



Irish Nurses and Midwives Organisation
Working Together

**Pre-Budget Submission
2021**

INTRODUCTION

The INMO represents 42,000 working nurse and midwives in Ireland. In our pre-budget submission last year, we raised issues about recruitment, retention, equality of pay and working hours for these groups who remain the lowest paid of all professional grades in the public health service. The underlying issues that caused the national nurses and midwives strike in January/February 2019 remain and the slow pace of implementation of the settlement has not helped resolve these core issues of recruitment and retention.

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

1. **Implications of working in COVID environment.**
2. **Recruitment and retention measures.**
3. **Health services capacity in 2021.**
4. **Societal Concerns, i.e. Supporting worker and households, and meetings our international commitments.**

In addition, we confirm endorsement of the pre-budget submission of the Irish Congress of Trade Unions (ICTU) to which we are an affiliated organisation. We also take this opportunity to remind the parties in Government of their election manifesto pledges concerning healthcare.

HEALTH

IMPLICATIONS OF WORKING IN A COVID ENVIRONMENT

Not one single person can question the commitment of nurses and midwives working in the Irish health services, private and public, following the extraordinary vigour and determination displayed concerning the provision of health services to those that needed it in recent months, which was, speaking frankly, extraordinary. This commitment has, unfortunately, come at a personal cost to more than **2,819 of this cohort** (HPSC, 2020) who were infected by this virus. 71.4% of health care workers have acquired the virus at work, thereby making nurses and midwives the single largest occupational group infected with COVID-19 as a result of their employment. COVID-19 infections in nurses and midwives directly affect the ability to staff wards and therefore requires funding to ensure replacement staff are available.

The lack of statutory oversight in the form of expansion of the Health and Safety Authority's jurisdiction

“ Prioritisation of the health and safety of working nurses and midwives in a pandemic is essential; the health of these workers is necessary to maintain the health of the nation. ”

to ensure the health and safety of these mainly female workers needs to be corrected. The INMO and ICTU have, over the past five and a half months, made many representations on this issue, but it remains outstanding. The health and safety of working nurses and midwives in a pandemic must be prioritised as the health of these workers is necessary to maintain the health of the nation. The fact is that many do not feel protected mentally or physically to face another surge. The continued refusal by the Government to

allow jurisdiction to the state's authority on worker health and safety is unfair and potentially discriminatory.

The COVID-19 emergency has been an unprecedented global event, the effects of which will be felt for a long time to come. Most of Ireland's health service did not experience the devastating effects seen in

many other countries. However, our intensive care units, medical wards and care of the older person services were overwhelmed and required extraordinary working commitments from staff. This was done without adequate care for their health and safety and without proper provision for their caring needs, in particular their childcare needs. Confronting extraordinary once-off events, such as the current pandemic, requires efforts and resilience from nurses, midwives and other health care workers. Such resilience cannot be sustained in the long term.

The purpose of an annual healthcare budget is to ensure funding and planning to prevent the collapse of underlying staffing and training capabilities. The INMO has, over many years, been critical of the lack of multi-annual budgeting for the health services, as it directly prevents long term planning and funding. The National Taskforce Framework on Safe Nurse Staffing and Skill Mix and the National Maternity Strategy are two examples of missed opportunities for such long-term planning, as the current practice of allocating funding on an annual basis renders the central concept of these strategies void. Similarly, to achieve the impressive economic savings that are proven by the research conducted in three Irish hospitals during the testing of the safe staffing framework requires upfront investment in staffing and education, and planned annual commitments regarding replacements and retention of staff.

The INMO has an agreement with the Department of Health and the HSE that each November, a funded workforce plan will be agreed with us for nursing and midwifery. That agreement was upheld in 2017 but reneged upon each year since by the HSE and Department of Health. In our view, an agreement brokered by the WRC providing for consultation and input concerning the planning of nursing and midwifery staffing for our health services is a matter that we are entitled to be a party to and any allocation of funding must be the subject of collective consultation.

Many of the long-standing problems and challenges experienced by the health service have been laid bare since March 2020. Nurses and midwives, as well as other health care workers, have been put under enormous pressure over the last number of months, not least in terms of the high risk to their health and wellbeing. The under-resourced health service **must** become a thing of the past. Real progress must be made on delivering a universal health service, moving away from the privatisation of health care facilities, and developing meaningful funded workforce plans to resource the health service. The health service now has a new challenge to contend with; delivering COVID and non-COVID care, and this must be recognised and appropriately funded and resourced.

RECRUITMENT AND RETENTION

A shortage of nurses and midwives was a feature of the Irish health system before the COVID-19 crisis. The health service pre-COVID was experiencing increased activity, and there were high demands on the public health service. The reality over the last number of years has been a busier and more acute service with less staff to deliver it. The recruitment pause/freeze of 2019/2020 placed immense pressure on an already struggling workforce. The continued lack of clarity and the lack of a funded workforce plan to meet the needs of the health service and its patients continues to contribute to problems already evident due to the baseline shortage. These issues, combined with challenges associated with an ageing population, increasing incidences of co-morbidities and an ageing workforce, is undermining patient care and safety, as well as creating extreme working environments for nurses and midwives.

WORKFORCE STRATEGY

The work of the National Framework on Nurse and Midwife Staffing must continue and meet the deadline for implementation by 2021. To reach this target, the Government must honour the commitment made as part of the 2019 strike settlement to fund its full roll out over three years. This must be a priority for funding by the Government in its budget for 2021.

Following on from the agreed Labour Court recommendations resulting from the INMO's 2019 strike, there is a commitment to fund the roll-out of the National Taskforce Framework on Safe Nurse Staffing and Skill Mix. It is now essential that this framework is funded and rolled out across the health service. Phase 2 must be completed in the emergency departments, followed by phase 3 in the community and care of the older person settings, and in Intellectual Disability settings. Simultaneously, the maternity strategy requires full implementation, including reaching the recommended ratio of midwives to births. Work must also progress in developing safe staffing ratios for children's health services.

As outlined by the Labour Court, "the employer should commit that the funding necessary for the implementation of this already stated policy will be a specific element of funding for the service plan in those three years thereafter" (LCR21900).

The Government must now implement a sustainable workforce strategy to ensure that Ireland can rectify the current nurse and midwife staffing problems and deal with the future of COVID and non-COVID health care service delivery, and compete within an international labour market for health care professionals. This is essential to ensure that a sustainable level of nurses and midwives is available to deliver our health services in the best possible way.

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OVERSEAS RECRUITMENT

The health service has had a long-standing dependence on overseas recruitment, which is currently almost at a standstill due to travel restrictions. This is likely to remain challenging in the next 6-8-month period as restrictions on travel remain a feature of dealing with the pandemic. In 2019, 49% (1,819) of nurses who joined the register in Ireland trained outside of the EU. We will not now be able to recruit these nurses and midwives, and this is a significant concern. When restrictions ease the highly competitive global recruitment market for nurses and midwives will have intensified as all countries now struggle to come to terms with the increased nurse staffing requirements. This will result in outward migration pressures, as before, where both Irish and international trained nurses and midwives seek employment incomparably higher-salary jurisdictions.

UNDERGRADUATE NURSE AND MIDWIFE PLACES

The INMO again calls upon the Government to accept that this country must become self-reliant in training and retaining Irish trained nurses and midwives in our public health service. Self-reliance, in this crucial workforce area, is essential against the background of the global shortage of nurses and midwives and is an internationally recognised ethical imperative. We currently have under 1,800 undergraduate places, but over 5,000 Leaving Cert students put nursing or midwifery as their first preference in the 2019 CAO. We have both a need and demand for these courses, which would guard against future shortages.

This increase must, at a minimum, grow the number of undergraduate placements and see an annual increase of 250 from 2021. When the critical mass of 2,500 is reached, numbers should be further reviewed. The INMO welcomed the Minister for Health's commitment in August this year to offer every nursing and midwifery graduate from an Irish institution full time, permanent contracts in the public service. This must be fully and consistently implemented in the future.

Provide additional post graduate training programmes which will further ensure the retention of our graduates, offer enhanced career progression, and ensure competence to those nurses and midwives working over a longer period in the health service.

PUBLIC HEALTH NURSING/COMMUNITY NURSING

In order to deliver a health care service with an efficient and functioning primary care system at its core, it is imperative that appropriate staffing in terms of public health nurses (PHNs) and community registered general nurses (CRGNs) is put in place.

Currently, our primary care services are understaffed. The INMO study, in conjunction with UCD, into Missed Care in the Community Setting, reported that over 50% of respondents indicated missed care in their previous working week (Phelan and McCarthy, 2016). Sláintecare identifies the need to invest in a further 900 generalist nurses to work in the community.

The Capacity Review has indicated that by 2031, without any reforms, an additional 700 public health nurses and 500 general practice nurses will be required to deliver essential programmes and health objectives (PA Consulting 2018).

Provision must be made in Budget 2021 to commence the process of incrementally increasing the overall number of PHNs. 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 in each year up to a critical mass of 2,500 WTEs.

ACTIONS:

To move forward in delivering a **sustainable health service**, there must be an **end** to any **further recruitment embargoes** on **nurses** and **midwives**. A **funded workforce plan** is essential, and there must be a commitment to immediately grow the **nursing** and **midwifery workforce** by a **minimum of 2,000 whole time equivalents (WTEs)** each year for the **next three years**, and this must include:

- Development of **robust recruitment** and **retention strategies** to make nursing and midwifery careers more attractive.
 - A firm commitment to **multi-annual funding** to ensure the **safe staffing framework** is **fully implemented** across the health service by 2021. This has a direct staffing impact in reducing burnout and improving retention, while also reducing mortality, improving patient outcomes, reducing bed occupancy, and generating cost savings.
 - A commitment to **increasing nursing** and **midwifery undergraduate places** by **250 by 2021**.
 - An **increase** in the allocation of places for **health care workers** who wish to **train** as **nurses/midwives** on each course.
 - **Full implementation** of the **settlement terms** of the **nurses and midwives dispute 2019**, inclusive of correction of nursing and midwifery managers pay.
 - **Restoration to pre 2008 salary** for the majority of **public servants** will be completed in October 2020. The **working hours of nurses /midwives have not been restored to pre-2008 levels** and this matter is outstanding.
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HEALTH CAPACITY

Another key challenge within the Irish health service pre-COVID has been the insufficient capacity to meet demand in the acute, community care and nursing home sectors. This inadequate capacity has placed extreme pressure on the emergency departments and acute hospital services throughout the country.

Ireland's experience of unmet need is a severe challenge to equity of access to health care in Ireland. There is a strong correlation between unmet need and socio-economic. Ireland has the second-highest share in European Union of persons reporting unmet health needs for health care at 40.6%, while the European average is 26.5%. Funding and waiting lists are key reasons for unmet need (Goldrick-Kelly 2018, pp.47). The WHO has also recently stated that “cuts in public spending on health have shifted costs onto households and are associated with increased financial hardship and unmet need, particularly among poor people” (Johnston et al. 2020, p. 14).

According to the OECD, the occupancy rate for Irish acute beds is considerably above average at 95% (OECD, 2019). Capacity must reduce to between 80-84% of capacity. The HSE estimate the reduced capacity roughly equates to 108,000 cases per annum which exceed all the elective capacity within the acute hospital system. This reduction, in turn, will further impact on waiting list issues which are deteriorating daily. Reducing capacity will assist in preventing overcrowding and safeguard patient safety in our hospitals in general and specifically in the context of COVID-19.

With strict social distancing and infection prevention and control measures, the HSE also estimates a further reduction of 25% in acute inpatient beds. Therefore, there is an urgent requirement for transitional beds to allow timely discharge from the acute hospital sector.

To date, the implementation of the Capacity Review (Department of Health, 2018) has been slow, and this must change to meet the demands on the health service. The preceding reflections make clear that these recommendations now need to be urgently exceeded, and real alternatives will now be required to increase bed capacity.

SLÁINTECARE

The implementation of Sláintecare is now an urgent requirement for the Irish health system, as a lack of universal health care has left the system open to many challenges. The European Commission clearly states that Ireland faces several challenges in the delivery of sustainable health care and long-term care. It also states that the implementation of Sláintecare is endangered due to the difficulties in managing the health budget and subsequent overspends. (European Commission, 2020).

“ The COVID-19 response provided evidence that the public health system must be the delivery mode for all health services ”

The COVID-19 response provided evidence that the public health system must be the delivery mode for all health services. However, the implementation of Sláintecare has to date been

very slow, with no meaningful progress. Funding has been a significant concern and allocations to date have been insufficient to meet the critical transitional requirements as set out in the report. Real progress, including multi-annual funding, is essential to deliver this model healthcare.

In order to deliver care in a COVID and non-COVID environment, there is now an urgent requirement to develop our primary and community care services and provide new pathways of care. A reliable primary healthcare system is key to improving health and wellbeing, particularly in the older population. As we face an increase in chronic diseases, co-morbidities and an ageing population, this development is now more critical than ever. There must also be an expansion of diagnostic services within the

primary health care services and the development of nurse-led care to deal with chronic disease management.

EMERGENCY DEPARTMENTS

Emergency Departments and hospital wards must not become reservoirs of healthcare-acquired infection for patients and must, therefore, not be allowed to return to pre-COVID overcrowded levels.

Table 1 - Trolley Watch Figures

Month	2019	2020
Mar	9,714	3,152
Apr	1,0229	497
May	9,015	1,176
June	7,392	2,444
July	9,439	3,114
August	9,562	3,087

The INMO's trolley figures, which are a standard measure of overcrowding and capacity across the acute hospital service, reflect a worrying trend in recent months. The initial onset of the pandemic saw a dramatic reduction in trolley numbers in the week beginning 9 March, with numbers on average 65% lower than the same week in 2019. As non-COVID hospital attendances decreased and remained minimal between 18 March and 16 April, trolley figures

were on average 96% lower than the same period in 2019, with an average of approximately 14 people on trolleys across the country per day.

However, this daily figure has been climbing significantly, with the monthly total more than doubling month on month between April and June (see table 1), and daily statistics in August averaging over 150 patients on trolleys across the country. A whole-system approach is critical and must include appropriate investment to reduce the pressure on the country's emergency departments, and this must be a priority for 2021.

LONG TERM CARE

The INMO has over the last number of years, called for action to address the ongoing challenges within the nursing home sector in Ireland. COVID-19 has compounded these challenges and led to a situation where the most vulnerable in our society were adversely affected. As of June 2020, 967 deaths were associated with nursing home clusters (Houses of the Oireachtas, 2020). To address the healthcare needs and requirements of the country's ageing population, it is now essential that the nursing home sector undergo reform.

“ *The privatisation of care of the older person services must be reversed.* ”

The privatisation of care of the older person services must be reversed. Private, for-profit organisations now provide 82% of this service. The 2020 HSE Service Plan in December 2019 proposed to worsen this problem, by cutting 220 care of the older person public service beds. The public/private system must become a single system, re-modelled in line with Sláintecare to deliver the standard of excellence available in the public health sector to all members of our community.

Staffing levels must be determined using the same recognised tool as adopted as policy for acute adult inpatient medical and surgical wards, i.e. implementation of the National Taskforce Framework on Safe Nurse Staffing and Skill Mix. Funding for phase three must be allocated in this years' service plan in agreement with the HSE.

These key points, many of which have been echoed by the recent *Report on Covid-19 in Nursing Homes* (Department of Health, 2020) now require immediate action. Growing the nursing workforce, determining staffing based on the recognised national dependency and acuity tool, underpinning this

by legislation to ensure safe staffing in care of the older person services can never be secondary to profit as it is in the cost of care model.

MATERNITY CARE

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. All political parties pledge commitments to the implementation of the strategy, but progress is not evident, and funding for the additional midwifery staff and midwifery led units remains insufficient. Furthermore, the implementation of a community midwifery service, including home birth options, remains unacceptably elusive. The number of staff midwives employed in the HSE in December 2017 was 1,446 WTEs. The July 2020 WTE for staff midwives stands at 1,470 WTE (HSE, 2020), a growth of only 24 posts in two and a half years. Investment in increased undergraduate training, postgraduate training and employment is a clear requirement. This service has increased activity, and we cannot continue to under resource midwifery staffing as this is known to be unsafe to women and their babies.

The recent HIQA monitoring report on the implementation of the strategy (2020) found that while there have been improvements in the provision of maternity services, there are several key concerns which must be addressed. The report highlights the lack of funding as a reason for the slow progress of the strategy's implementation. Staff shortages are leading to midwives working in an unsustainable environment, and there is an over-reliance on midwives working overtime.

ACTIONS:

- There must be strict adherence to **85% occupancy** of acute hospitals and **zero tolerance** of **hospital overcrowding**.
- **Immediate implementation** of the **Sláintecare** Report with the commencement of spending on the **multi-annual transitional fund** to support investment.
- There must be a **single source of funding** for **care of the older person services**, which includes the development of **robust** and **appropriate home care packages**.
- **Funding** must be allocated to the next phase of the **framework on nurse staffing and skill mix** to extend to **care of the older person services**, and **minimal legal staffing levels** must underpin this model of staffing determination.
- Funding must be prioritised for **full implementation** of the **Maternity Strategy**, putting an **end** of the **shortage** of **midwives** and other health professionals in order to ensure the delivery of **safe care** across a fuller range of maternity services where **maternal choice** plays a key role.

SOCIETAL CONCERNS

BREXIT

Although COVID-19 has been the country's primary concern over the last number of months, Brexit still poses a substantial risk to the economy over the coming years. The double impact of COVID-19 and Brexit could see Ireland's economy damaged further and prolonging its recovery.

The INMO supports ICTU in its call for "maximising sustainable employment" and this "should be the prime objective in all policy responses" from Government (ICTU 2020).

Hospitals in border counties are reliant on nurses and midwives who reside in the North of Ireland. Retaining these nurses and midwives in HSE hospitals is essential and must be considered in discussions around freedom of movement and taxation policy.

CLIMATE AND THE JUST TRANSITION

Ireland continues to struggle to achieve the sustainable development goals relating to clean energy and greenhouse gas emissions set out by the United Nations. Although the COVID-19 emergency has led to a reduction in greenhouse gas emissions, this is only a temporary reduction, and more work is required on this issue. It is essential to ensure that any plans/progress on Ireland's recovery, also work in tandem with climate requirements. The European Commission states that "Achieving the 2030 targets and climate neutrality by 2050 will be a major challenge" for Ireland (European Commission, 2020, p. 61). It is now imperative that the Government push forward on its action plan, including the transition to a low carbon economy and investment in R&D funding for alternative energy sources. A commission on just transition is a requirement to ensure real, valued alternative jobs for sectors and communities currently dependent on traditional carbon driven industries.

HOUSING

The crisis within the country's housing sector remains a real cause for concern. The dramatic change in the Irish housing market, in the past 16 years, has created many complex difficulties, including the dramatic increase in homelessness. From a societal perspective, this growing crisis must be the subject of specific attention, in this budget, as no society can prosper with increasing numbers of people without a proper, adequate home.

The salary required for a single buyer of a property in Dublin is far beyond the salary of a staff nurse and midwife, and even as a couple the salary necessary is at the upper end of the staff nurse salary scale. This makes the purchase of a home impossible for many nurses and midwives, especially in the Dublin and commuter belt regions. This situation can negatively impact the retention of nurses and midwives. Progress must be made in the provision of affordable, high quality homes to ensure that nurses and midwives can be retained in their workplace.

ACTIONS:

- **Ireland** now faces some **challenging economic** and **societal concerns**. The uncertainty around the UK leaving the European Union continues and is ever more pressing as we approach December 2020. **Dealing with Brexit** must be an essential component of budget 2021.
 - **Climate change** and the requirements to deliver a **just transition** remain pressing. Ireland must now keep pace with its European counterparts in **delivering on a low carbon economy**, introducing a commission on a just transition to ensure **sustainable low carbon employment**.
 - Deliver an **affordable, secure, and sustainable housing model**, which addresses the imbalance in supply and demand and deals directly with the homeless crisis in this country.
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TAXATION

The INMO supports ICTU's call for broadening the tax threshold in Ireland. There is an overreliance on income Tax, of which PAYE workers make the most considerable contribution. The recessionary years saw income tax receipts taking over from VAT as the largest tax collected and it has continued to hold that position. Thus, broadening the Tax base must realistically seek to ensure that all economic activity yields its fair contribution. That is not currently the case. Tax is a necessary and essential system in this country to provide public services and infrastructure. For many years now our public services have been underfunded, and this must change. Ireland is a relatively low tax country in comparison to the rest of the EU, and it is now time to change this to address issues such as the country's ageing population and the challenges faced around climate change.

“ The base-level at which people enter the high rate of tax should not increase. Doing so will affect many who work in part-time work or take unpaid leave, many of whom are female. ”

Maintaining the 2:1 split between public spending and tax reductions outlined in the programme for Government is essential for budget 2021. The focus must be on sustainably and equitably broadening the revenue base, towards the EU average.

The base-level at which people enter the high rate of tax should not increase. Doing so will affect many who work part-time or who take unpaid leave, many of whom are female. As a result, they do not gain many benefits from cuts to income tax or higher rate tax reforms.

EMPLOYERS PRSI

Revenue can also be raised by employer PRSI towards the EU effective average rate. Employer PRSI has increased over the last number of years; however, this increase is allocated for the National Training Fund. The INMO proposes that higher increases could be levied on employers and ring-fenced for public health care.

The extension of PRSI benefits to the Self Employed without seeking a commensurate contribution has put enormous pressure on the social insurance fund. A fair and equitable contribution equating to the combined contributions made in respect of PAYE workers would be reasonable.

FLAT RATE EXPENSE REGIME

The INMO and ICTU have made numerous submissions to Revenue regarding the position adopted concerning flat-rate expenses. Although the deferral of changes to the regime in December 2019 was welcomed, the INMO still believes that this review, whether it restricts or removes tax relief, is an unwarranted attack on workers and in many cases low paid workers.

Nurses and midwives are required to wear a uniform by their employer, which is an accepted expense necessary in the performance of their duties. A professional annual licence fee must also be paid to practice. They must also limit the risk of infection both to themselves and to patients, through daily laundering of uniforms, which constitutes an infection prevention and control measure that is of paramount importance in the context of the current pandemic.

The INMO request 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. Due to take place in January 2021, this change comes at a time when pay is being restored for all public servants and will work to undermine recruitment and retention initiatives.

TRADE UNION SUBSCRIPTIONS

Tax relief on union subscriptions was abolished in 2011. The Government announced in 2016 Budget that a review of trade union subscriptions for tax purposes would be carried out in 2017. This review, due to commence in January 2021, must ensure tax relief previously in place is reinstated. Therefore, the Government should, in Budget 2021, restore tax relief on trade union subscriptions.

SUGAR TAX

The INMO welcomed the introduction of the sugar tax and on drinks. The revenues raised from this tax must be ring-fenced and used to fund the transitional fund and health education/awareness programmes regarding lifestyle choices, specifically targeted at school children of all ages.

ONLINE BETTING

Online betting continues to be a growth area in Ireland. In order to increase the yield to €50 million, the tax base should be broadened in line with international standards.

To drive forward changes and deliver a transformational model of care, alternative sources of health income must be utilised to support the ongoing and future investment of the Irish health services. The INMO believes that additional from these specific taxes must be ring-fenced for health development and the creation of a health fund to ensure full implementation of the Sláintecare Report.

ACTIONS:

- The Government must ensure a **fair, sustainable, and progressive tax system**, in line with European standards to **appropriately fund** our **public services**, including the country's **underfunded health service**.
 - The INMO believes that additional **income** from specific **taxes** must be **ring-fenced** for **health development** and the creation of a **health fund** to ensure **full implementation** of the **Sláintecare** Report.
 - The INMO requests that the proposal from Revenue to **review** the **flat rate expense regime** **be removed**; the regime should be retained in its current form after January 2021.
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CONCLUSION

The three parties in Government made significant commitments to improving the health care system in their manifestoes for Government. These commitments were welcomed at the time and now need to be implemented. Each party in Government outlined the need and commitment to increasing the nursing and midwifery workforce.

FIANNA FÁIL committed to:

- The recruitment of 4,000 additional nursing staff over the next five years.
- Targeting staffing allocations of additional nurses to critical areas in emergency departments
- Recruit more midwives as part of a recruitment campaign of frontline healthcare workers.
- Ensure an increase of public health nurses by 350.
- Ensure the increase of GP practice nurses by 300.
- Implement the safe staffing framework in all hospitals
- Target increased numbers to decrease the overreliance on agency staff.

(Fianna Fail, 2020)

FINE GAEL committed to:

- The recruitment of 5,000 additional nurses.
- The recruitment of 1,000 frontline staff, including public health nurses in 2020.
- To implement the Nursing Agreement, which includes additional measures to assist with the recruitment and retention of nurses into the public health service.
- To further advance the nursing and midwifery professions, to provide more clinical autonomy and responsibility and raise them to the level of therapists, in terms of pay and conditions.

(Fine Gael, 2020)

THE GREEN PARTY committed to:

- A fully funded, national service of public health nurses at an advanced level who would engage with patients in their own home and who could refer patients as appropriate.

(Green Party, 2020)

We believe the matters outlined in this submission are reflective of the party commitments in their manifestos and therefore must be budgeted for this October to ensure implementation.

We thank you for your attention to this submission.

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