



# Report on Verification Regarding the Grade of Enhanced Nurse and Midwife

May 2023

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# Foreword

The Enhanced Nurse and Midwife Practice Contract emerged from national negotiations between relevant government departments and health service employers and the nursing trade unions in 2018 and 2019.

The Practice Contract emerged as part of a series of measures recommended by the Labour Court in February 2019. Those recommendations, which took place against a background of industrial relations unrest, had regard to both pay restoration of Financial Emergency Measures provisions and discussions on the next stage of the future development of the nursing and midwifery professions.

The Labour Court recommendations included a new Enhanced Nursing and Midwifery Practice Contract with revised Terms and Conditions of Employment to be funded in whole or in part by cost ameliorations relating to new entrant increments and other quantifiable qualitative and quantitative benefits of the Enhanced Practice Contract, including commitments to support the delivery of services in the acute hospital and/or community sectors, the transfer of workload from the acute hospital sector to the community, and to support the implementation of Sláintecare and other strategic policies associated with the development of community health services.

In addition to the introduction of the Enhanced Care Contract, the Labour Court also recommended a series of measures in the context of the further development of nursing and midwifery, which included recommendations on:

- An Expert Review Body on the nursing and midwifery professions.
- A framework for the national roll-out of the Safe Nurse Staffing and Skill Mix Framework in acute hospital services.

The recommendations relating to the provisions of an Enhanced Nursing and Midwifery Practice Contract also included an independent verification of the implementation of the terms of the Contract under the auspices of the Labour Court. While it had been intended to undertake such a process within one year of the introduction of the Contract, due to the service exigencies associated with the Covid-19 pandemic, it was not possible to finalise and implement this process within the desired time period. However, with the further assistance of the Labour Court and the Workplace Relations Commission, a framework for a verification process was agreed, as set out in Section 2.1 of the Report, which included the appointment of the undersigned, who were tasked with overseeing and supporting the work of Crowe Consultants who were appointed to carry out the verification process in accordance with the methodology detailed in Section 2.2 below.

The overall positive responses to the implementation and operation of the Contract from Enhanced Practice Contract holders, supplemented by supportive evidence from nursing and midwifery management and human resources in the selected verification healthcare sites, is detailed in the data and thematic analyses sections of this Report.

The respondents and interviewees are to be commended for their input into the verification process. In addition, we would like to acknowledge the supportive role of the employers and government department representatives who operated as a Working Group to support the process as well as the nursing and midwifery union representatives at national and site level who cooperated fully with the verification exercise.

Both the undersigned are satisfied that a robust verification process has been undertaken and that the responses detailed in this Report provides a sound basis for a positive verification of the

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implementation of the Enhanced Nursing and Midwifery Practice Contact as recommended by the Labour Court.



Mr. Conal Devine  
Independent Chair



Professor Jonathan Drennan  
UCD School of Nursing, Midwifery and Health Systems

# 1 Executive Summary

This report provides independent verification regarding the Enhanced Nurse and Midwifery Practice Contract, as set out in the Labour Court Recommendations LCR21900, LCR21901, and LCR22075.

The verification process has benefited from oversight and guidance from a multidisciplinary and multiagency Working Group led by an independent Chair, Mr Conal Devine, and supported by an external person with appropriate clinical expertise, Jonathan Drennan, Professor of Nursing at University College Dublin (UCD).

Following a comprehensive and inclusive approach, a methodology was agreed to gain the data required and the highest possible levels of engagement from stakeholders. A total of nine healthcare sites were, following consultation, selected on the basis of agreed criteria, including models of care settings and geographical spread. Independent consultants visited each site and conducted consultations with a range of stakeholders including Directors of Nursing, Human Resources professional, Trade Union Representatives, Nurses and Midwives on the Contract, and other senior nursing and midwifery staff. The interview schedule comprised 47 consultations.

A concise online questionnaire was developed and tested before being made available to nurses and midwives subject to the Enhanced Nurse and Midwifery Practice Contract across the nine sites. In total, 269 fully completed questionnaires were received, with a further 15 incomplete questionnaires, with sufficient usable data, informing the exercise. The process leading to the submission of this Report, including the collation and scrutiny of national and local data, was completed within a time frame of 13 weeks.

The themes arising from the verification process are set out across seven areas, with a prevailing, but not exclusive, premise of the Contract impacting positively on the professional development and working practices of Enhanced Contract Nurses and Midwives:

- The application process;
- Professional development;
- Leadership and responsibility;
- Audit and research;
- Recruitment and retention;
- Flexibility; and
- Care delivery (quality of care and Sláintecare).

This significant piece of work provides key information in relation to the operation of the Enhanced Nurse and Midwifery Practice Contract, bringing together multiple sources of data and the contributions of nursing and midwifery staff, managers, HR teams, and others to build a picture of the way in which the Contract has impacted on the delivery of nursing and midwifery care.

## 2 Introduction

### 2.1 Context

On 26 July 2022, the Chairman of the Labour Court documented an agreed mechanism to be employed to achieve the independent verification regarding the Enhanced Nurse and Midwife Practice grade, as set out in the Labour Court Recommendations LCR21900, LCR21901, and LCR22075.

That mechanism included the appointment of an independent Chair, Mr Conal Devine, to oversee the finalisation of a methodology for the verification process, to oversee the work of the appointed Contractor (Crowe), and to ensure that the verification required by the Labour Court Recommendations, relating to the Enhanced Nursing and Midwifery grade, is achieved.

The process is being supported by an external person with appropriate clinical expertise; Prof. Jonathan Drennan, Professor of Nursing at University College Dublin (UCD), has been appointed in that role. The process is also being supported by additional operational and professional nursing expertise, which together has met as a Working Group.

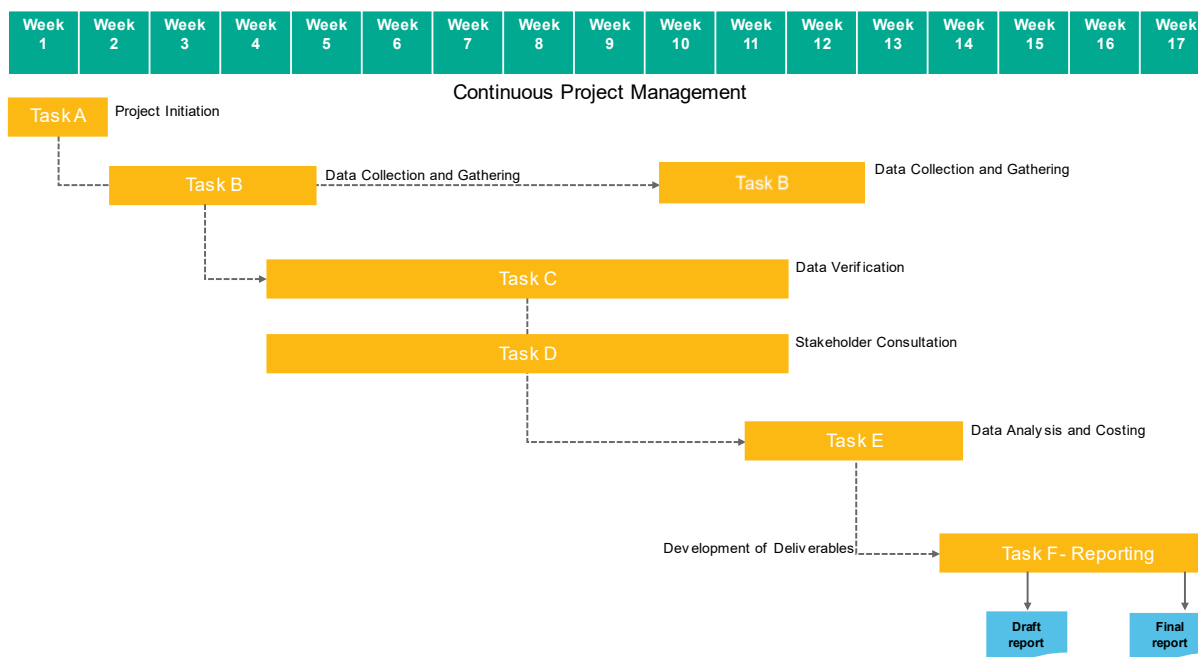
The detail and structure of the methodology that has been agreed with the Working Group are in alignment with the three elements set out in the *Agreed Pathway* document, which was published by Mr. Raymond McGee, under the auspices of the Workplace Relations Commission (WRC), in April 2022. Specifically, these include:

- Cost amelioration of the New Entrant Arrangements for nurses via the reference points of the Public Service Pay Commission (PSPC).
- Safe Staffing Framework savings, measured as part of the Pilot Rollout.
- Additional benefits including:
  - Cooperation with change;
  - Cooperation with expanding and sharing the range of clinical duties; and
  - Cooperation with new models of measuring nursing input/matrices in hospital and community settings.

### 2.2 Methodology

#### 2.2.1 Overview

Crowe developed a multi-stage progressive methodology to address all factors, measures, and emergent considerations relating to the operational and workforce changes that have arisen from the Enhanced Nurse and Midwifery Practice Contract. The proposed approach is summarised in the diagram below.



**Figure 2.2-a: Methodology and Project Plan**

## 2.2.2 Methodology as Agreed

The following sections set out the agreed methodology as of 8 March 2023. Please note that the methodology is expressed primarily in the future tense.

### **Task A: Project Initiation**

The project initiation process has already begun, following consultation with the working group and with Trade Unions representing Nursing and Midwifery. The initiation process has included:

- Finalisation of the project methodology;
- Site selection;
- Finalisation of questionnaire;
- Initiation of examination of pay cost amelioration;
- Agreement of the communication pathways and protocols and reporting arrangements;
- Identification of sources and access to relevant documentation and information;
- Identification and engagement protocols with relevant stakeholders and interested parties;
- Initial context development; and
- Agreement of internal communication of the project with risk mitigation for engagement issues and bottleneck challenges.

The consultancy team will liaise and consult with the Working Group formally each month and will also share pertinent information, challenges, and considerations with the appointed Chair and clinical expert and other members of the Group as they arise, to expedite issues and solutions, and maintain the progress of the project tasks. The consultancy team will

also be available for regular meetings with the nursing and midwifery Trade Unions as required by the independent Chair and external clinical expert.

### ***Task B: Data Collection and Gathering***

We will engage with the Working Group, HSE, and Directors of Nursing and Midwifery and Directors of HR in relation to our data requirements. There will also be engagement with the Nursing Trade Unions as part of a mechanism for sourcing data, checking, and clarification, it is anticipated that the Directors of Nursing and Midwifery and Directors of HR will engage with the consultancy team early within the process of data collection and before the stakeholder engagement exercise is commenced, as well as towards the conclusion of these tasks – this will dovetail with the consultation process set out in Task D.

While we note that data is collated centrally for Management Data Reports, we require the data from the hospitals and services individually. The consultancy team will make best use of the data readily available to reduce the time burden of healthcare staff.

We would anticipate being provided with the following data:

- Professional and skills development activity (gaining an understanding of the breakdown of specific courses and programmes undertaken);
- Pay costs associated with the Enhanced Contract, including cost amelioration of New Entrant arrangements for nurses;
- Information on co-operation with additional responsibilities associated with the Enhanced Nurse Contract;
- Nurse and midwifery retention/attrition;
- Nurse and midwifery sickness absence levels, with separation of Covid-19 and non-Covid-19 absence; and
- Spend on agency staff.

Further information will be gathered and reviewed that may be identified during the lifecycle of the intervention, including:

- Published reports and unpublished intra- and inter-agency “grey” documentation;
- Consideration of research and study outputs and where appropriate safe staffing frameworks;
- Trends regarding applications for further nursing and midwifery study and skills-based training;
- Understanding of access to/barriers to transitioning to the Enhanced Nurse and Midwifery Practice Contract;
- Understanding of the reach and scope of the Enhanced Nurse and Midwifery Practice Contract implementation.

### ***Task C: Data Verification***

Once we have received the data necessary for our analysis and costing, we will review the data. An initial review before analysis will allow us an opportunity to query any anomalies or gaps in the data before detailed analysis occurs.



A pragmatic approach will be taken, recognising the limitations of the data available during and post Covid-19 pandemic time frames, facilitating a real-world perspective of the impact, and perceived impact, of the Enhanced Nurse and Midwifery Practice Contract. The consultancy team will seek to identify emergent indicators, such as changes to clinical practices, through Tasks B to E.

#### ***Task D: Stakeholder Consultation***

A range of health care sites have, following consultation, been selected on the basis of agreed criteria, including models of care settings and geographical spread, across the following specialty areas:

- Level 4 acute hospital;
- Level 3 acute hospital;
- Level 2 acute hospital;
- Maternity Unit;
- Paediatric Unit;
- Care of Older Persons;
- Mental Health Services;
- Public Health Nursing Service; and
- Intellectual Disability Service.

The value of representative stakeholder engagement can be considered as not only essential for the verification process, but also as pivotal to the understanding and sign-up of those who are directly impacted by the implementation of the contract. The approach to consultation will include the following:

- Engagement with nurses and midwives subject to the Enhanced Nurse and Midwifery Practice Contract, initially with a concise targeted questionnaire, and then through follow-up exploratory interviews to build the fullest possible understanding of issues and considerations arising from the additional roles and responsibilities associated with Enhanced Nurse and Midwifery Practice Contract as set out in Appendix 3 to the contract as well as the *Agreed Pathway* document published by Raymond McGee, under the auspices of the Workplace Relations Commission, in April 2022.
- Consultation with Directors of Nursing and Midwifery and Directors of HR Leads at plenary session and on site at each of the nine healthcare organisations to drill deep into variables and evidence relating to the impact of the Contract implementation. Emergent information, following analysis and interpretation, will be formed into case studies to illustrate issues of relevance, influence, and outcomes.
- Series of semi-structured stakeholder interviews with identified leads from the HSE, Trade unions, to gain as broad an understanding as possible, including potential competing perspectives.

#### ***Task E: Data Analysis and Costing***

The consultancy team will undertake quantitative and qualitative analyses of all emergent information, data, and variables related to the stakeholder consultation and engagement process. The analyses will typically include:

- Ordering and scrutiny of data and information;
- Real-world checking to ensure pertinence and applicative understanding;
- Qualified and thematic interpretation towards set criteria; and
- Impact analysis and outline of benefits realised.

This evidence will inform and shape the development of the narrative of both the nine case studies, and the indicative experiential impact of the Contract on nurses and midwives.

### ***Task F: Reporting***

The consultancy team will conclude the verification measurement exercise with the Reporting phase. Initially, the team will produce an initial draft report, shared, and discussed with the Working Group two weeks before the delivery of a final report. The consultancy team will also be available for regular meetings with the nursing Trade Unions as required by the independent Chair and external clinical expert, having regard to the relevant Labour Court recommendations and the note of the Chairman of the Labour Court of 26 July 2022. The final report will be submitted no later than the first week of May 2023, with due consideration and influence arising from stakeholder feedback, proposed amendments, and suggested revisions, from the draft version.

The final report will demonstrate an explicit understanding of collated, analysed, and interpreted quantitative and qualitative evidence emerging from the process. The data and information will be presented in a clear and understandable format. This will be inclusive of nine case studies to develop indicative real-world relevance and understanding of all the issues under scrutiny. Also, interpretation and thematic opinion development arising from the consultation exercise will be presented, including the identification of emergent issues, challenges, and outcomes.

The report will seek to present an explicit narrative of the mitigating factors for consideration, the direct and indirect learning accrued, and the expected and unexpected outcomes of the implementation of the Enhanced Nurse and Midwifery Practice Contract.

## 3 Data Analysis

### 3.1 Introduction

As part of the verification process, we undertook extensive analysis of various data sources which were provided to us by the HSE, as well as published reports. We received the following key data sources from the HSE:

- Professional and skills development activity (gaining an understanding of the breakdown of specific courses and programmes undertaken);
- Nurse and midwifery retention/attrition;
- Nurse and midwifery sickness absence levels, with separation of Covid-19 and non-Covid-19 absence; and
- Spend on agency staff.

In addition, we obtained data regarding the retention of staff, absence levels, and professional skills and development activity of respondents to the questionnaire. We were able to gather data that gave a profile breakdown of nurses and midwives on the Enhanced Contract.

**It is important to highlight that the data we analysed for this task covers the period from 2019 to 2022. This time frame coincides with the Covid-19 pandemic, which had a significant impact on the working dynamics of nurses and midwives. As a result, it is possible that the data we have collected and analysed may be somewhat impacted upon by the effects of the pandemic.**

### 3.2 Cost Amelioration and Pay Data

The April 2022 agreed pathway towards independent verification provided that the cost amelioration of New Entrant arrangements would be taken into account via the reference points of the Public Service Commission, which set out the associated quantum.

Unions and employers utilised funding available through the process of unwinding the Financial Emergency (FEMPI) legislation to focus on skills and career development for nursing and midwifery staff and enhancing patient care. This ultimately led to the development of the Enhanced Contract.

In its recommendations on the establishment of the Enhanced Nurse/Midwife Practice Salary Scale (CCR 21900), the Labour Court acknowledged that under the Public Service Stability Agreement (PSSA), a cost of new entrant amelioration was assigned to nursing and midwifery grades. The Minister for Finance and Public Expenditure approved an agreement reached under Section 4 of the PSSA, in September 2018, for the bypassing of two incremental points for “New Entrants” and the associated cost across the public sector.

These amelioration measures were enabled for nursing and midwifery grades through HSE Circulars 032/2019 and 22/2019. This confirmed that staff nurses and midwives would not benefit from the general interventions at points 4 and 8. The Circular confirmed that these grades would instead “skip” one incremental point at point 2.

The estimated ameliorated average cost across the nursing/midwifery sector of two incremental points being skipped was calculated as approximately €35.5 million per annum, in

a 2018 Report to the Oireachtas<sup>1</sup>. It is understood that negotiations on the introduction of the Enhanced Grade included consideration of the difference between the full cost of the two increments and the lesser cost of skipping a single increment, point 2, of the nursing and midwifery incremental scale.

For the purposes of this verification process, it is acknowledged that the Labour Court took full account of the new entrant amelioration costs in recommending the introduction of the enhanced grade.

### **3.3 Enhanced Nurses and Midwives Profile**

#### **3.3.1 Introduction**

The following section shows a detailed breakdown of the profile of nurses and midwives who are on the Enhanced Contract. This information was derived from three key categories of data that we collected: employment data, nationality, and age.

Employment data provides a snapshot of the nurses' and midwives' working conditions, including the number of whole-time equivalent (WTE) nurses and midwives on the Enhanced Contract, as well as the number of Enhanced Nurses and Midwives compared to other staff and senior staff nurses. This information is important as it helps to understand how the Enhanced Contract has affected their employment status.

We collected nationality data to examine the diversity of nurses and midwives under the Enhanced Contract, including their country of origin. We sought this to be able to compare the rates of advancement to Enhanced Contracts for those from outside Ireland compared to nurses and midwives who are from Ireland and/or trained in Irish institutions.

Finally, we considered age an important data category to analyse, as it highlights any generational breakdown of nurses and midwives on the Enhanced Contract. This information is useful for identifying trends in age demographics and may help with workforce planning.

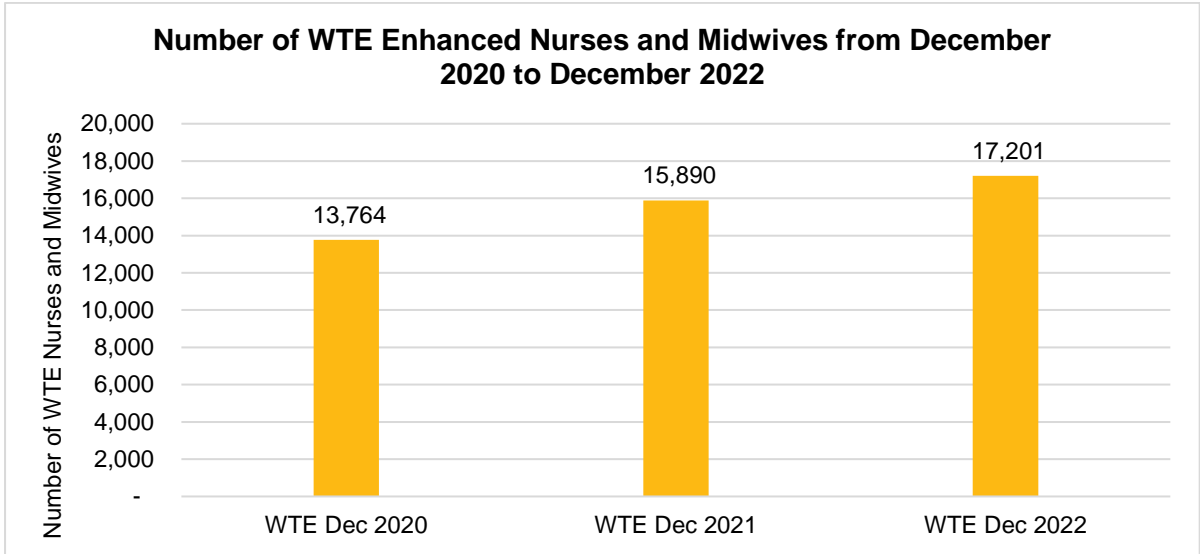
#### **3.3.2 Employment Profile**

We conducted an analysis of data pertaining to the total number of Enhanced Nurses and Midwives, expressed as WTE, within the Irish health sector. This analysis involved the examination of data over several periods between 2020 and 2023.

The findings from our analysis showed a consistent and steady increase in the number of nurses and midwives who are opting for the Enhanced Contract. We observed a significant rise in total WTEs, which increased by 24.97% between December 2020 and December 2022.

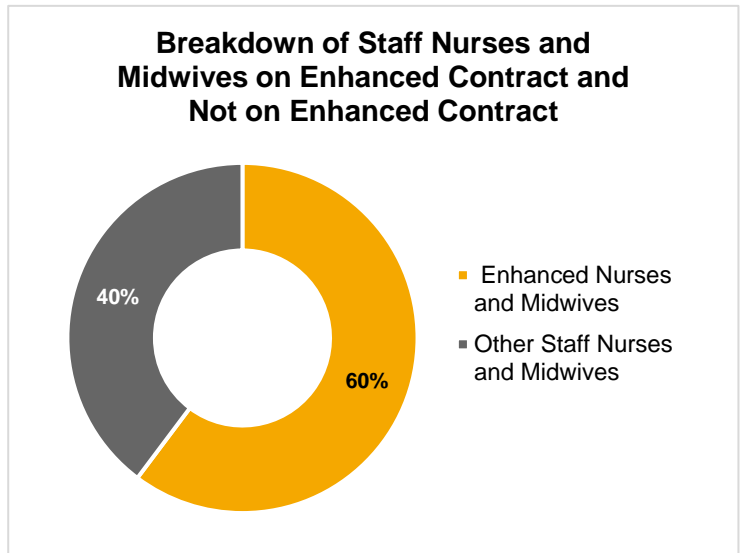
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<sup>1</sup> Examination of Remaining Salary Scale Issues in Respect of Post January 2011 Recruits at Entry Grades: Report to the House of the Oireachtas by the Minister for Finance and Public Expenditure and Reform in accordance with Section 11 of the Public Service Pay and Pensions Act 2017.



**Figure 3.3-a: WTE Enhanced Nurses and Midwives Numbers**

The chart to the right provides a breakdown of nurses and midwives on the Enhanced Contract versus their staff nurse or midwife grade counterparts who are not, as of December 2022. According to the data, approximately 60% of WTE nurses and midwives in the sector are on the Enhanced Contract. It is important to note that the percentage breakdown may vary across different healthcare organisations and regions, depending on their specific needs and priorities.



**Figure 3.3-b: Breakdown of Enhanced vs Non-Enhanced Staff**

### 3.3.3 Age Profile

The graph below shows the age breakdown of nurses and midwives on the Enhanced Contract in January 2023. The age category with the highest proportion of nurses and midwives on the Enhanced Contract was the 30–34 age group, with a total of 2,187 staff members.

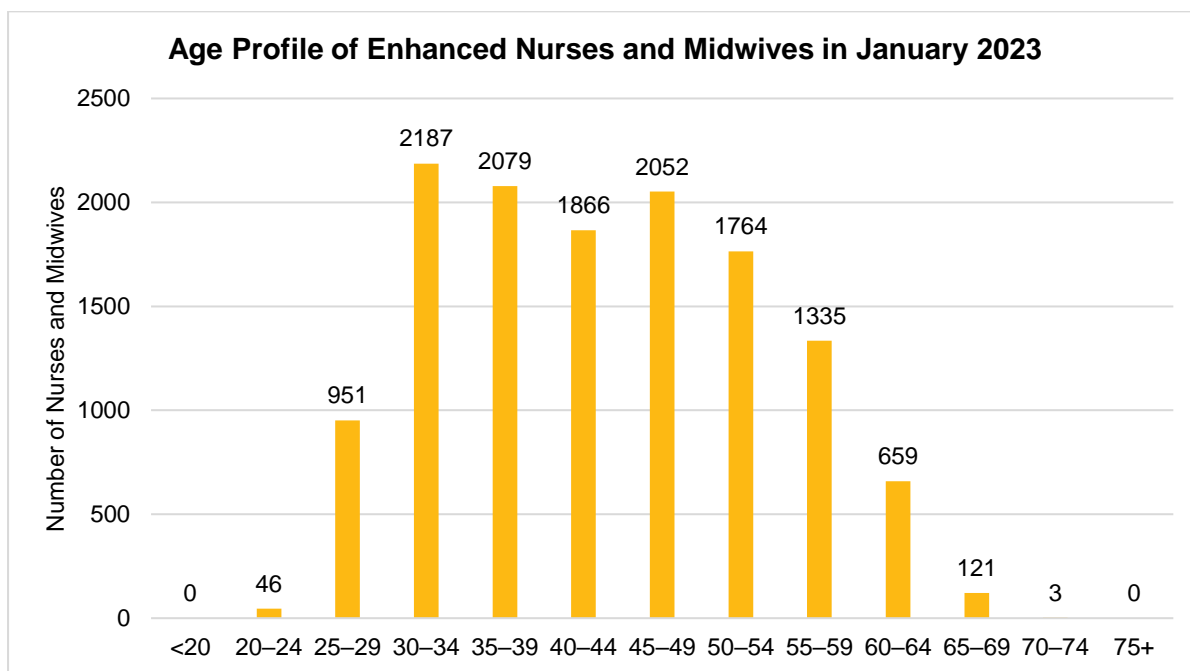


Figure 3.3-c: Age Profile of Enhanced Staff <sup>2</sup> (Data is only available for HSE sites).

### 3.3.4 Nationality Profile

The majority of nurses and midwives on the Enhanced Contract are of Irish nationality, accounting for 73% of those analysed. In addition to Irish nationals, the data showed that 14.8% of nurses and midwives on the Enhanced Contract were of Indian nationality. Another 8.3% were from other Asian countries, with the remaining 3.9% of Enhanced Contract Nurses and Midwives from other countries.

<sup>2</sup> Data relates to HSE sites only. However, a small number of HSE sites are not included in this data, as well as Section 38 Hospitals and Agencies.

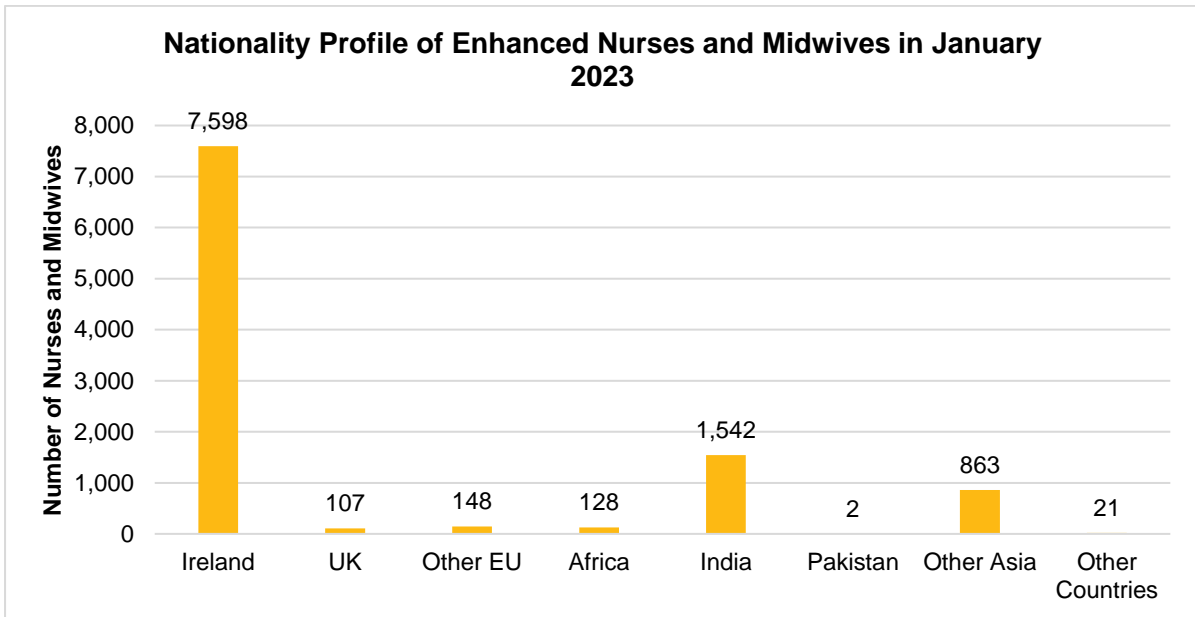


Figure 3.3-d: Nationality Profile of Enhanced Staff (³ Data is only available for HSE sites).

### 3.4 Uptake of Enhanced Contract

The information provided in the charts below indicates the number of nurses and midwives who are on pay point two of the staff nurse salary scale in both the Community Healthcare Organisations (CHOs) and Hospital Groups during the months of December 2022 and January 2023. Even though the figures for pay point two of the staff nurse salary scale are not high, there are still a significant number of nurses and midwives on this pay point. This is despite the fact that Circular 22/2019 suggests that this pay point should no longer exist.

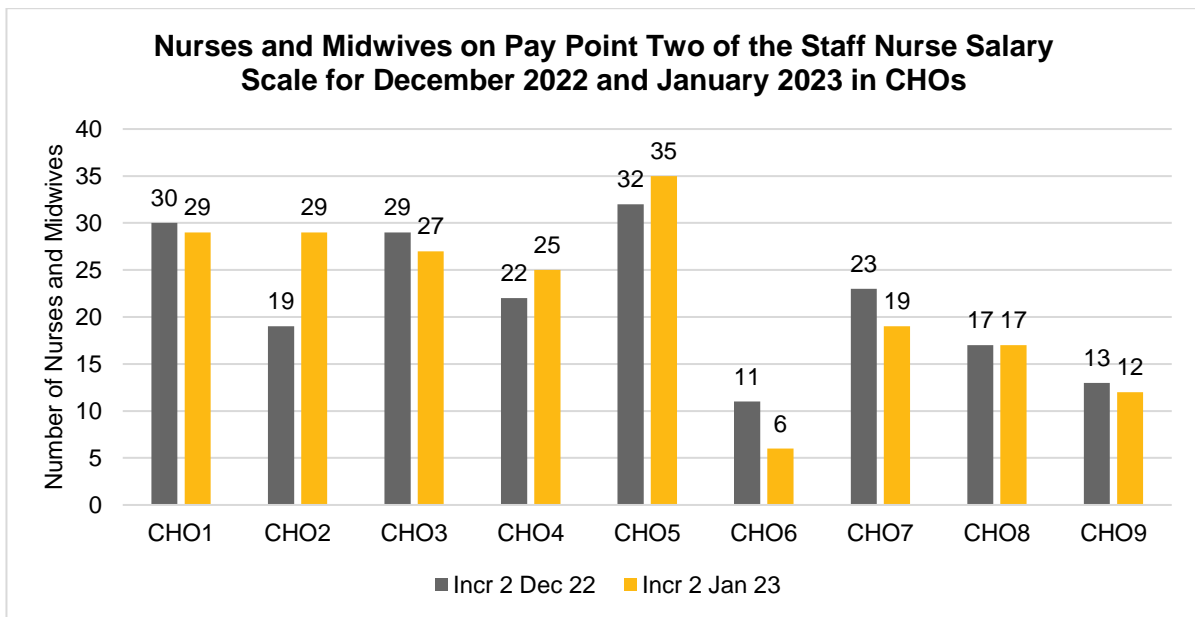
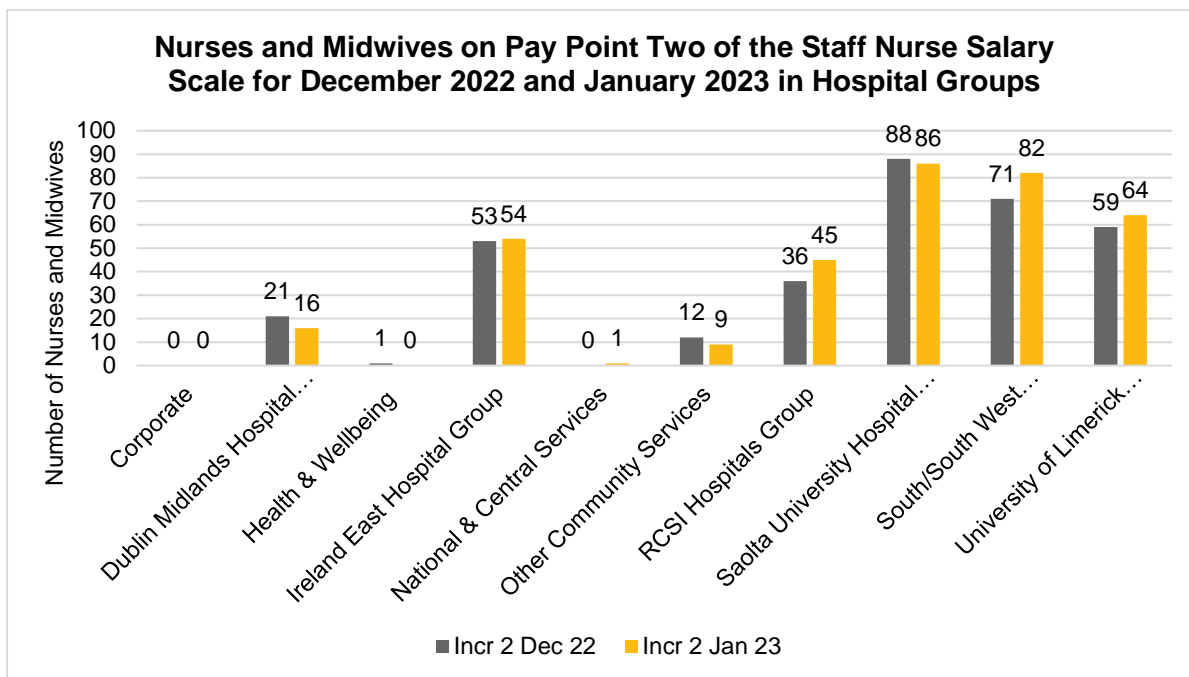


Figure 3.4-a: Comparative Pay Point Two Data – December 2022 vs January 2023 in CHOs

<sup>3</sup> Data relates to HSE sites only. However, a small number of HSE sites are not included in this data, as well as Section 38 Hospitals and Agencies.



**Figure 3.4-b: Comparative Pay Point Two Data – December 2022 vs January 2023 in Hospital Groups**

The information presented in the following charts illustrates the number of nurses and midwives on pay point four of the staff nurse and staff midwife salary scale in both the CHOs and Hospital Groups. Just like pay point two, the overall numbers of nurses and midwives on this pay point are not very high. Nevertheless, this data indicates that in the majority of CHOs and Hospital Groups, there are still nurses and midwives on pay point four of this salary scale.

It is important to note that once nurses and midwives reach pay point four on the staff nurse/midwife salary scale, they are eligible to apply for the Enhanced Contract. The salary scale is an incremental scale so they will progress to the next point automatically on an annual basis.



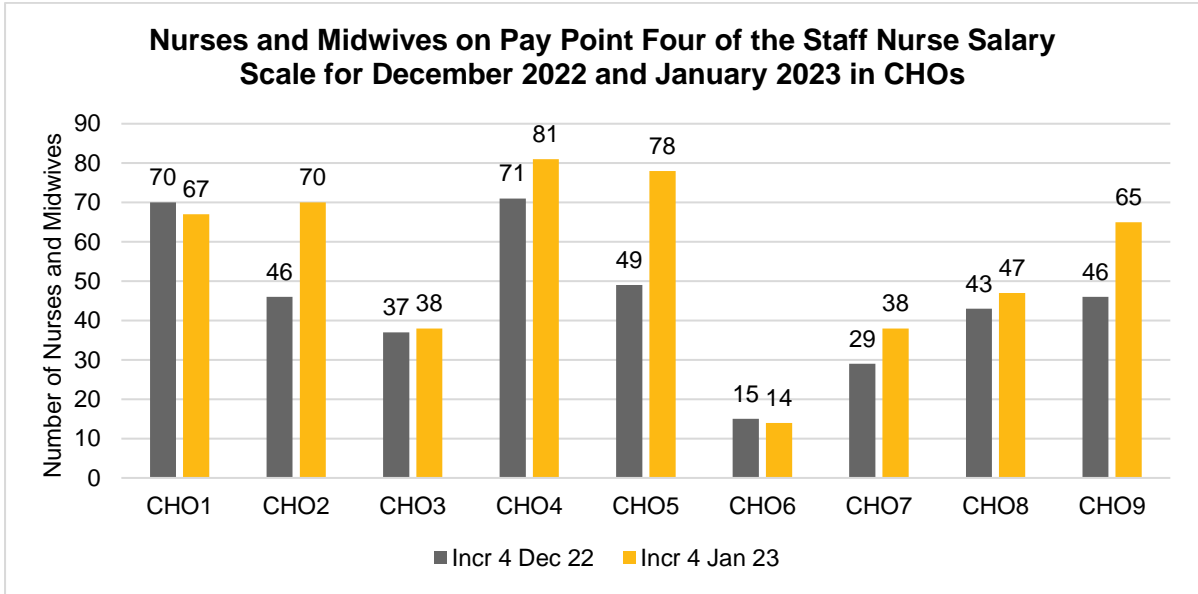


Figure 3.4-c: Comparative Pay Point Four Data – December 2022 vs January 2023 in CHOs

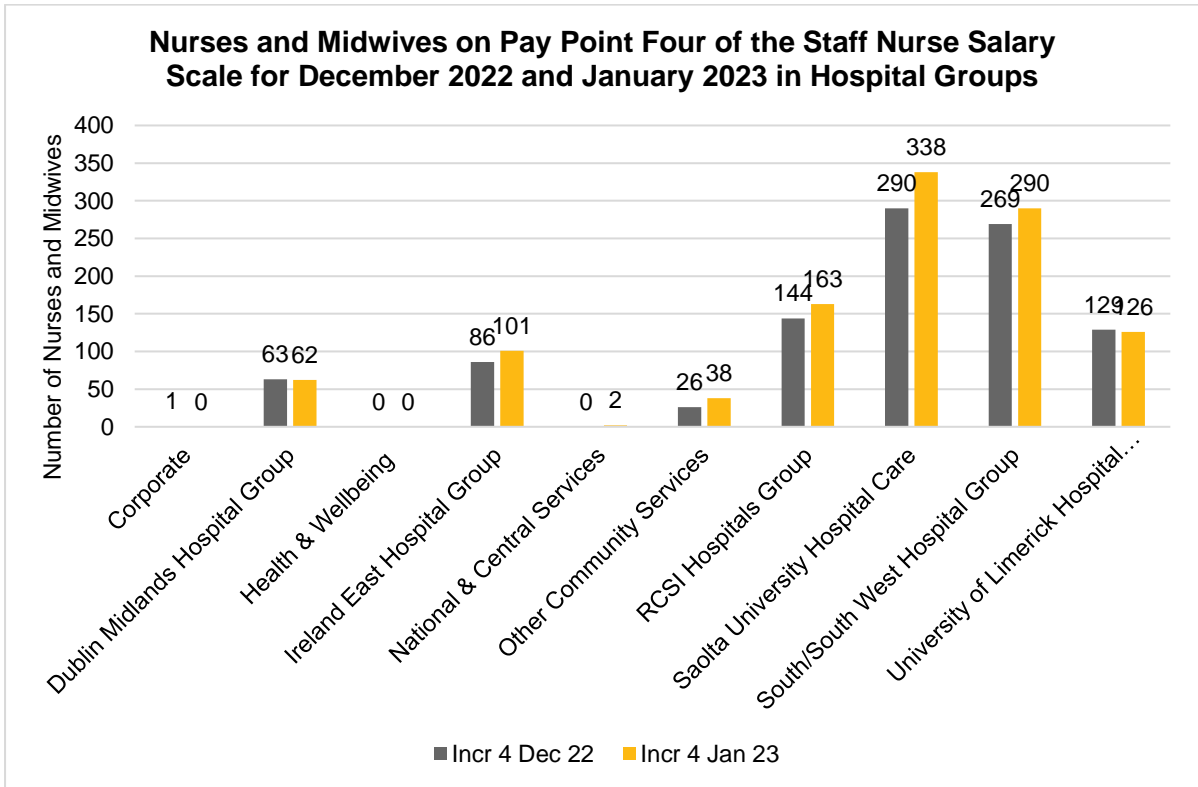


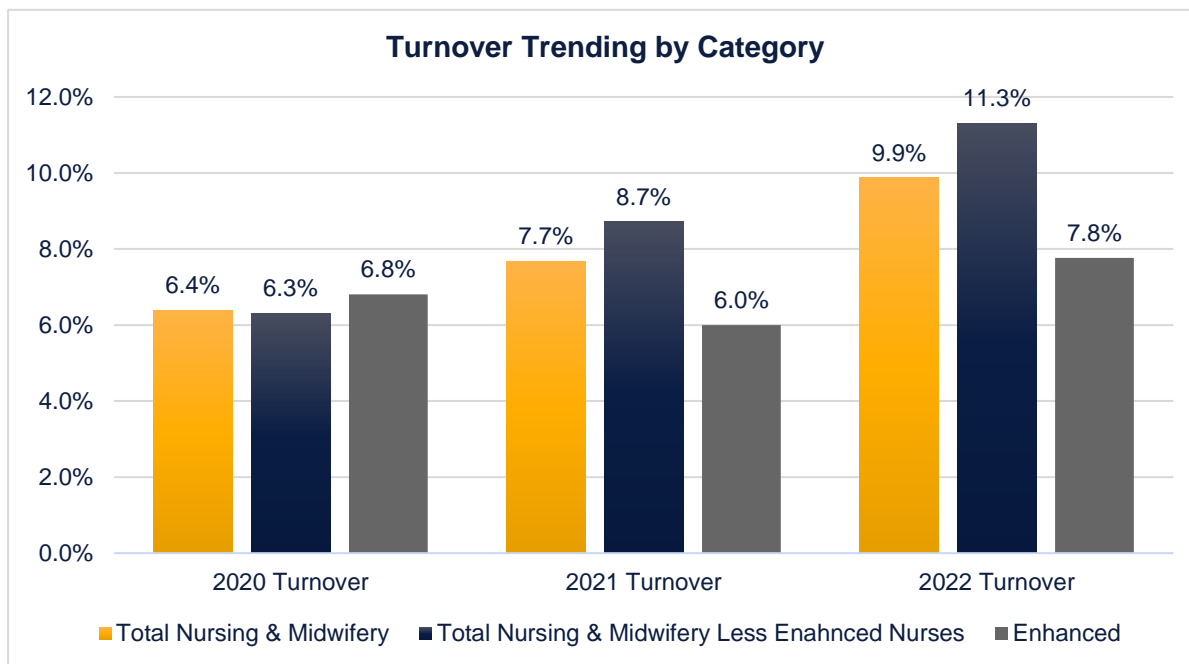
Figure 3.4-d: Comparative Pay Point Four Data – December 2022 vs January 2023 in CHOs

### 3.5 Nurse and Midwifery Retention/Attrition

#### 3.5.1 Turnover Data

The data provided to us included the annual turnover percentage across the years 2020, 2021, and 2022. This annual turnover percentage is calculated by dividing the total number of leavers in a period by the average headcount for the same period. Our analysis showed that

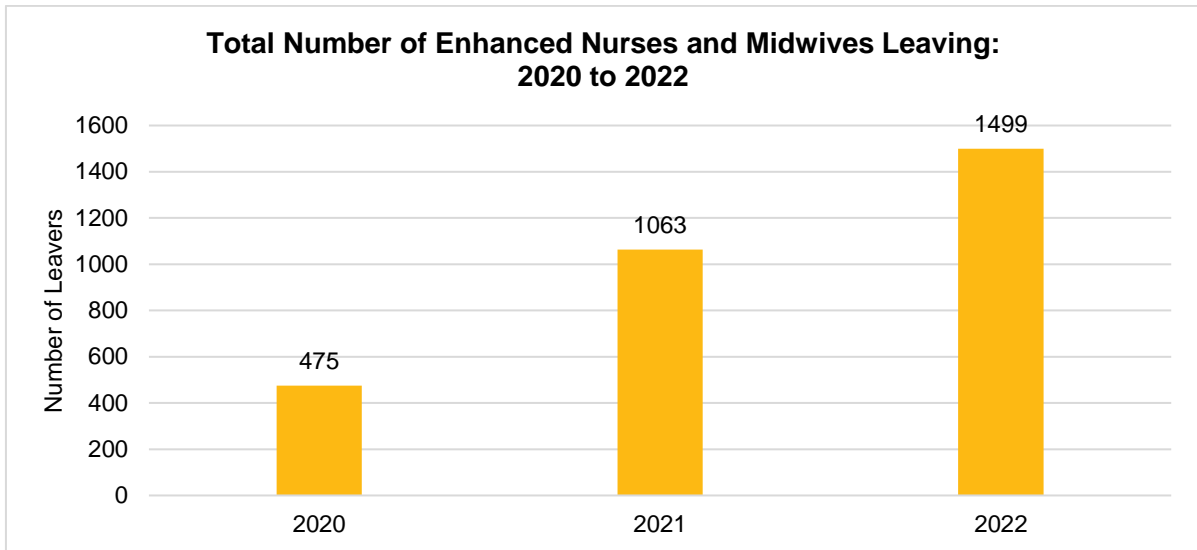
there was a positive trend towards lower rates of turnover in the enhanced Nurse and Midwife Grades compared to the overall nursing and midwifery rates and that of the overall excluding Enhanced Nurse and Midwives. This also held consistent, even in 2022 whereby overall turnover increased as a consequence of the relaxation of the Covid-19 specific measures, related to reopening of countries borders enabling greater movement of workforces worldwide.



**Figure 3.5-a: Turnover Trending by Category**

However, when we looked at the data for the total number of leavers for the same periods, we observed an increasing trend. Specifically, the number of leavers increased by 123% in 2021 and a further 41% rise was seen in 2022. Some stakeholder consultation discussions raised the issue of the increase in turnover.

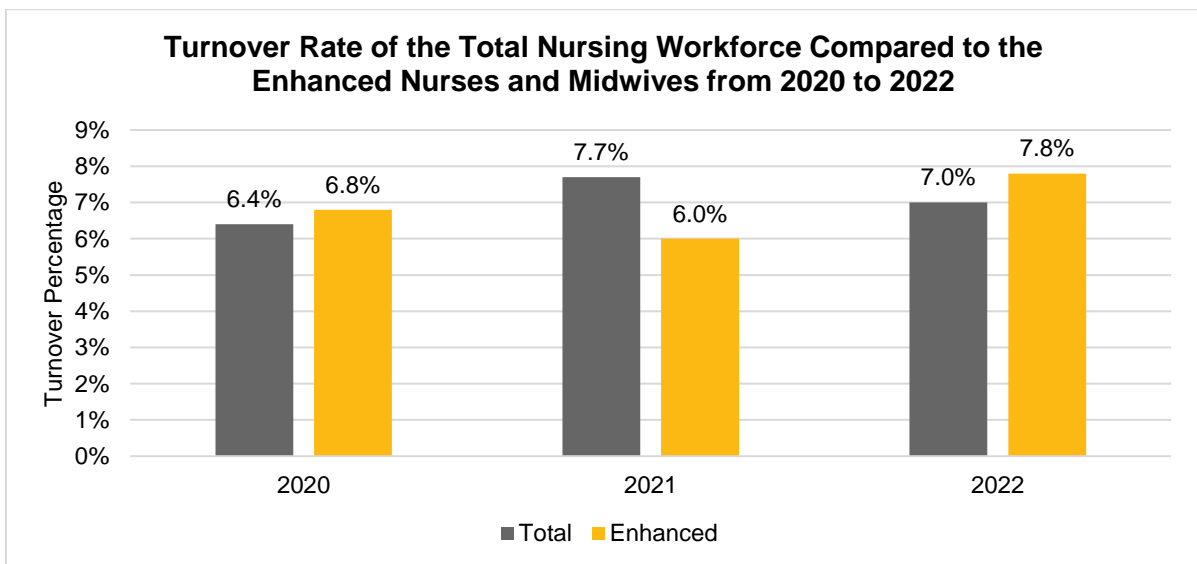
It is important to note that the lack of correlation between the annual turnover percentage and the total number of leavers can be a result of several factors. For instance, the annual turnover percentage is calculated based on the average headcount for the period, while the total number of leavers represents the absolute number of staff leaving the organisation. As such, the differences in the two datasets can be attributed to factors such as new hires, staff retirements, and voluntary resignations.



**Figure 3.5-b: Total Leavers – Enhanced Staff**

### 3.5.2 Comparative Turnover: Enhanced Contract vs Total Nursing/Midwifery Staff

We conducted a comparison between staff on the Enhanced Nursing and Midwifery Practice Contract and the total nursing and midwifery cohort. Our analysis revealed that the turnover percentage for staff on the Enhanced Contract was higher in the years 2020 and 2022 (up to Q3 2022) when compared to the turnover rate of the total nursing and midwifery population. However, the Enhanced Contract had lower turnover in 2021, with a rate that was 1.7% lower than the turnover rate for the total nursing and midwifery cohort. It is important to note that the data does not reveal the reasons why turnover rates may have varied over time, therefore these results need to be treated with caution.



**Figure 3.5-a: Comparative Turnover – Total vs Enhanced Staff**

### 3.6 Nurse and Midwifery Sickness Absence Levels

#### 3.6.1 Total Absence Data

We compared data on Enhanced Contract absenteeism to the total nursing and midwife absence levels to see if there was a difference in trends. The data showed that the Enhanced Contract data followed a relatively similar trend to the entire nursing and midwifery population data, with fluctuations in absence levels occurring over the analysed period.

In June 2020, the Enhanced Contract data showed an absence level of more than two percentage points lower than the total nursing and midwifery population, which was also the period where they achieved the goal set out in the National Service Plan to have an absence level of under 4%. The overall trend is similar between the two groups: there are some fluctuations in the data, with the Enhanced Contract data showing a higher absence level in some periods and a lower level in others.

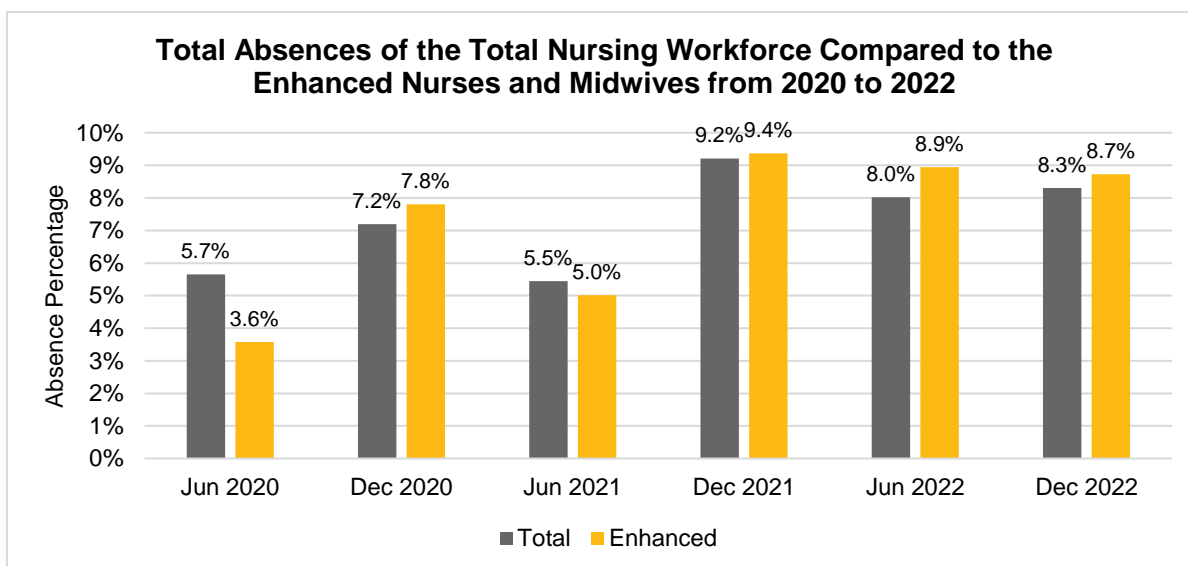
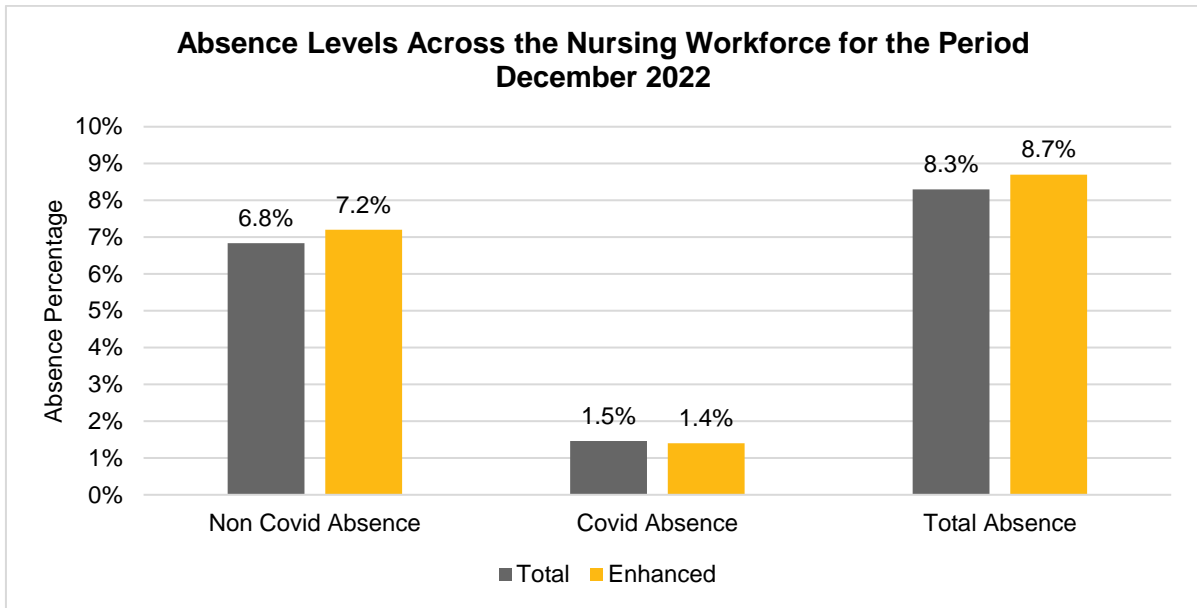


Figure 3.6-a: Comparative Total Absences – Total vs Enhanced Staff

#### 3.6.2 All Absence Data

To analyse the absence levels, the study separated absences into three categories: Non-Covid-19, Covid-19 only, and Total Absences. The study found that the absence levels of those on the Enhanced Contract followed a similar trend to that of the entire nurse and midwife population across all three categories, with the largest deviation between the two groups just 0.4 percentage points. It is not possible to conclude from the data analysis whether the Enhanced Contract has had an impact on the level of absences in nursing and midwifery.



**Figure 3.6-b: Comparative Absence Data – Total vs Enhanced Staff**

### 3.7 Professional Skills and Development Activity

We were able to derive information in respect of professional skills and development activity from respondents to the questionnaire. Respondents were asked to provide the names of courses, training programmes, and education they have started or completed during their employment on the Enhanced Contract.

Through analysis of the data we were able to extract information of the courses, programmes, and education undertaken by over 180 nurses and midwives, which amounted to in excess of 200 development activities. These activities included:

- HSELand online training courses;
- Various certifications;
- Undergraduate programmes; and
- Postgraduate courses.

Listed below is a small sample of the extensive list of qualifications undertaken by nurses and midwives on the Enhanced Contract:

- Undergraduate in Cardiology;
- Postgraduate qualification in Community Mental Health Nursing;
- Postgraduate Diploma in Community Nursing;
- Venepuncture courses;
- Specialist nursing qualification in Cancer Care and Haematology;
- Masters in Gerontology; and
- MSc in Leadership and Innovation.

## 4 Themes from Engagement Process

### 4.1 Introduction

The information gathered by means of the questionnaire for Enhanced Nurses and Midwives and through interviews conducted during the site visit process has been collated and analysed to extract the key themes that characterised the responses of those we consulted.

We have set these out within seven key areas:

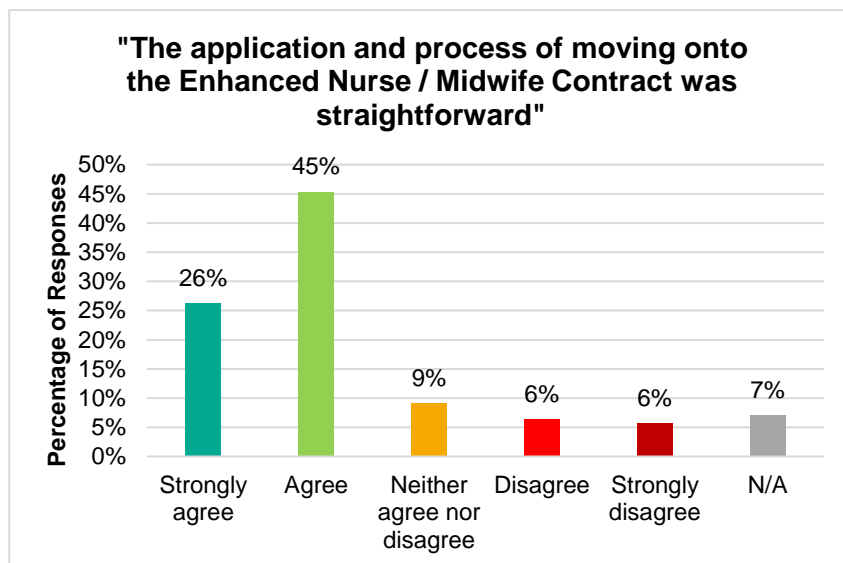
- The application process;
- Professional development;
- Leadership and responsibility;
- Audit and research;
- Recruitment and retention;
- Flexibility; and
- Care delivery (quality of care and Sláintecare).

The completion of the questionnaire was restricted to nurses and midwives who confirmed their status as being subject to the Enhanced Contract. A total of 269 fully completed questionnaires were received, with a further 15 incomplete questionnaires, with sufficient usable data, informing the exercise. The interview schedule benefited from a total of 47 consultations with Enhanced Contract Nurses and Midwives, Directors of Nursing, Assistant Directors of Nursing, senior HR professionals, and nursing and midwifery trade union representatives. Selected questionnaire responses and direct quotes from nurses and midwives on the Contract are used to illustrate the identified themes.

### 4.2 The Application Process

Most of those who commented on the application process described it as a straightforward and easy process to complete. There were some reports of delays, particularly when the Enhanced Contract was first introduced with subsequent backlogs in the processing of the applications. Many participants reported proactive notifications and encouragement from nursing managers for those eligible to apply for the Contract, although this was not universal, with some reporting that they were expected to apply on their own initiative without, for example, notification from HR or management that they were likely to be eligible.

Nursing managers indicated that in some circumstances they have advised staff seeking to apply for the Contract that they have yet to fulfil some conditions in respect of their mandatory training and participation in audit before their applications can be approved. A small number of staff and managers reported confusion around the Contract taking effect at the subsequent increment date and resulting frustration if this was some time after the application date. However, this was evidently a relatively uncommon issue.



**Figure 4.2-a: Questionnaire response indicating that 71% of respondents agreed or strongly agreed that the application process is straightforward**

Of those nurses eligible to apply for the contract, 60% have taken up the opportunity, while the remaining 40% have not. Nurses and midwives and managers reported that where there were staff who did not apply, these individuals had expressed concerns about the flexibility required, with fears that they might be moved to clinical areas not aligned to their professional practice or inconvenient to their personal circumstances. There was considerable variation in the uptake rates across different sites and units. There was a suggestion in one discussion that the Enhanced Contract should become an automatic advancement for all nurses and midwives as they became eligible. A number of interviewees advised that not all eligible nurses and midwives view the Contract as something they wish to take up at present.

One detail identified in site visits is the process for moving to the Enhanced Contract for overseas-trained nurses who enter the workforce at or above the relevant point on the salary scale that entitles them to apply for the Enhanced Contract. It was suggested that a process that allowed them to be approved for and commence on the Enhanced Contract, where applicable, would reduce the bureaucracy necessitated by two separate contract processes, one immediately after the other.

### 4.3 Professional Development

The engagement process strongly supported a narrative in respect of greater opportunities for, and encouragement to undertake, skills and professional development, with it being widely reported from nurses, midwives, and managers that Enhanced Contract Nurses and Midwives were now practising a greater range of clinical skills and leadership, with improved levels of confidence to deliver care.

The majority of those on the Enhanced Contract who responded to the questionnaire or engaged with the Crowe team on site visits indicated that they agreed or strongly agreed that they had opportunities to apply for skills development and

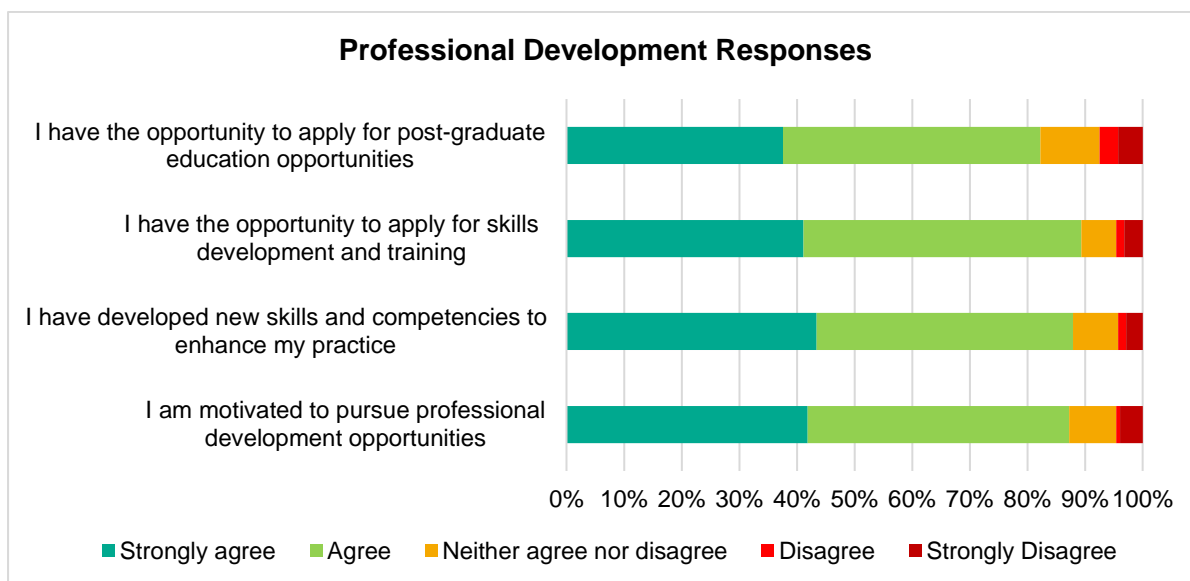
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*"The Enhanced Nurse Contract ... encourages nurses to realise the value of continuous education and learning and how this will contribute to improved services."*

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training and for postgraduate education (80%), that they were motivated to do so (86%), and that they have developed new skills and competencies in their professional practice (88%).

There were positive comments regarding the opportunities for growth in terms of professional development, enabling nurses and midwives to take on extra responsibilities, increasingly take charge of clinical areas, and improve the levels of care provided to patients. Although a small number of respondents suggested that the Contract has not impacted on their professional practice, the majority suggested that it facilitates growing levels of confidence in nurses to extend their participation in care planning and the management of daily tasks in the future.



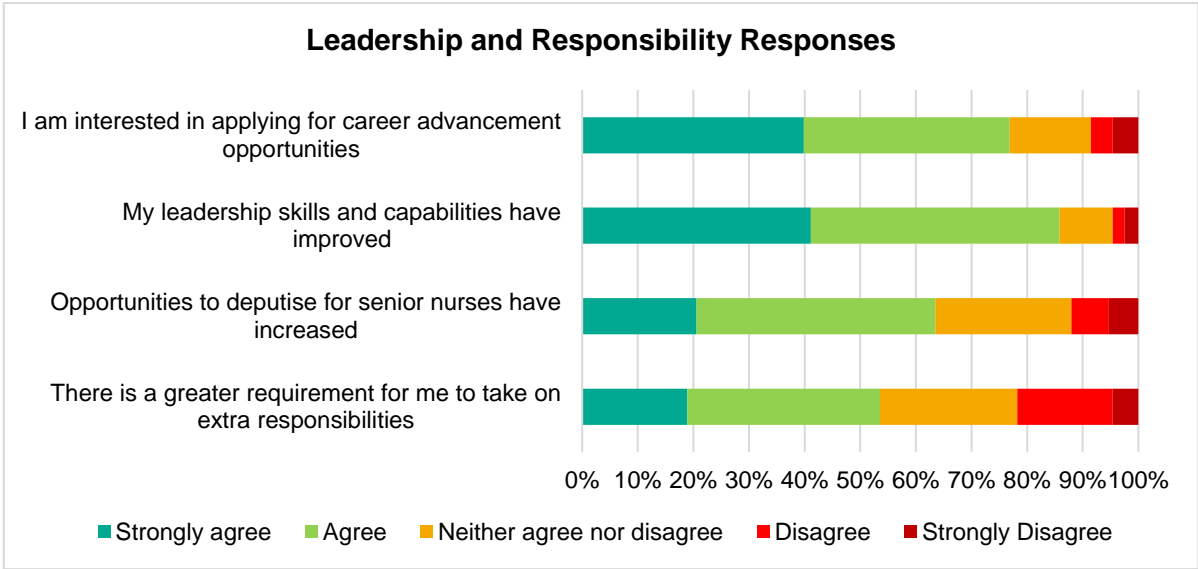
**Figure 4.3-a: Questionnaire responses on professional development**

Staff shortages and the demands on busy sites and units were cited by some as reasons why opportunities for additional training, education, and skill development were not always able to be taken up. Several of those interviewed indicated that access to training and education opportunities was “staggered” across the eligible staff to ensure sufficient cover, i.e., so that not all staff nurses or midwives would require leave at the same time.

#### 4.4 Leadership and Responsibility

While some of those asked about increased leadership or responsibility in their roles on the Enhanced Contract stated that they did not perceive significant changes, the majority of those who responded to the questionnaire and many of those engaged with on-site visits indicated that they had more opportunities to take on extra responsibilities and develop leadership skills and experience since being on the Contract.



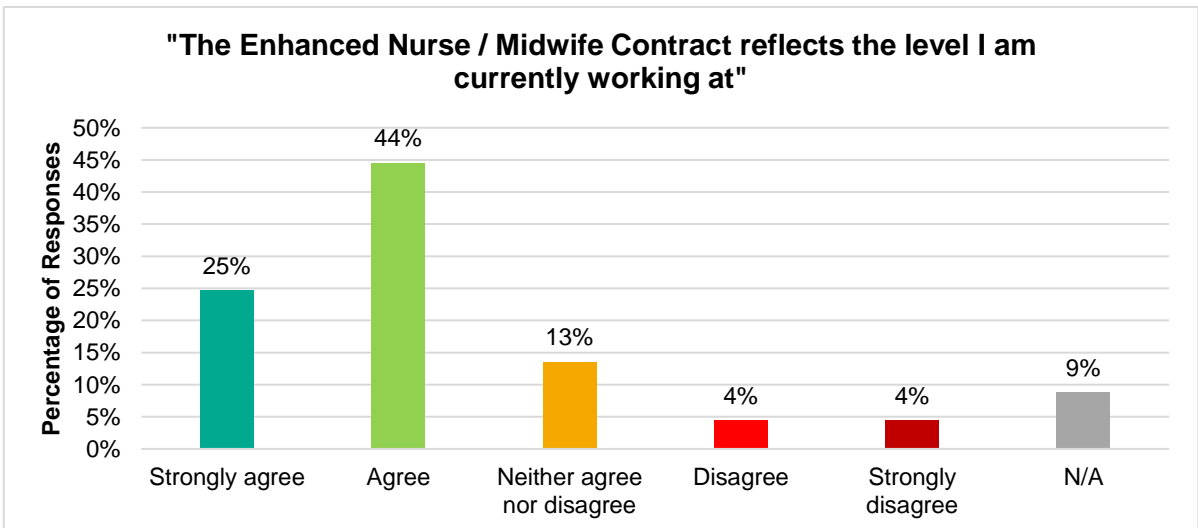


**Figure 4.4-a: Questionnaire responses on leadership and responsibility**

There were many accounts of nurses and midwives reporting the benefits of “acting up” and taking on new responsibilities, which appear to be positively regarded in terms of professional development. It is notable that comments received suggested that the Contract had provided nurses and midwives with additional confidence and leadership skills in the delivery and coordination of care.

*“The Enhanced Nurse Contract helped me improve my skills in delivering the best care possible for our patients. I was able to practice my leadership skills more than before.”*

Notably, the majority of respondents (69%) to the questionnaire indicated that the Contract reflects the level at which they are currently working.



**Figure 4.4-b: Questionnaire responses indicating most respondents agree that the Enhanced Contract reflects their current level**

Nurses and midwives expanded on this with the following points:

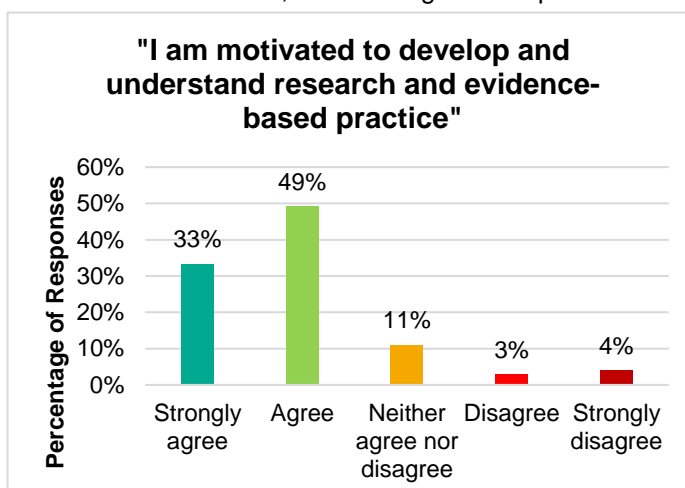
- More is expected of them, with increased flexibility to take advantage of opportunities.

- The Contract allows staff to put learning and knowledge into practice.
- The Contract helped in improving leadership skills.
- There is a perception by some of more stability in their role.
- The Contract assures better care through increased opportunities to improve practice.
- Staff feel encouraged to upskill and improve.
- For some, the only perceived change arising from the Contract was increased salary, and this enticed people to apply.

A few respondents expressed concerns about increased expectations of greater responsibility, when these were alongside staff shortages and the expectation of more clinical audit activity, adding up to significant demand on staff nurses and midwives.

## 4.5 Audit and Research

Audit has been consistently reported as a mechanism that provides a focus on the improvement in quality of patient care – notably, some nurses and midwives suggest that prior to the Enhanced Contract they had little or no interest in audit, but now regard it as pivotal to care provision development. The requirement to participate in clinical audit activities prior to approval to apply for the Enhanced Contract was mentioned by some nurses and midwives as a useful introduction to clinical audit. Nurses, midwives, and managers report a greater emphasis on, and participation in, clinical audit by those on the Enhanced Contract, with some managers stating that the Contract was a useful “lever” to encourage more clinical audit activity by Enhanced staff.



**Figure 4.5-a: Questionnaire response showing that 82% of those on the Contract agree that they are motivated to understand research and evidence-based practice**

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*“...being an Enhanced Nurse there is opportunity to evaluate our care by clinical audits and thereby to improve patient-centred care every day.”*

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It is noted that some respondents believe that there are now greater opportunities to focus on patient-centred care through clinical audits and evaluations of care. However, several of those who participated in the questionnaire and site visit discussions indicated concerns about time availability to engage in clinical audit activities, indicating that the

requirement to be involved in this work was an additional strain on overstretched resources in some instances.

## 4.6 Recruitment and Retention

It is notable that there was a strong theme relating to recruitment and retention running throughout the interview schedule. Although this was not explicitly addressed in the questionnaire – questions relating to job satisfaction and building the workforce are set out – stakeholders consistently presented opinions consistent with the Enhanced Contract being a key tool in the retention and recruitment of staff. More specifically, Directors of Nursing and HR professionals were forthright in their assertions that it is in their interest, in an ever-challenging recruitment environment, to ensure that they support nurses and midwives to be on the Contract.

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*“My intention was to return home, but the Contract provides me with so much opportunity to build additional skills and knowledge, so I’m very happy to stay and progress my career in Ireland.”*

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The advantages of the Enhanced Contract were further supported by nurses who believe that the Contract can support their professional development ambitions, with one overseas-trained nurse stating that it would be difficult to return to their home country when they are gaining access to an array of new training and education opportunities in Ireland.

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*“Our nurses tell us that the extra money helps. It’s in our interest to support the nurses to apply for the Contract and if we don’t, it’s simple, they will go somewhere that does.”*

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A number of trade union representatives also suggested that within regions that struggle to retain and recruit nurses and midwives, supporting staff to apply for the Enhanced Contract has become of critical importance to retaining them. The overwhelming view of the contributors suggested that the additional pay on offer associated with migrating onto the Contract was very supportive to retention and recruitment initiatives.

## 4.7 Flexibility

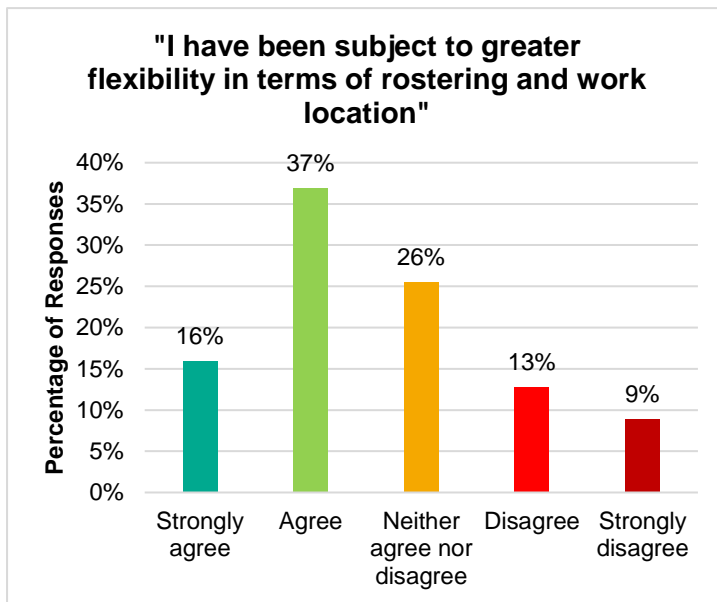
It was repeatedly emphasised that a culture of flexibility characterises nursing and midwifery in general. In addition, the severe impact of the Covid-19 pandemic on the health system, coupled with the 2021 cyberattack, had required unprecedented flexibility on the part of nurses and midwives in order to manage the crises and continue to deliver patient care.

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*“Enhanced nurses/midwives are now more flexible with regards to locations and hours of duties.”*

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Nonetheless, the Enhanced Contract is seen as promoting and reinforcing a culture of flexibility within the profession. Although there are a small number of reports of nurses and midwives being asked to change site location on a temporary basis post-pandemic, typically



**Figure 4.7-a: Questionnaire response showing 53% of respondents agree they have been subject to greater flexibility**

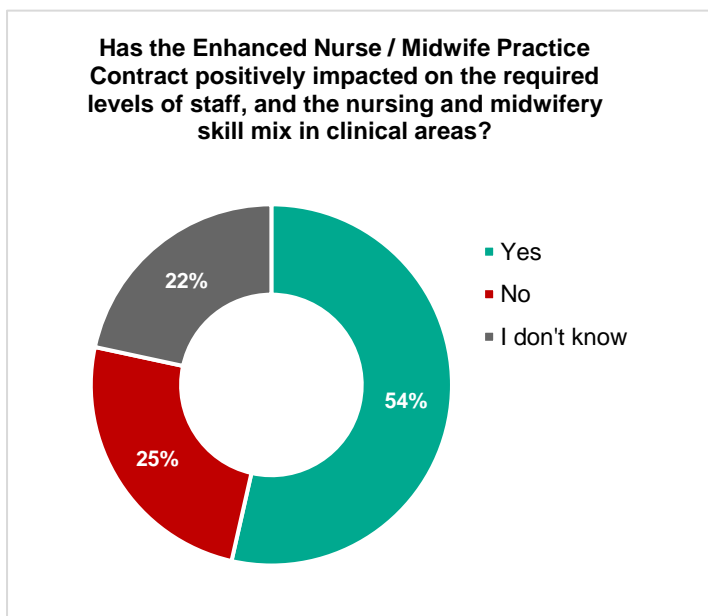
the expectations for staff are to provide same-site cover in different clinical areas than their usual place of work. Nearly 81% of respondents indicated that they had not been asked to change their work location completely. The reasons for requests to move within the same site range from sickness and absence cover to staffing and skills requirements.

Some respondents report feelings of anxiety and stress about moving to an unfamiliar clinical area, with observations made about the need for improved orientation and the requirement for uniformity of care, while others report this to be a valuable learning and development opportunity.

Concern was noted that some are required to work extra hours to meet the demands of staff shortages, which can result in fatigue.

Managers indicated that the Enhanced Contract could be a valuable “fallback” where flexibility is required, whereby nurses and midwives on the Contract can be reminded that they have signed up for additional flexibility if this is required of them.

#### 4.8 Care Delivery (Quality of Care and Sláintecare)



**Figure 4.8-a: Questionnaire response on impact on staffing and skill mix**

Most of those who responded to the questionnaire and with whom the Crowe team met during site visits, expressed a belief that the Enhanced Contract was a driver for improving patient care through access to professional development, explicit requirements for clinical audit activities, and encouragement to develop leadership within nursing and midwifery staff.

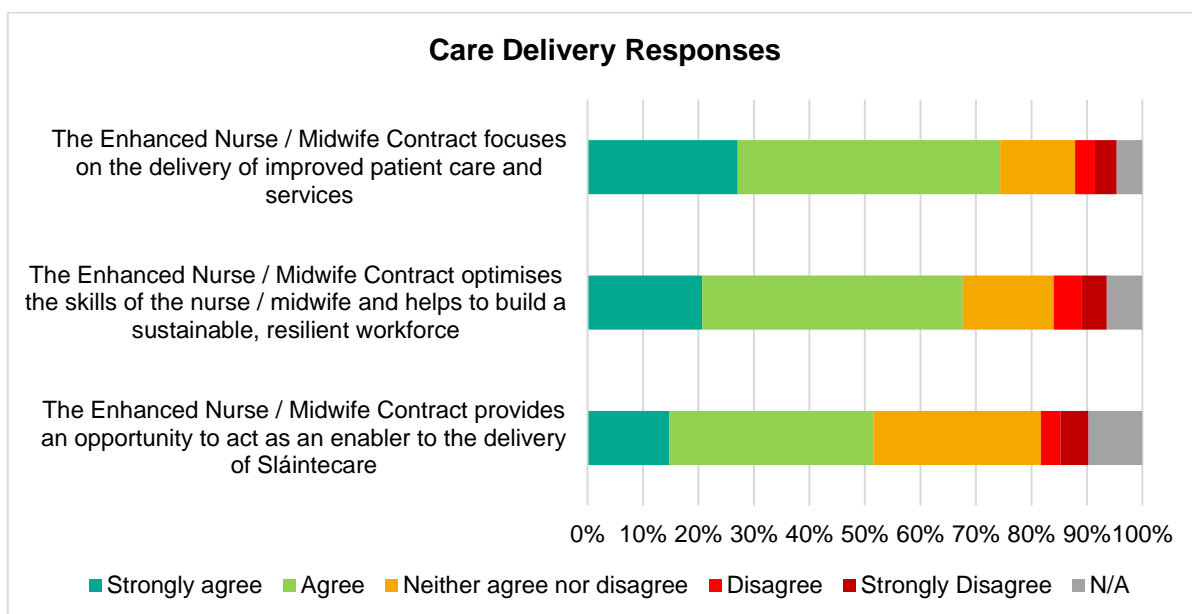
Feedback was mixed on staffing levels and skill mix, with just over half of questionnaire respondents indicating they perceived a positive impact from the Contract, but qualitative responses and those who engaged during site visits frequently considered that there had been no visible impact on staffing levels or skill mix. It is of note that, at the time of this report, the frameworks for safe nurse staffing (phases

1 and 2) were still being implemented nationally; therefore, sites visited as part of the process may not have yet implemented the framework. At present, it is primarily in Model 4 hospitals.

The Covid-19 pandemic was highlighted as a challenge in terms of getting a clear view of the impact of the Enhanced Contract – rather than the pandemic – on staffing levels.

*“I believe that the areas of nursing and midwifery are still short staffed, and I feel that there has never been more of a gap in skill mix.”*

It was indicated by several of those we engaged with that there is a greater focus on preparing patients for discharge into the community, with planning and coordination of home care supports, but others report that they are yet to observe a noticeable shift to community-based practice.



**Figure 4.8-b: Questionnaire responses in relation to care delivery**

*“I feel that the services in the community have improved compared to 2018 when I started and before the Enhanced Nurse Contract.”*

The Enhanced Contract, together with the Sláintecare agenda, appears to be providing an impetus towards community care, with some respondents suggesting that their enhanced status has enabled their movement outside of hospital-bed-based health provision. There appears to be strong support for the premise that the Contract will support Sláintecare, although comments noted that hospital staff may have become busier as a result of staff moving into community teams.

## 5 Concluding Remarks

Using a mixed-methods approach, both the quantitative and qualitative data collected as part of the independent verification of the Enhanced Nurse and Midwife Grade identified an overall positive impact of the new grade on both the nursing and midwifery professions.

There has been an incremental year-on-year increase on the number of nurses and midwives who have moved onto the Enhanced Contract; overall, 60% of nurses and midwives at staff-grade level are now on the Contract. As per the demographic profile of nurses and midwives on the NMBI Register, the majority on the Contract are of Irish nationality. Turnover of staff on the Enhanced Contract was variable ranging from 6.0% to 7.8%; however, it is of note that these figures indicate not only nurses and midwives leaving the health service but also those that move to other posts within the Irish healthcare system. Similarly, there was variability in sickness absence with no discernible differences between nurses and midwives on, or not on, the Enhanced Contract.

It was evident from the data collected that nurses and midwives on the Enhanced Contract were actively engaged in a wide range of professional development activities. This includes, but is not limited to, activities relating to enhanced skill development in specialist clinical practice. The majority of staff on the Enhanced Contract reported that they had the opportunity to apply for postgraduate education opportunities and skill development as well as being motivated to pursue professional development opportunities. The Enhanced Contract has also resulted in the vast majority of nurses and midwives surveyed reporting that their leadership skills had improved, that they increasingly deputised for senior nurses, and that they had the opportunity to take on extra responsibilities. The Enhanced Contract was also reported by the vast majority of respondents as reflecting their current level of responsibility. Engagement with audit and research had also increased among nurses and midwives as a consequence of the Enhanced Contract with a recognition that these activities were an integral part of the role.

Nurse and midwife managers in particular viewed the Enhanced Contract as a key part of recruiting and retaining nurses and midwives as well as enabling greater flexibility in rostering and staff allocation. The Enhanced Contract, together with the Sláintecare agenda, appears to be providing an impetus towards community care. In addition, there was a strong level of agreement that the Enhanced Contract was related to the provision of quality patient care and the delivery of improved health services both in hospital and community settings. Overall, the results from this process identify that the Enhanced Nurse and Midwife Practice Contract is optimising the skills of nurses and midwives and is facilitating the building of a sustainable workforce.

# Appendix 1: Questionnaire

1. Are you currently on the Enhanced Nurse or Enhanced Midwife Practice Contract?

- Yes
- No

If no, thank you for your time. You do not need to complete this survey.

2. Please indicate the division of the Register you are **currently** employed (for example, if you are currently working in maternity services as a midwife tick midwives' division; if you are working in mental health – community tick psychiatric etc.): (Please tick **only one** option – if you are working across divisions of the Register, tick the one in which you spend the majority of your working time).

- General
- Psychiatric
- Midwives
- Intellectual disability
- Children's

3. Please indicate your current area of practice (e.g., emergency department, general medicine, maternity, mental health in-patient/community, community nursing, intellectual disability, care of the older person, etc.)

4. What is your current job title?

5. Please indicate when you commenced on the Enhanced Nurse / Midwife Practice Contract?

Less than 6 months ago	6 months to a year	1 - 2 years	2 – 3 years	3 - 4 years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Please tell us where you undertook your initial nurse or midwifery training.

Ireland	UK & EU	Rest of the World
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Regarding your professional development, please indicate your level of agreement or disagreement with the following statements related to the Enhanced Nurse / Midwife Practice Contract.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
I am motivated to pursue professional development opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have developed new skills and competencies to enhance my practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have the opportunity to apply for skills development and training courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have the opportunity to apply for postgraduate education opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am motivated to develop and understand research and evidence-based practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am interested in applying for career advancement opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My leadership skills and capabilities have improved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Please provide the names of the courses, training programmes, and education you have started or completed during your employment on the Enhanced Nurse / Midwife Practice Contract. Examples may range from venepuncture / intravenous cannulation certification, to postgraduate leadership courses.

8. In your opinion, has the Enhanced Nurse / Midwife Practice Contract positively impacted on the required levels of staff, and the nursing and midwifery skill mix in clinical areas? (By skill mix, we mean the balance between registered nurses or registered midwives and healthcare assistants in clinical areas).
- Yes
  - No
  - I don't know

Please use the text box to allow us to further understand your answer.

9. With regard to your professional practice, please indicate your level of agreement or disagreement with the following statements related to the Enhanced Nurse / Midwife Practice Contract.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I have greater levels of job satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities to deputise for senior nurses have increased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a greater requirement for me to take on extra responsibility 'out of hours'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have had more opportunities to either: take charge (in ward locations) or increase responsibilities (in community settings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have increasingly shared tasks with non-consultant doctors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There have been greater opportunities to be involved in the delivery and / or planning of orientation, teaching, and training initiatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been subject to greater flexibility in terms of rostering and work location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use the text box to allow us to further understand your answers.

10. If you were predominantly hospital-based before being subject to the Enhanced Nurse / Midwife Practice Contract, have you experienced an increased focus or shift towards, community-based practice.

- Yes
- No
- I don't know
- Not applicable

Please use the text box to allow us to further understand your answer.

11. Have you have been asked to change your work location away from the site of your usual workplace since you have been subject to the Enhanced Nurse / Midwife Practice Contract.

- Yes
- No

If you have answered 'yes', we would like to know about your experience, the impact on care delivery, and the influence on your professional development. Please use the text box to provide details.

12. Please indicate your level of agreement or disagreement with the following statements.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	No opinion
The Enhanced Nurse / Midwife Contract provides an opportunity to act as an enabler to the delivery of Sláintecare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Enhanced Nurse / Midwife Contract optimises the skills of the nurse / midwife and helps to build a sustainable, resilient workforce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Enhanced Nurse / Midwife Contract focuses on the delivery of improved patient care and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The application and process of moving onto the Enhanced Nurse / Midwife Contract was straightforward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Enhanced Nurse / Midwife Contract reflects the level I am currently working at.						

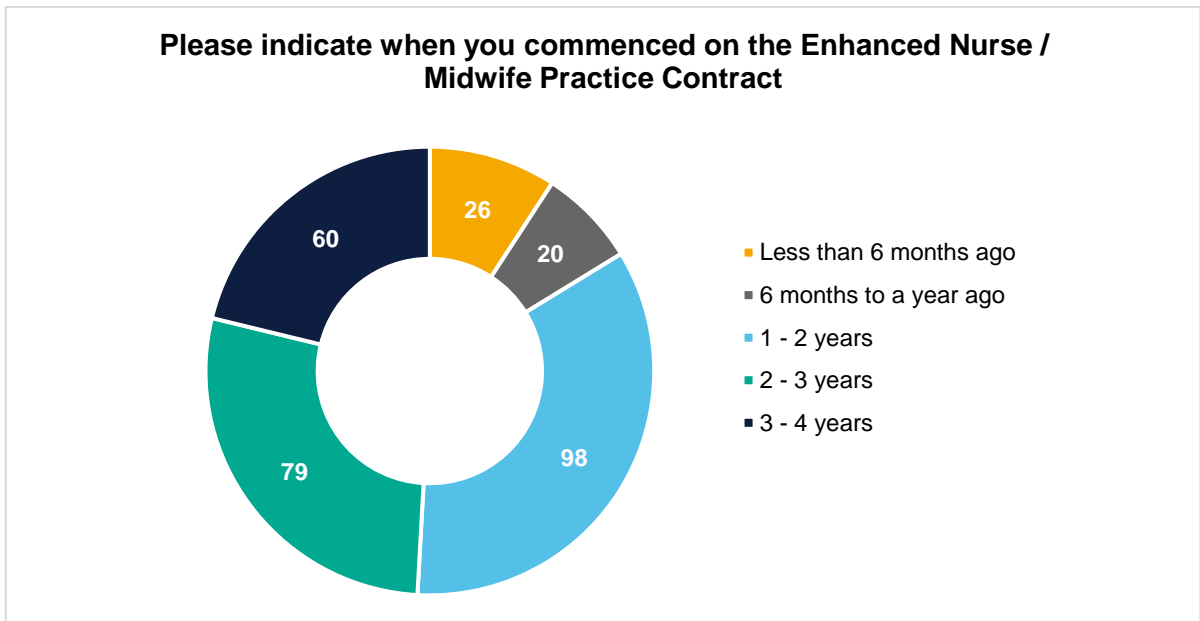
Please use the text box to allow us to further understand your answer.

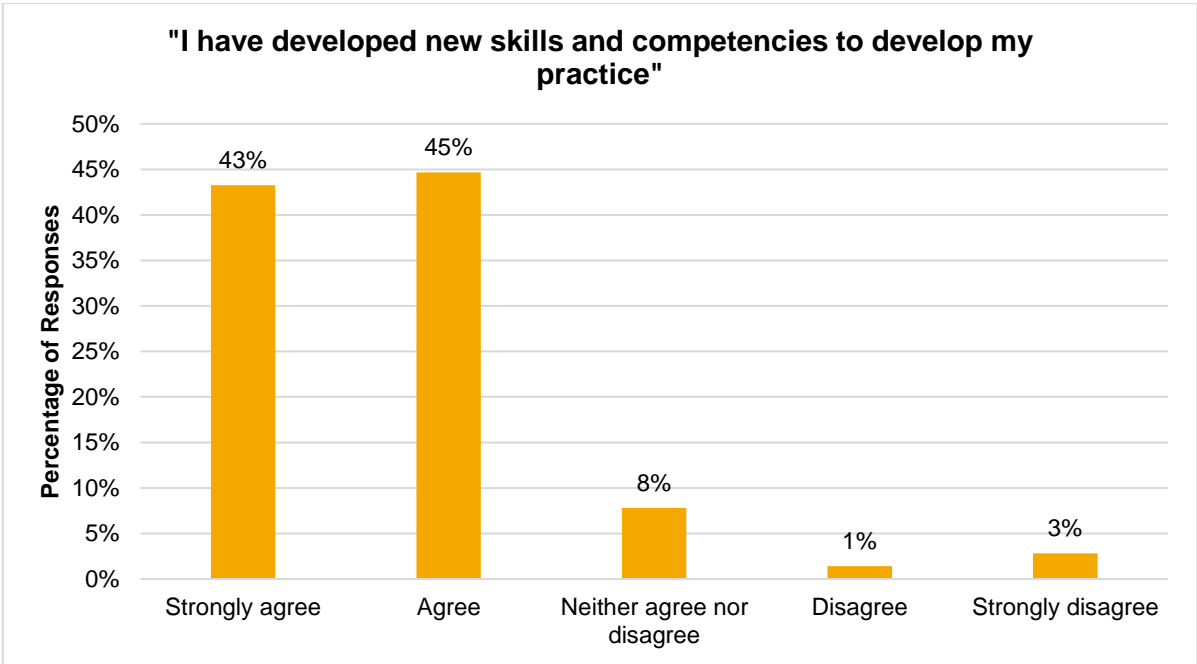
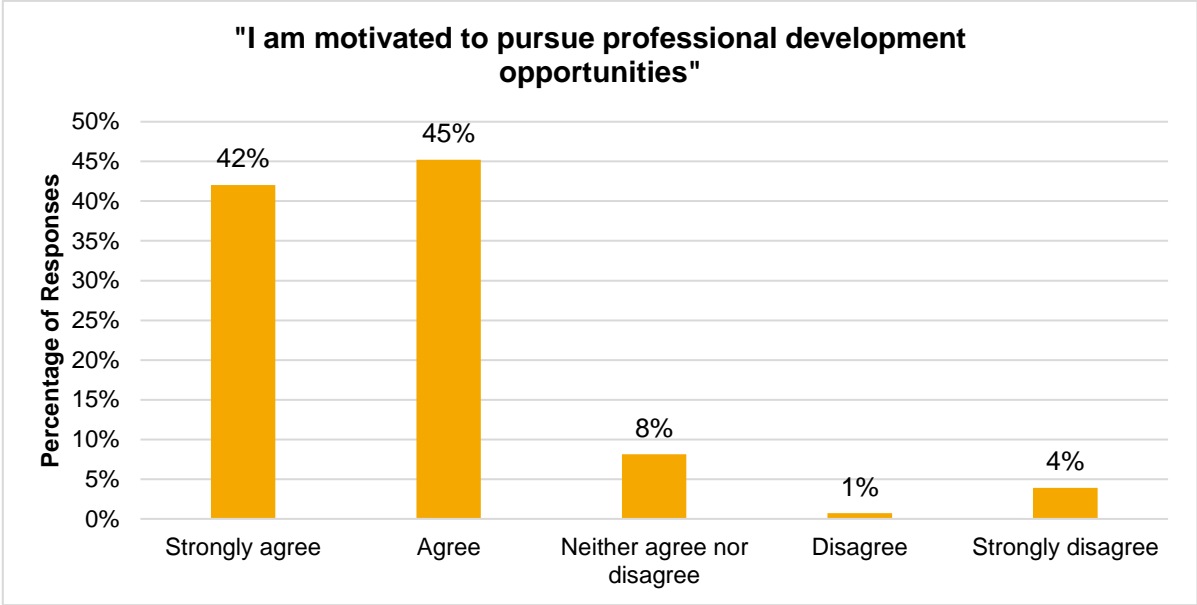
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13. Please use the following text box to provide us with additional information and opinions relating to the Enhanced Nurse / Midwife Contract.

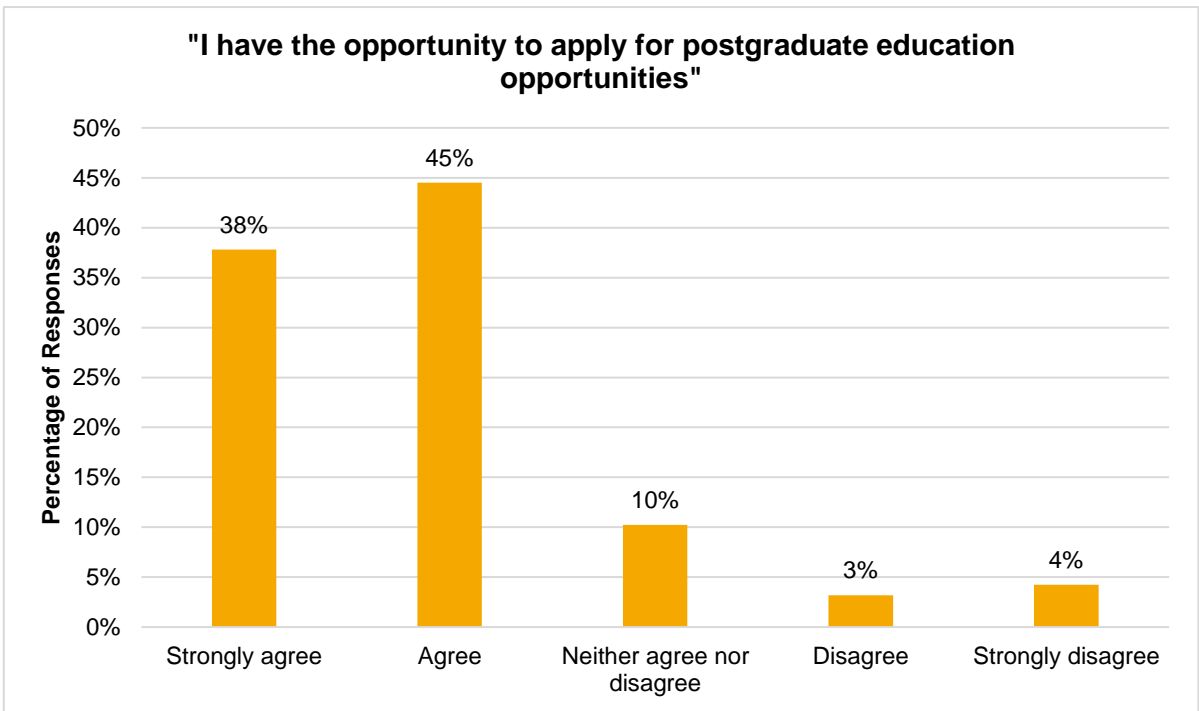
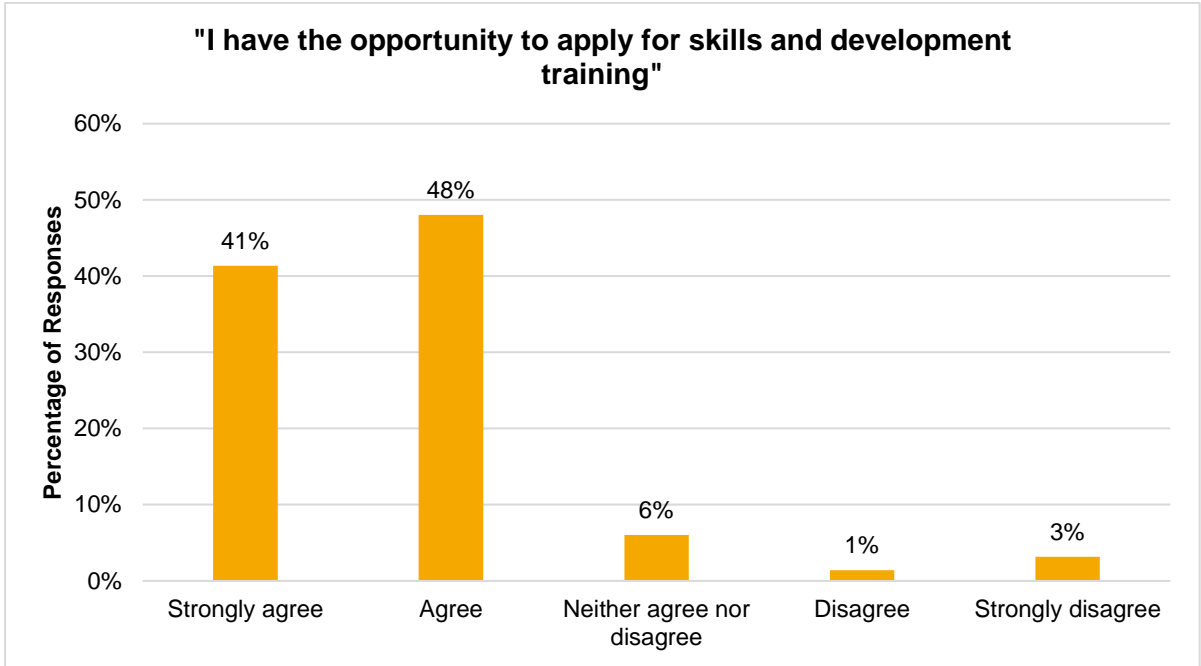
14. Would you be willing to participate in a further discussion on these issues in an interview or focus group?

- Yes
- No

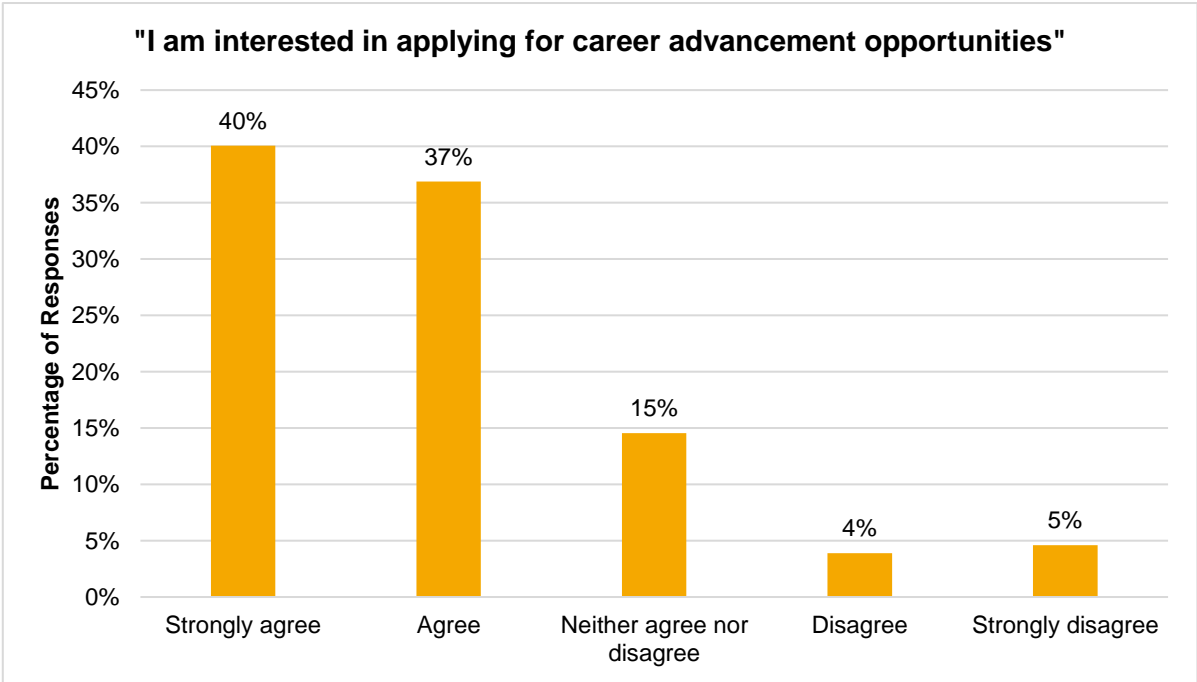
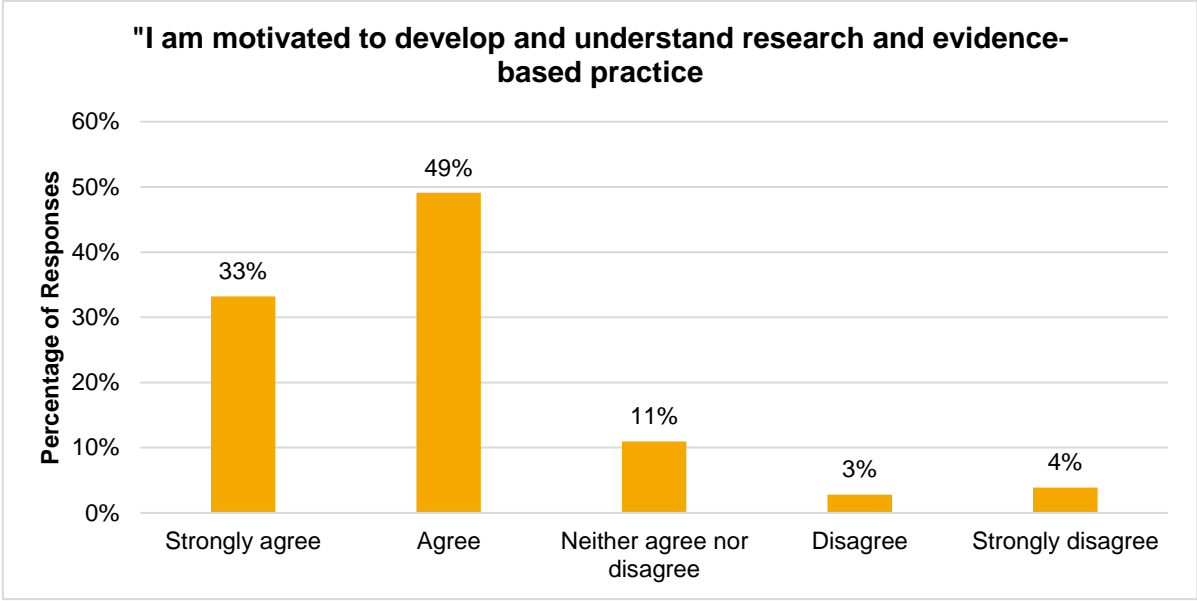
## Appendix 2: Questionnaire Data

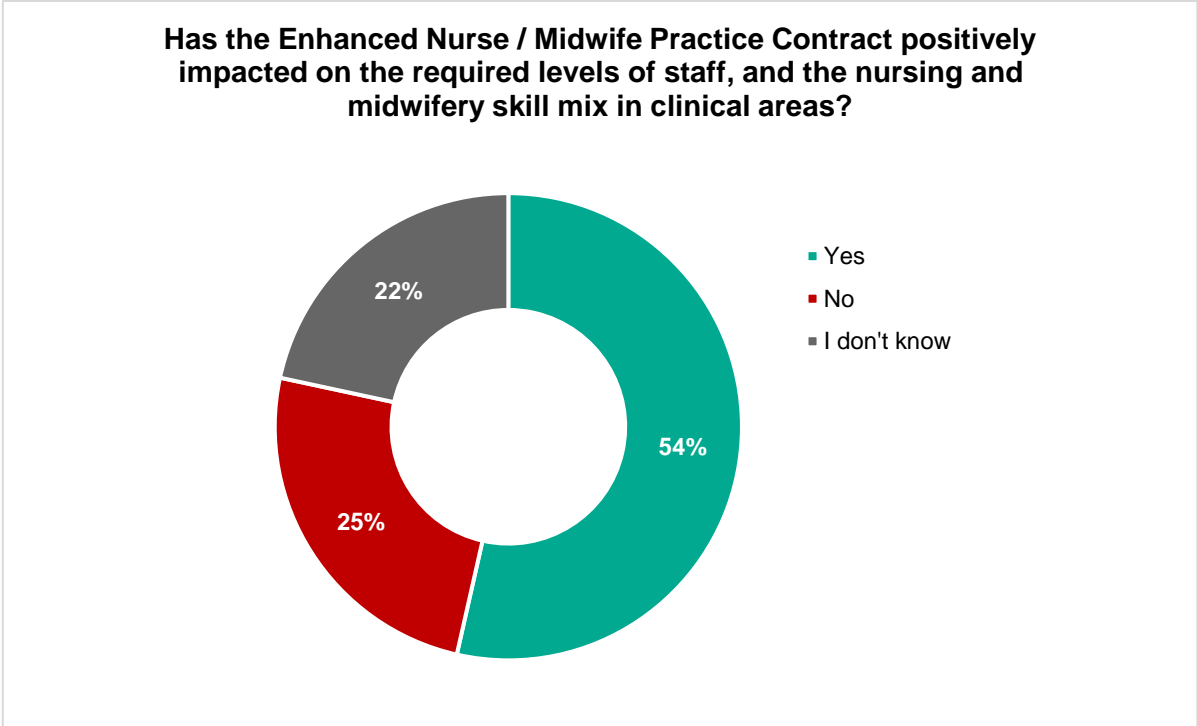
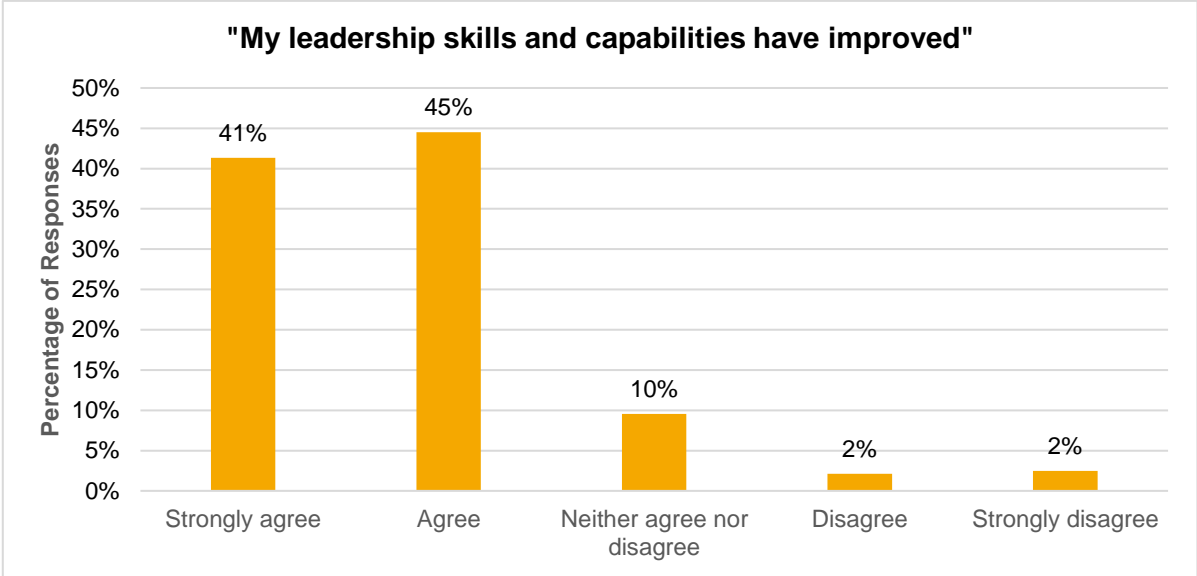


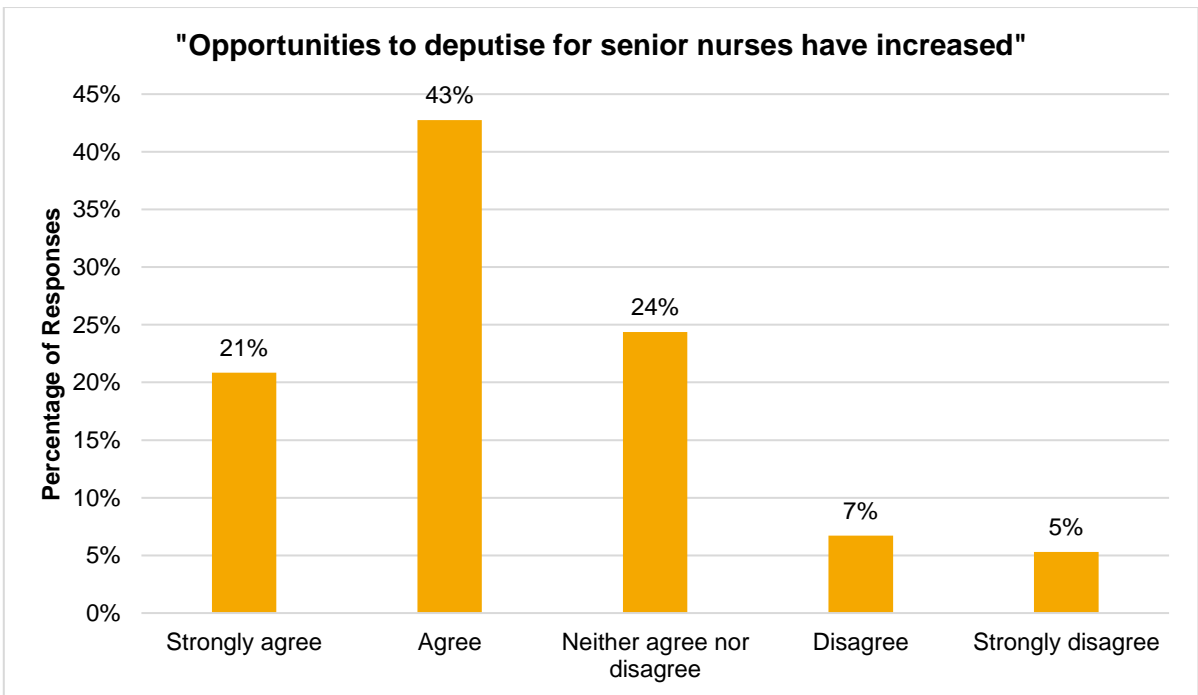
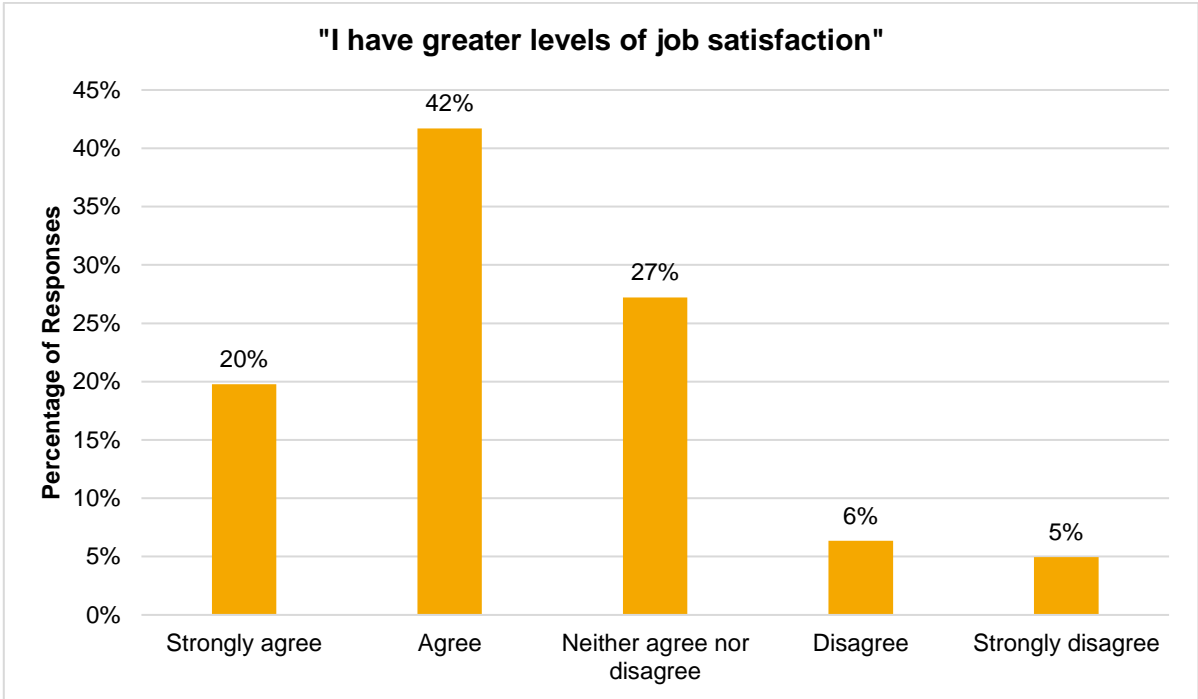


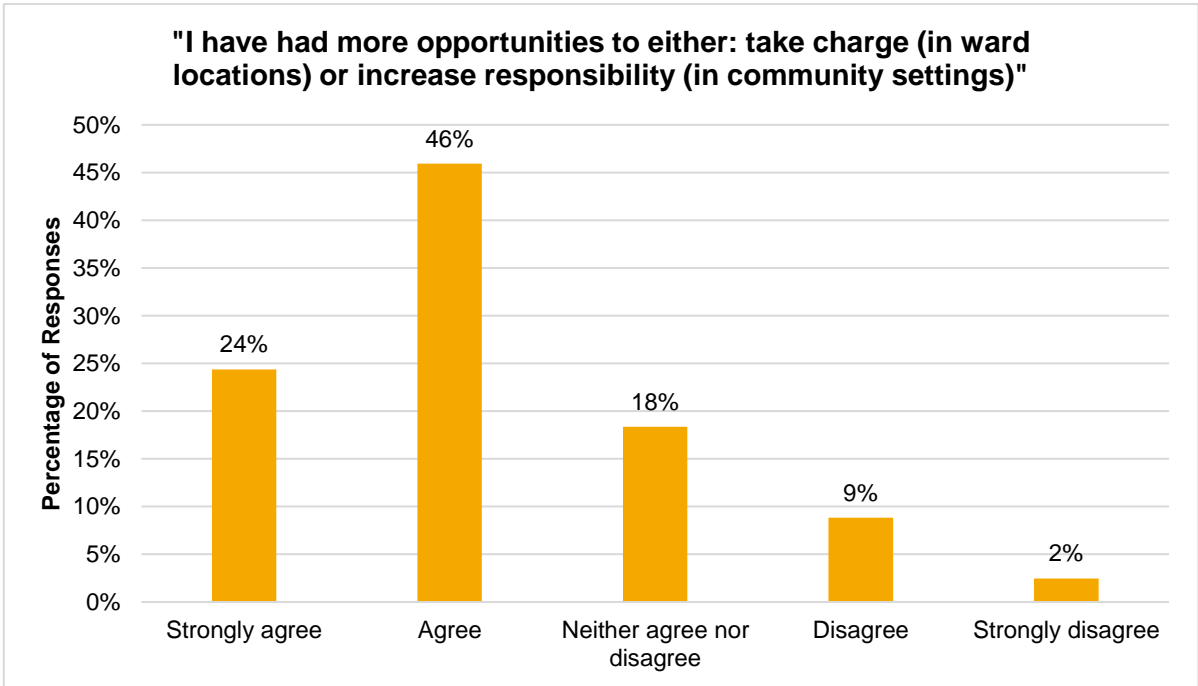
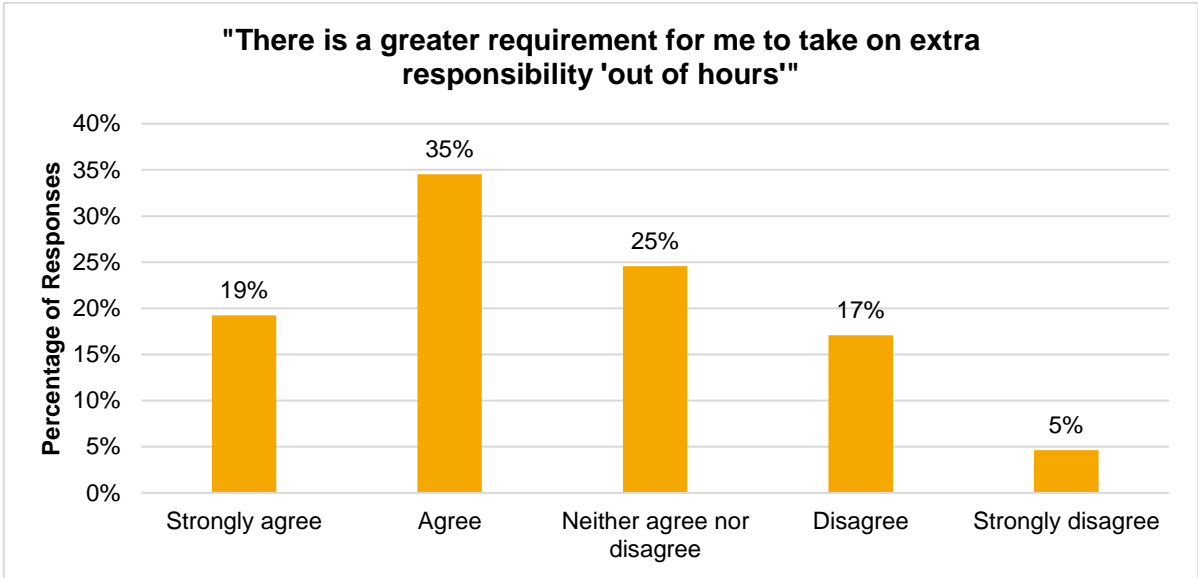


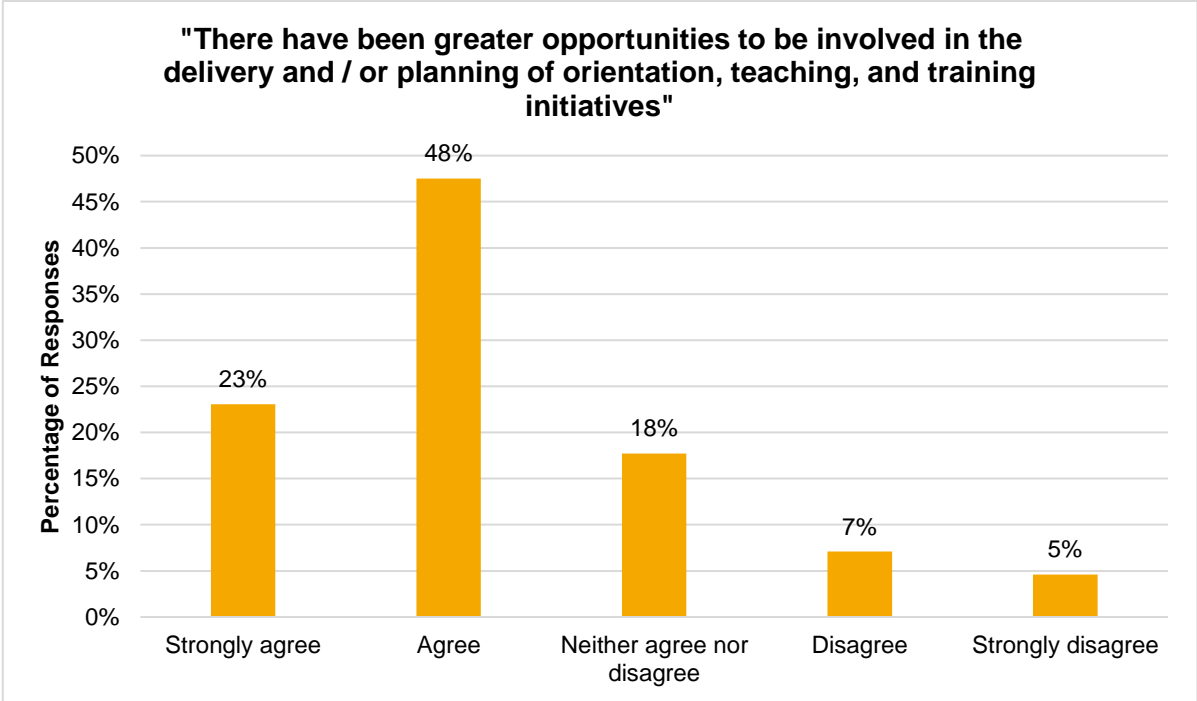
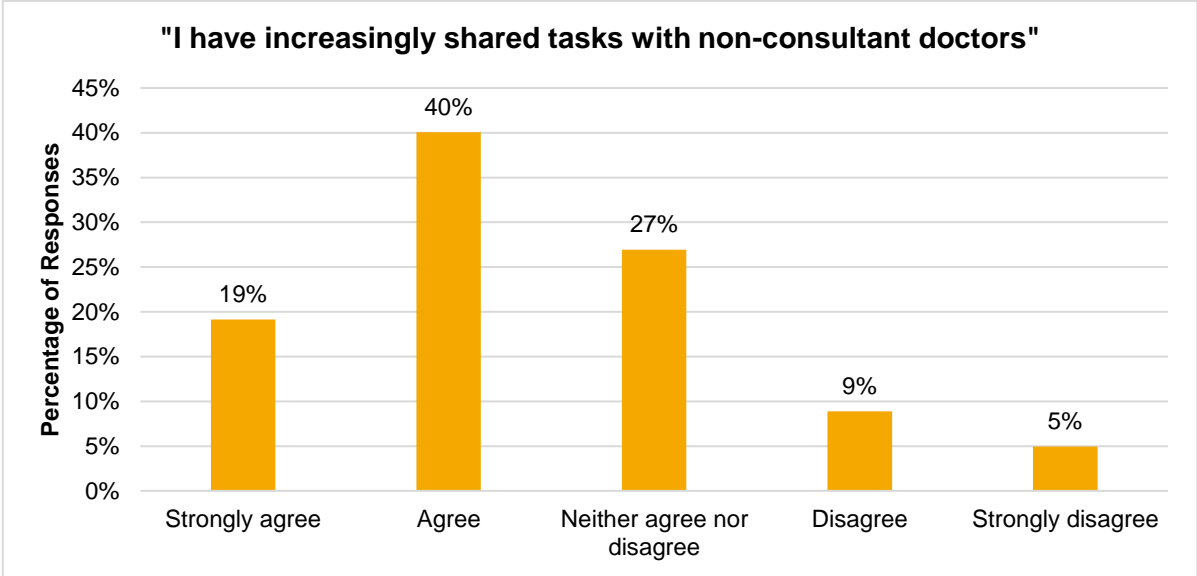


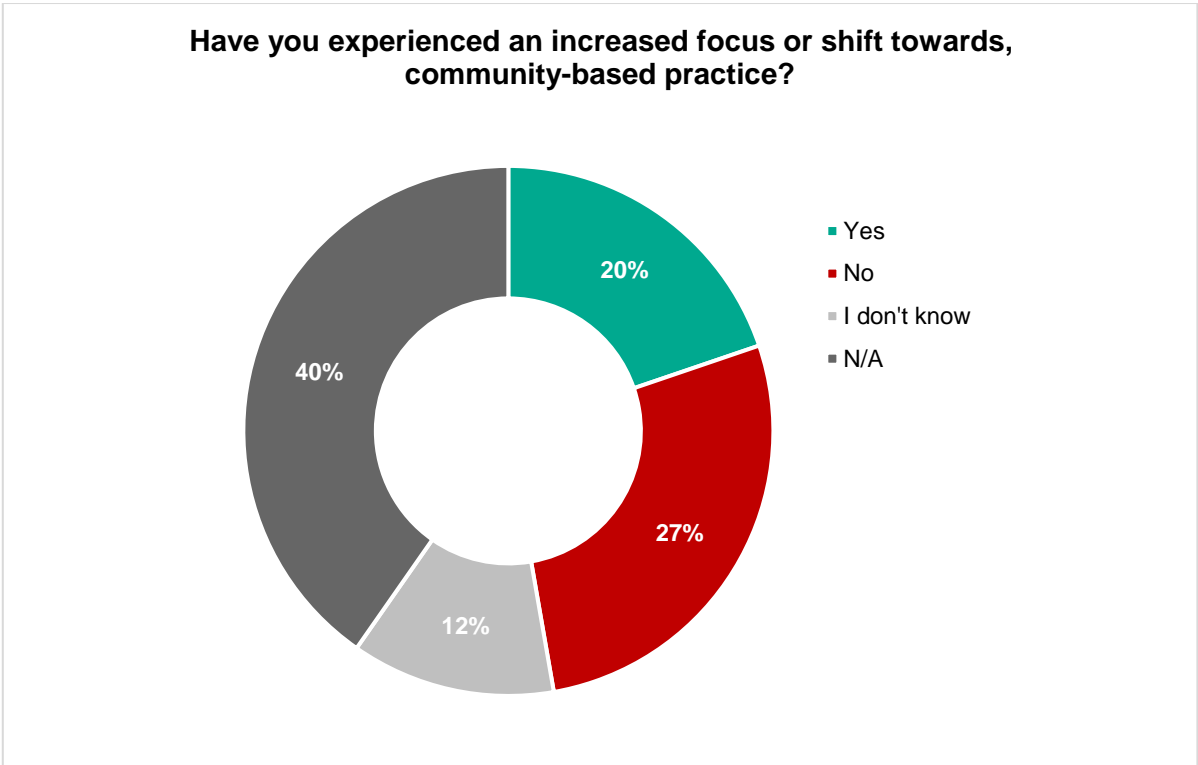
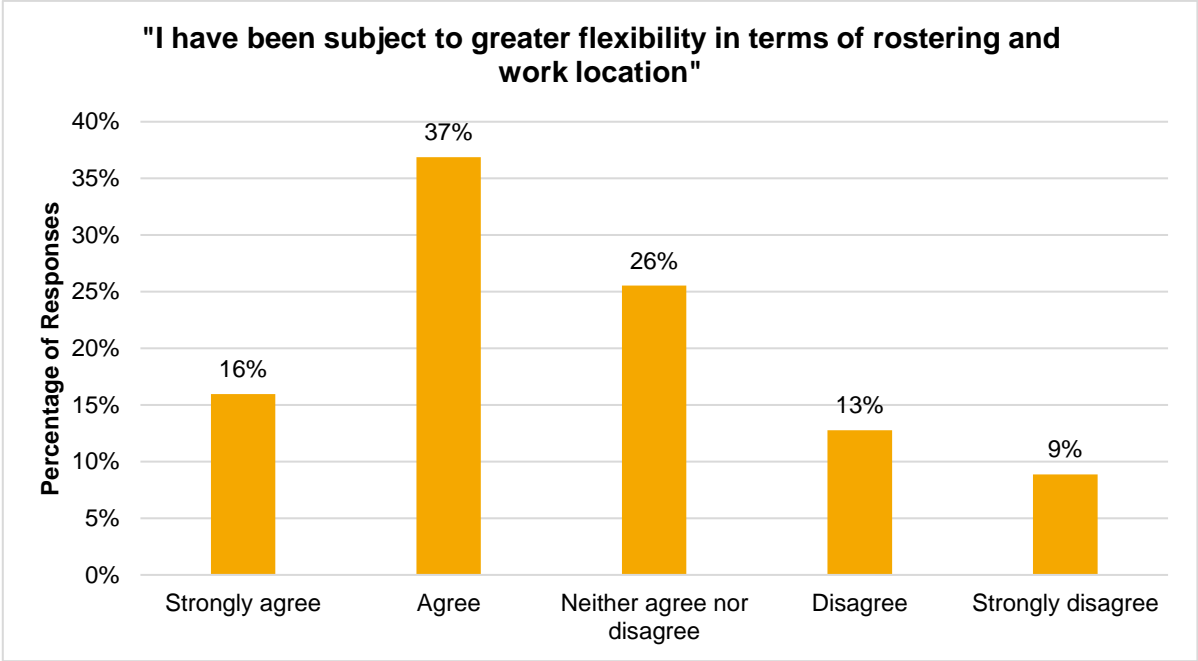




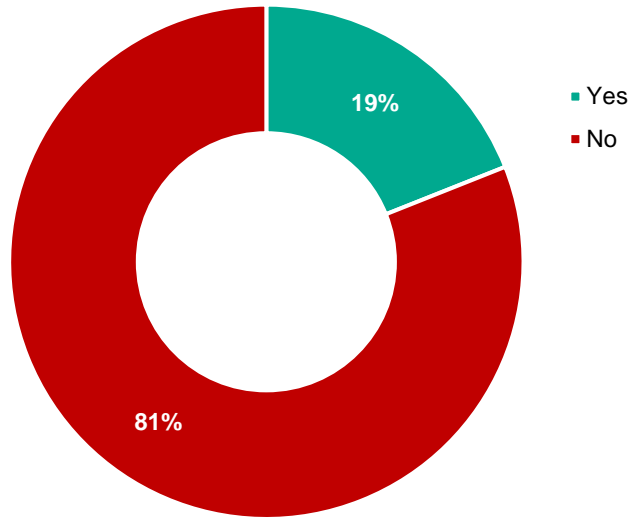








**Have you been asked to change your work location away from the site of your usual workplace?**



**"The Enhanced Nurse / Midwife Contract provides an opportunity to act as an enabler to the delivery of Sláintecare"**

