The Nurses Dispute: Frequently Asked Questions
Prepared by the Health Service Executive in consultation with the Department of Health and Children.

Is a reduction from a 39 to a 35 hour week possible?

In November, 2006, the Labour Court stated that it may be possible to effect a reduction in working hours of nurses and midwives through broader level discussions on a modernisation and change agenda, involving all other relevant groups, under the provisions of the new Social Partnership Agreement Towards 2016.

The HSE has always been willing to engage in talks with the nursing unions on a reduction in hours. However, this can only be done through a realistic and detailed examination of the work changes needed to achieve this on a cost-neutral basis.

Why can the HSE not announce immediately a commencement date for the introduction of a 35 hour week?

It is not possible to provide a commencement date at this stage. To remove 7.7 million hours from the system overnight would be catastrophic.

The HSE has shown good faith, over the last few days, in offering to work with the unions directly to establish how a reduction can be achieved. The HSE has given a full commitment to enter into a dedicated process and work in a very specific way to achieving a reduction from the 39 hour week. It has to be appreciated however, that with 43,000 nurses, any reduction, without planning and scheduling, could have a serious impact for the patient and, potentially, the taxpayer.

An estimated 4,200 new nurses would have to be recruited and the cost of overtime, premium pay and agency nurses would increase by 11.4%. The additional cost to the health service would be in excess of €238m per annum. This is money that would otherwise be invested in new and better services for patients.
The current claim was one of eight claims lodged by INO/PNA in December 2005. This claim is, in effect, a claim for a higher hourly rate of pay. The unions want 39 hours pay for 35 hours work. This would represent an 11.4% increase in the hourly rate of pay and also increase the cost of overtime, premium pay and agency nurses would have a knock–on effect in the private health sector where pay and conditions for nurses tend to track developments in the public sector.

The HSE is therefore obliged to address this issue on a cost neutral basis – to reduce the working hours of nurses without any extra cost to the taxpayer. This is possible, but it requires commitment from both sides to engage in constructive talks and processes to achieve this.

**Nurses claim that they have been waiting for a 35 hour working week for the past 27 years – is this accurate?**

This is untrue. There was a strike in 1980 by psychiatric nurses. In a subsequent recommendation, the Labour Court did not recommend that nurses should have a 35 hour week. It did say they should enjoy any general reduction which may subsequently apply to the workforce (see below). The only “general reduction in hours of work” since 1980 has been the introduction of the 39-hour week in 1990, which has applied to all nurses. On two separate occasions since 1980 (in 1987 and 2003) when the INO/PNA sought to reduce working hours for nurses only, the Labour Court rejected those claims.

The specific recommendation issued by the Labour Court following the strike in 1980 stated: “Psychiatric Nurses at present work 80 hours per fortnight spread over 7/10 days per fortnight depending on the local rosters. Without a major review of staffing levels, rostering systems and recruitment, this objective could not be met except by converting the existing 40 hour week into a 35 hour week with five hours overtime. That would be a thoroughly bad way to meet the claim. Nevertheless the Court feels that if there is to be a general reduction in hours of work for people who now work a 40 hour week, psychiatric nurses should be amongst the first to benefit.”

For the record, the INO were not party the dispute in 1980 and were never included in this Recommendation.
Nurses say they are entitled to a pay increase of 10.6% - is this true?

All of the issues associated with the INO / PNA campaign were the subject of an in-depth examination by the Labour Court which recommended that their pay claims should be processed through the Public Service Benchmarking Body (PSBB).

The public service benchmarking process provides a mechanism to have these claims adjudicated on and even at this stage the HSE would urge the unions to accept the Labour Court Recommendation and also the terms of the new Social Partnership Agreement.

Nurses say they are subject to a pay anomaly with social care workers – what does this mean?

The HSE has identified approximately 50 instances where Social Care Workers, who are on a higher salary, report directly to Staff Nurses. In those instances the HSE has proposed that those Staff Nurse posts be upgraded to Clinical Nurse Manager 1 posts.

Nurses say other health professionals, including managers, have accessed pay increases outside of benchmarking – is this true?

Any increases received by senior managers have been recommended by the Review Body on Higher Remuneration in the Public Service, which is the agreed and long standing mechanism for reviewing the salaries of senior civil and public servants.

In relation to Radiographers, agreement was reached as part of the mid-term review of Sustaining Progress for the payment of an allowance of €1800 to those radiographers who agreed to change their working day in order to facilitate greater access to radiography services for the general public. Approximately 400 out of 1,600 Radiographers are receiving this payment. The Benchmarking Body has been advised of this arrangement and will take account of the payment when arriving at its conclusions in relation to Radiographers.
Nurses say they have a unique position in seeking reduced working hours – is this correct?

No. Arising from this dispute, both SIPTU and the Craft Group of unions have also sought a 35-hour week for 34,000 other health sector staff. IMPACT trade union has also advised the HSE Employers Agency that any concessions to nurses outside of the established and agreed processes (benchmarking) would have to be passed on to that union’s members.

Nurses point to others – such as radiographers who work at weekends and receive extra payments whereas nurses do not?

This is not correct. Nurses work at weekends and/or at night-time as part of the normal working week and receive the agreed additional payments on top of basic pay for this work. Nurses on average can receive an additional 20% to 25% in addition to normal pay for working unsocial hours such as weekends and night duty.

Radiographers who work at weekends or at night-time do so in addition to, not as part of, their normal working week. For this work they receive agreed “on-call” payments.

Is the dispute impacting on patients?

Yes. The current action is compromising patient care and is posing serious risks to patient safety in hospitals and community settings across the country. The HSE has formally told the INO and PNA of this view and has expressed concern about the risk being posed to patients by the continuation and escalation of this action.
Nurses say they have more time with patients and are providing better care – is this the case?

Seventy seven procedures have had to be cancelled to date as a result of this action. This cannot be seen as better care for those concerned. Hundreds of elective (planned procedures) have been postponed. This again cannot be viewed in any circumstances as providing better care.

Concerned family members who may be living hundreds of miles away from an elderly parent in hospital are having difficulty getting updates on their parent’s condition because nurses in dispute refuse to answer “routine” phone calls – this is in no way better for the patient or family.

The refusal by nurses to answer phones has resulted in delays for patients in being returned to wards following procedures. The non-answering of phones by nurses has also resulted in delays in communicating test results and important clinical information.

There are very serious concerns about the fact that nurses are now maintaining patient records manually, where IT systems are normally used. There is a very real risk that in some cases crucial patient data may be lost. In such an event, an adverse patient incident could not be ruled out.

Particular consequences of this action so far has included the refusal of nurses to use IT based triage (patient prioritisation) systems in Emergency (A&E) Departments and the refusal of nurses in some areas to enter clinical data onto automated systems in Intensive Care Units, Cardiac Care Units and Dialysis Units.

Can this current dispute be resolved?

Yes. The HSE has clearly demonstrated that in relation to the issue of working hours, that they are willing to realistically engage in talks on constructively working towards reducing hours. This is possible, but only if the unions engage in a meaningful manner.

In relation to pay: Over 300,000 public servants have signed up and benefited from the benchmarking process. The HSE would urge the unions to re engage with the benchmarking process as the only way to pursue their claims.
The pay anomaly can be resolved almost immediately. As outlined above, the HSE has made specific recommendations in relation to the 50 staff affected, offering to re-grade these individuals.

**How much do nurses earn?**

The annual nursing pay bill for the HSE is €2.16bn. This figure includes premium payments, allowances and overtime paid to nurses. In 2006, the average pay per nurse employed by the HSE was **€55,416**.

A **graduate nurse** commencing employment for the first time in the Irish public health services will earn a basic starting salary of **€31,233**. On average each nurse can earn an additional **23%** in allowances and overtime.

The following table sets out the pay movement of the grades of a Staff Nurse, Clinical Nurse Manager 2 and Director of Nursing Band 1 (max of scale in each instance) over the past 10 years.

<table>
<thead>
<tr>
<th>Grade</th>
<th>01/01/1997</th>
<th>01/12/2006</th>
<th>Cash Increase</th>
<th>% Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Nurse</td>
<td>€24,883</td>
<td>€43,430</td>
<td>€18,547</td>
<td>74.54%</td>
</tr>
<tr>
<td>CNM 2</td>
<td>€27,963</td>
<td>€55,588</td>
<td>€27,625</td>
<td>98.79%</td>
</tr>
<tr>
<td>Director of Nursing</td>
<td>€42,143</td>
<td>€80,909</td>
<td>€43,276</td>
<td>102.69%</td>
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<tr>
<td>Band 1</td>
<td></td>
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</tbody>
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**How do nurses starting Salary Scales compare with others in Ireland?**

Starting scales for:

- **Staff Nurse**  
  - €31,233
- **Garda**  
  - €30,220
- **Prison Officer**  
  - €31,664
- **Civil Service Engineer**  
  - €30,252
- **Teacher**  
  - €31,332
- **State Solicitor**  
  - €31,453
Have there been any recent pay developments for nurses?

The last national agreement, *Sustaining Progress*, gave cumulative pay increases to nurses of 13.16%. This was in addition to Benchmarking increases of between 8% and 16%.

The current *Towards 2016* agreement provides for cumulative pay increases of 10% over a 27 month period. The INO and PNA have decided not to accept this agreement. However, *SIPTU nurses did accept it and next month will be earning 5% more than their INO/PNA colleagues following payment of the second phase of the agreement.*

How many Student Training Places exist?

The number of student nurse training places currently stands at 1,800, an increase of 94% since 1998. The number of applicants to the CAO to study nursing was 8,500 in 2006.

What is the Nurse / Population Ratio?

The OECD estimates that the average ratio of nurses per 1,000 population in the EU is 8.5. The OECD has a ratio of 15 for Ireland. The comparable ratio for Canada is 9.8, UK 9.1, France 7.3.

Do nurses have to remain within a basic staffing structure?

No. The number of promotional posts above staff nurse level is now 9,723 up from 5,584 in 1999 – an increase of over 55%. The ratio of staff nurses to promotional posts in 2006 was 2.78 to 1 as against 3.84 to 1 in 1999.

Nurses avail of a range of career opportunities and have access to a variety of promotional opportunities across the profession that command significant pay salaries:

Advanced Nurse Practitioners work in areas such as Emergency Medicine, Respiratory Medicine and Diabetics. Depending on where they work, they earn between €51,761 and up to €68,797.

Nurses are in the main managed by fellow nurses. In most larger hospitals, for example, the structure of management between the Director of Nursing and the staff nurses on the wards are made up of Clinical Nurse Managers. These individuals are paid at Grades 1,
2 and 3 and their salaries range from €42,913 (starting point) for CNM Grade 1 to €61,000 for the highest level at CNM Grade 3.

The salary for Public Health Nurses starts at €45,500 and rises to €54,100. Directors of Public Health Nursing earn up to €71,900.

Depending on the individual hospital, Assistant Directors of Nursing earn from €51,761 to €68,797. Salaries for Directors of Nursing are also dependent on location; they range from €55,246 to €85,400.

2 May 2007