specific funding** for **additional nurses** and **midwives** across the health service to ensure **appropriate staffing levels** for the **additional funded capacity**.
- All **nurse staffing must be calculated** based on The **Framework for Safe Nurse Staffing and Skill Mix** and **must be funded** and **underpinned by legislation**.
- The **Framework** must be **fully implemented across the health service by 2024**. Funding must be allocated for the **completion** of the rollout of **phase 1**, as well as **funding** for **phases 2 and 3** in **emergency services, community,** and **long-term care**.
- **End** the **shortage of midwives** and other health professionals and implement measures to **maintain safe midwife-to-birth ratios** throughout the service.

Funding for Recruitment and Retention strategies

- There must be a **commitment** to **exempt nurses** and **midwives** from any **future recruitment embargos**.
- Develop **robust recruitment** and **retention strategies,** inclusive of **collective bargaining principles**, to make nursing and midwifery careers more attractive.

Increasing Nursing and Midwifery Education places

- Budget 2024 must commit to **increasing nursing** and **midwifery undergraduate** and **postgraduate places** to reach a **sustainable level** of **domestically educated staff**.

Investment in Optimising Nursing and Midwifery Roles

- In line with Government policy, **Registered Advanced Nurse/Midwife Practitioners (RANPs/RAMPs)**, **Clinical Nurse Specialists (CNSs/CMSs)** and **Registered Nurse/Midwife Prescribers (RNPs/RMPs)** positions must be **funded** and **developed.**

Protecting and investing in the welfare of nurses and midwives.

- The **physical** and **mental health** of **nurses and midwives** working in hospitals and community settings must be a **priority** for the **HSE** and **other health employers**.
- There must be **a zero-tolerance** approach to **violence** and **aggression in the workplace**.
- The **No Fault Compensation Scheme** should be **extended** to cover nurses and midwives **across all health care settings.**
- **Funding** must be secured for the **establishment** of the **HSA's Health and Social Care Advisory Committee** to ensure **adequate protection** for **nurses, midwives** and other **healthcare workers**.

Adequate Funding for Health Service Capacity and Reform

- The recommendations of the **Health Service Capacity Review Report** must be **implemented in full**.
- There must be **strict adherence** to **85% occupancy** of **acute hospitals** and **zero tolerance** of **hospital** and **emergency overcrowding**.
- Significantly **advance Sláintecare** and the commencement of the **multiannual transitional fund** to support investment.
- **Allocation** of **funds** must **ensure Sláintecare moves beyond project-based changes** to **real public service delivery** for **universal health care**.
- **Funding** must be prioritised for **full implementation** of the **Maternity Strategy**, including:
    - Implementation of the **Birthrate Plus methodology** across all maternity services to ensure the **delivery of safe care** across a **fuller range of maternity services** informed by **best practices** and **maternal choice.**
    - Investment in **expanding midwife-led units** and **community midwifery services.**
- To deliver a health care service with an **efficient, functioning** and **safe primary care system** at its core as laid out in **Sláintecare**, it is imperative that **appropriate staffing** in terms of **public health nurses (PHNs)** and **community registered general nurses (CRGNs)** is put in place.
- **Additional training places** for **PHNs** and **fast track pathways** for **CRGNs** who wish to train as PHNs.
- Commence the **reversal of long term** care **privatisation**. **Public services must operate and deliver long term care.**

Measures to Address the Cost of Living Crisis

- Budget 2024 must **address** the **continuing housing crisis** which exists across the country. Part of the solution must **provide affordable accommodation** for key workers, including **nurses and midwives**.

Establishment of a Commission on the Just Transition

- Ireland must now **deliver on a low carbon economy and society**, which must include the establishment of the **Commission on a Just Transition.**

RING-FENCED TAXES TO FUND HEALTHCARE

- To drive changes and deliver a transformational model of care, **alternative sources of health income** must be utilised to support the ongoing and future **investment in Irish health services**. **Additional revenue** from specific taxes must be **ring-fenced** for health development and creating a health fund to ensure full implementation of the Sláintecare.

2 INTRODUCTION

The INMO represents 42,000 working nurses and midwives across public and private practices in Ireland. Budget 2024 comes at a time of strong fiscal surplus. Insufficient investment and inadequate workforce planning in health services are causing significant problems.

We can be under no illusion of the significant challenges to the health service that have arisen post-pandemic. The healthcare worker shortages, capacity issues and unmet healthcare needs are symptomatic of years of under-funding, under-staffing, and under-resourcing. Critical investment and meaningful reform are urgently needed. Multiannual funding and workforce planning have never been a feature of planning, which is a major mistake.

Additionally, the ongoing cost of living pressures and the housing crisis are increasing stress on households nationwide and impacting the ability to recruit and retain nurses and midwives.

Budget 2024 must focus on ensuring investment in a strong public health service which is true to the original principles outlined in Sláintecare to deliver universal health care (UHC). Critical investment in nursing and midwifery is a central theme which must be urgently addressed to ensure a strong public health service.

In this submission, we will address the issues specific to nurses and midwives:

1. Nursing and Midwifery Workforce
2. Welfare of Nurses and Midwives
3. Health Service Capacity/Sláintecare Care Reform
4. Cost of Living
5. Societal Concerns & Taxation

3 BACKGROUND

Given all the external shocks in recent years, the Irish economy has remained relatively resilient, with a strong labour market (McDonnell, 2023). However, disposable incomes have taken a hit in 2022 due to inflationary pressures. Despite this, Ireland's economic outlook for 2024 is looking on balance, with GDP at 12% and GNI* at 8.2%, meaning that Ireland is likely to avoid recession. Budgetary policy must remain supportive of the economy as society endures the cost of living crisis by focusing investment on strong public services which are universally accessible. To this end, the INMO supports the Irish Congress of Trade Unions (ICTU) policy in this regard.

The WHO (2022) recently warned governments and leaders across the European Union about the healthcare workforce crisis, calling it a "ticking timebomb". The WHO states that strengthening the healthcare workforce and effective planning for healthcare can only be achieved through increased public investment in workforce education, development and protection. Equally, the cost of living

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crisis, particularly the housing crisis, is now impacting the recruitment and retention of midwives and nurses in many hospitals across the country, further exasperating the workforce shortage.

Patients and healthcare workers have borne the brunt of the fragmented and under-resourced healthcare system. Post-pandemic, the focus must be on developing an inclusive UHC incorporating global health security underpinned by a rights-based approach and appropriate funding. Nurses and midwives are essential to delivering high-quality, safe care in this vision.

Healthcare spending must be considered a long-term investment (WHO, 2023a). The purpose of an annual healthcare budget is to ensure adequate resourcing of healthcare and to avoid misalignment between health priorities and allocation of resources. The INMO has, over many years, been critical of the lack of multi-annual budgeting for health services, as it directly prevents long-term planning and funding. Short-term measures continue to be required due to the absence of multi-annual budgeting and organised planning for capacity and the workforce. A move to multi-annual funding must commence. Healthcare spending plans must become more robust and be developed early in the planning process (Casey and Carroll, 2021).

4 Nursing and Midwifery Workforce Planning

An integrated funded nursing and midwifery workforce plan is urgently required, including forecasting requirements based on operational and strategic plans for all services (DoH, 2022). The failure to develop and appropriately fund this plan impacts the ability to sustainably maintain nurse and midwife staffing levels and provide safe care across all settings.

It is essential that all relative stakeholders are involved in this process. Equally and as agreed by the Workplace Relations Commission (WRC) in 2017, the INMO must be a party to any consultation on the nursing and midwifery workforce planning.

The workforce plan must be based on sound evidence, including the Framework for Safe Nurse Staffing and Skill Mix and Birthrate Plus. Planning must also incorporate future population demographic projections, for example, the well-documented ageing population and associated healthcare needs/demands and address the significant challenges impacting the professions, including the nursing and midwifery shortages and the ageing workforce.

Planning must incorporate important national strategies, including the National Maternity Strategy (Department of Health, 2016), the Children's Nursing Strategy (CHI, 2021) and the Intellectual Disability Nursing Strategy (McCarron, M. et al. 2018). Similarly, the recommendations of the Expert Review Group on Nursing and Midwifery must be implemented in full.

It must also draw on factors impacting the design and delivery of healthcare services in every setting and address key challenges, including increased healthcare demand and activity, post-pandemic related issues and reforms as required through the Sláintecare programme.

The workforce plan must be devolved to the hospital group level, with authority given to the director of nursing/midwifery to recruit and retain staff more efficiently.

The lack of collective bargaining workforce planning and challenges associated with increased activities across all healthcare settings, an ageing population, and increased comorbidities undermine patient care and safety. At the same time, it also creates unsafe working conditions for nurses and midwives.

The Framework for Safe Staffing and Skill-Mix in General and Specialist Medical and Surgical Care Settings in Ireland (Department of Health, 2018) must be fully funded and implemented by the end of 2024. It only partially applies to 40 out of 176 surgical/medical wards. The Framework for Safe Nurse Staffing and Skill Mix in Adult Emergency Care Settings in Ireland (Department of Health, 2022) must be advanced towards implementation, and phase 3 of the Framework in long-term residential care and community settings must be fast-tracked.

The Framework must be underpinned by legislation to secure its implementation. What is scientifically proven as a safety measure must be appropriately funded and operationalised. Failing to do so will mean an annual battle for funding that will continue to impact patient care, with missed care, delayed discharge, readmission, and higher mortality.

Similarly, the National Maternity Strategy recommends that the Birthrate Plus tool be used to calculate the most appropriate staffing level in the maternity setting. Birthrate Plus uses a methodology based on the clinical risk and needs of women and babies during all stages of labour using the accepted 1:1 ratio of midwife to woman. This tool must be advanced, funded and implemented to ensure safe and high-quality care for women and babies.

4.1 Recruitment and Retention

As consistently outlined by the INMO, there is a critical recruitment and retention problem within the Irish health system. Since 2007, the shortage of nurses and midwives has been exacerbated by moratoriums on recruitment and cost-saving measures imposed to reduce the workforce. It was not until August 2020 that the health service regained the nursing and midwifery staffing numbers that it had in December 2007. Meanwhile, healthcare demand grew, and many services were reformed and expanded, along with a rapidly growing and ageing population with increased comorbidities and complex care needs.

Robust recruitment and retention strategies are crucial to the success of the funded workforce plan. Investment in recruitment and retention strategies must be consistent across the acute, primary and community settings established and must address the following issues:

- It is essential that all staff nurse and midwife recruitment be aligned to the agreed enhanced practice scale.
- Provide defined clinical and managerial career opportunities for nurses and midwives.
- Provide accessible ongoing continuing education and professional development opportunities.
- Ensure decision-making around recruitment is devolved to the Directors of Nursing and Midwifery.
- Reduce the bureaucracies experienced in the recruitment process.
- Support all grades of nurses and midwives.
- Provide flexible working options.
- Strategies to provide suitable options for older nurses to retain expertise, knowledge, and skills.

- Fast accrual measures for pension purposes.
- A commitment to exempt nurses and midwives from any future embargos on recruitment.
- Robust recruitment and retention strategies, inclusive of collective bargaining, to ensure nursing and midwifery careers are more attractive.

4.2 Nursing and Midwifery Education

The funded workforce plan must seek to increase the domestic supply of nurses and midwives by reviewing public educational capacity, increasing the number of public undergraduate and postgraduate places, and progressing new entry routes into the profession that align with the required national and EU standards.

The INMO has continually emphasised the need for Government to embrace the critical importance of becoming self-reliant, ensuring an adequate number of nurses and midwives are available for the health service to meet the ever-growing demands. While the INMO welcomes the announcement of 692 additional nursing and midwifery education places, it is now crucial to establish a timeline for their implementation.

It is important to maintain the momentum of increasing educational opportunities. Analysis confirms that double the places will be required over a twenty-year period to achieve a sustainable workforce if student intake and attrition levels remain the same. (Caulfield et al., 2022). Equally, all additional places must be publicly funded and delivered by the state's Higher Education Institutes (HEIs).

The recent announcements to deliver alternative pathways into nursing and midwifery must be advanced and appropriately funded. There is a need to see more places ring-fenced in higher education for pre-nursing students and a general increase in the nursing/midwifery numbers. Almost 4,000 students enrol in pre-nursing courses, but fewer than 5% go on to further education to get nursing degrees (Conway-Walsh, 2022).

> ***…analysis confirms that double the places will be required over a twenty-year period to achieve a sustainable workforce if student intake and attrition levels remain the same.***

However, increasing education and training places alone will not solve the significant challenges student nurses, midwives, and new graduates face in our health service. A recent survey of nurse and midwife interns conducted by the INMO found that almost 3 out of 4 intern nurses and midwives (73%) said staffing levels in their workplaces were insufficient to support a positive learning environment. With many nursing and midwifery interns stating their intention to leave Ireland post-qualification, 33% said that if staffing and working conditions were improved, they would delay their departure. This data reveals the importance of supporting nurses and midwives as they commence their careers in the clinical learning environment.

Of particular importance is the ability to retain newly qualified nurses and midwives, as the survey found that 73% of nursing and midwifery graduates are considering emigrating when they qualify. Practical solutions must be employed to ensure retention. For example, offering employment early in the internship phase is critical, and the HSE must ensure they provide salary information and start dates to newly qualified nurses and midwives. Delays are impacting the ability to retain. In many cases, these valuable and well-educated nurses and midwives have been offered positions by the NHS in the UK by the time the HSE has offered positions.

4.3 Career Advancement

Providing additional postgraduate training programmes in the HEIs will further ensure the retention of our graduates, offer enhanced career progression and ensure competence to those nurses and midwives working longer in the health service.

> **Developing nurse/midwife-led services is critical for the Sláintecare reform programme.**

Developing nurse/midwife-led services is critical for the Sláintecare reform programme. There are many excellent examples of how such services can provide high-quality, cost-efficient care to patients. The skills, expertise and knowledge of the RANP/RAMP must be acknowledged within the health service to allow them to work within their full scope of practice without any barriers.

The INMO welcomes the increased target of 5% of the nursing/midwifery workforce to practice at an advanced level. Although the numbers of RANPs/RAMPs are growing, this is at a slow rate and below what is considered necessary to create a critical mass. We call for expanding postgraduate education, reflecting the increasing specialist need within Sláintecare. Where postgraduate education is not available, as is the case for occupational health and practice nursing, educational modules must be developed and delivered nationwide through the HEIs.

4.4 Internationally Educated Nurses/Midwives

The health service has had a long-standing large-scale dependence on overseas recruitment. While many nurses and midwives educated from outside of Ireland provide essential skills, expertise and care in all settings across the country, Ireland has been consistently challenged with ensuring "domestic health workforce self-sufficiency and sustainability." (Walsh, 2018).

Since 2014, there has been a growing number of internationally trained nurses registering with NMBI. The NMBI (2023) confirms that 64% (n=3,234) of first-time registrations were educated in non-EU countries, and only 29% (n=1,462) were educated in Ireland, over double the figure. Further analysis of the State of the Register (NMBI, 2022) shows that some new registrants are from countries (Nigeria and Ghana) which are on the WHO's (2023b) health workforce support and safeguards list, which is a cause for concern.

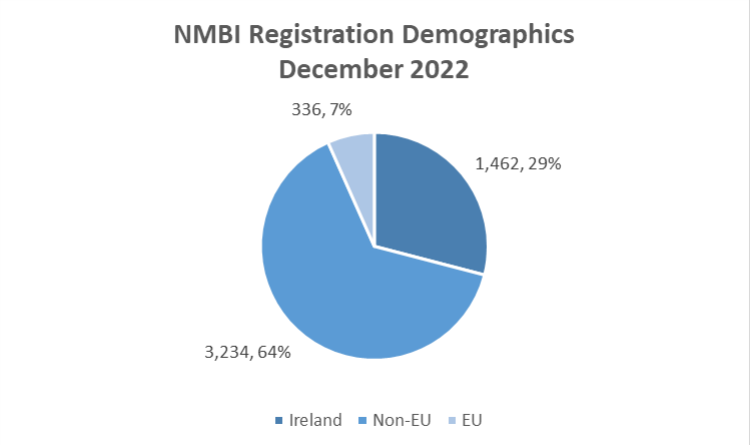

Figure 1 NMBI Registration Demographics, December 2022

These statistics are stark and should be considered when developing the workforce plan. The domestic production of nurses and midwives must be optimised to meet or surpass health population demand (WHO, 2021). Ensuring an adequate supply of nurses and midwives is essential against the background of the global shortage of nurses and midwives and is an internationally recognised ethical imperative. Therefore, Ireland and other

countries must abide by WHO's Global Code of Practice on the International Recruitment of Health Personnel.

For those nurses and midwives who choose Ireland as a destination in which to work, we must have due regard for the needs of international recruits in the immediate phase following their arrival and in the longer term. Investment is required in improved social adaptation supports for nurses/midwives recruited from non-EU countries - including accommodation for longer than currently available and encompassing orientation to Irish society and healthcare systems. Furthermore, and in keeping with developments in other EU countries, Ireland should reduce the qualifying period for citizenship to recognise and support these essential workers. Finally, nurses and midwives coming to Ireland must often undertake supplementary testing or adaptation before registration. In recognition of their personal and professional investment when travelling to Ireland, the immigration system must change to allow applicants to temporarily work in the jurisdiction while undertaking or repeating this process.

THE INMO CALLS FOR:

A FUNDED NURSING AND MIDWIFERY WORKFORCE PLAN

- A **funded workforce plan** is essential, and a firm commitment to **immediately grow the nursing and midwifery workforce** by a **minimum of 2,000 whole time** equivalents (WTEs) **annually** for the next **three years**.
- In addition, there must be **specific funding** for **additional nurses** and **midwives** across the health service to ensure **appropriate staffing levels** for the **additional funded capacity**.
- All **nurse staffing must be calculated** based on The **Framework for Safe Nurse Staffing and Skill Mix** and **must be funded** and **underpinned by legislation**.
- The **Framework** must be **fully implemented across the health service by 2024**. Funding must be allocated for the **completion** of the rollout of **phase 1**, as well as **funding** for **phases 2 and 3** in **emergency services, community,** and **long-term care**.
- **End** the **shortage of midwives** and other health professionals and implement measures to **maintain safe midwife-to-birth ratios** throughout the service.

FUNDING FOR RECRUITMENT AND RETENTION STRATEGIES

- There must be a **commitment** to **exempt nurses** and **midwives** from any **future recruitment embargos**.
- Develop **robust recruitment** and **retention strategies,** inclusive of **collective bargaining principles**, to make nursing and midwifery careers more attractive.

INCREASING NURSING AND MIDWIFERY EDUCATION PLACES

- Budget 2024 must commit to **increasing nursing** and **midwifery undergraduate** and **postgraduate places** to reach a **sustainable level** of **domestically educated staff**.

INVESTMENT IN OPTIMISING NURSING AND MIDWIFERY ROLES

- In line with Government policy, **Registered Advanced Nurse/Midwife Practitioners (RANPs/RAMPs)**, **Clinical Nurse Specialists (CNSs/CMSs)** and **Registered Nurse/Midwife Prescribers (RNPs/RMPs)** positions must be **funded** and **developed.**

5 NURSE AND MIDWIFE WELFARE

A recent INMO survey of nurses and midwives reveals concerns for patient/client safety as they work in pressurised environments with high levels of staff shortages. This increasingly pressurised environment impacts the health and safety of midwives and nurses and staff retention. Key findings included:

- 84.79% of respondents stated current staffing levels and skill mix did not meet the required clinical and patient demand in their work area.
- 65.84% (n=1,116) stated they felt that patient safety was very often or always at risk.
- 73.80% (n=1,352) of respondents stated that they had considered leaving their work area over the last month.

Patient and healthcare worker safety are intrinsically interlinked. Ensuring the safety of patients and healthcare workers is crucial for maintaining high-quality care, reducing adverse events and critical for a well-functioning health system and society. Healthcare employers and governments must recognise their role and take action in protecting healthcare workers, including protection from violence/aggression, physical and biological hazards, improvements in mental health and linked policies of patient safety to health worker safety (WHO, 2020).

The INMO has campaigned for the protection of nurses and midwives over the years and most recently provided evidence to the Oireachtas Health Committee (Appendix 1) on the significant and mounting occupational risks and safety concerns owing to an understaffed, under-resourced and under-funded healthcare system.

Budget 2024 must ensure adequate funding for the protection of nurses and midwives, and other healthcare workers in the following areas:

Assaults

A recent survey of nurses and midwives found that 63.96% (n=1,141) of respondents had experienced aggressive behaviour in the workplace, and 25.95%(n=463) had experienced physical violence. Recent HSE data reveals that *ten nurses a day are assaulted in the workplace.* It must be acknowledged that these statistics are conservative given that they do not include, for example, Section 38 facilities. According to data from the HSA, HSE staff reported 4,796 workplace-related physical, verbal and sexual assaults in 2021, yet only 446 investigations and inspections took place[1](HSA, 2021). These statistics cannot be ignored, and urgent action is required.

> **Violence and aggression in the workplace must become an urgent priority for Government and state agencies responsible for worker safety.**

Under several international legislative instruments, the Government is obliged to ensure appropriate workplace protections as a fundamental human right, including gender-based violence[2]. The INMO welcomes the recent ratification of ILO's Convention on Violence and Harassment, 2019 (No.190). However, other measures are required to tackle this severe issue appropriately. Violence and aggression in the workplace must become an urgent priority for Government and state agencies responsible for worker safety. This is to ensure that nurses and midwives can be retained and recruited

[1] HSE hospitals and community healthcare facilities) (2,900 = nursing 2021)

[2] European Convention on Human Rights (ECHR); The Charter of Fundamental Rights of the European Union (2007/C 303/01).

into the public health service and to ensure occupational health and safety as a fundamental human right. Every midwife and nurse deserves dignity, respect and protection at work.

The INMO proposes extending the "No Fault Compensation Scheme" to cover all nurses and midwives working in frontline settings who are assaulted during their work. The scheme covers nurses in emergency departments and mental health services only. A broader application of this insurance-based scheme would mean that a nurse or midwife who sustains any of the 48 types of injuries covered by the scheme would be entitled to a lump sum payment per the schedules set out. This would allow workplace injury claims to be resolved in a timely and cost-efficient manner.

Long Covid

The European Commission (EC) (2022) has acknowledged the need for member states to recognise COVID-19 as an occupational illness or accident at work and encourages convergence by all member states.

HSE HR Circular 022/2022 provides a temporary paid leave scheme for health service employees unfit for work due to long covid. This scheme is due to end on 30 June 2023, meaning that any employees who remain unwell after this date will move to ordinary sick leave arrangements.

Healthcare workers suffering from an occupational-acquired illness should not have to use their normal sick leave and must be protected from financial loss. Their illness should be treated as nothing less than a workplace injury.

The INMO and other healthcare unions are pursuing a claim in the WRC seeking to address this issue. The HSE must ensure an occupational injury scheme for nurses and midwives recognising long COVID as an occupational injury. Anything less than an occupational injury scheme for healthcare workers with Long COVID is unacceptable.

Health and Safety Authority (HSA)

The HSA's legislative role under the Safety, Health and Welfare at Work Act 2005 is to protect workers and those affected by work activity from occupational injury and illness. The increasing assaults, burnout, and occupational infections cannot be ignored and resourcing the HSA must be prioritised to underpin improvements in the work environments for healthcare workers. It must act on the unsafe conditions many members are working in, and patients are presenting to. The HSA has a duty to inspect workplaces and ensure that all measures are in place to provide a safe environment for employees. This is not being adhered to in the vast majority of hospitals, and the HSA must be supported to increase its presence in these workplaces.

> "The HSA must establish an advisory division dealing with health services and increase the frequency of inspections...

The INMO welcomes the HSA's recent announcement to establish a Health and Social Care Advisory Committee after much campaigning on behalf of our members. Funding must follow to ensure that the Committee is adequately resourced to increase the frequency of inspections and issuing of improvement notices and/fines to health service employers who

fail to protect and reduce risk to their employees.

THE INMO CALLS FOR:

PROTECTING AND INVESTING IN THE WELFARE OF NURSES AND MIDWIVES.

- The **physical** and **mental health** of **nurses and midwives** working in hospitals and community settings must be a **priority** for the **HSE** and **other health employers**.
- There must be **a zero tolerance** approach to **violence** and **aggression in the workplace**.
- The **No Fault Compensation Scheme** should be **extended** to cover nurses and midwives **across all health care settings.**
- **Funding** must be secured for the **establishment** of the **HSA's Health and Social Care Advisory Committee** to ensure **adequate protection** for **nurses, midwives** and other **healthcare workers**.

6 HEALTH CAPACITY

High bed occupancy rates have been a feature in the acute hospital system in Ireland for some time, with little signs of change. 2023 has brought a new level of crisis regarding health service capacity. The INMO has, over many years, called out the overcrowding and capacity issues in the Irish health service which are unacceptable for patients and staff.

Within the acute health system, according to the ESRI (Walsh and Brick, 2023), although health capacity has increased over the last few years, a deficit remains of approximately 1,000 inpatient beds based on the 85% occupancy rate. Additionally, 330 additional beds will be required every year in addition to this deficit. Bed occupancy rates often run at 90%-95%; therefore, this budget must provide funding for immediate extra bed capacity. Although the Department has proposed the rapid build of 1,500 additional beds in acute public hospitals, further details of when these beds will be delivered are required.

> **Each bed must be staffed appropriately – funding beds without linked funding for nursing/midwife posts must be corrected "*A bed equals a nurse*".**

Despite making some gains in reducing waiting lists, they have returned to excessively high levels. The May National Treatment Purchase Fund figures confirm that 893,600 people are waiting for inpatient, outpatient or day case procedures. Although the Department of Health states that this is a temporary rise, these increases are a major cause for concern as the post-pandemic projected waiting list increases are higher than expected. Although there was "pent-up" demand owing to the pandemic, there are other intertwined issues regarding workforce shortages, bed capacity, and access to adequate step-down and rehabilitation beds and community services at play here also.

Each bed must be staffed appropriately – funding beds without linked funding for nursing/midwife posts must be corrected - *"a bed equals a nurse".* We have the measurement framework we need to fund and use it.

6.1 EMERGENCY DEPARTMENT OVERCROWDING

The INMO has repeatedly raised the alarm on the real human impact of unsafe staffing on patient care and on the welfare of nurses working in the environment.

Prolonged hospital stays are associated with poor patient outcomes, including increased mortality. Equally, longer ED waiting times have adverse outcomes for patients upon discharge.

A recent unannounced inspection of Limerick University Hospital found the hospital not fully compliant when it comes to safe-nurse staffing, reaffirming the considerable challenges around safe staffing in the ED and broader hospital.

Table 1 HIQA Inspection Staffing Compliance Judgments

Hospital	Level of Compliance on Workforce
Letterkenny University Hospital	Non-Compliant
Midland Regional Hospital, Mullingar	Partially Compliant
Naas General Hospital	Partially Compliant
University Hospital Kerry	Non-Compliant
Cork University Maternity Hospital	Partially Compliant
Tallaght University Hospital	Partially Compliant
Mayo University Hospital	Non-Compliant
Sligo University Hospital	Partially Compliant
St Vincent's University Hospital	Partially Compliant
Cork University Hospital	Partially Compliant
University Hospital Limerick	Non-compliant
University Hospital Limerick	Partially-Compliant

Table 1 confirms the level of compliance in eleven hospitals across the country over the preceding 11 months. Not one has been found fully compliant when it comes to staffing. It also found that rising numbers of patients attending EDs were causing unprecedented levels of strain across the health system. The numbers were much higher than in previous years, and the leading causes included workforce shortages, insufficient bed capacity, insufficient measures to enable patient flow, and limited access to community services (HIQA, 2022).

In January 2023, the INMO's Trolley Watch recorded the worst levels of daily hospital overcrowding since the INMO began counting trolleys. During May, we recorded 11,856 patients on trolleys around the country. This figure is symptomatic of a health system in crisis. This type of overcrowding at the beginning of summer must be immediately addressed to prevent an even more chaotic winter.

7 SLÁINTECARE

Ireland remains an outlier in Western Europe owing to its lack of universally accessible health care. A recent analysis from the European Commission (2022) acknowledged that Ireland's recovery and resilience plan does not address universal coverage for primary care. Therefore, opportunities for addressing inefficiencies in the health system and costly complex care are being missed. Full implementation of the Sláintecare programme is becoming more urgent to ensure equity of health care for all and to meet obligations under the UN SDGs.

> **The Government's commitment to real reform must be led by basing the Sláintecare Implementation Office in the Department of the Taoiseach.**

Since the launch of Sláintecare in 2018, progress has been slow and, as recently observed in the Oireachtas (Joint Committee on Health, 2023), changes that have been introduced are not enough in the context of the broader whole system reform required. Many of the changes introduced are concentrated on the

organisational side, while progress on extending entitlements and lowering access costs has been relatively limited.

Although some progress has been made in delivering reforms under Sláintecare, one of the remaining concerns is governance and ultimate responsibility for its implementation. The Government's commitment to real reform must be led by basing the Sláintecare Implementation Office in the Department of the Taoiseach. The Government has committed to delivering a universal, single-tiered health system through Sláintecare. However, there is no obligation under the Constitution or legislation to implement this crucial healthcare reform. For Sláintecare to deliver a universally accessible healthcare service for all, it must be enshrined in legislation.

8 MATERNITY CARE

Maternity services are experiencing a midwifery workforce crisis, with fewer graduates and increasing retirements. All services have increased demand and activities and cannot continue to be under-resourced as it is unsafe for women and their babies. The number of staff midwives employed in the HSE in December 2019 was 1,465 WTEs. As of April 2023, the number stands at 1,411, a reduction of 54 WTEs. (HSE, 2022).

Ensuring appropriately staffed maternity services is one of the central elements in providing high-quality, safe care. However, as reported by HIQA in 2020, all maternity services were operating against the background of midwifery and nursing shortages and "such shortages raise concerns about the long-term sustainability of the provision of safe, high-quality maternity services across the 19 maternity units and hospitals." (HIQA, 2020).

> **The midwife-to-birth ratio recommended in the National Maternity Strategy (1:29.5) has never been implemented; therefore, safety within the maternity setting is at risk.**

The Department of Health recommends increasing the available models of maternity care to ensure a woman-centred approach. All political parties pledge commitments to implementing the Maternity Strategy, but progress is not evident, and funding for the additional midwifery staff and midwifery-led units remains insufficient. The expansion of maternity services to meet the needs and choices of women remain limited. Maternity services are seeing an increase in the use of medical interventions, labour induction, and caesarean rates. These issues must be addressed.

The midwife-to-birth ratio recommended in the National Maternity Strategy (1:29.5) has never been implemented; therefore, safety within the maternity setting is at risk. As the National Maternity Strategy (2016) recommends, the Birthrate Plus tool must be used to calculate the most appropriate staffing level in the maternity setting.

Evidence shows that midwife-led care is a safe and cost-effective model for maternity services for healthy women with no risk factors for labour or birth (School of Nursing and Midwifery, TCD, 2015). Midwife-led care can provide important continuity of care services, improve breastfeeding rates and lower caesarean section rates (Hanahoe, 2020; Sandall et al., 2016). However, midwife-led units have never grown beyond the original two leaving Ireland's maternity service offering little choice beyond hospital births to women impeding their right of choice. Furthermore, implementing a community midwifery service, including home birth options, remains elusive.

Funding must be prioritised for full implementation of the Maternity Strategy, ending the shortage of midwives and other health professionals to ensure the delivery of safe care across a fuller range of maternity services where maternal choice plays a key role.

9 CHILDREN'S HEALTH

In line with Sláintecare, speeding up the progress towards free GP care for all children is essential. The extension of such services has led to increased attendance at acute hospitals. Therefore, it is necessary to fully implement the Strategy for the Future of Children's Nursing in Ireland 2021-2031 and the Expert Review Body recommendation regarding a review of undergraduate education to address access and capacity.

The Children's Nursing Strategy forecasts a significant supply and demand gap of appropriately educated nursing staff to provide care to children, implement the model of care for paediatric health service delivery, and facilitate the new children's hospital opening. This is estimated to be 802 WTEs in the coming years.

The strategy also outlines the shortage of community nurses and a lack of stable home healthcare nursing for children with complex care needs. The Programme for Government is committed to increasing the number of outreach nurses for children with life-limiting conditions, and this is welcomed. However, as part of the rollout of Sláintecare, there must be an adequate level of children's nurses available within the primary care setting.

Investment must be secured to develop the national children's nursing workforce strategy as part of the broader integrated workforce plan. This must include the requirement for children's nurses across acute and community settings. Additionally, there must be investment in a robust clinical governance structure for school nurses and nurses in the third-level sector.

10 DISABILITY SERVICES

Regarding scaling up the workforce, the Capacity Disability Review has stated there is a need to ensure appropriate workforce planning to ensure the availability of appropriately trained staff with the right skill mix to deliver the services where and when needed. In terms of health in disability services, it is therefore essential that phase 3 of the Framework for Safe Nurse Staffing and Skill Mix, which includes older persons and community settings, is established and progressed to address the current understaffing in disability services. Any new services developed or reconfigured must include access to the most appropriate nurse, including the RNID, PHN and children's nurse, to ensure the highest possible standard of care.

For children and adults with an intellectual disability, access to an RNID must be provided. Unfortunately, due to the changing style in delivering services, there is an urgent need to ensure intellectual disability nursing is strategically placed and accessible to this group of people from "cradle to the grave". RNIDs "are the only professionals to be uniquely focused on achieving such outcomes, in an integrated way, throughout the lifespan of the person with an intellectual disability" (McCarron et al., 2018, p. 68). RNIDs must be included in disability network teams once established to ensure an appropriate level of care under Sláintecare. The Framework model must urgently be progressed to intellectual disability services to ensure evidence-based safe staffing levels and maintain the quality of services.

11 COMMUNITY CARE

Public health nurses (PHNs) and community registered general nurses (CRGNs) face considerable challenges. The INMO has consistently outlined the staffing shortage, increasing demands and reduced resources to deliver care.

There is a serious shortage of nurses within community services. As of April 2023, the number (cenus, date) of PHN WTEs is 1,480, 57 WTEs less the in December 2019. The Capacity Review has indicated that by 2031, without any reforms, an additional 700 PHNs and 500 general practice nurses will be required to deliver essential programmes and health objectives (PA Consulting, 2018). Research reveals that despite the Sláintecare reforms, there is "an evergrowing gap between the number of community-based WTE staff, compared to those in acute settings" (Fleming, et al., 2022). Provision must be made in Budget 2024 to increase the overall number of PHNs incrementally. When attrition rates associated with resignations and retirements are accounted for, the current training number of 150 per annum only ensures the maintenance of existing levels of services. Therefore, incremental growth of 75 PHNs must be catered for each year up to a critical mass of 2,500 WTEs.

> **there is "an evergrowing gap between the number of community-based WTE staff, compared to those in acute settings"**

The INMO, in previous submissions, raised the issue of missed care in the community setting, specifically antenatal checks and health promotion work (Phelan and McCarthy, 2016). However, new crisis levels were reached when child health development checks were temporarily suspended in South Dublin last year due to a shortage of PHNs. This is not an isolated incident and is a serious issue. Most parts of the country are experiencing shortages that negatively impact the provision of care. Preventative care, including health promotion activities, is critical to the Sláintecare reform programme and will effectively save costly care in the long term.

There are only three public health nursing course providers: NUIG, UCC and UCD. There is a clear need for the HSE to increase the number of sponsorship programmes each year to meet demand. At least two more HEIs are needed to provide the public health nursing course to improve regional availability. An inhibitor to individuals applying for the PHN sponsorship programme is that they must significantly drop their salary to the student PHN salary scale while undertaking the programme. Therefore, at a minimum, individuals should remain at their substantive salary scale while undertaking the PHN programme. In the current environment, the rising cost of living imposes a financial penalty on those who wish to train as public health nurses and complete the sponsorship programme.

12 LONG TERM CARE

The INMO firmly objects to the increasing privatisation of care of older person services in Ireland. The established two-tiered system is not in line with the principles of Sláintecare and is impeding the safe delivery of care to some of the most vulnerable in our society. It is alarming that private, for-profit organisations now provide 82% of such

> **The established two-tiered system is not in line with the principles of Sláintecare and is impeding the safe delivery of care to some of the most vulnerable in our society.**

services. A concerning trend in the nursing home industry is the shift from small or single-facility operators to larger corporate groups that own multiple facilities. Recent statistics confirm that the top 15 private providers, all of whom own or operate five or more nursing homes, contribute 40% of nursing home beds, which is 10,700 beds (Butler, 2023). Equally, the trend for outsourcing home care services to older people should be reversed. The cost-of-care model that prevails in older person care puts cost before care, and this cannot be tolerated in a modern society that cares for and respects its growing ageing population and the welfare of the professionals required to deliver optimum care. Although some of the recommendations of the COVID-19 Nursing Homes Expert Panel are underway, the remaining recommendations must commence as soon as possible. In particular, the Panel's recommendation to integrate private nursing homes into the broader public health framework must be advanced in the short term.

The Panel also recommended a review of staff employment terms and conditions, including nurses, to ensure future capacity. Furthermore, a review of the classification of older person care as a social care work programme by HIQA must be undertaken to ensure that, where needed, older person services are appropriately staffed and overseen with reference to best gerontological nursing practice.

Although many highly dependent people can live safely in their homes provided the necessary homecare supports are in place, nursing homes are still required and should be part of a continuum of care in the broader healthcare system. Ensuring appropriate home care services and an increased supply of nursing home beds can alleviate pressures on the acute hospital system (Walsh et al., 2019). The Integrated Care for Older People Programme aims to provide integrated services and pathways that shift care delivery towards community-based, planned and coordinated care. It must be responsive to the needs of older people and sustainable to ensure the projected ageing population needs can be met. Therefore, this model must be publicly delivered and appropriately staffed by developing the Framework for Safe Staffing in Residential Care and Community Settings.

In addition, Ireland's ageing demographic requires an all-government plan to build appropriate self-care, supervised care modified units. These must have access to services and communities for older people who are currently forced to remain in family homes, inappropriately modified for their needs due to a lack of suitable alternatives.

Funding must be allocated to the next phase of the Framework for Nurse Staffing to extend to residential and community care settings, and minimal legal staffing levels must underpin this model of staffing determination.

THE INMO CALLS FOR:

ADEQUATE FUNDING FOR HEALTH SERVICE CAPACITY AND REFORM

- The recommendations of the **Health Service Capacity Review Report** must be **implemented in full**.
- There must be **strict adherence** to **85% occupancy** of **acute hospitals** and **zero tolerance** of **hospital** and **emergency overcrowding**.
- Significantly **advance Sláintecare** and the commencement of the **multiannual transitional fund** to support investment.
- **Allocation** of **funds** must **ensure Sláintecare moves beyond project-based changes** to **real public service delivery** for **universal health care**.
- **Funding** must be prioritised for **full implementation** of the **Maternity Strategy**, including:

- Implementation of the **Birthrate Plus methodology** across all maternity services to ensure the **delivery of safe care** across a **fuller range of maternity services** informed by **best practices** and **maternal choice.**
- Investment in **expanding midwife-led units** and **community midwifery services.**

- To deliver a health care service with an **efficient, functioning** and **safe primary care system** at its core as laid out in **Sláintecare**, it is imperative that **appropriate staffing** in terms of **public health nurses (PHNs)** and **community registered general nurses (CRGNs)** is put in place.
- **Additional training places** for **PHNs** and **fast track pathways** for **CRGNs** who wish to train as PHNs.
- Commence the **reversal of long term** care **privatisation**. **Public services must operate and deliver long term care.**

13 Cost of Living

13.1 Housing

The INMO increasingly hear from members struggling to pay rent or buy a property. Rents are at an all-time high, and even with controls in place, many are struggling to find suitable accommodation. Others cannot find appropriate accommodations and are forced to commute great distances.

The INMO met with the Minister for Housing, Local Government and Heritage to outline the critical concerns for nurses and midwives (Appendix 2). One of the central challenges for younger graduates has been the inability to afford to live in Dublin due to high rents. Analysis of the INMO's exit interview data confirms that 59% of staff have left to go abroad or elsewhere in Ireland, citing the cost-of-living pressures, leases ending or lack of affordable housing within a reasonable distance of the hospital as factors for doing so.

Although the issue has been a significant challenge in major urban areas, the challenges are also affecting all towns and cities in the country.

The UK government has implemented various schemes and programmes to support key workers in finding affordable housing over the years. Although not operational at the central government level, there have been calls to revitalise the Key Worker Living Programme, which aims to assist key workers, such as teachers, nurses and police officers, in accessing affordable housing near their workplaces. Under this scheme, eligible workers could apply for rental or shared ownership properties at discounted rates. The availability of these properties varied across different regions and local authorities. These efforts aim to support nurses and ensure they have access to suitable and affordable housing options, ultimately benefiting both nurses and the communities they serve.

> **59% of staff have left to go abroad or elsewhere in Ireland, citing the cost-of-living pressures, leases ending or lack of affordable housing…**

When building new hospitals, the Government must factor in where these nurses and midwives will live. Zoning of land must include affordable housing for essential frontline workers. For example, the new National Children's Hospital should establish a housing plan to provide subsidised rental

accommodation and affordable housing options for these essential workers. The hospital will be delayed further if suitable accommodation for staff is not delivered.

It would be important for the Government here to look at a similar programme for key workers, including nurses and midwives, to ensure they can access affordable housing near their workplace and to assist with recruiting and retaining nurses and midwives during the national shortage.

THE INMO CALLS FOR:

MEASURES TO ADDRESS THE COST OF LIVING CRISIS

- Budget 2024 must **address** the **continuing housing crisis** which exists across the country. Part of the solution must **provide affordable accommodation** for key workers, including **nurses and midwives**.

14 SOCIETAL CONCERNS

14.1 BREXIT

Brexit continues to impact the country in many ways. Regarding healthcare, hospitals in border counties rely on nurses and midwives who reside in Northern Ireland. Retaining these nurses and midwives in HSE hospitals is essential and must be considered in discussions around freedom of movement and taxation policy.

> **In the past, Irish nurses and midwives, given their high level of education and skills, have been in high demand.**

The workforce crisis in the UK is worsening. NHS statistics reveal a registered nursing vacancy rate of 10.8% as of December 2022, equating to 43,619 vacancies. (NHS, 2023). A recent report estimates that this shortage could reach 571,000 by 2036-7 (Hall, 2023).

The NHS is undertaking an extensive international recruitment campaign to address the current shortages. In the past, Irish nurses and midwives, given their high level of education and skills, have been in high demand.

Unless we have effective bespoke recruitment/retention strategies, strong policies around postgraduate education, pay and conditions that can adequately match the increases in the cost of living, and housing policies that allow subsidisation of rents for essential workers and provide affordable homes, we may lose critical talent across the health service. The Irish Government must address these issues in totality in this budget.

14.2 CLIMATE AND THE JUST TRANSITION

The Climate Actions Plans 2022 and 2023 have committed to establishing a just transition for workers and communities most affected by the transition to a carbon-neutral society. However, work to progress the just transition has been inadequate.

There must be appropriate attention to vulnerable workers affected by the move to a low-carbon economy. However, meeting these targets is challenging and may include many negative

consequences for workers in specific sectors if not appropriately addressed. Therefore, money raised from the carbon tax must be ring-fenced to ensure adequate protection and job creation for vulnerable workers.

The INMO supports the Just Transition Alliance's urgent call for establishing a Just Transition Commission. As recommended by the Alliance, this must be achieved through Section 7 of the NESDO Act (2006). The Alliance must sit alongside the NESC using the same social dialogue processes to ensure all stakeholders are included (ICTU, 2023). The focus of the work must be on delivering decent work and maximising job creation and retention strategies.

The climate crisis impacts the health and wellbeing of people, particularly vulnerable groups in society, and affects healthcare delivery. Nurses and midwives play an essential role in mitigating the effects of climate change and promoting behavioural strategies for adaptation. Investment is needed to respond to the climate crisis. Such investments can ensure positive health and economic outcomes (Atwoli et al. 2021). Sustainable and low-carbon policies must be strictly adhered to within the healthcare setting.

THE INMO CALLS FOR:
THE ESTABLISHMENT OF A COMMISSION ON THE JUST TRANSITION

- Ireland must now **deliver on a low carbon economy and society**, which must include the establishment of the **Commission on a Just Transition.**

15 TAXATION

15.1 TRADE UNION SUBSCRIPTIONS

For several years, the INMO has consistently raised the issue of reinstating tax relief on trade union subscriptions which was abolished in 2010. This continued abolition discriminates against PAYE union members because self-employed people and employer organisations can claim tax relief on subscriptions to their professional organisations, including business lobby groups like IBEC, ISME and the IFA. Reintroducing the tax break would be an affordable enhancement of income restoration and a symbolic statement that unions and their members play a valued role in our society and economy.

15.2 FLAT RATE EXPENSES

The INMO and ICTU have made numerous submissions regarding the position adopted concerning flat-rate expenses. While the Revenue Commissioners deferred the implementation of the findings, given the passage of time since the review was undertaken in 2018/2019 and the current cost of living crisis, it would seem unreasonable to introduce any changes to the flat rate expense regime now without further review. The INMO requests that no change is made to the current flat rate allowance as any change effectively reduces the income of frontline nurses and midwives, thereby penalising them to a greater extent.

15.3 SUGAR TAX

The INMO continues to support the tax on sugar-sweetened drinks, which is now in its fifth year. In 2022, a total of €32 million was raised from this 'sugar tax' on drinks and provisional figures for January and February 2023 of more than €6m, suggesting that tax revenue 2023 is already on track to exceed the 2022 figures. This tax was introduced following the establishment of the Healthy Weight for Ireland: Obesity Policy and Action Plan. Similar to the hypothecation of the Carbon Tax fund, the

revenue generated through this tax should be ring-fenced and used to fund health education/awareness programmes regarding lifestyle choices, specifically targeted at school children of all ages.

15.4 Online Gambling

Online gambling continues to be a growth area in Ireland, especially with the advances in high-speed internet connections and availability of mobile devices; the challenges of addiction are well documented and place much pressure on our mental health services as well as family and community life. This must be discouraged as a societal norm, and therefore taxation must be used as a deterrent.

The INMO Calls for:

Ring-fenced Taxes to Fund Healthcare

- To drive changes and deliver a transformational model of care, **alternative sources of health income** must be utilised to support the ongoing and future **investment in Irish health services**. **Additional revenue** from specific taxes must be **ring-fenced** for health development and creating a health fund to ensure full implementation of the Sláintecare.

16 Conclusion

Nurses and midwives face significant challenges due to under-investment and poor workforce planning, worsened by the cost-of-living and housing crisis. Post-pandemic, healthcare worker shortages, capacity issues, and unmet healthcare needs require urgent investment and reform. Budget 2024 must prioritise investment in nurses and midwives, through multiannual funding and workforce planning to deliver universal health care aligned with Sláintecare principles.

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18 APPENDICES

Appendix 1. Opening Statement to the Joint Committee on Health on The Welfare and Safety of Workers in the Public Health Service

Opening Statement to the Joint Committee on Health on The Welfare and Safety of Workers in the Public Health Service

8th February 2023

1.0 INTRODUCTION

1.1 The Irish Nurses and Midwives Organisation (INMO) wishes to thank the Oireachtas Health Committee, for this opportunity to submit on the important matter the welfare and safety of healthcare workers in the public health service.

1.2 The INMO believe the following actions must be taken:

- **There must be a zero tolerance approach to violence and aggression in the workplace-**
- **Employers must take a preventative approach to protect those exposed to violence in the workplace in accordance with the Safety, Health and Welfare at Work Act 2005. Where an employer has failed in their duty under this Act resulting in the injury of workers, they should be subject to prosecution. Employers must fully support nurses and midwives who are victims of assault in the workplace and pursue the prosecution of perpetrators in accordance with the Criminal Justice Act 2006 and the Non-Fatal Offences Against the Person Act 1997, as appropriate.**
- **The physical and mental health of nurses and midwives working in hospitals and community settings must be a priority for the HSE and other health employers.**
- **The HSE must ensure an occupational injury scheme for nurses and midwives recognising long COVID as an occupational injury.**
- **The No Fault Compensation Scheme should be extended to cover nurses and midwives across all front line health care settings who are injured in the course of their work as a result of an assault. Mental health injury must be included and considered on the same basis as a physical injury.**
- **The HSE must develop, fund and resource comprehensive programmes for managing occupational health and safety for nurses and midwives and these must be consistently available throughout the health service.**
- **This will require a separate division dealing with the health services within the HSA- the HSA have not agreed to this despite requests since 2020 from the INMO- it is now time for government to require the HSA to establish a division to focus on the health services in the same manner as the construction and agriculture sectors– The HSA must be appropriately resourced to ensure adequate protection for nurses, midwives and other healthcare workers in response to the increase in workplace assaults, burnout and occupational infections.**
- **The HSA must increase the frequency of inspections and issuing of improvement notices and fines for health service employers who fail to protect and reduce risk to their employees.**
- **There must be zero tolerance for overcrowding in our hospitals and EDs.**
- **The recommendations of the Capacity Report must be implemented, and bed occupancy reduced to 85%.**
- **The Report of the Expert Review Body on Nursing and Midwifery must be implemented fully to show commitment and support to the future of nursing and midwifery professions in Ireland.**
- **All nurse staffing must be fully based on the Government policy. The Framework for Safe Nurse Staffing. The Framework must be funded, underpinned by legislation and expanded across the health service. A policy without implementation imperative renders it academic.**
- **The Maternity Strategy must be implemented in full, including implementation of the Birthrate Plus methodology across all maternity services, which must be underpinned by legislation.**

For Sláintecare to deliver a universally accessible health care service for all, it must be enshrined in legislation and its Implementation Office based in the Department of an Taoiseach

19 2.0 BACKGROUND

2.1 Nurses, midwives and other healthcare workers face a range of occupational risks in their daily work, including, occupational infections, psychological hazards and physical violence, exposure to radiation and other hazardous chemicals (ILO/WHO, 2022). The pandemic has exacerbated many of the challenges and issues within the health service, including underinvestment, a lack of universal health care and recruitment and retention. However, it has also brought to the fore the significant and mounting occupational risks and safety concerns for healthcare workers.

2.2 Therefore, the WHO has prioritised healthcare worker safety and urges the recognition of how healthcare worker safety and patient safety are intrinsically linked. The OECD also acknowledges the growing evidence between patient safety and workplace safety, particularly within the hospital setting and identifies several studies linking poor safety environments to increase work-related injuries. (de Bienassis, K. and N. Klazinga, 2022).

The protection of nurses and midwives is therefore paramount to ensuring optimal, safe patient care and a sustainably resourced health service. It is, therefore a priority for health employers to ensure that as well as patient safety, staff welfare and safety is prioritised as a matter of urgency.

20 3.0 OCCUPATIONAL VIOLENCE/ASSAULTS

3.1 Violence or aggression against healthcare workers is not a new phenomenon, and it is one which the INMO has been campaigning on for many years on behalf of its members. The framework of human rights in Ireland is made up of several critical legislative instruments, including the European Convention on Human Rights (ECHR) and the Charter of Fundamental Rights of the European Union. These must be adhered to in order to ensure that all nurses and midwives working in the health service can do so without a threat to their safety, dignity and bodily and psychological integrity. Equally, and given that 95% of nurses and midwives are female, it is essential that the four pillars of the recently ratified Istanbul Convention are adhered to and upheld to protect nurses and midwives from gender-based violence in the workplace. EU accession to the Istanbul Convention is one of key priority in the EU's Gender Equality Strategy 2020-2025. Progress to full accession remains blocked. Therefore in March 2022, the Commission also proposed new legislation to address gender based violence at EU level, a priority pending file in its 2023 work programme. Notwithstanding, in 2019 Ireland ratified the Istanbul Convention, the level of gender based violence against nurses and midwives demonstrates a failure to accord to the spirit and letter of the Convention.

3.2 Recent data reveals that 63% of all assaults that are recorded in the health service are perpetrated against nurses and midwives. Between January 2021 and October 2022, there were 5,593 reported assaults on nursing and midwifery staff in the HSE (Appendix 1). It must be acknowledged that these statistics are conservative given that they only include HSE public hospitals and do not include, for example, Section 38 facilities. According to the NMBI (2022), the majority of nurses and midwives in the Dublin region are working in Section 38 voluntary hospitals. Between 2015 – 2021, there were 33,342 on nurses in Ireland (Murphy, et al. 2021). According to data from the HSA, HSE staff reported

4,796 workplace related physical, verbal and sexual assaults in 2021, yet only 446 investigations and inspections took place [3] (HSA, 2021). These statistics cannot be ignored and urgent action is required.

3.3 The personal cost alone of such behaviour towards healthcare workers can be immense both physically and emotionally. Violence and aggression in the workplace can lead to increased levels of anxiety, depression, demoralisation and post-traumatic stress.

3.4 The INMO welcomes the recent announcement to ratify the International Labour Organisation (ILO) Convention on Violence and Harassment, 2019, (No.190) and believes that this move can potentially combat violence in the workplace if accompanied by the appropriate legislation and codes of practice.

3.5 However, other measures are required to tackle this serious issue appropriately. Violence and aggression in the workplace must become an urgent priority for Government and state agencies responsible for worker safety. This is not only to ensure that nurses and midwives can be retained and recruited into the public health service but also to ensure occupational health and safety as a fundamental human right. Every midwife and nurse deserves dignity, respect and protection at work.

3.6 The INMO is proposing that the "No Fault Compensation Scheme" be extended to cover all nurses and midwives working in front line settings who are assaulted in the course of their work. The scheme currently covers nurses working in emergency departments and mental health services only.

3.7 This broader application of this insurance-based scheme would mean that any nurse or midwife who sustains any one of the 48 types of injuries covered by the scheme would be entitled to a lump sum payment in accordance with the schedules set out in the scheme. This would allow workplace injury claims to be resolved in a timely and cost-efficient manner.

There must be a zero tolerance approach to violence and aggression in the workplace.

The No Fault Compensation Scheme should be extended to cover nurses and midwives across all front line health care settings who are injured in the course of their work as a result of an assault.

There must be a zero tolerance approach to violence and aggression in the workplace

4.0 Role of the Health and Safety Authority

4.1 Analysis has shown that the economic sector with the highest number of workplace incidents involving workers reported to the Health and Safety Authority (HSA) is the Health and Social Work Sector. In 2021 the number of incidents reported to the HSA was 1,838. This accounts for 23% of incidents reported across all economic sectors in 2021. Despite this, the number of inspections and investigations carried out in the health and social work sector fell far below that in other sectors relative to the number of reported incidents.

Table 2. Source: HSA Annual Report 2021; Annual Review of Workplace Injuries, Illnesses and Fatalities 2010-2021.

Sector	Inspections and Investigations 2021	Total Worker Injuries Reported 2021
Health and Social Work	**446**	**1838**
Construction	2865	791

[3] (HSE hospitals and community healthcare facilities) (2,900 = nursing 2021)

Manufacturing	1502	1623
Wholesale and Retail Trade, Repair of Motor Vehicles/Motorcycles	1519	1071
Agriculture, Forestry and Fishing	400	132

4.2 The HSA's legislative role under the Safety, Health and Welfare at Work Act 2005 is to protect workers and those affected by a work activity from occupational injury and illness. The increasing assaults, burnout, and occupational infections cannot be ignored and resourcing the HSA must be prioritised to underpin improvements in the environments of work for healthcare workers. It must act on the unsafe conditions many members are working in, and patients are presenting to. The HSA has a duty to inspect workplaces and ensure that all measures are in place to provide a safe environment for employees. This is not being adhered to in the vast majority of hospitals and the HSA must be supported to increase its presence in these workplaces.

The HSA must a separate division dealing with health services and increase the frequency of inspections and issuing of improvement notices and fines for health service employers who fail to protect and reduce risk to their employees.

5.0 COVID

VENTILATION

5.1 There were several key issues and challenges for healthcare workers during the pandemic, many of which are still a challenge today.

5.2 Overcrowding continues to be a problem within the public acute hospital settings. Therefore, the HSE must act in the best interest of patients and staff to ensure appropriate environmental conditions, including air quality in the hospital setting.

5.3 During the pandemic, it was noted that issues which repeatedly emerged in the context of transmission of the virus amongst staff were inadequate facilities for staff, including changing facilities, break rooms and small offices.

5.4 Health employers across the public and private settings must introduce air filtration systems where there could be infected air and where there is no inbuilt or adequate ventilation/airflow and filtration. Such systems were introduced into the education setting, and it appears unreasonable that these systems would not be introduced where there are confirmed COVID-19 cases.

5.5 A long term strategy must be put in place to ensure that Irish hospitals and other healthcare facilities, including residential care facilities and community settings, are adequately designed to support best practice IPC and withstand future outbreaks or pandemics.

MENTAL HEALTH AND WELLBEING

5.6 The ICN has described the experience of nurses and midwives during the pandemic as "mass traumatisation of nurses worldwide" (ICN, 2021). The INMO undertook several surveys of its members during the pandemic. All have shown members under immense pressure, suffering from exhaustion and concerned for their mental health.

5.7 The following data was extracted from recent surveys undertaken of INMO members exploring the psychological impact of COVID-19. The results describe how respondents expressed an increased consideration to leave the profession, increased mental exhaustion and worry for their own personal health during the pandemic.

Table 3. Psychological Impact of COVID-19 Survey

Psychological Impact of COVID-19 Surveys	**2020**	**2021**
Has your experience of working during the COVID-19 caused you to consider leaving the profession?	Yes 61.02%	Yes 68.33%
Do you believe that your experience of COVID-19 has had a negative psychological impact on you?	Yes 82.71%	Yes 84.89%
When off duty, have you experienced any of the following since the COVID-19 pandemic? Mental Exhaustion	Yes 90%	Yes 98.48%
I feel that my personal health has been put at risk	Strongly Agree or Agree 83%	Strongly Agree or Agree 84.45%

5.8 This data provides a snapshot of the impact of COVID-19 on the wellbeing of nurses and midwives across the country. This data cannot be ignored and requires an appropriate, long term, sustainable solution to ensure that valuable expertise, skills and knowledge is not lost.

5.9 To retain and attract new entrants into the professions, it is essential to consider how the current environment can affect retention and recruitment and the intention to leave.

6.0 LONG COVID - INJURY AT WORK SCHEME

6.1 Evidence around the impact of long covid is still emerging. However, the evidence that does exist points to some significant challenges. A recent Irish study found that long covid or post covid conditions such as post-acute sequelae of COVID-19 (PASC) can significantly impact quality of life and the ability to work. 38% of participants reported that their ability to work was severely limited (O'Mahony et al, 2022). Research has also found high levels of long covid conditions among healthcare workers (Gaber, et al, 2021; Peters, et al, 2022). The WHO has described this issue as a "significant burden" on healthcare workers.

6.2 During the first wave of COVID-19, healthcare workers accounted for over 30% of COVID infections, and according to a leading academic, a significant number of these are experiencing long Covid (O'Callaghan, 2022). A survey of INMO members identified that almost three-quarters of respondents who had contracted COVID-19 were experiencing long-term physical effects[4].

6.3 HSE HR Circular 022/2022 provides for a temporary scheme of paid leave for health service employees unfit for work due to long covid. This temporary scheme is due to end on 30th June 2023 meaning that any employees who remain unwell after this dates will move to ordinary sick leave arrangements.

[4] INMO COVID-19 Member Survey, 2020.

6.4 The INMO contends that healthcare workers who find themselves suffering from an occupational acquired illness should not have to use their normal sick leave and should be protected from financial loss. Healthcare workers with Long COVID went to work and contracted COVID when very few protections were available. Their illness should be treated as nothing less than a workplace injury.

6.5 The european commission (2022) has acknowledged the need for member states to recognise covid-19 is an occupational illness or accident at work and encourages convergence by all member states. This currently a claim which the inmo is seeking to address through the wrc. The hse must ensure an occupational injury scheme for nurses and midwives recognising long covid as an occupational injury. Anything less than an occupational injury scheme for healthcare workers with long covid is unacceptable.

7.0 CURRENT WORKING ENVIRONMENT

7.1 The INMO has over many years called out the overcrowding and capacity issues in the Irish health service which are unacceptable for patients and staff. The last few months can only be described as a health service in crisis.

7.2 Within the acute hospital service, nurses and midwives are working in impossible conditions to provide the safest care possible, but their workplaces are dangerous. Basic safety is not guaranteed in understaffed and overcrowded wards and emergency departments.

7.3 In 2014, HIQA investigated University Hospital Limerick (UHL) and found that the single most significant risk was the serious delays and risks for patients and staff due to persistent overcrowding in the Emergency Department of UHL. Despite this review, UHL continually has the highest number of patients on trolleys and overcrowding across the hospital.

7.4 The most recent HIQA report investigating UHL (2022) identified several areas of non-compliance. Among the issues raised were significant capacity issues, with around 40% of patients in the emergency department being treated on trolleys. The report also highlighted serious staffing issues, with staffing levels described as “insufficient to meet the needs of people attending the department”, leading to a significant impact on safety and safe care.

7.5 The INMO is again repeating our call for a full review and audit of security systems and protocols in Irish hospitals. An audit has not been completed since 2016, and as recent tragic events in the Mercy Hospital have shown, it is time to rectify this situation.

7.6 The INMO surveyed its members on their experience of work demands at various acute hospital sites across the country (Appendix 2). The picture that emerged is one of a workforce under immense strain, with signs of burnout and emotional exhaustion. For example, members were asked if they had considered leaving their work area due to workplace stress. At each location, over 70% of respondents stated they had.

Table 4. In the last month have you considered leaving your current work area due to workplace stress?

Hospital	Yes	No
Connolly Hospital Blanchardstown	75.82%	24.18%
Cork University Hospital	76.83%	23.17%
Letterkenny University Hospital	77.65%	22.35%
Midland Regional Hospital Tullamore	70.34%	29.66%
St. Vincent's University Hospital Dublin	65.82%	34.18%

University Hospital Galway	80.83%	19.17%
University Hospital Kerry	83.93%	16.07%
University Hospital Limerick	65.87%	34.13%

7.7 Respondents were also asked if they felt burnt out because of work. Overwhelmingly, respondents stated that they felt burnt to a high or very high degree, as outlined in Table 4.

Table 5. Do you feel burnt out because of work?

Hospital	To a very high degree	To a high degree	Somewhat	To a low degree	To a low degree2
Connolly Hospital Blanchardstown	37.08%	35.96%	20.22%	5.62%	1.12%
Cork University Hospital	30.42%	39.58%	23.75%	4.58%	1.67%
Letterkenny University Hospital	36.59%	36.59%	20.73%	5.49%	0.61%
Midland Regional Hospital Tullamore	34.75%	35.59%	23.73%	5.93%	0.00%
St. Vincent's University Hospital Dublin	35.95%	32.68%	21.57%	7.19%	2.61%
University Hospital Galway	37.17%	26.70%	27.23%	7.33%	1.57%
University Hospital Kerry	44.95%	27.52%	22.94%	3.67%	0.92%
University Hospital Limerick	26.28%	32.05%	33.97%	5.77%	1.92%

7.8 These statistics are stark. Not only have our members been placed under enormous pressure owing to a global pandemic, but now, the return of consistent overcrowding is significantly impacting the mental and physical health of staff.

7.9 To address the capacity and overcrowding problems in the health service:

There must be zero tolerance for hospital and ED overcrowding. The recommendations of the Capacity Report must be implemented, and bed occupancy must be reduced to 85%.

8.0 OTHER SIGNIFICANT FACTORS AFFECTING THE HEALTH AND WELFARE OF HEALTHCARE WORKERS

8.1 Providing solutions to the safety, health and welfare of nurses, midwives, and healthcare workers must be considered in the broader healthcare context. Significant challenges and issues exist, and these must be addressed to ensure a thriving health workforce and health service. These are outlined below:

NURSE AND MIDWIFERY STAFFING

8.2 The health, safety and wellbeing of nurses and midwives directly impact the ability of healthcare employers to recruit and retain staff. As consistently outlined by the INMO, there is a critical recruitment and retention problem within the Irish health system. The continued lack of a multi annual funded workforce plan incorporating robust recruitment and retention strategies contributes to problems already evident due to the baseline shortage.

To retain and attract new entrants into the professions, it is essential to consider how the current environment can affect retention and recruitment and the intention to leave.

The Report of the Expert Review Body on Nursing and Midwifery must be prioritised and funded for full implementation to show commitment and support to the future of nursing and midwifery professions in Ireland.

Nurse Staffing

8.3 Two strikes were necessary to force a review of nurse staffing levels. These strikes resulted in the welcomed Framework on Safe Nurse Staffing and Skill Mix (The Framework). Evaluation of the pilot study on the Framework (2018) showed several improvements across surgical and medical wards including:

- A 31% reduction in care left undone
- A decrease in absenteeism (falling below the national average of 6% in some wards)
- A reduction in agency use (up to 95% on some wards)
- Reduced staff turnover

These indicators are significant factors in heavy workloads and poor working environments.

8.4 However, the Framework has not been fully funded, and today it only applies in 12 hospitals. It must be underpinned by legislation to ensure what is scientifically proven as a safety measure is appropriately funded and operationalised. Failing to do so will mean a yearly battle for funding that will continue to impact patient care, with missed care, delayed discharge, readmission, and higher mortality.

The recruitment of nurses, and all nurse staffing matters, must be guided by The Framework for Safe Nurse Staffing and Skills Mix. The Framework must be funded, underpinned by legislation and expanded across health and social services.

Midwife Staffing

8.5 Maternity services are experiencing a midwifery workforce crisis, with fewer graduates and increasing retirements. Women and babies in need of emergency care can often be put at risk due to a lack of staff. As well as the major Dublin based maternity hospitals, this is something which being acutely felt within regional maternity hospitals across the country.

8.6 There are challenges relating to the differences in qualifications of midwives across boundaries, which cannot be solved through international recruitment alone. Therefore, investment in increased undergraduate training, postgraduate training and employment is a clear requirement.

8.7 The midwife-to-birth ratio recommended in the National Maternity Strategy (1:29.5) has never been implemented; therefore, safety within the maternity setting is being put at risk.

8.8 Maternity care in Ireland remains heavily reliant on hospital delivered care to women. Despite the many recommendations to expand choice for women in the maternity strategy, the pace of implementation has been extraordinarily slow and funding for the additional midwifery staff remains insufficient.

8.9 There has been a significant increase in the number of caesarean sections. Although caesarean sections can be lifesaving in certain instances, it has been associated with several risks and can lead

to increased maternal mortality (Corrigan, et al. 2022; Hanahoe, 2020). In Ireland, one third of first time mothers are undergoing caesarean sections, the reasons for which are sometimes medically unnecessary (Panda, S. et al, 2022) and therefore reduces choice for mothers. A recent study has shown that midwifery led care has the potential to reduce the number of caesarean sections (Hanahoe, 2020) and therefore midwifery led care must be appropriately developed.

8.10 Midwife-led units have never grown beyond the original two leaving Ireland's maternity service offering little choice beyond hospital births to women impeding their right of choice. Allied to this, we must maintain and develop community midwifery services to facilitate home birth as a choice where appropriate, including removing the direction of banning water births in the home. ***The Maternity Strategy must be implemented in full, including implementation of the Birthrate Plus methodology to ensure safe midwifery staffing levels across all maternity services, which must be underpinned by legislation.***

SLÁINTECARE

8.11 The Government has committed to delivering a universal, single-tiered health system through Sláintecare. However, there is no obligation under the Constitution or through legislation to implement this crucial healthcare reform. For Sláintecare to deliver a universally accessible health care service for all, it must be enshrined in legislation.

8.12 It is time to have the whole system overhaul that was envisioned. The Government's commitment to real reform must be led by basing the Sláintecare Implementation Office in the Department of the Taoiseach and committing to full transitional funding in this budget. There is now a real danger that we will develop a new system, but efficiencies will not improve.

For Sláintecare to deliver a universally accessible health care service for all, it must be enshrined in legislation. The Government must clarify the sustainability and long term future of Sláintecare and commit to multiannual funding.

9.0 CONCLUSION

9.1 The health and safety of healthcare workers must become urgently prioritised. Nurses, midwives and other frontline health workers face significant challenges working in the current healthcare environment. This must be addressed appropriately to ensure high quality, safe care across the health service.

10.0 RECOMMENDATIONS

- **There must be a zero tolerance approach to violence and aggression in the workplace-**
- **Employers must take a preventative approach to protect those exposed to violence in the workplace in accordance with the Safety, Health and Welfare at Work Act 2005. Where an employer has failed in their duty under this Act resulting in the injury of workers, they should be subject to prosecution. Employers must fully support nurses and midwives who are victims of assault in the workplace and pursue the prosecution of perpetrators in accordance with the Criminal Justice Act 2006 and the Non-Fatal Offences Against the Person Act 1997, as appropriate.**
- **The physical and mental health of nurses and midwives working in hospitals and community settings must be a priority for the HSE and other health employers.**

- **The HSE must ensure an occupational injury scheme for nurses and midwives recognising long COVID as an occupational injury.**
- **The No Fault Compensation Scheme should be extended to cover nurses and midwives across all front line health care settings who are injured in the course of their work as a result of an assault. Mental health injury must be included and considered on the same basis as a physical injury.**
- **The HSE must develop, fund and resource comprehensive programmes for managing occupational health and safety for nurses and midwives and these must be consistently available throughout the health service.**
- **This will require a separate division dealing with the health services within the HSA- the HSA have not agreed to this despite requests since 2020 from the INMO- it is now time for government to require the HSA to establish a division to focus on the health services in the same manner as the construction and agriculture sectors– The HSA must be appropriately resourced to ensure adequate protection for nurses, midwives and other healthcare workers in response to the increase in workplace assaults, burnout and occupational infections.**
- **The HSA must increase the frequency of inspections and issuing of improvement notices and fines for health service employers who fail to protect and reduce risk to their employees.**
- **There must be zero tolerance for overcrowding in our hospitals and EDs.**
- **The recommendations of the Capacity Report must be implemented, and bed occupancy reduced to 85%.**
- **The Report of the Expert Review Body on Nursing and Midwifery must be implemented fully to show commitment and support to the future of nursing and midwifery professions in Ireland.**
- **All nurse staffing must be fully based on the Government policy. The Framework for Safe Nurse Staffing. The Framework must be funded, underpinned by legislation and expanded across the health service. A policy without implementation imperative renders it academic.**
- **The Maternity Strategy must be implemented in full, including implementation of the Birthrate Plus methodology across all maternity services, which must be underpinned by legislation.**
- **For Sláintecare to deliver a universally accessible health care service for all, it must be enshrined in legislation and its Implementation Office based in the Department of an Taoiseach.**

Appendix 2. INMO Housing Briefing Document.

Housing Crisis – the challenges for nurses and midwives

The world faces a significant shortage of nurses, midwives and other healthcare workers. The State of the World's Nursing Report (WHO, 2020) revealed a global shortage of nearly six million nurses worldwide. The International Council of Nurses (ICN) estimate that this shortage is closer to ten million, given the number of nurses due to retire by 2030. The State of the World's Midwifery Report (WHO, 2021) has estimated a shortage of 600,000 midwives.

Ireland is not immune from this global shortage. It is currently experiencing a critical shortage of nurses and midwives, which is detrimental to health service provision across the country. Over the last number of years, the shortage of nurses and midwives has been exacerbated by years of underfunding, moratoriums on recruitment and cost-saving measures imposed to reduce the workforce.

As consistently outlined by the INMO, this shortage has, over many years, been worsened by a lack of a multi-annual funded workforce plan. The workforce plan is urgently needed, and it must seek to address the increasingly difficult recruitment and retention issues across the health service by embedding robust, sustainable long-term strategies in the workforce strategy.

To retain and attract new entrants into the professions, it is essential to consider how the current environment can affect retention and recruitment and the intention to leave. Recruitment and retention strategies must now address the immense challenges nurses and midwives face in dealing with the cost of living crisis and specifically the issue of housing, or lack thereof.

The rising costs of rent are not keeping apace with the salaries of nurses and midwives. For instance, if a newly qualified nurse or midwife living in Dublin or Cork is paying up to €1800 on rent, that means over 77% of their take-home pay each month is going towards rent. This is not sustainable in the long-term.

Testimonial – Caoimhe* Director Of Nursing, Large Dublin Hospital
We have found that in the last few years, greater numbers of younger graduates have been unable to afford to stay in Dublin due to high rents. We know through our own exit interview processes that over 59% of staff have left to go abroad or elsewhere in Ireland, citing cost of living pressures, leases ending or lack of affordable housing within a reasonable distance of the hospital a factor.

We continually hear from our members struggling to pay rent or buy a property. Rents are at an all-time high, and even with controls in place, many are struggling to find suitable accommodation. Many cannot find appropriate accommodations and commute great distances

to work daily. Although the issue has been a significant challenge in major urban areas, the challenges are also affecting all towns and cities in the country.

Testimonial – Emma*, Staff Nurse, Galway
I am unable to find any accommodation near my place of work. I drive 103 KM each way every day I am due to work from Limerick City to Ballinasloe. Three hours in the car just to go and come back from work is gruelling. This is having a huge toll on my mental and physical health. Sometimes you think there could be a near miss on the journey after a night shift because of the exhaustion.

A recent ESRI report noted a drop in home ownership in the 35-44 age bracket (Slaymaker, 2022). Lower homeownership rates mean a higher proportion of households in the rental sector and the continuation of rental payments into retirement. While 65% of this age group are likely to become homeowners by retirement, this contrasts with current homeownership levels for the over 65s which currently stands at 90%.

Despite increases in the supply of housing to the market in recent years, it is still falling short of demand, and housing prices continue to rise. The salary required for a single buyer of a property in Dublin is far beyond the salary of a staff nurse and midwife. Even as a couple, the salary necessary is at the upper end of the staff nurse/midwife salary scale. This makes the purchase of a home impossible for many nurses and midwives.

This situation is negatively impacting the retention of nurses and midwives. The Director of Midwifery at the National Maternity Hospital recently described how difficult it is to recruit and retain midwives and other nursing staff in the hospital. Other Directors of Nursing and Midwifery in the country are now outlining how the lack of affordable housing directly impacts their ability to retain and recruit staff to the hospitals. The current recruitment model is not sufficient and is costly and time-consuming. It is undermined by the inability to retain the same essential grades due to a lack of available accommodation and extraordinarily high costs of accommodation when sourced.

The INMO has continually emphasised the need for Government to embrace the critical importance of becoming self-reliant, ensuring an adequate number of nurses and midwives are available to the health service. The domestic production of nurses and midwives must be optimised to meet or surpass health population demand (WHO, 2021). Ensuring an adequate supply of nurses and midwives is essential against the background of the global shortage of nurses and midwives and is an internationally recognised ethical imperative. However, the cost of living and housing crisis is impacting new entrants into the profession. New graduates

Testimonial – Daire*, New Graduate Midwife
After my landlord gave notice that rent would be rising in my shared apartment to €1600 a month, I made the really tough decision to move back to my parents in the west of Ireland. I loved the hospital I was working in in Dublin as there was amazing learning opportunities but it seemed like most of my wages were going into paying rent and bills. It was becoming impossible to have a balance of being able to work and also enjoy time off. I'm hoping to save now and move to London. I really want to come back to Dublin one day but only if house prices come down.

must not be forced to emigrate because of poor access to housing and other cost of living challenges.

The housing crisis also affects nurses and midwives working in Ireland from abroad. For those who choose Ireland as a destination in which to work, we must have due regard for the needs of international recruits in the immediate phase following their arrival and in the longer term. Many overseas nurses and midwives advise the INMO that they are not prepared in advance for the lack of suitable affordable accommodation. Increasingly, the INMO is hearing reports of wholly inappropriate accommodation being offered to international recruits. Improved social adaptation support is required for international nurses from non-EU countries, including accommodation for a longer period than currently available.

Testimonial Krishna*, ICU nurse – Cork, originally from Chennai
I moved to Cork with my small family in late 2021. Rent is incredibly high near my hospital, with family homes coming to over €2,000 a month. It was incredibly difficult to manage at first as my husband was not able to work due to constraints. When we first moved to Ireland we shared a home with another colleague and their family as it was impossible to find somewhere. This was very hard for our children to deal with. I came to Ireland to try save money to send to my elderly parents back in Chennai but there is very little to spare when renting is high, bills continue to rise and the cost of parking near the hospital. While the hospital is fantastic, it is very hard to see how much longer working in Ireland will be attractive for people like me.

Progress must be made in providing affordable, high-quality homes to ensure that nurses and midwives can be retained in their workplaces. Every housing plan must provide subsidised rental accommodation and affordable housing options for essential workers. Affordable accommodation in close proximity to healthcare settings should not be a pipe dream for nurses and midwives who work long hours. Immediate provision and supports must be made to allow these essential workers to live within a reasonable distance of their place of work.

In 2018, the Minister for Housing, Eoghan Murphy, announced that affordable housing would be made available to essential public sector workers as part of a pilot scheme in St. Michael's Estate, Inchicore. This scheme was drawn up with assistance from the European Investment Bank. The announcement at the time emphasised the importance of this project in planning for essential staff accommodation for the new Children's Hospital. However, it appears that this scheme has run into problems.

Testimonial Sam*, Paediatric Nurse
I travel from Co.Waterford several times a week to work in a busy children's hospital. There is on-site accommodation available to us which is fantastic. I have put serious time and effort into studying my speciality. My job really fulfils me. The fact that I can stay near the hospital when I need to is brilliant. I am really worried about the move to the James' campus where this accommodation will not be an option for me. I cannot afford to move my family up to Dublin and depend on a precarious rental market when my own children need stability when it comes to their education and extracurriculars. If on-site accommodation is not available for my colleagues and I, it will be difficult to find specialist nurses for the new Children's Hospital.

The Government must invest in a capital plan to build and subsidise city centre accommodation for essential workers. This is a feature of recruitment and retention of nurses and midwives in most big cities in the UK, USA, and Australia –the main countries recruiting nurses/ midwives from Ireland.

When building new hospitals, the Government must consider where the staff, including nurses and midwives, will live. Zoning of land must include affordable accommodation for essential frontline workers. For example, the new children's hospital and the proposed new elective hospital in Cork city should establish a housing plan to provide subsidised rental accommodation and affordable housing options for these essential workers.

Without nurses, midwives and other healthcare workers, no health service exists. Ireland's health service is undergoing significant changes. Sláintecare aims to provide a world-class health service underpinned by universal health care. However, this vision cannot be achieved without a sustainable level of nurses and midwives. There are many concerns for nurses and midwives, including chronic overcrowding, low levels of staffing and safety in the workplace. The ability to access affordable, appropriate accommodation is now added to the list of serious concerns and has to potential to impact intention leave, recruitment and retention within the professions. This situation must urgently be addressed. The Government must deliver an affordable, secure, and sustainable housing model which addresses the imbalance in supply and demand.