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**REVISED PROPOSALS FOR AGREEMENT**  
on the  
**PAY AND CONDITIONS OF NURSES**  
as provided for in the  
Agreement on Pay incorporated in the  
Programme for Competitiveness and Work

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This document sets out the revised proposals in relation to the settlement of PCW claims by unions representing nurses (INO, SIPTU, PNA, IMPACT).

The proposals incorporate issues dealt with in direct discussions, and issues dealt with in direct negotiations facilitated by the Labour Relations Commission and Adjudication findings on issues referred to Adjudication under agreed arrangements. The findings of the Adjudication Board on issues referred for its consideration are set out in the documentation.

Unions representing nurses previously sought payment of the 1% special increase on the basis specified in the PCW agreement. This was paid in respect of all nursing grades with effect from 1 April 1994.

The proposed scales, as set out also incorporate general round increases payable under the PCW.

## Staff Nurse

Jan '94	Current Scale (Inclusive of 1% special increase from April '94)	June '96	June '97
13,154	14,030	14,030	14,382
13,658	14,567	14,567	14,934
14,189	15,134	15,134	15,514
14,702	15,681	15,681	16,075
15,243	16,257	16,258	16,667
15,744	16,791	16,792	17,214
16,115	17,188	17,188	17,620
16,496	17,594	17,594	18,037
16,640	17,747	17,898	18,348
		(L.S.I. 1) 18,753	19,224 (L.S.I. 1)
			20,350 (L.S.I. 2)

Note: (L.S.I.) = Long Service Increment

### Explanatory Notes

- \* Addition of £150 to the maximum point of the scale from June '96
- \* Long service increment of £855 payable from June '96 for those three years or more on the max.
- \* Second long service increment of £1126 payable from June '97 for those six years or more on the max.
- \* These adjustments represent special increases of 7.27% and 14.04%

### Staff Nurse

The maximum of the staff nurse scale will be increased to £20,350 with effect from 1 June 1997 through the application of £150 to the maximum of scale from 1 June 1996; the application of a long service increment of £855 with effect from 1 June 1996 for those with 3 years service at the maximum of scale on that date; and the application of a further long service increment of £1,126 with effect from 1 June 1997 for those with 6 years service at the max. of scale on that date.

Job-sharers will benefit from long service increments on a pro-rata basis after 3 and 6 years service at the scale maximum.

The position in relation to the previously proposed two lower entry points on the Staff Nurse scale was considered by the Adjudication Board which found as follows :- "... the Board recommends that the proposal for two new lower points on the Staff Nurse scale should not be implemented in respect of any student nurse currently in training and should be deferred accordingly (i.e. until January 2000)".

## Psychiatric Nurse

Jan '94	Current Scale (Inclusive of 1% special increase from April '94)	June '96	June '97
13,467	14,363	14,363	14,725
13,876	14,800	14,800	15,172
14,285	15,236	15,236	15,619
14,698	15,677	15,676	16,071
15,111	16,116	16,117	16,522
15,521	16,555	16,554	16,971
15,930	16,990	16,990	17,418
16,343	17,431	17,431	17,869
16,754	17,869	18,019	18,472
		(L.S.I. 1) 18,874	19,349 (L.S.I. 1)
			20,474 (L.S.I. 2)

### Explanatory Notes:

- \* Addition of £150 to the maximum point of the scale from June '96
- \* Long service increment of £855 payable from June '96 for those with three years or more on the max.
- \* Second long service increment of £1126 payable from June 1997 for those six years or more on the max.
- \* These adjustments represent special increases of 7.23% and 13.95%

## Dual Qualified Nurse

Jan '94	Current Scale (Inclusive of 1% special increase from April '94)	June '96	June '97
14,878	15,870	15,868	16,267
15,265	16,282	16,281	16,691
15,654	16,697	16,696	17,116
16,043	17,111	17,111	17,541
16,434	17,528	17,528	17,969
16,825	17,945	17,945	18,396
17,225	18,372	18,522	18,988
	(L.S.I 1)	19,377	19,865 (L.S.I 1)
			20,991 (L.S.I 2)

### Explanatory Notes:

- \* Addition of £150 to the maximum point of the scale from June '96
- \* Long service increment of £855 over new max. from June '96
- \* Long service increment of £1,126 on 1st Long service increment from June '97
- \* This represents special increases of 7.07% for those nurses three years or more on the max. and 13.6% for those nurses six years or more on the max.

## Dual Qualified Scale

Retention on a red-circled basis and personal to those nurses who are paid on the dual qualified scale on 1st October, 1996 and for those in appropriate post-graduate training on that date only. The issue of dual qualified nurse is to be returned to as part of phase 2 under the "services requirements" element.

### Junior Ward Sister

Jan '94	Current Scale (Inclusive of 1% special increase from April '94)	June '96	June '97
		18,511	18,977
		18,864	19,338
		18,886	19,361
16,429	17,523	19,116	19,832
16,699	17,810	19,346	20,304
17,043	18,177	19,596	20,817
17,356	18,513	19,846	21,329
17,687	18,864	20,096	21,842
17,707	18,886	20,346	22,354

#### Explanatory Notes:

- \* Assimilation on a max. to max. basis
- \* These adjustments represent a special increase of 17.99% for those at the new max. of the scale

### Nursing Officer (2)

Jan '94	Current Scale (Inclusive of 1% special increase from April '94)	June '96	June '97
		18,497	18,962
		18,872	19,347
		19,245	19,729
16,285	17,370	19,622	20,115
16,635	17,742	19,852	20,587
16,987	18,118	20,082	21,059
17,343	18,496	20,332	21,572
17,694	18,872	20,582	22,084
18,044	19,244	20,832	22,597
18,397	19,622	21,082	23,109

#### Explanatory Notes:

- \* Assimilation on max. to max. basis
- \* These adjustments represent a special increase of 17.36% for those at the new max. of the scale



### Ward Sister

Jan '94	Current Scale (Inclusive of 1% special increase from April '94)	June '96	June '97
		19,079	19,559
		19,406	19,894
		19,739	20,235
16,960	18,089	20,023	20,526
17,255	18,405	20,253	20,998
17,574	18,744	20,483	21,470
17,888	19,079	20,733	21,983
18,195	19,407	20,983	22,495
18,507	19,739	21,233	23,008
18,773	20,023	21,483	23,520

#### Explanatory Notes:

- \* Assimilation on a max. to max. basis
- \* These adjustments represent a special pay increase of 17.4% for those at max. of scale

### Ward Sister, Nursing Officer and Related Grades

The implementation was considered by the Adjudication Board, which found as follows:- "... staff at this level, particularly those with significant service, should not be treated less favourably than their colleagues at Staff Nurse level with regard to the implementation of increases under the PCW. The improved salary scale should be implemented in two phases from June 1996 and June 1997".

### Nursing Officer (1)

Jan '94	Current Scale (Inclusive of 1% special increase from April '94)	June '96	June '97
		18,999	19,477
		19,370	19,858
		19,744	20,240
16,754	17,869	20,124	20,630
17,107	18,246	20,354	21,102
17,456	18,619	20,584	21,574
17,813	18,999	20,834	22,086
18,161	19,370	21,084	22,599
18,512	19,744	21,334	23,111
18,868	20,124	21,584	23,624

#### Explanatory Notes:

- \* Assimilation on max. to max. basis
- \* These adjustments represent a special increase of 16.95% for those at the new max. of the scale

Theatre Sister  
Clinical Instructor  
Night Sister

Jan '94	Current Scale (Inclusive of 1% special increase from April '94)	June '96	June '97
		19,548	20,039
		19,886	20,386
		20,220	20,728
17,362	18,519	20,465	20,980
17,688	18,865	20,695	21,451
18,015	19,214	20,925	21,923
18,328	19,548	21,175	22,435
18,645	19,886	21,425	22,948
18,958	20,221	21,675	23,460
19,188	20,465	21,925	23,973

Explanatory Notes:

- \* Assimilation on max. to max. basis
- \* These adjustments represent a special increase of 17.99% for those at the new max. of the scale

Unit Nursing Officer  
Night Superintendent  
Theatre Superintendent

Jan '94	Current Scale (Inclusive of 1% special increase from April '94)	June '96	June '97
18,034	19,234	19,996	21,280
18,410	19,635	20,413	21,724
18,775	20,025	21,214	22,967
19,151	20,427	21,639	23,427
19,526	20,825	22,063	23,886
			24,520

Explanatory Notes:

- \* 8% on points 1 and 2 : 4% from June '96 and 4% from June '97
- \* 12% on points 3 to 5: 6% from June '96 and 6% from June '97
- \* These adjustments represent special increases of up to 17.32% on the January 1994 scale

### Public Health Nurse

Jan '94	Current Scale (Inclusive of 1% special increase from April '94)	June '96	June '97
		19,642	20,136
		19,945	20,446
		20,285	20,795
17,760	18,943	20,623	21,142
18,067	19,270	20,847	21,372
18,416	19,641	21,147	21,987
18,700	19,945	21,447	22,602
19,019	20,285	21,747	23,217
19,336	20,623	22,047	23,832
19,547	20,848	22,347	24,447

#### Explanatory Notes:

- \* Assimilation on a max. to max. basis
- \* These new points represent special increases of up to 16.81% on the January 1994 max. point

### Senior Public Health Nurse

Jan '94	Current Scale (Inclusive of 1% special increase from April '94)	June '96	June '97
19,035	20,302	21,106	22,461
19,419	20,711	21,532	22,914
19,804	21,122	22,377	24,226
20,187	21,531	22,810	24,695
20,572	21,942	23,245	25,166
			25,834

#### Explanatory Notes:

- \* 8% on points 1 and 2 : 4% from June '96 and 4% from June '97
- \* 12% on points 3 to 5: 6% from June '96 and 6% from June '97
- \* These adjustments represent special increases of up to 17.32% on the January 1994 scale

### Superintendent Public Health Nurse

Jan '94	Current Scale (Inclusive of 1% special increase from April '94)	June '96	June '97
20,280	21,621	23,631	26,000
20,872	22,262	24,320	26,583
21,161	22,570	24,657	27,167
21,578	23,015	25,143	27,749
21,932	23,392	25,555	28,333
22,292	23,775	25,973	28,917
23,058	24,593	26,867	29,500

### Superintendent Public Health Nurse

The position in relation to this grade was further considered by the Adjudication Board which found as follows:- *"With regard to the grade of Superintendent Public Health Nurse, in the light of the arguments adduced, the Board is of the view that the salary for this grade should be aligned with that of other Nurse Managers. The appropriate salary for this grade would be Band 3 of the pay structure proposed".*

### Nurse Tutor (Existing Principal II)

Jan '94	Current Scale (Inclusive of 1% special increase from April '94)	June '96	June '97
			23,090
			23,413
			23,737
19,572	20,874	21,624	24,060
20,028	21,362	22,129	24,383
20,366	21,722	22,502	24,707
20,775	22,158	22,954	25,030
21,143	22,550	23,360	25,353
21,496	22,927	23,751	25,677
22,003	23,467	24,310	26,000

### Explanatory Notes:

- \* This new scale will incorporate the existing Principal II and III tutor grades
- \* Assimilation arrangements differ for both groups. In the case of Principal II grades this represents a special increase of up to 13.56% over the January 1994 scale

Nurse Tutor  
(Existing Principal III)

Jan '94	Current Scale (Inclusive of 1% special increase from April '94)	June '96	June '97
18,535	19,768	21,624	23,090
18,916	20,175	22,129	23,413
19,306	20,591	22,502	23,737
19,677	20,986	22,954	24,060
20,069	21,405	23,360	24,383
20,450	21,811	23,751	24,707
21,078	22,481	24,310	25,030
			25,353
			25,677
			26,000

Explanatory Notes:

- \* This new scale will incorporate the existing Principal II and III tutor grades
- \* Assimilation arrangements differ for both groups. In the case of Principal III grades this represents a special increase of up to 13.94% over the January 1994 scale

Principal Nurse Tutor

Jan '94	Current Scale (Inclusive of 1% special increase from April '94)	June '96	June '97
20,355	21,710	22,570	24,019
20,751	22,133	23,009	24,486
21,112	22,517	23,409	24,912
21,454	22,882	24,241	26,245
21,835	23,288	24,672	26,711
22,193	23,670	25,076	27,149
22,641	24,147	25,583	27,697
			28,432

Explanatory Notes:

- \* 8% on points 1 to 3 : 4% from June '96 and 4% from June '97
- \* 12% on points 4 to 7: 6% from June '96 and 6% from June '97
- \* These adjustments represent special increases of up to 19.58% on the January 1994 scale

## Nurse Tutors

The grade of Principal Tutor I will be re-titled "Principal Nurse Tutor," ranked and paid at the salary applicable to Assistant Director of Nursing/Divisional Nurse Manager.

(An allowance which has been introduced in a small number of locations in the context of the development and implementation of the new student education model will be subsumed into the increased salary for Principal Nurse Tutor). There will be one Principal Nurse Tutor in each School of Nursing. The grades Principal Tutor II and Principal Tutor III will be re-titled Nurse Tutor - effectively eliminating the Principal Tutor III grade where it exists.

The salary scales proposed for the grades Principal Nurse Tutor and Nurse Tutor are on the basis of full co-operation with the further development and implementation of the new student nurse training education programme and other education and training initiatives.

The position in relation to Nurse Tutors was further considered by the Adjudication Board, which found as follows:- *"Having considered the submissions made by both sides in relation to the position of Nurse Tutors, it is clear that significant areas of difference exist on the full implications of the implementation of the revised system of student nurse training for the roles and responsibilities of Nurse Tutors. Specifically, there is an absence of consensus in relation to the extent of additional responsibilities being undertaken. It is recommended that an impartial assessment be commenced in conjunction with the ongoing policy review of the revised model of training to establish, having regard to current and planned changes in pre-and post-registration education and training, the factual position in this regard and that the overall position of tutors be considered in that light.*

*In the meantime the Board finds that the revised pay arrangements proposed for Nurse Tutors should be accepted".*

# A.C.N.O

Jan '94	Current Scale (Inclusive of 1% special increase from April '94)	June '96	June '97
19,570	20,872	21,699	23,093
20,184	21,528	22,380	23,817
20,794	22,178	23,057	24,537
21,405	22,829	24,186	26,185
22,015	23,481	24,875	26,931
22,641	24,147	25,583	27,697
			28,432

## Explanatory Notes:

- \* 8% on points 1 and 3 : 4% from June '96 and 4% from June '97
- \* 12% on points 4 to 6: 6% from June '96 and 6% from June '97
- \* Additional point on scale from June '97 representing a 16% increase on the max. at January '94.
- \* These adjustments represent special increases of up to 17.32% on the January 1994 scale

## Chief Nursing Officer

Jan '94	Current Scale (Inclusive of 1% special increase from April '94)	June '96	June '97
23,299	24,850	27,350	29,516
24,005	25,603	28,179	30,412
24,712	26,357	29,009	31,309
25,418	27,110	29,837	32,206
26,129	27,868	30,672	33,103
26,839	28,625	31,505	34,000

## Explanatory Notes:

- \* This new scale represents a 17% special increase on all points of the old scale at June 1997
- \* Plus potential for performance related payment of up to a maximum of £2,250 p.a.

## Chief Nursing Officer

The proposed salary scales and performance related pay are conditional upon discontinuation of all premium payments/allowances with effect from 1 January 1997 and agreement to a new job description. No additional payments by way of premium payments for attendance at weekends, night or bank holidays are payable to the Chief Nursing Officer grade with effect from 1 January 1997.

### Assistant Matron 1

June '97
22,566
23,016
23,451
24,786
25,209
25,697
26,154
26,608
28,433

#### Explanatory Notes:

- \* Assimilation to the scale involves appropriate upward adjustment in current salary from 1 June 1996

### Assistant Matron 2

June '97
21,393
21,863
22,339
23,645
24,128
24,608
25,093
25,758

#### Explanatory Notes:

- \* Assimilation to the scale involves appropriate upward adjustment in current salary from 1 June 1996
- \* In the case of former Assistant Matrons of County Homes this represents a special increase of up to 19.89% over the January 1994 scale
- \* For Assistant Matron County Hospital 160 beds or less this represents special increases of up to 17.32% on the January 1994 scale

#### Assistant Director Of Nursing

#### Divisional Nurse Manager

#### Assistant Matron

The existing salaries applicable to these grades are being rationalised. Existing arrangements will be replaced by two categories Assistant Director of Nursing/Matron (1) and Assistant Director of Nursing/Matron (2). An enhanced scale is proposed for the grades of Assistant Director of Nursing/Matron employed in the hospitals where the Director of Nursing/Matron post is classified as Band 1 in the pay structure for the grades of Director of Nursing/Matron. The improved Assistant Director of Nursing/matron (2) scale will apply at all other locations.



Director of Nursing/Matron Bands 1 to 5 : salary scales with  
effect from 1 June 1997

Band 5	Band 4	Band 3	Band 2	Band 1
£	£	£	£	£
22,636	24,247	26,000	28,225	29,995
23,140	25,002	26,583	29,021	30,829
23,647	25,756	27,167	29,817	31,664
24,151	26,511	27,750	30,612	32,498
24,656	27,268	28,333	31,409	33,331
25,163	28,022	28,917	32,205	34,167
25,668	28,775	29,500	33,000	35,000

Explanatory Notes:

- \* Assimilation to these scales involves an appropriate upward adjustment in current salary from 1 June 1996
- \* In the case of Director of Nursing/Matron Band 1 ; plus potential for performance related payment up to a maximum of £2,500.

Director of Nursing

A rationalisation of the existing remuneration arrangements, based historically on bed numbers, is proposed. In the case of posts in the Band 1 category the proposed scales and introduction of performance related pay are conditional upon agreement to a new job description and the discontinuation of premium payments/allowances with effect from 1 January 1997.

Revised scales for all posts are based on inclusive salaries for the role and responsibilities attaching to the posts involved. No additional payments by way of premium payments for attendance at weekends, night or bank holidays are payable. Working hours are 39 hours per week involving a Monday - Friday attendance regime. The allocation of posts within the banding system is based on criteria including activity, pre-registration nurse training and staff responsibilities.

Posts in **Band 1** must satisfy all of the following criteria :

- ♦Activity levels at 20,000 patients per annum (through combination of in-patient admissions and day cases;
- ♦Full recognition for pre-registration nurse training;
- ♦Responsibility for 200 nursing staff or over;
- ♦Accident and Emergency Department with over 15,000 attendances per annum.

Posts in **Band 2** must satisfy the following criteria:

- ♦Activity levels above 10,000 patients per annum ( through combination of in-patient admissions and day cases)
- ♦Responsibility for 100 nursing staff or more

Posts in **Band 3** must satisfy the following criteria:

- ♦Activity levels above 1,000 in-patient admissions per annum

Posts in **Band 4** must satisfy the following criteria:

- ♦ Hospital budget in 1996 in excess of £1 million or
- ♦ Additional responsibilities attached to the Matron post which involve responsibility for services provided at other geographical locations.

Posts in **Band 5** :

- ♦ Remaining District Hospitals

A review procedure will be introduced which will facilitate reappraisal of posts in circumstances where the relevant annual activity, staffing or other relevant criteria have changed or where posts are restructured and additional responsibilities attached.

On the basis of these criteria :

- ♦ Band 1 comprises 11 posts;
- ♦ Band 2 comprises 19 posts;
- ♦ Band 3 comprises 31 posts;
- ♦ Band 4 comprises 42 posts and
- ♦ Band 5 comprises 39 posts

The 1 June 1997 rate of these scales will be as follows:

Band 1	£29,995 - £35,000
Band 2	£28,225 - £33,000
Band 3	£26,000 - £29,500
Band 4	£24,247 - £28,776
Band 5	£22,636 - £25,668

The position of these grades and C.N.O was considered by the Adjudication Board, which found as follows: "*Having regard to the range of responsibilities attached to posts at this level in the health service the Board is of the view that the categorisation of posts within five pay bands presents a reasonable approach to rationalisation of the present complicated structure. Similarly, in the absence of a more sophisticated evaluation methodology, the classification of posts within the five bands on the basis of objective and measurable criteria such as accountability for activity and staffing levels seems to the Board to represent a reasonable approach in the short term.*"

*Given the significant change involved in the remuneration of these grades and their pivotal importance to many of the initiatives for change in nursing both sides should agree that the implementation of these arrangements be reviewed in the future. Such a review should commence within a timeframe to be agreed, allowing for a reasonable period to enable a meaningful assessment of the new arrangements to be made, which in the Board's view, should not exceed six months".*

*Remuneration*  
*arrangements*

## Matron Welfare Home

Jan '94	Current Scale (Inclusive of 1% special increase from April '94)	June '96	June '97	Director of Nursing/Matron Band 5
16,631	17,738	18,441	19,625	22,636
17,017	18,150	18,869	20,080	23,140
17,414	18,573	19,677	21,303	23,647
17,799	18,985	20,112	21,773	24,151
18,196	19,408	20,560	22,259	24,656
			22,850	25,163
				25,668

### Explanatory Notes:

- \* 8% on points 1 to 2 : 4% from June '96 and 4% from June '97
- \* 12% on points 3 to 5: 6% from June '96 and 6% from June '97
- \* These adjustments represent special increases of up to 17.32% on the January 1994 scale
- \* Band 5 pay and conditions subject to further examination as set out by Adjudication Board

### Matron Welfare Home

The position of this grade as further considered by the Adjudication Board which found as follows:- *"With regard to the grade of Matron, Welfare Home the Board, having considered, in particular, the arguments regarding changed roles, is of the view that both sides should conduct an immediate examination of the factual position. The pay and conditions attached to Band 5 of the Director of Nursing/Matron structure should be applied in respect of individuals currently graded at Matron, Welfare Home level where such Homes are fulfilling a, de facto, long-stay geriatric/district hospital or similar role. The Board is of the view that with this addition the existing proposals in relation to the Director of Nursing/Matron grade should be accepted".*

### Starting Pay on Promotion/Acting Up : Psychiatric Nurses

The current amounts shall continue to be applied and adjusted in line with general round increases.

### Allowances

This matter was considered by the Adjudication Board, which found that :- *"the location-based and qualification allowances should continue to be paid to all nurses qualifying for same until revised arrangements are agreed between the parties on this issue".*

### Unitary Scale

Management commits itself to discussions on a unitary scale and notes the views expressed by the unions that this should be no longer than 15 years.

## Superannuation

Serving staff assimilated to the new scales, including Long service Increments, who retire while on those scales, will be pensionable on the basis of those scales.

Staff who retire on or after the 1st June, 1996, but before the 1st June, 1997, will have their pension revised, in the normal way, on 1st June, 1997, by reference to the rate of pay applicable to serving staff on 1st June, 1997.

The lump sums of staff who retire between 1st June, 1996, and 1st June, 1997, will be calculated by reference to their actual pay on the date of retirement.

## EDUCATION

The management and union sides are committed to a further development of education and training in nursing. This will embrace both pre-registration and post-registration stages.

At pre-registration stage, the management side is committed to achieving full transition to the new Nursing Diploma Programme in all disciplines at the earliest possible date.

In the context of the continuing full co-operation of all clinical nursing grades in the training of the new students, every effort will be made to achieve start-up of all remaining sites by October, 1998. Start-up sites in 1997 will include Psychiatry, Sick Children's and Mental Handicap (assuming all preparatory work is completed) as well as general nursing.

On 24 April 1996 the Minister for Health announced that a further 8 sites providing 335 additional training places would commence on the new Diploma programme from October 1996.

Selection to all schools participating in the new Diploma Programme is through a standard system operated by a National Applications Centre.

At post-registration stage, the management side is committed to the development of a one year part-time Bachelor of Nursing studies Programme in association with Dublin City University for previously qualified nurses. Preparatory work on this programme has been accelerated and a pilot project will commence in early 1997. It will be developed in the context of the commitment to management development outlined in the Health Strategy. Its orientation will be to support nurses in delivering on the general accountability and quality objectives outlined in the Strategy.

The management is committed to extending this Programme, once proven, to other relevant sites.

Priority will be given by individual employers, within the funding available for post-registration education, to supporting nurses in taking up this programme, particularly in regard to refund of fees. In addition, the Minister for Health has allocated funding in respect of the programme, to effect reduction in the level of fees payable.

A specific allocation of funding has been made in recent years for post-registration nursing education. Both sides acknowledge the need to continue to strengthen the funding of continuing education.

It is agreed that an Advisory Group will be established (including the Department, An Bord Altranais Employing Agencies and Staff representatives) to oversee developments in post registration education.

## TEMPORARY STAFF NURSE AGREEMENT

### Overall approach

It is agreed between the parties that the overall approach to temporary employment should be governed by the principle that the volume of temporary employment in the system should be reduced to the minimum level consistent with operational requirements.

The management side is committed to implementation of measures to ensure that this objective is met both in (a) the short-term through a special initiative and (b) in the longer term, through putting in place mechanisms to ensure that levels of long-term temporary employment in the future do not become excessive.

### Phase I

To reflect this commitment it is agreed that 1,700 nursing posts will be converted immediately from temporary to whole-time permanent status by means of a confined competition.

This process will commence immediately upon overall agreement being reached with the nursing unions on their claim under the PCW and will be implemented as follows:-

Confined competitions for whole-time permanent and pensionable nursing posts will be held in each employment.

The number of posts to be filled on a permanent basis in each employment will be arrived at through the apportionment of the national total in a ratio to the number of long-term temporary nurses in employment in each agency. Temporary nurses will be eligible to compete for a post at their current work location.

- ♦ Nurses eligible to compete in the confined competition for 1,700 whole-time permanent posts will be those nurses who have 1 years continuous whole-time service with their employer at 1 June 1996 or who have worked a minimum of 4,000 hours in the 6 years prior to the 1 June 1996 and who continue to be available for work on a full-time or part-time basis. Interview boards will have due regard to nursing experience gained locally and relevant qualifications.

Distribution of posts will be organised in a manner to ensure competition in every institution where practicable and where temporary nurses fulfil the necessary criteria. Any difficulties with the application of this clause will be dealt with locally in the first instance by the employing authority and the Nursing Alliance.

- ♦ Advice and information in relation to preparation for interview will be made available, where requested, to applicants.
- ♦ All competitions and notification of results will take place within a time frame set nationally.

### Phase II

It is agreed that a joint management/union group will be given the tasks of :-

1. Examining and reporting on the residual level of temporary employment of nurses following the process of conversion of 1,700 posts from temporary to permanent status.
2. Recommending whether a further conversion process should be undertaken in the light of analysis of the then position nationally. This analysis will take into account locum cover for annual leave, and the planning of annual leave.

3. Making recommendations to ensure that objective and equitable criteria are used in the recruitment, retention, employment and deployment of temporary staff.
4. Making recommendations on possible alternative models of employment contracts which would ensure maximisation of the scope of permanent appointments and address the need for operational flexibility.
5. Making recommendations on a monitoring system to ensure temporary employment is maintained at acceptable levels.

This exercise to be completed within a time frame of 6 months.

#### Filling of Job-Sharing/Career-break Posts

As a general rule it is agreed that vacancies arising from job-sharing and career-breaks should be filled on a permanent basis other than where the degree of specialisation involved or the nature of the posts involved would be such as to result in over-staffing on the return of the substantive post holder.

#### Agency Nursing - incremental credit on permanent appointment

From the date of the agreement it is agreed that incremental credit on permanent appointment may be allowed in respect of temporary service as agency nurses on the same basis as applies in the case of service in certain designated hospitals where; (a) such service is verified and continuous service in excess of one months duration or 6 months in aggregate in one year and (b) where incremental credit has not already been reckoned for the period(s) in question.

### NON-PAY ISSUES

#### Technology

Agreement to co-operate fully with all aspects of the design, installation and operation of new technology.

Management agree to full consultation with staff on technological change.

Agreement that no technology related claims will be made in the future for the grades covered by this agreement.

This agreement supercedes the earlier 'interim' compensatory arrangements on technology.

The employing authorities are committed to the development of the necessary skills and knowledge for their efficient use in new technology. Every effort will be made to encourage staff to familiarise themselves with new technology by way of training organised by the employing authorities, to meet local needs.

The employing authorities are committed to drafting a policy for the internal and external training of staff involved with new technology as appropriate.

Management are committed to a review in 5 years from the date of this agreement.

#### Monthly Paypath

Agreement to the introduction of monthly/4 weekly paypath (at the discretion of the employer) from the 1st January, 1997, with staff having the option of a mid-monthly 'basic' advance payment.

Consultations to take place with the unions on the administrative details of these changes and to address such issues as the timetable for change.

Briefing sessions at Health Board Hospital level involving the banks at which they will address the issue of bank charges etc..

### Input to Policy Making

Both sides agree that measures will be adopted to ensure an adequate nursing input to policy-making in relation to the Health Services. These will include appointment of nursing representatives to relevant boards and bodies and strengthening of the nursing structure in the Department of Health.

### Excessive Overlaps and Rotation

Both sides agree to fully utilise procedures up to and including arbitration where disputes arise about roster overlaps and/or the proposed rotation of continuous night duty staff through day and night rosters. Where changes are proposed in these areas, it is with the objective of maximising the efficient use of nursing manpower, and facilitating staff training and development in the interests of better patient care.

### Equality of Opportunity

The employing authorities and the unions are committed to a policy of equal opportunity for all nurses regardless of sex or marital status. Regarding future recruitment into the profession, the

employing authorities are prepared to commit resources to a campaign drawn up in co-operation with the trade unions which will actively promote nursing as a career for men and women. The 'Health Service - Equal Opportunities Policy' being finalised will provide for a formalised equality policy and a designated Equality Officer in each employment.

### Health, Safety and Welfare at Work

Early discussions will take place on the steps needed to support an Occupational Health service for nursing personnel.

### Areas of Change in Nursing Management and Delivery

It is recognised by both Unions and Employers that the delivery of nursing services must continue to adapt to the continuous change in the health services. It is accepted that, in the past, change has not always taken place in a planned and participative fashion, leaving some staff feeling that they were not fully involved in or partners to this process of change and some managers feeling that unnecessary obstacles were being placed in the path of badly needed improvements.

To facilitate this ongoing process, in an orderly and rational manner, and in a way that permits nursing staff to attain greater influence and assume greater responsibility in the process, both sides agree to engage in a joint examination of new methods and approaches to managing and delivering nursing services. Both sides agree that there are major areas of potential change which would benefit from testing through pilot schemes. This will involve:-

- Detailed joint discussions at all relevant levels;
- Commissioning of relevant research projects;
- Implementation and joint evaluation of relevant models at agreed pilot sites;
- Implementation, through negotiation and agreement, of proven measures.

The areas where initiatives are to be examined, under this pilot studies programme on a pilot include:-

- Rostering arrangements;
- Models of employment e.g. extension of job sharing scheme and increase in the utilisation of permanent part-time working;
- Alternative models of managing the nursing workload;
- Skill mix including the potential for the introduction of the Health Care Assistant;

It is agreed that this process in relation to major areas of potential change will include discussion on the remuneration implications, if any, arising from implementation of any proven measures.

It is also agreed that further efforts will be required to ensure that nurses have the opportunity to develop skills and competencies to service development. This will be pursued in the context of the developments in post registration education and training.

Linked to this process early discussions will take place to discuss the implications, for the delivery of general nursing services in the community of the recommendations which are to be published shortly from the special working party on community nursing.

This process will not be used by either side as an obstacle to the on-going management of services.

Both sides acknowledge that this process should commence immediately with a view to establishing agreed terms and conditions for the initiation of these pilot schemes at agreed sites.

### Early Retirement

The claim in relation to early retirement for general nurses was considered by the Adjudication Board, which found as follows:- *"The Board has given detailed consideration to the written and oral presentations by the unions in relation to superannuation and retirement matters. It notes that the management side, in recognition of the difficulties which may arise for nurses nearing retirement age or otherwise, has proposed a pre-retirement initiative. The Board has noted also that the Government has established a Public Service Pensions Commission, including representatives of the Irish Congress of Trade Unions, with terms of reference which, in the Board's view, would embrace examination of the voluntary early retirement issue.*

*It is the view of the Board that the case made for early retirement has merit but the Board also acknowledges the arguments of principle advanced by the Management side. The Board recommends that all of these arguments should be considered by the Commission on Public Service Pensions in the context of its terms of reference and progressed expeditiously.*

*In the interim, the Board recommends the implementation of a limited initiative from January 1997 to address the immediate situation of nurses (other than nurses who already enjoy enhanced superannuation terms) who find the demands of the profession are such that they are no longer able to function at the level of professional performance they themselves and management require. Accordingly, the Board has concluded that an early retirement facility should be introduced for such nurses, aged 57 or over with at least 35 years service subject to a number of criteria which would underpin the delivery of a consistently high quality nursing service. The Board recommends that the overall number of retirements under the Scheme be limited to a quota of 100 per annum and that it should operate on a pilot basis pending the report of the Commission on Public Service Pensions".*

In response to claims for improvements to the superannuation code from the unions representing psychiatric nurses, the management side rejected the claims and indicated that there would be no changes to the code arising from this agreement.



## Pre-Retirement Initiative

The management side proposes to introduce a pre-retirement initiative which will facilitate nurses \* in reducing the amount of actual service commitment in the years immediately preceding their retirement. This is intended to benefit both individual nurses and their employers where nurses are no longer capable of coping with the stresses and demands of nursing on a full-time basis.

The pre-retirement initiative will operate from 1 January, 1997 on the following basis:-

### Scope

Nurses \* in permanent positions aged 57 or over may make application to their own employer to work on a job-sharing basis for a maximum of 3 years prior to retirement, with the 3 years in question, or other lesser period, to reckon as full-time service for superannuation purposes.

### Eligibility

To be eligible to participate in this scheme, nurses will be required to have a minimum of 20 years whole-time service and be aged 57 or over at the date of commencement of the scheme. Nurses \* up to Ward Sister (or equivalent) level and basic grade Public Health Nurses will be eligible for the scheme.

### Retirement

Nurses who opt for the scheme must retire upon completion of the three year job-sharing period. Superannuation benefits would be calculated on the basis of actual service plus a maximum of 1.5 years in respect of the pre-retirement job-sharing period, subject to an overall maximum of 40 years service.

If, exceptionally, a nurse who has opted for the pre-retirement initiative were to subsequently apply to return to full-time employment, the service given during the pre-retirement period would be counted as actual service without addition.

### Quota

A quota not exceeding 600 applications will be approved for the initial 3 years of operation of the scheme with up to a maximum of 300 applications being approved in year one. This 300 will be allocated among employers in proportion to the numbers of nursing staff in employment.

\* Note: Nurses who do not otherwise enjoy enhanced benefits

### Applications

Applications should be made by individual nurses to their own employer. Each application should be sent, in the first instance, to the Director of Nursing/Matron who will indicate their support or otherwise for the application and the rationale for this decision. A nurse aggrieved by the decision may appeal the decision to the Personnel Officer of the Hospital/Health Board.

### Review

The operation of the scheme will be reviewed at the end of the first year of operation.

### Liability For Temporary Service

Where an employee has a considerable liability to the superannuation scheme in respect of pre-scheme/temporary service and the relevant superannuation scheme provides for the compulsory purchase of such service, employers will be requested to use more flexible methods of payment. Methods of payment proposed (and presently in use in some agencies) are:-

- (a) payment by lump sum by a specified date
- (b) payment by large instalments provided payment is completed by a specific date;
- (c) payment of additional contributions over and above the normal 5% or 6.5% (as appropriate) by a specified date;
- (d) by deduction from lump sum at retirement.

Where payment is not completed by the date specified or where the employee opts to have the liability deducted at retirement, additional charges (as appropriate to the individual's scheme) will be levied.

The gratuity is calculated at one weeks pay for each year of service up to 15 years and at two weeks pay for each subsequent year, subject to a maximum of 78 weeks pay.

### Part-Time Nurses

The admission to pensionability of part-time nurses is accepted in principle. Such arrangements would have to be introduced on a fully co-ordinated basis. It is agreed to hold early discussions to examine the implications of this.

The staff side's claim for pro-rata pension entitlements would have to be considered in the broader context of co-ordination by the Commission on Public Service Pensions.

### Retirement Gratuity

Provision is for the payment of a gratuity to non-pensionable staff employed in the health boards and public voluntary hospitals. To be eligible for a gratuity such part-time employees must:-

- (a) be directly employed by the hospital/health board;
- (b) have at least 5 years service;
- (c) be at least 60 years of age (or, if under 60, have become permanently infirm);
- (d) have served for at least 10 hours per week.

The gratuity is calculated at one weeks pay for each year of service up to 15 years and two weeks pay for each subsequent year, subject to a maximum of 78 weeks pay.

### Death Benefit

Provision is also made for a gratuity where an employee dies in service. The gratuity may only be paid to employees having at least 10 years service and is calculated at one weeks pay for each year of service up to 15 years and at two weeks pay for each subsequent year subject to a minimum of 26 weeks pay and a maximum of 68 weeks pay.

### Pre-Retirement Courses

Management is committed to facilitating planning by staff in relation to their retirement. Retirement planning courses will be made available on a more widespread basis throughout the health service.

## Adjudication Board Summary

*"In its deliberations on the issues placed before it, the Board has been cognisant of the background to this case and, in particular of the acceptance by both sides that the overall settlement in relation to pay and conditions of nursing grades falls to be made under Clause 2(iii) A of the Pay Agreement which forms part of the Programme for Competitiveness and Work (PCW).*

*The Board is also aware of the agreement reached between the Government and the Irish Congress of Trade Unions on 15 May 1996 to work in partnership to meet the substantial changes in the Public Service and to achieve the necessary restructuring in a positive and constructive way. That agreement also provides for a procedural framework (of which this arbitration hearing forms a part) to resolve and bring to finality, within the parameters of the PCW Pay Agreement, the difficulties in relation to the pay and conditions of nursing grades inter alia.*

*These agreements outline the procedures to be followed, the requirements in relation to flexibility, change, improved quality of service and savings and the parameters for settlements to be adhered to by public service employers and trade unions. They involve demands on both staff and employers and impose constraints on the total net cost of settlements for employees throughout the public service.*

*All these factors must be taken into account in determining the means of implementing, under Clause 2 (iii) A of the PCW Pay Agreement, the full set of proposals now put forward in the case of nursing grades. In order to enable the health service to live within the PCW parameters which apply generally in the public service, a high level of commitment and co-operation will be required on both sides to the management of change, involving achievement of both short term and longer term objectives and measures. Adherence to this basic framework, involving active participation by both sides working in partnership, is intrinsic to the proposals for settlement now put forward by the Arbitration Board. Finally, it is the view of the Board that its findings combined with the other aspects of the existing proposals should be taken as full and final settlement of all the Union's claims under the PCW".*