

Dear **Deputy**,

The INMO Represents **44,000 nurses and midwives** in the public and private sectors across Ireland.

As your party is currently engaging in government formation talks, we wanted to take this opportunity **to raise with you some issues of importance to our members and the wider health service.**

In particular, we want to focus on **staffing solutions** and issues relating to the **structure of the wider health service.**

I. IMMEDIATE STAFFING ISSUES

We are currently running a reduced “non-COVID” health service, in parallel with the COVID-focused services. For the foreseeable future and well over the winter period ahead, and according to the HSE for up to 18 months, it will be necessary to run, effectively, two services. Covid and non Covid patients being separated and isolated in areas where care is delivered to them by separate groups of staff will be a standard public health requirement. We believe this must be planned and cannot be left to chance and a return to business as usual, where overcrowding in emergency departments and on hospital wards would expose patients to potentially deadly infection.

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Staffing pressures and the resulting overcrowding and long waiting lists were a feature of our health service before this pandemic. In addition, we now have and will continue to have, a very high contagion rate (29.2%) in HCW, of those 31% (2300) are nurses. That means absence due to self-isolation of a significant portion of the workforce which is likely to continue.

The inability to replace nurses and midwives absent on leave has never been satisfactory and now we are facing an even bigger problem. This is a matter that cannot wait for HSE and Department of Health annual pay and numbers strategies, this is a real and growing crisis and must be examined immediately by the incoming government

In nursing and midwifery, staffing pressure is driven by three main factors:

1. **Long-standing understaffing problems** exacerbated by the recent moratorium/ pause on recruitment.
2. **High COVID-19 infection rates among healthcare workers** (29.2%, the highest known figure in Europe)
3. **A long dependence on overseas recruitment**, which is currently at a standstill due to travel restrictions and is likely to remain difficult in the next 6-8-month period as restrictions on travel remain a feature of dealing with the pandemic. In 2019, 49% (1,819) of nurses who joined the register in Ireland were trained outside of the EU. We will not now be able to recruit these nurses and midwives, and this is a major concern. When restrictions ease the highly competitive global recruitment market for nurses and midwives will have intensified as all countries now struggle to come to terms with the increased nurse staffing requirements.

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TO ADDRESS THESE PROBLEMS, WE PROPOSE:

a) **A high-level working group**, to report within one month of the formation of a new government, to examine and set the nursing and midwifery workforce priorities for the health service over the coming year. This would examine staffing deficits for these essential front-line workers, set out where additional staff are needed, and prioritise services to fully return to work. Without such a working group, we fear that the reopening of the health service could have an ad hoc, rudderless drift in terms of staffing and place nurses and midwives in precarious workplace situations dealing with staff shortages and a pandemic at the same time.

b) **A commitment that no recruitment embargoes** will be applied to nursing and midwifery. This would allow more certainty to those seeking to work as nurses and midwives in Ireland and would avoid the acute understaffing problems we have seen in recent years.

c) **Recruitment and retention measures**, to make nursing and midwifery careers more attractive – both for domestic undergraduates and the international jobs market.

In the short run, this means ensuring the full implementation of the 2019 strike settlement, which is still only partially complete, due to delays at national level and by individual employers. This must include rapid work on the expert group to look at the future of nursing and midwifery, including managerial pay in the professions, a timetable for the modular reporting of the Expert Group work must be set which uphold the agreement that its work will be concluded immediately. **Any delays or further procrastinations on behalf of the Department of Health and employer must be met with a clear directive to pay what is due immediately and honour all aspects of the settlement.**

We need to rapidly plan to retain those nurses and midwives who are working in our health services and who have met the pandemic head on and saved many lives in doing so .Over the course of the government, this must extend to delivering pay equality for nurses and midwives to others in the health service with comparable qualifications, such as allied health professionals.

d) **Scientific staffing levels** were something committed to in your party manifesto. We ask that the programme for government include a pledge for multi-annual funding to ensure the safe staffing framework is fully implemented. This has a direct staffing impact in reducing burn-out and improving retention, while also improving patient outcomes, bed occupancy, and cost savings.

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e) **Increased nursing and midwifery student places** will alleviate staffing problems in the medium term. We currently have under 1,800 undergraduate places, but over 5,000 Leaving Cert students put nursing or midwifery as their first preference in the 2019 CAO. We have both a need and demand for these courses, which would guard against future shortages.

f) **Prioritised immigration and access arrangements** for overseas trained nurses who wish to migrate to Ireland and introduce a prioritised recruitment campaign to show that Ireland is actively seeking nurses to migrate here and will adjust travel restrictions to accommodate these essential workers.

2. STRUCTURE OF THE HEALTH SERVICE

Political party manifestos pledged support for Sláintecare and its model of health provision, committed to increasing employment of nurses and midwives and completing the job of pay parity with other comparable health care professional. We seek to expand on this support and see that the clear lessons from the current crisis are not lost and commitments honoured when manifestos become programs for government.

The President of Ireland on International Nurses Day 12th May stated in his message to nurses: ‘that it would be regrettable, egregious even, if through some form of collective amnesia, we as a society were ever to disregard or forget your heroic efforts, and revert to where you were before the Pandemic- a society that sometimes failed to value you fully’ . Valuing nurses and midwives fully must be part of any new government program and the proposal we make to you here are the starting points in that journey.

“ This pandemic has shown that the public health care system is the optimum delivery model, which can and does provide care to match and exceed the highest international standards ”

Our health care system has been tested to its limits. This pandemic has shown that the public health care system is the optimum delivery model, which can and does provide care to match and exceed the highest international standards. When the universal human right to health care and life itself is threatened, the public health service stepped in and delivered care.

TO LEARN THESE LESSONS, WE PROPOSE

a) Renewed commitment to a single public health service: The two-tier public/private system has long impeded the delivery of safe care – something which was acutely brought to light in the crisis. We see these problems in the over-reliance on private providers, especially care of older persons facilities.

This privatisation of care of the older person services should be reversed. 82% is now provided by private, for-profit organisations. The 2020 HSE Service Plan in December 2019 plans to worsen this problem, proposing to cut 220 care of the older person public service beds.

The public/private system must become a singular system, re-modelled in line with Sláintecare to deliver the standard of excellence available in the public health sector to all members of our community.

b) Clear multi-annual funding in health: There is little doubt that the health care requirements of our people will be much greater as we move through and beyond this crisis and that the response will be even more dependent on the public health delivery model.

The funding of our public health services must now be multi-annual and focused on investment in retention of nurses and midwives. The provision of optimum care must be based on scientific models rather than accountancy models geared solely towards annual budgets.

c) Keeping what is good from current practice: We have seen several new policies which are working well during the pandemic, which should become permanent features of our future health

service, such as clinical leadership teams, care delivery based on clinical need on presentation, removal of the recruitment embargo, care triage and stepdown in the community post-acute phase.

d) Oversight by the Oireachtas Special Committee on Covid-19 Response, pending the re-establishment of the Health Committee, of the reopening of health services to ensure the safety of patients and staff as normal services re-emerge are delivered in conjunction with Covid-19 services.

e) Retain access to, and the services of, all private acute healthcare facilities, at least until a vaccine is available and a significant majority of the population have been vaccinated, to ensure that health services have the capacity to deliver “Covid’ and “non-Covid’ care in a way that maintains safety for patients and staff. The aim must be to maintain public hospital occupancy of 80% to maintain patient safety.

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This pandemic will have a long-term effect on the health service. The delayed care and the mental and physical exhaustion of frontline health care workers will inevitably result in crisis care models continuing well into 2021 and beyond.

But the virus is also a wakeup call. The 1919 Democratic Programme stated that “it shall be the duty of the Republic to take such measures as will *safeguard the health of the people* and ensure the physical as well as the moral well-being of the Nation.”

As a society, we have an obligation to those that live in our country to deliver reform. That reform must meet the demands of an increasing and ageing population. We can only deliver this reform if we educate and employ increasing numbers of nurses and midwives in the years ahead, starting immediately.

As a likely leader in the upcoming government, you have the chance to genuinely reform Irish healthcare for the better. We urge you to grasp this chance to support the healthcare service that has brought us through this pandemic and build a world class health service for all our citizens as we move forward in these difficult times.