



Irish Nurses and Midwives Organisation
Working Together

**Pre-Budget
Submission
2023**

Introduction

The INMO represents 42,000 working nurses and midwives in Ireland across public and private practices. Budget 2023 comes at a very uncertain and turbulent time for the health service, economy, and society. The global pandemic has profoundly affected our country, and the present waves of the virus remain a significant concern. The geopolitical instability caused by the Russian invasion of Ukraine has deepened the worst cost of living crisis for many years. However, according to NERI, the recovery from the pandemic has been faster and more robust than expected. Although inflation is estimated to increase to 8% this year, it will decline to an estimated 4% by the middle of 2023. It states that Ireland should avoid a technical recession (McDonnell, 2022).

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 Union's (ICTU) policy in this regard.

Within the health service, the years of under-funding, under-staffing, and under-resourcing exposed by the pandemic still reveal new challenges and problems that require critical investment and reform. However, the cracks can no longer be patched over, and the return of overcrowding in the country's hospitals, staff shortages and unmet need can no longer be tolerated. Many nurses and midwives working in poor clinical environments are burnt out and exhausted without adequate on-site protection or support, which must be urgently addressed.

Budget 2023 must focus on the ensuring investment in 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.

The INMO believe the following actions must be taken:

- **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 levels must be underpinned by the Framework Model for Safe Nurse Staffing and Skill Mix.**
- **The Framework must be funded, underpinned by legislation and expanded across the health service** - Implementation must be faster and focused on completion of phase 1, which must be rolled out by year-end 2023. Phase 2 (Emergency Departments) must also be implemented across all the 29 emergency departments before the end of 2023.
- **The recommendations of the Health Service Capacity Review must be implemented, and bed occupancy reduced to 85%.**
- **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.
- **There must be zero tolerance for overcrowding in our hospitals and emergency departments.**
- **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.
- **Funding must be provided to establish a health service division within the HSA to ensure adequate protections for nurses, midwives and other healthcare workers** in response to the increase in workplace assaults, burnout and occupational infections.

Executive Summary



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Invest in the nursing and midwifery workforce

- **A funded nursing and midwifery 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.**
- **The workforce plan must include specific funding for additional nurses and midwives across the health service to ensure appropriate staffing levels for the additional funded capacity. This must include funding appropriate cover for staff absences owing to COVID-19, long covid, illness, as well as statutory maternity and parental leave.**
- **Full early implementation of all recommendations of the Expert Review Body on Nursing and Midwifery to show commitment and support to the future of nursing and midwifery professions in Ireland.**
- **Development of robust recruitment and retention strategies to make nursing and midwifery careers more attractive.**
- **Full consolidation of the 80% salary for the 4th Year Interns as recommended by the McHugh Report must be urgently implemented.**
- **There must be a commitment to exempt nurses and midwives from any future recruitment embargos to move forward in delivering a sustainable health service.**
- **Full implementation of the settlement terms of the nurses and midwives 2019 dispute and recruit directly to the enhanced practice scale.**
- **A commitment to increasing publicly funded nursing and midwifery undergraduate places by 250 each year.**
- **An increase in the allocation of places for health care workers who wish to train as nurses/midwives on each course.**
- **In line with Government policy, the role of Registered Advanced Nurse Practitioners (RANPs), Clinical Nurse Specialists (CNSs) and Registered Nurse Prescribers (RNPs) must be funded and developed.**
- **Additional training places for PHNs and fast track pathways for CRGNs who wish to train as PHNs.**

Nursing

- **End the nurse staffing crisis across all health care settings to ensure safe patient care.**
- **All nurse staffing must be guided by The Framework for Safe Nurse Staffing. The Framework must be funded, underpinned by legislation and expanded across the health service.**
- **The Framework must be fully implemented across the health service by 2023. Funding allocation for completion of the rollout of phase 1, as well as funding for phase 2 in emergency services.**
- **Funding must be allocated to the third 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.**

Midwifery

- **The safety of mothers and babies must be prioritised in all maternity settings, by ending the workforce crisis in maternity settings including regional maternity hospitals.**

- **Funding must be prioritised for full implementation of the Maternity Strategy, putting an end to 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.**

Protect the health and well being of nurses and midwives at work

- **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.**
- **Funding must be provided to establish a health service division within the HSA to ensure adequate protections 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.**

Address the serious issues of capacity in the health service - Deliver on Sláintecare

- **Health Service Capacity Review Report recommendations must be implemented fully.**
- **Immediate implementation of the Sláintecare Report and the commencement of the multiannual transitional fund to support investment.**
- **There must be zero tolerance for overcrowding in our hospitals and emergency departments, including strict adherence to 85% occupancy of acute hospitals.**
- **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.**
- **There must be a single funding source for care of the older person services. Public services run and delivered in long term care must be a central plank of this strategy. 82% of long-term care is delivered via the private sector.**
- **Provide appropriate home care options for older people. An all-government plan in relation to building appropriate self-care, supervised care modified units, with access to services and communities is required to meet the needs of Ireland's ageing demographic.**

Adequately address the cost of living crisis

Pension

- **End the gender pension gap within the nursing and midwifery professions by speeding up the accrual of pensions in line with other similar professions.**

Childcare

- **Onsite 8am-8pm childcare options must be considered for nurses and midwives subsidised by the employer.**
- **Childcare staff working in such services must be employed by the HSE or voluntary hospitals with career progression options.**
- **Childcare pilot sites should be developed in the four regions to further explore this as a sustainable childcare option for nurses and midwives.**

Housing

- 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.

Climate

- The **climate crisis** requires **urgent attention** and must be actioned in a just way. Ireland must now **deliver on a low carbon economy and society** which must include the **establishment of a Commission on a Just Transition**.

Taxation

- The INMO calls for the **restoration of tax relief on trade union subscriptions** which was abolished in 2010 during the economic crisis.
- 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** to ensure **full implementation** of the **Sláintecare Report**.

The Nursing and Midwifery Workforce and their Working Environment



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We have in the past seen numerous policy reports published identifying the essential changes and developments relating to nursing and midwifery; unfortunately, many remain just that. The recent publication of the *Expert Review Body on Nursing and Midwifery* (Expert Review Body) is a significant body of work which identifies a clear pathway for the nursing and midwifery professions. Its 47 recommendations broadly covering education, workforce, digital health, and leadership aim to identify the current environment and the future vision for the professions. In order to transform the Expert Review Body Report into reality and to make strides towards realising UHC, investment must be made to ensure that the recommendations are actioned. Budget 2023 must make provisions for implementation.

“ In order to transform the Expert Review Body Report into reality and to make strides towards realising UHC, investment must be made to ensure that the recommendations are actioned ”

The purpose of an annual healthcare budget is to ensure adequate resourcing of health care 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 the health services, as it directly prevents long term planning and funding. *The National Framework for Safe Nurse Staffing and Skill Mix* (Framework for Safe Staffing) and the *National Maternity Strategy* are two examples of missed opportunities for such strategic long-term planning. The current practice of allocating funding on an annual basis renders the central concept of these strategies void. Similarly, to achieve the impressive cost savings identified during the pilot phase of the National Framework in three hospitals, upfront investment in staffing, education and planned annual commitments regarding replacements and staff retention are required.

Funding must be allocated to complete the Framework for Safe Staffing rollout in all acute hospitals as required for 2022 – 2023. The cost of short-term bed closures, increased absenteeism, increased use of expensive agency and overtime staff to cover roster gaps, increased readmission of patients due to initial delays in care delivery are all validated as part of the Framework’s model. Given the cost savings associated with the Framework for Safe Staffing, not implementing it throughout the health service is simply poor economic practice.

WORKING ENVIRONMENT

In keeping with the greater emphasis on universal public services to reduce the cost of living for households, the focus must be on developing an inclusive UHC system incorporating global health security underpinned by a rights-based approach and an appropriate level of funding. Nurses and midwives play an essential role in this vision and delivering high quality, safe patient care.

According to *the Report of the Expert Review Body on Nursing and Midwifery* (Ryan, 2022), between 2010 and 2019, the number of nurses and midwives working in the public health system only grew by 3.6% and has remained relatively stagnant. This is against the background of increasing demand for public health services during the same period, including an increase in inpatient and day case activity of 22.4% (Department of Health, 2020).

The Expert Review Body also noted “that between 2008 and 2014, during the recessionary years, staff nurse numbers (the grade providing most direct patient care) decreased by 10.7%. However, recently, there has been an increase in the number of nurses and midwives employed within the health services. HSE data shows that the number of whole-time equivalent (WTE) nurses and midwives employed in the public sector in Ireland increased from 37,345 in August 2018 to 41,136 in August 2021, an increase of 10.15%.” (p. 23). While the recent increases are a positive step, there is still a considerable way to ensure a workforce that can meet the projected demands across the health service.

The HSE and Department of Health agree that although the target recruitment for 10,000 additional staff aligned to budget 2022 is approved, during the current challenging environment, this figure recruited is more likely to be 5,500 (Donnelly, 2022). A funded workforce plan is required and must be prioritised in budget 2023. Additional bespoke measures to retain and recruit nurses and midwives must be implemented as closing wards and increasing waiting lists will be the alternative.

HEALTH AND SAFETY

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

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 2020 the number of incidents reported to the HSA was 1,715. This accounts for 24% of incidents reported across all economic sectors in 2020. Despite this, the number of inspections and investigations carried out in the Health and Social Work Sector fell far below the number carried out in other sectors relative to the number of incidents reported.

Sector	Inspections and Investigations 2020	Total Incidents Reported 2020
Health and Social Work	197	1715
Construction	3996	758
Manufacturing	1239	1255
Wholesale and Retail Trade, Repair of Motor Vehicles/Motorcycles	2201	971
Agriculture, Forestry and Fishing	897	135

Table 1. Source: HSA Annual Report 2020; Annual Review of Workplace Injuries, Illnesses and Fatalities 2019-2020.

The INMO calls on the Government to fund the HSA to establish and resource a division to deal exclusively with the health service as an employment location. The increasing assaults, burnout, 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.

WORKFORCE STRATEGY

The INMO has an agreement with the Department of Health and the HSE that a funded workforce plan will be agreed upon for nursing and midwifery each November. 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 Workplace Relations Commission (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. Therefore, any allocation of funding must be the subject of collective consultation.

An integrated workforce plan for nursing and midwifery is now urgently required. The continued lack of a funded workforce plan incorporating robust recruitment and retention strategies and increased places at undergraduate and post graduate educational capacity is a pressing immediate requirement. There is a significant challenge in maintaining a sustainable level of nurses and midwives during a national and global shortage and an increasingly ageing workforce. The lack of adequate workforce planning, and challenges associated with an ageing population and increased incidences of comorbidities undermine patient care and safety. At the same time, it also creates unsafe working conditions for nurses and midwives.

The Report of the Expert Review Body recommends the development of an integrated workforce plan which must include planning and forecasting requirements based on operational and strategic plans for all services. It is essential that all staff nurse and midwife recruitment be aligned to the agreed enhanced practice scale. Workforce planning should be devolved to the hospital group level with authority given to the Director of Nursing to recruit and retain staff more efficiently.

 *The Framework for Safe Staffing and Skill-Mix must be fully funded and fully implemented by year end 2023* 

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 fully implemented by year end 2023. To date, it only applies in 12 hospitals. *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 should be fast tracked.

The Framework for Safe Staffing **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. The shortage of midwives and PHNs outlined below must be addressed by developing appropriate recruitment and retention strategies as part of the funded workforce plan to ensure the strategy can be achieved.

RECRUITMENT AND RETENTION

As consistently outlined by the INMO, there is now a critical recruitment and retention problem within the Irish health system. Over the last number of years, the shortage of nurses and midwives has been exacerbated by moratoriums on recruitment and cost-saving measures imposed to reduce the workforce. As noted above, the integrated funded workforce plan 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 appropriately address recruitment and retention issues, it is critical to ensure that any outstanding issues are addressed, including:

- Full early implementation of all recommendations of the Expert review group on nursing and midwifery.
- Full consolidation of the 80% salary for the 4th Year Interns as recommended by the McHugh Report must be urgently implemented.
- In the context of the reduction of hours, there is a be-spoken recruitment campaign in respect of posts which are required to be replaced.
- Recruitment of newly qualified staff nurses and midwives, up to 18 months of service, must be to the agreed enhanced practice scale and be implemented in full as per strike 2019 strike settlement.
- Increased numbers at undergraduate level to allow workforce planning in specialism on graduation.
- Expand the offering of PHN education programmes from the current three to at least five higher level institutions. A crisis is emerging owing to a lack of PHNs and critical services are not available in certain areas of the country which must be immediately addressed.

Investment in recruitment and retention strategies must be consistent across the acute, primary and community settings established and must address the following issues:

- 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.
- The HSA must increase the of frequency of inspections and issuing of improvement notices and fines where employers in the health service fails to protect and reduce risk to their employees.

OVERSEAS RECRUITMENT

A recent report again has emphasised the immensity of the healthcare worker

Training location	2020	2021
Ireland	1,747	1,530
Non-EU	1,776	3,093
EU	446	385
TOTAL	3,716	5,008

shortage globally, stating: “There can be no doubt...about the scale and the complexity of the problem. It is about numbers of health workers, growing demand, their uneven spread, their education and training, morale and age profile. (APPG, 2022, pg. 9).

Table 2 - Training location for first time registered nurses and midwives. Source: NMBI

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 given the number of nurses due to retire by 2030, this shortage is closer to ten million. The *State of the World's Midwifery Report* (WHO, 2021) has estimated a shortage of 600,000 midwives.

The health service has had a long-standing dependence on overseas recruitment. Since 2014, there has been a growing increase in the number of overseas trained nurses registering with NMBI. Out of the total number of new registrants with the NMBI in 2021, 62% are overseas trained nurses/midwives, while Irish trained nurses and midwives account for 27% of new registrations (NMBI, 2021).

These statistics are stark and should be considered when developing the workforce plan. Ireland has an obligation to ensure ethical practices around international recruitment. Therefore, the *WHO's Global Code of Practice on the International Recruitment of Health Personnel* must be reinforced, and there must be an ethical approach to managing overseas recruitment.

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 a longer period 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 prior to registration – in recognition of their personal and professional investment when travelling to Ireland, the immigration system must be changed to allow applicants temporarily work in the jurisdiction while undertaking this process or repeating it.

In terms of the HSE’s international recruitment relocation package, it should include, where practicable, all vouched expenses associated be paid directly to the employee.

UNDERGRADUATE NURSE AND MIDWIFE STUDENT PLACES

Students are the future of our profession and, indeed, the Irish health service. They have borne witness to the chaotic conditions that their colleagues are working in daily. It is no surprise that many are now looking toward their future and thinking that working in other countries is a more attractive option. The problem is not just the conditions they are working in; it is that it is impossible to afford to live near any hospital in any Irish city and maintain a decent quality of life between spiralling rents and the cost of living.

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.

In Ireland, unlike other EU countries, one major advantage is that the

it is clear that additional places must be publicly provided by the state’s 13 higher level institutes that provide undergraduate education

applications to study nursing and midwifery exceed the places available. Therefore, additional places must **be publicly provided** by the state’s 13 Higher Education

Institutes (HEIs) that provide undergraduate education. Using private providers to offer additional places can lead to difficulties. For example, the recent controversy with the Dublin Business School’s Social Care programme. In the last two years, some progress has been made with an increase of 325 places for nursing and midwifery. (Moynihan, 2022). However, it is essential that the growth in undergraduate and postgraduate education places are appropriately matched with clinical placements and is aligned with the integrated workforce plan.

At the same time, the recommendation to increase undergraduate places by reviewing the entry routes into nursing must commence immediately, along with the possible introduction of a graduate route to nursing and midwifery. There is a need to see more places ring-fenced in higher education for pre-nursing students as well as a general increase in the overall 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).

CAREER ADVANCEMENT

The necessity to provide additional postgraduate training programmes in the 13 HEIs 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. Although the numbers of advanced nurse and midwife practitioners are increasing, this is at a slow rate and below what is considered necessary to create a critical mass. The Government set a target of 3% of the nursing/midwifery workforce to practice at an advanced level. We call for the expansion of 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 13 HEIs. In line with Government policy, the role of Registered Advanced Nurse Practitioners (RANPs), Clinical Nurse Specialists (CNSs) and Registered Nurse Prescribers (RNPs) must be funded and developed.

ACTIONS:

- To move forward in delivering a sustainable health service, there must be a **commitment to exempt nurses and midwives from any future embargos. 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.** This must include **specific funding for additional nurses and midwives** across the health service to ensure **appropriate staffing levels for the additional funded capacity.** This must include **funding appropriate cover for staff absences** owing to COVID-19, long covid, illness, as well as statutory maternity and parental leave.
- Development of **robust recruitment and retention strategies** to make nursing and midwifery careers more attractive.
- **Funding must be provided to establish a health service division within the HSA** to ensure adequate protections for nurses, midwives and other healthcare workers
- **All nurse staffing must be guided by The Framework for Safe Nurse Staffing.** The Framework must be **funded, underpinned by legislation and expanded across the health service.**
- The **Framework for Safe Staffing** must be **fully implemented across the health service by 2023.** Funding allocation for completion of the rollout of phase 1, as well as funding for phases 2 and 3 in emergency services, community and long-term care.
- A commitment to **increasing nursing and midwifery undergraduate places by 250 each year.**
- An **increase in the allocation of places for health care workers who wish to train as nurses/midwives** on each course.
- In line with Government policy, **the role of Registered Advanced Nurse Practitioners (RANPs), Clinical Nurse Specialists (CNSs) and Registered Nurse Prescribers (RNPs) must be funded and developed.**

- **Additional training places for PHNs and fast track pathways for CRGNs who wish to train as PHNs.**
- **Full implementation of the settlement terms of the nurses and midwives 2019 dispute, inclusive of correction of nursing and midwifery managers pay, and recruit directly to the enhanced practice scale.**
- **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.**

Healthcare Capacity



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Ensuring sufficient capacity across the health service to meet the demand is an ongoing and significant challenge that must be adequately addressed. Years of under-funding, under-resourcing and under-staffing have resulted in serious problems, including unmet needs, fragmented services and inequity of access to vital services across the country's acute hospital, community and long-term care settings.

As far back as 2006, it was recognised that hospitals were operating at close to 100% capacity when the optimum level should be 85%. Seventeen years later, little has changed, with Ireland still having one of the highest occupancy rates of 95%, which is above the capacity for delivering safe patient care (OECD, 2021).

Such high occupancy impacts safe patient care and creates highly challenging working environments for health care workers. The Expert Review Body (2022), recently

 *The Health Service Capacity Review must be adequately funded to achieve the optimum capacity across all settings in the health service* 

acknowledged the difficult clinical environment required for nurses and midwives to provide safe, high quality care. It reaffirmed Ireland's position as having the highest bed occupancy rates of all the OECD countries while also having one of the lowest numbers of hospital bed (3 per thousand compared to an OECD 36 average of 4.7 per thousand).

Implementation of the *Health Service Capacity Review* (2018) has been far too slow to date. The *Sláintecare Implementation Strategy and Action Plan 2021 – 2023* has prioritised implementing the Review's recommendations and, therefore, must be adequately funded to achieve the optimum capacity across all settings in the health service.

COVID-19

Although the country is emerging from the emergency phase of the pandemic, COVID-19 is still a significant threat. Successive waves of COVID-19 have significantly impacted our society. It has exposed the many inadequacies, failings and inequities in various guises across the nation. It is now time to act on all the lessons learned, recommendations and reports published.

Within the health service, the current wave of COVID-19 is causing serious disruption and risk to the health of those using the services and healthcare workers. COVID-19 hospitalisations are increasing, with 1,018¹ people seeking treatment in hospitals across the country. Each day healthcare workers are put

 *Many healthcare workers are getting infected, re-infected and suffering from long COVID-19, with no appropriate health and safety response from the Government* 

at risk of infection, which, teamed with the return of hospital overcrowding, is creating increasingly pressurised working environments.

¹ Wednesday 13 July 2022 - <https://covid-19.geohive.ie/>.

Many healthcare workers are getting infected, re-infected and suffering from long COVID-19, with no appropriate health and safety response from the Government. Nurses and midwives are exhausted, burnout and demoralised from the lack of action on addressing COVID-19.

The safety of patients, nurses and midwives, along with other frontline workers must be prioritised. Therefore, we call for:

- **The introduction of an occupational injury scheme for those affected by long COVID is urgently required.**
- Mask wearing indoors and congregated settings must be re-introduced as soon as possible.
- Screening for COVID-19 must be undertaken upon arrival at hospitals and other healthcare facilities.
- Healthcare workers must be offered boosters.
- Improve ventilation in healthcare settings.
- Appropriate occupational health supports for nurses and midwives.
- Funding must be provided to develop mental health services for staff to promote recovery from the traumatic period of the pandemic and the consequence for those who have worked in the frontline of health care delivery since February 2020.

SLÁINTECARE

Ireland remains an outlier in Western Europe owing to its lack of universally accessible health care. 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.

Ireland remains an outlier in Western Europe owing to its lack of universally accessible health care

For Sláintecare to deliver a universally accessible health care service for all, it must be enshrined in legislation.

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.

Some progress has been made under Sláintecare. However, much more must be achieved to deliver on a vision for UHC which is true to the original principles of the cross-party agreement. The removal of private from public hospitals remains a considerable challenge. It is now essential that recommendations of the *Report of the Independent Review Group established to examine Private Activity in Public Hospitals* (2019) be fully implemented in line with Sláintecare recommendations.

As part of the HSE's implementation of Sláintecare, community networks with new and revised management and governance structures are being established. Due to the HSE's proposals, there are significant concerns relating to the lack of transparent clinical governance and reporting relationships within nursing. The HSE has an ongoing recruitment campaign to populate staffing positions within enhanced community networks, integrated care for older persons, and chronic disease management.

There have also been significant difficulties recruiting staff. Posts that have been filled are generally by nurses and midwives from other acute, social care, and community nursing services rendering those services short staffed and facing difficulties in relation to meeting their statutory obligations. A clear example is the significant vacancies within public health nursing and the impact this is having upon services requiring those services to implement prioritisation processes that may result in some members of the population not receiving the appropriate service.

Movement of the staff nurse, clinical nurse manager, and specialist nursing grades from hospitals to community services must also be addressed by workforce plans to back-fill vacancies arising, which must be done promptly.

Public Health Nursing and Community Registered General Nurses

The INMO's previous submissions have consistently identified the lack of staffing within the primary care setting, a situation that has been worsened due to the pandemic. 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 PHNs and community registered general nurses (CRGNs) is put in place.

“ A shortage of PHNs, is impacting the delivery of services, with recent reports of the HSE withdrawing essential development checks for children due to staff shortages ”

Currently, there is a significant shortage of PHNs which appears to be worsening yearly. Based on the HSE's census figures, the number of PHNs dropped by 85 WTEs between December 2020 and June 2022. There are only three providers of the public health nursing

course, namely, NUIG, UCC and UCD. There is a clear need for the HSE to increase the number of sponsorship programmes each year to meet demand. In addition, at least two more HEIs are needed to provide the public health nursing course, thus ensuring better regional availability.

An inhibitor to individuals applying for the PHN programme is that they must take a significant drop in salary to the student PHN salary scale for that year while undertaking the PHN sponsorship programme. There is a requirement that, at a minimum, individuals would remain at their substantive salary scale while undertaking the PHN programme. In the current environment with the rising cost of living, imposes a financial penalty on those who wish to train as public health nurses and complete the sponsorship programme.

A shortage of PHNs, which is impacting the delivery of services, was recently highlighted, with recent reports of the HSE withdrawing essential development checks for children due to staff shortages (RTE, 2022). Recent research into public health nurses providing postnatal care to mothers and their newborns cited workload as a critical challenge to delivering high quality care, with many working overtime without pay to ensure a consistent service (Giltenane, Sheridan, Kroll & Frazer, 2022).

Routine developmental checks have been missed throughout the pandemic as many PHNs were redeployed. In a recent study, Hanafin et al. (2020) found high burnout levels amongst PHNs working on full time contracts and moderate levels of burnout overall. They also found that burnout amongst PHNs was due to time pressures, working environments and demands of the working environment.

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). It is crucial that provision is made in Budget 2023 to incrementally increase 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.

EMERGENCY DEPARTMENTS

In April of this year, the INMO again sat in front of an Oireachtas Committee to discuss the increasing overcrowding being experienced within Irish hospitals and emergency departments. At that time, the INMO's Trolley Watch had provided figures which showed records being broken in some hospitals in January 2022. Since then, the situation has worsened as nurses, and other healthcare workers try to provide care in increasingly unsafe clinical environments. This situation continues with the risk of COVID-19 infections to patients and healthcare workers without the required extra support or protection.

🗨️ *In July 2022, Trolley Watch data recorded over **9,961 patients without a bed** in June, the worst June since the INMO began counting trolleys in 2006* 🗨️

In July 2022, Trolley Watch data recorded over 9,961 patients without a bed in June, the worst June since the INMO began counting trolleys in 2006. The most overcrowded hospitals for that month included University Hospital Limerick (UHL), Cork University Hospital and University Hospital Galway.

Research has shown that delays to hospital inpatient admission are associated with a higher mortality rate for patients waiting more than five hours for treatment. (Jones et al. 2020). Patients are now waiting an average of 11 hours for emergency care (Meskill, 2022).

In 2014, HIQA investigated UHL and found that the single most significant risk was the severe 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. The persistent and ongoing nature of ED and hospital overcrowding must be urgently addressed.

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.

Furthermore, a HIQA investigation into the death of a patient in Tallaght University Hospital in 2012 stated that no patient should be cared for in an inappropriate space i.e., a corridor. Yet, ten years later patients continue to be cared for on corridors stripped of dignity and a safe environment. The indignity of this trauma for staff is exaggerated when they witness and are forced to provide care to patients in this undignified manner, which was described by HIQA as breaching the human rights of patients in these situations lacking privacy and dignity.

Since the publication of HIQA's report on UL, some progress has been made by focusing on the process within the ED setting. The first step is to remove patients from trolleys on inpatient wards as this will improve patient flow and speed up discharge.

ED and hospital overcrowding was not caused by COVID-19. However, unfortunately, today, it is endemic in our public health system. Winter plans are published four months too late after the horse has bolted. Service plans that promise six hour wait times are unacceptable (HSE, 2022b). We need a government-led and overseen implementation of the agreed reform plan. Without the necessary reform set out in Sláintecare being prioritised, funded, and overseen by the Taoiseach's Office, the consequences for the public will be significant, and undoubtedly the turnover and retention of staff will be negatively affected. The decisions have to be made now, as another winter like this one is not acceptable and not tolerable for nurses and other staff working in these unsafe, high-risk environments.

We cannot continue to accept hospital overcrowding as a standard feature of health care delivery. It is failing patients, and it is failing nurses and other staff working in these environments. There must be zero tolerance for overcrowding in our hospitals and EDs. It is essential that in line with Sláintecare, three elective hospitals proceed to assist in addressing access, capacity and reducing waiting times.

MATERNITY CARE

The number of staff midwives employed in the HSE in December 2020 was 1,486 WTEs. As of June 2022, the number stands at 1,377, a reduction of 109 WTEs. (HSE, 2022a). Maternity services are experiencing a midwifery workforce crisis, with fewer graduates and increasing retirements. As well as the major Dublin based maternity hospitals, this is something which being acutely felt within regional maternity hospitals across the country. Owing to a lack of staff, those women, and babies in need of emergency care can often be put at risk due to a lack of staff.

There are challenges relating to the differences in qualifications of midwives across boundaries and therefore, international recruitment may not be a solution to this issue. Therefore, 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. This is unsafe for women and their babies.

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.

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

“Despite the many recommendations to expand choice for women in the Maternity Strategy, the pace of implementation has been extraordinarily slow”

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 INMO welcomes the recent publication of the Women's Health Action Plan 2022 - 2023 (Department of Health, 2022) and its support of essential improvements in maternal health care and women's health more broadly. This strategy must be fully funded for its actions to be achieved. In terms of maternity care, it is vital to invest in midwives across the maternity setting to ensure the objectives are met.

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 across all maternity services, which must be underpinned by legislation.

CHILD HEALTH CARE

The long-awaited National Children's Hospital is again expected to be further delayed and become more expensive owing to increases in inflation which are raising the construction costs. The cost is now estimated to rise by more than €2 billion. The long delays and overspend on delivering a National Children's Hospital ultimately leads to longer waiting lists, unmet needs and frustration. The hospital must be opened as a matter of urgency.

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 an increase in attendance at acute hospitals. Therefore, it is necessary to fully implement both the *Strategy for the Future of Children's Nursing in Ireland 2021-2031*, and the Expert Review Body recommendation regarding a review of the 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 to implement the model of care for paediatric health service delivery and facilitate the new children's hospital opening* 🗨️

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.

LONG TERM CARE

The two-tier public/private system has long impeded the delivery of safe care. The privatisation of the older person’s care should be reversed; it gravely concerns that private, for-profit organisations now provide 82% of such services. The cost of care model that prevails in older person’s care puts cost before care, and this cannot be tolerated in a modern society that cares for and respects its growing older population and the welfare of the professionals required to deliver optimum care. The failure to remunerate nursing staff in private settings comparable to colleagues in the public sector is a cost-saving measure that has exacerbated the difficulties complained of by providers.

“The two-tier public/private system has long impeded the delivery of safe care. The privatisation of the older person’s care should be reversed.”

In 2020 the Oireachtas Special Committee on COVID-19 Response recommended (Recommendation No. 2) that: “A review should be undertaken into the impact of privatisation of Ireland’s nursing homes and to ascertain its impact on: Nursing levels; Expertise and qualifications of staff; Medical and other facilities available in older people care settings as a result of the policy decision by previous administrations to incentivise private care settings resulting in 80% of residential care been in the private sector, and The adequacy of funding to deliver optimal outcomes.”

The *Value for Money Review of Nursing Home Care Costs* (Department of Health, 2021a. pg. 21) identified that “there are approximately three times as many health care assistants for every nurse in private nursing homes; a figure that is significantly higher than in public nursing homes.” A higher number of nurses is associated with higher quality and safe care. Therefore, the Framework for Safe Staffing in residential and community settings is critical to rectifying this situation.

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 Expert Panel recommended integrating private nursing homes into the broader framework of public health be advanced, and this should be prioritised in the short term. It further 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.

Increasingly and as observed by the Expert Panel, many highly dependent people can live safely in their homes provided the necessary homecare supports are in place. However, 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 the 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.

DISABILITY CARE

The *Disability Capacity Review* (Department of Health, 2021b) has identified significant current and projected unmet need for people with disabilities across all departments. There has been considerable underfunding over the years, and the Review provides some stark data and implications for adults and children living with a disability. Children's disability services are at crisis levels, with 40,000 awaiting early intervention or assessments (Tully, 2022). The new reconfiguration of children's services has led to a regression of services, a serious concern that must be urgently addressed.

There is a clear, urgent need for adequate funding to be allocated in Budget 2023 to provide a rights-based approach for people with disabilities under the UNCRPD. Therefore, the budget must be equality proofed to maximise the independence and quality of life for people with a disability. The Capacity Disability Review estimates that to address unmet need, alongside demographic change, spending on disability would need to increase by between €550m to €1,000m, above its 2018 level.

In terms of 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 Staffing, which includes community and intellectual disability settings, is established and progressed to address the current understaffing in disability

 For children and adults with an intellectual disability, access to a Registered Nurse Intellectual Disability (RNID) must be provided 

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 a Registered Nurse Intellectual Disability (RNID) must be provided. Unfortunately, due to the changing style in providing 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.

ACTIONS:

- There must be **strict adherence to 85% occupancy** of acute hospitals and **zero tolerance of hospital and emergency overcrowding** - this requires funding and planning to ensure acute only hospitals, as set out in Sláintecare, are fast-tracked and provide 24/7 acute care.
- Immediate **implementation of the Sláintecare Report** and the commencement of the **multiannual transitional fund** to support investment.
- There must be a **single source of funding for care of the older person services**. **Public services run and delivered in long term care** must be a central plank of this strategy. 82% of long-term care is delivered via the private sector. The pandemic demonstrates this situation, unfortunately, exposed the lack of investment in training and staffing by this sector. In addition, Ireland's aging demographic required an **all-government plan in relation to building appropriate self-care, supervised care modified units, with access to services and communities** for older people who currently are forced to remain in family homes, inappropriately modified for their needs, due to lack of real 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.
- **Funding must be prioritised for full implementation of the Maternity Strategy**, putting an **end to 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.
- The €12m investment in delivering the National Maternity Strategy is welcome, **but a funded expansion of midwife-led units and community midwifery services is required** as well as measures to ensure safe midwife-to-birth ratios across the service.
- **Funding** must be provided to ensure the objectives outlined in the **Women's Health Action Plan can be realised**.
- **Allocation of funds** must ensure **Sláintecare** moves beyond project-based changes to **real public service delivery for universal health care**.
- The recommendations of the **Health Service Capacity Review Report must be implemented**, and **bed occupancy reduced to 85%**.

Cost of Living



Irish Nurses and Midwives Organisation
Working Together

The current cost of living crisis is an issue which is being felt in almost every household in the country. According to Eurostat's Price Level Index for Final Household Consumption (2022), Ireland is now the second most expensive country in the EU, with prices 40% higher than the European average.

However, people on lower incomes are the most vulnerable and exposed to the current difficulties. Soaring energy and consumer costs are pushing those on lower incomes into poverty. With inflation estimated to reach 7% this year and then a further 4% to 5% next year, it is clear that appropriate measures be taken to protect those most vulnerable to poverty. The INMO supports ICTU's

“Our members are facing real economic difficulties in providing for themselves and their families in the current economic climate, some of whom are at risk of falling into poverty”

proposals for addressing the crisis including making the living wage the minimum wage and capping electricity prices for low-income households.

However, those on moderate incomes must also be afforded protection from

the crisis. Our members are facing real economic difficulties in providing for themselves and their families in the current economic climate, some of whom are at risk of falling into poverty. The spiralling cost of living is having a severe negative impact on nurses and midwives. As well as facing increased costs at home, most nurses and midwives face significant commuting and parking costs to get to work without access to appropriate public transport. This is further exasperated by an inability to afford housing and rental accommodation near the workplace.

Student nurses and midwives find it difficult to manage their day-to-day costs during ordinary times, particularly while on clinical placements. However, this situation is becoming more dire as young nurses and midwives commencing their careers with no wages on the first point of the scale are left vulnerable and at risk of increasing costs.

Irish nurses and midwives are also exposed to pension poverty owing to their gender. Figures in Table 3 - 4 provided to the INMO under Freedom of Information by the HSE, show that women in the professions retire after an average of 24 years' service. Their male counterparts retire after an average of 30 years' service. This leads to a significant gender pension gap within the profession. Nursing is a physical profession by its very nature. The faster accrual for pensions for nurses and midwives must be considered in this regard. Provision for faster accrual of pension entitlements is already provided for in public sector professions that involve huge physical exertion such as prison officers, an Garda Síochána and Dublin Fire Brigade.

Table 3 - HSE Retirement Average Lump Sum 2018-2022

Year	Male Retiree Avg Lump Sum	Female Retiree Avg Lump Sum	Pension Lump Sum Pay Gap %
2022 (YTD)	€90,905.47	€59,461	52.8%
2021	€81,938.28	€60,640	35.12%
2020	€88,070.60	€62,071.08	41.8%
2019	€80,514.34	€63,441.17	26.9%
2018	€91,120.23	€59,978.56	51.9%

Table 4 - HSE Retirement Monthly Pension 2018 - 2022

Year	Male Retiree Avg monthly pension	Female Retiree Avg monthly pension	Monthly Pension Pay Gap %
2022 (YTD)	€2,246.99	€1,355.82	65.7%
2021	€2,031.69	€1,430.30	42%
2020	€2,238.11	€1,504.49	48.7%
2019	€2,033.70	€1,538.39	32.1%
2018	€2,381.88	€1,454.35	63.7%

Some Nurses and Midwives have additional costs associated with Long Covid. Unlike other European countries, the Irish Government has not made provision for this condition to be classified as an occupational injury, resulting in those suffering having to cover all medical and rehabilitation bills themselves. We request the Government to do the right thing, and implement the occupational injury scheme for health care workers covered under the EU Biological Hazards Directive.

ACTIONS:

- **The Government must address the erosion of wages** which has affected nurses and midwives by **realistic engagement with the public sector trade unions** with an improved offer on the review of the pay award set out in Building Momentum for 2021-2022.
- The **mileage and subsistence review** must be completed as soon as possible to address the increase in fuel costs while working.
- **Parking rates** for staff at hospitals and other health care facilities **should be removed.**

CHILDCARE

According to NERI, the absence of childcare disproportionately affects the female population (Wilson, 2020). The nursing and midwifery professions are 91% female. Looking at the age profile of nurses and midwives working in the HSE, a

large portion of the professions are in the age groups normally associated with childrearing and parental responsibility. Appropriate childcare for nurses and midwives continues to be a significant challenge for many working in the professions. Shift work, long hours and the 24/7 nature of their work fall outside the traditional childcare model.

The COVID-19 pandemic exposed the lack of a sustainable model of childcare for frontline and essential workers. An INMO survey of its members revealed that almost 60% of respondents were co-parenting with an essential worker or healthcare worker, resulting in neither parent being available to provide childcare during the pandemic. 60% of lone parents stated that they accrued additional childcare costs. The case of childcare provision for essential health care workers became a matter of debate within four different departments but was decided on by none. Eventually, when the proposal was announced, it was unworkable.

As recommended by the Citizen's Assembly (2022), it is now more important than ever to ensure an appropriate childcare and early years' service is publicly funded, accessible and regulated. This service must also seek to improve the working conditions for those predominantly female workers. Provision for childcare and early years workers to access a sponsorship programme should they wish to further their career in nursing or midwifery should also be considered.

The model must also consider the workers, including nurses and midwives, who work to provide 24/7 essential services. A global and national shortage of nurses and midwives exists.

 *Healthcare employers must provide appropriate childcare solutions, reflecting the needs of nurses and midwives and other healthcare workers delivering 24/7 health services*


The Government must provide a sustainable workforce in the health service to meet the needs of the population. Appropriate recruitment and retention strategies are an essential component and ensuring childcare for nurses and midwives must be incorporated as part of the broader strategies now and into the future.

Childcare costs should not further exaggerate the gender pay gap. Only allowing part-time working options as a flexible option will not help reduce the motherhood pay gap. Instead, healthcare employers must provide appropriate childcare solutions, reflecting the needs of nurses and midwives and other healthcare workers delivering 24/7 health services.

Health care employers must also, where appropriate, consider the provision of onsite childcare. A recent study of hospital employees in Australia found that 53% of respondents were negatively affected by a lack of appropriate childcare (Stevens et al., 2021). Therefore, providing onsite and out-of-school care facilities for nurses and midwives can incentivise staff recruitment and retention. According to the authors:

“The ability to maintain workdays/hours, to be at work on time, to work the usual shift times, and be more available for other shifts, was seen as a key benefit of

having accessible onsite care for children with the appropriate operating hours.” (Stevens et al., 2021).

ACTIONS:

- **Onsite 8am-8pm childcare options** must be considered for nurses and midwives subsidised by the employer.
- **Childcare staff working in such services** must be employed by the HSE or voluntary hospitals with career progression options.
- **Childcare pilot sites** should be developed in the four regions to further explore this as a sustainable childcare option for nurses and midwives.

HOUSING

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 can negatively impact the retention of nurses and midwives.

A recent ESRI report noted a drop in the level of 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%.

Progress must be made in providing affordable, high-quality homes to ensure that nurses and midwives can be retained in their workplaces

Progress must be made in providing affordable, high-quality homes to ensure that nurses and midwives can be retained in their workplaces. As stated earlier, many nurses and midwives are forced to move away from urban areas where the major hospitals are situated, leading to increased commuting costs.

Every housing plan must provide subsidised rental accommodation and affordable housing options for essential workers to ensure the health service can retain nurses and midwives.

When building new hospitals, the Government must factor in where these nurses and midwives are going to live. Zoning of land must include affordable housing for essential frontline workers. For example, the new children’s hospital should establish a housing plan to provide subsidised rental accommodation and affordable housing options for these essential workers.

Affordable housing is not just a problem in urban areas. It is a problem that persists in rural areas, particularly tourist areas, where nurses and midwives are priced out of living near their places of work.

Furthermore, for those homes blighted by the Myca/Pyrite scandal, there must be delivery on the 100% redress scheme demanded by those who have been so severely impacted by the failure of state regulation in this area.

ACTIONS:

- 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.
-

Societal Concerns



Irish Nurses and Midwives Organisation
Working Together

BREXIT

The impact of 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.

The United Kingdom (UK) is facing a severe shortage of nurses. As of June 2021, there were 38,972 vacancies in the NHS (NHS Digital, 2022). The UK Government is set to recruit up to 50,000 nurses by 2024. However, the demand is ever increasing, so this target is not expected to keep pace with demand (Kings Fund, 2022).

A recent report (Shembavnekar et al. 2022) has emphasised the scale of the issue in the UK, describing the workforce shortage in the NHS as the single biggest challenge facing the NHS and social care. It estimates that the NHS is likely to face a shortage of 50,600 FTE (WTEs) nurses in 2023/24 and that these shortages will continue for the remainder of the decade.

“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 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.

CLIMATE AND THE JUST TRANSITION

The Programme for Government commits to an average 7% per annum reduction in overall greenhouse gas emissions from 2021 to 2030 (a 51% reduction over the decade) and to achieving net zero emissions by 2050. A commitment welcomed by the INMO. This obligation has now been given a statutory footing through the Climate Action and Low Carbon Development (Amendment) Act 2021.

“money raised from the carbon tax must be ring-fenced to ensure adequate protections and job creation for vulnerable workers”

There must be appropriate attention to vulnerable workers who will be affected by the move to a low carbon economy. However, meeting these targets is not without challenges 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 protections and job creation for vulnerable workers.

The INMO supports the Just Transition Alliance and its call for establishing a Just Alliance Commission. This must be done in line with international obligations and as recommended by the NESC (2020). This Commission must provide a social dialogue to include all relevant stakeholders, including trade unions. 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). Within the healthcare setting, there must be strict adherence to sustainable and low carbon policies.

ACTIONS:

- The **climate crisis** requires **urgent attention** and must be actioned in a just way. Ireland must now **deliver on a low carbon economy and society** which must include the **establishment of a Commission on a Just Transition**.

Taxation

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 supports ICTU's proposal to review the tax expenditures system to improve the equity of the tax system.

EMPLOYERS PRSI

According to NERI (2021), Ireland has a relative 'under-taxation' of labour income compared with the rest of the EU. This is owing to a low yield from employer PRSI. However, tax revenue from employees exceeds the EU average. The INMO proposes that higher increases should 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.

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 Irish Farmers' Association.

“ The Government must reinstate the tax relief for trade union subscriptions as this is central in moving towards a new social dialogue ”

Collective bargaining is essential to helping workers and organisations adapt to rapid changes which are taking place in the labour market and can ensure a more inclusive and prosperous world of work (OCED, 2019). Therefore, the Government must reinstate the tax relief for trade union subscriptions would be an important in moving towards a new social dialogue.

FLAT RATE EXPENSES

The INMO and ICTU have made numerous submissions to Revenue regarding the position adopted concerning flat-rate expenses. Following the publication of the Tax Strategy Group's paper on Income Tax (Department of Finance 2021), the Group did not reach a specific conclusion in the paper it did note that with regard to huge disruption in the labour market as a result of the pandemic, the timing of introducing any policy change relating to flat rate expense regime would require careful consideration. Given the current cost of living crisis, it would seem unreasonable to introduce any changes to the regime.

The INMO's position remains that this Review, whether it restricts or removes tax

“ 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 ”

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

performing 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.

SUGAR TAX

The INMO welcomed the introduction of the sugar tax 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; 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.

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. 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.

ACTIONS:

- The INMO calls for the **restoration of tax relief on trade union subscriptions** which was abolished in 2010 during the economic crisis.
- 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** to ensure **full implementation** of the **Sláintecare Report**.

Conclusion

Representing the largest workforce in the health service, the INMO, for a third year, now calls on the Government to address the ongoing shortcomings of the health service, which the COVID-19 pandemic has further exposed.

INMO members have worked exceptionally hard, putting their own lives at risk to keep the Irish public safe and cared for during this pandemic. This must not be taken for granted. Nurses and midwives play an essential role in delivering high quality, safe patient care. Therefore, the Government must respond by affording them appropriate recognition, professional pay rates, protection from work related illness or injury and societal changes to allow nurses and midwives to work in a safe and affordable manner.

The Government must commit to multiannual planning and funding to address the understaffed nursing and midwifery workforce sustainably. Cost savings and high-quality care can be achieved through rollout and implementation of the National Framework on Nurse Staffing and Skill Mix as well as the National Maternity Strategy. However, this will require investments in staff, education and resources.

In supporting and protecting nurses and midwives as part of significant reform and delivery of Sláintecare, the focus must be on developing an inclusive, universal healthcare system incorporating global health security underpinned by a rights-based approach and an appropriate level of funding.

The INMO believe the following actions must be taken:

- **The Report of the Expert Review Body on Nursing and Midwifery needs to be implemented in full** to show commitment and support to the future of nursing and midwifery professions in Ireland.
 - **All nurse staffing must be underpinned by the Framework Model for Safe Nurse Staffing and Skill Mix.**
 - **The Framework must be funded, underpinned by legislation and expanded across the health service** - Implementation must be quicker and focused on completion of phase 1 must be rolled out by year end 2023. Phase 2 (Emergency Departments) must be implemented across all the 29 emergency departments before end of 2023.
 - **The recommendations of the Health Service Capacity Review must be implemented, and bed occupancy reduced to 85%.**
 - **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.
 - **There must be zero tolerance for overcrowding in our hospitals and emergency departments.**
 - **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.
 - **Funding must be provided to establish a health service division within the HSA to ensure adequate protections for nurses, midwives and other healthcare workers** in response to the increase in workplace assaults, burnout and occupational infections.
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