



Irish Nurses and Midwives Organisation
Working Together

Pre-Budget Submission 2025

KEY RECOMMENDATIONS:

FUND AND IMPLEMENT LEGISLATED SAFE NURSE AND MIDWIFE STAFFING

- A revised, improved approach to implementing safe nurse and midwife staffing across health services is essential and must be mandated by legislation to enforce safe staffing standards.
- 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.
- Funding for implementing the Framework must be fully maintained across the health service. Therefore, funding must be allocated for the full implementation of Phase 1 (medical/surgical wards) and Phase 2 (emergency departments), which have been adopted as Government policy, and Phase 3 in community and long-term care, which is the conclusion of its research phase.
- Recruit and retain midwives in sufficient numbers to maintain safe midwife-to-birth ratios throughout the services.
- Funding must be prioritised to ensure the comprehensive implementation of the Maternity Strategy, including:
 - Adoption of the Birthrate Plus methodology across all maternity services to ensure safe care delivery. This approach will support a broader range of maternity services, guided by best practices and respectful of maternal choice.
 - Investment in the expansion of midwife-led units and community midwifery services.

INVEST IN ROBUST RECRUITMENT AND RETENTION STRATEGIES

- Immediately end the recruitment moratorium for nurses and midwives and fill all funded posts. The 2023 cut-off point is effectively a cut of 2,000 WTE nursing and midwifery posts – vacant at that time.
- 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.

GROW THE NURSING AND MIDWIFERY WORKFORCE

- Urgently commit to developing a funded multiannual workforce plan and immediately grow the nursing and midwifery workforce by a minimum of 2,000 whole time equivalents (WTEs) annually for the next three years.

- There must be specific funding for additional nurses and midwives across the health service to ensure appropriate staffing levels for the additional funded capacity.
- At a minimum, double nursing and midwifery undergraduate education places and develops new pathways into the professions.
- Commit to increasing the total nursing and midwifery undergraduate and postgraduate places to reach a sustainable level of domestically educated staff.
- An urgent taskforce is needed to address the future staffing and funding challenges within the Irish health service. This taskforce should be established as an emergency measure and must be independently chaired. Its primary focus should be on the critical impact of restricting the recruitment of frontline nursing and midwifery staff in the context of the current global shortage.

OPTIMISE THE ROLES OF NURSES AND MIDWIVES

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

PROVIDE FUNDING FOR CURRENT AND PROJECTED HEALTH SERVICE CAPACITY AND REFORM

- The recommendations of the Health Service Capacity Review Report must be urgently reviewed, and the findings must be published and implemented.
- There must be strict adherence to 85% occupancy of acute hospitals and zero tolerance of hospital and emergency department overcrowding.
- Significantly advance Sláintecare and commence the multiannual transitional fund to support investment.
- To achieve efficient and safe primary care as outlined in Sláintecare, we must ensure adequate staffing of public health nurses (PHNs) and community registered general nurses (CRGNs).
- Additional training places for PHNs and fast-track pathways for CRGNs who wish to train as PHNs.

REVERSE THE PRIVATISATION OF LONG TERM CARE

- Public services must operate and deliver long term care.
- The Government must urgently progress in developing publicly led and delivered home care services to meet the needs of the ageing population.

- A review of the employment terms and conditions of nurses working in this sector must be undertaken as recommended by the COVID-19 Nursing Homes Expert Panel (2021), including the effective transposition of the EU Directive on Adequate Minimum Wages and its associated provisions to increase collective bargaining rates.

ADDRESS THE HOUSING CRISIS

- Introduce a housing tax relief system for essential workers to address the significant out-of-pocket expenses caused by inflated rents and high property prices in areas where frontline nursing and midwifery staff work. This measure would be crucial in improving recruitment and retention across the healthcare sector.
- Increase investment for construction of high quality, affordable A-rated social and cost-rental housing.
- Increase supports to attract workers to construction training and apprenticeships, including the abolition of the exemption of apprenticeships from the minimum wage.
- Prioritise the provision of housing close to workplaces for essential healthcare workers - this must be included in all planning applications for extensions/ repurposing or newly built healthcare facilities.

ESTABLISHMENT OF A COMMISSION ON THE JUST TRANSITION

- Adequately fund the Just Transition Commission to address labour shortages in the green sector, focusing on job creation and retention.
- Invest in climate crisis mitigation within healthcare to ensure positive health and economic outcomes.

REVIEW TAXATION

- To drive change and deliver transformational care, alternative health income sources must support ongoing and future investment in Irish health services.
- Additional revenue from specific taxes must be ring-fenced for health development, and a health fund must be created to ensure full implementation of Sláintecare.
- Reinstate tax relief on trade union subscriptions.

2 INTRODUCTION

Given all the external shocks in recent years, the Irish economy has remained relatively resilient, with a strong labour market (McDonnell, 2023) with Modified Domestic Demand (MDD) projected to grow by 2.9% in 2025 (ESRI, 2024) and further growth expected into 2025.

While short-term forecasts for the Irish economy appear steady, several risks remain, including an ageing population, geopolitical tensions, and rising poverty and deprivation rates. To build a sustainable, prosperous, and inclusive economy, it is crucial to avoid the boom-bust cycles of the past. Prioritising significant investment in essential public sectors, particularly the health service, is essential.

Budgetary policy should now focus on fostering a productive economy that supports and promotes decent working conditions and economic security for all. The INMO endorses the Irish Congress of Trade Unions (ICTU) policy, emphasising the importance of these objectives (ICTU, 2024).

Budget 2025 must prioritise investment in a robust 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.

Budget 2025 must address the following issues:

- Nursing and Midwifery Workforce
- Health Service Capacity
- Long Term Care
- Housing
- Societal Concerns & Taxation

3 BACKGROUND

The health service continues to face significant challenges. Ireland's ageing demographic, projected to be the highest in Europe, will rapidly accelerate in the coming years, impacting all public services, particularly the health service. While healthcare reforms are underway, more must be achieved to ensure that demand can be met and a sustainable and equitable healthcare service can be delivered.

While the nursing and midwifery workforce has experienced some growth, several health service areas continue to experience shortages. These shortages need to be urgently addressed. Any increases in the nursing and midwifery workforce must not contribute to shortages in other sectors of the healthcare system.

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

Over the last number of years, Ireland has had one of the highest healthcare spending per capita in comparison with the EU 27. However, in 2023, spending dropped below the EU average in terms of GDP (6.7%) but is still relatively high in terms of GNI*(12.2*) (OECD, 2023). A third of the health budget is spent on inpatient care, and spending on long term care remains above the EU average (EU Commission, 2023).

Healthcare spending should be considered a strategic long-term investment (WHO, 2023a). Annual healthcare budgets ensure sufficient resources are allocated to healthcare priorities, thereby preventing resource

“ **INMO has consistently criticised the lack of multi-annual budgeting for health services...**

misalignment. However, the HSE has consistently exceeded its allocated budget over the past several years. The INMO has consistently criticised the lack of

multi-annual budgeting for health services, which hampers long-term planning and funding. The ongoing reliance on short-term measures highlights the need for organised planning and capacity building. Transitioning to multi-annual financing is crucial to enhance the robustness of healthcare spending plans, fostering early development in the planning process (Casey and Carroll, 2021).

“ **Safe staffing must be mandated by legislation and enforced to be effective.**

Equally, the cost-of-living crisis, particularly the housing crisis, has increasingly hampered the recruitment and retention of midwives and nurses in many hospitals nationwide, further impacting healthcare delivery.

Patients, service users and healthcare workers have borne the brunt of the fragmented and under-resourced healthcare system. 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.

4 SAFE STAFFING

Strengthening the healthcare workforce and effective healthcare planning can only be achieved through increased public investment in workforce education, development, and protection (WHO, 2022). The lack of appropriate nurse and midwife staffing poses several risks to Ireland's healthcare system and population.

Safe nurse and midwife staffing levels are essential for delivering high quality, safe patient care and improving patient outcomes. Investment in the nursing/midwifery workforce is therefore critical for a sustainable health service which can provide universal health care, ensuring equity of access to care while improving the wellbeing of patients and the professions.

4.1 NURSE STAFFING

Research consistently shows that safe nurse staffing is vital for patient safety, high-quality care, and positive health outcomes. Ensuring an optimal number of registered nurses throughout the care continuum saves lives, reduces costs, and improves health system and patient outcomes. Extensive evidence indicates that appropriate nurse staffing reduces adverse events, including pressure ulcers, infections, malnutrition, and medication errors.

While the introduction of the Framework on Safe Nurse Staffing and Skill Mix has made progress, more work is needed to ensure high-quality, safe patient care across the health system.

Therefore, a revised approach to implementing safe nurse and midwife staffing across health services is essential. Safe staffing must be mandated by legislation and enforced to be effective. Proposed legislation currently exists (The General Scheme of the Patient Safety (Licensing) Bill), which must now be progressed through the Houses of the Oireachtas. This legislation is an opportunity to enshrine the requirement for safe nurse and midwife staffing levels as a legal requirement, which will protect patients, improve outcomes, and reduce costs.

Recommendation: *A revised, improved approach to implementing safe nurse and midwife staffing across health services is essential and must be mandated by legislation to enforce safe staffing standards.*

Equally, continued funding for the Framework is essential, and efforts must advance to urgently implement phase 3 in long-term residential care and community settings.

4.2 MIDWIFERY STAFFING

Recommendation: *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.*

Recommendation: *Funding for implementing the Framework must be fully maintained across the health service. Therefore, funding must be allocated for the full implementation of Phase 1 (medical/surgical wards) and Phase 2 (emergency departments), which have been adopted as Government policy, and Phase 3 in community and long-term care, which is the conclusion of its research phase.*

Maternity services are in crisis due to a shortage of midwives, with fewer graduates and increasing retirements. Demand has risen, but resources remain inadequate, jeopardising the safety of women and babies. Despite the Maternity Strategy's call for workforce expansion, the number of midwives in the HSE decreased from 1,438 in December 2019 to 1,431 in May 2024.

The Department of Health advocates for more diverse, woman-centred, maternity care models, but progress and funding for additional midwifery staff and units are lacking. This limits service expansion and increases medical interventions, labour inductions, and caesarean rates.

Recommendation: *Recruit and retain midwives in sufficient numbers to maintain safe midwife-to-birth ratios throughout the services.*

The National Maternity Strategy's recommended midwife-to-birth ratio of 1:29.5 remains unimplemented, jeopardising maternity safety. Furthermore, the Birthrate Plus tool should be mandated to determine appropriate staffing levels across all services. Legislation must underpin the requirement to maintain safe staffing levels, ensuring consistent and reliable care.

Research shows that midwife-led care is safe and cost-effective for low-risk pregnancies, improving continuity of care, breastfeeding rates and reducing caesarean sections. However, the growth of midwife-led units has been minimal, limiting women’s birth options. Establishing a community midwifery service, including home birth options, is urgently needed.

Recommendation: *Funding must be prioritised to ensure the comprehensive implementation of the Maternity Strategy, including:*

- Adoption of the Birthrate Plus methodology across all maternity services to ensure safe care delivery. This approach will support a broader range of maternity services, guided by best practices and respectful of maternal choice.

- Investment in the expansion of midwife-led units and community midwifery services.

4.3 RECRUITMENT FREEZE

As consistently outlined by the INMO, there is a critical recruitment and retention problem within the Irish health system. The ongoing shortage of nurses and midwives since 2007 has worsened due to recruitment moratoriums and cost-saving measures, only recovering to 2007 levels in August 2020. Meanwhile, healthcare demand grew, and many services were reformed and expanded, along with a rapidly growing and ageing population with increased co-morbidities and complex care needs.

“ ***The current recruitment freeze is regressive and threatens any gains in workforce growth.*** ”

The current recruitment freeze is regressive and threatens any gains in workforce growth. The HSE nurse/midwife turnover rate increased from 6.4% (2020) to 8.9% in 2023 (HSE, 2024), and a recent survey of nurses and midwives found that 63.16% (n=1,128) of respondents considered leaving their work area in the past month (INMO, 2024).

The INMO along with other healthcare unions, have called on the HSE to end the moratorium. Without meaningful engagement from the HSE, unions may consult members and potentially ballot for industrial action.

Recommendation: *Immediately end the recruitment moratorium for nurses and midwives and fill all funded posts. The 2023 cut-off point is effectively a cut of 2,000 WTE nursing and midwifery posts – vacant at that time.*

Recommendation: *There must be a commitment to exempt nurses and midwives from any future recruitment embargos.*

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

- All staff nurse and midwife recruitment must 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.
- Reduce the bureaucracies experienced in the recruitment process.
- Provide flexible working options.
- Implement strategies recommended by the Expert Review Body on Nursing and Midwifery to provide suitable options for older nurses and midwives to extend their careers. These strategies are essential to retaining their valuable expertise, knowledge, and skills within the workforce.
- Fast accrual measures for pension purposes, retention and pre-retirement initiative.
- A commitment to exempt nurses and midwives from any future embargos on recruitment.
- Collective bargaining principles must be used to ensure nursing and midwifery careers are more attractive.

Recommendation: *Develop robust recruitment and retention strategies, inclusive of collective bargaining principles, to make nursing and midwifery careers more attractive.*

4.4 WORKFORCE PLANNING

Although there have been increases in the workforce over the last number of years, there remain significant concerns regarding the increasing healthcare service demand and ageing population.

Emigration from Ireland reached a 17-year high, according to new data from the Central Statistics Office (CSO). This trend is a cause for concern, as it could negatively impact the recruitment and retention of nurses and midwives.

Equally, a recent report from the OECD (2024) has identified that the percentage of young people expecting to work as nurses decreased across OECD countries from 2.3% in 2018 to 2.1% in 2022. This decline is particularly notable in Ireland, the UK, US and Canada.

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.

All stakeholders, including the INMO (as mandated by the WRC in 2017), must be involved in creating this important plan.

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 account for future demographic projections, including inward migration, to address the healthcare needs of a growing population. As this population primarily relies on public health services and may present significant levels of acute and chronic healthcare needs, it is crucial to incorporate these factors into long-term healthcare strategies.
- Address the significant challenges impacting the professions, including the nursing and midwifery shortages and the ageing workforce, statistics that clearly illustrate decisions to leave the

professions due to pressures and stressors increasing in the workplace.

- Planning must incorporate the recommendations of important national strategies, including the:
 - National Maternity Strategy (Department of Health, 2016).
 - Children’s Nursing Strategy (CHI, 2021).
 - Intellectual Disability Nursing Strategy (McCarron, M. et al. 2018).
- Seek to optimise the domestic supply of nurses and midwives to meet the health population’s demand by reviewing public educational capacity, increasing the number of public undergraduate and postgraduate places, and building on the existing agreement to retrain as nurses/midwives e.g., increasing numbers of HCA sponsorship places to train as nurses, and progress new entry routes into the profession that align with the required national and EU standards.
- Align with international obligations regarding reducing dependency on recruiting internationally educated nurses and midwives.
- Ensure the workforce plan is informed by population needs, workforce skill mix, and availability. To achieve this, authority should be devolved to the Directors of Nursing and Midwifery at regional and local levels, empowering them to establish safe care levels and determine projected multiannual recruitment requirements.
- Incorporate robust recruitment and retention strategies, inclusive of collective bargaining, to ensure nursing and midwifery careers are more attractive.
- Incorporate the recommendations of the Expert Review Group on Nursing and Midwifery.

Recommendation: *Urgently commit to developing a multi-annual funded workforce plan, and immediately grow the nursing and midwifery workforce by a minimum of 2,000 whole time equivalents (WTEs) annually for the next three years.*

Recommendation: *There must be specific funding for additional nurses and midwives across the health service to ensure appropriate staffing levels for the additional funded capacity.*

4.5 Internationally Educated Nurses/Midwives

The health service has had a growing 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, the number of internationally educated nurses registering with

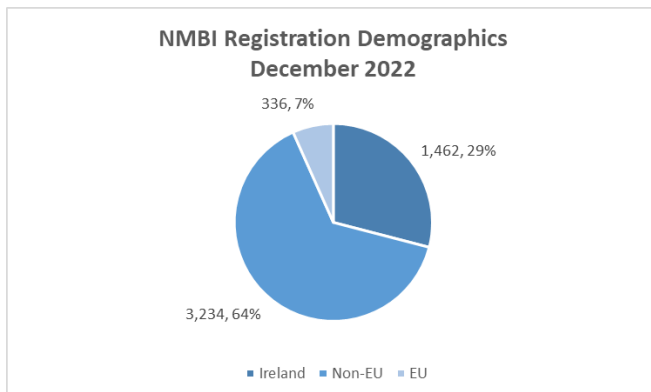


Figure 1 NMBI Registration Demographics, December 2022

NMBI has increased, with 64% of first-time registrations in 2023 coming from non-EU countries, compared to 29% from Ireland. To meet health population demand and address the global shortage of nurses and midwives, it is essential to maximise the domestic education of nurses and midwives. Ireland and other countries must adhere to WHO's

Global Code of Practice on the International Recruitment of Health Personnel.

For nurses and midwives choosing to work in Ireland, we must address their immediate and long-term needs. For non-EU recruits, investment is needed in social adaptation supports, including extended accommodation and orientation to Irish society and healthcare systems. In addition, the national lead for nursing and midwifery in the area of integration announced by the Minister for Health must be filled without further delay and matched with a lead in each Health Region to ensure that those nurses and midwives who chose Ireland as their destination for work are treated with respect and dignity, and facilitated with every opportunity to integrate into the Irish healthcare system safely and effectively.

Ireland should also reduce the citizenship qualifying period to support these essential workers. Additionally, the immigration system must allow applicants to work temporarily while completing supplementary testing or adaptation before registration.

4.5 NURSING AND MIDWIFERY EDUCATION

The funded workforce plan must aim to increase the domestic supply of nurses and midwives by increasing undergraduate and postgraduate places and developing new entry routes that meet national and EU standards.

Maintaining the momentum of expanding educational opportunities is crucial. Analysis indicates that, at a minimum, twice the current places will be needed over twenty years to sustain the workforce if student intake and attrition rates remain unchanged. All additional places must be publicly funded and provided by state Higher Education Institutes (HEIs). (two attached documents that support the premise).

Recommendation: *At a minimum, double nursing and midwifery undergraduate education places and develops new pathways into the professions.*

Recommendation: *Commit to increasing nursing and midwifery undergraduate and postgraduate places to reach a sustainable level of domestically educated staff.*

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

Furthermore, an immediate, independent taskforce should be formed to address the pressing staffing and funding challenges facing the Irish healthcare system. Given the global nursing and midwifery shortage, this taskforce must prioritise the urgent need to increase recruitment and retention of frontline staff.

Recommendation: *An urgent taskforce is needed to address the future staffing and funding challenges within the Irish health service. This taskforce should be established as an emergency measure and must be independently chaired. Its primary focus should be on the critical impact of restricting the recruitment of frontline nursing and midwifery staff in the context of the current global shortage.*

5 HEALTH SERVICE CAPACITY

OECD and EU statistics show that Ireland has one of the lowest inpatient bed per capita rates compared to other countries (Walsh and Brick, 2023). Healthcare demand is rising due to a growing and ageing population with increasing co-morbidities and complex care needs, while many health services are being reformed and expanded. The INMO has long highlighted

the unacceptable overcrowding and capacity issues exacerbated by workforce shortages, inadequate step-down and rehabilitation beds, and insufficient community services.

5.1 OVERCROWDING

The INMO has consistently highlighted the severe impact of unsafe staffing on patient care and the welfare of nurses and midwives. The level of overcrowding we have seen over the last few months is a cause for concern. The number of patients on trolleys in our hospitals has reached a critical level, with 10,577 patients, including 195 children, left without a bed in Irish hospitals in May 2024.

Prolonged hospital stays are linked to poor patient outcomes, including increased mortality. Similarly, extended waiting times in emergency departments adversely affect patient outcomes post-discharge. Recent research from the UK indicates that corridor care and overcrowding detrimentally impact healthcare delivery. The study reveals that care quality and safety are compromised, with patient needs being neglected and concerns about dignity and privacy arising in chaotic environments. Overcrowding is associated with lower patient satisfaction, longer wait times, and poor communication. Patient boarding leads to frustration and inadequate care. Corridor care contributes to staff stress, exhaustion, increased workloads, and unhealthy coping mechanisms. Conflicts with patients and families further diminish morale, causing some staff to leave their positions. (RCN, 2024). These findings underscore the urgent need for systemic solutions to address overcrowding in Irish hospitals.

5.2 BED CAPACITY

Recommendation: *There must be strict adherence to 85% occupancy of acute hospitals and zero tolerance of hospital and emergency department overcrowding.*

Immediate funding is required to increase bed capacity in Ireland's acute hospital system. The *Acute Inpatient Hospital Bed Expansion Plan* (Government of Ireland, 2024) outlines a target of delivering 4,367 acute hospital inpatient beds by 2031. This includes 1,213 beds that have already been delivered since 2020, with funding previously allocated through the National Development Plan. However, for 2024, there is only a commitment to open 147 beds nationwide. Budget 2024 failed to provide adequate capital funding for these necessary beds and the 1,500 rapid-build acute inpatient beds announced by the Minister for Health in April 2023.

Numerous healthcare organisations have expressed significant concern that the Government's efforts are insufficient to meet the growing population and healthcare demand. According to the ESRI (Walsh and Brick, 2023), 300 additional beds are required annually to keep pace. With each hospital bed estimated to cost between €0.75 million and €1.1 million, approximately €3.3 billion would be needed to fund the required 3,000 beds.

While increasing bed capacity is important, it is essential that for each acute medical or surgical bed, a minimum of one additional nurse is required, with higher numbers needed for high dependency and complex cases and seven additional nurses per intensive care unit bed.

Despite recent gains in reducing waiting lists, they have returned to excessively high levels, with 705,000 people waiting for inpatient, outpatient, or day case procedures, according to May National Treatment Purchase Fund figures.

Acknowledging the significant demographic and epidemiologic factors since the report was published, a review of the Health Service Capacity Review Report findings is welcomed, and this must be completed as soon

Recommendation: *The recommendations of the Health Service Capacity Review Report must be urgently reviewed, and the findings must be published and implemented..*

as possible.

5.3 SLÁINTECARE

Ireland remains an outlier in Western Europe owing to its lack of universally accessible health care. Concerns remain at EU level over the issue, with the most recent report raising concerns over the fiscal viability of the healthcare system as a result (EU Commission, 2024).

Since the launch of Sláintecare in 2018, progress has been slow, and the changes that have been introduced are not enough in the context of the required broader system reform. The full implementation of the Sláintecare programme is becoming more urgent in order to ensure equity of health care for all and to meet obligations under the UN SDGs.

Although there have been some positive developments in the primary and community care setting, including community intervention teams and chronic disease management, further progress is required to ensure a consistent high quality service across the country. Equally, reforms underway suggest a movement of resources from acute care to non-acute care. However, staff recruitment at primary and community levels has not yet picked up markedly, in contrast with the larger staff gains in acute settings since 2014 (Fleming et al., 2022).

Recommendation: *Significantly advance Sláintecare and commence the multiannual transitional fund to support investment.*

The INMO has consistently identified staffing problems within the community care setting, including the shortages of public health nurses (PHNs) and community registered general nurses (CRGNs). In May, there were 1,401 PHN WTEs, which is 77 fewer than in April 2024 (HSE, 2024) and 138 fewer than in December 2019 (1,539 WTE). This represents a 6.8% decrease. These shortages must be urgently addressed to ensure Sláintecare can progress.

Recommendation: *To achieve efficient and safe primary care as outlined in Sláintecare, we must ensure adequate staffing of public health nurses (PHNs) and community registered general nurses (CRGNs).*

Recommendation: *Additional training places for PHNs and fast-track pathways for CRGNs who wish to train as PHNs.*

The Capacity Review Report indicated that by 2031, without any reforms, an additional 700 PHNs will be required to deliver essential programmes and health objectives (PA Consulting, 2018)—a figure now likely to be an underestimation.

Furthermore, GP Practice Nurse visits are projected to significantly increase, with a requirement of an additional 502-616 nurses by 2035 to address population growth and ageing (Connolly and Flanagan, 2024).

Budget 2025 must seek to increase the overall number of PHNs incrementally. Given the current attrition rates due to resignations and retirements, training 150 PHNs annually only maintains the existing service levels. Therefore, it is necessary to incrementally add 75 PHNs each year until the workforce reaches a critical mass of 2,500 whole-time equivalents (WTEs).

Similarly, there are currently only three providers of public health nursing courses: (NUIG, UCC, UCD). To meet demand, the HSE must increase sponsorship programmes and add at least two more HEIs to improve regional availability. A major deterrent for applicants is the required drop in salary to the student PHN scale during training. To address this, trainees should retain their current salary scale.

Equally, developing advanced practice nurse and midwife services is critical for the Sláintecare reform programme. Reflecting the increasing need for specialists within Sláintecare, there is an urgent need to expand postgraduate education. There are many excellent examples of how such services can provide high quality, cost-efficient patient care. The health service must acknowledge the skills, expertise, and knowledge of the RANP/RAMP to allow them to work within their full scope of practice without any barriers.

5.4 DISABILITY SERVICES

To address the current staff shortages in disability services, the Capacity Disability Review emphasised the need for effective workforce planning to ensure appropriately trained staff with the right skills are available as needed.

For children and adults with an intellectual disability, access to an RNID must be provided. There is an urgent need to ensure intellectual disability nursing is strategically placed and accessible to this group of people. 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).

It is essential to ensure that RNIDs are assigned at all levels of children’s disability services. Their involvement is crucial to support families from the point of diagnosis through every milestone in the life of a child with a disability.

Similarly, RNIDs must be included in disability network teams once established to ensure an appropriate level of care under Sláintecare.

6 LONG TERM CARE

Ireland is experiencing a higher old-age dependency ratio, projected to be the largest in the EU (Government of Ireland, 2024), which will pose a significant challenge to the health service and the sustainability of long-term care systems.

As most people prefer to stay in their homes when they are older, the system must respond by providing person-centred care at home. 27.2% of the population cite caring responsibilities as a reason for being ‘inactive’, which

indicates a considerable unmet need for home care services and is above the EU average (EU Commission, 2024). Therefore, the Government must further progress appropriate and regulated home care services consistently across the country, which must be publicly delivered. Equally, the trend for outsourcing home care services for older people should be reversed.

Although many highly dependent people can live safely in their homes provided the necessary home care supports are in place, nursing homes are still required and should be part of a continuum of care in the broader healthcare system.

However, there is an increasing privatisation of care of older person services in Ireland, a trend which the INMO firmly rejects. Long-term residential care (LTRC) supply and ownership have changed significantly in recent years, with large nursing home operators now being the dominant providers. According to the ESRI, 74% of all LTRC beds are now provided in private LTRC homes, and 14 large private operators now provide approximately 40% of all LTRC beds nationally. Between February 2020 and December 2022, almost one in five of all smaller private long-term residential homes closed, mainly in rural areas, and almost 700 beds were closed in public centres (Walsh and Connolly, 2024).

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.

Recommendation: *Public services must operate and deliver long term care.*

Equally, the 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.

Recommendation: *The Government must urgently progress the development of publicly led and delivered home care services to meet the needs of the ageing population.*

In addressing the challenges of staffing shortages, it is essential to acknowledge that all nurses, midwives, and healthcare professionals

Recommendation: *A review of the employment terms and conditions of nurses working in this sector must be undertaken as recommended by the COVID-19 Nursing Homes Expert Panel (2021), including the effective transposition of the EU Directive on Adequate Minimum Wages and its associated provisions to increase collective bargaining rates.*

deserve decent and lawful working conditions across all healthcare settings, including private residential care. Social dialogue and collective bargaining are critical to improving working conditions and labour participation (European Commission, 2024). Therefore, a review of the employment terms and conditions of nurses working in this sector must be undertaken as recommended by the COVID-19 Nursing Homes Expert Panel (2021).

To ensure optimal health protection for our older population, we call for the inclusion of the two NIAC-recommended vaccines for older adults, shingles and RSV, in the National Immunisation Programme. To maximise uptake and accessibility, these vaccines should be available on the Medical Card and included in the Drugs Payment Scheme.

7 HOUSING

7.1 HOUSING

We support the ICTU Raise the Roof Campaign. The demand for housing has been underestimated due to higher immigration figures than those used in previous projections. This, coupled with a significant increase in population, indicates that housing demand will continue to outstrip supply in the medium term. In 2022, Ireland was among the countries with the lowest investment in housing construction within the EU, suggesting that the rise in house prices and rents is likely to persist (ESRI, 2024).

Recommendation: *Increase investment for construction of high quality, affordable A-rated social and cost-rental housing.*

Recommendation: *Increase supports to attract workers to construction training and apprenticeships, including the abolition of the exemption of apprenticeships from the minimum wage.*

Housing for essential workers has become a significant issue, affecting the staffing of many public services and, consequently, the delivery of critical services to the population. Unlike other countries where government

policies ensure that accommodation is available for key workers, Ireland has no such policy.

The national average monthly rent is €1,836 (Daft, 2024). While there has been a slight slowdown in the yearly upward trend in rental prices, there seems to be no indication that rents will lower. For rents to become more affordable, there needs to be a greater increase in supply relative to demand, and the supply remains very tight.

According to the Central Statistics Office, the average nursing salary in Ireland is €45,324 annually, or €34,815 (€2,901 monthly) after tax. With the national average rent consuming over 63% of their monthly salary, this far exceeds the internationally recommended 35% for housing affordability (Housing Agency of Ireland, 2024).

Recommendation: *Introduce a housing tax relief system for essential workers to address the significant out-of-pocket expenses caused by inflated rents and high property prices in areas where frontline nursing and midwifery staff work. This measure would be crucial in improving recruitment and retention across the healthcare sector.*

One of the central challenges for younger graduates has been the inability to afford to live in Dublin, Cork and other high-rent areas. 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.

Recommendation: *Prioritise the provision of suitable housing close to workplaces for essential healthcare workforce - this must be included in all planning application for extensions/ repurposing or newly built healthcare facilities.*

8 SOCIETAL CONCERNS

8.1 CLIMATE AND THE JUST TRANSITION

The Climate Actions Plan 2024 has 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. However, the skills and labour shortages in the green sector over the last few years have created “bottlenecks” in the system (EU Commission, 2024).

The INMO welcomes the establishment of the Just Transition Commission. The focus of the work for the Commission must be on delivering decent work and maximising job creation and retention strategies.

Recommendation: *Adequately fund the Just Transition Commission to address labour shortages in the green sector, focusing on job creation and retention.*

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.

Recommendation: *Invest in climate crisis mitigation within healthcare to ensure positive health and economic outcomes.*

9 TAXATION

9.1 TRADE UNION SUBSCRIPTIONS

For several years, the INMO has raised the issue of reinstating tax relief on trade union subscriptions, 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. Reinstating the tax relief would be an affordable enhancement of income restoration and a statement that unions and their members play a valued role in our society and economy, which is the right step towards achieving the goals of the EU Adequate Minimum Wage Directive.

Recommendation: *Reinstate tax relief on trade union subscriptions.*

9.2 SUGAR-SWEETENED DRINKS TAX (SSDT)

The INMO continues to support the tax on sugar-sweetened drinks, which was introduced following the establishment of the Healthy Weight for Ireland: Obesity Policy and Action Plan. The review of the currently underway tax must be progressed, and the findings must be published. 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.

Recommendation: *To drive change and deliver transformational care, alternative health income sources must support ongoing and future investment in Irish health services.*

Recommendation: *Additional revenue from specific taxes must be ring-fenced for health development, and a health fund must be created to ensure full implementation of Sláintecare.*

10 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 2025 must prioritise investment in multiannual planning and funding for nurse and midwife employment. There is no doubt that without this investment it will not be possible to deliver universal health care aligned with Sláintecare principles.

11 REFERENCES

- Children's Health Ireland and Office of the Nursing and Midwifery Services Directorate (2021) *Leading the way: A national strategy for the future of children's nursing in Ireland 2021-2031*. Available at: <https://healthservice.hse.ie/filelibrary/onmsd/leading-the-way-a-national-strategy-for-the-future-of-childrens-nursing-in-ireland.pdf>. (Accessed: 23 June 2023).
- Department of Health (2016) *Creating a better future together. National maternity strategy 2016-2026*. Available at: <https://health.gov.ie/wp-content/uploads/2016/01/Final-version-27.01.16.pdf>. (Accessed: 23 June 2023).
- Department of Health (2018) *Framework for safe nurse staffing and skill mix. Phase I. Final report and recommendations by the Taskforce on Staffing and Skill Mix for Nursing*. Available at: <https://health.gov.ie/wp-content/uploads/2018/07/Nursing-Taskforce-Report.pdf> (Accessed: 23 June 2023).
- Department of Health (2020) *COVID-19 Nursing Homes Expert Panel Examination of Measures to 2021 Report to the Minister for Health*. Available at: <https://assets.gov.ie/84889/b636c7a7-a553-47c0-88a5-235750b7625e.pdf>. (Accessed: 23 June 2023).
- Department of Health (2021b) *Disability Capacity Review to 2032 - A Review of Social Care Demand and Capacity Requirements to 2032*. Available at: <https://www.gov.ie/en/publication/d3b2c-disability-capacity-review-to-2032-a-review-of-social-care-demand-and-capacity-requirements-to-2032/> (Accessed: 23 June 2023).
- Houses of the Oireachtas (2017) *Sláintecare report May 2017*. Available at: <http://www.oireachtas.ie/parliament/media/committees/futureofhealthcare/Oireachtas-Committee-on-the-Future-of-Healthcare-Slaintecare-Report-300517.pdf> (Accessed: 23 June 2023).
- Houses of the Oireachtas (2020) *Interim Report on Covid-19 in Nursing Homes Special Committee on Covid-19 Response*. Available at: https://data.oireachtas.ie/ie/oireachtas/committee/dail/33/special_committee_on_covid_19_response/reports/2020/2020-07-31_interim-report-on-covid-19-in-nursing-homes_en.pdf. (Accessed: 23 June 2023).
- McCarron, M., Sheerin, F., Roche, L., Ryan, AM., Griffiths, C., Keenan, P., Doody, O., D'Eath, M., Burke, E., McCallion, P. (2018) *Shaping the Future of Intellectual Disability Nursing in Ireland*. Health Services Executive, Dublin.
- PA Consulting and Department of Health (2018) *Health Service Capacity Review 2018 Executive Report. Review of the Health Demand and Capacity Requirements in Ireland to 2031. Findings and Recommendations*. Department of Health: Dublin. Available at: <https://health.gov.ie/wp-content/uploads/2018/01/Health-Service-Capacity-Review-2018-Executive-Report.pdf> (Accessed: 23 June 2023).
- Phelan, A. and McCarthy, S. (2016) *Missed Care: Community Nursing in Ireland*. INMO; UCD. Available at: <https://www.inmo.ie/attachment.aspx?doc=4273>. (Accessed: 23 June 2023).
- Ryan, M. (2022) *Report of the Expert Review Body in Nursing and Midwifery*. Department of Health. Available at: <https://www.gov.ie/en/publication/32783-report-of-the-expert-review-body-on-nursing-and-midwifery/> (Accessed: 23 June 2023).
- Sandall, J., Soltani, H., Gates, S., Shennan, A. & Devane D. (2016) *Midwife-led continuity models versus other models of care for childbearing women*. Cochrane Database Systematic Review. 4(4):CD004667. doi: 10.1002/14651858.CD004667.pub5. PMID: 27121907; PMCID: PMC8663203.

Walsh, B. and Brick, A. (2023) Inpatient bed capacity requirements in Ireland in 2023: Evidence on the public acute hospital system. ESRI Research Note. ESRI. Available at: <https://esri.ie/publications/inpatient-bed-capacity-requirements-in-ireland-in-2023-evidence-on-the-public-acute#:~:text=Focusing%20on%20scenarios%20that%20assume,experienced%20in%20public%20acute%20hospitals>. (Accessed: 23 June 2023).