Opening Statement to the Joint Committee on Health

Workforce Planning

21 October 2020

1.0 Introduction

1.1 The Irish Nurses and Midwives Organisation (INMO) wishes to thank the Joint Health Committee, for this opportunity to address the Committee on the critical matter of workforce planning across the health services.

2.0 Background

2.1 A shortage of nurses and midwives was a feature of the Irish health system before the COVID-19 crisis. The health service was experiencing increased activity, and there were high demands on the public health service. The reality over the last number of years has been a busier and more acute service with less staff to deliver it. The recruitment pause/freeze in place placed immense pressure on an already struggling workforce.

2.2 The continued lack of clarity and the lack of a funded workforce plan to meet the needs of the health service and its patients continued to contribute to problems already evident due to the baseline shortage. This, combined with challenges associated with an ageing population, movement of care from public sector to private for-profit services (82% of long term care now privatised), increasing incidences of co-morbidities and an ageing workforce, is undermining safe patient care and creating intolerable working environments for nurses and midwives.

3.0 Health Capacity

3.1 Budget 2021 has announced several measures seeking to increase capacity across the health service. The implementation of Sláintecare is now an urgent requirement to deliver an integrated, reformed health service accessible to all.

3.2 While the increase in bed capacity announced in the budget is welcome, these beds must be adequately staffed by nurses and midwives. The Framework for Safe Nurse Staffing and Skill Mix in General and Specialist Medical and Surgical Care Settings (2018) (The Framework on Safe Staffing) must progress simultaneously to ensure appropriate staffing levels are maintained and safe care delivered to patients.

3.3 Adequate staffing for the extra 67 critical care beds (approx. 435 WTE nursing posts) must also be secured before beds are introduced. Appropriate and safe staffing levels are essential to the lives of patients across the country's ICU settings, as exposing "critically ill patients to high workload/staffing ratios is associated with a substantial reduction in the odds of survival" (Lee, et al. 2017, p.1).

3.4 The announcement of investment in the Maternity Strategy must include increasing the numbers of midwives to ensure the beds are adequately staffed.

4.0 Nurse Staffing and Patient Outcomes

4.1 For many years in Ireland the decisions on nurse staffing in healthcare settings were based on historical staff complements and subject to the overall finance available. No systematic approach was put in place until the Framework on Safe Staffing was introduced. The government policy has now extended to emergency departments (phase 2) and community and long term care (phase 3).

4.2 Several systematic reviews on the association between safe staffing and patient outcomes have identified associations between nurse staffing, skill-mix and patient outcomes. Higher rates of nurse staffing and appropriate skills mix are associated with lower rates of: mortality,

failure to rescue, falls, length of stay and readmission rates. Lower nurse staffing levels are associated with higher drug errors, episodes of care left undone, and higher levels of patient mortality.

4.3 An increase in nurse staffing is associated with increased patient safety and a lower staffing ratio is directly associated with higher mortality rates (Griffiths et al. 2018; Aiken et al. 2002).

4.4 Substantial evidence exists indicating the importance of nurse and midwife staffing and skill mix to provide safe and high-quality health care:

- Positive patient outcomes are associated with a higher number of registered nurses (Aiken et al. 2014, Ball and Catton 2011).
- The maintenance of safe midwifery staffing levels in all services is essential as lower staffing levels are associated with adverse outcomes in terms of safety and experience. Midwifery-led care in appropriate circumstances leads to benefits for mothers, including less use of analgesia and fewer episiotomies or instrumental births. (Sandall et al. 2013; Begley et al. 2011; Gerova et al. 2010).
- 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.
- 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.
- Inadequate staffing levels and lack of specialist expertise were identified as critical deficiencies in the poor care experienced at Leas Cross Nursing Home (2006).
- “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).

5.0 Supply of Nurses and Midwives

5.1 The world faces a severe shortage of nurses and midwives. For two decades Ireland has relied heavily on international recruitment and those recruited have made an incredible contribution to the Irish health service. However, the facility to recruit valuable nurses and midwives internationally is problematic given the current travel restrictions, the fact that Ireland will face strong competition internationally, and from an ethical perspective in some circumstances. In 2019, 62% of newly registered nurses and midwives trained outside of Ireland, the majority of whom trained outside of the EU. Given the current emergency involving necessary travel restrictions, it is likely that this migration of nurses and midwives will reduce somewhat. We therefore have to increase retention and work harder at recruiting those not employed at present.

5.2 Ireland must become better at retaining Irish trained nurses and midwives in our public health service. Self-reliance, in this crucial workforce area, is essential against the background of the global shortage of nurses and midwives and is an internationally recognised ethical imperative.

5.3 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.

5.4 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 significant challenge. The current number of undergraduate places for nursing and midwifery is 1,830, and this has remained unchanged since 2017. An increase in undergraduate places is essential to meet the health needs of the country and ensure a sustainable workforce.

6.0 Recruitment and Retention

6.1 There must be clear and deliverable funded recruitment and retention strategies across the acute, primary and community settings established and must:

- Address the current staffing challenges and appropriately plan and fund in the medium and long term.
- 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.

7.0 Nurse Staffing

7.1 The current WTE count for registered nurses and midwives stands at 38,234 WTEs (HSE, August 2020). This is an additional (in the category of registered nurses/midwives) 164 WTEs over the December 2007 WTE figure and an additional 5 staff midwives. Since 2007 this committee will know that there has been an increase in activity and requirements in the health service with less staff to deliver this service.

8.0 Midwife Staffing

8.1 Despite the many recommendations to expand choice for women in the maternity strategy, the pace of implementation has been extraordinarily slow. The National Midwifery Strategy (Department of Health, 2016) must be implemented in full and form part of the new models of care with effective utilisation of resources. The ratio of midwife to births required is 1 to 29.5.

8.2 The number of staff midwives employed in the HSE in December 2017 was 1,446 WTEs. The July 2020 WTE for staff midwives stands at 1,470 WTE (HSE, 2020), a growth of only 24 posts in two and a half years.

8.3 Staff shortages are leading to midwives working in an unsustainable environment, and there is an over-reliance on midwives working overtime. (HIQA, 2020).

9.0 Public Health Nurses, Community Registered General Nurses and Primary Care

9.1 Since December 2019, there has been a decrease of 40 PHN WTEs. 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). The places on the PHN sponsorship programme must be increased and broadened to the 13 institutes of education. Also, sponsored Student PHN's

must be supported and promoted to undertake the programme and they should not be at any financial loss in doing so.

9.2 To deliver Sláintecare, the process of incrementally increasing the overall number of PHNs and CRGNs must commence. When attrition rates associated with resignations and retirements are incorporated, 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.

10.0 Care of the Older Person

10.1 A comprehensive workforce plan is required in the care of the older person services, addressing the long-existing recruitment and retention problems. It must include progressing to phase 3 of the Framework for Safe Staffing to ensure safe needs-based staffing levels.

10.2 The substitution of registered nurses as a cost-saving measure within the sector must cease. This practice is contrary to the evidence on nurse-led care and staffing, previously outlined.

10.3 Appropriate skill mix guided by the Framework on Safe staffing is essential. The INMO believes that direct care ratio must range from between 0.89 and 1.0 in both short and long-term settings. For rehabilitation wards, the INMO advocate for a 1:1 ratio.

10.4 The responsibilities and role of the Director of Nursing in care of the older person services does not reflect current managerial demands. It needs radical overhaul with equality and value at its centre.

11.0 Children's Nurses

11.1 In line with the upcoming Children's Nursing strategy, appropriate staffing must be established to ensure optimal care for children and their families, underpinned by the Framework on Safe Staffing. Children's nurses must be available across all settings, including the primary and community care setting.

11.2 The development of the National Children's Hospital will be essential in bringing forward a vision for integrated care. The determined staffing needs, using Framework on Safe Staffing, for the National Children's Hospital is for an increase of a minimum of 300 WTE nursing posts over the next two years. In addition, the application of the framework model to regional paediatric units and all paediatric services nationally will require a significant increase in nurse staffing levels. Specific development funding must be made available in the budget allocation for this purpose.

11.3 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.

12.0 Registered Nurses Intellectual Disability (RNID)

12.1 The skillset of the registered nurse intellectual disability (RNID) is essential to achieving the full realisation of people with intellectual disabilities, their ability to live an integrated life in the community, and to ensure that all persons with an intellectual disability enjoy the realisation of their health, welfare and wellbeing in an equal manner. Ensuring the supply of the qualified

RNIDs and development of robust workforce planning must be the focus to meet the needs of people with intellectual disabilities.

13.0 Student Nurses and Midwives

13.1 There are currently 3,400 (approx.) students on placements in hospitals across Ireland. These students are facing additional COVID risks and are effectively being asked to work as staff. Before their final year internship, most students get either no payment or an allowance of just €50.79 per week. A HSE scheme to pay many students healthcare assistant salaries was used at the start of the pandemic in March, but it is no longer operating. The INMO is calling for the payment provided in March to be re-introduced immediately and for student allowances to be increased substantially.

13.2 The reality of service provision currently is that inadequate registered nurse staffing levels are requiring students throughout their clinical placements to undertake work over and above that expected of their undergraduate status and the failure to remunerate them amounts to exploitation.

14.0 Optimising the role of the Nurse and Midwife

14.1 The workforce plan must aim to invest across all levels of the nursing and midwifery professions. Maximising the contribution of nurses is imperative, and this must include developing specialised roles and progressing advanced practice roles (Rosa, 2020).

14.2 Evidence shows that advanced nurse practitioners demonstrate cost-effective and favourable outcomes on several quality measures and are associated with high levels of patient satisfaction (Laurant et al., 2018; Martin-Misener et al., 2015).

14.3 In line with Sláintecare, a focus must be placed on developing nurse/midwife-led services across all health care settings. There must be an expansion of diagnostic services within the primary health care services and the development of nurse-led care to deal with chronic disease management. The role of nurses in this sector can and must fully be utilised to deliver these services.

14.4 It is imperative that Senior Nurse and Midwife Managers, in all services, sit on Executive Management Teams, including at HSE Executive Management Team level. The lack of such involvement, for too long has limited the Nurse and Midwifery Managers to a gatekeeping and risk function, instead of fully utilising their strategic management skills.

15.0 Staff Welfare

15.1 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.

15.2 Inadequate staffing levels leads to low job satisfaction, increased levels of burnout and stress and increased 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.

15.3 There must be a reversal of the pre-austerity working hours to 37.5. In the UK, nurses work 37.5 hours, something which is seen as important when it comes to recruitment and retention.

16.0 COVID-19

16.1 The COVID-19 pandemic has highlighted the many challenges existing in the health service, not least the many years of nurse and midwife understaffing.

16.2 As of the 17 October there were 9,917 cases of COVID-19 in health care workers (HCWs). Hospital groups have highlighted the rising number of COVID-19 absences as a concern to the HSE. Of these a quarter are nurses. 50 nurses a week are getting infected.

16.3 There must be a review of the occupational health supports required and the removal of the policy introduced, which allows managers to derogate health care workers to return to work, although they are a close contact.

16.4 COVID-19 must also become a notifiable disease under the health and safety regulations implemented by the HSA as recommended by the Oireachtas Special Committee on Covid-19 Response (2020).

16.5 The INMO undertook a survey looking at the psychological impact of nurses and midwives working during COVID-19. With 2,642 response, the key results show that:

- 82% of respondents indicated that experience of COVID-19 had a negative impact on their mental health
- 95% felt that COVID-19 had a negative psychological impact on their nursing/midwifery colleagues
- 91% described feeling mentally exhausted when off duty since the pandemic commenced.
- 61% stated that they had considered leaving the profession because of their experience of working during the COVID-19 pandemic.
- 90% believe that routine COVID-19 testing of staff should take place at their workplace.
- Almost three-quarters who had contracted COVID-19 were experiencing long-term physical effects of the virus.

17.0 Recommendations

- Recruitment of nurses and midwives must be easier, and the bureaucratic processes of sign-off at national level to commence the process of recruitment must cease. Directors of nursing and midwifery must have authority to recruit, and place recruited nurses/midwives on the payroll. The delays to this process, which are internally driven, are increasing costs due to overtime and agency spend.
- Additional staffing requirements must be based on the principles contained within the Framework for Safe Nurse Staffing and Skill Mix in General and Specialist Medical and Surgical Care Settings (The Framework on Safe Staffing). Bespoke recruitment campaigns should commence immediately to recruit specialist nurses into the relevant speciality.
- There must be a long-term commitment to a funded workforce plan for nursing and midwifery employment, to allow for the safe opening of the required additional health

capacity across the health service. Legal limits of safe staffing levels based on the framework findings must be introduced .

- Forward planning to ensure that the growth of nursing and midwifery reflect the health care needs of the population, both now and into the future, e.g. children's hospital and need to train additional paediatric specialist nurses. Leaving this until the hospital is open will ensure the full capacity will not be used.
- Improve the supply of nurses and midwives by increasing undergraduate places and postgraduate places for specific disciplines in short supply.
- 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.
- Develop a robust and effective workforce strategy which will produce annual funded workforce plans.
- The enhanced authority of nursing and midwifery governance at managerial levels is necessary to ensure nurses and midwives have the required mandate to deliver on Sláintecare strategy and public policy goals.
- Make COVID-19 a notifiable disease under health and safety regulations as recommended by the Oireachtas Special Committee on Covid-19 Response.
- Appropriate and immediate action is required to ensure that the working environment does not contribute to adverse outcomes for patients and staff alike.
- Protect staff by providing regular and frequent breaks from wearing PPE and exposure to COVID 19 environments. This will require the employment of additional staff.
- Ensure if any decision re school / childcare facilities closures are made that a realistic plan is put in place to provide for childcare for health care workers.
- Examine the role and function of occupational health in relation to staff protections and safety during this pandemic to date.
- Remove the policy which allows derogation for close contacts of COVID-19 positive HCWs to attend work.

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