

Irish Nurses Organisation

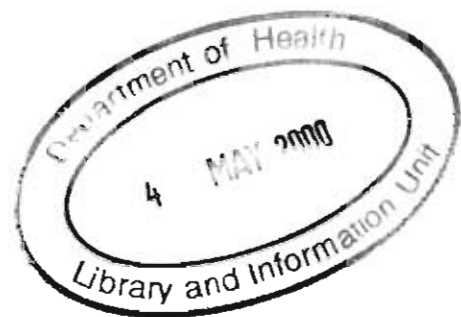
Cumann na nAltraí Gaelacha



Annual Report 1999



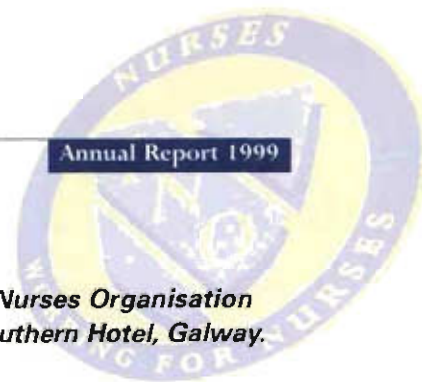
Annual Report 1999



Irish Nurses Organisation

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Notice of Meeting

Notice is hereby given that the 81st Annual Delegate Conference of the Irish Nurses Organisation will be held on Thursday and Friday, 11 and 12 May 2000, in the Corrib Great Southern Hotel, Galway.

Thursday, 11 May: 9.00am to 6.30pm

1. Registration
2. Ecumenical Prayer Service
3. Invocation
4. Appointment of Tellers
5. Delegate Roll Call
6. Adoption of Standing Orders Committee Report No. 1
7. Minutes of Annual Delegate Conference 1999
8. Adoption of Budget – 1 January 2001 to 31 December 2001
(to be taken with Motion No. 1 – Organisational and Proposals on Branch, Section and Staffing Restructuring within the Organisation)
9. Appointment of Auditors
10. Debate on Organisational Motions including Discussion Paper on issues arising from the national dispute
11. Debate on Motions
 - Professional
 - Industrial
 - Educational
12. Workshops – 4.30pm to 6.30pm.

Friday, 12 May: 9.00am - 5.00pm

13. Adoption of Standing Orders Committee Report No. 2
14. Debate on motions continued
15. Report of result of Executive Council Elections
16. Election of Officers in accordance with Rule 9 (President, Two Vice-Presidents and Treasurer)
17. Debate on remaining motions
18. Election of Standing Orders Committee
19. Investiture of newly-elected President and formal closure.

Liam Doran
General Secretary

Special events during Annual Conference

- The President of the Irish Congress of Trade Unions, Ms Inez McCormack, will address the delegates at 12.30pm on Thursday, 11 May
- Mr Frank Cunneen, Chairman, Health and Safety Authority, will launch the INO policy booklets on Glutaraldehyde and Latex at 2.15pm on Thursday, 11 May
- Trade Exhibition on Friday, 12 May throughout the day
- The Minister for Health and Children, Mr Micheál Martin TD, will address the delegates at 12.15pm on Friday, 12 May, followed by the Presidential Address by Ms Anne CODY
- The Annual Gala Dinner will take place on Friday, 12 May, at 7.30pm for 8.00pm

President's Foreword



It is my great pleasure, as President of the Irish Nurses Organisation, to present this Annual Report for the year 1999. It is a report which records a substantial amount of work on behalf of nurses, midwives and their professions.

The shadow of a national strike hung over the Organisation throughout the year and history will record that 1999 was a turning

point for nurses and the nursing profession in Ireland. Tuesday, 19 October 1999, will go down in the annals as the day Irish nurses stood up and were counted. It was a day Irish nurses thought they would never see - the day that they had to resort to a nationwide strike to demonstrate how undervalued and frustrated they felt at not being given a fair deal for better pay and conditions.

At 8.00am on 19 October 1999, nurses turned up for picket duty and to provide emergency care at over 1,000 locations throughout the country. All members were working free of charge due to the fact that the strike fund, which while it might be ample for prolonged local disputes, could never sustain a strike of this magnitude, the largest strike in the history of the state.

On the third day of the strike, over 10,000 nurses marched through the streets of Dublin and rallied outside the GPO, demonstrating the strength of their conviction in their fight for fair pay and conditions.

Throughout the strike nurses proved their willingness to ensure that no patient, in need of emergency care, went without a nurse. Strike committees took responsibility for determining emergency cover and picket rosters for the duration of the strike which lasted nine days. A full report of the pay campaign and national strike can be found on pages 15-27.

On behalf of the Executive Council I would like to express a special word of thanks to the members of the strike committees who performed their difficult tasks with dedication and professionalism. I would also like to thank our thousands of members who participated in the rally to the GPO and, last, but by no means least, I would like to pay tribute to all our members, at all levels, in all disciplines and in all services, for their commitment and involvement during the strike. Successful delivery would not have been possible without the dedicated efforts of all involved.

Apart from the demands placed on the Organisation during the largest industrial dispute in the history of the state, the Organisation was also busy advancing

the interests of members in many other areas. The report records the high level of activity in a wide range of other industrial relations issues as well as in the fields of professional development, information, research and education. It also records our representation and input into the world of nursing and midwifery at national, European and international level.

Our achievements in the past year would not have been possible were it not for the work and dedication of so many people. First of all, I would like to thank our Nurse Representatives, Branch Officers, Section Officers, and other members, who played such an active part and contributed so much of their time, in a voluntary capacity, to the activities of the Organisation.

Secondly, my thanks to the General Secretary and staff of the Organisation for their unstinting hard work and commitment during an exceptionally turbulent and busy year. The increasing demands of a growing membership, which grew to 27,400 in 1999, are handled with both courtesy and efficiency.

Thirdly, I would like to pay my own special tribute to my colleagues on the Executive Council. As we enter the last few months of the life of this Executive Council, which was elected in 1998 for a two-year period, I would like personally to thank them for their tremendous hard work and dedication.

Without the united efforts and support of the Executive Council, General Secretary and staff, so much could not have been achieved.

Finally, I wish to extend sympathy to the families and friends of union members who died in the past year. I also sympathise with the relatives of staff members, and former staff members, who were bereaved during the year.

As this is my last report as President, I wish to formally record my appreciation to everyone who helped me during the past four years and to say how proud I am and will always be for having been elected to the highest office of this great Organisation. I am sure I will look back on my four years as President as among the most fulfilling and rewarding years of my professional life.

Anne Cody
President

Executive Council 1998/2000



INO Executive Council (Back-standing l-r) Catherine Tormey, Katherine Craughwell, Anna Monaghan, Patricia Flynn, Rita Corcoran, Mona Clancy, Ita Tighe, Mai Murphy, Joan McDermott, Kay Kennedy, Winifred Collier, Brigid Burke, Patricia Dolan, Maura Hickey, Dorothy Mullarkey (Administration Manager); (Seated l-r) David Hughes (Director of Industrial Relations), Tess O'Donovan, Annette Kennedy (Director of Professional Development), Liam Doran (General Secretary), Anne Cody (President), Imelda Browne (1st Vice-President), Clare Spillane (2nd Vice President), Lenore Mrkwicka (Deputy General Secretary). Other members of Executive Council not included: Tina Howard, Regina Buckley, Loretta Crawley, Mary Wynne.

Office Bearers

| | | |
|----------------------------|-----------------------|--|
| President: | Anne Cody | <i>Theatre Sister, Mater Hospital, Dublin</i> |
| 1st Vice-President: | Imelda Browne | <i>Staff Nurse, General Hospital, Naas, Co Kildare</i> |
| 2nd Vice-President: | Clare Spillane | <i>Staff Nurse, District Hospital, Carlow</i> |

Clinical (16 seats)

| | | |
|-------------------------|--------------------------------------|---|
| Imelda Browne | <i>Staff Nurse</i> | <i>General Hospital, Naas, Co Kildare</i> |
| Brigid Burke* | <i>Assistant Director of Nursing</i> | <i>St Joseph's Hospital, Dungarvan, Co Waterford</i> |
| Mona Clancy | <i>Public Health Nurse</i> | <i>Health Centre, Youghal, Co Cork</i> |
| Anne Cody | <i>Theatre Sister</i> | <i>Mater Hospital, Dublin</i> |
| Winifred Collier | <i>Staff Nurse</i> | <i>St Mary's Hospital, Drogheda, Co Louth</i> |
| Rita Corcoran | <i>Staff Nurse</i> | <i>General Hospital, Monaghan</i> |
| Patricia Dolan | <i>Staff Nurse</i> | <i>Theatre, General Hospital, Cavan</i> |
| Patricia Flynn | <i>Ward Sister</i> | <i>Merlin Park Hospital, Galway</i> |
| Maura Hickey | <i>Staff Nurse</i> | <i>General Hospital, Letterkenny, Co Donegal</i> |
| Christina Howard | <i>Staff Nurse</i> | <i>University College Hospital, Galway</i> |
| Kay Kennedy | <i>Staff Nurse</i> | <i>General Hospital, Tullamore, Co Offaly</i> |
| Mai Murphy | <i>Staff Nurse</i> | <i>General Hospital, Portlaoise, Co Laois</i> |
| Tess O'Donovan | <i>Staff Nurse</i> | <i>A & E Department, Cork University Hospital</i> |
| Clare Spillane | <i>Staff Nurse</i> | <i>District Hospital, Carlow</i> |
| Ita Tighe | <i>Staff Nurse</i> | <i>Beaumont Hospital, Dublin</i> |
| Catherine Tormey | <i>Staff Nurse</i> | <i>Longford/Westmeath General Hospital, Mullingar</i> |

*Appointed Assistant Director of Nursing during term of office.

Education (3 seats)

| | | |
|-------------------------|--|--|
| Loretta Crawley* | <i>Nurse Tutor</i> | <i>School of Nursing, St Vincent's University Hospital, Dublin</i> |
| Anna Monaghan | <i>Principal Midwife Tutor</i> | <i>School of Nursing, Rotunda Hospital, Dublin</i> |
| Mary Wynne | <i>Nurse Practice Development Co-Ordinator</i> | <i>Tallaght Hospital, Dublin</i> |

Administration (3 seats)

| | | |
|-----------------------------|---|--|
| Katherine Craughwell | <i>Director of Nursing</i> | <i>North Western Health Board, Manorhamilton, Co Leitrim</i> |
| Regina Buckley* | <i>Superintendent Public Health Nurse</i> | <i>Eastern Regional Health Authority</i> |
| Joan McDermott | <i>Matron, Dalton Home</i> | <i>Claremorris, Co Mayo</i> |

*Loretta Crawley and Regina Buckley were co-opted during 1999 on the resignations of Therese Danaher and Catherine Leavy.

Introduction



Liam Doran,
General Secretary, INO

There is no doubt that the Annual Report, for the calendar year 1999, of the Irish Nurses Organisation covers the most traumatic, turbulent, challenging but ultimately successful period in the history of the Organisation. This was the year when the Organisation, for the first time in its 80 year history, commenced nationwide strike action, with the maintenance of essential services only, in pursuit of improved pay and conditions for a period of nine days between 19 and 27 of October.

A full chronological account of all events leading up to, during and subsequent to the dispute are recorded in a special section which appears on pages 15-27.

While the dispute, and the myriad of issues contained within it, heavily influenced and overshadowed much of the Organisation's other activities, there were, however, many other noteworthy events which are recorded in this report.

On an organisational level the INO scaled new heights reaching a membership, as of December 1999, of almost 27,400 which represents a 10% increase over the previous year. This has left the Organisation representing four out of every five nurses in the Irish public health service with our members now working in all areas of the service.

In the following sections we will seek to report upon and record the many varied and significant issues and events which arose and/or occurred during 1999.

Organisational Developments

80th Annual Delegate Conference

On 6 and 7 of May 1999, in Letterkenny, Co Donegal, the Organisation held its 80th Annual Delegate Conference. Over 200 delegates attended with the content ranging from almost 90 motions submitted from branches, a speech from the Minister for Health replied to, most effectively, by the Organisation's President, Anne Cody, and five workshops covering such issues as the Year of the Older Person, Social Partnership, Equality and Social Policy, Health and Safety, and Continuing Education. Details of the workshops are covered on pages 40-41.

The focal point of the whole Conference was the two hour debate reviewing the pay campaign to date and re-affirming our strategy towards future progress. In the course of this debate many commentators stressed the need for:

- The preparedness of the Organisation to take nationwide strike action;
- The need for wide media coverage of the issues causing unrest among nurses;
- The need for strict adherence to the balloting

arrangements, agreed at the previous Special Delegate Conference, so as to ensure that all Sections of the Organisation are involved in key decisions in the course of the campaign.

Arising from the feedback given by delegates the new format of Conference, particularly involving the participation levels at the five workshops, was received very warmly by all participants and will, therefore, be repeated in future years.

Executive Council

The Executive Council met on 15 occasions during the year. This involved 11 ordinary meetings and four special meetings arising from the pay dispute and eventual strike.

In reality many of the ordinary meetings were taken up with issues related to the pay dispute but other significant issues addressed during the year included:

1. Changes to the format of Annual Conference;
2. Rule changes, subsequently agreed at Annual Conference, on the question of internal disciplinary action;
3. Finalising the Organisation's agenda for talks on a successor to Partnership 2000;
4. Reviewing the need to further develop the existing Branch and Section structures – this work is ongoing at the end of 1999 with the intention of placing a detailed paper before the Annual Delegate Conference in May 2000;
5. Agreeing the introduction of new free legal aid and 24 hour telephone helpline services for members together with the enhancement of the indemnity insurance policy for all members.

In addition, the two Standing Committees of the Executive Council also met during the year and a summary of their activities include:

Nurse Education Nursing Practice Committee

The Committee concentrated on reviewing and commenting on the An Bord Altranais document 'Standards for the Approval of Hospital/Third Level Institutions and Programmes Leading to Registration'.

The Committee also met with the Paediatric Section Officers to discuss their concerns regarding the Commission's recommendations that Paediatric Nursing be a post-registration programme. The Officers of this Section are concerned that Paediatric Nurse Training may not continue if Paediatric Nursing is not made a direct entry programme.

The relevant resolutions, adopted at the 1999 Annual Delegate Conference, referred to the Nurse Education Nursing Practice Committee, were acted upon with the relevant bodies in order to ensure implementation. This work is ongoing.

Socio Economic Welfare Committee

The workings of this Committee continued during 1999. In addition to addressing the resolutions adopted at the 1999 Annual Delegate Conference the Committee set itself an ambitious agenda including:

- Drawing up a Charter of Rights for Older People (to commemorate the year of the older person), launched in October 1999;
- Researching and preparing an information leaflet for members alerting them to the dangers of Glutaraldehyde and Latex Allergies, to be launched at the Annual Delegate Conference in May 2000.

The Committee's work was suspended temporarily mid year due to intense activity arising from continued negotiations relating to our pay claim under the Programme for Competitiveness and Work.

Free Legal Aid Service and 24 Hour Counselling/Advice Phone Lines

On 1 September 1999 the Organisation introduced three new services, available free to all members, covering the following:

- Free legal aid in a case of a member pursuing an occupational injury claim against their employer or bodily injury against any third party;
- 24 hour legal advice helpline on all civil and criminal matters (not employment related issues);
- 24 hour confidential counselling advice line open to members and their immediate family.

These services, which are unique and exclusive to members of the Irish Nurses Organisation, represent a significant addition to the services already available to members. The services were introduced as a direct result of resolutions adopted at previous Annual Delegate Conferences.

Branch Officers/Nurse Representatives Training Programmes

Due to the pressure of time and the commitment required in relation to all matters pertaining to the pay campaign and dispute, the number and extent of training programmes for Branch Officers and Nurse Representatives was reduced in 1999.

However, reflecting the immediate needs that then existed, we did hold a number of media workshops for key activists around the country in order to prepare them for and assist them in dealing with local media in the lead up to and during the national dispute.

At the end of 1999 it was decided to devote considerable resources to training programmes for Branch Officers and Nurse Representatives in the calendar year 2000 and an outline timetable has already been agreed for same.

Staffing

During the year under review, again in keeping with the need to realise the increasing demands from the growing membership, the following staffing appointments were made:

- *Don Culliton* – Industrial Relations Officer based in and covering the South Eastern Health Board region;
- *Gerry Bellew* – Industrial Relations Officer for voluntary hospitals within the greater Dublin area;
- *Noreen Browne* – Relief Industrial Relations Officer for the Eastern Regional Health Authority Area and greater Dublin area (contract expires in June 2000);
- *Ann O'Brien* – Secretarial Support;
- *Ann Keating* – Personal Assistant to the Deputy General Secretary was appointed Co-Ordinator of *The World of Irish Nursing Journal*.

Commission on Nursing (non-pay issues)

While progress on the 197 non-pay recommendations from the Commission on Nursing, which reported in September 1998, was severely hindered by the concentration on the pay related issues, it is possible to report some developments.

Nursing Education Forum

This Forum, which has the task of agreeing the educational details associated with the transition to an undergraduate university/college of technology based nursing degree, continued with its deliberations.

The Organisation made a comprehensive submission in March and formally met with the Forum in December. At this meeting the Organisation outlined, in very great detail through our Director of Professional Development, Annette Kennedy, the numerous issues which needed to be considered in the four-year undergraduate programme. In particular the Organisation stressed the need for:

- Any programme to ensure clinical competence and credibility;
- Sufficient investment in clinical supervision;
- Adequate financial support for the undergraduate student undertaking clinical placement;
- Guarantees that Registered Nurse Teachers would continue, in the long term, to teach the nursing component of any undergraduate programme.

The Chairperson of the Forum, Dr Laraine Joyce from the Office for Health Management, has indicated that it remains their intention to issue a final report no later than September 2000.

National Council for the Professional Development of Nursing and Midwifery

On Saturday, 4 December 1999, the then Minister for Health and Children, Mr Brian Cowen, formally announced the creation of this new statutory agency which was recommended by the Commission on Nursing. The functions of the 20 member council includes:

- Monitoring the ongoing development of Nursing and Midwifery specialities, taking into account changes in practice and service need;
- Formulating guidelines to assist Health Boards and other relevant bodies in the creation of specialist Nursing and Midwifery posts;
- Supporting additional developments in continuing nurse education by Health Boards and voluntary bodies.

This new agency is also a necessary prerequisite for the creation of Clinical Nurse/Midwife Specialist and Advanced Nurse/Midwife Practitioner posts as provided for by the Commission. In this context its establishment will facilitate the development of the 1,250 Clinical Nurse Specialist posts recommended by the Labour Court which forms one of the central aspects of the settlement to the national dispute.

The Chairperson of the Council, as announced by the Minister, is WP Dunbar, former Director of Nursing and Chief Executive Officer of St James's Hospital, Dublin.

The other members of the inaugural Council are:

General Nursing

*Valerie Small - A&E Nurse Practitioner, St James's Hospital, Dublin 8

Mental Handicap Nursing

Maura Nash - Director of Nursing, COPE Foundation, Bonnington, Montenotte, Cork

Psychiatric Nursing

*Pearse Finegan - Chief Nursing Officer, St Mary's Hospital, Castlebar, Co Mayo

Public Health Nursing

Antoinette Doocey - Community Services & Continuing Care Programme, North Eastern Health Board

Sick Children's Nursing

*Aiveen Murray - Unit Nursing Officer, Our Lady's Hospital for Sick Children, Crumlin, Dublin 12

Care of the Elderly

Paddy Hume - Area Co-ordinator, Services for the Elderly, North Western Health Board, Letterkenny, Co Donegal

Nurse Tutor

*Anne Marie Moran - Principal Nurse Tutor, Our Lady of Lourdes Hospital, Drogheda, Co Louth

Midwifery

*Kathryn McQuillan - Manager, Delivery Ward, National Maternity Hospital, Dublin 2

An Bord Altranais

Jim Hough - Principal Tutor, South Eastern Health Board, Waterford

*Eileen Kelly - Tutor, Cork University Hospital, Cork

Senior Nurse Manager

*Mary McCarthy - Director of Nursing, Tallaght Hospital, Dublin 24

Health Services Employers Agency

*Marie Keane - Director of Nursing, Beaumont Hospital, Dublin 9

*Hazel Daniels - Director of Nursing, Waterford Regional Hospital

Department of Health & Children

Peta Taaffe - Chief Nursing Officer, Department of Health & Children

Bernard Carey - Principal Officer, Nursing Policy Division, Department of Health & Children

Medical Practitioner

Dr Michael Boland - Director, Postgraduate Resource Centre, Irish College of General Practitioners, Dublin 2

Third Level Institutions

Prof M Pearl Treacey - Head of Department of Nursing Studies, UCD, Dublin 2

Dr Cecily Begley - Director, School of Nursing and Midwifery, TCD, Dublin 2

Gerry McTaggart - Co-ordinator of Nursing Studies, School of Science, Dundalk Institute of Technology

*denotes INO member.

Monitoring Group - Implementation of the Commission on Nursing Report

On Tuesday, 9 November 1999, the Organisation formally agreed with the Minister for Health and Children, as one aspect of the settlement to the national dispute, that the Monitoring Group to oversee the implementation of the full Commission on Nursing report would be formed.

The Organisation has three seats on the Monitoring Group namely:

- Eilish Hardiman, Nurse Practice Development Co-Ordinator, St James's Hospital and previously INO member on the Commission on Nursing;
- Lenore Mrkwicka, INO Deputy General Secretary;
- David Hughes, INO Director of Industrial Relations.

The Monitoring Group will meet on a quarterly basis and produce annual reports which will detail the progress made on the full implementation of the non-pay recommendations of the Commission on Nursing.

High Level Steering Group – Empowerment of Nurses

Also arising from the Commission on Nursing report and, more specifically, from the Labour Court recommendation which formed the settlement of the national dispute, a high level Steering Group, chaired by Frank Ahern, Head of Personnel and Management in the Department of Health and Children, has also been established.

The Organisation's General Secretary, Liam Doran, is the INO nominee to this body which will have the task of ensuring that nurses, at all levels, have a proper and appropriate role in decision-making in all health care settings reflecting their commitment to the increased role of clinicians in management.

Nurse Teachers

In December 1999 the Organisation formally commenced, on behalf of its Nurse Teacher membership, detailed discussions with the Department of Health and Children and the Health Service Employers Agency on the implementation of the many non-pay recommendations underpinning the changes earmarked for nurse education at all levels. In particular this process will involve the following:

- Finalising the arrangements under which Nurse Teachers will, if they so choose, transfer to the third level sector;
- Establishing the exact role and function of Centres of Nurse Education;
- Finalising agreement on the future structures underpinning Midwifery, Paediatric and post-graduate nurse education;
- Determining the resources and structures required to deal with manpower issues arising within nurse education;
- Providing for an intake of 1,500 students per annum, as agreed as part of the national settlement, and its implications for new Schools of Nursing and qualified staff in general.

Summary

At the end of 1999 it is correct to report that all indications suggest continued determination, on the part of the Minister for Health and Children and the Nursing Unit in the Department of Health, to implement, in conjunction with this Organisation and other interested parties, the numerous non-pay recommendations provided for in the Commission report. At a meeting on 9 November 1999 the Minister for Health and Children reiterated the Government's commitment to the full implementation of the report and the provision of all necessary financial and other resources to ensure this is done in a speedy and efficient manner.

Irish Congress of Trade Unions

In the course of 1999 the Organisation realised a long-standing goal, with regard to its activities within the ICTU, when it secured two seats on the Executive Council of ICTU following the election at the Congress Biennial Conference, in Killarney in early July. At this Conference the General Secretary, Liam Doran, became the first INO General Secretary to sit on the Congress Executive and he was joined, for her fourth consecutive term of office, by Lenore Mrkwicka, Deputy General Secretary, who was once again elected to one of the four reserved seats for women. This electoral success left the INO as one of only four unions who secured two seats on the new Executive Council which will sit for two years from July 1999 to June 2001.

The two motions, submitted to the Congress by the INO were both adopted and therefore form Congress policy in relation to the negotiations of any new social programme. The motions were:

- That Congress would seek, as part of any new social programme, a reduction in the standard working week to 37 hours; and
- Congress calls on Government to put in place substantial funding to ensure that the quality of life of the older person will be guaranteed, in all aspects, in line with the aspirations of the UN Declaration on the Year of the Older Person.

Other significant issues of note occurring within Congress, during the year under review, included the following:

Public Sector Pay – Ad Hoc General Secretaries Committee established

This ad hoc sub-committee, in negotiations with officials from various Government departments, including the Department of Finance, together with the Health Service Employers Agency, met on a number of occasions to consider the following:

- Continuing difficulties surrounding grades, within the public service, who completed their PCW negotiations early (Early Settlers) with the result that they settled for considerably less than other groups;
- The need to examine, following policy statements by Government, existing public service pay determination procedures with a view to introducing a closer relationship between pay and performance;
- The possibility of introducing, again arising from Government policy, improved monitoring arrangements which will ensure greater adherence to national agreements.

The negotiations, which continued on and off during the year, had not been concluded by December and it was agreed that the process would continue under the broader umbrella of a possible successor to Partnership 2000.

National Talks on New Social Agreement

On Thursday, 4 November 1999, the Organisation, through its 21 delegates, participated in the ICTU Special Delegate Conference which decided to enter into discussions with the other social partners with a view to agreeing a possible new national programme to succeed Partnership 2000. At this Delegate Conference it was agreed, by a very wide majority, to commence these discussions and to report back to a further Special Delegate Conference in March 2000. The INO delegation, following a decision by the Executive Council, voted in favour of entering talks with the other social partners.

Talks on a possible new social programme began on Tuesday, 9 November 1999 and were continuing at the end of the year.

As part of these talks the Organisation, in collaboration with the IMO and IMPACT, made a comprehensive submission to the other social partners, detailing a collective view as to what changes were necessary in the health service in the coming three years to deal with the many obvious and longstanding problems. (Copies of this submission are available from INO Head Office).

Public Services Committee

The Organisation continued its active involvement in the workings of this Standing Committee of ICTU which meets every two months. Issues considered during the year included:

1. The difficulties facing public sector unions who had settled early under the PCW agreement;
2. Possible approaches to new forms of public sector pay determination;
3. The union side approach to the claim for special payments for working the Millennium period.

Youth Committee

The Irish Congress of Trade Unions Biennial Youth Conference 1999 was held in the Fairways Hotel, Dundalk on 13 and 14 of November, 1999. The Organisation's delegates to the Conference were Yvonne O'Callaghan and Alan O'Riordan. The Conference was attended by 87 young trade unionists from 19 Trade Unions. The Conference was formally opened by Inez McCormack, President of ICTU. Her speech echoed the right of every worker to join a Trade Union and the fact that what we do today represents the shaping of the future. She reminded all the delegates that they should be grateful that they can be, and are, part of a trade union and that they should not forget those who cannot access this right. She said that we should remember that what we achieve in developing trade unionism and better working conditions not only affects those who are represented but also those who are not. The President acknowledged

the work being done by young trade unionists and encouraged all delegates to continue their participation and belief in trade unionism. She invited the Congress Youth Committee to meet with her and formulate a submission to Congress for the talks on a new social partnership.

The International Labour Organisation

The Deputy General Secretary, Lenore Mrkwicka, as a member of the Executive Council of ICTU, attended the ILO Conference, in Geneva, in June 1999, with Patricia O'Donovan, Deputy General Secretary of ICTU and member of the Governing Body of the ILO. The Deputy General Secretary was a member of the Committee on the 'Revision of ILO Convention No. 103 and Recommendation 95 on Maternity Protection'. In June 2000 at the 88th Session of the ILO in Geneva the second and final discussion on this Convention will take place. At stake is a Convention which provides minimum standards of protection for pregnant and nursing mothers and their children. The Workers Group at the Conference succeeded in securing Governments' agreement on a number of issues such as the strengthening of the provision on employment and non-discrimination, and the reinstatement of the provision for nursing breaks into the Convention.

The Deputy General Secretary had the privilege of addressing the plenary session of the ILO. Speaking on the Director General's report entitled 'Decent Work' she addressed the issue of Child Labour stating: "We all have responsibility to serve as advocates against child exploitation in any form. There are approximately 250 million children between the ages of 5 and 14 years economically active. This is truly an outrage." A new Convention on Child Labour was adopted by the ILO at the June Conference.

Another key theme that she addressed was the question of Gender Equality and how to make it a reality. She welcomed the commitment from the Director General of the ILO to integrate Gender Equality into all aspects of their work.

Referring to the issue of globalisation and the challenges it presents to worker organisations, the Deputy General Secretary referred to the success of tripartism and social dialogue in Ireland, which has created one of the most successful economies in Western Europe. The experience in Ireland clearly demonstrated that creating and sustaining a successful competitive economy could be achieved without sacrificing workers' rights and social progress, she concluded.

European Trade Union Confederation – Youth Seminar

The European Trade Union Confederation, of which ICTU is an affiliate, held a Youth Seminar on Young People and the National Action Plans, in Budapest on

26 September to 3 October, 1999. Congress was represented at this Conference by Yvonne O'Callaghan, INO and Conor Cusack of CPSU.

International Affairs

During 1999 the Organisation continued to play an active part in the international affairs of nursing. In particular the following events need to be recorded:

International Council of Nurses Centennial Conference and Council of Nurse Representatives Meeting – London, July 1999

A 25 strong delegation, led by Anne Cody, President, attended the ICN's Centennial Conference held in London in July 1999. Overlapping with the Conference, for a period of three days, the ICN's Council of Nursing Representatives met and the Organisation was represented by Anne Cody, President, and Liam Doran, General Secretary.

This was a worldwide event attended by almost 5,000 nurses from over 100 countries. The Conference itself had over 450 concurrent papers together with a number of plenary sessions. Subsequent to the gathering the ICN produced a very informative CD ROM which records the many professional, educational and social events for posterity.

International Council of Nurses - Remuneration Workshop



At the ICN Workforce Forum hosted by the INO at the Burlington Hotel were (l-r): Noriko Katada, ICN, who chaired the meeting; with ICN executive director, Judith Oulton, ICN nurse advisor, Mireille Kingma; INO director of industrial relations, David Hughes; and INO director of professional development, Annette Kennedy

On 7 and 8 September 1999 the INO, as the Irish affiliate of ICN, formally hosted the annual ICN Workshop on Nurses Remuneration and Pay Trends around the world.

The workshop, which was attended by delegates from 11 other affiliates of ICN and senior ICN secretariat discussed a range of pay related issues including:

- Appropriate pay systems for the determination of nursing pay levels;

- The influence of relative pay levels vis-à-vis attracting and retaining nursing personnel;
- Likely future developments in nurses' pay;
- Marketing of Nursing as a career.

The workshop was extremely successful with the added benefit of improving the network of communications open to the Organisation, and to engage in ongoing constructive discussion with other developed nursing organisations in Europe, North America, Japan and New Zealand. This is particularly useful as a tool to argue for increases in salaries within new pay determining systems.

International Conferation of Midwives Congress - Manila, Philippines

The Officers of the Midwives Section, Sheila Sugrue, Chairperson, and Deirdre Daly, Secretary, on behalf of all midwife members of the Organisation, attended the ICM's world-wide gathering, in Manila in May 1999.

The two official delegates were joined by a small number of fellow INO members and the INO was again very active in the proceedings of this very important gathering. A full report subsequently appeared in the *World of Irish Nursing*, October 1999.

Permanent Committee of Nurses - European Union (PCN)

Annette Kennedy, Director of Professional Development, on behalf of the Organisation in collaboration with Anne Cody, President, represented the Organisation at the two PCN meetings during the course of the year. The PCN, which is formally known as the Standing Committee of Nurses in the European Union, continues to grow in stature and influence with regard to health policy formulation and implementation within the European Union.

The Organisation is currently involved in the following activities of PCN:

- The drafting of a framework for post-basic specialist education which can be adopted across member states;
- The continuous development of priority areas, namely education, public health and workforce issues;
- The possible strengthening of the PCN office in Brussels.

Nursing Shortages Workshop

In May 1999 the Organisation hosted a Special European Workshop, solely to discuss the question of how to constructively and adequately address the nursing shortages question which is not only an acute problem in Ireland but is also problematic in most European countries.

This Special Workshop was also attended by representatives of the Department of Health and Children and the Health Services Employers Agency. At the end of the year discussions had commenced with regard to a follow-up workshop which would seek to assess the effectiveness of measures aimed at alleviating the problem and to promote improved communication between countries on recruitment and migration issues.

The participants included representatives from Denmark, Iceland, the Netherlands, Portugal, the United Kingdom, Northern Ireland and Ireland.

A paper, on the findings of this workshop was presented at the PCN meeting in Brussels in November 1999. The PCN has requested the INO to write an Executive Summary of the paper so that it can be used as a tool for lobbying decision makers outside of the nursing profession.

Workgroup of European Nurse Researchers (WENR)

The Organisation is a member of the Workgroup of European Nurse Researchers and is actively involved in working with this European Committee to promote nursing research. The Workgroup have developed an action plan for the next three years.

This includes:

1. Closer co-operation between PCN Committee and WENR;
2. Monitoring the implementation of the Council of Europe's Recommendation for Promotion of Nursing Research;
3. To develop a web site for WENR;
4. To establish collaboration with various bodies which influence the setting of priorities and financing of research in Europe;
5. To promote nursing research in Europe;
6. To position strategically in Europe.

The INO have undertaken to develop a web site for WENR which will be linked to the INO site.

World Health Organisation – Nursing and Midwifery Forum

During the year under review the Organisation continued to participate in the activities of the World Health Organisation's Nursing and Midwifery Forum.

The General Secretary, Liam Doran, in his capacity as a member of the Steering Committee of the Forum, attended two meetings in Copenhagen, the European Headquarters of WHO.

In particular the Nursing and Midwifery Forum concerned itself with the following activities:

1. In April 1999 the third WHO Nursing and Midwifery European Conference was held in Budapest, Hungary, which had, as its theme, the nurses and midwives role in the management of chronic disease. This conference, which was attended by nurses and midwives from over 39 European countries, was attended, on the Organisation's behalf, by the President, Anne Cody, and Director of Professional Development, Annette Kennedy.
2. The second major issue addressed during 1999 was the Nursing and Midwifery Forum's attempt to further improve and support Nursing Associations in the newly independent states of Eastern Europe. In this context strong emphasis is being placed upon maximising the attendance of representatives from these developing European countries to the Fourth Nurses and Midwives European Forum which is scheduled for Copenhagen, Denmark, in March 2000 which will have 'Equity' as its theme.

Third World Development Issues

In December 1999 the Executive Council of the Organisation, upon the recommendation of the Finance and General Purposes Committee, decided to enter into a three year partnership agreement with the well known charity Trócaire, which will involve the Organisation, through its Third World Development Fund, giving grant aid to a specific project in Somalia.

The agreement will see the Organisation give £12,000, in 2000, 2001 and 2002 to Trócaire to cover development costs for health centres, training of staff and provision of general supplies in the Gedo region of Somalia.

Trócaire has undertaken to provide the Organisation with quarterly reports of the progress within the project which will be covered in detail, on a periodic basis, in *The World of Irish Nursing* journal.

The decision to enter into this partnership arrangement is wholly in line with the original intent behind the adoption of the original decision, at Annual Conference, to set up a Third World Development Fund into which 50 pence of every individual membership fee is placed each year.

International Year of the Older Person

The UN designated 1999 as the International Year of the Older Person. To commemorate this important event the INO drew up a Charter of Rights for Older People which was officially launched on 1 October 1999 by Dr Tom Moffatt, Minister for Food, Safety and Older People. The Charter is attached as Appendix I. As many of the rights and entitlements of the older person recognised in the Charter have cost implications, the Organisation has succeeded in having it placed centre



At the launch of the INO's Charter of Rights for Older People, Clare Spillane, 2nd Vice-President with Dr Tom Moffatt, Minister for Food, Safety & Older People who launched the charter

stage at the Post Partnership 2000 national talks to ensure that the necessary funding will be made available for its full implementation.

An Bord Altranais (Irish Nursing Board)

During the year under review the Organisation had a number of meetings with An Bord Altranais on issues causing concern. These included:

1. Changes to Minimum Entry Requirements for Student Nurses

Early in 1999 the Organisation expressed very strong reservations to An Bord Altranais following its decision to effectively lower the entry requirements for student nurse training with effect from the autumn 1999 intake. In particular the Organisation expressed reservations over the decision to require the prospective student to only have English or Irish, at pass level, in the Leaving Certificate to be eligible for selection.

Notwithstanding these strong misgivings, An Bord Altranais decided to implement the changes and would only give an undertaking to audit the Leaving Certificate standard of the student population who actually commence and to review its decision in the light of any difficulties or shortcomings arising from this audit.

At the end of 1999 the Organisation was still awaiting the outcome of this audit.

2. Adoption of Revised Standards Document for Diploma Programmes

In mid 1999 the Organisation expressed very serious reservations, on behalf of our Nurse Teacher Section, to An Bord Altranais over proposed changes to the Standards Document for the pre-registration diploma programme which, in our view, were being made and introduced without proper consultation and in the absence of any agreement. The Organisation had formal meetings with An Bord Altranais, met with INO members elected to the Board itself and exchanged detailed correspondence with the Board on this issue.

Any accurate account of this episode would have to state that relations between An Bord and the Organisation deteriorated significantly during this period and, at the end of the year, have yet to be fully restored. The record will show that An Bord proceeded to adopt the Standards Document, circulated it to all Schools of Nursing and insisted upon implementation of the changes.

In response, this Organisation, again through its Nurse Teacher Section, imposed a ban on all new work associated with the revised Standards Document and this remained in place until the end of November 1999. Our main objections to the changes contained in the new policy document were and are as follows:

- It essentially gives to the third level Universities and Colleges of Technology the primary role in determining the standards which will operate, within the diploma programme, thus devaluing, in our view, the integral role of the statutory authority An Bord Altranais;
- The changes were made without the agreement of the vast majority of Nurse Teachers in Schools of Nursing.

At the end of the year it is very regrettable, but necessary, to report that the Organisation continues to have a very fraught and difficult relationship with An Bord Altranais but, currently, efforts are being made to improve the situation.

3. Student Nurse Recruitment Drive

On a more positive note the Organisation welcomed the announcement, in January 1999 by the Minister for Health and Children, Mr Brian Cowen, of a recruitment drive, under the Nursing Career Centre of An Bord Altranais, aimed at increasing the number of people interested in and prepared to take up Nursing as a career option.

The record should show that the initiative, which involved the expenditure of £400,000, was effective in so far as it increased the number of student nurses from below 900 to almost 1,200. It was particularly effective in the area of Psychiatry where the number of those commencing nurse education increased from less than 100 to 250 approximately.

In this whole area of student nurse recruitment Annette Kennedy, Director of Professional Development, continued to sit on the Advisory Committee on Student Nurse Recruitment. This committee met on an ongoing basis throughout the year and continues to plan for the transition of pre-registration nursing education to a third level degree programme and the necessary changes to current student nurse recruitment practices required. This Committee also involves personnel from the Department of Health and Children, An Bord Altranais, Local Appointments Commission, Health Employers and the third level sector.

4. Scope of Practice of Nursing and Midwifery

The Board's special initiative, aimed at examining the Scope of Practice of Nursing and Midwifery, continued throughout the year with an interim report being published in September which received wide circulation.

This Organisation's submission to this special project was appended to the Organisation's Annual Report for 1998, and we subsequently made a further submission to comment upon the interim report. In addition, we are currently arranging for Officers of some of our larger Sections to meet with the project team to assist them in their deliberations leading to a final report.

Nursing Shortages

On 22 April 1999 the Organisation met with the Joint Oireachtas Committee on Health and Children on the subject of nursing shortages.

The formal written submission made to the Committee is available from the INO headquarters and it can be seen that in it we have sought to highlight the many different issues which have combined to leave us with such an acute nursing shortage particularly in the large urban areas.

Subsequent to the discussions with the Oireachtas Committee this whole issue remained to the forefront in our ongoing discussions with the Department of Health and Children and Health Employers in general.

The matter was again highlighted when, in October 1999, the Mater Hospital formally announced that it was closing beds directly and solely as a result of a shortage of qualified nursing personnel. This was in addition to the closure of beds and theatres in other major acute hospitals, eg. St Vincent's University Hospital, earlier in the year.

While nursing shortages exist right across Europe, as previously mentioned in the report of the special PCN Workshop there can be no doubt that one of the most serious issues facing nursing at the turn of the century is the shortage of qualified nursing personnel. The need to urgently address this crisis, in partnership with Health Service Employers, the Department of Health and Children and the Health Service Employers Agency, is paramount so as to ensure that a quality of service is available to the consumer and that acceptable working conditions are available to practising nurses.

At the end of 1999 we are still awaiting the final report, on their deliberations from the Oireachtas Committee.

Pay Campaign & National Strike of 1999

– a full summary

Due to the hugely significant nature of the whole process and to ensure an accurate and concise record of the pay campaign and national strike, it has been decided to include, in this Annual Report, a month by month account of events/developments during the year.

At the beginning of the year the Organisation prepared to bring to finality the campaign for improved pay and conditions arising from the restructuring clause of the Programme for Competitiveness and Work and the three pay related recommendations of the Commission on Nursing. Due to the complexity of the issues involved, and arising from the Special Delegate Conference, it was decided that proposals under each recommendation would have to be balloted and accepted separately before there would be overall agreement.

February 1999

Tuesday, 9 February

On this day the Labour Court issued two recommendations (LCR 16083 and LCR 16084) in relation to the three pay related recommendations of the Commission on Nursing – both of these Court recommendations are attached as appendices to this Annual Report.

1. Labour Court Recommendation 16083 essentially covered our claims for significant increases in the range of allowances payable to nursing grades. Key aspects of this recommendation include:

Dual Qualification Allowance – With effect from 1 August 1998 the Court recommended that dual qualified nurses, who have Midwifery and/or Sick Children's Nursing as their second qualification, should be placed on the dual qualified pay scale – this would represent a minimum of £751 (3% approx) per annum increase.

Location Based Allowance – The Court recommended that all nurses who were previously in receipt of the location based allowance of £328 for working in certain identified areas, ie. County Homes, Geriatric, Long Stay, Intensive Care, Theatre and Cancer Units, should have this allowance increased to £1,000 per annum from 1 August 1998.

Qualification Based Allowance – The Court also recommended that the allowance paid to any nurse who works in and holds a specialist qualification for Elderly Care, Intensive Care, Orthopaedics, Theatre and Oncology should be increased to £1,500 per annum from 1 August 1998.

Other miscellaneous claims, for improvement in unsocial hours, on-call and related matters to be the subject of further discussion to be completed by 1 May 1999.

2. In Labour Court Recommendation 16084 the Court recommended the following:

a) The commencement of further discussions during which management would be asked to come forward with firm proposals aimed at addressing the many difficulties which had been voiced regarding promotion in recent years. In this context these discussions were to take place against the backdrop of the following quotation from this recommendation:

"The Court accepts that pay scales must be improved to reflect the enhanced roles proposed in the report for Ward Sisters and higher grades."

b) In relation to recognition for long service in the Staff Nurse grade the recommendation suggested that the pay scale for the Staff Nurse had in fact been settled by Labour Court Recommendation 15450 (7 February 1997). It was therefore already becoming apparent that the most difficult objective to achieve, as part of the continuing campaign, would be further recognition for long service in the Staff Nurse grade.

Wednesday, 10 February

After deliberation the Executive Council decided to participate in the further round of discussions recommended by the Labour Court. This position was fully endorsed and supported by the other three unions in the Nursing Alliance.

Thursday, 25 February

After only one day of talks, as recommended by the Labour Court, the INO found it necessary to suspend the negotiations. The two main reasons for the breakdown were as follows:

1. The refusal of the management side to discuss pay in tandem with discussions on the changed role required of each grade, ie. Ward Sisters/Public Health Nurses/Nurse Teachers/Middle and Senior Managers;
2. The growing incidence of individual Health Boards refusing to apply or to blatantly ignore the existence of revised/improved arrangements on such important issues as overtime, acting-up at weekends, improved management structures and incremental credit arrangements for temporary nurses.

Friday, 26 February

On this day, during a meeting of the Nursing Alliance, the Chairman of the Labour Court, through the Irish Congress of Trade Unions, indicated that, arising from the breakdown in discussions after only one day, he wished to meet both the union and management sides in special session on Saturday, 27 February 1999.

Saturday, 27 February

Arising from the Court intervention and following six hours of talks, it was agreed that the talks process, with the management side, would recommence with the following changes:

1. The talks would now have an independent Chairperson who would report back directly to the Chairman of the Labour Court;
2. Management would be required to table pay proposals at the end of the first phase of the process, ie. when new roles for the promotional grades have been discussed – the effect of this required the management side to table pay proposals within the first two weeks;
3. In the event of the pay proposals being inadequate and there being no further basis for discussion, it was also agreed that the Court would, after receiving a report from the talks Chairman and after further consultation with both parties, issue its final recommendation on all outstanding issues.

As a result of this latest further Labour Court intervention it was agreed that the negotiations, with Health Employers, would recommence on Wednesday, 3 March 1999.

March 1999**Wednesday, 3 March**

The latest round of negotiations recommenced with all outstanding claims arising from the three pay related recommendations from the Commission report on the agenda.

It was initially agreed that the parties would meet a minimum of two full days every week for a period of six weeks with the process being completed, and the Chairman giving his report back to the Labour Court, no later than 1 May 1999.

Friday, 12 March

The management side outlined their position on our pay claims for nursing grades as follows:

Recognition of Long Service in the Staff Nurse Grade – The Court made no recommendation in respect of the claims for improved pay and annual leave under this heading;

Promotional Grades –

- i) Average of 4.92% increase, payable in two phases (dates not specified), with annual leave increased by 1 day (proposed new total 25 days);
- ii) Proposals include no increases for Nurse Teachers and smaller increases for the Public Health Nurse grade.

Monday, 15 March

INO, as Chair of the Nursing Alliance, formally rejected the management side's proposals as being wholly inadequate and at variance with the Commission on Nursing report. We also asked the Chairman of the talks to insist upon the management side tabling proposals for the Nurse Teacher and Public Health Nurse grades.

Monday, 29 March

On this day the Chairman of the talks, Francis McCaffrey from the Labour Relations Commission, decided to refer all outstanding issues back to the Labour Court for further investigation as, in his view, there was no possibility of further progress in direct discussions. A full Labour Court hearing would therefore be convened to hear further submissions.

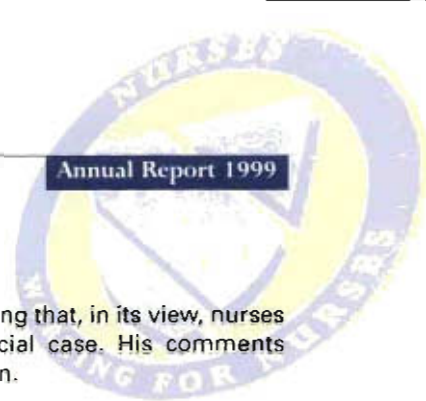
This decision was taken, following a request from this Organisation, when it became obvious that the management side was unwilling to seriously address the pay issues arising from our claims for recognition for long service in the Staff Nurse grade and the need for enhanced pay levels and differentials for all promotional grades.

A brief summary of the outcome of the five weeks of discussion showed:

1. **Claim for Recognition for Long Service in the Staff Nurse Grade** – Management made no offers, either in terms of increased or annual leave, in relation to this claim;
2. **Increased Pay for Promotional Grades** – The management side proposed pay increases, phased in over an unspecified period worth 4.92% (at max of scale) which was wholly inadequate and rejected immediately by the Organisation. They refused to improve on this proposal.

Progress was made on revised job profiles for all promotional grades and the introduction of a new grade of CNM3 (Senior Ward Sister grade) in a number of large departments in various hospitals around the country.
3. **Allowances** – Some progress was made in relation to the implementation of a revised set of allowances arising from the earlier Court Recommendation 16083. The outline agreement provided for the following:

- All nurses, dual qualified on or before 1 October 1996 and those in post-registration training on that date, would be entitled to the dual qualified scale;
- Nurses who hold Midwifery or Paediatric Nursing as their second qualification will qualify for inclusion on the dual qualified scale;
- Accident and Emergency departments would now be included in the areas which would attract the £1,000 location allowance;



- All general and paediatric trained nurses, working in the previously stated locations such as Intensive Care, Accident and Emergency and Theatre, would now receive the £1,000 allowance;
- All nurses who hold a specialist certificate/diploma/higher diploma qualification on the category 2 list maintained by An Bord Altranais, with the additions of Midwifery and Paediatrics, will, in future, receive an allowance of £1,500 per annum when working in that speciality – this had the effect of increasing from four to over 30 the number of areas within which the new specialist allowance would be paid;
- No progress was made on outstanding claims for improved allowances with regard to Saturday/unsocial hours working, Theatre on-call and PHN weekend on-call rates and these issues were then referred to the Labour Court for final recommendation.

4. Job Profiles/Descriptions – Considerable progress was made with regard to revised job profiles for all promotional posts in nursing, ie. CNM1 (Junior Ward Sister) upwards.

Throughout the months of February and March the Organisation held over 200 meetings at regional, branch and hospital level, to keep members informed of ongoing developments.

April 1999

Thursday, 29 and Friday, 30 April

Over these two days the Labour Court received final written submissions and heard further oral submissions in relation to the outstanding pay issues arising from the three pay related recommendations contained in the Commission on Nursing.

The INO, on behalf of the Nursing Alliance, both compiled and presented the written and oral submissions which were effectively a restatement of the claims originally determined by the Special Delegate Conference of the INO on 27 October 1998.

May 1999

Friday, 7 May

During the Annual Delegate Conference a special two hour debate was held to review the whole pay campaign and progress to date. The debate was lively with widespread consensus that the entire membership should be prepared for whatever action that was necessary to secure a satisfactory outcome to our demands.

The Minister for Health and Children, Mr Brian Cowen, in his address to the Conference outlined the

Government's position stressing that, in its view, nurses cannot be treated as a special case. His comments received a very cool reception.

Tuesday, 25 May

The last round of submissions to the Labour Court took place on this day, in the course of which the Court continued its detailed analysis of all aspects of the various claims and, in particular, sought clarification on allowance related issues, Nurse Teacher related issues and promotional pay levels.

In the course of this meeting the Labour Court informed us that it would not be issuing its final recommendation until Tuesday, 31 August 1999 due to the need for further detailed deliberations and to avoid the issuing of the recommendation during the peak holiday period.

June 1999

Tuesday, 9 June

At its normal monthly meeting the Executive Council, in planning for the publication of the Labour Court Recommendation on Tuesday, 31 August 1999, agreed the following timetable:

1. The Executive Council would meet on Wednesday, 1 September 1999 to consider and determine its view on the Court recommendation;
2. Copies of the recommendation would be delivered to hospitals/community care areas on the evening of Tuesday, 31 August 1999 and the morning of Wednesday, 1 September 1999;
3. A special four-page summary would be inserted into the September issue of *The World of Irish Nursing* journal which would be issued to all members no later than 7 September;
4. Briefing/information meetings would commence on Monday, 6 September 1999 during which members would also be allowed to ballot on the proposals;
5. Other balloting opportunities would be notified locally with the ballot being completed and counted on Wednesday, 22 September 1999;
6. The Executive Council reiterated, in line with the previous decision at the Special Delegate Conference, that any rejection of the Labour Court recommendation would immediately result in a second nationwide ballot seeking a renewed mandate for industrial action.

August 1999

Tuesday, 31 August

On this day the Labour Court issued its latest (and third) recommendation (LCR 16261) regarding outstanding issues arising from the three pay related

recommendations of the Commission on Nursing. The full text of this Labour Court recommendation can be found in Appendix VII.

An outline summary of the main findings of the recommendation includes:

Claim for Enhanced Recognition in the Staff Nurse Grade – The Court recommended no change to the existing Staff Nurse scale but proposed increases in annual leave, related to service, as follows:

- 1 additional day after 5 years (total 25 days)
- 2 further days after 10 years (total 27 days).

Claim for Improvement in Allowances – The Court essentially endorsed the proposals, arrived at in direct discussions, regarding allowances which resulted from the basis created by Labour Court Recommendation 16083.

The Court, therefore, did not make any further recommendations in relation to unsocial hours, Saturday working and on-call for Theatre and Public Health Nursing grades.

Claim for Increased Pay for Promotional Grades – The Court recommended increases averaging 10%, to be paid in two phases on 1 July 1999 and 1 July 2000, to all promotional grades from Junior Ward Sister (CNM1) up to Director of Nursing Band 1. There were notable exceptions to this as follows:

- Public Health Nurse Grade: Court proposed increase of 6% of max of scale, and future alignment with Ward Sister (CNM2) grade;
- Nurse Teachers: Court recommended 4% interim payment, from 1 July 1999, with pay and conditions to be finalised by September 2000 when the Nursing Education Forum reports.

Promotional Grades – Annual Leave – The Court also recommended that the annual leave for promotional grades (CNM1 and above) be increased as follows:

- 0 - 5 years, 25 days
- 5 - 10 years, 26 days
- 10 + years, 28 days

Additional Elements of Labour Court Recommendation

1. **Lump Sum:** The Court recommended the payment of a lump sum of £1,250 to every nurse, regardless of grade or status, conditional on acceptance of the Labour Court recommendation in recognition of the fundamental nature of the changes proposed for Nursing by the Commission on Nursing;
2. **CNM3 Posts:** The Court recommended the creation of at least 25 CNM3 posts within the fields of Psychiatry and Mental Handicap, in addition to the 65 posts previously proposed by management in General, Paediatrics and Midwifery.

3. **Reporting Relationship – Directors of Nursing:** The Court recommended that the Director of Nursing should report to the General Manager as proposed by the management side. However, it also stated that Directors of Nursing should have access to the Programme Manager if dissatisfied on specific defined matters.

4. **Empowerment and Advanced Training:** The Court called upon management to address issues within the areas of empowerment and low morale and to also introduce uniform arrangements vis-à-vis nurses undertaking further courses/training relevant to their work.

September 1999

Friday, 3 September

The Executive Council, having adjourned its meeting on 1 September, reconvened and unanimously decided to recommend rejection of the latest Labour Court recommendation.

The main reasons for recommending rejection were as follows:

1. The failure of the Labour Court to recommend additional financial and appropriate annual leave compensation for long service in the Staff Nurse grade;
2. Continuing problems with proposed revised rationale for the application of location and specialist allowances, particularly in the areas of Public Health, Mental Handicap and Psychiatric Nursing;
3. The failure of the recommendations to contain the potential for proper recognition, in terms of pay, role and function for promotional grades including:
 - the erosion of the relevant position of the Public Health Nurse grade;
 - the poor salary proposal for the CNM3 grade;
 - the unsatisfactory nature of the recommendation as it would apply to Nurse Teachers;
 - the implicit downgrading of the Director of Nursing arising from the recommendation's stipulation that she/he should continue to report to the General Manager on routine issues;
 - the revised pay rates and annual leave recommended for all promotional grades.

The Council stressed, in a special circular letter to all members, that rejection of the package, as recommended, would almost inevitably result in, subsequent to a second ballot, the commencement of nationwide industrial action.

Monday, 6 September

On this day and for the following two and a half weeks, the Organisation commenced the most extensive

information/briefing/voting operation with its members in its history.

Over 100 meetings were held nationwide within a two and a half week period, all of which were attended by large numbers with a final turnout in the ballot of 71%. At these meetings the consistent and overwhelming feedback was that any industrial action should be nationwide, continuous and involve the withdrawal of labour.

Wednesday, 22 September

The result of the ballot on Labour Court recommendation 16261 confirmed the membership's rejection, by a margin of 95%, of the proposals contained in the recommendation.

Friday, 24 September

The Executive Council, at a specially convened meeting, formally sanctioned the commencement of a strike ballot which would seek a mandate from the membership to commence industrial action up to and including withdrawal of labour. The ballot would begin on Tuesday, 28 September 1999 and would continue until Friday, 8 October 1999 with the count taking place on Monday, 11 October 1999.

The Organisation commenced a repeat of the nationwide meetings, at branch and hospital level, to facilitate members voting in this new ballot.

Also at this time, Branch Officers and Nurse Representatives were asked to begin the process, in conjunction with their Industrial Relations Officer, of forming strike committees which would essentially run all nursing services for the full duration of any dispute. The Organisation re-issued its policy document on "The Maintenance of Essential Services in Dispute Situations" and asked that all strike committees study the policies contained very closely.

Thursday, 30 September

The Organisation, together with the other unions in the Nursing Alliance, met with the Health Service Employers Agency to outline the manner in which essential cover would be provided in the event of the dispute commencing. At this meeting the Organisation called upon all employing authorities to suspend all elective work no later than Monday, 11 October 1999. The employers were informed that, subject to the necessary ballot mandate being obtained, 8.00am on Tuesday, 19 October 1999 had been agreed for the commencement of the first ever national nurses strike.

October 1999

Monday, 11 October

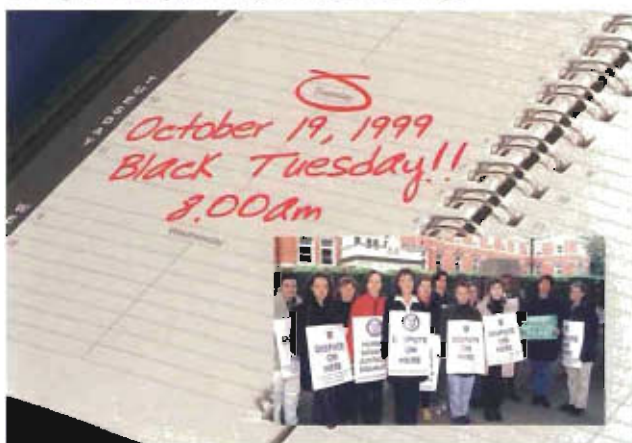
Following a 75% participation rate the result of the strike ballot confirms 96.5% of members in favour of commencing nationwide strike action.

The Health Service Employers Agency, on behalf of all health employers, was formally notified that the strike action would begin at 8.00am on Tuesday, 19 October 1999. No agreement was reached with the employers, at national level, about a nationwide contingency plan and further guidelines were issued to all strike committees as to how they might ensure the provision of essential nursing cover for the full duration of the pending dispute.

Monday, 18 October

A meeting was held with the Minister for Health, at his invitation, to see if it was possible, even at that late stage, to avert the commencement of the dispute. At this meeting the Minister, on behalf of the Government, sought guarantees that any further initiatives, on the pay and conditions of nurses, would not be subsequently sought by other grades in the public service. This commitment could not be given, either by this Organisation or, in reality, by the Irish Congress of Trade Unions as a whole. No progress was therefore made and plans for strike action were finalised.

Media coverage, which had been high profile for a number of days, reached new levels with the dispute being the subject of saturation coverage.



Largest strike in the history of the state – INO members picket outside the Royal Victoria Eye and Ear Hospital in Dublin

8.00am - Tuesday, 19 October

The first ever national nurses strike commenced which involved nurses, of all grades and working in all areas of the health service, withdrawing their labour and providing essential cover only. The Organisation put 23,500 of its members on strike and it was acknowledged, by all outside parties, that this was the largest industrial dispute in the history of the nation.

The strike received huge media coverage, both at home and abroad, with 24 hour monitoring by the media of the provision of essential patient care. Key activists appeared on local and national radio and senior officials of the Organisation appeared on all news and current affairs programmes.

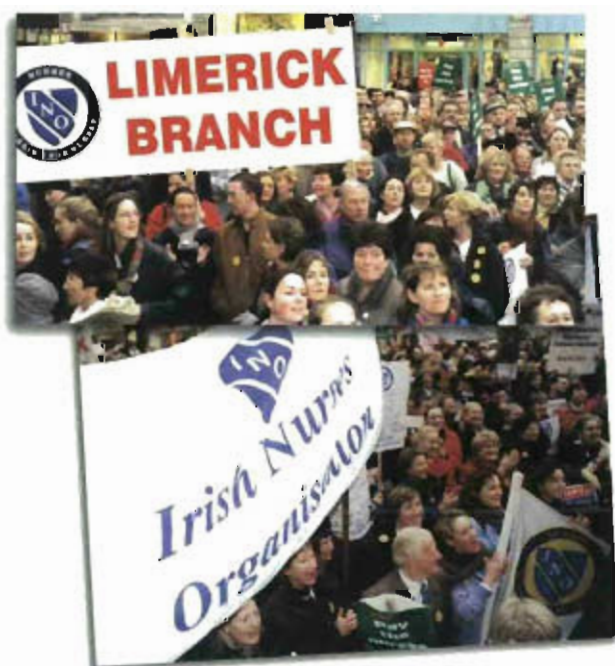
Preliminary discussions commenced with the Irish Congress of Trade Unions on a possible formula which would allow negotiations to commence with the employers side vis-à-vis the resolution of outstanding issues.

12.00 Noon, Thursday, 21 October

A massive demonstration and rally, attended by over 10,000 nurses from all over Ireland, gathered at Parnell Square and marched to the GPO on O'Connell Street.

Following further consultation with the Irish Congress of Trade Unions, settlement talks began at 10.00pm that evening, with officials from the Health Service Employers Agency, Department of Health and Children, IBEC and the Department of Finance.

Media coverage continued unabated with particular attention being focused on the Organisation's maintenance of essential services in the areas of paediatric, oncology and palliative care.



Up to 10,000 nurses showed the strength of their conviction at a massive march and rally in Dublin on the third day of the strike

Friday, 22 October – Monday, 25 October

Throughout this weekend talks continued in Government Buildings under the Chairmanship of Kevin Duffy, Deputy Chairperson of the Labour Court.

Strike Committees and members generally reported increased levels of pressure within the service, and there was an increase in calls for escalation of the industrial action.

At 6.00am on the morning of Monday, 25 October 1999 it was agreed to refer a number of outstanding issues to the Labour Court for further investigation and recommendation with a hearing commencing at 2.00pm on that day.

While some progress was made key issues remained outstanding. These included:

- a) The details, in terms of numbers and level of pay increase, applicable to a post of Senior Staff Nurse. Access to this grade would be determined by length of service;
- b) A formula for the further processing of pay claims for all promotional nursing grades and the payment of an interim lump sum;
- c) The introduction of unsocial hours payments;
- d) The number of new promotional posts at line management and nurse specialist level.

Wednesday, 27 October

At midday, following oral hearings over the previous two days, the Labour Court issued its fourth recommendation (LCR 16330) aimed at resolving the dispute, now in its ninth day, and the pay related issues arising from PCW and the Commission report. The full text of this Labour Court recommendation can be found in Appendix VIII.

The Executive Council, following detailed consideration of the Court recommendation, decided to suspend with effect from 8.00pm on that evening, the nationwide strike action and recommend acceptance of the proposals to all members in a ballot which would commence on Friday, 29 October 1999 with the count taking place on Friday, 5 November 1999.

This decision was subject to some criticism but was felt necessary, by the Executive Council, in order to allow for proper evaluation and consideration of the proposals at meetings around the country, which would take at least a week.

All other unions in the Nursing Alliance adopted the same strategy.

After nine days the first ever national nurses strike was suspended and normal work resumed at 8.00pm that evening.

Also at 8.00pm the first information meeting took place in St James's Hospital, Dublin and was attended by almost 400 members. The atmosphere was tense with many questions asked and numerous expressions of concern.

Thursday, 28 October

The Organisation formally commenced another round of nationwide briefing/information/voting meetings which, in the first three days alone, were attended by over 5,000 members. In order to assist members' evaluation of the package a summary document was

prepared and circulated detailing the total benefits accruing from the overall agreement. This document is reproduced below:

STAFF NURSE

- £1,250 lump sum
- *2,500 new Senior Staff Nurse posts (determined by length of service - **no** supervisory role) at 5% above Staff Nurse rate
- *1,100 new CNM1 posts
- *1,250 new CNS posts
- *2% salary increase from 1st July 1999
- Annual Leave - 3 days extra based on service
- *Time plus one-sixth from 6.00pm - 8.00pm

Allowances from £328 to £1,000 or £1,500

- *Location allowance (£1,000) now payable in designated areas of Mental Handicap and Psychiatry
- *All category 2 courses, or equivalent, as approved by An Bord Altranais will, in future, attract the specialist allowance when the nurse is engaged in such duties
- The extension of the dual qualified scale to midwifery and sick children

PROMOTIONAL GRADES

- New salary scales (+10% in 2 phases)
- *2% on all points from 1st July 1999
- Lump sum of £1,250
- *Lump sum of £1,000 for role in implementing action plan for Commission
- *Post-Partnership review of differentials
- 4 days extra leave related to service
- *Confirmation of reporting relationship related to Director of Nursing
- *Allowances - Time plus one-sixth where applicable
- Increased specialist and location allowances payable to Junior Ward Sisters and Ward Sisters working in known designated areas including A&E
- New CNM3 post salary increased to £29,600

PUBLIC HEALTH NURSING GRADES

- PHN - Salary increase (6% at max) plus personalised allowance of £900 per annum
- Senior PHN - New salary scale (10% at max)

PHN & Senior PHN:

- *Specialist qualification allowance of £1,500 per annum
- Additional leave (up to 4 days)
- £1,250 lump sum
- *Post-Partnership review of differentials
- *2% on all points of scale from 1st July 1999

NURSE TEACHERS

- *Salary increase (10% at max)
- *2% on all points from 1st July 1999
- Lump sum of £1,250
- *Immediate discussions on future conditions of employment

*Denotes improvements achieved since strike action began.

November 1999

Friday, 5 November

Following a ballot, with 66% of the eligible members actually voting, the settlement proposals put forward by the Labour Court were accepted with the following outcome:

Ballot 1 - Staff Nurse (Long Service Recognition):

Acceptance 73.8%; Rejection 26.2%

Ballot 2 - Staff Nurse/Ward Sister and Related Grades (Allowances):

Acceptance 79.4%; Rejection 21.6%

Ballot 3 - Promotional Grades (Pay/Differentials):

Acceptance 91.1%; Rejection 8.9%.

This ballot result finally brought to an end the negotiating process, under the restructuring clause of the Programme for Competitiveness and Work, which had originally begun in mid 1996. The cumulative increase, in terms of nurses payroll cost, arising from the whole process exceeds 26% representing almost four times what many other public service grades achieved under the same agreement.

Tuesday, 9 November

The INO, and the other unions in the Nursing Alliance, met with the Minister for Health and Children,

Mr Brian Cowen, and the two Ministers of State in the Department of Health, Dr Tom Moffatt and Mr Frank Fahey, to consider the implications of the total package which had then been accepted by nurses nationwide.

At this meeting the Minister reaffirmed the Government's commitment to the full implementation of all pay elements of the settlement proposals together with the full and speedy implementation of the full Commission on Nursing report. At this meeting agreement was also reached on the establishment of the joint monitoring committee, as recommended by the Commission, which would monitor and report upon the implementation of all recommendations. The INO would have three seats on this committee. In addition a small high level group to consider the further empowerment of nurses and midwives was also agreed, with the INO having one seat.

The Minister also announced that he would establish the new statutory agency, the National Council for the Professional Development of Nurses and Midwives, before the end of November and that funding had been released for the creation of Nursing and Midwifery Planning Units in each Health Board region.

Wednesday, 10 November

Meetings began between the INO and other unions in the Alliance, with the Health Service Employers Agency on the detailed implementation of all aspects of the settlement agreement with particular emphasis on the immediate payment of all outstanding monies.

It was also decided that representatives of all strike committees should be asked to attend meetings, at regional level, in order to consider all aspects of the running of the dispute including:

1. An overall analysis of the nine days of strike action eg. format, provision of essential cover etc;
2. Review of/agreement on any possible rule changes which should be considered as a result of the strike and be placed before the Annual Delegate Conference in May 2000;
3. Review of the full implementation of the total agreement.

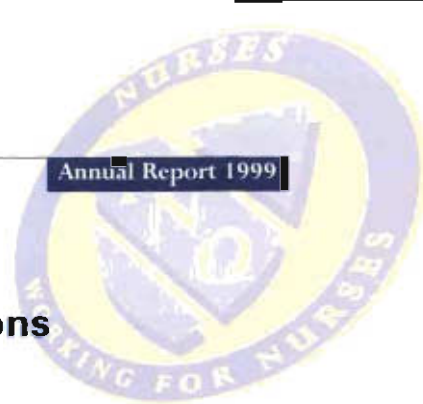
December 1999

For the remainder of November and throughout December meetings continued regarding the payment of all outstanding monies and the full implementation of key aspects of the agreement, ie. the creation and filling of the Senior Staff Nurse posts and the creation and filling of CNM1 posts and CNS posts. In parallel with this, other meetings commenced regarding the implementation of other aspects of the Commission report, ie. Nurse Education.

In order to assist members the Organisation drew up a table which showed the progress which had been made, since May 1996, in relation to pay and conditions, for each grade and this is reproduced below.

Improvements in Staff Nurse pay and conditions over the three year campaign

| PAY | | | | |
|--------------------|-------------------------|---------|-------------------|------|
| | 31/5/96 Salary Scale | 1/7/99 | Increase per week | % |
| 1 | £14,030 | £15,606 | £30.20 per week | 11 |
| 2 | £14,567 | £16,386 | £34.86 per week | 12.5 |
| 3 | £15,134 | £17,169 | £39.00 per week | 13.5 |
| 4 | £15,681 | £17,950 | £43.48 per week | 14.5 |
| 5 | £16,257 | £18,730 | £47.39 per week | 15 |
| 6 | £16,791 | £19,402 | £50.03 per week | 15.5 |
| 7 | £17,188 | £20,077 | £55.36 per week | 17 |
| 8 | £17,594 | £20,794 | £61.33 per week | 18 |
| 9 | £17,747 | £21,421 | £70.41 per week | 21 |
| 10 | | £22,081 | £83.06 per week | 24 |
| LSI | | £22,786 | £96.57 per week | 28 |
| Senior Staff Nurse | | £23,925 | £118.40 per week | 35 |



Comparison of Community Grades pay and conditions over three year campaign

| PUBLIC HEALTH NURSE | | | |
|---|----------------------|--|----------------------|
| | 31/5/96 | 1/7/99 | Increase |
| Salary Scale | £18,943 – 20,848 (7) | £22,722 – 27,587 (10) | £175 per week or 44% |
| Allowances | None | £900 pa + 1,500 pa Special Allowance | £2,400 per annum |
| Lump Sum | None | £1,250 | |
| Annual Leave | 24 Days | Annual Leave 0-5 years - 25 days, 5-10 - 26 days, >10 - 28 days | 4 days |
| <i>Additional special 2% salary increase in July 2000 + Post Partnership review</i> | | | |

| ASSISTANT DIRECTOR OF PUBLIC HEALTH NURSING | | | |
|---|----------------------|--|----------------------|
| | 31/5/96 | 1/7/99 | Increase |
| Salary Scale | £20,302 – 21,942 (5) | £25,651 – 29,503 (6) | £174 per week or 41% |
| Allowances | None | £1,500 pa | £1,500 per annum |
| Lump Sum | None | £2,250 | |
| Annual Leave | 24 days | Annual Leave 0-5 years - 25 days, 5-10 - 26 days, >10 - 28 days | 4 days |
| <i>Additional special 4% salary increase in July 2000 + Post Partnership review</i> | | | |

| DIRECTOR OF PUBLIC HEALTH NURSING | | | |
|--|----------------------|--|----------------------|
| | 31/5/96 | 1/7/99 | Increase |
| Salary Scale | £20,874 – 23,467 (7) | £29,693 – 33,690 (7) | £196 per week or 44% |
| Lump Sum | None | £2,250 | £1,500 per annum |
| Annual Leave | 24 days | Annual Leave 0-5 years - 25 days, 5-10 - 26 days, >10 - 28 days | 4 days |
| <i>Additional special 4.62% salary increase in July 2000 + Post Partnership review</i> | | | |

Comparison of Promotional Grades pay and conditions over three year campaign

| CNM 1 (Junior Ward Sister) | | | |
|--|--------------------------------------|---|----------------------|
| | 31/5/96 | 1/7/99 | Increase |
| Salary Scale | £17,523 - £18,886 (6) | £21,672 - £25,529 (9) | £127 per week or 35% |
| Allowances: | | | |
| Location | 3 areas - £310 | 5 areas - £1,000 | |
| Specialist | 6 courses - £310 | 28 courses, cat 2 - £1,500 | |
| Premiums | Nights: time & ¼ Sunday: time x 2 | Evening: time & ⅙ Nights: time & ¼ Sunday: time x 2 | |
| Lump Sum | None | £2,250 | |
| Annual Leave | 24 Days | Annual Leave: 0-5 years - 25 days, 5-10 - 26 days, >10 - 28 days | 4 days |
| <i>Additional special 4.82% salary increase in July 2000 + Post Partnership review</i> | | | |

| CNM 2 (Ward Sister) | | | |
|--|--------------------------------------|---|----------------------|
| | 31/5/96 | 1/7/99 | Increase |
| Salary Scale | £18,089 - £20,023 (7) | £22,336 - £26,860 (10) | £131 per week or 34% |
| Allowances: | | | |
| Location | 3 areas - £310 | 5 areas - £1,000 | |
| Specialist | 6 courses - £310 | 28 courses, Cat. 2 - £1,500 | |
| Premiums | Nights: time & ¼ Sunday: time x 2 | Evening: time & ⅙ Nights: time & ¼ Sunday: time x 2 | |
| Lump Sum | None | £2,250 | |
| Annual Leave | 24 Days | Annual Leave: 0-5 years - 25 days, 5-10 - 26 days, >10 - 28 days | 4 days |
| <i>Additional special 4.75% salary increase in July 2000 + Post Partnership review</i> | | | |

| CNM 2 (Theatre Sister) | | | |
|--|--------------------------------------|---|----------------------|
| | 31/5/96 | 1/7/99 | Increase |
| Salary Scale | £18,519 - £20,465 | £22,885 - £27,378 (10) + £450 Theatre Sister allowance - red circled. | £132 per week or 34% |
| Allowances: | | | |
| Location | 3 areas - £310 | 5 areas - £1,000 | |
| Specialist | 6 courses - £310 | 28 courses, Cat. 2 - £1,500 | |
| Premiums | Nights: time & ¼ Sunday: time x 2 | Evening: time & ⅙ Nights: time & ¼ Sunday: time x 2 | |
| Lump Sum | None | £2,250 | |
| Annual Leave | 24 Days | Annual Leave: 0-5 years - 25 days, 5-10 - 26 days, >10 - 28 days | 4 days |
| <i>Additional special 2.77% salary increase in July 2000 + Post Partnership review</i> | | | |

| CNM2 (Theatre Supt., Unit Nursing Officer, Night Supt.) | | | |
|---|--|---|----------------------|
| | 31/5/96 | 1/7/99 | Increase |
| Salary Scale | £19,234 - £20,825 | £24,303 - £28,725 | £151 per week or 38% |
| Premiums | Nights: time & $\frac{1}{4}$ Sunday: time x 2 | Evening: time & $\frac{1}{6}$ Nights: time & $\frac{1}{4}$ Sunday: time x 2 | |
| Lump Sum | None | £2,250 | |
| Annual Leave | 24 Days | Annual Leave: 0-5 years - 25 days, 5-10 - 26 days, >10 - 28 days | 4 days |
| <i>Further payment of 9.6%-5.11% due in July 2000. Further pay review in Post Partnership Review.</i> | | | |

Comparison of Assistant Director and Director of Nursing Grades pay and conditions over three year campaign

| Assistant Director of Nursing (1) | | | |
|---|--|---|----------------------|
| | 31/5/96 | 1/7/99 | Increase |
| Salary Scale | £20,095 - £22,856 | £25,770 - £32,471 | £185 per week or 42% |
| Premiums | Nights: time & $\frac{1}{4}$ Sunday: time x 2 | Evening: time & $\frac{1}{6}$ Nights: time & $\frac{1}{4}$ Sunday: time x 2 | |
| Lump Sum | None | £2,250 | |
| Annual Leave | 24 Days | Annual Leave 0-5 years - 25 days, 5-10 - 26 days, >10 - 28 days | 4 days |
| <i>Additional special 4.62% salary increase in July 2000 + Post Partnership review.</i> | | | |

| Assistant Director of Nursing (2) | | | |
|--|--|---|----------------------|
| | 31/5/96 | 1/7/99 | Increase |
| Salary Scale | £19,051 - £21,554 | £24,431 - £29,416 | £151 per week or 36% |
| Premiums | Nights: time & $\frac{1}{4}$ Sunday: time x 2 | Evening: time & $\frac{1}{6}$ Nights: time & $\frac{1}{4}$ Sunday: time x 2 | |
| Lump Sum | None | £2,250 | |
| Annual Leave | 24 Days | Annual Leave 0-5 years - 25 days, 5-10 - 26 days, >10 - 28 days | 4 days |
| <i>Additional special 4.62% salary increase in July 2000 + Post Partnership review</i> | | | |

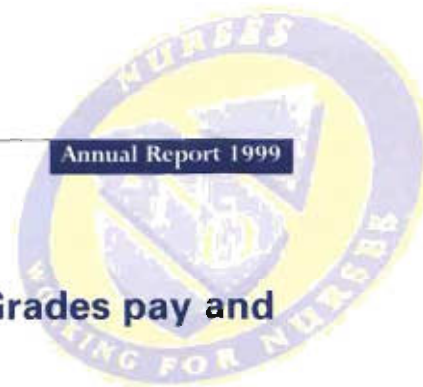
| Director of Nursing - Band 5 | | | |
|--|-------------------------------------|--|----------------------|
| | 31/5/96 | 1/7/99 | Increase |
| Salary Scale | £18,451 - £20,854 | £25,850 - £29,314 | £163 per week or 26% |
| Premiums | Saturday: £7.20 Sunday: time x 2 | Discontinued | |
| Lump Sum | None | £2,250 | |
| Annual Leave | 24 Days | Annual Leave 0-5 years - 25 days, 5-10 - 26 days, >10 - 28 days | 4 days |
| <i>Additional special 4.62% salary increase in July 2000 + Post Partnership review</i> | | | |

| Director of Nursing - Band 4 | | | |
|--|-------------------------------------|--|----------------------|
| | 31/5/96 | 1/7/99 | Increase |
| Salary Scale | £19,790 - £22,149 | £27,689 - £32,861 | £206 per week or 48% |
| Premiums | Saturday: £7.20 Sunday: time x 2 | Discontinued | |
| Lump Sum | None | £2,250 | |
| Annual Leave | 24 Days | Annual Leave 0-5 years - 25 days, 5-10 - 26 days, >10 - 28 days | 4 days |
| <i>Additional special 4.62% salary increase in July 2000 + Post Partnership review</i> | | | |

| Director of Nursing - Band 3 | | | |
|--|-------------------------------------|--|----------------------|
| | 31/5/96 | 1/7/99 | Increase |
| Salary Scale | £20,579 - £23,388 | £29,693 - £33,690 | £198 per week or 44% |
| Premiums | Saturday: £7.20 Sunday: time x 2 | Discontinued | |
| Lump Sum | None | £2,250 | |
| Annual Leave | 24 Days | Annual Leave 0-5 years - 25 days, 5-10 - 26 days, >10 - 28 days | 4 days |
| <i>Additional special 4.62% salary increase in July 2000 + Post Partnership review</i> | | | |

| Director of Nursing - Band 2 | | | |
|--|-------------------------------------|--|----------------------|
| | 31/5/96 | 1/7/99 | Increase |
| Salary Scale | £21,170 - £25,288 | £32,234 - £37,686 | £238 per week or 49% |
| Premiums | Saturday: £7.20 Sunday: time x 2 | Discontinued | |
| Lump Sum | None | £2,250 | |
| Annual Leave | 24 Days | Annual Leave 0-5 years - 25 days, 5-10 - 26 days, >10 - 28 days | 4 days |
| <i>Additional special 4.62% salary increase in July 2000 + Post Partnership review</i> | | | |

| Director of Nursing - Band 1 | | | |
|--|------------------|--|----------------------|
| | 31/5/96 | 1/7/99 | Increase |
| Salary Scale | £22,043 - 26,160 | £34,255 - £39,970 | £265 per week or 53% |
| Premiums | None | PRP - £2,500 | |
| Lump Sum | None | £2,250 | |
| Annual Leave | 24 Days | Annual Leave 0-5 years - 25 days, 5-10 - 26 days, >10 - 28 days | 4 days |
| <i>Additional special 4.62% salary increase in July 2000 + Post Partnership review</i> | | | |



Comparison of Nurse Tutor and Clinical Instructor Grades pay and conditions over three year campaign

| Nurse Tutor | | | |
|--|-------------------|--|----------------------|
| | 31/5/96 | 1/7/99 | Increase |
| Salary Scale | £19,768 - £22,481 | £26,370 – 29,693 | £138 per week or 32% |
| Premiums | None | PRP - £2,500 | |
| Lump Sum | None | £1,250 | |
| Annual Leave | 24 Days | Annual Leave 0-5 years - 25 days, 5-10 - 26 days, >10 - 28 days | 4 days |
| Further payment of 4.62% due in July 2000. Further conditions to be agreed in Special Talks Process. | | | |

| Principal Nurse Tutor | | | |
|--|-------------------|--|----------------------|
| | 31/5/96 | 1/7/99 | Increase |
| Salary Scale | £21,710 - £24,147 | £27,430 – 32,471 | £160 per week or 34% |
| Premiums | None | PRP - £2,500 | |
| Lump Sum | None | £2,250 | |
| Annual Leave | 24 Days | Annual Leave 0-5 years - 25 days, 5-10 - 26 days, >10 - 28 days | 4 days |
| Further payment of 4.62% due in July 2000. Further conditions to be agreed in Special Talks Process. | | | |

| Clinical Instructor | | | |
|--|-------------------|--|-------------------------|
| | 31/5/96 | 1/7/99 | Increase |
| Salary Scale | £18,519 - £20,465 | £22,885 – 27,378 | £132.48 per week or 34% |
| Lump Sum | None | £1,250 | |
| Annual Leave | 24 Days | Annual Leave 0-5 years - 25 days, 5-10 - 26 days, >10 - 28 days | 4 days |
| Further payment of 4.62% due in July 2000. Further conditions to be agreed in Special Talks Process. | | | |

Summary

The above is a chronological account of events during the year with regard to the pay campaign and the first ever nationwide nurses strike. The record shows the huge effort of all members of the Organisation in terms of their participation in the strike itself but also the numerous meetings and balloting procedures which were required. While the settlement should only be regarded as the end of the beginning of improving the pay and conditions of nursing grades it should not be forgotten that the Organisation itself, through a

huge effort on every member's behalf, mobilised efficiently and effectively in pursuance of improved pay and career structures.

At the end of 1999 nurses and midwives, and the INO, were firmly established as a strong negotiating force that would not be ignored. In 2000 the Executive Council are committed to analysing all aspects of the dispute, the current structures within the Organisation and the decision making processes within the union to ensure that the lessons learnt from the campaign and dispute are understood and changes, where necessary, implemented.

Industrial Relations Review

Introduction

1999 will be recorded as the most turbulent year in the Organisation's history on the Industrial Relations front. Aside from the fact of having engaged in the largest industrial dispute in the history of the state, the INO was busy advancing the interests of nurse members on a wide range of other issues through the industrial relations machinery. Credit is due to the many Branch and Section Officers around the country who vigorously pursued the issues reported herein, despite major resistance from employers and the preoccupation of the larger agenda comprehended by the issues dealt with as part of the strike settlement.

A significant bulwark which served to aid the INO in its endeavours was the legislative change brought about in August 1998, which provided for the first time full unfettered access to the Labour Relations Commission and the Labour Court for all nurses. This filled the vacuum created by the demise of the Conciliation and Arbitration scheme for public service nurses, which had become unworkable because of the strangulation imposed by Government edict and centralised pay deals.

The INO made full use of its new found access to the State's industrial relations machinery from day one, largely due to the hopeless inability of health employers collectively to reach agreement without the intervention of such third party mechanisms. The difficulty in reaching agreements, with the employers, on many issues is only surpassed by their prevarication in implementing the findings or understandings reached within those third party mechanisms.

We now briefly review the main national industrial relations issues concluded during the year 1999, excluding the pay campaign and the nine day national dispute.

Application of Revised Pay Rates

Phase 3 of the Public Service Pay agreement, which was an annex to Partnership 2000, fell due for payment from the 1 July 1999. A 1.5% increase was applied to all rates of pay from that date. This was the penultimate phase of Partnership 2000, the final phase being due from 1 April 2000 (1% increase).

In addition, the 2% provided for local level negotiations under Paragraph 4 of the Public Service Pay Agreement P2000 was applied to all points of all scales also with effect from 1 July 1999 (confirmed as part of the strike settlement). The revised salary scales for all grades can be found in Appendix IX.

Nurse Managers – Weekend Working

The year commenced with an Executive Council decision, following consultation with all concerned, to seek the

implementation of Labour Court Recommendation 16011, which provided for full retrospective of all outstanding salaries to Directors of Nursing from June 1997 and the payment of an allowance of £1,600 per annum from 1 January 1999 for those required to act-up in order to facilitate Monday to Friday working. The Court's recommendation was contingent upon "the proposed structures being agreed and put into immediate effect".

While Health Boards agreed to pay the acting-up allowance, they showed little enthusiasm for putting in place the agreed structures and when pursued to do so denied that any national agreement existed providing for a minimum level of two Assistant Directors of Nursing in Bands 3 and 4 hospitals (where the budget exceeds £1 million) or the provision of a Ward Sister, in Band 5 hospitals, where no such post exists. Even Boards, who had agreed individually this specific model, failed to put it in place and no agreement was possible following failed conciliation conferences on 20 April and 10 May 1999. The issue was then referred for a full hearing of the Labour Court. However, due to lack of availability by the other parties to the dispute and the Court itself on one occasion, the full hearing did not take place until 13 December 1999.

Consequently the sub structures in many instances remain unresolved for Bands 3, 4 and 5 hospitals, and Directors of Nursing, in some instances, continue working weekends and have still not received their salary adjustment, which is due since June 1997.

The Court Recommendation was still awaited at the end of 1999.

Overtime Agreement

It became apparent early into the New Year that Health Employers, in almost all cases, were refusing to implement the national overtime agreement, which had been reached on 2 November 1998. Health Employers were pleading inability to pay in some instances, in others placing so many obstacles in the way of nurses availing of overtime rates as to make it impossible, and in some cases were simply refusing to pay overtime rates for hours actually worked.

In addition, the Organisation received numerous representations on behalf of job-sharing members for their inclusion in overtime rates of pay. The Organisation quickly formed the view that the job-sharers were being taken advantage of and used to provide additional working hours at a flat rate of pay as an alternative to full time nurses being paid overtime for those same hours.

Representation to the Health Service Employers Agency with regard to the implementation by employers of the November agreement proved fruitless. Additionally, the HSEA adopted a position of downright opposition to the concession of overtime to job-sharers in any circumstances. Consequently, the Executive

Council decided to serve notice of intention to impose a total ban on overtime non-nursing duties, with effect from 24 May 1999.

Agreement was reached under the auspices of the Labour Relations Commission, on 20 May 1999, which provided for the following:

1. Both parties reaffirmed their commitment to the terms of the agreement reached on 2 November 1998 in the LRC;
2. Both parties agreed that excessive or institutionalised working is undesirable. The agreement to pay overtime will apply where overtime is required by service needs;
3. Individual temporary or permanent nurses asked to work overtime hours will be compensated as per the November 1998 agreement unless he or she opts to be compensated in accordance with an alternative local arrangement.

The agreement also provided for further discussion on the extension of overtime to job-sharers in accordance with the scheme of job-sharing agreed in November 1985.

A subsequent set of discussions with the HSEA led to agreement being reached which provided for the payment of overtime to job-sharers where they were required to work beyond the conditioned hours of their equivalent full time colleagues.

Both of these elements were subsequently implemented by all Health Employers with only a few relatively minor disagreements occurring on interpretation.

Incremental Credit – Temporary Nurses

The Labour Court heard the INO claim for full incremental credit, for all temporary nurses, on 29 January 1999. The claim represented a long-standing demand of the INO that temporary nurses be treated equally with permanent nurses on the question of incremental credit.

The Court in Recommendation 16094, issued on 16 February 1999, recommended as follows:

1. That the ceiling at point 7 be gradually lifted and eliminated altogether in time. This means that temporary nurses on completing the equivalent of seven years service during 1999 would go to the eighth point on the scale and to the ninth in the year 2000 on the completion of eight years equivalent service and so on up to the maximum. Service must include all genuine nursing experience worldwide;
2. The requirement to attain a minimum of two years equivalent full time service in a three year period should not be a prerequisite for eligibility to incremental credit. The Court did accept however, that some criteria was necessary and recommended

discussion with the employers to find an acceptable basis for eligibility;

3. Existing temporary nurses should be paid the appropriate point on the scale relative to their service up to a maximum of the eighth point in 1999;
4. Temporary nurses should be allowed with credit for appropriate past service up to the maximum point then available for existing temporary nurses. This in effect allows for admission in 1999 up to the eighth point, in 2000 up to the ninth point, increasing by one point each following year.

The discussions recommended by the Court took place during March and April and agreement was ultimately concluded on 14 May 1999, which provided for a lifting of the ceiling on a year by year basis to the maximum point in the year 2001 (as recommended by the Court) and further to the long service increment with effect from 2004. Eligibility criteria to qualify for incremental credit were abolished altogether as part of the new agreement and thus temporary nurses can be placed on a point which reflects their nursing experience worldwide from day one, subject only to the ceiling which is gradually being phased out this year, next year and the following years.

The agreement represents a significant advancement for temporary nurses many of whom had been confined to the first point on the scale, regardless of the service they gave, because of its locum or temporary nature.

Student Nurse Campaign

The Organisation succeeded in convening a Conciliation Conference, under the auspices of the Labour Relations Commission, in its attempt to progress the campaign for better conditions for student nurses. The Department of Health at the Conciliation argued that the LRC had no jurisdiction on this issue, as student nurses are not employees. The LRC accepted this viewpoint and suggested direct talks on some of the outstanding issues.

The Minister announced an increase in the grant to £3,250 with effect from April 1999 and the Department undertook to clarify the position with regard to free meals, in all hospitals and clinical sites, and accommodation allowances. They resisted completely our claim that the fees for the fourth year degree programme be abolished.

The major national dispute preoccupied the Department's business during the year and it is hoped to re-engage them on the student issues early in the year 2000.

Student Public Health Nurses

The Organisation pursued a set of demands for Student Public Health Nurses during the year. These are:

1. The application of Circular letter 27/66 with regard to pay while undertaking the Student Public Health Nurses course on a sponsorship basis;
2. The status of a Student Public Health Nurse on return to their sponsoring Health Board, ie. permanency;
3. The assimilation to the Public Health Nurse scale when appointed to either a temporary or permanent post;
4. Remuneration during secondment.

The HSEA have failed to respond to any of these demands or to engage in discussions with regard to them. Consequently the matter was referred to Conciliation and in spite of reminders from the Labour Relations Commission, the HSEA, at the time of compiling this report, had failed to respond. The INO are now considering a direct referral to the Labour Court under Section 20(1) of the Industrial Relations Act 1969, which provides for a binding recommendation.

Five Day Week Working – Claim for Community Special Allowance

The INO claim for access by all nurses to the community allowance where five day working occurs as a result of restructuring of services, was rejected by the Labour Court in its Recommendation 16187. Text of the Court Recommendation reads as follows:

"The Court has given serious consideration to both the written and oral submission of the parties. The Court is satisfied that the Community Allowance is not a compensation package per se, for loss of earnings. The Court is of the view that this allowance is paid in the following circumstances:

- As a result of service based change, essentially bringing about a fundamental change in the working life of the psychiatric nurse for the future;
- Where there is no option regarding the changed conditions, resulting in a substantial loss of earnings for many psychiatric nurses eg. change in roster with a result in loss of premia;
- Where the potential for future ability to work such rosters becomes almost negligible.

In the Court's view, such conditions pertain to the change, which has taken place in the provision of psychiatric care. A change has occurred which will permanently alter the working conditions of psychiatric nurses with little prospect of a reversal. This fundamental concept does not exist in general nursing, which, it is reported to the Court, is expanding its hospitalisation care presently. Therefore, the Court cannot see any grounds for extending the community allowance to general nurses".

Performance Related Pay – Directors of Nursing Band 1

Performance related pay amounting to £2,500 for Directors of Nursing Band 1 and £2,250 for CNO's on top of their salary was agreed as part of the Blue Book. It was contingent upon a suitable scheme being developed.

The Health Service Employers Agency, in December 1998, wrote to the Unions indicating that it would not be paying the PRP for 1998, unless they had a commitment to the implementation of a scheme proposed by Hay Consultants a month previously.

Following discussions with the HSEA the following was agreed:

- a) That both parties had co-operated with the development of an appropriate PRP scheme during 1998;
- b) That both parties were committed to the introduction of an appropriate scheme through direct negotiations as soon as possible and agreed that future PRP payments must be made on the basis of utilisation of such an agreed scheme;
- c) Payment for the year ending 31 December 1998 would be made to Directors of Nursing and Chief Nursing Officers involved;
- d) It is recognised that in the context of an agreed scheme, further discussion will be required in relation to its implementation, in respect of those post holders who were in post in 1996 when the provisions of the Blue Book document were negotiated.

These proposals allowed for payment of the 1998 scheme. However, Band 1 Director of Nursing pay was part of the national nursing dispute and as part of the claim the unions had sought the consolidation of the maximum PRP amount into salary scales guaranteed to all.

As the salary claim took most of the year to process and was only concluded on 5 November 1999, it was not possible to discuss further the proposed Hay PRP scheme. The Organisation has some reservations about the scheme and will be expressing these. However, the immediate demand will be for full payment of the PRP lump sum for 1999 due to the circumstances, within a national context, which had occurred.

Partnership in the Health Service

In accordance with Chapter 10 of Partnership 2000, which provided for modernisation of the public service through a partnership approach, agreement was reached between health service unions and the HSEA for the creation of partnership structures in the Health Service. The agreement provides for the establishment

of a Partnership Committee in each Health Agency employing 1,000 staff or more and in addition one Partnership Committee specifically in relation to the Mental Handicap Sector (employers within that sector with more than 1,000 employees will be required to have their own Partnership Committee as well).

A National Partnership Committee was formed with the INO being represented by David Hughes, Director of Industrial Relations, and Mary Power, Industrial Relations Officer. It met on four occasions during 1999, with a purpose of developing partnership throughout the Health Service.

Three pilot sites were agreed for the initial rolling out of the partnership model, they are Beaumont Hospital, North Western Health Board and the Mental Handicap Sector. Six full-time facilitators are to be employed, one at each of the pilot sites and three at a central location, with all to work as a team in developing partnership within the pilot sites and then in the wider Health Service. It is also agreed that facilitators will be appointed to each area on a full time basis when partnership committees are established.

The partnership process involves a change of mindset for both management and employees and requires absolute commitment from senior management if it is to succeed. Likewise, while Unions are enthusiastic about potential for partnership succeeding, a considerable information campaign is required to generate enthusiasm across all grades for this new approach. The approach would see a shared commitment to change in the work place, an empowerment of workers driving and contributing to that change and a fuller and more informed role in assisting in the management of their services. The model seeks to eliminate the adversarial element to discussions on change and replace it with higher levels of consultation and participation using the most modern methods of communication and participation. A key element, agreed between the Unions and Health Employers, is that the partnership process must be capable of identifying and separating industrial relations issues from issues of change with neutral impact on employees or which is beneficial to employers, employees and health service recipients.

The year 2000 will see a considerable increase in partnership activity, not just in the pilot sites, but within all health employments.

Protection for Persons Reporting Child Abuse Act 1998

The above Act came into operation on 23 January 1999. Under Section 2 subsection (1)(a) of the Act, the Chief Executive Officer of each Health Board is required to appoint designated officers to receive reports under the Act. All Health Board nursing personnel including Public Health Nurses are so designated. The main provisions of the Act are that:

- a) It provides immunity from civil liability to any person who reports child abuse reasonably and in good faith to a designated officer of a Health Board or any member of the Garda Síochána;
- b) It provides protection for employees who report child abuse to cover all employees from all forms of discrimination up to and including dismissal;
- c) It creates a new offence of false reporting of child abuse, where a person makes a report of child abuse to the appropriate authorities, knowing that statement to be false. This new offence is designated to protect innocent persons from malicious reports.

Practice Nurses and Nurses in Private Nursing Homes

The difficult issues of representing members in these categories, with regard to terms and conditions of employment, remain an unachieved goal for the Organisation. The ultimate objective, as determined by Conference policy, is to achieve public service pay and conditions of employment. To date, it has proved impossible to secure from any employer body or the Department of Health such an agreement. During the year attempts to engage those bodies have proved fruitless. However, the Irish Medical Organisation, on the 23 July 1999, confirmed the following:

"The Organisation (IMO) fully accepts that the allowance paid by Health Boards to GPs to employ Practice Nurses is simply an allowance".

The IMO recognises the important role Practice Nurses have to play in the development of general practice. In recent agreements with the Department of Health, the IMO sought and achieved a reduction in the GMS panel size from 1,500 patients to 1,200, upon which a GP can claim the maximum nursing allowance. Indeed the IMO will continue to strive to have the maximum allowance paid to GPs who have an average panel size of 700 GMS patients. The IMO continued by stating:

"You will appreciate that the final determination of salary for Practice Nurses is a matter for the relevant employer and employee".

This response typifies the attitude of employers' representative bodies seeing the issues as being purely between the individual nurse and their GP employer, or Private Nursing Home employer. In the case of Practice Nurses the letter's real value is that it acknowledges that Doctors who pay the allowance as the full rate of pay, are not acting in accordance with the spirit of that allowance. However, it falls short of accepting the INO position that, at a minimum, the maximum point of the staff nurse scale should apply to all Practice Nurses.

The INO have investigated the possibility of establishing a legally binding registered agreement on behalf of both Practice Nurses and Nurses in Private Nursing Homes.

The establishment of an Employment Regulation Order is a difficult, cumbersome and time-consuming procedure. There are no guarantees that we would succeed as such orders are designed to protect the most vulnerable workers from absolute exploitation of low wages. It may be difficult to argue that highly skilled professional nurses, albeit that they are underpaid, fall within the category intended by the legislation. The legislation is, however, open to such a proposition. The idea of pursuing the aims and objectives of our Practice Nurse and Private Nursing Home nurses, through this route, is being actively considered.

Childhood Immunisation – Public Health Nurses

In January 1999 agreement was reached with the HSEA and the Department of Health on Public Health Nurse involvement in the Immunisation Scheme. It was accepted by all sides that Public Health Nurses have a key role in achieving maximum uptake of the scheme.

The agreement provided for new structures at local and regional level to ensure the objective of maximising uptake. Key aspects of the agreement were:

- The up-grading of 32 Public Health Nurse posts, to be advertised by internal competition, for the position of Senior Public Health Nurse with special responsibility for immunisation. The person appointed to continue to discharge their existing public health nursing duties but, in addition, to have a special advisory role to the Director of Public Health Nursing and the local management team on the Childhood Immunisation Scheme;
- Current caseloads to be evaluated to ensure no overloading and more effective use of resources. Appropriate clerical support to be provided supplemented by information technology and simplified administrative procedures at local level. It would be a matter for each local Management Team to agree the administrative and information technology arrangements;
- Mobile phones to be provided by each General Manager to each Public Health Nurse on a pool system. These would assist as a Health and Safety aspect of service and it should also enhance the effectiveness of Public Health Nursing. Palm Pilots and/or optical character recognition capability will be used to capture relevant information on the ground;
- Appropriate training including technology would be provided as required. An appropriate number of educational days would also be provided in consultation with the local Management Team;
- Subject to Public Health Nurses observing the normal safety requirement, damage to Public Health Nurses' property when engaged in their duties would be fully compensated by the relevant employing authority;

- Public Health Nurse Grades would receive, on an ongoing basis, two additional leave days in recognition of commitment to achieving maximum uptake.

However, during the course of the year it became evident that some Health Boards made no attempt to implement the agreement, while others did so in a piecemeal fashion. The Organisation continued to highlight the situation with the HSEA and the Department of Health and Children. As a consequence the Department has now corresponded with the Health Boards informing them that the agreement must be implemented in full and in this context has provided for an additional £1.25 million for Primary Childhood Immunisation.

Millennium Arrangements and Payments

Being the last year of the Century and the Millennium, early attention during the year focused on the Christmas and New Year period with regard to working arrangements and payments.

Speculation at the beginning of the year was that there would be an unprecedented level of public celebration leading to a massively increased demand for Accident and Emergency services. There was also serious concern at the possibility of widescale computer failure, leading to a shutdown of many computers, and consequent disruptions or blackouts in power and communication services. Additionally, there was a strongly expressed view, at the annual INO Conference in May 1999, that it was a time for reflection and family gathering and that those who would be required to work over the period should be additionally compensated for doing so.

The Government, early in the year, announced that New Year's Eve would be declared a Public Holiday in recognition of the special occasion. The Public Services Committee of the Irish Congress of Trade Unions sought discussions with the Department of Finance, to discuss special payment arrangements for the Millennium cover, but the Department flatly rejected the approach on the basis that the creation of an additional Public Holiday was more than adequate recognition for those who would be required to work the New Year's Eve.

In addition the Chief Executive Officers of all Health Agencies wrote to their employees in March, advising that they should not make leave arrangements for the Christmas/Millennium period, as they might be required to work and indicating that they would clarify the position at an early date.

The Public Service Unions generally, in the light of the Department of Finance rejection of the approach made by the Public Services Committee, decided to take the issues relating to the Millennium up on a sectoral

basis. It was agreed that the INO would lead the Health Service Union delegation in those discussions. Although discussions commenced in June 1999, no progress was made either in relation to the numbers of staff required to work over the period or payments for it. Chief Executive Officers failed to communicate further with their staff, thus leaving the uncertainty about leave and, as the end of the year was fast approaching, the INO, on behalf of the Health Unions, referred all of the issues to the Labour Relations Commission. Agreement was reached at the LRC in relation to the payments due for the Christmas weekend and ultimately the question of a special Millennium commitment fee was put to a full hearing of the Labour Court.

The outcome of both processes produced the following result:

1. **Christmas Weekend** – for those nurses working 5/7 day rosters, Saturday 25, Sunday 26 and Monday 27 December would all be paid at double time for hours worked. For those on a five day working week, the public holidays moved from the Saturday 25 and Sunday 26 December to the Monday and Tuesday 27 and 28 December;
2. **The Labour Court recommended that an exceptional Millennium bonus (EMB) should be paid in the following circumstances –**
 - a) Staff required to work between the core hours of 8pm on 31 December 1999 and 8am on 1 January 2000 – an EMB of £45 per hour worked during this period, in addition to normal public holiday entitlements. The maximum payment by way of EMB should not exceed £540.
 - b) Staff required to work between 8am on 31 December 1999 and 8am on 2 January 2000, other than during the core hours referred to at (a) above – an EMB of £30 per hour worked during this period, in addition to normal public holiday entitlements. Maximum payment by way of EMB should be £360.

In the case of staff required to work a combination of hours between core and non-core, the maximum payment could not exceed £540.
3. **On-Call** – staff designated as being on-call or on standby and who hold themselves available for work during the period 8am on 31 December 1999 and 8am on 2 January 2000 were entitled to the following:
 - a) On-call or standby, but away from their place of employment, an EMB of £180 per call-out period of 24 hours in addition to any normal call-out payments.
 - b) Staff on-call or standby, but required to remain at their place of employment, an EMB of £270 per call-out period of 24 hours in addition to their normal call-out payments. In both cases proportionally less would apply for periods less than 24 hours.

The Labour Court Recommendation is made on the basis that this is a once off exceptional payment in the special circumstances of the turn of a Millennium.

The Union group submission to the Court was compiled and presented by the INO and the Recommendation ultimately became a Public Service wide settlement.

Regional Round up

In the year under review the following is just a sample of the many local issues addressed and resolved in the various regions:

Eastern Region

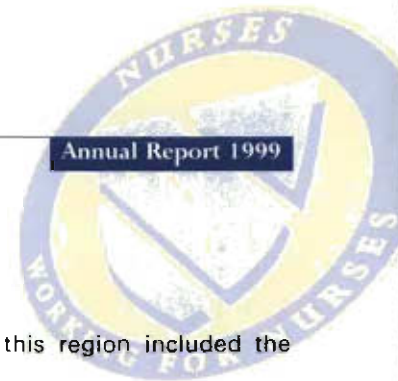
Tallaght Hospital: The Organisation successfully negotiated payment of the full relocation payment to our 100 job-sharer members who transferred to this hospital who had received a pro-rata application of the relocation agreement. The Organisation took the view that it was indirect discrimination that job-sharers only received half of what their full-time colleagues received. Members received outstanding monies and annual leave in December 1999.

The transfer of the acute inpatient services of St Loman's Psychiatric Hospital to Tallaght Hospital did not take place until August 1999. Psychiatric nurses transferring from St Loman's hospital received application of the community psychiatric allowance which was considerably higher than the original relocation allowance which was to apply to all staff. The Organisation, together with other unions, appealed this decision and, subsequently, the original relocation agreement was improved upon, in financial terms and annual leave terms, to equal that obtained by psychiatric nurses. The application of this improvement will be paid in January 2000 and January 2001.

Coombe Women's Hospital: The Organisation succeeded in having a clerical grade appointed to the theatre to assist in non-nursing duties such as logging theatre cases, answering telephones and bleeping doctors. Conciliation Conferences are continuing in relation to the overall staff shortages in the theatre area.

James Connolly Memorial Hospital: Following four days of industrial action, the issue of nurses being involved in plating and serving meals was finally resolved and nurses will no longer be involved in this non-nursing duty.

Accident and Emergency Departments – major Dublin Hospitals: The Organisation expressed its serious concerns during the year at the difficulties experienced by members in Accident and Emergency Departments in providing a high quality of care to patients. These difficulties centred around staffing levels, availability of acute in-patient beds, seasonal bed closures and hospital discharge policies.



St James's Hospital: A claim has been lodged for a comprehensive review of the grading of Clinical Facilitators, involved in post-graduate nurse education, at this hospital.

St Vincent's University Hospital, Elm Park: A successful claim was negotiated regarding payment to Theatre Nurses involved in the national liver transplant programme in respect of on-call requirements for the programme.

St Michael's Private Hospital, Dun Laoghaire: This hospital closed its doors on 30 July 1999 and the Organisation was involved in negotiating a severance package which gave six weeks pay per year of service to each nurse with more than 10 years' service and five weeks pay per year of service to each nurse with less than 10 years' service.

Wicklow and Baltinglass District Hospitals: The issue of nurses in these two hospitals being involved in the provision of ambulance services was finally resolved. The Eastern Health Board conceded that nurses would no longer be required to provide this service and ambulances are now being staffed by full-time ambulance trained personnel.

Cheeverstown House: The Organisation was successful in a number of up-gradings in this centre. These included the putting in place of two posts at the level of Assistant Director of Nursing, the up-grading of all CNM2 posts to CNM3 level, and the up-grading of all CNM1 posts to CNM2 level.

Private Nursing Homes: In the last year the Organisation won significant improvements for nurses in the private sector. Pay arrangements, in line with that obtaining in the public service, were secured for nurses working at the Garda Benevolent Trust Fund nursing homes; Bloomfield Hospital, Donnybrook; and the Verville Retreat Limited facility. The INO sees these victories as good examples of how it can secure significant increases for nurses working in the private sector.

North Eastern Region

Among the main issues being pursued in this area during the year were:

- implementation of third party report in respect of staffing levels St Joseph's Hospital, Trim;
- implementation of phase two of the temporary nurse conversion process in all locations;
- independent study in communication difficulties in the maternity unit of Our Lady of Lourdes Hospital, Drogheda;
- staffing levels in a number of locations, particularly in centres providing elderly care;
- improved pay and conditions were secured for staff working in the Ardee Day Care Centre, a privately run body.

South Eastern Region

The main achievements in this region included the following:

- following industrial action by nurses in St Luke's Hospital, Kilkenny, 7.5 additional staff nurse posts were secured;
- following the threat of industrial action in relation to staffing levels at St John's Hospital, Enniscorthy, the South Eastern Health Board agreed to carry out an independent review of staffing levels;
- two additional staff nurse posts were secured for Dawn House, Wexford Mental Handicap Services, together with an agreement for the setting-up of an independent review of the whole service;
- the application of the oncology allowance for nurses working in Medical Ward 4 of the Waterford Regional Hospital was secured.

Western Region

University College Hospital, Galway: Following the five-week dispute in November 1998, a significant element of the resolution included the establishment of a Nurses and Midwives Forum. The forum, which was formed in February 1999, and chaired by an independent chairperson, includes management and nursing representatives and is primarily a consultative process. The purpose of the forum is to facilitate management and staff representatives to identify and discuss, on an ongoing basis, issues related to nursing and midwifery. Nurses and midwives are asked to refer issues to the forum via suggestion boxes. To date a number of issues have been resolved. The forum has formed a number of sub-groups to discuss issues relating to temporary nurse employment, communications, personnel issues, and education and professional development.

The success of the forum can be attributed to the partnership approach together with the commitment of Ester Mary Darcy, as the independent chairperson and 'Round Table' representative.

Round Table Project: The partnership project continued throughout 1999, resulting in the completion of a number of policies including an anti-bullying policy. Two pilot sites had been established at Mayo General Hospital, and Roscommon Community Care Area. It is hoped that funding for these projects will be forthcoming from both the National Partnership Forum and the Western Health Board. Since the establishment of this project, industrial relations have improved in the region. Further improvements are expected as the project continues to educate middle managers and employees about the partnership approach to industrial relations. Unions also need to be aware of the ever-increasing attempts to by-pass unions in favour of direct representation from employees.



Public Health Nurse Working Group (Galway): This group was established following protracted disputes between management and the public health nurses, in the Galway region, in relation to many ongoing issues including staffing levels, cross cover, island issues, provision of stores and supplies, and skill mix. Initially the working group concentrated on island issues and currently there is an agreement, in principle, on drug protocol for the islands, hours of work, after hours rates of pay, and agreed subsistence for relief nurses.

It is envisaged that the working group will be expanded to include Public Health Nurses from Mayo and Roscommon.

Portiuncula Hospital: Final negotiations are currently underway for the transfer of ownership of this hospital from the Franciscan Missionaries of the Divine Motherhood to the Western Health Board. All employees will be fully protected during the transfer of business.

Galvia Hospital: The ownership of this hospital was successfully transferred to the Bon Secour group of hospitals earlier this year. All employees maintained their positions following the transfer.

Freedom of Information Act: The Act has been successfully used by INO representatives, in the Western Region, to gain information previously not available.

North Western Region

St John's Hospital, Sligo: Following a lengthy dispute, the Organisation succeeded in its efforts to have the North Western Health Board sanction additional posts and funding for this hospital.

A total of 17 additional nurses, one attendant, and a part-time ward clerk were proposed for the geriatric facility by Betty Brady, Director of Nursing Studies, DCU, who carried out an assessment of staff and resource needs. The agreement was reached after the intervention of the Labour Relations Commission.

The Health Board had already filled half of the posts at the time of going to press and has undertaken to fill a further 25% by September 2000, with the remaining posts to be filled by September 2001. It has also given a commitment to put additional funding into the hospital.

Nazareth House, Sligo: The Organisation was successful in its referral of a claim to the Labour Court, on behalf of nurses employed in Nazareth House. In its recommendation, LCR 16299, of 12 October 1999, the Court ruled that: "The parties agree in principle that the rates of pay and other conditions of those associated with the claim be brought into line with the public service". An agreed time scale for full implementation of parity has been sought and, as determined by the Labour Court, this should not exceed six months from the date of the Court's recommendation.

Midland Region

Independent Review of Staffing Levels: Four hospitals in the Midland Health Board area were identified for an independent review of staffing levels. The reviews at St Joseph's/Mount Carmel Hospital, Longford; St Mary's Hospital, Mullingar; Athlone District Hospital, and Shaen District Hospital, came two years after requests to the Health Board for an increase in nursing staff levels, and the recommendation by the Commission on Nursing which called on the Department to examine conditions and staffing levels in care of the elderly services.

Elizabeth Kelly, who undertook the review, recommended that an extra Assistant Matron be employed, together with eight additional staff nurses and 11.3 non-nursing staff at St Mary's Hospital, Mullingar. There was a recommendation for eight extra staff nurse posts for St Joseph's/Mount Carmel Hospital, Longford; an additional five nursing posts and five non-nursing staff for Shaen District Hospital; and an additional two staff nurse posts and two non-nursing posts for Athlone District Hospital.

Discussions are ongoing with the Midland Health Board in relation to implementing these recommendations.

Day Care Centres: The Organisation successfully negotiated an up-grading of seven posts to ward sister grade for nurses working in Day Care Centres throughout the Midland Health Board area.

Clinical Nurse Specialists: A claim to have the ward sister scale applied to Clinical Nurse Specialists employed in the Midland Health Board area has been conceded for nurses holding those posts in Tullamore General Hospital. Negotiations are continuing in respect of the posts at Portlaoise General Hospital.

Southern Region

Cork University Hospital: The longstanding problem of overcrowding in the Accident and Emergency unit continued throughout 1999 and resulted in the membership activating their vote for industrial action. Last minute negotiations, under the auspices of the Labour Relations Commission, resulted in members agreeing to defer the action. A further Conciliation Conference provided a package of proposals which, if implemented fully, will significantly improve the overcrowding in the A&E unit. While some of the proposals have been implemented, negotiations are continuing so as to ensure full implementation of the agreements.

A steering group has been set-up in Cork University Hospital to review the feasibility and the introduction, on a pilot basis, of more flexible working hours for nursing staff, aimed at meeting the personal and professional needs of nurses.

Bon Secours Hospital, Cork: Negotiations have achieved the introduction of the nationally agreed

overtime rates of pay at this hospital, on a six-month pilot basis.

A claim to have more annual leave allocated in blocks of five days has also been achieved for nurses in this hospital.

Public Health Nurses: The longstanding claim for the payment of subsistence to Public Health Nurses received a positive recommendation, following its referral to the Labour Court in May 1999.

The Court, in its recommendation LCR 16194, stated that it was not "satisfied that there are justifiable reasons for not paying the claimants the allowance claimed particularly as they are paid mileage allowance". It also conferred that "the Court is sympathetic to this claim".

The Organisation is now seeking the application of this recommendation on a national basis.

Parental Leave Act (Force Majeure Leave): In November 1999, a Rights Commissioner backed the INO regarding a member's claim to have leave which she had to take to accompany her child to a Dublin hospital for a surgical procedure, regarded as Force Majeure leave. The Southern Health Board refused the member's request stating that it believed that the terms of the Act did not apply to this particular type of absence. The INO subsequently referred the issue to the Rights Commissioner's service for investigation stating that the Board's argument was unacceptable, and strongly held the view that the Act had been intended to cover absences of this type.

The Rights Commissioner found that the absence in question was of the type covered by the Act and that Force Majeure leave should now be granted in respect of the absence.

Mid Western Region

Limerick Regional Hospital: Negotiations on a number of issues in this hospital achieved the following:

- the up-grading of two Clinical Co-ordinators to CNM2 grade;
- the appointment of 7.5 additional nursing staff to various wards pending the outcome of an independent review of staffing levels;
- improved working conditions and staffing arrangements prior to the opening of the new Accident and Emergency Department.

St Joseph's Hospital, Ennis: Successful negotiations resulted in the internal appointment of six ward sisters.

Community Care: Following protracted negotiations the Organisation succeeded in having its claim to allow two Senior Public Health Nurses job-share, on a one-year pilot basis, commencing in January 2000.

Discussions are ongoing with the Mid Western Health Board in relation to Community RGNs.

Summary

The foregoing is just a brief overview of the significant Industrial Relations issues occurring during the most difficult and turbulent of years in the Industrial Relations area. The Executive Council has decided the challenges for the year 2000 are threefold:

1. To secure full implementation of all pay, structural and related elements of the settlement to the national dispute;
2. To build upon the expertise and knowledge, gained during the dispute, of our Branch Officers and Nurse Representatives;
3. To reorganise our Branch structure to reflect the growth in membership and to aid the empowerment of local activists.

Health and Safety Issues

Health and Safety Authority - Advisory Committee for the Health Sector



Lenore Mrkwicka,
Deputy General Secretary, INO

Lenore Mrkwicka, Deputy General Secretary, was reappointed by the Irish Congress of Trade Unions to membership of the Board of the Health and Safety Authority in November 1998. The Authority is a state sponsored body, established under the Safety, Health and Welfare at Work Act, 1989. It operates under the auspices of the Department of Enterprise, Trade and Employment. It aims to promote a working environment in which the safety and health of persons at work is ensured at the highest practical level.

Policies are determined by an 11 member, tripartite board representing the social partners and other interests concerned with health and safety in the workplace. In addition to the monthly Board Meetings there are various advisory committees and 1999 saw the re-establishment of the Advisory Committee for the Health Sector. Lenore Mrkwicka is the Chairperson of this Committee and Katherine Samuels, Occupational Health Nurse, Midland Health Board, is an INO Representative on the Committee. Its terms of reference are:

- i) taking account of the Report of the HSA Advisory Committee on the Health Services Sector, October 1992 and the subsequent impact of its recommendations, to identify and prioritise the principal factors affecting safety and health in the sector;
- ii) to develop proposals, for consideration by the Board of the Authority, for practical programmes and strategies to tackle the problems identified; and
- iii) to report to the Board of the Authority by 10th March, 2000.

Task Force on the Prevention of Workplace Bullying

A Task Force on Workplace Bullying was set up by the Minister for Labour, Trade and Consumer Affairs, Mr Tom Kitt, under the auspices of the Health and Safety Authority, and chaired by Dr Eileen Doyle, in July 1999. ICTU is represented on the Task Force by our Deputy General Secretary, Lenore Mrkwicka. Other bodies represented on the Task Force include IBEC, the Health and Safety Authority, the Department of Enterprise, Trade and Employment, the Department of Justice, Equality and Law Reform, the Employment Appeals Tribunal, the Labour Court, the Labour Relations Commission, the Rights Commissioner Service and the Employment Equality Agency.

The Task Force is focusing on identifying the size of the problem and the employment sectors most at risk, in addition to developing proposals for practical

programmes and strategies both to prevent workplace bullying and to provide appropriate responses from the state agencies. The group will report back in March 2000. The Health and Safety Authority will undertake a countrywide publicity and awareness raising campaign in conjunction with the deliberations of the Task Force.

Review of the Health, Safety and Welfare at Work Act 1989

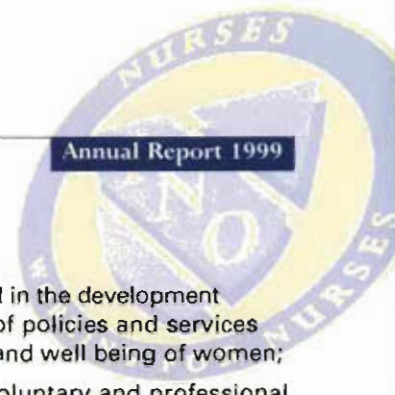
The Minister for Labour, Trade and Consumer Affairs, Mr Tom Kitt invited submissions relating to a review of the 1989 Health, Safety and Welfare at Work Act. In this context the INO made a comprehensive submission to the Board of the Health and Safety Authority. The Organisation's submission centred on the failure of the legislation to address, in any meaningful way, the gravity of unsafe working conditions in the health sector. We sought in our submission an increase in the number of Inspectors allocated to the workplace who would be equipped with the necessary resources to carry out effective inspections. The submission focused substantially on the issue of enforcement and the importance of maximising the powers of the Authority to achieve an effective level of same.

The experience of many of the INO Safety Representatives has been that there is little or no support from management in many instances and poor communication between Inspectors and Safety Representatives. Inadequate safety statements and risk assessments demonstrated the need for more specific legislation aimed at the health sector and in this context, as a minimum, the Organisation has sought the introduction of a Code of Practice in the absence of sector specific legislation. The Organisation expounded the view that unless adequate resources are provided to the Authority to allow for the full implementation of the Act (following review) in its entirety, Ireland's greatest resource, its workforce, will continue to be placed at risk.

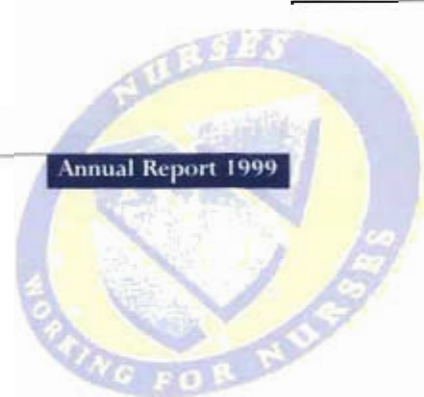
Women's Health Council

The Deputy General Secretary has been appointed for a three year period, on behalf of the Irish Congress of Trade Unions, to the Women's Health Council. The functions of the Council include the following:

- a) to advise the Minister for Health on all aspects of women's health, either on its own initiative or at the request of the Minister and in particular on:
 - the implementation of the recommendations on women's health contained in policy reports commissioned by the Minister for Health;
 - measures to promote women's health;
 - action, based on research, required to plan and develop services to improve women's health;
 - methods of increasing co-ordination between public bodies at national and local level in the planning and provision of health services for women;



- means of encouraging greater partnership between statutory and voluntary bodies in providing health services for women;
 - means by which the health services could assist the improvement of women's health in the developing world.
- b) To assist the development of national and regional policies and strategies designed to increase health gain and social gain for women by:
- undertaking research on the health needs of women in Ireland;
 - identifying and promoting good practice in the provision of health services for women;
 - providing information and advice based on research findings to those involved in the development and/or implementation of policies and services pertaining to the health and well being of women;
- liaising with statutory, voluntary and professional bodies involved in the development and/or implementation of national and regional policies which have as their object health gain or social gain for women.
- c) To develop expertise on women's health within the health services.
- d) To liaise with international bodies which have functions similar to the functions of the Council.
- The Council may also advise other Ministers, at their request, on aspects of women's health which are within the functions of the Council.



Professional Development

The Professional Development Centre is now two years in existence and it continues to develop and grow. New Workshops were introduced in 1999 for members. All courses and workshops are evaluated and comments from nurses have been very positive. Individual consultations for Interview/Curriculum Vitae preparation have been very successful for those seeking new posts.

A number of courses had to be cancelled and a number of other courses could not be planned because of the industrial unrest and industrial action in 1999. A series of Legal Workshops, planned for a variety of venues throughout the country in November 1999 had to be rescheduled for March 2000.

Taking into account the number of workshops, courses and conferences not held, because of industrial action in 1999, the statistics are still very impressive.

Statistics for 1999

- **Workshops**
565 attended
- **Section Conferences**
275 attended
- **Legal Aspects of Nursing by Brigid Dimond**
145 attended
- **Consultancy/Advice/Career Guidance**
60 approximately attended
- **Interviews/CVs Preparation**
95 approximately attended
- **MSc in Nursing – INO/RCN**
The number of students on this course is 45;
32 new, 13 continuing
- **Distance Learning Courses, University of Limerick/INO**
72 students
- **Certificate in Health Service Management**
Limerick Venue: 32
Dublin Venue: 10
Carlow Venue: 10
- **Diploma in Health Service Management**
Limerick Venue: 20
- 55 Students graduated from the University of Limerick following joint INO/UC distance learning courses in 1999.

Workshops

The Centre held 20 workshops, repeated three to four times, throughout the year in response to demand. These included afternoon, one, two and three-day courses. Titles are as follows:

- Be Assertive
- Court Room Skills

- Employee Trauma
- CV Workshops
- Giving Evidence in Court
- Industrial Relations and Problem Solving for Nurse Managers
- Information on Library Skills
- Interview Skills
- Introduction to Research for Nurses
- Know Your Rights and How to Achieve Them
- Legal Implications of Inadequate Record Keeping
- Pain Assessment
- Parentcraft
- Speaking With Confidence
- Study Skills
- The Nurse as a Counsellor
- Violence at Work
- Working Creatively with Older People
- Wound Management (Smith & Nephew)
- Writing Skills.

Distance Learning Courses, University of Limerick



At the Diploma in Health Service Management Graduation were: (back l-r): Valerie Forde; Brigid Ahern (UL); Anne Sheehan and Annette Kennedy (INO); (front l-r): Mary Daly, Margaret Finn, Prof Bob Pattison (UL), Benny Baker, Brigid Burke and Mary Thornton

These courses have proved very successful and we have the largest number of students on the autumn 1999 course. We have a total of 72 students on these courses.

The largest number of graduations to date (55) took place in September and December 1999 in the University of Limerick.

University of Limerick and the INO are discussing the possibility of progressing to a Degree/MBA through distance learning.

MSc in Nursing (Distance Learning) INO/RCN/ Manchester University

There are three cohorts of students currently on this course. They attend the INO Headquarters for tutorials, usually one Saturday per month.

Many of these students had already started their course in Belfast and are very happy to be able to complete it in Dublin.

The students are satisfied with the venue, the course and the support. There are already a number of applicants for the autumn 2000 course.

Nursing as a Career

The Professional Development Centre participated at two successful information days organised by ACE Nursing Care.

These days were well attended and the programme gave a comprehensive overview of nursing as a career.

The Centre has also attended and been actively involved in other information days in schools, supplying students with information sheets and booklets to assist them in understanding the implications of the Diploma in Nursing Programme.

Management Development Initiative

A partnership initiative between the Irish Nurses Organisation and the Department of Health and the Office for Health Management provided a number of Management Development Initiatives for nurses in 1998 and this continued in 1999. The Office for Health Management organised and co-ordinated these initiatives. Four Management Development Initiatives were completed in 1999.

Representatives from the Office for Health Management, the Department of Health and the INO attended the commencement and the finishing of these programmes.

Overall the programmes proved very successful and a formal evaluation is being undertaken by the Office for Health Management.

The four programmes completed are as follows:

- A Management Development Programme for Superintendent and Senior Public Health Nurses in the North East and North West;
- A Management Development Programme for all nurses in Longford/Westmeath General Hospital;
- A Management Development Programme for Matrons in Band 3 hospitals;
- A Management Development Programme for Matrons in Bands 4 and 5 hospitals.

Initial discussions took place in 1999 in relation to the Management Development Programme for Clinical Nurse Manager and middle-management grades. However, any plans for these programmes had to be deferred to the Year 2000 because of the pay negotiations and industrial action.

Sponsorship

The Professional Development Centre is most appreciative for the continuing sponsorship in 1999 from Woodchester Brokers and Smith & Nephew, and other companies supporting section conferences.

Annual Delegate Conference, May 1999 – Workshops

A new format for the 1999 Annual Delegate Conference, held in Letterkenny, was arranged on Thursday, 6 May. Following debate on the motions throughout the day, the Conference delegates divided into five workshops.

An expert in a specific field facilitated each workshop. Taking delegates and observers into account, the approximate number attending each workshop was in the region of 40. Some motions relating to the older person were referred to the specific workshop for discussion.

A questionnaire was circulated to each delegate and an analysis of the questionnaires indicated that the workshops proved to be a very successful change in the format of the Annual Conference and should be continued.

There was some criticism in relation to the fact that delegates did not have a choice of workshop and that the number of participants in each workshop was too large.

The difficulty in giving individuals a choice of workshops is that people tend to select workshops that they are familiar with, leaving some workshops with few or no participants. Consequently, in order to have delegates from branches attend different workshops and equal numbers in all workshops, the delegates were randomly selected.

It must also be noted that the venue dictates the number of workshops which can be organised, and many hotels do not have sufficient large rooms to facilitate more workshops.

The workshops were as follows:

Continuing Education

Facilitator: Kathy Murphy, Director, Centre for Nursing Studies, University College Galway

Chairperson: Mary Wynne, Executive Council

Year of the Older Person

Facilitator: Louise Richardson, Director, International Year of the Older Person

Chairperson: Clare Spillane, 2nd Vice-President

Health and Safety

Facilitator: Bernadette Gannon, Inspector, Health and Safety Authority

Chairperson: Tess O'Donovan, Executive Council.

Equality & Social Policy

Facilitator: Elva Gannon, Head of Employer Advisory Service, Health Service Employers Agency

Chairperson: Imelda Browne, 1st Vice-President

Post Partnership 2000

Facilitator: Patricia O'Donovan, Deputy General Secretary, Irish Congress of Trade Unions.

Chairperson: Maura Hickey, Executive Council.

PJ Madden Research Award

There were nine applications for this award. The winner of this award was Felicity Johnson, Ward Sister, St James's Hospital. The title of her research was 'Qualified Nurses Perceptions of Career Pathways'. This research will be undertaken as part of her Masters Degree in Nursing, which she is currently undertaking in University College Dublin.

The award is a bursary of £500 donated by the Organisation's insurers, CJ Coleman & Company. The bursary will be awarded annually for five years in recognition of PJ Madden's 12 years of dedication and commitment to the Irish Nurses Organisation. The bursary is awarded for research projects promoting and improving quality of patient-care and/or staff working conditions in an innovative way. The project should not have been previously published and the INO will hold all publishing rights for the winning entry.

Tribute to Debbie Downey, RIP

On 13 March, 1999 the Bantry Branch of the Irish Nurses Organisation made a presentation to the family of the late Debbie Downey. This was given as a mark of appreciation for all the time, energy and dedication Debbie gave to all her fellow members locally, and for her participation in the Organisation both regionally and nationally. The Bantry Branch wished to thank her husband Michael, and children, Alison, Sinead, Joe, Taigue and Michelle for their support of her active role in the Organisation. The Irish Nurses Organisation presented the family with a computer and colour printer and a Dublin Crystal plate specially engraved for the occasion. Anne Cody, President, Annette Kennedy, Director of Professional Development, Mary Power, Industrial Relations Officer for the Southern Region, and a large number of Debbie's fellow colleagues from the locality and region attended the celebration.

Library and Information Service

The Library and Information Service is continuing to develop. The INO now has a comprehensive range of nursing/healthcare material including:

- 100 Journal Titles
- 3,000 Books
- Directories
- Reports
- Official Publications
- CD-ROM Databases

Services offered by the INO Library during 1999 included:

- **Journal Collection** – new journals were added to an already very comprehensive collection with subscriptions to over 100 nursing/medical and industrial relations journals.
- **Computerised Services** – CD-ROM reference Databases: Medline (Clinical); CINAHL (Nursing); The Cochrane Library (evidence-based research, some full text); Irish Statute Book (full text Acts of the Oireachtas 1922-1997); OECD Health Data 1998 (a comparative analysis of 29 countries).
- **Online access** – via the Internet to a wide range of databases.
- **Book Collection** – the book and report collection is constantly being updated and the library now has a comprehensive collection of books and reports on nursing, industrial relations and related areas.
- **Photocopying and Document Supply** – while articles may be photocopied in the library, a postal photocopying service is also provided. The INO library is also a member of the Irish Healthcare Journal Holdings Co-operative and the British Library Document Supply Centre.
- **Literature Searches** – literature searches are carried out on request for nurses and midwives who cannot get to the library.
- **Current Awareness Services** – the Current Awareness Bulletin containing contents pages of all the journals received into the library during the previous month continued to be compiled monthly and circulated among the staff.
- **User Education** – a number of workshops were held during the year on Information and Library Skills. The programme included: planning literature searches; journal literature; references and referencing; and practical sessions in the library.

There were also a number of weekend courses on an Introduction to Research for Nurses and Midwives. This programme included the research process; methods of referencing; library skills; and computerised information retrieval.

User education is offered on an ongoing basis to all nurses and midwives who visit the library.

End of Year 1999 – Statistics

The Library and Information Service has seen a dramatic increase in the use of its services during the past year. The following statistics have been recorded during 1999:

- Inter library loans: 1,050
- Queries received by telephone/post/fax/email: 980
- Nurses and Midwives visiting the library: 1,080

For the convenience of the library user, a catalogue of the entire collection of books, reports, and official publications is networked throughout the library and is also available online via the INO website giving nurses 24 hour access to the library catalogue.

The library, in response to nurses' and midwives' needs, initiated early and late opening hours:

- 8.30am to 8.00pm on Mondays & Wednesdays
- 9.00am to 1.00pm every second Saturday

These hours have proved to be so successful, we now find that there are even more nurses and midwives using the service in the evenings and on Saturdays. Nurses working Monday to Friday especially welcomed these additional opening times.

INO Website

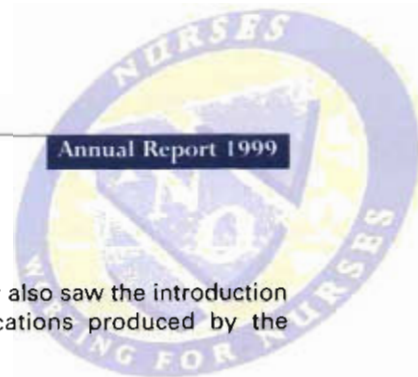
Since the launch of the INO website in 1997 continuous updates and improvements have been made. Members who visit the website at www.ino.ie are provided with a broad range of information:

- Industrial Relations Services
- Library & Information Services
- Education Services
- Recruitment
- Courses and Conferences
- Policy Documents and Reports issued by the INO – full text
- World of Irish Nursing (full text)
- Members' circulars and newsletters are placed on the site as soon as they are issued.

During the past year the full catalogue of the library's holdings have been placed on the website together with a search screen which gives nurses 24 hour access to the library. There are also enquiry and inter-library loan forms available.

Visitors to the site also have the opportunity to send emails directly to staff members on ino@ino.ie.

As an increasing number of members are seeking information via our website and in order to keep up to date with the fast advances of information technology, plans are underway to give the website a complete new look.



It is envisaged that by the end of 1999, the site will provide further services such as:

- Industrial Relations Updates
- Up to-date information on all your entitlements
- Salary scales together with the possibility for all members to calculate their own salary
- Malpractice Indemnity Insurance
- Staff details
- Membership fees
- Recruitment.

Information Technology Project

A major information technology project commenced in 1999, which is essential to the future efficiency of the Organisation. This included:

- Upgrading all computers and the main server for year 2000 compliancy;
- Networking a central in-house computer filing system;
- Email access for staff and members;
- Interactive INO website with access to industrial relations information, legislation, employee rights and entitlements;
- Updating membership database;
- Linking all INO staff in Regional Offices with Headquarters via internet and email;
- Online educational programmes.

A feasibility study is currently being undertaken and a strategic three to five year plan will be put in place to implement the above actions.

Information Office

During 1999 the information office continued to respond to numerous requests for information on conditions of employment and areas of concern to members. In addition to dealing directly with queries, research services to both industrial staff and members

were also provided. The year also saw the introduction of a number of INO publications produced by the information office.

Information Bulletins

As part of the Organisation's efforts to keep members abreast of key developments, the information office commenced the publication of a series of information bulletins.

The bulletins provide summaries of important and relevant industrial relations, health and safety, and equality issues and are currently available to members from the library.

Student Information Booklet

An updated version of the INO's Student Information Booklet provides students with information regarding their rights and entitlements during training and the wide ranging services and benefits provided by the INO.

Promotional Literature

Increasingly aware of the need to attract new members, the information office produced the promotional leaflet, 'Why You Should Join the Irish Nurses Organisation'. The leaflet, while specifically designed to assist in the recruitment of new members also serves to remind existing members of the comprehensive services and benefits enjoyed by INO members.

INO Diary 2000

Following the success of last year's diary, and in keeping with the decision of Annual Delegate Conference, the INO Diary 2000 was circulated to Branch Officers, Section Officers and Nurse Representatives at the end of 1999. In addition to providing useful information and contact names, telephone and fax numbers, etc., this year's diary was extended to include guidelines regarding the conditions of employment applicable to nursing grades.

Affiliations

The INO is affiliated to the following bodies:

National

- Irish Congress of Trade Unions
- Economic and Social Research Institute
- Irish Society for Quality in Health Care
- Mental Health Association of Ireland
- National Association for Mentally Handicapped
- National Women's Council of Ireland
- Institute of Public Administration
- Irish Association for Industrial Relations
- Irish Labour Society
- Healthcare Informatics Society of Ireland.

The Organisation also sponsors the Open University Programme at the National College of Industrial Relations, and contributes to the Economic and Social Research Fund Raising Campaign.

International

- International Council of Nurses
- Permanent Committee of Nurses in the EU
- the Midwives Section of the INO is affiliated to the International Confederation of Midwives, and the European Midwives Liaison Group
- the Operating Department Nurses Section is affiliated to the European Operating Room Nurses Association
- the Occupational Health Nurses Section is affiliated to the Federation of Occupational Health Nurses in the European Union
- European Healthcare Management Association
- Workgroup of European Nurse Researchers (WERN).

INO Representation on Irish Congress of Trade Unions and Other Bodies

- **ICTU Executive Council**
Liam Doran, Lenore Mrkwicka
- **ICTU Public Services Committee**
Anne Cody, Liam Doran, Lenore Mrkwicka, David Hughes, John Delamere, Gerry Bellew, Phil O'Shea, Deirdre Gillane
- **ICTU Equality Network**
Lenore Mrkwicka
- **ICTU Third World Committee**
Liam Doran
- **ICTU Youth Committee**
Yvonne O'Callaghan, Alan O'Riordan
- **ICTU Women's Committee**
Phil O'Shea, Noreen Browne

- **ICTU Health and Safety Committee**
Lenore Mrkwicka, John Delamere
- **ICTU Retired Workers Committee**
Peg Nealon
- **ICTU Representative on the following Bodies/Committees**
The Deputy General Secretary, Lenore Mrkwicka is an ICTU representative on:
 - The Employment Appeals Tribunal
 - The Governing Authority of University College Dublin
 - The Health and Safety Authority
 - The Women's Health Council
 - The EU Advisory Committee on Freedom of Movement of Workers
 - The EU Advisory Committee on Safety, Hygiene and Health Protection at Work.

Liam Doran is the ICTU representative on the Board of the Institute of Public Administration.

Other Bodies/Committees

National

- **National Council for the Professional Development of Nursing & Midwifery**
Nine INO members were nominated to the Council
- **Monitoring Group**
(for the Implementation of the Report of the Commission on Nursing)
Lenore Mrkwicka, David Hughes, Eilish Hardiman
- **Steering Group**
(Empowerment of Nurses)
Liam Doran
- **Office for Health Management**
(Professional Development for Nurse Management)
Annette Kennedy
- **Nursing Education Forum**
15 INO members were nominated by the Minister for Health to the Forum
- **Scope for Practice Review**
(An Bord Altranais)
Annette Kennedy
- **Advisory Committee on Student Recruitment**
(An Bord Altranais)
Annette Kennedy
- **Department of Health Advisory Group on Nurse Recruitment**
Liam Doran, Fridelin Kerr
- **National Association for the Mentally Handicapped of Ireland**
Jeremy Jeffrey
- **National Women's Council**
Anne Cody, Imelda Browne

International

- **ICN Council of National Representatives**
Anne Cody, Liam Doran
- **ICN Remuneration Network**
Liam Doran, David Hughes
- **Standing Committee of Nurses of EU (PCN)**
Annette Kennedy
- **European Forum of National Nursing and Midwifery Associations and WHO**
Liam Doran
- **European Midwives' Liaison Committee**
Anna Monaghan (elected President)

- **EU Advisory Committees on Training in Nursing and Training in Midwifery**

While delegates to these two Advisory Committees are ultimately nominated by the Minister for Health, we are pleased that the delegates to these advisory committees are INO members:

- **Nursing Committee**
Anne Carrigy, Director of Nursing,
Mater Hospital; Mary Hodson,
Principal Nurse Teacher, Sligo General Hospital.
- **Midwives Committee**
Maeve Dwyer, Matron, Director of Midwifery,
National Maternity Hospital, Holles Street;
Marie McInerney, Principal Midwifery Tutor,
Regional Maternity Hospital, Limerick.

For the Record

Benevolent Fund

The Finance and General Purposes Committee continued to authorise payments from the INO Benevolent Fund to members, and retired members, who find themselves in particularly difficult financial circumstances.

This year payments were made from the fund to a number of members who found it difficult to meet certain financial commitments as a result of not receiving pay during the nurses' nationwide strike.

We would like to record appreciation to the Letterkenny Branch for their efforts in raising monies for the fund, totalling £1,572. As hosts of the 1999 Annual Delegate Conference, they firstly collected contributions from among the delegates and, secondly, they contributed monies to the fund arising from the trade exhibition held during Conference.

Educational Loan Fund

The Organisation continued to grant interest-free loans, in accordance with the regulations of the fund, to members in 1999. The Organisation believes that this investment is of major significance in the ongoing development of the nursing and midwifery professions.

Irish Nurses Rest Association

Two members, from each of the following, are represented on the committee of the Irish Nurses Rest Association:

- Irish Nurses Organisation
- Irish Guild of Catholic Nurses
- Association of Irish Nurse Managers
- Superintendent Public Health Nurses' Association.

Ita Tighe, Executive Council member, and Dorothy Mullarkey, Administration Manager, represent the INO.

The Association is open for applications from nurses in need of convalescence or a holiday, for a limited period, who are unable to defray all the expenses they may incur, or for the provision of grants to defray other expenses incurred in the purchase of a wheelchair or other necessary medical aid.

Publications

The World of Irish Nursing

The World of Irish Nursing, Journal of the INO, which is published monthly, aims to cover a wide range of issues of interest to Irish nurses. This includes industrial relations news and ongoing developments within the INO, general nursing news, profiles, international news, features about innovation in nursing, clinical articles, education and research.

The Journal also has an expanding classifieds section with nursing recruitment advertising and a comprehensive diary of events. Forthcoming courses organised by the Professional Development Centre are featured each month.

The journal is produced in a full colour A4 format and is posted to members' addresses. It was expanded from 32 to 40 pages during 1999.

The journal welcomes ideas and suggestions for articles and the editorial team at MedMedia are available to discuss these in detail with members. We are pleased to record that the feedback from members continues to be positive and complimentary regarding *The World of Irish Nursing*, which ranked as members' number one nursing journal.

Circulars

In addition to WIN, regular circulars to Branch Officers, Section Officers and Nurse Representatives were issued from the General Secretary and the officials to ensure that members were fully briefed on issues as they developed, during the year.

Government Departments/ other bodies

We would like to formally thank the Minister for Health and Children, the Ministers of State, and officials of the Department of Health and Children, for the courtesy shown to us during a very difficult year of negotiations and discussions. Thanks are also due to the many other Government Departments and Bodies with whom we met during the last year including the Department of Enterprise and Employment, Health Board Officials, Health Agencies, Health Service Employers Agency, Labour Court Officers, Labour Relations Commission, IBEC, and the Officers of the Irish Congress of Trade Unions and An Bord Altranais.

Press and Media

The Organisation continues to deal with a growing number of press and media enquiries, and to promote the Organisation's policies and activities in the media. We would like to place on record our sincere gratitude for the substantial, and largely positive, media coverage in the period leading up to and during the national nurses' strike.

Honorary Officers

It gives us great pleasure to place on record our deep appreciation to all our Honorary Officers and Nurse Representatives for their talent, time and commitment, and without whose excellent work the INO could not develop. To those currently in office and to those who have now resigned we are most grateful. A list of current officers can be found in Appendices III and IV.

INO Staff

We wish to express appreciation of the very hard work and commitment of the staff, both at head office, and at regional level, during a most difficult and busy year.

Section Reports

Matrons, Assistant Matrons, Home Sisters and Night Superintendents Combined Section

The year under review saw this section meet three times in formal meetings and twice for specific information sessions. The Commission on Nursing Report, the various Labour Court Recommendations, Directors of Nursing banding criteria, the national industrial relations scene, the national nurses' strike, and aftermath, were the issues that dominated these gatherings.

Following the nationwide nurses' strike a review of the implementation of all the key elements of the settlement proposals was undertaken and preparation is now underway for the review of pay, for promotional grades, which will form part of the Post Partnership 2000 national talks.

A consultative process is also underway regarding the creation of a separate section for Director of Nursing members, with a view to providing a forum to discuss the full range of issues specifically of interest to senior nurse managers. The creation of such a section would automatically mean that a new section would also be established for middle nurse managers.

Midwives Section

The Midwives Section convened four times during 1999, in Dublin, Cork and Waterford venues. The Standing Committee met prior to each meeting to address issues requiring detailed discussion and deliberation. The Chief Education Officer of An Bord Altranais addressed a meeting of the section during the year. At the Annual General Meeting of the section the three outgoing officers were re-elected for a second term.

In April, Anna Monaghan, a member of the INO Executive Council, represented the section at the third annual meeting of the European Forum of National Nursing and Midwifery Associations and WHO, in Budapest.

In May, the Chairperson and Secretary of the section, Sheila Sugrue and Deirdre Daly respectively, attended the 25th Triennial Congress of the International Confederation of Midwives in Manila. They also represented the section at the meeting of the International Council of Midwives, which was held during the Congress. The importance of having a voice in the international arena was emphasised during the pre-conference meetings. In addition to the officers of the section, 13 Irish midwives also attended the Conference. Papers were presented on 'The use and non-use of Birth Plans for Women in Labour' and on 'Substance Abuse presenting to a Dublin Maternity Hospital' by Marie McInerney and Sheila Sugrue respectively.

A decision was taken at the Conference to relocate the ICM headquarters to The Hague from London.

Also in May the Irish Nurses Organisation held its Annual Delegate Conference and it was with regret that the motion from the section to change the title of the INO to the Irish Nurses and Midwives Organisation was rejected. Despite the position recommendations for midwives in the Commission on Nursing Report, the attending delegates, many with midwifery qualifications, did not support the motion.

Ireland was host to the European Midwives Liaison Committee meeting in Dublin on 4 and 5 September 1999, and it was with great pleasure that Anna Monaghan was elected President of this Committee for the incoming term.

Deirdre Daly has represented the section on the Nursing Education Forum since February 1999. The Forum's prime remit is to develop a strategy for the implementation of the degree programme in nursing due to commence in 2002.

Issues addressed by the Standing Committee

The Scope of Midwifery Practice has taken up most of the time of the standing committee and a submission was made to An Bord Altranais. An interim report was published in October 1999 by An Bord Altranais on the Scope of Practice for both Nursing and Midwifery. The officers of the section have been invited to meet with the project officers of An Bord Altranais in the New Year, to further discuss issues such as supervision and prescription.

Clinical career pathways for midwives have also been explored by the standing committee and a discussion document was produced to stimulate comment and debate among the profession.

Joint Conference

The sixth joint North/South Conference, organised by the Royal College of Midwives, Northern Ireland, and the INO Midwives Section, was held in Newry on 18 November 1999. The focus of the Conference was 'Mothers and Midwives reducing the Risks'. This year's conference was attended by 160 midwives, with approximately half being from the Irish Republic. A detailed evaluation has not yet been completed but the preliminary feedback suggests that all participants were satisfied with the programme content and venue.

The Future

Direct access to midwifery will commence in June 2000. It will be piloted by the University of Dublin, Trinity College, the Rotunda Hospital and Our Lady of Lourdes Hospital, Drogheda. Plans are underway to appoint a full-time co-ordinator of the course.

A welcome increase in theory time, from 13 weeks to 26 weeks for student midwives, is to be introduced nationwide from April 2000. Whilst the proposed time scale will be a challenge for both the midwifery educators and service providers, it will ultimately serve to improve the future quality of care for women and their families as well as making training more satisfying for midwifery students. This may also help improve recruitment and retention of midwives within the Irish maternity services.

Meetings with the new Midwifery Adviser to the Department of Health and Children, Mary Brosnan, are to be set up early in the New Year.

Our pledge for the year 2000 is to increase the profile of the midwife within the health care system in Ireland.

Nurse Tutors and Clinical Teachers Section

The past year has continued to be one of uncertainty and this was reflected by the main activities of the section during the year. Four meetings of the section were held in 1999 and a special information meeting was held on 4 November, to discuss the implications of Labour Court Recommendation (LCR 16330) following the national nurses' dispute.

Nurse Tutors Conference

This Conference was held in the Ashling Hotel, Dublin, on Thursday, 22 April 1999, and was very successful with over 100 Nurse Tutors attending.

Hilary Heron, Nursing Advisor from the Royal College of Nursing, gave an insight into the role change for nurse teachers in Northern Ireland in the transition of nurse education into third level institutions.

Daltún O'Ceallaigh, General Secretary, Irish Federation of University Teachers, gave a very comprehensive talk on the salary and conditions of University Teachers.

Professor Oliver Slevin, Chief Executive, Northern Ireland Nursing Board, gave a clear picture of the pros and cons of the changes in nursing education in Northern Ireland and the process of moving into third level colleges.

David Hughes, Director of Industrial Relations, INO, spoke about redundancy packages from previous cases of redundancy in the public service.

Embargo

The lack of response by An Bord Altranais to the concerns of nurse teachers in relation to An Bord's document 'Requirements and Standards for Nurse Registration Education Programmes' resulted in a decision being taken to place an embargo on all new work emanating from the publication of this

document. The embargo remained in place until 17 November 1999. Removal of the embargo became a condition attached to the payment of improved salaries to nurse teachers. The continued failure of An Bord Altranais to respond to ongoing concerns regarding aspects of the document remains a source of frustration to members of the section.

Nursing Education Forum

A submission was made to the Forum outlining how the section would like to see nurse education develop. The concerns of nurse teachers in relation to aspects of the proposed changes arising from the report of the Commission on Nursing were highlighted.

Legal Opinion on EC Council Directive 77/187

Section officers attended a meeting with the Organisation's legal advisers, which sought to have legal opinion on the applicability of the 'Acquired Rights Directive' to the transfer of nurse teachers from hospitals/health boards to universities. Council's opinion is that the transfer of the nurse teaching function from hospital/health board to universities is a transfer of undertaking within the meaning of Council Directive 77/187 and can be used to protect the rights of nurse teachers in any future transfer of nurse education to the third level sector.

National Strike

In common with our colleagues in clinical nurse practice and management, nurse teachers participated in the first ever national nurses' strike. Our main contribution was on the picket line or on strike committees. The experience was certainly educational. We extend our gratitude to all our colleagues for solidarity shown during those days.

Negotiations on the future of Nurse Teachers

Discussions have commenced with the Health Service Employers Agency regarding the future conditions of nurse teachers and their position once pre-registration nurse education moves to third level colleges in 2002.

In preparation for these discussions it has been decided to reform the working group set up in 1998. The remit of this group will be to discuss issues pertaining to nurse education and to advise the negotiating team. Members of the group will join the negotiating team at meetings with the HSEA when special interest issues are tabled.

Operating Department Nurses Section

Four meetings were held during the year in Dublin, Letterkenny and Tralee venues.

The main issues considered during the year were: the education of perioperative nurses; non-nursing duties; the extended role of the nurse in the operating theatre; new grades of non-nursing staff; on-call conditions and pay; and the implementation of the recommendations of the Commission on Nursing in the operating theatre setting.

The provision of operating theatre courses outside of Dublin has been a high priority and following the section's visit to Letterkenny General Hospital in June, interested parties initiated proceedings and they are now aiming to commence the diploma course in the coming year. Congratulations to all involved.

The section published a position statement on Education for Operating Department Nurses in 1999.

Education/Conferences

Education sessions during the year included a presentation by Fiona Clarke, Cappagh Orthopaedic Hospital, on 'Surgical Bone Banking'. Jeanette Kelly discussed the 'Nurse's Role in IV Cannulation', as practised in Letterkenny General Hospital, and Rose Daly, Tralee General Hospital, enlightened us on the 'Essential Characteristics of an Interpersonally Skilled Nurse'.

Liz Waters and Margaret Hughes were selected, for sponsorship by the section to attend the National Association of Theatre Nurses (NATN) Conference in Harrogate. Joan Gallagher and Margaret B Murphy were sponsored to attend the World Conference of Operating Room Nurses in Helsinki, in July 1999.

The annual conference of the section 'New Horizons' was held in the Ferrycarrig Hotel, Wexford, in November. There were in excess of 150 delegates in attendance and evaluations of the proceedings revealed a high satisfaction rating.



Pictured at the Operating Department Nurses Section National Conference in the Ferrycarrig Hotel, Wexford, were (l-r): Caroline Doolan, Breda Madden and Sharon Curran

Councillor Gus Byrne, Deputy Lord Mayor of Wexford, opened the trade exhibition which was well supported by sponsoring medical companies.

Topics covered included: Clinical and social care governance in Northern Ireland; the perioperative multidisciplinary team, as experienced in the UK; skill mix analysis; and the legal implications of the extended role. We also learned how to grow our own career in the 21st century, viewed the possible opportunities arising from the report of the Commission on Nursing, discussed the nurturing of tomorrow's operating department nurse, and heard about a quality draping system for orthopaedic surgery. Margaret Brett, out-going EORNA President, informed us about Europe and the operating department nurse and our honoured guest, Hugh Leonard, related in a humorous and touching manner, his experience as a patient.

Fannin Ireland generously sponsored the scientific poster competition, held in conjunction with the conference. Both the winner and runner-up were staff nurses from St Vincent's University Hospital, Dublin. Jane Murphy took the top prize for her presentation on optimal surgical scrub time, while her colleague, Kathleen Healy, received the runner-up prize for her presentation on glutaraldehyde – a risk in the workplace.

A presentation was made to Anne Cody in acknowledgement of her continued involvement in the activities of the section, despite her many other duties and onerous responsibilities throughout her term as INO President.

EORNA (European Operating Room Nurses Association)

Ireland is currently the co-ordinator of EORNA. This role demands a lot of effort and commitment from our two representatives, Anne O'Callaghan and Maureen Flynn, to whom we extend our sincere gratitude for their enormous input on our behalf.

Two meetings were held during the year. The spring meeting was held in Prague and the autumn meeting in Greece. The second EORNA Congress will be held in Bergen, Norway, in May 2000.

Caroline Higgins, St Vincent's University Hospital, Dublin, presented papers at the Greek National Theatre Nurses' Conference which took place in Kos, in September 1999, and also at the European Surgical Institute in association with EORNA in Hamburg, in October 1999.

Elizabeth Farrell, Mater Hospital, was the Irish winner of the EORNA Klinidrape Foundation competition and subsequently went on to be the overall winner of the competition and will present her paper at the EORNA Congress, in Bergen, in May 2000. Her study is on 'Ionising Radiation'. This is a great achievement for Ms Farrell and for Irish operating theatre nurses. We heartily congratulate her on her success.

Steering Group

Currently, Anne O'Brien is the section's representative

on the steering group in the Department of Health investigating the possible role of care assistants in the operating department.

In summary, despite a continuously low turnout at meetings, the section is pleased with achievement to date on its ambitious objectives.

Paediatric Nurses Section

The main activities of the section, during the year under review, centred around the issues relating to direct entry into paediatric nurse education and training, and promoting paediatric nursing as a specialty.

In March 1999, representatives of the section met to discuss these issues with the INO Nurse Education Nursing Practice Committee. This was followed by a meeting, in July, with Emily Logan (Our Lady's Hospital for Sick Children) and Honor Nicholl (Temple Street Hospital). Ms Logan and Ms Nicholl, as members of the Nurse Education Forum, clarified and discussed issues relating to direct entry for paediatric nurse training.

The motion submitted by the section, to the INO Annual Delegate Conference, in May 1999, calling on the Minister for Health and Children that paediatric nurses be included in the joint council being proposed for paediatrics in Ireland, was adopted and its implementation is being actively pursued.

Following acceptance of the Labour Court Recommendations in October 1999, the section was encouraged by the enhancement of the specialty allowance and the recognition that dual qualified nurses, holding sick children's nursing as their second qualification, would be placed on the dual qualified pay scale.

The section looks forward to promoting and supporting the interests of paediatric nurses into the next millennium.

Directors and Assistant Directors of Public Health Nursing Section

This section met on four occasions during the year. Issues dealt with included:

- Primary childhood immunisation programme;
- Pay campaign and national nurses' strike;
- Recruitment and training of student public health nurses;
- Proposals regarding the removal of midwifery as a requirement for future public health nurses.

The section's motion submitted to the INO Annual Delegate Conference in May 1999 was adopted. The motion called on the INO "to pursue the implementation of the recommendation in the Report of the Commission on Nursing which, in 8.24, recommends

"that the Department of Health and Children issue a revised strategy statement on the role of public health nursing". The report 'Public Health Nursing: A Review (1997)' should inform the deliberations on a revised strategy statement".

The spirit of the motion will form part of the Organisation's negotiations on the implementation of the recommendations of the Commission on Nursing.

National Public Health Nurses Section

The section met twice during the year under review. In addition a number of the regional sub-sections met, on a regular basis, to consider issues relevant to their particular areas.

The year under review saw this section very busy primarily due to issues surrounding the implementation of the childhood primary immunisation programme agreement and the activities surrounding the national nurses' pay dispute, the outcomes of which are recorded elsewhere in this report.

Other issues dealt with included the recruitment and training of student public health nurses, and the recommendation of the Commission on Nursing regarding the removal of midwifery as a requirement for future public health nurses.

In response to concerns from members, the Organisation printed and circulated disclaimer statements, in book format, to health centres. This should facilitate members in recording caseload concerns to their line managers.

In May 1999 the Organisation received a positive recommendation from the Labour Court following referral of a claim for the payment of subsistence to public health nurses in the Southern Health Board area.

The Court, in its recommendation LCR 16194, stated that it was not "satisfied that there are justifiable reasons for not paying the claimants the allowance claimed particularly as they are paid mileage allowance". It also stated that "the Court is sympathetic to this claim".

The Organisation is now seeking the application of this recommendation on a national basis.

Ward Sisters Section

The section met on three occasions during the year under review. Meetings of the section were dominated by the pay claim for promotional grades – ward sisters being a pivotal grade in the group.

The section also debated the report of the Commission on Nursing particularly its recommendations in relation to career pathways for ward sisters and played an active role in developing the job profiles for the new clinical nurse manager structure.

The section also monitored progress regarding the location/specialist allowances and, in particular, the extension to all category two courses of the specialist allowances.

A development programme for Clinical Nurse Managers and Middle Nurse Managers is currently being pursued through the Office for Health Management.

Practice Nurses Section

The section met on two occasions during the year.

In keeping with the relevant sections of the Industrial Relations Act 1990, practice nurses, as private employees, could not vote or participate in the national nurses' strike. However, many members of the section sent messages of support and solidarity to their striking colleagues.

Due to the ongoing national pay dispute, and the consequential high level of activity within the INO, a number of projects were put on hold. These have now been re-activated and will be pursued early in the New Year. These include:

- Formation of a questionnaire to all practice nurses regarding pay and conditions;
- Submission of an article to the Irish Practice Nurse Association magazine on the structure and function of the INO;
- Drawing-up the role and function of a practice nurse representative with a view to improving communications among members of the section.

The Organisation is currently investigating the possibility of establishing a legally binding registered agreement, in relation to pay and conditions for practice nurses, as negotiations to date, with the Irish Medical Organisation and the Department of Health, to have public service rates of pay applied to all practice nurses have failed.

In September 1999, David Hughes, Director of Industrial Relations, facilitated a very successful workshop 'Negotiating your Contract in Private Employment for Practice Nurses'. The workshop will be repeated in March 2000.

Accident and Emergency Nurses Special Interest Group

Once again, members working in accident and emergency departments experienced difficulties in providing a high quality of care to patients. These difficulties arose mainly from the major shortage of nursing staff, seasonal bed closures and hospital discharge policies.

These difficulties were highlighted by the Organisation, through the media, and in ongoing discussions with the Department of Health and health agencies in general.

The highlight of the year has to be the Organisation's success in having accident and emergency departments included in the areas which would attract the £1,000 location allowance, as part of the overall settlement pay proposals.

INO Neonatal Nurses Association

The section commenced 1999 with a conference held in the Coombe Women's Hospital, on 30 January. The topic chosen was 'Transport of the Neonate'. With the transport initiative well underway it proved an interesting and thought provoking day. It attracted a good mix of neonatal staff from around the country. The evaluation forms indicated a very positive response from participants.

Representatives of the section attended the third International Neonatal Nursing Conference 'Bridging the World', in Harrogate, in April. This was an ideal opportunity to network with our colleagues from around the world. It was a 'visible and active demonstration of both the art and science of international neonatal nursing'. Keynote speakers included such renowned names as Professor Susan Blackburn, Dr Hazel McHaffie, Dr Abhay Bang and Dr Margaret Redshaw.

It is planned for members of the section to meet again in January 2000 to discuss the future of the group with an emphasis on recruitment to the section.

Occupational Health Nurses Section

The section took on board a number of new tasks this year, along with the ongoing issue of salary scales and the occupational health nurse recognition by An Bord Altranais.

These included the lobbying of third level institutions to pilot the core curriculum, launched in 1999, by the Federation of Occupational Health Nurses within the European Union (FOHNEU). A questionnaire to determine members' views on the curriculum was distributed at the annual conference.

We also asked our members to review a draft document entitled 'The Role of the Occupational Health Nurse in Workplace Health Management'. The WHO European Centre for Environment and Health is to incorporate this document into an international guidance document on 'The Role and Competencies of Occupational Health Nurses in the European Region'.

Members lobbied the board of the Occupational Health and Safety Institute regarding the lack of input by occupational health nurses in setting-up the Institute and the lack of representation on its board.

Members of the section were actively involved in organising the joint annual conference of the INO Occupational Health Nurses Section and the

Occupational Health Nurses Association. The Chairperson of the Health and Safety Authority, Frank Cunneen, opened the conference. His opening address focused mainly on the recently established Occupational Health and Safety Institute, in Dublin City University, and the task force on the prevention of workplace bullying, established, under the auspices of the Health and Safety Authority, in July 1999. Mr Cunneen invited members to make informed submissions to the task force.

Papers from the other six speakers, four of whom were nurses, were very well received by those attending.

The second congress of FOHNEU will take place in Strasbourg, in October 2000. We are actively seeking sponsorship for a poster competition with a view to sending the winner to this very important congress.

Emergency and General Nurses Section

The year under review was one of the busiest on record for the section, reflecting the increasing number of nurses working in this capacity and their importance to the public health sector. The main areas of activity were:

- The implementation of the provisions of the Organisation of Working Time Act 1997 and its application to agency nurses. Following protracted discussions with the Health Service Employers Agency, a formula was agreed for implementation of the relevant terms of the Act and it seems to be working in most locations. However, there continues to be difficulties in relation to the Eastern Health Board and these are being pursued by the Organisation.
- The failure of management, at national level, to grant to agency nurses the £1,250 lump sum payment, as provided for in Labour Court Recommendation 16261. At the time of writing this report, talks were continuing with the Health Service Employers Agency in respect of this matter, and there remains the possibility of a return to the Labour Court to seek clarification in respect of this group.

Army Nurses Section

Issues pertaining to the claim for compensation in respect of weekend earnings that will be lost as a result of staff reverting to a five day working regime in the army nursing service remain unresolved with the Department of Defence.

At the time of writing this report, the Organisation is currently pursuing the application, to nurses employed in the army service, of the respective Labour Court Recommendations which formed part of the settlement proposals following the nationwide nurses' dispute.

Registered Mental Handicap Nurses Section

In common with nurse colleagues in other disciplines of nursing, the main activity of members centred on the national nurses' strike and the final settlement proposals. Since the settlement of the national dispute the Organisation has been engaged in a number of meetings with the employers on several issues of specific relevance to members working in the field of mental handicap. In this context a meeting of the section will be held early in the New Year to discuss the following:

- Criteria to determine payment of the new allowance for nurses working in severe and profound units;
- Criteria, location and number of CNM1 (first line management) posts which will be created;
- Criteria to determine the number of Clinical Nurse Specialist posts which will be created by the newly established National Council for the Professional Development of Nursing and Midwifery.

These discussions are the most important set of discussions which have taken place in recent years as they have the potential to both improve the income and promotional opportunities of a large number of nurses working in the field of mental handicap.

INO Association for the Elderly

Nurses working in the care of the elderly welcomed the initiative, by the Organisation, in the drawing-up of a Charter of Rights for Older People, to commemorate the United Nations' designation of 1999 as the International Year of the Older Person.

This special year was also commemorated at the INO Annual Delegate Conference, in May 1999, when Louise Richardson, Director, International Year of the Older Person, addressed and facilitated a special workshop on the 'Year of the Older Person'. A number of motions relating to staffing levels and skill-mix in care of the elderly hospitals were debated. The needs of our elderly population in relation to health and social issues were also addressed.

Some members of the section, currently undertaking a masters degree in gerontology, are planning to promote and revive interest in the section in the coming year.

Student Nurses Section

The Organisation continued its campaign in relation to the abolition of fees associated with the fourth year degree programme. Discussions are also ongoing with the Department of Health and Children, in respect of further increases in the annual maintenance grant, external clinical placement allowance, textbook and uniform allowances.

Alan O'Riordan and Roberta Fahey represented the section at the ICN Centennial Conference in London, in June 1999, at which they participated in debates and workshops relating to student nurse training, conditions and future options for student nurses. Congratulations are extended to Alan O'Riordan who was elected President of the European Nurses Student Group, at this Conference.

The INO, as the sole ICN affiliate in this country, will be

hosting the European Nurses Student Group Conference in Dublin on 19 and 20 July 2000. The Conference, which will be attended by student nurses from countries all over Europe, will be the largest gathering of student nurses in recent years. It is hoped that many of our student nurse members will avail of this opportunity to fully participate in the programme of events which will include educational, professional and social events.

Appendix I: INO Charter of Rights for Older People

INO recognise that ageing is a natural process and not an illness and calls for:

- **The Right** to an improved life expectancy by maintaining health status at 65.
- **The Right** to a Medical Card at age 65, regardless of means.
- **The Right** to an improvement in the lives and autonomy of older people ensuring access and availability to a wider range of therapies.
- **The Right** to have their skills, expertise and experience recognised and utilised.
- **The Right** to live in their own homes in a secure and safe environment with the provision of security devices, mobility aids and appliances, electricity, gas, TV licence and telephone rental free of charge.
- **The Right** to inclusivity in community projects and initiatives.
- **The Right** to have the option to develop their personal skills through a choice of education programmes.
- **The Right** to an improvement in their quality of life and life expectancy through monies being made available for research into illnesses associated with the older person.
- **The Right** to adequate free transport, especially in rural areas, to ensure that the older person can enjoy a normal lifestyle.
- **The Right** to a 24 hour nursing, trained home help service and/or the provision of a carer's allowance in the community allied with the provision of respite care.
- **The Right** to day care accessibility 7 days x 52 weeks.
- **The Right** to have access to accommodation appropriate to the individual needs in his or her own area.
- **The Right** to freedom from abuse – verbal and physical.

Appendix II: INO Secretariat

| | |
|---------------------------------------|--|
| General Secretary: | Liam Doran MA BA RGN RMHN |
| Deputy General Secretary: | Lenore Mrkwicka MA RGN |
| Director of Professional Development: | Annette Kennedy MSc BNS |
| Director of Industrial Relations: | David Hughes MA (Industrial Relations) |

Industrial Relations and Information Officers

| | |
|--|---|
| Eastern Region and other Dublin Health Agencies/Sections: | Phil O'Shea RGN Dip IR & TU Studies |
| Voluntary Hospitals - Greater Dublin area: | Gerry Bellew RPN Dip IR |
| Midland Region and other Dublin Health Agencies/Sections: | Deirdre Gillane RGN |
| North Eastern Region and some Dublin Health Service Agencies: | John Delamere RPN |
| North Western Region: | Cora O'Rourke RGN RM RPHN |
| South Eastern Region: | Don Culliton RPN Dip Nursing Studies |
| Southern Region: | Mary Power MA RGN RM |
| Western Region: | Clare Treacy RGN RPN Dip IR Dip EO |
| Mid-Western Region: | Noreen Muldoon RGN |
| Information Officer: | Colette Mullin BA IR & PM |
| Relief Industrial Relations Officer: | Noreen Browne (contract expires in June 2000) |

Administration

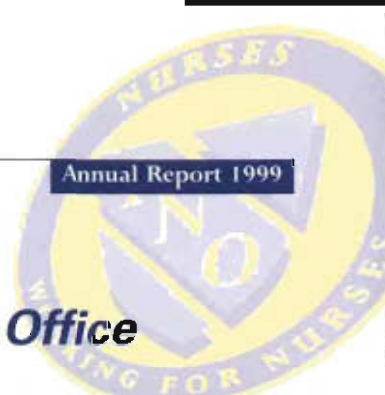
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|---|--|
| Administration Manager: | Dorothy Mullarkey Dip Management & IR |
| Personal Assistant to General Secretary: | Michaela Ruane |
| Personal Assistant to Deputy General Secretary: | Ann Keating |
| Secretaries: | Edel Bose Phyllis Foody Martina Dunne Ann O'Brien |
| Accounts Officer: | Una O'Brien MIATI |
| Accounts Assistants: | Dolores Proudfoot Sinead Kinahan |
| Telephonist Receptionist: | Michelle Mathews |
| Membership Services Officer: | Kevin Downey |

Professional Development Centre

| | |
|----------------------------------|--------------------------------------|
| Education and Promotion Officer: | Kathy Foy-Newman RSCN Dip IR, Dip PR |
| Course Co-Ordinator: | Marian Godley |
| Project Officer: | Jean Carroll BA Psychology Dip BS |
| Secretary: | Helen O'Connell |

Library

| | |
|---------------------|--|
| Librarian: | Muriel Haire Dip Library & Information Studies |
| Library Assistants: | Rhona Ledwidge Catherine Hopkins |



Appendix III: Branch Officers – Currently in Office

| BRANCH | CHAIRPERSON | VICE-CHAIRPERSON | SECRETARY | TREASURER |
|---------------------------|---|---|--|--|
| ATHLONE | Margaret O'Cluaid Athlone District Hospital Athlone Co Westmeath | Patricia Naughton Athlone District Hospital Athlone Co Westmeath | Margaret Collins Athlone District Hospital Athlone Co Westmeath | Rita O'Connor Clonmacnoise Clonfanlough, Athlone Co Westmeath |
| ATHY | Olive Ennis-Farrell St Vincent's Hospital Athy, Co Kildare | Mary Langton St Vincent's Hospital Athy, Co Kildare | Margaret Brennan St Vincent's Hospital Athy, Co Kildare | Philomena McNamara St Vincent's Hospital Athy, Co Kildare |
| BALLINA | Mary Redmond Belmullet District Hospital Belmullet, Co Mayo | | Mary Neary Ballina District Hospital Ballina, Co Mayo | Jacinta Knight Ballina District Hospital Ballina, Co Mayo |
| BALLINASLOE | Margaret Burke Portiuncula Hospital Ballinasloe Co Galway | Catherine Coffey Portiuncula Hospital Ballinasloe Co Galway | Fionnuala Harney Portiuncula Hospital Ballinasloe Co Galway | Mary Fallon Portiuncula Hospital Ballinasloe Co Galway |
| BALLYSHANNON | Frances Loughlin Sheil Hospital Ballyshannon Co Donegal | Valerie McGonigle Sheil Hospital Ballyshannon Co Donegal | Mary Gillespie Sheil Hospital Ballyshannon Co Donegal | Audrey Sheerin Sheil Hospital Ballyshannon Co Donegal |
| BANTRY | Margaret Cronin Bantry General Hospital Bantry, Co Cork | | Margaret McCarthy Bantry General Hospital Bantry, Co Cork | Maura O'Brien Bantry General Hospital Bantry, Co Cork |
| BEAUMONT HOSPITAL | Mary Kerins Beaumont Hospital Beaumont Road Dublin 9 | Ita Tighe Beaumont Hospital Beaumont Road Dublin 9 | Mary Tynan-Connell Beaumont Hospital Beaumont Road Dublin 9 | Sonya Brown Beaumont Hospital Beaumont Road Dublin 9 |
| CARLOW | Ursula Walsh Sacred Heart Home Carlow | Mary Margaret Farrell Sacred Heart Home Carlow | Philomena Walsh Sacred Heart Home Carlow | Marie Menton Carlow District Hospital Carlow |
| CARNDONAGH | Marian McLaughlin Carndonagh Community Hospital Co Donegal | Mary Rose Doherty Carndonagh Community Hospital Co Donegal | Dolores Gallagher 16 Figary Heights Fahan Co Donegal | Margaret Mary Gilmore Carndonagh Community Hospital Co Donegal |
| CASHEL | Mary Roche Our Lady's Hospital, Cashel Co Tipperary | Mary Fanning Our Lady's Hospital, Cashel Co Tipperary | Josephine Tobin Our Lady's Hospital, Cashel Co Tipperary | Eileen Phelan Our Lady's Hospital, Cashel Co Tipperary |
| CASTLEBAR | Regina Durcan Mayo General Hospital Castlebar Co Mayo | Catherine Walsh Sacred Heart Home Castlebar Co Mayo | Joan Falsey Mayo General Hospital Castlebar Co Mayo | Mary Kelly Mayo General Hospital Castlebar Co Mayo |
| CAVAN | Mary Kelly Cavan General Hospital Cavan | Ann McGauran Cavan General Hospital Cavan | Catherine Lennon Cavan General Hospital Cavan | Joan Kelly Cavan General Hospital Cavan |
| CLARE | Margaret Lynch Our Lady's Hospital Ennis, Co Clare | Anne Theresa Conway Ennis County Hospital Ennis, Co Clare | Patricia Mary Cawley Ennis County Hospital Ennis, Co Clare | Josephine McGrath St Joseph's Hospital Ennis, Co Clare |
| CLONAKILTY/ SKIBBEREEN | Mairead O'Brien Mount Carmel Hospital Clonakilty Co Cork | | Eileen Mary O'Regan Mount Carmel Hospital Clonakilty Co Cork | Margaret Murphy Skibbereen District Hospital Skibbereen Co Cork |

| BRANCH | CHAIRPERSON | VICE-CHAIRPERSON | SECRETARY | TREASURER |
|--------------|---|---|---|--|
| CLONMEL | Philomena Prendergast St Joseph's Hospital Clonmel Co Tipperary | | David Nolan St Joseph's Hospital Clonmel Co Tipperary | Kathleen Harrington St Joseph's Hospital Clonmel Co Tipperary |
| CORK CITY | Ellen Fitzgerald 9 Clifton, Elm Park Wilton Cork | Siobhan O'Brien 'Woodhaven' Sarsfield Court Glenmire, Co Cork | Margaret Frahill Mercy Hospital Grenville Place Cork | Helen Carey Bon Secours Hospital College Road Cork |
| DROGHEDA | Nancy Allen Our Lady of Lourdes Hospital Drogheda Co Louth | Winifred Mary Collier St. Mary's Hospital Dublin Road Drogheda Co Louth | Sheila Golligly Mount Oliver Convent (Retirement home) Newry Road, Dundalk Co Louth | Maria Callaghan Our Lady of Lourdes Hospital Drogheda Co Louth |
| DUBLIN | Mary Cotter Adelaide & Meath Hospital Tallaght Dublin 24 | Dorothy O'Sullivan Mater Public Hospital Eccles Street Dublin 7 | Teresa Hayes Adelaide & Meath Hospital Tallaght Dublin 24 | Patricia Mearley St Columcille's Hospital Loughlinstown Co Dublin |
| DUNDALK | Jacinta Mary Daly Louth County Hospital Dublin Road Dundalk, Co Louth | | Rose Mary Byrne Louth County Hospital Dublin Road Dundalk, Co Louth | Mary Teresa Carroll Louth County Hospital Dublin Road Dundalk, Co Louth |
| GALWAY | Christina Howard Galway University College Hospital Newcastle Road Galway | Ann Patricia Moylotte Nurses Residence Carna Co Galway | Collette Lynskey Galway University College Hospital Newcastle Road Galway | Mary Walsh Bon Secours Hospital Renmore Galway |
| KILDARE/NAAS | Deirdre Cashman Naas General Hospital Naas Co Kildare | Helen Buckley Naas General Hospital Naas Co Kildare | Nora Donagh Naas General Hospital Naas Co Kildare | Edwina Elizabeth Weir Naas General Hospital Naas Co Kildare |
| KILKENNY | Patricia McEvoy St Luke's General Hospital Kilkenny | Helen Mallon St Patrick's Centre Kells Road, Kilkenny | Yvonne Jenkinson St Luke's General Hospital Kilkenny | Mary Doyle St Luke's General Hospital Kilkenny |
| KILLARNEY | Mary Rose Fenton St Joseph's Nursing Home Ballykissane Killorglin, Co Kerry | | Maura Friel St Columbanus Home Killarney Co Kerry | Mary Joy St Joseph's Nursing Home Ballykissane Killorglin, Co Kerry |
| LAOIS | Mary Collins Portlaoise General Hospital Portlaoise Co Laois | Mary Fleming St Vincents Hospital Mountmellick Co Laois | Aideen Maher Abbeyleix District Hospital Abbeyleix Co Laois | Mary Mangan St Brigid's Hospital Shaen Co Laois |
| LEITRIM | Mary Cregg St Patrick's Hospital Carrick-On-Shannon Co Leitrim | Irene Argue Drumharkin Glebe Cloone, Carrick-On-Shannon Co Leitrim | Maureen Guihen St Patrick's Hospital Carrick-On-Shannon Co Leitrim | Anne Marion Cox St Patrick's Hospital Carrick-On-Shannon Co Leitrim |
| LETTERKENNY | Therese Gallagher Letterkenny General Hospital Letterkenny Co Donegal | Mairead McFadden Letterkenny General Hospital Letterkenny Co Donegal | Breda McCollum Letterkenny General Hospital Letterkenny Co Donegal | Nuala Richardson Letterkenny General Hospital Letterkenny Co Donegal |
| LIMERICK | Mary Anne McCloskey St Camillus Hospital Limerick Co Limerick | Paula Cussen-Murphy 6 Castleview Castleconnell Co Limerick | Julia Marie Cotter St John's Hospital St John's Square Limerick | Elizabeth O'Callaghan St John's Hospital St John's Square Limerick |

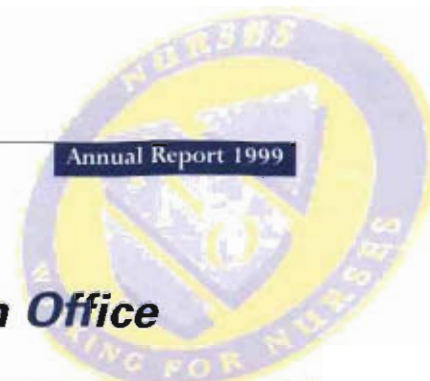
| BRANCH | CHAIRPERSON | VICE-CHAIRPERSON | SECRETARY | TREASURER |
|--------------------|---|--|--|--|
| LONGFORD | Bernadette Masterson St Joseph's Hospital Longford | Martha Duignan Mount Carmel Hospital Longford | Deirdre Carberry St Joseph's Hospital Longford | Mary Bridget Keegan St Joseph's Hospital Longford |
| MALLOW | Anne Mary Jackson Fermoy District Hospital Fermoy Co Cork | | Mary Ryan Mallow General Hospital Mallow Co Cork | Bridget Mary Herlihy Mallow General Hospital Mallow Co Cork |
| MEATH | Dympna Mary Fegan Our Lady's Hospital Navan Co Meath | Evelyn Maguire St Joseph's Hospital Trim Co Meath | Brenda Finlay Our Lady's Navan Co Meath | Grainne Coogan 27 Maple Drive Kells Co Meath |
| MONAGHAN | Noel Treanor St Mary's Hospital Castleblaney | Mary Rose Craig Monaghan General Hospital Monaghan | Catherine Quigley Monaghan General Hospital Monaghan | Margaret McAdam Monaghan General Hospital Monaghan |
| MULLINGAR | Catherine Tormey Longford Westmeath General Hospital Mullingar Co Westmeath | | Agatha McPartland 8 Glenview Heights Mullingar Co Westmeath | Ann Farrell St Mary's Hospital Mullingar Co Westmeath |
| OFFALY | Rosemary Bracken Tullamore General Hospital Tullamore Co Offaly | Catherine Miller Tullamore General Hospital Tullamore Co Offaly | Kathleen Garvey Tullamore General Hospital Tullamore Co Offaly | Margaret Carton Tullamore General Hospital Tullamore Co Offaly |
| ROSCOMMON | Marie Gunning Roscommon County Hospital Roscommon | Deirdre Harrington Plunkett Home, Boyle Co Roscommon | Anita Cunningham Sacred Heart Home Roscommon | Helena I Stephens Sacred Heart Home Roscommon |
| SLIGO | Elizabeth McTiernan Sligo General Hospital The Mall Sligo | Breda McHugh St John's Hospital Ballytivnan Sligo | Catherine Judge Sligo General Hospital The Mall Sligo | Mary Melvin St John's Hospital Ballytivnan Sligo |
| TIPPERARY NORTH | Ursula Paine-Ryan Hospital of the Assumption Thurles Co Tipperary | Aileen Bourke 'Dunarra' Tyrone, Nenagh Co Tipperary | Mary Richardson Hospital of the Assumption Thurles Co Tipperary | Mary Nevin Nenagh County Hospital Nenagh Co Tipperary |
| TRALEE | Elizabeth Crowley Tralee General Hospital Tralee Co Kerry | | Mary Fitzgerald Tralee General Hospital Tralee Co Kerry | Mary Quirke Tralee General Hospital Tralee Co Kerry |
| WATERFORD | Margaret Mary Flavin Waterford Regional Hospital Ardkeen Waterford | Claire Mahon Waterford Regional Hospital Ardkeen Waterford | Annette Gee Waterford Regional Hospital Ardkeen Waterford | Mary McCormack-Sanidson Waterford Regional Hospital Ardkeen Waterford |
| WEXFORD | Rebecca Pierce Wexford General Hospital Wexford | Anne Moore Wexford General Hospital Wexford | Eithne O'Sullivan Wexford General Hospital Wexford | Catherine Carmody Wexford General Hospital Wexford |
| WICKLOW | Anna Redmond St Colman's Hospital Rathdrum Co Wicklow | Margaret Evans St Colman's Hospital Rathdrum Co Wicklow | Mary Bridget Hayes Baltinglass District Hospital Baltinglass Co Wicklow | Nancy Grennan Wicklow Town District Hospital Wicklow |



Appendix IV: Section Officers – Currently in Office

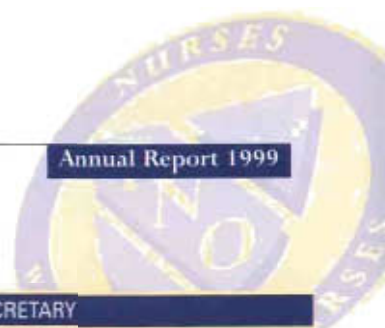
| SECTION | CHAIRPERSON | VICE-CHAIRPERSON | SECRETARY |
|--|--|--|---|
| MATRONS/ ASSISTANT MATRONS/ HOME SISTERS/ NIGHT SUPERINTENDENTS | Breda Hayes Community Unit for Older People SCR Dublin 8 | Mary Duff Our Lady of Lourdes Hospital Drogheda Co Louth | Patrick Cleary Nenagh General Hospital Nenagh Co. Tipperary |
| NURSE TUTORS/ CLINICAL TEACHERS | Jacqueline Burke St Vincent's Hospital Elm Park Dublin 4 | Liam Teggart St Vincent's Hospital Elm Park Dublin 4 | Miriam McNicholas Galway University Hospital Newcastle Road Galway |
| MIDWIVES | Shelia Sugrue Coombe Women's Hospital Dolphins Barn Dublin 8 | Edwina O'Keeffe St Luke's General hospital Kilkenny | Deirdre Daly Rotunda Hospital Parnell Square Dublin 1 |
| WARD SISTERS | Evelyn Farrelly Longford Westmeath Hospital Mullingar, Co Westmeath | Ann Hogan St Camillus Hospital Limerick | |
| OPERATING DEPARTMENT NURSES | Anne O'Brien Temple Street Children's Hospital Temple Street Dublin 1 | Elizabeth Waters Naas General Hospital Naas Co Kildare | Caroline Higgins St Vincent's Hospital Elm Park Dublin 4 |
| MENTAL HANDICAP NURSES | Jacinta Mulhere St Vincent's Centre Navan Road Dublin 7 | Eamonn Ryan Brothers of Charity Services Bawnmore Centre Bawnmore, Limerick | Siobhan Brennan St Michael's House Dublin |
| PAEDIATRIC NURSES | Louise Farren Our Lady's Hospital Crumlin, Dublin 12 | Maureen Magee Our Lady's Hospital Crumlin, Dublin 12 | Helene Murchan Our Lady's Hospital Crumlin, Dublin 12 |
| DIRECTOR & ASSISTANT DIRECTOR PUBLIC HEALTH NURSES | Regina Buckley 10 Nutley Park Donnybrook Dublin 4 | Helen Harris Ballinure Thurles Co Tipperary | Sheila Armstrong 17 Cherry Park Rathingle Swords, Co Dublin |
| PUBLIC HEALTH NURSES | Mary Powell 80 Carrick Court Portmarnock Co Dublin | Patricia Breen 34 St Fintan's Road Sutton Dublin 13 | Jennifer Bolland 'Wine Tavern' Stratford-on-Slaney Co Wicklow |
| OCCUPATIONAL HEALTH NURSES | Jean Deasy 147 Rathfarnham Road Rathfarnham Dublin 14 | | Marie Tarpey 11 St Peter's Road Little Bray Co Wicklow |
| EMERGENCY & GENERAL NURSES | Brendan Coyne Aisling, Agher Enfield, Co Meath | | |
| INO ASSOCIATION FOR THE ELDERLY | | Breoffni Ni Bhroin Royal Hospital Donnybrook Dublin 4 | Catherine Nolan Bru Chaoimhin Cork Street Dublin 8 |
| NEONATAL | Clare McCormack National Maternity Hospital Holles Street Dublin 2 | Mary O'Donoghue Coombe Women's Hospital Dolphins Barn Dublin 8 | Rosena Hanniffy Coombe Women's Hospital Dolphins Barn Dublin 8 |

| SECTION | CHAIRPERSON | VICE-CHAIRPERSON | SECRETARY |
|-----------------------------|---|--|---|
| PRACTICE NURSES | Anna Savino 7 Westbourne Drive Clondalkin Dublin 22 | | |
| ACCIDENT & EMERGENCY NURSES | Mary Moran Adelaide & Meath Hospital Tallaght Dublin 24 | | Mary Walters St James's Hospital James Street Dublin 8 |
| ARMY NURSING SERVICE | Mary O'Driscoll Cork Military Hospital Collins Barracks Cork | Ann Kehoe St Bricin's Military Hospital Infirmary Road Dublin 7 | |
| PALLIATIVE CARE NURSES | Cliona Cronin Our Lady's Hospital Crumlin Dublin 12 | | Ann-Marie McCafferty North West Hospice Care Sligo Town Co Sligo |
| ORTHOPAEDIC | Miriam Tancred Our Lady's Hospital Navan Co Meath | Brenda Finlay Our Lady's Hospital Navan Co Meath | Catherine Judge Sligo General Hospital The Mall Sligo |
| RADIOLOGY NURSES | Siobhan Milliken St Vincent's Hospital Elm Park Dublin 4 | Maureen Woodnutt St Jame's Hospital James's Street Dublin 8 | Carmel Murphy Adelaide & Meath Hospital Tallaght Dublin 24 |
| ENDOSCOPY | | | Helen Ryan Beaumont Hospital Dublin 9 |
| STUDENT NURSES | Roberta Fahey Adelaide & Meath Hospital Tallaght Dublin 24 | Fiona McNamara Limerick Regional Hospital Dooradoyle Limerick | Joanna Dawson St Vincent's Hospital Elm Park Dublin 4 |



Appendix IV: Section Officers – Currently in Office

| SECTION | CHAIRPERSON | VICE-CHAIRPERSON | SECRETARY |
|--|--|--|---|
| MATRONS/ ASSISTANT MATRONS/ HOME SISTERS/ NIGHT SUPERINTENDENTS | Breda Hayes Community Unit for Older People SCR Dublin 8 | Mary Duff Our Lady of Lourdes Hospital Drogheda Co Louth | Patrick Cleary Nenagh General Hospital Nenagh Co. Tipperary |
| NURSE TUTORS/ CLINICAL TEACHERS | Jacqueline Burke St Vincent's Hospital Elm Park Dublin 4 | Liam Teggart St Vincent's Hospital Elm Park Dublin 4 | Miriam McNicholas Galway University Hospital Newcastle Road Galway |
| MIDWIVES | Shelia Sugrue Coombe Women's Hospital Dolphins Barn Dublin 8 | Edwina O'Keeffe St Luke's General hospital Kilkenny | Deirdre Daly Rotunda Hospital Parnell Square Dublin 1 |
| WARD SISTERS | Evelyn Farrelly Longford Westmeath Hospital Mullingar, Co Westmeath | Ann Hogan St Camillus Hospital Limerick | |
| OPERATING DEPARTMENT NURSES | Anne O'Brien Temple Street Children's Hospital Temple Street Dublin 1 | Elizabeth Waters Naas General Hospital Naas Co Kildare | Caroline Higgins St Vincent's Hospital Elm Park Dublin 4 |
| MENTAL HANDICAP NURSES | Jacinta Mulhere St Vincent's Centre Navan Road Dublin 7 | Eamonn Ryan Brothers of Charity Services Bawnmore Centre Bawnmore, Limerick | Siobhan Brennan St Michael's House Dublin |
| PAEDIATRIC NURSES | Louise Farren Our Lady's Hospital Crumlin, Dublin 12 | Maureen Magee Our Lady's Hospital Crumlin, Dublin 12 | Helene Murchan Our Lady's Hospital Crumlin, Dublin 12 |
| DIRECTOR & ASSISTANT DIRECTOR PUBLIC HEALTH NURSES | Regina Buckley 10 Nutley Park Donnybrook Dublin 4 | Helen Harris Ballinure Thurles Co Tipperary | Sheila Armstrong 17 Cherry Park Rathingle Swords, Co Dublin |
| PUBLIC HEALTH NURSES | Mary Powell 80 Carrick Court Portmarnock Co Dublin | Patricia Breen 34 St Fintan's Road Sutton Dublin 13 | Jennifer Bollard 'Wine Tavern' Stratford-on-Slaney Co Wicklow |
| OCCUPATIONAL HEALTH NURSES | Jean Deasy 147 Rathfarnham Road Rathfarnham Dublin 14 | | Marie Tarpey 11 St Peter's Road Little Bray Co Wicklow |
| EMERGENCY & GENERAL NURSES | Brendan Coyne Aisling, Agher Enfield, Co Meath | | |
| INO ASSOCIATION FOR THE ELDERLY | | Breoffni Ni Bhroin iRoyal Hospital Donnybrook Dublin 4 | Catherine Nolan Bru Chaoimhin Cork Street Dublin 8 |
| NEONATAL | Clare McCormack National Maternity Hospital Holles Street Dublin 2 | Mary O'Donoghue iCoombe Women's Hospital Dolphins Barn Dublin 8 | Rosena Hanniffy Coombe Women's Hospital Dolphins Barn Dublin 8 |



| SECTION | CHAIRPERSON | VICE-CHAIRPERSON | SECRETARY |
|-----------------------------|---|--|---|
| PRACTICE NURSES | Anna Savino 7 Westbourne Drive Clondalkin Dublin 22 | | |
| ACCIDENT & EMERGENCY NURSES | Mary Moran Adelaide & Meath Hospital Tallaght Dublin 24 | | Mary Walters St James's Hospital James Street Dublin 8 |
| ARMY NURSING SERVICE | Mary O'Driscoll Cork Military Hospital Collins Barracks Cork | Ann Kehoe St Bricin's Military Hospital Infirmary Road Dublin 7 | |
| PALLIATIVE CARE NURSES | Cliona Cronin Our Lady's Hospital Crumlin Dublin 12 | | Ann-Marie McCafferty North West Hospice Care Sligo Town Co Sligo |
| ORTHOPAEDIC | Miriam Tancred Our Lady's Hospital Navan Co Meath | Brenda Finlay Our Lady's Hospital Navan Co Meath | Catherine Judge Sligo General Hospital The Mall Sligo |
| RADIOLOGY NURSES | Siobhan Milliken St Vincent's Hospital Elm Park Dublin 4 | Maureen Woodnutt St Jame's Hospital James's Street Dublin 8 | Carmel Murphy Adelaide & Meath Hospital Tallaght Dublin 24 |
| ENDOSCOPY | | | Helen Ryan Beaumont Hospital Dublin 9 |
| STUDENT NURSES | Roberta Fahey Adelaide & Meath Hospital Tallaght Dublin 24 | Fiona McNamara Limerick Regional Hospital Dooradoyle Limerick | Joanna Dawson St Vincent's Hospital Elm Park Dublin 4 |

Appendix V: Recommendation No. LCR16083

Industrial Relations Acts, 1946 to 1990

Section 26(5), Industrial Relations Act, 1990

Parties:

Department of Health & Children (represented by Health Service Employers' Association Irish Business & Employers' Confederation)

- and -

Irish Nurses' Organisation
Services Industrial Professional Technical Union
Irish Municipal, Public & Civil Trade Union
Psychiatric Nurses' Association

Division

Chairman: Mr Flood
Employer Member: Mr Pierce
Worker Member: Mr Rorke

1. Subject

Hearing arising from LCR15450. Background:

2. Background

LCR15450 issued on the 7th of March, 1997, as a result of a Labour Court hearing dealing with the pay and conditions of nurses which took place on the 5th of February, 1997. One of the recommendations of LCR15450 was that a Commission on Nursing be set up within a month of the recommendation being issued. The Report of the Commission on Nursing (the Report) issued on the 31st of July, 1998.

The Report, in paragraph 6.65 and 6.66 which deals with dual qualification, location based and qualification allowances, determined:

"that the forum in which these claims should be addressed is properly the Labour Court."

As a result, the Court invited the parties to attend a Labour Court hearing, which took place on the 28th of October, 1998.

At the hearing, the Unions (Nursing Alliance) listed eight claims for improvement in allowances - dual qualification, specialist/location, Saturday/unsocial hours, theatre on-call, public health nurse weekend, senior nurse managers on-call, forensic, and child and adolescent psychiatry. The Unions claim is as follows:

1. Dual Qualification

Nurses who hold two or more of the following qualifications - Registered General Nurse (RGN), Registered Mental Handicap Nurse (RMHN) or Registered Psychiatric Nurse (RPN) were placed on the dual qualification staff nurse pay scale up to the 1st of October, 1996. However, nurses who are registered sick children's nurses or registered midwives, in addition to holding one of the 3 qualifications above, are excluded from the same pay scale.

2. Specialist/location

The present allowance for nurses who are working in certain specified areas and/or have attained an additional specialist qualification is £328 per annum. The Unions are seeking that nurses working in the specified area (details supplied to the Court) should receive a supplementary allowance equal to 5% of salary. Nurses who hold a specialist qualification and are working in that speciality should receive an allowance equal to 10% of salary.

3. Saturday/unsocial hours

Nurses presently receive a flat allowance of £7.86 for working Saturdays. The Unions are seeking time plus one half for every hour worked on Saturdays. For every hour worked after 5.00pm Monday to Friday, payment should be at time plus one third.

4. Theatre on-call emergency service

There are two types of on-call services - (a) with standby, where a nurse will usually 'live-in' and (b) without standby, where a nurse is off-duty but in a position to respond to a hospital need. The rates as at the 1st of July, 1998, and the claimed rates are as follows:

| On-call with standby | 1/7/98 | Claimed |
|---|--------|---------|
| Monday to Friday (each day) | £11.82 | £15.00 |
| Saturday | £15.13 | £20.00 |
| Sunday/Public Holiday | £22.62 | £25.00 |
| Fee for operation | £22.72 | £30.00* |
| On-call without standby | £31.80 | £35.00 |
| (*for first hour, £15.00 for each subsequent half-hour) | | |

5. Public Health Nurse weekend

At present, a public health nurse is rostered to provide weekend cover for home visits. The present rate and the Unions' claimed rates are as follows:

| | old rate | claimed rate |
|--|----------|--------------|
| Fixed payment | £15.12 | £20.00 |
| First call Saturday/Sunday | £20.08 | £25.00 |
| Each subsequent call on Saturday/Sunday | £10.07 | £15.00 |
| Payment in lieu of time off for emergency work | £15.10 | £20.00 |

6. *Senior nurse managers on-call*

The Unions are seeking payment of an on-call allowance of £45 per week for senior nurses required to provide on-call services. They are also seeking a payment of: 4 hours minimum payment up to 12 midnight, and 8 hours minimum payment after 12 midnight/weekends for senior nurses when they are called out.

7. *Forensic allowance*

Psychiatric nurses who complete the Forensic Psychiatric Nursing course and who work in forensic psychiatry are paid an allowance of £1,200 per annum. The Unions are seeking a 10% forensic allowance for all nurses who have acquired the qualification and are working in this specialist area.

8. *Child and adolescent psychiatric allowance*

The Unions are seeking an allowance of 5% of salary for nurses specialising in this area, and 10% for those specialising and who hold the post graduate qualification.

3. Alliance's Argument

1. *Dual Qualification*

Under the Nurses Act, 1985, there are five initial areas leading to registration in nursing i.e., general, psychiatry, sick children, midwifery and mental handicap. There is no reason why only three of the five areas are recognised for inclusion on the dual qualified staff nurse scale e.g., a nurse holding two registerable qualifications in general, sick children and midwifery nursing is not eligible for dual qualification. Any nurse who holds two of the five qualifications should be eligible.

2. *Specialist/location*

The current payment of £328 is wholly inadequate. If nurses are to work in unattractive/difficult/unpopular areas or have, at their own expense, undertaken a further specialist full-time course, they should be properly rewarded financially. People working in the public sector - prison officers, gardai, teachers etc. - all receive significant allowances for undertaking additional qualifications.

3. *Saturday/unsocial hours*

The present allowance is paid to nurses who work on Saturdays, whether it is for 1 hour or 12 hours. Payment of time plus one half has long been established for many employees in both the public and private sector. Nurses have the longest working week of any grade in health service, and if they work extra hours from Monday to Friday they should be paid appropriately.

4. *Theatre on-call emergency service*

The existing structure was last reviewed almost 10 years ago and does not reflect modern demands. The number of nurses prepared to provide on-call services is very low. The existing compensatory arrangements, whether financial or time-off in lieu, are outdated.

5. *Public Health Nurse weekend*

The type of service now required at weekends is much more demanding and intense than it was 20 years ago when the present fee structure was introduced. The proposed new rates would more adequately reflect the work being undertaken.

6. *Senior Nurse Managers on-call*

With the development of community services in mental health and mental handicap, it is senior nurses who have provided 24-hour supervision, advice and support to staff in these services. Rostered on-call arrangements have been provided, unpaid, in a number of services in recent years. While on-call, senior nurses are required to carry a 'bleeper' or mobile phone at all times.

7. *Forensic allowance*

The current value of the forensic allowance in the UK is £3,300. The present allowance of £1,200 has not increased since it was introduced in 1992. Psychiatric nurses who have been recruited to the Central Mental Hospital since 1992 have to bring a wide range of skills with them.

8. *Child and adolescent psychiatric allowance*

Many nurses have completed a post-graduate nursing course in child and adolescent psychiatry. Nurses specialising in this field are required to move outside the mainstream of psychiatric service, with a consequent narrowing of career development opportunities.

4. Management's Argument

1. Of the eight issues that the Unions placed before the Court, only two i.e., dual qualification and specialist/location qualifications are proper to the dispute. Four of the issues have nothing to do with allowances. During the course of PCW negotiations, it was management's view that the current system of allowance and the dual qualified scale should be discontinued. These issues should be addressed through the process of specialisation. This position was echoed in the Report which has recommended the development of Clinical Nurse Specialists and Advanced Nurse Practitioner roles.

2. It appears that the Unions are seeking to use the Report as a pretext for re-opening the PCW local bargaining clause. It is clear from the terms of LCR15450, and the terms of reference of the Commission, that this was never envisaged.

3. *Dual qualified role*

The Nurses' Register indicates that at the end of 1997 there were 14,776 registered midwifery qualifications and 3,595 registered sick children's nursing qualifications. If 75% of those involved were to be paid on the higher dual qualified scale, the potential cost would be over £13 million, inclusive of premia and employers' PRSI. The dual qualified scale is retained on a 'red-circle' basis and personal to those in receipt of same on the 1st of October,

1996 and to those in appropriate post-graduate training on that date only. Possession of a qualification, such as midwifery or sick children, does not merit payment on a higher scale.

4. *Specialist/location allowances*

Location based and qualification allowances are paid at present to nurses who satisfy the following criteria as set out:

(a) Holding special certificates in midwifery, paediatrics or orthopaedics when engaged on such duty.

(b) Engaged on the following duties: theatre, geriatric units, longstay hospitals or units in country homes, cancer units or intensive care units.

The current value of this allowance of £328. Over 50% of nurses benefit.

It was subsequently agreed, following an Adjudication Board finding on the 23rd of September, 1996, that "location based and qualification allowances would continue to be paid to all nurses qualifying for same until revised arrangements are agreed between the parties on the issue."

5. The settlement which resulted from LCR15450 demonstrated that, regardless of the views of the Unions, nurses' pay cannot be dealt with in isolation from public service pay generally. A number of other groups made similar claims to the nurses following the issuing of LCR15450. It is not credible to believe that further improvement for nurses would not result in further claims from other groups. Excessive pay demands in the public sector risk undermining the competitiveness of the entire economy.

Recommendation

The Court issued its recommendation LCR15450 in March, 1997 following its intervention after the rejection by the nurses of three different negotiated proposals. These negotiations had included one assisted by the Labour Relations Commission and another by an agreed Adjudication Tribunal. Following the rejection of the last set of proposals, the Unions served strike notice to take effect on the 10th of February, 1997. It was in this context that the Labour Court invited the parties to attend a hearing in accordance with Section 26(5) of the Industrial Relations Act, 1990. This hearing took place on the 5th of February, 1997 and the Court issued its recommendations on the 7th of March, 1997. At the hearing the Union made five claims and they were:

1. the abolition of proposed lower entry points for staff nurse grade;
2. that salary scales for staff nurse grade should equal the Grade 5 Administrative Officer (AO) at the maximum of the scale;
3. that full incremental credit be granted to temporary nursing staff;

4. that the dual qualified nurse scale be applied/extended to cover registered midwives and registered sick children's nurses;

5. claim for application of retirement for all nurses in the same manner as presently available for psychiatric nursing staff.

During the hearing the Court indicated that it had some difficulties with some of the claims as they had not been referred to by the Adjudicating Tribunal and there was some doubt as to when they had originally been claimed.

The Court in LCR15450 dealt with four of the five claims submitted by the Union. The one not dealt with was the one in relation to Dual Qualification.

In its recommendation the Court strongly recommended the immediate setting up of a Commission on Nursing to examine a wide range of issues such as structural and work changes, segmentation of the grade, training and education requirements, promotional opportunities and related difficulties, and a general assessment of the evolving role of nurses.

Commission on Nursing

The Commission on Nursing was set up following discussions between the parties involved and although the terms of reference were agreed by the parties as per the Labour Court recommendation, a dispute arose in relation to the scope of the terms of reference. Following submissions to the Commission by the Nursing Alliance, the HSEA wrote to the Commission, indicating that while they envisaged that the Commission would make recommendations on structural and policy issues which could have pay implications, they did not see it making any specific recommendations on pay and conditions of employment for nurses.

The Nursing Alliance, on the other hand, made a detailed claim to the Commission in relation to allowances covering a wide range of issues, and argued that the Commission should address all issues including pay and conditions.

It was also clear at this stage that the management were arguing that these negotiations had been completed by Labour Court Recommendation 15450 and that any other pay issues arising would have to be dealt with in a future context. The Union on the other hand were claiming that the Commission was part of the completion of this round of negotiations.

The Commission in its Report made over 200 recommendations and in paragraphs 6.65 and 6.66 addressing the issues of dual qualification and location/qualification allowances recommends that:

"outstanding claims for allowances should be referred to the Labour Court for argument and determination as a matter of urgency."

Court Hearing

The Court at a hearing of the 28th of October, 1998 heard submissions from the Nursing Alliance and the HSEA. The Nursing Alliance put down claims for improvements and/or extensions to the following:

1. Dual qualification allowance
2. Specialist/location allowance
3. Saturday/unsocial hours
4. Theatre on-call
5. Public health nurse payment
6. Senior nurse manager on-call
7. Forensic
8. Child and adolescent psychiatry.

Management argued that most of these items were new and had not been raised before. The Alliance argued that the Commission had made it clear that allowances should be examined by the Court, and that these claims had been previously raised.

The Court having considered all the arguments made by both sides is satisfied that the first two claims listed above were raised in the Court in February, 1997 and it was the Court's intention that these would be dealt with by the Commission. However, the Commission having referred them back to the Court and the Court, being satisfied that these two items are correctly before it, now proposes to make recommendations on these two claims.

The other claims, while they may be seen as legitimate claims or grievances on the Union side, are not seen as having been part of the 1997 claim. The Alliance is, of course, free to raise these issues in the wider discussions in relation to implementation of the report of the Commission on Nursing.

The Court, therefore, proposes to deal with the two items outstanding from its 1997 hearing, (1) Dual Qualification and (2) Specialist and Location allowances.

(1) Dual Qualification

The Adjudication Tribunal Report (The Blue Book), which was incorporated in Labour Court Recommendation 15450 of February 1997 except where otherwise amended in the recommendation, retained on a red-circled and personal to holder basis the Dual Qualification scale for those involved as at 1st October 1996. The Blue Book also refers to re-visiting the issue as part of a 'phase 2' stage.

The Nursing Alliance has claimed that the Dual Qualification scale should apply to the holders of any two State registered nursing qualifications - the present agreement omits Midwifery and Sick Children's Nursing. The HSEA argues that the present Dual Qualification scale is an anomaly, and that the general principle of payment for qualifications used or required for a post should apply.

The Court is conscious that management wish to eliminate these payments for the future, but notes that the 'Blue Book' allows for the future of the issue of dual qualified nurses, presently applying only up to the date of 1st October 1996, to be revisited by the parties as part of 'services requirements'.

Taking this into account the Court, having considered the arguments made by both parties, recommends as follows:

The qualifications of Midwifery and Sick Children's Nursing, where held or under appropriate post-graduate training on 1st October 1996, should also be treated from the 1st of August, 1998 as payable on the dual qualified scale, and similarly red-circled to the holders. The same qualification, in relation to revisiting as part of the 'service requirements', is to apply.

(2) Location-Based And Qualification Allowances

Currently an allowance at a rate of £328pa is paid to nurses holding special certificates while engaged on duties relevant to these certificates. A similar allowance is also paid to nurses while working in specific units where duties are considered more onerous or less attractive. The Adjudication Board proposed that these allowances continue unchanged until otherwise revised between the parties. The Labour Court is satisfied that the two issues were discussed at the hearing in 1997, and it was the intention of the Court that these would be dealt with by the Commission.

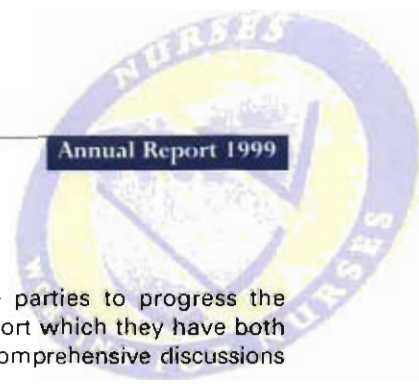
The Nursing Alliance is seeking to have the two allowances differentiated and paid at considerably higher rates, and submitted significant arguments in order to justify this. The Alliance made clear to the Court that it was not seeking to extend either the qualifications, areas, or basis on which these allowances are currently paid. Given this reassurance, the Court makes the following recommendation:

Location-based Allowances

Those in receipt of the present allowance paid for location-based reasons should be paid such allowance at a rate of £1000pa when engaged on duties in these recognised locations. Such payments should date from the 1st of August, 1998.

Qualification-based Allowances

The Court recommends that those in receipt of the present allowance paid for special certificates/qualifications should be paid such allowance at a rate of £1500pa when engaged on duties appropriate to these qualifications. Such payments should again date from 1st August, 1998. Those in receipt of the Dual Qualification scale and also qualifying for this allowance should only receive one payment - the higher of the two - while working on qualifying duties.



Summary

The Court is satisfied that it has dealt with the two claims outstanding from Recommendation No. 15450.

In relation to the other issues raised before the Court or referred from the Commission, as the Court has already stated, the Alliance is free to raise these as part of the detailed discussions on the implementation of the Commission's Report on Nursing. These discussions should commence immediately and be completed by May 1st, 1999.

While significant progress has been made by the nursing profession in moving towards realising their aspirations to have the profession placed on a footing commensurate with its contribution in the community, the Court believes further progress can be made through the Report of the Commission on Nursing.

It is now incumbent on the parties to progress the Commission on Nursing Report which they have both welcomed, by entering into comprehensive discussions on its implementation.

Signed on behalf of the Labour Court
Finbarr Flood

9th February, 1999
CO'N/DT Chairman

Note: Enquiries concerning this Recommendation should be addressed to Ciaran O'Neill, Court Secretary.

Appendix VI: Recommendation No. LCR16084

Industrial Relations Acts 1946 to 1990

Section 26(1) Industrial Relations Act 1990

Parties:

Department of Health & Children (represented by Health Service
Employers' Association Irish Business & Employers' Confederation)

- and -

Irish Nurses' Organisation
Services Industrial Professional Technical Union
Irish Municipal, Public & Civil Trade Union
Psychiatric Nurses' Association

Division

Chairman: Mr Flood
Employer Member: Mr Pierce
Worker Member: Mr Rorke

1. Subject

Claims referred from the Commission on Nursing:

- (1) Recognition for long service in the staff nurse grade
- (2) Review of differentials for Ward Sisters and other promotional nursing grades.

2. Background

In March, 1997 the Labour Court issued LCR15450 in which it recommended that a Commission on Nursing be set-up within one month of the recommendation being issued. The report of the Commission on Nursing (the Report) issued on the 31st of July 1998. The Report contained the following two recommendations:

"The Commission recommends that the question of additional recognition of long service for staff nurses be examined through the established structures." and
"The Commission recommends that differentials and incremental annual leave in promotional grades be examined as a matter of urgency, before December 1998, through the established structures. To this examination should be added the effect of the enhanced role for ward sisters and higher grades which has been recommended by the Commission earlier in this chapter."

On the 21st of September, 1998, the Unions referred the matter to the Labour Relations Commission. A conciliation conference took place on the 22nd of October 1998. As agreement could not be reached the matter was referred to the Labour Court on the 4th of November 1998 under Section 26(1) of the Industrial Relations Act 1990. A Labour Court hearing took place on the 3rd of December 1998.

3. Claim 1 - Summary

The Unions are seeking for the staff nurse grade the introduction of long service increments, each of 6% of basic pay, payable after 16, 19, and 22 years service. It is also seeking that annual leave entitlements be

increased from 24 days to 26 days for the first 5 years of service, 28 days after 5 years and 30 days after 10 years.

Unions' Argument

1. The Nursing Alliance represents nurses from all areas of nursing and within all specialities of nursing. Notwithstanding the structural changes recommended by the Commission on Nursing, it is a simple fact that in excess of 75% of all nurses will remain in the staff nurse grade for the duration of their working life.
2. The claim seeks to extend the staff nurse pay ladder, so that it spans a twenty-two year period, resulting in a closer alignment with the twenty-five year scale presently applicable to the teaching profession.
3. The pay changes sought would bring into line, in terms of the hourly rate of pay, the levels of remuneration of the staff nurse to that already applicable to the Grade 5 clerical officer, with whom the staff nurse has sought parity over the years.
4. Throughout this change process, which has been accepted by the staff side, the keystone of the system will be the staff nurse grade. S/he will be extremely challenged by the changes which are about to occur in nursing. This will occur through the advent of the entry level degree programme, the increased focus on best practice and in-service education, the ever increasing levels of technology within the health care system, the never ending and indeed increasing pressure on resources.
5. The anomalies with regard to the annual leave entitlements are well known and accepted by management.
6. The staff side is acutely aware of the cost of this claim. However, these additional costs will be significantly minimised by the extension of the scale by nine years. Furthermore, it is recognised that the changes sought could be linked with the structural and workplace changes proposed by the Commission, which are expected to be introduced over the next two years.

4. Claim 2 - Summary

The Unions' claim that differentials arising from

promotion within nursing are less than those applying in other professions and that this is a disincentive to promotion. The Unions argue that the claim is a long-standing claim which was tabled in 1993 in relation to a promised review of the gradings and differentials for nursing grades and that the employer side never sought to address the merits of the claim but has hidden behind the threat of consequential relativity and leapfrogging claims which might arise should further pay adjustments be conceded to nursing grades.

Ward Sisters/Nursing Officers

- The removal of the first two points of the current ten point scale:
 - An increase of 25% to be applied to each of the remaining eight points
 - The introduction of two long service increments both equal to 6% of salary applied after three and six years respectively.
- Annual leave allowance of 30 working days.

Unions' Argument

1. Where premium earnings are a normal part of income ie, staff nurse, the maximum of the next grade ie, ward sister, must be greater than the actual earnings of the staff nurse so as to make the promotion financially viable. The difference should be a minimum of 15% of total earnings.
2. In addition to addressing the existing shortcomings in terms of the differentials and comparable pay levels applicable to ward sister/nursing officer, the claim must also reflect the pay structure that should accompany the enhanced role envisaged for front line managers arising from the Commission's Report. It is clear that the newly retitled clinical nurse/midwife managers grades will have greater degrees of accountability and responsibility in the areas of clinical competence, managerial functions, budgetary management and information technology.
3. The pay adjustments sought are required both to redress current shortcomings and also reflect the proposed changes detailed by the Commission on Nursing. Some of the pay adjustments sought should be applied in parallel with the introduction of the work practices and other changes required arising from the Commission on Nursing's final report. This is consistent with the view that this is the final stage of the restructuring process, envisaged for nursing grades arising out of the PCW agreement.
4. In relation to junior ward sisters, the claim is for the removal of the first two points of the scale and an increase of 25% to be applied to each of the remaining points. This would reflect the enhanced role envisaged for this grade as it effectively becomes a more integrated part of the front line management structure operational in all wards/departments.

Nurse Teachers/Clinical Teachers Grades

The Unions are seeking parity in terms of pay and

conditions of employment for nurse teachers with college lecturers in universities/third level colleges.

Unions' Argument

1. The minimal differential which currently exists between grades of nurse teacher and staff nurse must be addressed in order to ensure a continuing supply of nurse teachers.
2. The terms of pay and conditions of employment must reflect the work currently undertaken by nurse teachers and management must recognise the enhanced role envisaged arising from the many and varied changes in nurse education recommended by the Report.

Senior Nurse Managers

As part of the interim agreement, contained in the Blue Book and LCR15450 a significant restructuring of senior nurse manager grades and salaries took place. This essentially involved the creation of five bands of Director of Nursing which would replace the previous arrangement which involved thirteen separate grades of matron. The claim seeks significant increases in pay across all bands.

Unions' Argument

1. The newly introduced five band system, although now broadly acceptable in structure to the staff side, has a number of anomalies which need to be addressed if a proper and appropriate pay structure is to be introduced for nurse managers.
2. The proposed new rates would create meaningful differentials between senior nurse managers and the staff nurse and ward sister grades and bring senior nurse manager salaries into line with that existing for comparable senior grades and recognise the enhanced roles envisaged by the Report.

Chief Nursing Officers - Psychiatric Service

The Unions are seeking maintenance of the current pay relationship with the Director of Nursing (Band 1).

Unions' Argument

1. This post warrants parity with the director of nursing (Band 1). The chief nursing officer reports directly to the Programme Manager and is the senior post within the clinical services. The appropriate salary for the post is £44,000 - £48,000.

Senior Nurse Managers - Mental Handicap Services

In any realignment nurse managers in the Mental Handicap Services wish to maintain their relative pay position within nurse management. The current pay structure is as follows:-

1. Centres with Schools of Nursing with budgets in excess of £5 million - £29,346 - £32,490 x 7.
2. All other centres band 5 - £23,724 - £26,902 x 7.

The Unions are seeking:

1. School of nursing and large centres - £38,000 - £43,000.
2. All other centres as band 5.

In addition the staff side is seeking an increase in the annual leave allowance to a minimum of 32 days.

Unions' Argument

1. Salary increases are required to ensure that promotion to senior nurse manager positions have a meaningful impact upon income.
2. A staff nurse in a band 5 hospital earns essentially the same income as the director of nursing when actual earnings are taken into account. In the circumstances there is no incentive for promotion to senior management posts.
3. The differentials issue as it pertains to senior nurse managers is serious and regressive. The present situation militates against the maximum number of people applying for these senior posts. This has been acknowledged by the employer side.

Middle Management

In referring to the overall function of middle nursing and midwifery management, the staff side seek to include the following grades Night Sister/Night Superintendent, Assistant Director of Nursing, Assistant Chief Nursing Officer, Divisional Nurse Manager, Assistant Matron.

In restructuring the senior nurse management grades, it is the view of the staff side that all of these grades should have a pay relationship with the director of nursing post in their hospital. This relationship should give them a salary of 80% of the rate granted to the director of nursing.

Unions' Argument

1. The Commission recommends that middle nursing and midwifery management should have a defined management role and not merely retain a 'gatekeeping' administrative function.
2. The Commission is recommending the empowerment of middle management, in nursing and midwifery, to become operational managers and to assume more autonomous roles and functions. Linked with the change must be an appropriate salary.
3. The staff side cannot over emphasise the significant issues that lie behind its claims for enhanced differentials for middle and senior management. The present structure is a source of great unrest, and frustration for the 500 people approximately who currently occupy these grades.

Community Nursing Grades

In relation to this particular area the claim refers to the following three grades:-

Public Health Nurse

The unions are seeking a direct analogue with the senior social worker grade (current salary £27,890 - £32,548 x 5). In addition two long service increments of 6% of salary to be applied after three and six years at the new maximum.

Senior Public Health Nurse

A minimum differential of 15% at all points of the scale between the public health nurse and the senior public health nurse.

Superintendent Public Health Nurse

The retention of the current arrangement which involves alignment for pay purposes with Director of Nursing (Band 3). In addition, the Unions are seeking an increase in annual leave entitlements to 30 working days for public health nurse, 31 days for the senior public health nurse and 32 days for the superintendent public health nurse.

Unions' Argument

1. The public health nurse is the focal point of all community health services and essentially provides the main alternative to in-patient hospital admission.
2. The current pay scale clearly undervalues the current role and function of the public health nurse. The differential between the public health nurse and the staff nurse grade was worsened by the 'Blue Book' agreement and LCR15450. Significant changes have taken place with regard to the role and function which have not been properly reflected in the pay applied to the grade.
3. The pay determination system, where the nurse is being treated as one grade, has failed to recognise and deal with this complete change in the working life of the public health nurse. This has resulted in the pay level, applicable to this grade, being significantly below that warranted by the contribution made to the community health service.
4. The senior public health nurse is the first promotional grade within the community nursing structures. The differential between the public health nurse is inadequate to attract the maximum people to apply for promotional posts.
5. The Commission recommended that the future role of the superintendent public health nurse should be concentrated on a number of specific issues.

Against this background the maintenance of the current pay alignment is reasonable and logical.

Community Registered Psychiatric Nurse

The grade of community registered psychiatric nurse is now well established within the overall mental health services available. The grade currently has a broad pay relationship with the nursing officer grade. The Unions are seeking that the pay relationship be maintained.

Unions' Argument

1. The Commission on Nursing has recommended substantial changes to the existing role with much closer integration with other community based health professionals. This will impact upon the role of the community registered psychiatric nurse, in terms of the education levels required, the reporting relationships and volume of work. While this is welcomed by the staff side, it must be followed by appropriate increases in salary.

5. Management's Argument

1. The Minister for Health and Children has already indicated that the Government is accepting the broad thrust of the Commission's Report, including the pay dimensions of various important recommendations in the Report (such as the introduction of a clinical career path involving new higher grade specialist posts). The Minister has said that he wishes to talk to the nursing unions about a partnership approach to the implementation of the Report.
2. The nursing unions are seeking to use the Commission's Report as a pretext for re-opening their PCW local bargaining claim. It is clear from the terms of LCR15450 and the terms of reference of the Commission that, while the establishment of a Commission was an essential element in resolving the nurses' claim under the PCW, a re-opening of PCW pay issues was never envisaged.
3. The Government statement of the 25th of September, 1998 made it clear that nurses' pay cannot be divorced from public service pay policy generally and that to attempt to deal with it in any other context would run the substantial risk of leading towards a destabilising return of leapfrogging 'special' increases to restore traditional relativities.
4. The Unions' claims were not raised with the Labour Court in 1997 when it issued its recommendations on revised pay and conditions for nursing grades under the PCW. They are new claims.
5. The terms of reference of the Commission on Nursing, based on LCR15450, do not include any reference to long-service increments for the staff nurse grade, nor does the Report make any reference in relation to increased annual leave for the staff nurse grade.
6. The rationale for premium earnings is to compensate staff for the inconvenience of working 'unsociable' hours. It would be unprecedented to continue to compensate for unsocial hours when such hours are not being worked or to pay compensation on an on-going basis. In all sectors of the economy staff cease to benefit from shift premia or other unsocial hours payments when they take up promotional posts which do not require them to work unsocial hours. Percentage differentials, therefore, should

only be evaluated by reference to basic salary.

7. It is management's view that the Commission on Nursing Report, a document welcomed by all sides, sets out a blueprint for the future development of nursing. Management recognises that implementation of the Commission's recommendation will have significant cost implications.
8. Unions and management must begin detailed discussions on the implementation of the measures recommended in respect of nurse management grades. It needs to be recognised that, having achieved very significant special pay increases under PCW further pay developments for grades above staff nurse level come within the new framework recommended by the Commission and accepted by management and within the context of overall public sector pay policy.
9. In its recommendation LCR15450 the Labour Court recommended a completely new 10 point salary for the staff nurse grade with a long service increment after 3 years service on the maximum scale. In summarising its recommendation the Court stated:
"On the evidence presented the Court is satisfied that the nurses have fallen behind other grades and the Court has attempted to remedy that position. The terms outlined above are the maximum which could be recommended."
10. An overriding concern of the management side is the need to ensure that any further developments in relation to the pay of nurses is addressed in a way which does not spark off a further spiral of public service pay claims with all the implications this would have for the overall management of the economy. The February, 1997 settlement with nurses cost about 14.5% and over £80 million, involving increases ranging from 6% to 17% for staff nurses, and 12% to 16% for ward sisters.

Recommendation

The Labour Court as part of Recommendation No. 15450 recommended the setting up of a Commission on Nursing to examine such items as structural and work changes, segmentation of the grade, training and educational requirements, promotional opportunities and related difficulties and a general assessment of the evolving role of nurses.

The Commission was set up following acceptance by the parties of the Labour Court Recommendation and it subsequently produced a comprehensive report including 200 recommendations. The Commission Report contained the following two recommendations:

1. The Commission recommends that the question of additional recognition of long service for staff nurses be examined through the established structures.
2. The Commission recommends that differentials and incremental annual leave for promotional grades be

examined as a matter of urgency before the end of December, 1998 through the established structures. To this examination should be added the effect of enhanced role for ward sisters and higher grades which has been recommended by the Commission earlier in this chapter.

These issues were the subject of conciliation at the Labour Relations Commission on the 29th of October, 1997 at which no common ground could be found and they were subsequently referred to the Labour Court. A Court hearing was held to deal with these issues on the 3rd of December, 1998.

Nursing Alliance

At the hearing the Nursing Alliance argued that the claims made were long standing ones that had been unresolved over many years. They stated that they "from the very core of any dedicated effort to restructure nursing in a manner which maximises the individual nurses contribution to efficiency and effectiveness through high productivity and enhanced flexibility, while genuinely recognising their financial worth."

They indicated that there was a very serious crisis in nursing, that nurses were angry and frustrated, that there was an acute shortage of nurses resulting in curtailment of services and that school leavers were unwilling to consider nursing as a career. They argued that the annual leave allowance for nursing grades was significantly lower than that applicable to other grades within the service. They stressed that differentials arising from promotion within nursing are less than those applying in other professions and are a major disincentive to people to take on promotion.

This situation was worsened with LCR15450, as it actually reduced the differentials which existed between the staff nurse maximum and the maximum of ward sister and other higher grade pay scales.

Management

Management, for its part, argued that these were new claims and could not be taken in isolation from public sector pay policy. While they had accepted the broad thrust of the Report of the Commission on Nursing and accepted that there would be significant costs involved, they believed that the Alliance was using this as a pretext to re-open the PCW negotiations. They were prepared to discuss issues that would arise from the implementation of the Report but they could not accept the Alliance claim, which they saw as an attempt to reopen the negotiations for all nursing grades.

Commission

The Commission, in its Report, dealt in some detail with the issue of nurses who would remain primarily responsible for the delivery of high quality care to

patients and clients within the health service but might not move on to higher grades. It also dealt with the differential situation and indicated that it considered the existing differentials constituted a difficulty in relation to promotion. They went on to say the current pay structures seriously mitigate against the current staff nurses availing of promotional opportunities. On the question of incremental leave it highlighted that, unlike every other occupation in the health service, nursing does not have a system of incremental leave.

The Court

The Court is satisfied that the issues referred by the Commission and now being addressed were not before the Court in 1997 but are based on the consequences of implementation of the Nursing Commission Report.

The Court accepts that pay scales must be improved to reflect the enhanced roles proposed in the Report for ward sisters and higher grades. The pay scales for staff nurses were addressed in Labour Court Recommendation No. 15450.

The Court also believes that the morale problems outlined in Court, that appear to be caused by the attitude to and treatment of nurses by some superiors, doctors, and consultants, must be addressed.

However, the Court while accepting that there are grounds for salary increases in promotional grades, believes that these must be based on negotiation and implementation of the Nursing Report which has not yet been discussed by the parties. The Court finds it inappropriate to make a recommendation at present without having knowledge of what is likely to be agreed. There has been no discussions between the parties and no attempt at conciliation at the Labour Relations Commission.

The Court believes that Labour Court Recommendation No. 15450 was the culmination of lengthy negotiations resulting in substantial improvements for nurses and that the Commission Report forms the basis for progressing further the nurses aspirations and for enhancing the nursing profession.

The Court notes that the Commission has indicated that:

- it considers that existing differentials constitute the main difficulty in relation to promotion;
- current pay structures seriously mitigate against encouraging nurses to avail of promotional opportunities;
- another factor which must be taken into account in relation to promotion is that, unlike almost all other occupations in the health service, nursing does not have an incremental leave arrangement.

The Court also notes that management has, for its part, accepted:

- a) the broad thrust of the Commission's Report including the pay dimensions of various important recommendations in the Report;
- b) that there will be significant cost implications in relation to ward sisters and higher grades;
- c) the need to address the issue of lack of involvement and empowerment of nurses.

However, the Court is not in a position to make a definitive recommendation on the issues before it, given the fact that no negotiations have taken place between the parties, and consequently it is unable to assess the effects on personnel and the financial implications of the implementation of the Report.

The Court, therefore, recommends that the parties enter into discussion immediately on the implementation of the Report on Nursing. These discussions should include the financial implications of implementation, and the effect on individuals and groups within the nursing profession.

The Court in making such a recommendation is conscious of the lack of trust between nurses and management based on perceived delays in completing

negotiations in the past and failure to set up a Commission despite commitments given. The Court is also conscious that the Nursing Alliance has made a number of decisions pre-empting the outcome of the Labour Court hearings.

The Court is, therefore, setting a deadline for these discussions to be completed by May 1st, 1999 at which stage the parties will report back to the Court. The Court will then make definitive recommendations on the substantive issues on which parties have failed to reach agreement.

Signed on behalf of the Labour Court

Finbarr Flood

9th February, 1999

FB/DT Chairman

NOTE: Enquiries concerning this Recommendation should be addressed to Fran Brennen, Court Secretary.

Appendix VII: Recommendation No. LCR16261

Industrial Relations Acts 1946 to 1990

Section 26(1) Industrial Relations Act 1990

Parties:

Department of Health & Children (represented by Health Service
Employers' Association Irish Business & Employers' Confederation)

- and -

Irish Nurses' Organisation
Services Industrial Professional Technical Union
Irish Municipal, Public & Civil Trade Union
Psychiatric Nurses' Association

Division

Chairman: Mr Flood
Employer Member: Mr Pierce
Worker Member: Mr Rorke

1. Subject

Hearing arising from Labour Court Recommendation LCR16084.

2. Background

LCR16084 dealt with claims lodged by the Nursing Alliance as a result of two recommendations contained in the Report of the Commission on Nursing.

The two recommendations were:

"The Commission recommends that differentials and incremental annual leave in promotional grades be examined as a matter of urgency, before the end of December, 1998, through the established structures. To this examination should be added the effect of the enhanced role for ward sisters and higher grades which has been recommended by the Commission earlier in this chapter."

and

"The Commission recommends that the question of additional recognition of long service for staff nurses be examined through the established structures."

In LCR16084, the Court indicated it was not in a position to make a definitive recommendation on the issues before it, given that no negotiations had taken place between the parties. The Court recommended "that the parties enter into discussion immediately on the implementation of the Report on Nursing."

The parties met on the 25th of February 1999, but difficulties emerged immediately. Following intervention by the Court, a chairman was appointed to assist the parties and to report back to the Labour Court.

While progress was made, the parties failed to reach agreement on a number of issues. Labour Court hearings were held on the 29th and 30th of April 1999, at which comprehensive written and oral submissions on a

range of issues were made by both parties, and the Court subsequently met separately with each side.

Recommendation

The changes in the role of nurses over several years were first proposed for referral to a special commission as far back as 1990, with a view to assessing the extent of up-skilling that had taken place in their work, to consider the effect of these changes on the position of nurses' pay relative to other groups of employees in the general work force.

These issues finally came under discussion in 1996, and have since been the subject of proposals of an Adjudication Tribunal and three Labour Court Recommendations.

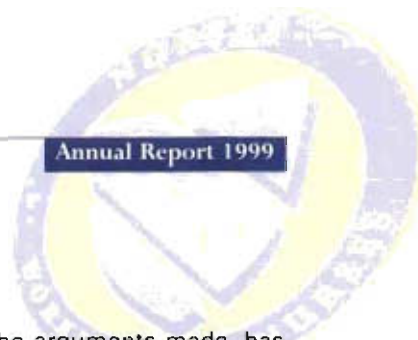
Following the rejection of the Adjudication Board's proposals, the matter came before the Labour Court in February 1997. The Court issued LCR15450, dealing with the five claims raised by the Unions at the time, which included the pay scales for staff nurses.

As a result of the implementation of the Adjudication Board's proposals (Blue Book), as extended by LCR15450, significant pay increases were awarded to all nursing grades.

However, the Court, in its recommendation in 1997, was critical of the failure to put in place a Commission to carry out a thorough investigation of the nurses' role in the community and in the Health Service, although this had been proposed regularly since 1990. The Court recommended that a Commission be set up immediately to address such items as structure and work changes, grading, training and educational requirements, promotional opportunities and related difficulties, and to undertake a general assessment of the evolving role of nurses.

The Commission on Nursing was subsequently set up and produced a comprehensive report containing 200 recommendations. This report is seen as the blue print for the future of nursing. The recommendations included the following:

1. The Commission recommends that differentials and incremental annual leave in promotional grades be examined as a matter of urgency before the end of



December, 1998, through the established structures. To this examination should be added the effect of the enhanced role for ward sisters and higher grades recommended by the Commission;

and

2. The Commission recommends that the question of additional recognition of long service of staff nurses be examined through the established structures.

Following a Court hearing in December 1998, to deal with these two recommendations, the Court in LCR16084 indicated that it was not in a position to make a definitive recommendation on the issues before it, given that no negotiations had taken place between the parties. The Court recommended that the parties enter into discussions immediately on the implementation of the Report on Nursing, and indicated that it would then make a definitive recommendation on the substantive issues on which the parties failed to reach agreement.

The parties entered into discussions but in February 1999, the negotiations ran into difficulties and, following a recall of the parties to the Court, a chairman was appointed to assist the parties in their deliberations. As a result, discussions took place over eleven days during the following weeks, and agreement was reached on a number of issues including revised job specifications.

The parties, however, failed to reach agreement on aspects of the following substantive issues:

- Salary levels and incremental leave for management grades
- Grading issues
- Reporting Relationships
- Banding
- Ratios
- Nurse Teachers
- Psychiatry - CNM3 Posts
- Allowances
- Staff Nurse - Recognition for Long Service.

The employers' arguments at the Labour Court hearings included claims that some of the issues raised had wider implications for National Agreements, that significant increases had already been received by nurses, and that the job changes proposed for management grades would be evolving over the next two years.

The Unions' arguments included claims that nurses had fallen behind other groups on pay and conditions, that the profession had difficulty in attracting enough suitable people, and that nurses were not prepared to accept promotion under the current conditions. They also argued strenuously that their claims should not be rejected because of the numbers involved, and the fact that any increase for nurses, however small, would represent a significant increase in Government

expenditure.

The Court, while noting all the arguments made, has considered the issues before it, and is making this recommendation on the basis of what it considers to be justified, taking into account the history of these negotiations over many years.

It is important for the parties to understand that, while a wide range of issues were put before the Court during the recent hearings, the Court is clear that pay increase claims were dealt with by the Blue Book and LCR15450, and that the issues now to be considered are those arising for nurses from the implementation of the Nursing Commission Report. In particular it is conscious that it is the new work roles and responsibilities now being introduced that form the basis for the consequential increases in pay and conditions now being recommended for promotional grades.

The Court, in making its recommendations, has addressed as many of the issues before it as possible. However, the Court does not consider itself to be in a position to decide the relative grading of particular posts in dispute. Such issues should be dealt with by an appeal mechanism to be set up by the parties.

Similarly, disagreement on banding and ratios between jobs cannot be addressed by the Court at this stage. These issues are best addressed by discussions between the parties as the new roles develop.

The Court recommends as follows on the other issues before it:

1. Salary Structures and Incremental leave for promotional grades in any job regrading exercise arising from restructuring, some individuals will be upgraded, others will stay as they are, and some may feel that they have suffered a loss of status.

The problems arising are exacerbated when individuals appear to lose differentials they enjoyed against other posts, and others may believe that their posts should be in a higher grade. While an objective of the regrading may be to meet the changing requirements, a pragmatic approach has to be taken to the human difficulties that can arise as a consequence.

In order to deal with the apparent loss of differentials, where significant, the Court recommends that the following three areas should carry an allowance, payable on a red-circle basis to current staff. These allowances to be as follows:

| | |
|------------------------|--------|
| Deputy Nursing Officer | £750pa |
| Theatre/Night Nurse | £450pa |
| Public Health Nurse | £900pa |

These allowances to be discontinued once an individual gains promotion, or if these posts are upgraded, either by appeal or restructuring.

This arrangement deals with the perceived loss of significant current differentials, arising from the new grading structure.

Conscious that the new roles agreed for management grades in most cases greatly expand their current roles, and of the arguments made in relation to the lack of incentive for people to take promotion, the Court amends the employers' offer on salary scales as outlined in Appendix 1.

Given that the Court could have issued its recommendation earlier, but by agreement with the parties held it over to August the Court recommends that the 1st phase of the new scales should apply from the 1st of July 1999.

Having, as recommended by the Commission, examined the issue of incremental annual leave in the higher grades, the Court recommends that the following leave entitlements should apply in CNM1 grade and above:

| | |
|--------------|---------|
| 0 - 5 years | 25 days |
| 5 - 10 years | 26 days |
| > 10 years | 28 days |

2. Nurse Teachers

The Court is conscious that the Nursing Education Forum will review the proposed new educational process for nursing and is expected to report by September 2000. While management argues with some justification that it cannot put proposals until then, the Court believes that the nurse teachers should have some guidelines as to the likely options open to them following from the Commission's recommendations.

The Court, therefore, recommends for this group that 3 options be made available, given the radical nature of the proposed changes.

| | |
|----------|--------------------------|
| Option 1 | University Teaching |
| Option 2 | Remain in Hospital Roles |
| Option 3 | Early Retirement |

Given the impact that the proposed radical changes could have for some individuals, the Court believes it is essential to provide a voluntary early retirement package for this group, and so recommends.

Pay and conditions for nurse teachers should be finalised by September, 2000, when the Forum report will be available. In the meantime, this group should be paid 4% from the 1st of July 1999, on account, to be subsumed into any pay increases negotiated after the Forum report, clarifying their new roles, is available.

The conditions currently in place on a temporary basis for the group seconded to the University from the Department of Health should continue to apply to this group in the meantime.

3. Psychiatry - CNM3 Grade

Management's failure to identify CNM3 posts in psychiatry at the outset has caused major problems. While statements have been made that some posts will be graded CNM3 in the future, the lack of any clear commitment has caused serious alienation.

The Court, in order to address the concerns expressed, recommends that management commit to at least 25 CNM3 posts being created in psychiatry over the two year implementation period.

4. Reporting Relationships

The proposal to have Directors of Nursing report to the General Manager rather than the Programme Manager is seen as contentious in some areas. However, it is clear that in many areas these reporting arrangements currently operate. The main concerns centre around the General Managers' ability to deliver on key nursing issues, and also the fact that people may be prevented from contacting the Programme Manager directly on specific issues.

The Court believes this issue should not cause problems, if handled sensitively. It is essential, however, that the General Manager is seen to deliver on requirements, and that it is agreed that individuals can have access to programme managers if dissatisfied, or on specific defined matters.

5. Long Service Recognition

The Court, in LCR15450, subsumed the two Long Service Increments proposed in the 'Blue Book' scales into the Court's adjusted pay scales, and added a further Long Service Increment, when deciding the pay structures for staff nurses.

However, the Commission has suggested that the question of long service recognition should be considered, given that some nurses may not be promoted, or want to be promoted, thus staying as staff nurses for many years.

In response to this, the Court recommends that long service should be recognised by 3 additional leave days to be given at staff nurse level, 1 day after 5 years and 2 additional days after 10 years. This recommendation takes account of the fact that nurses, uniquely among the professional grades in the Health Services, work a 39 hour week.

6. Special Allowances

The Court did state in LCR16083 that the Unions could raise other issues in their discussions with management, and the Court understands that concessions in the area of overtime and two extra psychiatry qualification allowances have been made. The Court does not recommend any further concessions as part of this negotiation.

However, the Court accepts that situations can arise where certain nurses can find that their particular role requires an inordinate amount of availability for oncall. The Court recommends in this situation that discussions should take place to agree some adjustment in allowances where oncall times exceed accepted levels.

7. Management/Empowerment of Nurses

The Court is aware of considerable discontent and low morale in the profession due to the perception that nurses lack any real medical involvement, or recognition and appreciation from their superiors, including some doctors and consultants.

The Court is also concerned at the reference by the Commission to the level of bullying which has been recognised as a serious problem by all parties.

The Court strongly recommends that these issues be taken seriously by management and special education and training programmes on management and leadership skills be put in place immediately, in addition to the formal and informal control procedures recommended by the Commission.

8. Advanced Training

In the course of the hearings, the Court has become aware of anomalies in the way in which different hospitals treat leave for nurses attending outside courses relevant to their work, and leave for study and examinations. In some cases, nurses are given reasonable time off to meet such needs, while at the other extreme nurses are required to take such time as part of their holiday entitlements. Similarly, some hospitals pay in full the fees for such courses on satisfactory completion, while others do not.

The Court is of the view that this lack of consistency is inappropriate in such situations, and recommends that the parties agree a uniform approach on these matters.

9. Lump Sum

The Recommendations of the Nursing Commission represents major changes in nursing. While the amount of change required from individuals and groups will vary considerably, some having significant change, others minor, the change in structures, training and culture will affect all elements and levels of nursing. Without these changes in organisation and culture over the next few years the proposals, as outlined by the Commission, will fail. The changes embrace the totality of nursing from selection, training and responsibility to the quality of service provided. The process of change will require teamwork, as well as leadership from all involved.

Taking into account the fundamental nature of the changes proposed for nursing, the Court recommends that a buy in lump sum of £1,250 be paid to all nurses, conditional on acceptance of this Labour Court Recommendation. This should be paid one month after acceptance.

Summary

This Recommendation is the culmination of many years of discussions and negotiations on nurses' pay and conditions. The Court believes that the package now proposed, in addition to the concessions already achieved on pay, conditions, and allowances represents significant improvements in the financial package for nurses. However, a financial package alone is not enough to address the issue of low morale in the profession. The lack of appreciation and involvement felt by nurses, coupled with serious incidents of bullying, have to be addressed urgently. The Court strongly recommends that management take these problems seriously and set up a mechanism to ensure that nurses' skills and ability are utilised by involving them much more in the decision making process and that formal and informal procedures are put in place to deal with bullying in the workplace.

The issue of nurses' pay and conditions has taken up more of the Court's time in recent years than any other issue. Much of this is due to the failure to deal with the issues as promised several years earlier. The Court believes that over the last two years the nurses have justifiably improved their position, not just financially, but in terms of gaining recognition for the enhanced role of the profession.

During these lengthy discussions, the Court has been extremely impressed by the professionalism, patience and courtesy shown by all the parties in very difficult situations. The Court would like to express its gratitude towards all concerned for the manner in which they conducted the discussions during the many long and difficult hearings over extended time periods.

Signed on behalf of the Labour Court

Finbarr Flood

31st August, 1999


CO'N/DT Chairman

NOTE: Enquiries concerning this Recommendation should be addressed to *Ciaran O'Neill* Court Secretary.

Appendix 1 of LCR 16261

| Grades | 1/7/99 current £ | Phase 1 increases | | Salary 1st July 99 £ | Phase 2 increases | | Salary 1st July 00 £ |
|--------------------------------|------------------------|-------------------|-------|----------------------------|-------------------|-------|----------------------------|
| | | % | £ | | % | £ | |
| Ward Sister CNM 2 | 20,806 | 5.25 | 1,092 | 21,898 | 5.99 | 1,247 | 23,145 |
| | 21,163 | 5.25 | 1,111 | 22,274 | 4.12 | 871 | 23,145 |
| | 21,526 | 5.25 | 1,130 | 22,656 | 4.12 | 887 | 23,543 |
| | 21,835 | 5.25 | 1,146 | 22,981 | 4.11 | 898 | 23,879 |
| | 22,337 | 5.25 | 1,173 | 23,510 | 4.11 | 918 | 24,428 |
| | 22,840 | 5.25 | 1,199 | 24,039 | 4.37 | 997 | 25,036 |
| | 23,386 | 5.25 | 1,228 | 24,614 | 4.35 | 1,018 | 25,632 |
| | 23,930 | 5.25 | 1,256 | 25,186 | 4.35 | 1,042 | 26,228 |
| | 24,476 | 5.25 | 1,285 | 25,761 | 4.65 | 1,138 | 26,899 |
| | 25,020 | 5.25 | 1,314 | 26,334 | 4.75 | 1,188 | 27,522 |
| Nursing Officer CNM2 | 20,719 | 5.25 | 1,088 | 21,807 | 6.46 | 1,339 | 23,145 |
| | 21,124 | 5.25 | 1,109 | 22,233 | 4.32 | 912 | 23,145 |
| | 21,531 | 5.25 | 1,130 | 22,661 | 4.09 | 881 | 23,543 |
| | 21,946 | 5.25 | 1,152 | 23,098 | 3.56 | 781 | 23,879 |
| | 22,449 | 5.25 | 1,179 | 23,628 | 3.56 | 800 | 24,428 |
| | 22,950 | 5.25 | 1,205 | 24,155 | 3.84 | 881 | 25,036 |
| | 23,494 | 5.25 | 1,233 | 24,727 | 3.85 | 905 | 25,632 |
| | 24,040 | 5.25 | 1,262 | 25,302 | 3.85 | 926 | 26,228 |
| | 24,585 | 5.25 | 1,291 | 25,876 | 4.16 | 1,023 | 26,899 |
| | 25,131 | 5.25 | 1,319 | 26,450 | 4.26 | 1,071 | 27,522 |
| Theatre Sister CNM2 | 21,317 | 5.25 | 1,119 | 22,436 | 3.33 | 709 | 23,145 |
| | 21,686 | 5.25 | 1,139 | 22,825 | 1.48 | 321 | 23,145 |
| | 22,050 | 5.25 | 1,158 | 23,208 | 1.52 | 335 | 23,543 |
| | 22,319 | 5.25 | 1,172 | 23,491 | 1.74 | 388 | 23,879 |
| | 22,819 | 5.25 | 1,198 | 24,017 | 1.80 | 411 | 24,428 |
| | 23,322 | 5.25 | 1,224 | 24,546 | 2.10 | 490 | 25,036 |
| | 23,866 | 5.25 | 1,253 | 25,119 | 2.15 | 513 | 25,632 |
| | 24,412 | 5.25 | 1,282 | 25,694 | 2.19 | 535 | 26,228 |
| | 24,957 | 5.25 | 1,310 | 26,267 | 2.53 | 631 | 26,899 |
| | 25,502 | 5.25 | 1,339 | 26,841 | 2.67 | 681 | 27,522 |
| Junior Ward Sister CNM I | 20,187 | 5.25 | 1,060 | 21,247 | 4.09 | 826 | 22,073 |
| | 20,571 | 5.25 | 1,080 | 21,651 | 4.10 | 843 | 22,494 |
| | 20,596 | 5.25 | 1,081 | 21,677 | 4.19 | 863 | 22,541 |
| | 21,097 | 5.25 | 1,108 | 22,205 | 4.19 | 883 | 23,088 |
| | 21,599 | 5.25 | 1,134 | 22,733 | 4.44 | 959 | 23,692 |
| | 22,144 | 5.25 | 1,163 | 23,307 | 4.43 | 981 | 24,287 |
| | 22,689 | 5.25 | 1,191 | 23,880 | 4.43 | 1,005 | 24,885 |
| | 23,235 | 5.25 | 1,220 | 24,455 | 4.72 | 1,098 | 25,552 |
| | 23,780 | 5.25 | 1,248 | 25,028 | 4.82 | 1,145 | 26,174 |
| Dep Nurse Officer CNM 1 | 20,171 | 5.25 | 1,059 | 21,230 | 4.08 | 843 | 22,073 |
| | 20,581 | 5.25 | 1,081 | 21,662 | 2.00 | 412 | 22,073 |
| | 20,987 | 5.25 | 1,102 | 22,089 | 1.93 | 405 | 22,494 |
| | 21,398 | 4.34 | 929 | 22,327 | 1.00 | 214 | 22,541 |
| | 21,901 | 4.42 | 968 | 22,869 | 1.00 | 219 | 23,088 |
| | 22,402 | 4.76 | 1,066 | 23,468 | 1.00 | 224 | 23,692 |
| | 22,947 | 4.84 | 1,111 | 24,058 | 1.00 | 229 | 24,287 |
| | 23,492 | 4.93 | 1,158 | 24,650 | 1.00 | 235 | 24,885 |
| | 24,038 | 5.25 | 1,262 | 25,300 | 1.05 | 252 | 25,552 |
| | 24,583 | 5.25 | 1,291 | 25,874 | 1.22 | 300 | 26,174 |

| Grades | 1/7/99 current £ | Phase 1 increases | | Salary 1st July 99 £ | Phase 2 increases | | Salary 1st July 00 £ |
|---|------------------------|-------------------|-------|----------------------------|-------------------|-------|----------------------------|
| | | % | £ | | % | £ | |
| Theatre Supt. Unit Nurse Officer CNM3 | 22,638 | 5.25 | 1,188 | 23,826 | 9.60 | 2,173 | 26,000 |
| | 23,110 | 5.25 | 1,213 | 24,323 | 9.55 | 2,207 | 26,530 |
| | 24,432 | 5.25 | 1,283 | 25,715 | 5.69 | 1,390 | 27,105 |
| | 24,921 | 5.25 | 1,308 | 26,229 | 5.64 | 1,406 | 27,635 |
| | 25,410 | 5.25 | 1,334 | 26,744 | 5.61 | 1,426 | 28,170 |
| | 26,083 | 5.25 | 1,369 | 27,452 | 4.82 | 1,257 | 28,710 |
| Asst. Matron 1 Div. Nurse Mgr. | 24,005 | 5.25 | 1,260 | 25,265 | 4.62 | 1,109 | 26,374 |
| | 24,484 | 5.25 | 1,285 | 25,769 | 4.62 | 1,131 | 26,901 |
| | 24,947 | 5.25 | 1,310 | 26,257 | 4.62 | 1,153 | 27,409 |
| | 26,368 | 5.25 | 1,384 | 27,752 | 4.62 | 1,218 | 28,971 |
| | 26,816 | 5.25 | 1,408 | 28,224 | 4.62 | 1,239 | 29,463 |
| | 27,336 | 5.25 | 1,435 | 28,771 | 4.62 | 1,263 | 30,034 |
| | 27,822 | 5.25 | 1,461 | 29,283 | 4.62 | 1,285 | 30,568 |
| | 28,305 | 5.25 | 1,486 | 29,791 | 4.62 | 1,308 | 31,099 |
| | 30,247 | 5.25 | 1,588 | 31,835 | 4.62 | 1,397 | 33,232 |
| Asst. Chief Nursing Officer | 24,566 | 5.25 | 1,290 | 25,856 | 4.62 | 1,135 | 26,991 |
| | 25,335 | 5.25 | 1,330 | 26,665 | 4.62 | 1,170 | 27,836 |
| | 26,102 | 5.25 | 1,370 | 27,472 | 4.62 | 1,206 | 28,678 |
| | 27,856 | 5.25 | 1,462 | 29,318 | 4.62 | 1,287 | 30,605 |
| | 28,648 | 5.25 | 1,504 | 30,152 | 4.62 | 1,324 | 31,476 |
| | 29,463 | 5.25 | 1,547 | 31,010 | 4.62 | 1,361 | 32,371 |
| Asst. Matron 2 | 30,246 | 5.25 | 1,588 | 31,834 | 4.62 | 1,398 | 33,232 |
| | 22,757 | 5.25 | 1,195 | 23,952 | 4.62 | 1,051 | 25,003 |
| | 23,258 | 5.25 | 1,221 | 24,479 | 4.62 | 1,075 | 25,554 |
| | 23,763 | 5.25 | 1,248 | 25,011 | 4.64 | 1,103 | 26,114 |
| | 25,153 | 5.25 | 1,321 | 26,474 | 4.47 | 1,124 | 27,597 |
| | 25,666 | 5.25 | 1,347 | 27,013 | 4.64 | 1,191 | 28,205 |
| | 26,178 | 5.25 | 1,374 | 27,552 | 4.63 | 1,213 | 28,766 |
| | 26,693 | 5.25 | 1,401 | 28,094 | 4.64 | 1,239 | 29,333 |
| | 27,401 | 5.25 | 1,439 | 28,840 | 4.63 | 1,270 | 30,109 |



| Grades | 1/7/99 current £ | Phase 1 increases | | Salary 1st July 99 £ | Phase 2 increases | | Salary 1st July 00 £ |
|--|------------------------|-------------------|-------|----------------------------|-------------------|-------|----------------------------|
| | | % | £ | | % | £ | |
| Public Health Nurse | 21,420 | 4.00 | 857 | 22,277 | 4.07 | 872 | 23,149 |
| | 21,750 | 4.00 | 870 | 22,620 | 2.43 | 529 | 23,149 |
| | 22,122 | 4.00 | 885 | 23,007 | 2.44 | 540 | 23,547 |
| | 22,491 | 4.00 | 900 | 23,391 | 2.21 | 497 | 23,888 |
| | 22,735 | 4.00 | 909 | 23,644 | 3.43 | 780 | 24,424 |
| | 23,390 | 4.00 | 936 | 24,326 | 3.06 | 716 | 25,041 |
| | 24,043 | 4.00 | 962 | 25,005 | 2.64 | 635 | 25,639 |
| | 24,697 | 4.00 | 988 | 25,685 | 2.25 | 556 | 26,241 |
| | 25,353 | 4.00 | 1,014 | 26,367 | 2.17 | 550 | 26,917 |
| | 26,006 | 4.00 | 1,040 | 27,046 | 1.92 | 499 | 27,546 |
| Community Psychiatric Nurse | 20,719 | 4.00 | 829 | 21,548 | 4.00 | 829 | 22,377 |
| | 21,124 | 4.00 | 845 | 21,969 | 2.43 | 513 | 22,482 |
| | 21,531 | 4.00 | 861 | 22,392 | 2.44 | 525 | 22,918 |
| | 21,946 | 4.00 | 878 | 22,824 | 2.21 | 485 | 23,309 |
| | 22,449 | 4.00 | 898 | 23,347 | 3.43 | 770 | 24,117 |
| | 22,950 | 4.00 | 918 | 23,868 | 3.06 | 702 | 24,570 |
| | 23,494 | 4.00 | 940 | 24,434 | 2.64 | 620 | 25,054 |
| | 24,040 | 4.00 | 962 | 25,002 | 2.25 | 541 | 25,543 |
| | 24,585 | 4.00 | 983 | 25,568 | 2.17 | 533 | 26,102 |
| | 25,131 | 4.00 | 1,005 | 26,136 | 1.92 | 483 | 26,619 |
| Supt. Public Health Nurse | 27,659 | 5.25 | 1,452 | 29,111 | 4.62 | 1,278 | 30,389 |
| | 28,279 | 5.25 | 1,485 | 29,764 | 4.62 | 1,306 | 31,070 |
| | 28,900 | 5.25 | 1,517 | 30,417 | 4.62 | 1,335 | 31,752 |
| | 29,519 | 5.25 | 1,550 | 31,069 | 4.62 | 1,364 | 32,433 |
| | 30,139 | 5.25 | 1,582 | 31,721 | 4.62 | 1,392 | 33,114 |
| | 30,762 | 5.25 | 1,615 | 32,377 | 4.62 | 1,421 | 33,798 |
| | 31,382 | 5.25 | 1,648 | 33,030 | 4.62 | 1,450 | 34,479 |
| Senior Public Health Nurse Asst. Dir. PHN | 23,894 | 5.25 | 1,254 | 25,148 | 4.04 | 965 | 26,114 |
| | 24,375 | 5.25 | 1,280 | 25,655 | 7.97 | 1,943 | 27,597 |
| | 25,772 | 5.25 | 1,353 | 27,125 | 4.19 | 1,080 | 28,205 |
| | 26,270 | 5.25 | 1,379 | 27,649 | 4.25 | 1,116 | 28,766 |
| | 26,771 | 5.25 | 1,405 | 28,176 | 4.32 | 1,157 | 29,333 |
| | 27,482 | 5.25 | 1,443 | 28,925 | 4.31 | 1,184 | 30,109 |

| Grades | 1/7/99 current £ | Phase 1 increases | | Salary 1st July 99 £ | Phase 2 increases | | Salary 1st July 00 £ |
|-----------------------------------|------------------------|-------------------|-------|----------------------------|-------------------|-------|----------------------------|
| | | % | £ | | % | £ | |
| Dir. of Nursing, Matron Band 1 | 31,909 | 5.25 | 1,675 | 33,584 | 4.62 | 1,474 | 35,058 |
| | 32,796 | 5.25 | 1,722 | 34,518 | 4.62 | 1,515 | 36,033 |
| | 33,684 | 5.25 | 1,768 | 35,452 | 4.62 | 1,556 | 37,009 |
| | 34,570 | 5.25 | 1,815 | 36,385 | 4.62 | 1,597 | 37,982 |
| | 35,457 | 5.25 | 1,861 | 37,318 | 4.62 | 1,638 | 38,957 |
| | 36,346 | 5.25 | 1,908 | 38,254 | 4.62 | 1,679 | 39,933 |
| | 37,232 | 5.25 | 1,955 | 39,187 | 4.62 | 1,720 | 40,907 |
| Chief Nursing Officer | 31,399 | 5.25 | 1,648 | 33,047 | 4.62 | 1,451 | 34,498 |
| | 32,351 | 5.25 | 1,698 | 34,049 | 4.62 | 1,495 | 35,544 |
| | 33,306 | 5.25 | 1,749 | 35,055 | 4.62 | 1,539 | 36,593 |
| | 34,260 | 5.25 | 1,799 | 36,059 | 4.62 | 1,583 | 37,641 |
| | 35,214 | 5.25 | 1,849 | 37,063 | 4.62 | 1,627 | 38,690 |
| | 36,169 | 5.25 | 1,899 | 38,068 | 4.62 | 1,671 | 39,739 |
| Dir. of Nursing Matron Band 2 | 30,026 | 5.25 | 1,576 | 31,602 | 4.62 | 1,387 | 32,990 |
| | 30,872 | 5.25 | 1,621 | 32,493 | 4.62 | 1,426 | 33,919 |
| | 31,719 | 5.25 | 1,665 | 33,384 | 4.62 | 1,465 | 34,850 |
| | 32,564 | 5.25 | 1,710 | 34,274 | 4.62 | 1,504 | 35,778 |
| | 33,412 | 5.25 | 1,754 | 35,166 | 4.62 | 1,544 | 36,710 |
| | 34,259 | 5.25 | 1,799 | 36,058 | 4.62 | 1,583 | 37,640 |
| | 35,105 | 5.25 | 1,843 | 36,948 | 4.62 | 1,622 | 38,570 |
| Dir. of Nursing Matron Band 2A | 29,786 | 5.25 | 1,564 | 31,350 | 4.62 | 1,376 | 32,726 |
| | 30,318 | 5.25 | 1,592 | 31,910 | 4.62 | 1,401 | 33,310 |
| | 30,850 | 5.25 | 1,620 | 32,470 | 4.62 | 1,425 | 33,895 |
| | 31,382 | 5.25 | 1,648 | 33,030 | 4.62 | 1,450 | 34,479 |
| | 31,914 | 5.25 | 1,675 | 33,589 | 4.62 | 1,474 | 35,064 |
| | 32,445 | 5.25 | 1,703 | 34,148 | 4.62 | 1,499 | 35,647 |
| | 32,977 | 5.25 | 1,731 | 34,708 | 4.62 | 1,524 | 36,232 |
| Dir. of Nursing Matron Band 3 | 27,659 | 5.25 | 1,452 | 29,111 | 4.62 | 1,278 | 30,389 |
| | 28,279 | 5.25 | 1,485 | 29,764 | 4.62 | 1,306 | 31,070 |
| | 28,900 | 5.25 | 1,517 | 30,417 | 4.62 | 1,335 | 31,752 |
| | 29,520 | 5.25 | 1,550 | 31,070 | 4.62 | 1,364 | 32,434 |
| | 30,139 | 5.25 | 1,582 | 31,721 | 4.62 | 1,392 | 33,114 |
| | 30,762 | 5.25 | 1,615 | 32,377 | 4.62 | 1,421 | 33,798 |
| | 31,382 | 5.25 | 1,648 | 33,030 | 4.62 | 1,450 | 34,479 |
| Dir. of Nursing Matron Band 4 | 25,793 | 5.25 | 1,354 | 27,147 | 4.62 | 1,192 | 28,339 |
| | 26,597 | 5.25 | 1,396 | 27,993 | 4.62 | 1,229 | 29,222 |
| | 27,399 | 5.25 | 1,438 | 28,837 | 4.62 | 1,266 | 30,103 |
| | 28,202 | 5.25 | 1,481 | 29,683 | 4.62 | 1,303 | 30,986 |
| | 29,008 | 5.25 | 1,523 | 30,531 | 4.62 | 1,340 | 31,871 |
| | 29,810 | 5.25 | 1,565 | 31,375 | 4.62 | 1,377 | 32,752 |
| | 30,610 | 5.25 | 1,607 | 32,217 | 4.64 | 1,414 | 33,631 |
| Dir. of Nursing Matron Band 5 | 24,080 | 5.25 | 1,264 | 25,344 | 4.62 | 1,112 | 26,457 |
| | 24,617 | 5.25 | 1,292 | 25,909 | 4.62 | 1,137 | 27,047 |
| | 25,155 | 5.25 | 1,321 | 26,476 | 4.62 | 1,162 | 27,638 |
| | 25,692 | 5.25 | 1,349 | 27,041 | 4.62 | 1,187 | 28,228 |
| | 26,229 | 5.25 | 1,377 | 27,606 | 4.62 | 1,212 | 28,818 |
| | 26,768 | 5.25 | 1,405 | 28,173 | 4.62 | 1,237 | 29,410 |
| | 27,306 | 5.25 | 1,434 | 28,740 | 4.62 | 1,262 | 30,001 |

Appendix VIII: Recommendation No. LCR 16330

Industrial Relations Acts 1946 to 1990

Section 26(1) Industrial Relations Act 1990

Parties:

Department of Health & Children (represented by Health Service Employers' Association Irish Business & Employers' Confederation)

- and -

Irish Nurses' Organisation
Services Industrial Professional Technical Union
Irish Municipal, Public & Civil Trade Union
Psychiatric Nurses' Association

Division

Chairman: Mr Flood
Employer Member: Mr Pierce
Worker Member: Mr Rorke

1. Subject

Rehearing arising from LCR16261. The Court investigated the above dispute on the 25th of October, 1999.

2. Background

The Government and the Irish Congress of Trade Unions agreed a process to resolve the nurses' dispute under the Independent Chairmanship of Mr Kevin Duffy, Deputy Chairman of the Labour Court.

It was agreed that the following format would be used in addressing issues:

1. Talks on issues arising from the Commission on Nursing which are not related to pay rates
2. Reference to the Labour Court of appropriate issues
3. Issues which could be dealt with in a post Partnership 2000 setting.

The Nursing Alliance indicated the specific issues requiring to be addressed and they were as follows:

1. Anomalies in allowances
2. Leave
3. Reporting relationships of Director of Nursing
4. Issues related to CPN and DNO
5. Staff Nurse scale including recognition for long service
6. Pay of promotional grades
7. Number of students and pay on qualification
8. Number of new line manager posts
9. Nurse teachers
10. Training budget.

Following four days and nights of intensive discussions a number of issues were agreed between the parties

and the balance of issues on which there was no agreement or only partial agreement, were referred to the Court.

Before reference to the Labour Court a number of the issues above were agreed between the parties. These included:

- No. 3: Reporting relationships of Director of Nursing;
- No. 7: Number of students and pay on qualification;
- No. 10: Training budget arrangements.

While there had been progress on a number of other issues, particularly items 5 and 8, full agreement was not reached and the differences between the parties were referred to the Court for recommendation.

In examining the issues before it, the Court acknowledges that a number of these arise as a consequence of the introduction of the Commission on Nursing Report and others arise as a result of anomalies arising following the implementation of the previous Labour Court Recommendations.

Recommendation

1. Anomalies in allowances

a) *Qualification Allowance for Public Health Nurse Grade*

The Court recognises the Management view that, in general, such allowances should not be paid in respect of holding a qualification which is a prerequisite to securing an appointment.

It notes, however, that the post registration qualification in Midwifery attracts a qualification allowance in certain circumstances and on this basis recommends that it should be paid to Public Health Nurse and Senior Public Health Nurse Grades and confined strictly to those grades.

b) *Clinical Nurse Managers 3*

In order to compensate for an apparent anomaly, the Court recommends that the pay scale of this post be increased to £29,600 at the top of the scale.

c) *Qualifying Courses*

The matter of courses qualifying for extra allowances has been agreed between the parties as

Category 2 or equivalent courses as defined by An Bord Altranais.

d) Unsocial Hours Premium

At the original hearing the Unions based their claim for time and $\frac{1}{6}$ between 6.00pm and 8.00pm on the basis that similar arrangements applied in the prison service, and the fact that the nurses worked a 39 hour week. At the time the arrangement did not apply elsewhere in the public service and for that reason the Court did not consider that a significantly wide base of comparison existed to justify recommending the claim. Since the hearing, time and $\frac{1}{6}$ has been offered to another significant group within the public service as part of a restructuring agreement. This, in the Court's view, constitutes a substantial change in the circumstances which existed at the original hearing and broadens significantly the base of the claim on behalf of the nurses. In these circumstances the Court considers that, as part of the overall package, the claim should be conceded with effect from one month after the date of acceptance of this Court recommendation. The time and $\frac{1}{6}$ between 6.00pm and 8.00pm payment to apply only where there is an 8 hour shift or more worked by an individual.

e) Long Stay Unit Allowance – General Nursing

The Court clarifies that the reference in Labour Court Recommendation LCR16083 to the restriction of the increased allowance (to those already in the receipt of the previous £328 allowance) was not intended to preclude from eligibility others who had been arguing a case that they should have had the allowance. The Court has suggested to the parties that this is an industrial relations matter that should be taken up on an individual basis and processed through the procedures.

f) Allowance – Psychiatry

Against the background of a claim in relation to the application of a location allowance in respect of longstay units in psychiatric and mental handicap services, the Court notes that the following agreement has been reached between the sides:

- Nurses working in units for Severe and Profoundly Handicapped in Mental Handicap Services and Acute Admission and Secure Units in Psychiatric Services will be eligible for payment of the location allowance while working in such areas.
- The Court notes that this arrangement follows re-affirmation by both sides that location based allowances are not payable in respect of grades above CNM 2 levels and would not be cited in support of further claims.

2. Leave

The Court does not recommend any change to the increased holiday arrangements already recommended

in previous Labour Court Recommendations.

3. Reporting Relationships of Director of Nursing

The parties have agreed a wording that is acceptable to both sides on this issue. (Appendix 1).

4. Community Psychiatric and Deputy Nursing Officer

CPN: The Court does not recommend any change pending the advance of these nurses to Community Mental Health Nurse grade. The employers have committed to the Court that they will assist all those seeking to make this move.

DNO: The Court does not recommend any change regarding this post.

5. Staff Nurse Scales including recognition for Long Service

Following discussions between the parties prior to coming to the Court it was agreed that a new post of Senior Staff Nurse would be set up to fulfil an identified need in the system. A job specification, training programme and eligibility criteria were agreed for this post (Appendix 2).

The Management was prepared to offer 2,000 Senior Staff Nurse posts, with a rate of 4% above the Staff Nurse rate. The Union sought 3,000 posts at a rate of £1,500 above the Staff Nurse rate.

The Court, having considered the submissions made by both parties, recommends that the proposed number of posts of Senior Staff Nurse be increased from 2,000 to 2,500. The Senior Staff Nurse to be paid at a rate of 5% above the Staff Nurse rate.

The Court further recommends that there be an interim review to monitor the operation and effectiveness of the new Senior Staff Nurse position in October 2000, and a more comprehensive review in October 2001, at the review stage of the Commission on Nursing Report.

6. Pay of Promotional Grade

On this issue the specially appointed Chairman to the talks has recommended that any discussions in relation to this area should be dealt with in a post Partnership 2000 setting. Consideration at that stage might include performance related pay proposals.

In return for this it was agreed that those in Management posts would receive a £1,000 lump sum.

7. Number of students and pay on qualification

A number of issues have been clarified and agreed between the parties under this heading.

8. Number of new line manager posts

As a result of the implementation of the relevant section of the Commission on Nursing Report a number of new line manager posts have been created. Prior to coming into the Court the Management side had offered 600 CNM 1 posts. The Union side considered this to be inadequate and sought a figure of 2,000 CNM 1 posts. The PNA also raised a claim for 200 CNM 1 posts.

Having considered the arguments made by both sides the Court recommends that the number of CNM 1 posts should be 1,100, the allocation of these posts to be agreed between the parties. The agreed criteria for filling these posts is attached (Appendix 3).

In addition to the posts above, Management have proposed 750 Clinical Nurse Specialist posts while Alliance were arguing for significantly more. Following consideration of the submissions made the Court recommends the figure of 1,250 Clinical Nurse Specialist posts.

9. Nurse Tutors

The proposed integration of pre-registration nursing education into the third level sector has raised many questions for this group. In LCR16261 the Court stated that pay and conditions for nurse teachers should be finalised by September 2000 when the Nursing Education Forum report will be available. The Court recommended that in the meantime, this group should be paid 4% from the 1st of July 1999, on account, to be subsumed into any pay increases negotiated after the Forum report, clarifying their new roles, is available. The Court further recommended that the option of a voluntary early retirement package should be provided in order to supplement the options proposed by the Commission on Nursing.

In the light of further submissions received from the Nursing Alliance, the Court now recommends that, instead of receiving an interim payment of 4%, nurse teachers should receive similar salary increases to those recommended for other Management grades and that the same phasing arrangements should apply. The Court makes this revised recommendation in recognition of the change in their role arising from the implementation of the Commission's proposal, and on the basis that this will dispose of the pay issue.

The Court also calls on employers to engage in early discussions with nurse teachers to clarify matters of concern to this group in relation to their future conditions.

Appendices

Appendix 1

Reporting relationships

It is agreed that the Nursing Directors will co-operate with the revised management structures in Community and Hospital Programmes. The reporting/liaison/

10. Training Budget

The parties have agreed to address immediately the problem relating to inconsistency of arrangements for nurses participating in training courses. This was recommended strongly in Labour Court Recommendation LCR16261.

Partnership 2000 - 2%

Both parties wish to record the acceptance by the Nursing Alliance of Management's proposals for the application of Clause 4 of the Annex on Public Service Pay of Partnership 2000 by way of a 2% increase on all points of all nursing scales and allowances, with effect from the 1st of July, 1999.

Reports of Commission on Nursing

The Court notes that the parties have arranged a mechanism to prioritise the implementation of the proposals in the Report, which will speedily bring about the major changes welcomed by the nursing profession (Appendix 4).

Conclusion

This dispute is unlike any other in the industrial relations arena, given its serious effect on the health of a wide range of people. The Court is conscious of the serious hardship being suffered by patients, the community at large, nurses, doctors and a wide range of health workers.

Throughout this strike the Alliance indicated that it would not be prepared to call off the strike "unless there was money on the table".

Given that proposals are now on the table for the settlement of this dispute the Court would strongly urge the Nursing Alliance leadership to suspend their strike. Nothing further can be achieved by continuation of the strike pending the outcome of a ballot.

Signed on behalf of the Labour Court

Finbarr Flood

27th October, 1999

NOTE: Enquiries concerning this Recommendation should be addressed to Ciaran O'Neill Court Secretary.

access relationships with regard to strategic matters will continue as heretofore. The Management principles intended in the Health Legislation including 1996 Accountability Legislation and reflected in the management structures with regard to service direction and accountability are accepted. In practice, we would expect that the Partnership ethos to continue to prevail.
23 October 1999, 1.20pm

Appendix 2

Senior Staff Nurse*

Resource Staff to Nurse Management who can be called upon:

- to maintain a particular focus on
- to take a particular interest in
- to act as lead person on

one or more mainstream regular nursing/midwifery duties.

This initiative is to ensure that focus and attention is maintained on key result areas which form an integral part of service delivery.

Nothing in this initiative is to suggest that the duties focused on are to be the sole preserve of the Senior Staff Nurse.* Such duties will continue to form an integral part of every nurse and midwife's responsibility.

The types of functions will, amongst others include:

- a) working in a short-term acting up capacity for Clinical Nurse Managers. This is not intended to conflict with existing paid acting up arrangements;
- b) assisting and supporting Nurse Managers in working, as described above, with staff in areas such as;
 - health promotion;
 - information technology;
 - training/support;
 - quality assurance/continuous improvement programmes;
 - evidence based practice;
 - service/patient communications.

The assignment and rotation of duties will be at the discretion of Nurse Management, within normal rostering arrangements.

Selection/Eligibility Criteria

- Staff nurses on the maximum of the staff nurse scale with a minimum of 15 years service will be eligible to apply for a Senior Staff Nurse* role;
- Employers will, following consultation with staff and/or staff unions as appropriate, provide eligible nurses/midwives with an orientation course/programme recognised and approved through the Nursing and Midwifery Planning and Development Unit;
- The course/programme will be modular;
- Appointments within the agreed complement will be confirmed on the basis of seniority, following completion of the orientation course/programme, subject to suitability.

* This does not denote a supervisory role.

25 October 1999, 05.54am

Appendix 3

CNMI Posts - First Appointments

- Posts will be filled permanently;
- First filling of posts will be by way of an internal selection process;

- 50% of the initial appointments will be on the basis of seniority, subject to suitability.

Appendix 4

Commission on Nursing

Implementation Programme: Priority Areas

Introduction

1. The Report of the Commission on Nursing 'A Blueprint for the Future' contains wide ranging recommendations for addressing the underlying problems within the nursing profession and developing nursing as a true profession within the health service. The Government is fully committed to the implementation of the Commission's recommendations.
2. The Department of Health and Children is interested in working in partnership with the four nursing unions and the other key stakeholders on the development of a structured programme for the phased implementation of the Commission's recommendations over a period of time. It is considered that the most appropriate vehicle for achieving this desired partnership approach is through the establishment of a Monitoring Committee, as proposed by the Commission. This Committee would be composed of representatives of the Department of Health and Children, health service providers, the four nursing unions and An Bord Altranais. Its role would be to monitor progress in the implementation of the Commission's report. It is envisaged that it would meet every three months.
3. Good progress has been made to date in implementing some of the central recommendations of the Commission. This has been done against a background of ongoing industrial relation difficulties. The Department is anxious to identify further priority areas where action is required as part of the second phase of the implementation process. It is keen to do this in co-operation with the Nursing Alliance and hopes that an agreed Action Plan would emerge from the current discussions setting out the objectives to be achieved over the next two years. The proposed Monitoring Committee would monitor progress in achieving these objectives.
4. While all of the recommendations are important the reality is that they cannot all be implemented at once. Accordingly, it is intended that further Action Plans would be prepared to provide for the implementation of the remaining recommendations.

Priority Areas

- Establishment of Monitoring Committee which will meet on a quarterly basis to review progress in the implementation of the Commission on Nursing Report;
- Immediate establishment of National Council for Professional Development in Nursing and Midwifery;



- Establishment of Nursing and Midwifery Planning and Development Units in each Health Board (subject to acceptance of compromise agreement on Director's salary brokered by the HSEA);
- Introduction of a Clinical Career pathway involving development of Clinical Nurse/Midwife Specialist and Advanced Nurse/Midwife Practitioner posts;
- Examination by Health Service providers and National Council of the development of Clinical Nurse Specialist posts in Mental Handicap Nursing Services in the community;
- Development of Community Psychiatric Clinical Nurse Specialist and Advanced Nurse Practitioner posts in each catchment area according to service needs;
- Introduction of a direct entry Midwifery Diploma Programme on a pilot basis;
- Increase in theoretical content of current Midwifery Education Programme;
- Issue of Revised Strategy Statement on the role of the Public Health Nurse;
- Review of content, duration and academic award of Sick Children's Nursing course;
- Increase annual intake of nursing students;
- Examination of opportunities for the increased use of care assistants and other non-nursing personnel in the performance of non-nursing tasks;

Many tasks currently undertaken by nurses and midwives could more appropriately be undertaken by trained care staff. This was one of the key issues highlighted by nurses and midwives during the consultations of the Commission on Nursing. The support of trained care staff would facilitate the profession in the delivery of focused nursing care. This support service has a role to play across all areas of service;

- Examination by the Department of Health & Children, Health Service Providers and Nursing Organisations of the development of appropriate systems to determine nursing staffing levels;
 - Clerical and Information Technology Support to be made available to first line management and midwifery managers;
 - PHNs to receive greater support in their role in care of the elderly through the provision of support staff and other services where appropriate;
 - PHNs to receive greater support in their role through the provision of new technology and where appropriate clerical support;
 - Transfer of application system for entry to Nursing Registration / Diploma Programme to the CAO for 2001 intake of nursing students;
 - Vacant management posts where nurses or midwives are 'acting-up' to be filled as soon as possible. This can best be achieved by devolving the selection and recruitment from central to local organisations;
 - The provision of a programme of Management Development for Clinical Nurse Managers grades 1 & 2, (CNM 1 & 2)
- The objective of this programme would be:
- to develop the general management skills of Clinical Nurse Manager;
 - to enhance the human resource skills of the Clinical Nurse Managers to ensure that staff nurses are managed in accordance with best personnel practice.
- Introduction of uniform criteria in relation to the provision of financial support to nurse and midwives undertaking post-registration education courses, in order to ensure equity.

23 October, 1999, 2.40pm

Appendix IX: Salary Scales applicable from 1st April 2000

Following application of 1% cost of living increase as provided for under Partnership 2000

| Incremental point | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|--|--|-------|-------|-------|-------|-------|-------------------------|-------|----------------|
| Student Nurse I | 5768 | | | | | | | | | |
| Student Nurse II | 8831 | | | | | | | | | |
| Student Nurse III | 12499 | | | | | | | | | |
| <i>(Rates for Student Nurse I, II, and III are applicable only to those training under the traditional apprenticeship system. They do not apply to student nurses undertaking a diploma based programme).</i> | | | | | | | | | | |
| Post Registered Student Nurse | 13520 | 14326 | | | | | | | | |
| Pupil Midwife | 14362 | 14830 | | | | | | | | |
| Staff Nurse <i>(including registered Midwife, registered Sick Children's Nurse, registered Mental Handicap Nurse)</i> | 15762 | 16550 | 17341 | 18130 | 18917 | 19596 | 20278 | 20956 | 21635 | 22302 23014 |
| <i>LSI after 3 years on max</i> | | | | | | | | | | |
| Senior Staff Nurse | 24164 | <i>(applicable from 5th November 1999)</i> | | | | | | | | |
| Dual Qualified Nurse <i>(Registered in any 2 of the 5 disciplines)</i> | 17828 | 19010 | 19641 | 20126 | 20661 | 21373 | 22066 | 23087 23799 | | |
| <i>LSI after 3 years on max</i> | | | | | | | | | | |
| Senior Dual Qualified Nurse | 24988 | <i>(applicable from 5th November 1999)</i> | | | | | | | | |
| Junior Ward Sister (CNM1) | 21889 | 22305 | 22332 | 22875 | 23420 | 24011 | 24602 | 25193 | 25784 | |
| Ward Sister (CNM2) | 22559 | 22947 | 23340 | 23675 | 24220 | 24765 | 25357 | 25947 | 26539 | 27129 |
| Theatre Sister (CNM2) | 23114 | 23514 | 23909 | 24201 | 24742 | 25287 | 25877 | 26470 | 27061 | 27652 |
| Night Sister (CMN2) | <i>(plus allowance of £455 pa payable on a red circle basis to staff who were in posts on 5th November 1999)</i> | | | | | | | | | |
| Clinical Instructor (CNM2) | 23114 | 23514 | 23909 | 24201 | 24742 | 25287 | 25877 | 26470 | 27061 | 27652 |
| Nurse Tutor | 26634 | 27005 | 27378 | 27753 | 28124 | 28498 | 28870 | 29245 | 29617 | 29990 |
| Principal Nurse Tutor | 27704 | 28244 | 28736 | 30272 | 30810 | 31315 | 31946 | 32796 | | |
| Theatre Superintendent Night Superintendent Home Superintendent (CNM3) Unit Nursing Officer Home Sister | 24546 | 25058 | 26950 | 27480 | 28010 | 29471 | | | | |
| Public Health Nurse | 22949 | 23303 | 23702 | 24097 | 24358 | 25060 | 25760 | 26461 | 27163 | 27863 |
| <i>(plus allowance of £909 pa payable on a red-circle basis to staff who were in posts on 5th November '99)</i> | | | | | | | | | | |
| Assistant Director of Public Health Nursing | 25908 | 26430 | 27945 | 28484 | 29027 | 29798 | | | | |
| Director of Public Health Nursing | 29990 | 30663 | 31336 | 32007 | 32680 | 33355 | 34027 | | | |
| Assistant Matron 1 <i>(payable only in Band 1 Hospitals)</i> | 26029 | 26548 | 27050 | 28590 | 29076 | 29640 | 30167 | 30691 | 32797 | |
| Assistant Matron 2 <i>(payable in all other Hospitals)</i> | 24675 | 25219 | 25766 | 27273 | 27830 | 28384 | 28943 | 29710 | | |
| Director of Nursing/Matron Band 1 | 34599 | 35560 | 36523 | 37484 | 38446 | 39409 | 40370 | <i>(plus £2500 prp)</i> | | |
| Director of Nursing/Matron Band 2 | 32556 | 33474 | 34393 | 35309 | 36228 | 37147 | 38064 | | | |
| Director of Nursing/Matron Band 2A | 32297 | 32873 | 33450 | 34027 | 34604 | 35179 | 35756 | | | |
| Director of Nursing/Matron Band 3 | 29990 | 30663 | 31336 | 32008 | 32680 | 33355 | 34027 | | | |
| Director of Nursing/Matron Band 4 | 27967 | 28839 | 29708 | 30579 | 31453 | 32323 | 33190 | | | |
| Director of Nursing/Matron Band 5 | 26110 | 26692 | 27275 | 27858 | 28440 | 29024 | 29607 | | | |

Location and Qualification Allowances applicable from 1st April 2000

Following application of 1% cost of living increase as provided for under Partnership 2000

Eligibility

Nurses eligible for payment of location/qualification allowances are Staff Nurses, Senior Staff Nurses, CNMs 1 and 2 (incl. Theatre Sisters). A nurse may benefit from either a qualification allowance or a location allowance when eligible - the higher of the two - when working on qualifying duties. Pro-rata arrangements apply to job-sharing and part-time staff.

| Grade | Nature of Allowance | |
|---|---|-------|
| Registered General Nurses | Employed on duties in the following locations: Accident & Emergency Depts, Theatre/OR, Intensive Care Units, Cancer/Oncology Units, Geriatric Units/Long-stay Hospital or Units in County Homes | £1045 |
| Registered Nurses | Employed on duties in the following locations: Units for Severe and Profoundly Handicapped in Mental Handicap Services Acute Admission Units in Mental Health Services Secure Units in Mental Health Services | £1045 |
| Registered Nurses | a) Employed on duties in specialist areas appropriate to the following qualifications where they hold the relevant qualifications: <ul style="list-style-type: none"> • Accident & Emergency Nursing Course • Anaesthetic Nursing Course • Behaviour Modification Course • Behavioural Therapy Course • Burns Nursing Course • Child & Adolescent Psychiatric Nursing Course • Coronary Care Course • Diabetic Nursing Course • Ear Nose & Throat Nursing Course • Forensic Psychiatric Nursing Course • Gerontological Nursing Course • Higher Diploma in Midwifery • Higher Diploma in Paediatrics • Infection Control Nursing Course • Intensive Care Nursing Course (incl. Paediatric Intensive Care & Special and Intensive Care of New Born) • Neurological/Neurosurgical Nursing Course • Operating Theatre Nursing Course (incl. Paediatric Op. Theatre) • Ophthalmic Nursing Course • Orthopaedic Nursing Course • Higher Diploma in Cardiovascular Nursing/Diabetes Nursing Oncological Nursing/Palliative Care Nursing/ Accident & Emergency Nursing • Rehabilitation Nursing Course • Renal Nursing Course • Stoma Care Nursing Course | £1569 |
| Registered General Nurses | b) Holding recognised post-registration qualifications in midwifery or sick children's nursing and employed on duties appropriate to their qualification | £1569 |
| All Public Health Nurses & Assistant Directors of Public Health Nursing | Receive Qualification Allowance of | £1569 |

Dual Qualified Scale

Applies to nurses in possession of 2 of the 5 registered nursing qualifications or in training for the 2nd qualification on 1st October 1996. In the case of midwifery and sick children's nursing, the dual qualified scale is effective from 1st August 1998. A staff nurse can only receive either a dual qualified scale or an allowance whichever is the greater.

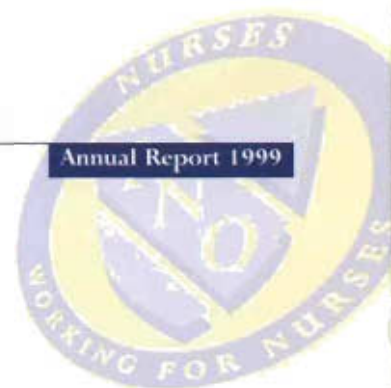
The exceptions to this are staff nurses paid on the dual qualified scale on 1st October 1996 and in receipt of a location allowance at 1st August 1998 or eligible for a new location/qualification allowance from 31st March 1999. In such cases the value of the location/qualification allowance is £783 which they receive in addition to their dual qualified scale.

Other allowances applicable from 1st April 2000

Following application of 1% cost of living increase as provided for under Partnership 2000

| Grade | Nature of Allowance | |
|--|---|--------|
| Relevant Nursing Staff | Nurse Management Sub-structures - Special Allowance for weekends/public holidays | £1673 |
| Psychiatric Nurses | Community Allowance | £2412 |
| | Nurses assigned to Occupational Therapy (Qualified) | £2098 |
| | Nurses assigned to Occupational Therapy (Unqualified) | £957 |
| Public Health Nurses | Island Inducement Allowance | £993 |
| Theatre Nurses who participate in the on-call/standby Emergency Services | On-call with standby | |
| | Monday to Friday (each day) | £12.36 |
| | Saturday | £15.83 |
| | Sunday and Public Holidays | £23.65 |
| | Fee per operation | £23.76 |
| | On-call without standby | |
| | Fee per operation | £33.25 |
| Public Health Nurses Weekend work | Fixed payment | £15.82 |
| | First call on Saturday and first call on Sunday | £21.00 |
| | Each subsequent call on Saturday and Sunday | £10.52 |
| | Payment in lieu of time off for Emergency work | £15.80 |
| Midwives providing domiciliary Care under the Maternity and Infant Care Scheme | Fee per service | £69.96 |
| | Reduction with a/n visit is after 36th week of pregnancy | £4.36 |
| | Patient removed to hospital before onset of labour and not accompanied by midwife | £25.96 |
| | Patient removed to hospital before onset of labour and accompanied by midwife | £34.66 |
| | Patient removed to hospital after onset of labour and not accompanied by midwife | £43.43 |
| | Patient removed to hospital after onset of labour and accompanied by midwife | £51.96 |
| | Abortions and Miscarriages | £34.65 |

Notes







Irish Nurses Organisation

Cumann na nAltraí Gaelacha

Head Office

11 Fitzwilliam Place, Dublin 2

Tel 01 676 0137 Fax 01 661 0466

E-mail ino@ino.ie <http://www.ino.ie>