



MEDIA RELEASE

FOR IMMEDIATE RELEASE:

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NURSES ACCEPT SAHO'S FINAL OFFER

<<Regina>> Members of the Saskatchewan Union of Nurses have voted 78 per cent in favour of accepting the Saskatchewan Association of Health Organizations' (SAHO's) final offer for a new collective agreement.

SUN's Negotiations Committee made no recommendation to members regarding acceptance or rejection of the offer.

According to SUN President Rosalee Longmoore, *"Health regions essentially said to nurses - we will give you a big wage and premium increase, but we refuse to fix staffing and patient safety issues - even with your strike vote. The 78 per cent acceptance vote means that most nurses believe that government isn't prepared to hold health regions accountable for failing to improve retention and recruitment."*

According to SUN, the key elements in the offer are:

- A four-year agreement that provides near parity with Alberta nurses in years one and two in wages and premiums less the cost of living. This includes a market adjustment of 5% and a general wage increase of 5% in the first year, and annual increases of 5% in each of the remaining three years.
- Addition of a sixth salary step for Nurse A and B classifications effective April 1, 2008.
- A 2% Long Service premium for nurses with 20 years of service in the bargaining unit.
- Provincial service recognition premiums in 2011 and 2012.
- A special premium for RN NPs (Nurse Practitioners).
- All overtime paid at double time.
- Up to eight hours annually of paid professional development, pro-rated for other than full time RN/RPNs.
- An increase in weekend, shift differential and standby premiums that are closer to those in effect in Alberta.
- Special Northern Leave of Absence and increased Northern allowance.
- Improved Maternity/Paternity Adoption Leave and supplemental employment benefit.

Longmoore says that *"Health regions refused to commit to the hiring targets set by government and refused to improve staffing or patient safety. Health regions aren't being held accountable. That means employers will continue to use money from nursing vacancies to balance budgets, the nursing shortage will continue, so the public still won't get the services they are paying for, and that's just wrong."*

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