Irish Nurses and Midwives Organisation

Working Together

Workforce Planning for Nursing and Midwifery

Submission to the Oireachtas Joint Health Committee

13th November 2019

INMO Recommendations

1. With **immediate** effect bring an **end the current recruitment pause**.
2. In the **medium term** ensure an **increased number of nurses and midwives** are educated at **undergraduate level**.
3. It is essential that the ***Framework for Safe Nurse Staffing and Skill Mix*** *in General and Specialist Medical and Surgical Care Settings in Ireland (National Framework)* be **funded** and rolled out to **all areas of the health service.**
4. Ensure that the **growth** of **nursing** and **midwifery** reflects the **health care needs** of the population, both **now** and into the **future**.
5. Develop clear and deliverable **funded recruitment** and **retention strategies** to ensure nurses and midwives can continue to **improve patient outcomes**, **patient safety and high standards of care.**
6. Develop a **robust** and **effective workforce strategy** which will produce **annual funded workforce plans.**
7. **Appropriate** and **immediate action** is required to ensure that the **working environment** does not contribute to **adverse outcomes for patients and staff alike.**
8. Improve the **supply** of **nurses** and **midwives** by **increasing undergraduate places** and **postgraduate places** for specific disciplines in short supply.

Introduction

The INMO wishes to thank the Oireachtas Heath Committee for this opportunity to submit on the important matters of staffing in the nursing and midwifery professions.

The main issues we will concentrate on are:

- the lack of funding for accepted government policy on nursing and midwifery safe staffing levels;
- the need for annual funded workforce plans and;
- increased numbers at undergraduate level in nursing and midwifery to ensure the ongoing challenges of recruitment and retention can be met.

The High-Level Commission on Health Employment and Economic Growth in its expert report found that "*health workforce investments coupled with the right policy action could unleash enormous socioeconomic gains in quality education, gender equality, decent work, inclusive economic growth, and health and well-being*" (2016, p.6).

The Irish health service, like many other countries, is facing exceptional challenges. While seeking to transform the health service, the critical objective as part of this transformation must be to develop, deliver and maintain highly integrated care pathways for every user of the service. This requires a simplified organisational structure which indicates responsibility for service delivery.

The importance of the health workforce to the health service must not be underestimated and the focus of developing an integrated care model must include the development of an integrated workforce plan. Nurse and midwife staffing must remain central to this integrated care model as they make up over a third of the total workforce.

Background

For almost 10 years, the Irish health service has undergone unprecedented demand and changes which have affected every aspect of the service, its clients, patients and staff. In the same period, particularly between 2009 and 2014, funding for the health service was reduced, in real terms, by over €4 billion resulting in the premature contraction of services without viable alternatives. A staffing moratorium was introduced in 2007 in the health services and the nursing and midwifery employment levels were severely affected and have not recovered to date.

When the moratorium was eventually lifted, it did little to fix the damage caused by years of cuts to staffing, and insecure and unstable employment of nurses and midwives. The HSE's efforts to recruit and retain nurses and midwives through various campaigns failed. It was also becoming increasingly apparent that the scale of the nursing and midwifery shortage was a threat to delivery of safe and effective care.

In 2016, after months of campaigning, the INMO engaged with the HSE, Department of Health and Department of Public Expenditure and Reform, to secure measures to address the recruitment and retention crisis in nursing and midwifery. The outcome of these negotiations included a commitment to prepare a funded workforce plan for nursing and midwifery. This plan provided a commitment to deliver a total of 1,208 WTE in addition to the total nursing and midwifery numbers funded/employed at the end of December 2016, bringing the total WTE to 37,043. This target was not met. In December 2017, the figure was 36,278 WTE (Department of Health 2017). A further commitment to prepare workforce plans for 2018-19 was also made. These plans were to be finalised by the end of November each year. This commitment has not been upheld. To date, the only workforce plan available is for 2017.

According to Goldrick-Kelly of the Nevin Economic Research Institute (NERI), "*the overall total of public health service staff has recovered, slowly, since a trough of just below 100,000 in 2014. While total numbers employed in February 2018 exceeded those in 2017, the total of nurses in the public system was still below the pre-recession level notwithstanding growth in population as well as a somewhat older population compared to a decade ago*." (2018, p.24). The Irish health service has been playing catch-up ever since and this has meant that appropriate and safe levels of nurse and midwife staffing have not been achieved.

Current Nurse/Midwife Staffing Challenges

Nursing and Midwifery

The shortage of nurses and midwives currently remains a real and worrying problem for the Irish health service and for the workforce itself. The current WTE for nursing and midwifery stands at 37,843 (HSE, 2019). This is 1,157 WTE less than the pre-moratorium December 2007 figure, with increased activity and requirements on our public health service during the intervening years. The reality is a busier and more acute service with fewer staff to deliver it. The current recruitment

pause/freeze in place, once again, is placing immense pressure on an already struggling workforce. The continued lack of clarity and the lack of a funded workforce plan to meet the needs of the health service and its patients continues to contribute to problems already evident due to the baseline shortage. This combined with challenges associated with an ageing population, increasing incidences of co-morbidities and an ageing workforce is undermining patient care and safety as well as creating intolerable working environments for nurses and midwives.

Midwifery Specific

The National Maternity Strategy determined the minimum level of midwifery growth to ensure safe levels of care for mothers and babies for 2017 and 2018 to be 200 WTE midwives. Of those, 96 WTE were to be recruited during the calendar year 2017, with the remaining 104 WTE in 2018. The HSE census stated that the WTE in January 2017 was 1,461, but by August this had fallen to 1,409. As of September 2019, this has fallen again to 1,399 WTE. There is now a requirement for an additional 262 WTE to reach the Maternity Strategy's determined required level of growth.

Children's Nursing

The vision outlined by the *National Model of Care for Paediatric Healthcare Services in Ireland* (2015) states that "*a seamless integrated network of care from primary to secondary to tertiary care is required with strengthening of local and regional paediatric units*". This will require an appropriate and safe level of registered children's nurses, for the National Children's Hospital and urgent care centres but this will be equally important at regional level.

The development of the National Children's Hospital has already been shrouded in controversy due to the capital overspend. This has overshadowed all aspects of debate and attention to other important planning. For example, questions remain around how the estimated increased staffing needs (established using the National Framework for the minimum nurse staffing) of 300 WTE posts over the next two years will be achieved and funded. Without funding and planning the hospital will not be able to open all areas as it simply will not have staff to care for the patients and this requires corrective action now.

Increased undergraduate and post graduate places must be provided to increase domestic supply of registered children's nurses. The current intake of undergraduate places stands at 140 and the postgraduate programme stands at 85. This has not increased since 2017. On completion of the programme, contracts must be guaranteed on qualification to prevent the current trend of British children's hospitals successfully recruiting Irish graduates.

Primary Care Nurse Staffing

In order to move forward on the recommendations for delivering a health care service which regards an efficient primary care system as its core, it is imperative that appropriate staffing in terms of public health nurses (PHNs) and community registered general nurses (CRGNs) is put in place.

At present, our primary care services are understaffed. A research study into missed care in the community setting reported that over 50% of respondents indicated missed care in their previous working week (Phelan and McCarthy 2016). Sláintecare identifies the need to invest in a further 900 generalist nurses to work in the community.

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

Provision has to be made to commence the process of incrementally increasing the overall number of PHNs. The current training number of 150 per annum only ensures existing levels of services when resignations and retirements are accounted for. Therefore, an incremental growth of 75 PHNs must be catered for in each year up to a critical mass of 2,500 WTE.

In addition, the provision of care by clinical nurse specialists and advanced nurse practitioners in the management of chronic disease must be funded and developed. This care delivery model is well established in other jurisdictions, enjoying great support and positivity from patients and delivering safe and effective care to this patient group. In Ireland the model is being developed with special emphasis on the medical model of care centred around the already well documented scarce resource of GPs. A rethink of this policy is required. Nursing led services are leading the way in other countries in the management of chronic disease. They prove effective and good value for money, provide care in communities where patients live, and they help with retention of expert nurses. Ireland's policy should emulate the proven best practices that exist and invest in nursing and midwifery led care in the public service.

Intellectual Disability Nursing

The HSE's disability strategy endeavours to see more people with intellectual disabilities live an integrated life in the community as one of their key priority areas. The skillset of the registered nurse intellectual disability (RNID) is essential to making this vision a reality. Ensuring the supply of the qualified RNIDs and development of robust workforce planning must be the focus in order to meet the needs of people with intellectual disabilities.

At present, there are 210 places at undergraduate level for intellectual disability nursing. This must increase in order to ensure appropriate levels of staffing in the community and bringing forth Sláintecare. It is imperative that the Irish Government recognises the RNID as the only professional who is equipped with the prerequisite skills to support and facilitate the person with an intellectual disability and their families, through all stages of their life, to take their rightful place as an Irish citizen.

Recommendation

1. With immediate effect bring an end the current recruitment pause.
2. In the medium term ensure an increased number of nurses and midwives are educated at undergraduate level

Framework for Safe Nurse Staffing and Skill Mix in General and Specialist Medical and Surgical Care Settings in Ireland (National Framework)

The adoption as government policy in 2018 of the National Framework in Ireland, was ground-breaking in that it introduced an evidence-based scientific method for determining safe nurse staffing and skill mix which had not previously existed. Before this, staffing was based on historical staffing levels and available funding determined the numbers employed without reference to safety measurements. The report from the six pilot sites on the National Framework has proved very successful with several benefits, including reduction of dependency on agency staff, reduction of

absenteeism and stability of the nursing workforce. Patient length of stay and mortality were also reduced, leading to savings and more efficient use of acute hospital beds. The roll out of this National Framework is the way forward. Evidence proves that this model is good for patients, good for nurses and good for efficiencies and is already government policy. Yet the delays and lack of funding assignment continue.

The Labour Court recommendations resulting from the national strike of INMO nurses and midwives recommended a funding plan to roll out this model of staffing determination and the government accepted this recommendation. A commitment to fund the roll out of the National Framework to all surgical and medical areas within the Irish public hospital system's is therefore in place. As outlined by the Labour Court, "[*t]he employer should commit that the funding necessary for the implementation of this already stated policy will be a specific element of funding for the service plan in those three years thereafter*" (LCR21900). The HSE and Department of Health are currently negotiating the 2020 service plan. This funding must be part of the service plan with funding specifically identified to deliver this necessary staffing framework tool.

Recommendation

3. It is essential that the Framework for Safe Nurse Staffing and Skill Mix in General and Specialist Medical and Surgical Care Settings in Ireland (National Framework) be funded and rolled out to all areas of the health service.

Health Care Demand

Demographics

The demands being placed on Ireland's health service are increasing and this increase is expected to continue across all health and social care sectors to 2030. According to Wren et al. (2017) the projected demand for public hospitals is estimated to be as much 37% in the case of inpatient bed days and up to 30% for inpatient discharges. It is well documented that Ireland's ageing population and increase in co-morbidities is placing enormous pressure on an already pressurised health service. Again, by 2030 the projected demand for long term care is estimated to be up to 54% and home care packages estimated to be increase by 66%. These projected demands require additional funding and investment and the emphasis of government policy should centre on workforce planning and capacity planning.

Spending on Health

The amount that Ireland spends on health has been identified as one of the highest across the OECD countries and fifth highest in the world. However, comparing health spends internationally is not a straightforward task and should be done cautiously. The increase in spending comes after a prolonged period of underfunding at a time when comparator countries were well funded (Turner, 2018). Another issue derives from distortions in GDP and the differing classifications used in different countries. According to NERI, when analysing the Northern European Comparator Countries (NECG) in relation to health spend, Ireland's health spend was 7.8%, the lowest of this group in 2016. Even

when taking account of multinational activity and adjustment to the GDP, this amounts to 9.1%, below the average for this group (Goldrick-Kelly 2018).

Hospital Activity/Overcrowding

Activity levels in Irish hospitals are at an all-time high and the capacity of the health service is at its limit. With a low supply of beds and a high level of occupancy, the Irish hospital system is under severe pressure. The crisis within our emergency departments continues. On Monday 11th November, the INMO's Trolley Watch recorded that for 2019, there have been 100,000 patients without beds in our emergency departments. This is only the second time since the count began in 2006 that annual figures have ever passed 100,000. Waiting lists remain a serious concern for the Irish public health service. While some improvements were made in 2018, there are still 67,985 people on the waiting list for inpatient/day care (NTPF 2019). This situation cannot continue and must be addressed immediately.

Sláintecare

Sláintecare aims to transform the Irish health service into a world class health and social care service by integrating services and the development of primary and community care services. A service where everyone has equitable access to services based on need and not ability to pay. These plans are identified as a way of easing the burden on the acute sector. However, this must not lead to reduced capacity, within the acute sector. The general population is estimated to increase by 190,600 (4%) by 2022. The child population will rise to 17,142 (1.4%). Although the ageing population is significant, planning in the acute health services must ensure that services are accessible to all that require them into the future. In doing so, workforce plans must ensure that appropriate levels of staffing are provided for in the acute setting.

Recommendation

4. Ensure that the growth of nursing and midwifery reflects the health care needs of the population, both now and into the future.

Nurse Staffing and Patient Outcomes

Research shows that "investing in safe, effective and needs-based nurse staffing levels can be cost effective, promoting improvement of and preventing deterioration in patients' health thereby reducing the duration and intensity of healthcare interventions" (ICN 2019).

Substantial evidence exists associating positive patient outcomes with a higher number of registered nurses (Aiken et al. 2014, Ball and Catton 2011). Research also suggests that an increase in nurse staffing is associated with increased patient safety and that a lower staffing ratio is directly associated with higher mortality rates (Griffiths et al. 2018; Aiken et al. 2002).

Lower nurse staffing is associated with other adverse events and poor quality of care as well as poor patient outcomes, including increased risk of falls. Other patient outcomes, including increased rates of pneumonia, urinary tract and surgical site infection and pressure ulcers are affected by lower staffing ratios. An independent Inquiry identified inadequate staffing levels as a critical contributing

factor to the 'appalling' care experienced by patients at Mid Staffordshire NHS Foundation Trust (INMO 2014).

Research has also provided evidence that midwifery-led care can lead to benefits for mothers including less use of analgesia and fewer episiotomies or instrumental births and that lower staffing levels are associated with adverse outcomes in terms of safety and experience. (Sandall et al. 2013; Begley et al. 2011; Gerova et al. 2010).

Recommendation

5. Develop clear and deliverable funded recruitment and retention strategies to ensure nurses and midwives can continue to improve patient outcomes, patient safety and high standards of care.

Workforce Strategy

The health service is reliant on its talent pool and workforce planning as an essential element of developing a successful and sustainable public health service. It is, therefore, essential that the recruitment and retention of high-quality staff working in the right place be done in a planned and systematic way. This will ensure care excellence and patient safety. How well the HSE can cost-effectively achieve this is fundamental to the sustainability of the public health system.

The government must now implement a sustainable, robust, evidence-based workforce strategy to ensure that Ireland can rectify the current nurse and midwife staffing problems in the public health service and compete within an international labour market for health care professionals. This must encompass the work of the Taskforce in parallel with the preparation of annual funded workforce plans. To ignore the latter undermines any attempts to plan for the health service needs.

Turnover

Appropriate retention strategies and deliverable actions must be in place to ensure a stable nursing and midwifery workforce. Research provides evidence that low levels of retention affect the quality of patient care and disruption in service provision, which inevitably incur a cost (Buchan et al. 2018). The HSE nursing turnover rate stands at 7.3% for the staff nurse grade. This is above the average of 6.4%. In 2014 this figure was 2.9%. The number of leavers from nursing in 2017 was 3,343 (HSE, 2017). When looking closer at the starters and leavers, it can be seen that of the leavers, 73% resigned from their position. Such high turnover rates provide a real challenge to retention.

Supply of Nurses and Midwives

Examining the trends over time, one can see a similar pattern emerging — an uplift towards the end of the year when the new graduates enter the workplace. The unstable nature of the supply over the last number of years suggests that retention of graduates is a major challenge. The current number of undergraduate places for nursing and midwifery is 1,830 and this has remained unchanged since 2017. This now needs to increase in order to meet the health needs of the country and ensure a sustainable workforce.

Gender

Nursing and midwifery are predominantly female professions (greater than 91%) which brings with it variable employment patterns such as statutory leave or flexible working patterns. Again, the differences of WTE at different times of the year may reflect these arrangements. Maternity leave at any time is estimated between 3-4% of the total workforce. For the purpose of HSE funded vacancy figures, statutory maternity leave is not recorded as a vacancy. As part of appropriate workforce planning, these variations must be understood, identified and factored into any future planning.

The public service is no longer attractive for nurses and they are still moving abroad as well as to domestic private hospitals. The Irish private hospital sector source their nurses and midwives from the public-sector pool. In doing so they have greater flexibility to offer incentive packages which reward both the recruiter nurse and the recruited, where the nurse stays for specified periods. They also apply the salary structure more flexibly to suit their needs when they are short-staffed. The INMO believe that all health services should be publicly owned and all staff working should be employed by the state. However, over the last number of years, there has been a well acknowledged steady increase in the number of private beds with the hospital system. According to Mercille (2019) "*bed numbers in private for-profit (PFP) hospitals rose from 0 to 1,075 but decreased from 9,601 to 5,216 in private not-for-profit (PNFP) hospitals and from 7,028 to 6,092 in public hospitals*". Acknowledging the recent report on the private activity in public hospitals, the INMO believe that it is essential that this work commence in order to deliver a fully operational and accessible public health system.

Appropriate Statistical Reporting

Any workforce planning completed must be done so using appropriate statistical reporting. For many years now, the OCED statistic which compares the number of nurses per 1,000 of the population has been used to show that no shortage exists. The use of OECD figures to measure available nursing and midwifery staff is not reliable and in fact masks the reality of a chronic shortage of nursing staff in our health services, which are dangerously and chronically overcrowded. The OECD records for Ireland are taken from samples obtained from the Quarterly National Household Survey (QNHS) which could record any person with a nursing qualification, for example, dental nurses or qualified nurses employed in non-nursing roles. QNHS data (for Ireland) for those professionally active relies on a respondent's self-report.

Recommendation

6. Develop a robust and effective workforce strategy which will produce annual funded workforce plans.

Working Environment

Staff shortages, overcrowding and sustained cuts to the Irish health services, not only affect patients but also have a detrimental impact on the health and wellbeing of nurses and midwives working within the system.

Inadequate staffing levels leads to low job satisfaction, increased levels of burnout, stress and staff turnover (Myint P.K. et al. 2017; Roche, M.A. et al. 2014; Buck de Oliveira Ruiz et al. 2016). Within an

Irish context the RN4CAST (Scott et al. 2011) revealed a nursing workforce under immense strain and found nurses reporting moderate to high levels of burnout and low levels of job satisfaction with many staff reporting a deterioration of care. One of the many recommendations made in this report was the development of appropriate integrated workforce planning as a way of addressing the many problems identified.

Recommendation

7. Appropriate and immediate action is required to ensure that the working environment does not contribute to adverse outcomes for patients and staff alike.

Global Shortage

The shortage of health care professionals being experienced in Ireland is part of a broader global shortage. Ireland is now part of a worldwide marketplace competing for health care professionals. The WHO estimates that there are presently 7.3 million nurses and midwives in the WHO European Region. It categorically states that "*this number is not adequate to meet current and projected future needs*" (WHO Europe, 2017). The European Commission estimates a potential shortfall of approximately 1 million health workers by 2020, almost 600,000 of these will be nurses or midwives (European Commission 2012).

Inward Migration

Migration of health professionals is not a new phenomenon around the world however, evidence shows that there is a trend for developed countries to "*increasingly fish from the same pool of a global, but finite, health workforce*" (Buchan et al. 2014). This raises many ethical questions and the WHO emphasises the importance of creating a sustainable domestic workforce. It states that countries must explore how best to achieve this, stressing the importance of foreign trained nurses and their contribution to providing high quality care and stating that a sustainable workforce does not mean relying solely on domestic trained workers. "*Member States should strive, to the extent possible, to create a sustainable health workforce and work towards establishing effective health workforce planning, education and training, and retention strategies that will reduce their need to recruit migrant health personnel*" (WHO, 2010).

Outward Migration

Outward migration is also a cause for concern in terms of recruitment and retention of health professionals to the Irish health service. Although no proper statistical reporting for nurse and midwife migration exists, the NMBI's Certificates of Current Professional Status (CCPSs) can be used as an intention to leave. The number of requests from 2015 – 2017 have been steadily increasing.

Irish trained nurses and midwives those nurses and midwives with experience of working within the Irish health service, are in high demand around the world and particularly within the United Kingdom (UK). According to the NHS, as of June 2019, there were 29,005 advertised vacancy full-time equivalents in England (NHS, 2019). Given the shortage being experienced within the UK, it is essential that Ireland, as a priority "*promote domestic health workforce self-sufficiency and sustainability*."

(Walsh et al. 2017, pp. 5). Brexit continues to provide a cause for concern, particularly given the UK's interest in Irish trained nurses and midwives. The INMO supports ICTU in its call for maximising sustainable employment and this "*should be the prime objective in all policy responses*" from Government (ICTU 2019).

Furthermore, Ireland has experienced significant focused recruitment of Irish trained nurses and midwives, including those nurses and midwives with experience of working within the Irish health service, from UK hospitals and recruitment agencies on behalf of UK based health service providers. This has always been a feature of UK recruitment. However, the negative effect of a significant reduction in EU nurses moving to the UK, combined with the uncertainty for non-Irish EU citizens considering moving, has resulted in significant intensity of determined recruitment of Irish nurses and midwives. According to the NMC, the numbers of EU nurses and midwives registering with the UK is declining rapidly. "*Following a peak of 38,024 in March 2017, the number has reduced to 33,035 this year – a 13 percent drop (nearly 5,000) over two years*" (NMC 2019). This cannot be ignored.

Recommendation

8. Improve the supply of nurses and midwives by increasing undergraduate places and postgraduate places for specific disciplines in short supply.

Conclusion

The time has come for funded workforce plans to meet patient need. The nursing and midwifery workforce of the health service is vital to its success and this must be the focus of government policy around all aspects of planning for the health service. The current recruitment pause/freeze and past budget cuts are hampering the delivery of safe and effective patient care. In order to move ahead with the planned transformation of the health service and to provide service excellence, the INMO provide the following recommendations.

INMO Recommendations

1. With **immediate** effect bring an **end the current recruitment pause**.
2. In the **medium term** ensure an **increased number of nurses and midwives** are educated at **undergraduate level**.
3. It is essential that the ***Framework for Safe Nurse Staffing and Skill Mix*** *in General and Specialist Medical and Surgical Care Settings in Ireland (National Framework)* be **funded** and rolled out to **all areas of the health service.**
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