

Health and Welfare Division

▶ Report 2017-2019



FÓRSA



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COVER PHOTOS

Left to right: Corina Glennon
(Westmeath Health and Welfare
Branch), Kerry Cuskelly (Dublin
North Health and Welfare Branch)
and Roisin Higgins (Dublin North
Health and Welfare Branch).



DIVISIONAL EXECUTIVE

Front row (l-r): Don Gibney (vice chair), Maura Cahalan (former chair), Martin Walsh (chair), Eamonn Donnelly (head of division).
 Back row (l-r): Brenda Mulhall, Brian Gorman, Patricia Mellisop, Corinne Phelan, Carmel Devine, Michelle Spearman Geraghty, Tony Mitchell, Edward Harte, James Fletcher, Jarlath O'Connor.
 Those not present were: Stephen Broderick, Raymond Daly, Finán Gallagher, Daniel Sweeney.

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Organisation

Creation of Fórsa

Fórsa came into being on 2nd January 2018 through an amalgamation of the Civil, Public and Services Union (CPSU), the Irish Municipal, Public and Civil Trade Union (IMPACT), and the Public Service Executive Union (PSEU). The new union represents over 80,000 members across the civil and public services, commercial and non-commercial semi-state organisations, the community and voluntary sector, and private companies in aviation, telecommunications and elsewhere. Fórsa is the second largest union in the country, and by far the strongest and most influential trade union voice in the public service and semi-state sector.

Members gave the amalgamation, which was the result of over two years' work and consultation, a strong endorsement in ballot results announced in November 2017. Public Service Executive Union (PSEU) members voted 70% in favour of the move, while those of the Civil, Public and Services Union (CPSU) gave an endorsement of 76%. IMPACT members who voted backed the merger by a margin of 86% to 14%. A fuller report on the amalgamation was published in an update to the union's first National Conference, which took place in May 2018.

Elected leadership

The following were elected to IMPACT's Health and Welfare Divisional Executive Committee at the IMPACT 2017 Divisional Conference:

Chairperson:
Maura Cahalan

Vice-Chairperson:
Martin Walsh

Third seat on the CEC (now NEC):
Don Gibney

DEC members:
Stephen Broderick, Ray Daly, Carmel Devine, James Fletcher, Finan Gallagher, Don Gibney, Edward Harte, Patricia Mellsop, Tony Mitchell, Jarlath O'Connor, Corinne Phelan, Michelle Spearman Geraghty and Daniel Sweeney.

Due to the untimely passing of Tony Mitchell in April 2018, Helen Canning was co-opted to the Divisional Executive.

The Division's representation on the National Executive increased to six when Fórsa was created, and the following became NEC members: Jarlath O'Connor, Michelle Spearman Geraghty and Daniel Sweeney.

Following the election of Maura Cahalan to the role of Fórsa Senior Vice President at union's National Conference in May 2018, Martin Walsh became divisional Chairperson, while Don Gibney became Vice-Chairperson and John Hanily was co-opted to the Divisional Executive.

Under the new Fórsa arrangements, Margaret Coughlan and Pat Fallon became ex-officio members of the Health and Welfare Divisional Executive in May 2018.

National Health Office

Éamonn Donnelly is the head of Fórsa's Health and Welfare Division, a post formerly called 'national secretary' before the creation of the new union. Assistant general secretaries Brian Gorman, Catherine Keogh, and Chris Cully are national leads, respectively, for corporate and health business functions, national hospitals, and children, family and social care.

The administrative staff in the National Health Office are: Ailish Kearney, Rita Lidiirth, Jennifer

McKenna, Brenda Mulhall, Carol Nevin, and Jade O'Donohoe.

A significant number of assistant general secretaries, industrial relations officers and organisers across the country also make essential contributions to the work of the division.

Divisional organisation

In recent years the Health and Welfare Division has established national leads in three areas (see 'National Health Office') to reflect the growing size and complexity of industrial relations in the sector. The union has also reorganised its staffing in the Dublin area to ensure a better service to members, and better cover when staff are on leave or away on union business. The Head of Division has also put procedures and practices in place to improve communications and team-working between staff working in the regions and the Dublin office.



Fórsa's head of health Eamonn Donnelly responds to Minister for Health Simon Harris at the union's conference for health and social care professionals.

The Division now also benefits from the allocation of organising staff in Dublin and some of the regions. Senior divisional staff are in regular contact with Fórsa's organising and communications departments with a view to improving services to members and strengthening recruitment, organisation, and supports to branches.

Sadly missed colleagues

Members, activists and staff in the Fórsa health division were deeply saddened to hear of the death of Tony Mitchell in April 2018. Tony was a social care worker at St. John of Gods for 28 years, and was chair of the Dublin Care Services branch of Fórsa. He also served on the Health and Welfare divisional executive and, shortly before his untimely death, he had taken up the chair of the union's Social Care Workers' Vocational Group. Aspects of Tony's life and activism were remembered by his union colleagues, and clients and staff of St. John of Gods, at his funeral in Wicklow. He was remembered with a minute's silence at Fórsa's National Executive meeting.

Earlier, two much-loved members of the union's Laois branch died in tragic circumstances in November and October 2017. Dave Hackett was well known to many in the union. A community welfare officer (CWO), he was known as much for his craic as his judgement and commitment to the union. He served on the Laois branch committee for many years and was a stalwart of the union's CWO Vocational Group and the Health and Welfare Division Executive Committee. He refused to leave his IMPACT branch when CWOs were transferred to the civil service, where the PSEU - now part of Fórsa - had recognition rights.

Fiona McGlynn also served for many years on the Laois branch committee. She was remembered by colleagues as a reserved person, who only spoke at meetings when she felt she had something significant to contribute. The Laois colleagues were both celebrated at a branch event in Saint Vincent's church.

Pay and related

Public service pay restoration

Pay and pension levy adjustments under the 2015 Lansdowne Road agreement ensured that, by April 2017, virtually all public servants had experienced some pay restoration, while those earning below €28,000 had gained full restoration of the pay and pension levy-related cuts. A final payment under the deal, which was worth €38.33 a fortnight before tax, was brought forward from September 2017 to April 2017 following negotiations between public service unions and the Department of Public Expenditure and Reform (DPER), which took place between December 2016 and January 2017.

In May 2016, the Government also bowed to union demands for early talks on a successor to the HRA, which was originally meant to expire in September 2018. Negotiations took place in May and June 2017 after the publication of the first report of the Public Service Pay Commission (PSPC), which was established under the Programme for Government in October 2016.

The PSPC report addressed the process of unwinding the Financial Emergency Measures in the Public Interest (FEMPI) legislation, which introduced and underpinned the public service pay cuts and pension levy. The PSPC also considered factors that are usually taken into account in public service pay determination including recruitment and retention issues, international comparisons of public service pay and living costs, the value of public service pensions, and security of tenure relative to the private sector. The ICTU Public Services Committee (PSC), which represents the vast

majority of the country's public service unions, made two written submissions to the Commission, and PSC officers met with the Commission on a number of occasions.

The Commission made its report to the Minister for Public Expenditure and Reform in May 2017. Talks on a new public service pay agreement started later that month and concluded in June 2017. The outcome was the Public Service Stability Agreement (PSSA), which was strongly backed by members of the three unions that later amalgamated to form Fórsa, along with unions representing a large majority of public service workers. The ICTU Public Services Committee backed the deal by a margin of over 80% in an aggregate ballot in September 2017.

The PSSA, which came into force in January 2018, now governs pay and related matters for virtually all civil and public servants, as well as staff in non-commercial semi-state organisations and 'section 38' agencies where pay scales follow the public service. By the time it expires, on 31st December 2020, over 90% of civil and public servants will earn as much as, or more than, they did when pay cuts were introduced during the crisis.

Summary of income adjustments

- 1st January 2018: 1% pay adjustment
- 1st October 2018: 1% pay adjustment
- 1st January 2019: Additional superannuation contribution threshold up from €28,750 to €32,000 (worth €325 a year). 1% pay increase for those who don't benefit (ie, those earning less than €30,000 a year)
- 1st September 2019: 1.75% pay adjustment
- 1st January 2020: Additional superannuation contribution threshold increased to €34,500 (worth €250 a year). 0.5% pay increase for those who don't benefit (ie, those earning less than €32,000 a year)
- 1st October 2020: 2% pay adjustment
- 31st December 2020: Agreement concludes.

The agreement saw pay increase by 1% on 1st January 2018, and by another 1% on 1st October 2018. Further income boosts were implemented on 1st January 2019, with a 1% pay increase for those earning less than €30,000 a year. Those who earn more benefited instead from an increase in the 'additional superannuation contribution,' which replaced the pension levy as part of the agreement. Further improvements are due on 1st September 2019, 1st January 2020, and 1st October 2020 (see table). Pay scales were updated on the Fórsa website to reflect the 1st January 2019 and earlier adjustments.

As this report was being finalised, Fórsa and other unions were studying the implications of a February 2019 Labour Court recommendation regarding nurses' pay and grading, and awaiting the outcome of a related contract negotiation and ballot. At its February 2019 meeting, Fórsa's National Executive Committee (NEC) noted that, while ministers had expressed the view that the Labour Court recommendation was in line with the PSSA, Fórsa officials had been assured of continued engagement between the Department of Public Expenditure and Reform and the ICTU Public Services Committee on the broader implications of the outcome. The NEC said this engagement must address any changes in the assumptions underlying the agreement, and noted that clause 8.4.2 of the PSSA allows for this. The executive also took the view that ongoing engagement between unions and DPER must continue to discuss the possibility of a general

pay review mechanism to allow a full examination of the adequacy of current pay arrangements, and to resolve ongoing difficulties with the smooth operation of parts of the agreement.

The union had already told the Government that other grades will expect similar opportunities to have their pay reviewed during the lifetime of the agreement. Throughout 2018 and early 2019, Fórsa reiterated its view that all civil and public servants, and their unions, must be treated equally under the Public Service Stability Agreement (PSSA).

Additional superannuation contribution

Incomes were also improved in January 2019 by an increase in the threshold for payment of the 'additional superannuation contribution,' which replaced the pension levy under the PSSA. A further increase in the threshold is due in January 2020. Different arrangements apply to members of fast accrual schemes, mainly certain uniformed grades.

The agreement also saw the resolution of two outstanding 'additional superannuation contribution' anomalies. From January 2019, staff who joined the public service after January 2013, and who are in the single public service pension scheme introduced at that time, pay only two-thirds of the additional contribution rate. This figure will fall to one-third from

January 2020, reflecting the fact that the benefits of the single scheme are different from those in the older scheme. And, with effect from January 2019, the 'additional superannuation contribution' is no longer payable on non-pensionable elements of incomes, including non-pensionable overtime payments.

New entrants

The term 'new entrants' refers to people who started work in the civil and public service, and organisations linked to it for pay purposes, after 2011 when inferior pay scales for new staff were imposed by the Government without agreement.

Although those inferior scales, which were worth 10% less at every point of each scale, were abolished at unions' insistence under the 2013 Haddington Road agreement, new entrants continued to have longer pay scales than their longer-serving colleagues, with two lower pay points at the beginning of each scale. In some grades, allowances that made up a significant part of overall income were also abolished for new entrants.

The PSSA established a process, involving the Public Service Pay Commission (PSPC), to address this problem. Following detailed discussions and inputs from Fórsa and other unions, this resulted in a solution of the pay scale issue, though not the allowances issue, in 2018. This was achieved at least two years earlier than the PSSA originally provided for.

Under these measures, new entrants will skip two points - the fourth and the eighth - on each pay scale. Fórsa welcomed this outcome because it ensures a fair outcome for new entrants regardless of their length of service. Fuller details of the outcome are available on the union's website.

Recruitment and retention issues

The Public Service Pay Commission's (PSPC) original 2017 report, which preceded the talks that led to the PSSA, identified recruitment and retention issues that had been raised by unions in respect of specific grades. These included health and social care professionals (HSCPs) represented by the Health and Welfare Division. Under the agreement, unions were able to make further submissions to the PSPC in respect of these grades, and Fórsa made a further submission on behalf of HSCPs in the autumn of 2018. The Commission was tasked with analysing the causes of the problems in each area, and recommending options to deal with them. However, it was not empowered to recommend increases in pay scales.

Fórsa fought for, and welcomed, this provision in the agreement and said all professions and grades must be treated equally by the Government in its response to the Pay Commission's findings.

"Fórsa said all professions and grades must be treated equally in the Government's response to the Pay Commission."

The Government approved the terms of reference for the PSC's examination in October 2017, after which the PSC invited submissions from unions representing grades identified in its original report. The union made submissions for its grades cited in the report late in 2017.

Fórsa's submissions argued that retention difficulties in the health and care professions, including physiotherapy, occupational therapy, social care and others, were more acute than in any health profession except doctors. In its second submission, the union pointed out that the PSPB's 2017 report cited turnover rates of 8% for therapy grades, and almost 9% for other health professionals, a category that includes social care grades. With the exception of consultants, this represented the highest level of churn in the health service, including nursing. It also said that the Sláintecare report envisages a substantial increase in the number of people working in the health and social care professions.

As this report went to print, the Commission had completed its examination of nursing, medical consultant, and some military grades. But its work on Fórsa grades had not begun. In November 2018, the union called on the PSC to press on with examinations of recruitment and retention difficulties in the other areas cited in its 2017 report.

Voluntary and community sector pay

In 2013, unions successfully established a process to ensure that service level agreements would require employers in section 39 agencies – which are funded by, but operate independently of, the public service – to use the State's industrial relations machinery when disputes arise. Although staff in these and similarly-funded bodies are not covered by the Public Service Stability Agreement (PSSA) or previous public sector pay deals, the union has engaged with individual employers with the aim of unwinding pay cuts imposed during the economic crisis. The union also launched its 'Caring: At What Cost?' campaign to win public and political support for pay recovery in the sector.

Fórsa acknowledged that pay restoration across section 39 agencies is more complex than in the core public service because voluntary and community organisations have different funding arrangements, which leave some better able to fund pay restoration than others. But the union says a significant number of agencies have failed to act even though they have the money to do so.

Slow progress on the issue by the end of 2017 prompted Fórsa to sanction ballots for industrial action in agencies that were largely funded by

the exchequer, and which were deemed capable of funding pay restoration. Fórsa lifted its threat of industrial action in February 2018 after negotiations, which led to a Department of Health commitment that the HSE would bring forward a review of pay policy in section 39 agencies. The review, published in 2018, was an evidence-gathering exercise to establish which agencies cut pay during the crisis, and which had begun to restore incomes. It covered publicly-funded organisations that have 'sizable staffing', and looked at the financial implications of adjusting pay in each organisation, taking account of all sources of funding.

Talks, based on the outcome of the review, subsequently got underway in the Workplace Relations Commission (WRC), which tasked management and unions with assessing how the audit findings could be addressed and implemented. This resulted in an agreement on payments of €1,000 to staff in 50 organisations. As this report went to print, further WRC talks to address the remaining 250 publically-funded organisations were set to reconvene.

In February 2019, the union reached an agreement in a long-running dispute, which will see improved pay for hundreds of workers in Wicklow-based Sunbeam House Services. The dispute centred on the HSE's refusal to provide Sunbeam with funds to restore pay lost when increments were suspended between January 2009 and January 2016. The union issued strike notice of a one-day strike, after which it received a formal proposal that will see staff moved to the correct point of their pay scale from 1st May 2019.

Gender pay gap

Over the last two years, Fórsa has been at the forefront of the trade union campaign for legislation on gender pay gap reporting to encourage employers into tangible action to bridge the gap, which currently stands at an average of around 14% in Ireland. In November 2018 the union was part of an Irish Congress of Trade Unions (ICTU) delegation that gave evidence to the Joint Oireachtas Committee for Justice and Equality, which was examining the general scheme of the Gender Pay Gap Information Bill. The Bill would establish mandatory reporting by employers on the gender pay gap in their organisations. The measure would first be applied in firms with 250

or more employees, but that threshold would drop to 50-plus over time. The legislation would also require reporting on differences in bonus pay, part-time pay and the pay of men and women on temporary contracts.

In June 2018, Fórsa criticised the Government for publishing its own Bill on the issue, rather than amending an existing opposition Bill that was already well advanced. The union said the move would delay the introduction of pay gap reporting. A December 2018 report by the Economic and Social Research Institute (ESRI) found that the introduction of the statutory minimum wage had reduced the gender pay gap for lower-paid workers in Ireland, but had not impacted on the wage gap at higher salary levels. This is because women are more likely than men to work in low paid jobs.

The PSSA commits management in each sector of the public service to monitor progress on gender balance in career progression.

Allowances

The legislation that gave effect to the PSSA provides for the restoration of an earlier 5% cut in allowances from October 2020.

Overtime

With effect from January 2019, the PSSA removed 'additional superannuation contributions' on non-pensionable elements of public service incomes, including non-pensionable overtime payments.

Travel and subsistence

The standard overnight rate of civil service expenses was increased to €147, in line with inflation, following agreement at Civil Service General Council in November 2018. There were no changes in motor travel or foreign subsistence rates. An official circular setting out revised subsistence allowances was issued to civil service departments and the wider public service is to follow suit as usual.



Jarlath O'Connor and Michelle Spearman-Geraghty of the union's Health and Welfare divisional executive.

Pensions

Public service retirement age

The age of eligibility for the State pension was increased to 66 in 2014. Because of this, the compulsory public service retirement age of 65 meant that many public servants were forced to retire before they could draw a significant part of their retirement income. The Public Service Stability Agreement (PSSA) enabled Fórsa to address this issue in discussions with the Department of Public Expenditure and Reform (DPER).

In 2018, the Government bowed to union pressure and agreed to legislate to give civil and public servants the option to remain in employment up to age 70 if they chose. Pending the enactment of legislation, limited interim arrangements, which allowed the re-hiring of public servants who wanted to stay in work until they were eligible for the State pension, were put in place. But those who exercised this option were placed on the first point of the non-pensionable pay scale, and were not able to make further pension contributions.

The legislation that gave the option to work up to age 70 was passed into law over Christmas 2018. It also required the finance minister to outline potential remedies, within three months, for public servants who had been forced to retire between 6th December 2017 and the commencement of the new law. Fórsa argued that these workers should be given the option to extend their 12-month retention arrangement up until age 70, and get increments due to them during this period, but the Government refused to do this.

Public servants recruited after 1st April 2004, but before January 2013, were not covered by the new legislation because they already either have no compulsory retirement age or the ability to retire up to age 70.

Public service final salary schemes

For the duration of the Public Service Stability Agreement (PSSA), public service pensions have essentially returned to the pay-linked method of adjustment, which was in place until the onset of the financial emergency. This means that basic PSSA pay increases will be passed on to those who retire on or after 1st March 2012 in nearly all cases. The pay increases will be passed on to pre-March 2012 retirees if the pay level on which their pension is based does not exceed the existing pay level of serving staff in the same grade and pay scale point. Fórsa will seek the continuation of this arrangement in any negotiations on a successor to the PSSA.

Changes to the pension levy (now called the 'additional superannuation contribution') introduced under the PSSA saw pensions worth up to €34,132 a year exempted entirely from the additional contribution from 1st January 2018. The exemption threshold was increased to €39,000 in January 2019, and will be further increased to €54,000 in January 2020.

Single career average scheme

Staff who joined the public service after January 2013 are members of the single public service pension scheme, which gives accelerated accrual of benefits on earnings up to 3.74 times the contributory state pension. This takes the form of 0.58% of gross pensionable remuneration up to this threshold without any offset for integration with the social welfare system. From the end of March 2019, earnings up to €48,457 will benefit from the formula.

Members of the single public service scheme have paid only two-thirds of the 'additional superannuation contribution' (formerly the pension levy) since January 2019. This figure will fall to one-third from January 2020,

reflecting the fact that the benefits of the single scheme are different from those in the older scheme.

Under the single public service scheme, accrued benefits and pensions in payment are uprated in line with annual movements in the consumer price index (CPI), including negative movements. Since the establishment of the scheme in 2013 the following adjustments were made:

- 12 months to December 2014: -0.3%
- 12 months to December 2015: 0.1%
- 12 months to December 2016: 0.0%
- 12 months to December 2017: 0.4%
- 12 months to December 2018: 0.7%

Fórsa has repeatedly called for all members of the scheme to receive annual benefit statements. Although this is required by law, most are not receiving them at present. The union has also demanded that a scheme for the purchase and transfer of pension benefits be put in place. Transfer tables were agreed between the ICTU Public Services Committee and the Department of Public Expenditure and Reform in 2016.

A 'single scheme estimator tool,' which indicates the retirement benefits that public servants hired after 1st January 2013 can expect, became available in the autumn of 2018 following pressure from Fórsa. The tool covers standard-grade members of the single public service pension scheme who are currently employed in pensionable posts.

Treatment of parental leave

Revised arrangements for the accrual of pension while on parental leave have been in place since 9th February 2018. These mean only two days of reckonable service, rather than four, are deducted from staff who take parental leave that includes the last working day before, and the first working day after, a weekend. It was subsequently agreed that the records of staff who took parental leave before that date should be amended on a case-by-case basis at their time of retirement.

Survivor pensions for same sex couples

The Social Welfare, Pensions and Civil Registration Bill, 2018 amended the 1990 Pensions Act to give a right, in certain circumstances, to spousal pension benefits for same-sex spouses and civil partners who are members of occupational pension schemes.

Auto-enrolment

Employers are to be legally obliged to include their employees in a pension scheme, and make contributions to the fund, on foot of a new Government scheme outlined in late 2018 on foot of union submissions. Ireland is currently one of only two OECD countries without mandatory earnings-related pension savings.

Fórsa backed these 'auto-enrolment' proposals at its national conference in May 2018 because they would benefit tens of thousands of workers who currently have no occupational pension, including a small but significant number of Fórsa-represented grades who deliver public and other services. The new automatic enrolment scheme targets low and middle income earners to ensure they save towards a financially secure retirement, with financial contributions from their employer and the State.

In November 2018, the Government issued a draft proposal on how the scheme could work. Under these proposals, workers would have to contribute up to 6% of their salary towards their pension pot, with employers having to match that amount. The state would then pay €1 for every €3 the worker contributes. Participation in the scheme would be compulsory for workers for six months, after which they could opt out. Workers could also suspend their contributions in limited circumstances, but employer and State contributions would also cease if an employee stopped saving.

The Irish Congress of Trade Unions (ICTU) welcomed the proposals in principle, but said they should be strengthened significantly. Unions want older workers to be included in the scheme which, as it currently stands, would only include workers aged between 23 and 60 who earn more than €20,000 a year. Congress wants this expanded to 16-60-plus with no income threshold. Congress also wants contributions to be collected by the Revenue Commissioners in the same way as social

insurance, and for the State contribution to be valued at €1 for every €2.50 a worker saves, with an employer contribution of 7% on all earnings. It also wants the employee contribution to be graduated up to €20,000 a year with a flat 5% rate on all additional earnings.

ICTU also called for State provision of annuities for small pension pots. This would take the form of a top-up payment on the State pension, similar to an earnings-related pension system. Congress recommended that the scheme be mandatory, with a time limited 'contribution holiday' facility for workers which can be claimed as a single continuous period or a number of separate periods, and says low income workers and sole traders should be automatically enrolled.

Eligibility for State pension

Fórsa was involved in the development of an Irish Congress of Trade Unions submission regarding a Government consultation paper on a 'total contributions approach to eligibility for

State pensions.' The Congress submission covered the design parameters of the scheme to be introduced to calculate entitlement to the contributory state pension.

Tax relief on pension contributions

With input from Fórsa, The Irish Congress of Trade Unions (ICTU) made a submission to a Government public consultation on pension reform, which is focusing on the cost of tax relief on pension contributions. Congress expressed opposition to any fundamental changes, pointing out that some 620,000 workers receive tax relief on pension contributions. Because tax supports are provided at the marginal income tax rate, workers with annual earnings above €34,550 get relief at the 40% rate. In 2017 the average wage for a full-time worker was €45,611. Any reduction in the rating of tax expenditure would, therefore, adversely affect every worker earning more than three-quarters of the average wage.

Working conditions

Working time

Fórsa is committed to seeking to reverse increases in working time introduced in the public service during the economic crisis. Although there was no general reduction in working hours under the Public Service Stability Agreement (PSSA), the deal gave staff the option of a permanent return to 'pre-Haddington Road' hours on the basis of a pro-rata pay adjustment. Staff were able to opt into this arrangement at the beginning of the agreement (January-April 2018) and can do so for a period after it expires (January-April 2021). The agreement also contains a provision to enable annual leave to be converted into flexitime. Although these two provisions fall far short of the restoration of additional hours introduced for some public servants under the 2013 Haddington Road agreement, they do give options to staff for whom time is more important than money. However, the uptake of both options has been relatively low.

In November 2018, Fórsa added its voice to international trade union demands for reduced working time to ensure that workers share the benefits of increased productivity from technological change. This is often expressed in terms of the introduction of a four-day week with no loss of pay. In 2018, the union organised an international conference on the future of working time, which brought together trade unionists and working time experts from

Ireland, Germany and the UK. This was part of the union's response to the large number of motions about working time submitted to Fórsa's national conference in May 2018, when an executive motion committed the union to work with others to reduce working time in all sectors of the economy.

The PSSA also commits management to ensuring that work-life balance arrangements, including flexible working, are available to the greatest possible extent across the civil and public service. It says disputes on local and sectoral implementation of work-life balance arrangements can be processed through normal dispute resolution processes.

Parental leave

Fórsa welcomed long-overdue Government plans, announced in late 2018, to increase paid parental leave from two to seven weeks for each parent by 2021. Along with existing paid maternity and paternity leave, the change would increase to 42 weeks the amount of paid leave available to new parents during the first year of a child's life. It followed the announcement that two weeks' paid parental leave would be rolled out late in 2019.

The developments stem from a recent EU directive on work-life balance, which obliges governments to increase access to paid parental leave for both parents. Payment will be



Evelyn Canavan, Limerick Health and Welfare Branch.



Panellists and speakers at Fórsa's 2019 'INSPIRE' training for women activists.

at the same rate as prevailing maternity and paternity leave, which is currently €245 a week. The paid leave must be taken in the first year of a child's life.

Meanwhile, in February 2019, legislation to extend unpaid parental leave from 18 to 26 weeks, and increase the child's qualifying age from eight to 12 years, was again backed by the Government after it appeared to have withdrawn support. Although Fórsa welcomed this development, reports that the proposal would be implemented over a two-year period instead of immediately were seen as disappointing. As this report went to print, the Parental Leave (Amendment) Bill had passed all stages in the Dáil and was set for detailed examination by an Oireachtas committee.

Sick leave

The critical illness protocol (CIP), which governs public service arrangements for those on long-term sick leave, was improved in early 2018 to allow more managerial discretion about what constitutes a 'critical illness' in cases where the precise medical criteria are not met. New 'CIP managerial discretion guidelines,' negotiated with Fórsa and other unions, make it clear that managers have the flexibility to accept illnesses as 'critical' even if they have not quite met the threshold on the basis of medical certification. An appeals mechanism against unfavourable management decisions, with access to third party adjudication, was also put in place.

The CIP arrangements for the 'protective year' were also improved. The protective year allows staff who return to work following a critical illness to avail of remaining CIP leave for subsequent non-critical illnesses or injuries within one year of their first date of absence. This protective year period will now begin on the date of return, which means more support for those returning from a serious illness who then suffer a routine health problem in the following 12 months.

Fórsa was involved in discussions about the calculation of certain types of sick leave in the one year/four year look back periods, and on the application of temporary rehabilitation remuneration (TRR). In the absence of agreement, the matter was referred to the Labour Court, which issued a recommendation in November 2018. As this report went to print, the union was awaiting departmental regulations to give effect to this outcome.

Outsourcing, agency staffing and related issues

Despite management attempts to water them down substantially, the PSSA retains all the outsourcing protections that unions won in negotiations that led to the earlier Croke Park (2010) and Haddington Road (2013) agreements.

The agreement also requires management to engage with unions with a view to minimising the use of agency staff. And it includes safeguards over the use of internships, clinical placements, work experience, and job activation measures, saying there must be "agreement on protocols" regarding such programmes.

In early 2019, Fórsa overcame the threat of outsourcing of services at the Rathmines women's refuge, which provides family spaces to women and their children who are experiencing domestic violence. Talks at the Workplace Relations Commission led to a process that ensures services will stay in-house.

Equality

Fórsa campaigned strongly over the last two years for the introduction of mandatory gender pay gap reporting to compel employers to disclose their gender pay gap. The union gave evidence as part of the ICTU delegation to the Justice and Equality Select Committee in November 2018 on the need to introduce robust legislation that encompassed all employers and required the publication of accurate data on the gender pay gap. The union also said remedial action would be needed to reduce the gender pay gap in each employment.

The union welcomed the ratification of the UN Convention on the Rights of the Disabled, and continues to lobby Government to improve the availability of services for the people with disabilities and employment rights for disabled workers.

Fórsa welcomed the new provision of paid parental leave, which was introduced in November 2019. This welcome first step gives parents of both genders access to paid leave. It will involve a new social insurance parental benefit payment for employees and the self-employed, which is to be paid for two weeks for each parent of a child in their first year. The Government proposes to increase this to seven extra weeks over time. This means that all new

mothers and all new fathers with a child under one year of age will be able to apply for this leave, along with the normal maternity, adoptive, paternity and unpaid parental leave entitlements.

The union has established new equality networks to ensure that equality issues are discussed and progressed within workplaces, branches and divisions. The Women's Activist Network was successfully launched by ICTU General Secretary Patricia King in November 2017. Our new Disability Rights Network was launched by Minister for Disabilities Finian McGrath TD in April 2019. Further work is underway to organise national events promoting Traveller rights, race equality and improved rights for LGBT members.

Fórsa's workplace representative training programme continues to provide workplace equality training for large numbers local representatives. Our annual Inspire training days, which took place in 2018 and 2019, were very successful in empowering women activists to stand for election.

Health and safety

Fórsa is an active participant in the Irish Congress of Trade Union's Health and Safety Committee, which has been raising awareness of work-related mental health, and has been working with the Health and Safety Authority to increase the number of safety representatives in Irish workplaces.

The number of workplace-related accidents fell by 23% in 2018, according to the Health and Safety Authority (HSA). Thirty-seven people lost their lives in workplaces, which was ten fewer than in 2017 and the lowest figure since the establishment of the HSA in 1989.

A new European Union directive on carcinogens will be put in place in 2019. This has come as a result of more 100,000 deaths attributed to cancers caused by working conditions across EU member states each year.

Zero-hours contracts

In January 2019, Fórsa welcomed the introduction of legislation which bans zero-hour contracts in virtually all circumstances. The Employment (Miscellaneous Provisions) Act, 2018, passed through both houses of the Oireachtas in December and was signed into law on Christmas day 2018. The legislation, which came into force in March 2019, includes provisions on minimum payments for employees called in and sent home again without work. It also requires employers to give workers basic terms of employment within five days. Unions, which had campaigned hard for these reforms, said there was still an urgent need for greater protection for workers in the so-called gig economy.

Bogus self-employment

In February 2019, the Irish Congress of Trade Unions (ICTU) released a policy-summarising factsheet on bogus self-employment as part of its continuing campaign on the issue. The factsheet addresses the negative impact of deliberate misclassification of employees on workers, the state and society. The term 'bogus self-employment' describes situations where employers deliberately misclassify workers as self-employed subcontractors in order to pay them less, reduce their social insurance and pension contribution requirements, dodge benefits like sick leave, and avoid meeting basic employment law protections.

Industrial relations

Sláintecare

Sláintecare is an ambitious ten-year plan to achieve high-quality healthcare, free at the point of delivery. It won cross-party support in 2017. Fórsa welcomed aspects of the 2019 annual Sláintecare action plan, but said the Department of Health was moving too slowly on important aspects of the initiative. The action plan sets out a welcome objective of agreeing a new organisational structure for reconfigured health and social care services in 2019. This would clarify the roles of the HSE, health department and regional and community organisations.

But its unambitious commitment merely to "plan to develop policy proposals" for the provision of universal services "at no or low cost" to patients and service-users were criticised by Fórsa. The union also said plans to "review" existing recommendations for removing private practice from public acute hospitals fell short. The union's Health and Welfare Divisional Executive called on the Government to move faster and with more ambition to get the foundations of a quality health service in place.

Earlier, Fórsa had outlined a range of steps necessary to put Sláintecare in place. The union called for synergy between GP and state healthcare services, along with a shift away from the insurance-based funding model and towards public funding. Fórsa also said there was an urgent need for better alignment of hospital and community-provided services, and that private practice in public hospitals should be phased out as quickly as possible.

Fórsa also led the charge on the need for better developed and resourced community care provision as a fundamental requirement of quality health care. It called for a practical commitment to the principle of multi-disciplinary primary care delivery, as far as possible, in communities rather than in hospitals. The union has also outlined concerns among health professionals and staff that their experience and contribution will be side-lined, to the detriment of patients and clients, if new structures put GPs and consultants at the epicentre of service delivery structures.

Community health organisations

Nine new 'community healthcare organisations' (CHOs) were established to manage and deliver the provision of primary and community care services across the country. Talks on staffing and structural issues related to the roll-out of the CHOs got underway in January 2018. The negotiations, between Fórsa and the HSE, initially focussed on management and governance structures, qualifications, and reporting relationships in the new bodies.

However, the momentum was soon lost and, in July 2018, Fórsa said it would instruct HSE staff to cease cooperation with interim agreements for the implementation of CHOs. This was a response to management's failure to give assurances that the CHO programme would be rolled out in advance of the full implementation of the Sláintecare programme.

The union fully supports Sláintecare's vision of quality public health services, free at the point of delivery, and said the transition would be much smoother if solid community healthcare structures were quickly put in place. This is because community services are the bedrock of the ambitious plan, and Fórsa says it's possible to establish structures that can be smoothly adapted to Sláintecare as it is implemented.

The union referred the issue to the Workplace Relations Commission (WRC), and its non-cooperation campaign was lifted after substantial progress was made on issues including senior structures in social and primary care, risk assessment in social care governance structures, the role of network managers, reporting relationships, clerical and administrative competitions, job evaluation, career paths for health and social care professionals, and other related outstanding issues.

As this report went to print, Fórsa remained in ongoing talks with the HSE about strengthened CHO structures in primary care and social care.

The union is insisting that the role of the therapy manager must remain central in service delivery, and that the number of therapy manager posts must be maintained. Fórsa is also pursuing matters relevant to the mental health and health and wellbeing directorates, including support structures in those areas.

Clerical and administrative recruitment

Following the lifting of the public service recruitment embargo, which led to significant understaffing in health service administration, hiring of clerical and administrative has resumed. But, although the number of recruitment campaigns expected from the HSE's national recruitment service (NRS) has more than doubled in recent years, overall staffing levels have not increased significantly.

Fórsa has frequently raised the slow pace of recruitment; for example, the HSE's grade IV recruitment campaign is not expected to

conclude until the end of 2019. The HSE has established a review group to devise a new recruitment model, and the union has insisted that any changes that emerge must be the subject of negotiations. Fórsa has also sought further engagement with the NRS over its policy on eligibility to access recruitment campaigns for supplementary panels.

HSE job evaluation scheme

The union published a guide to job evaluation in early 2017, to help union representatives and members to navigate the health service scheme, which was reinstated for clerical and administrative staff in late 2016 on foot of a successful Fórsa campaign. Hundreds of assessments have since been carried out, and a substantial proportion has led to regradings of posts. The scheme is currently open to staff at grades III to VI, and analogous grades, and it was opened to similar grades in the child and family agency, Tusla, in early 2019. The union's claim for grade VIIs to have access to the scheme is set to be considered in the Labour Court in May 2019.

The evaluations are carried out by trained union and management representatives from outside the employment where the post is based. The previous nine-year suspension of the scheme, during a period when hundreds of vacant posts were unfilled and many workers took on new responsibilities, created substantial pent-up demand for evaluations. Fórsa successfully lobbied for increased resources to be allocated, and newly-trained assessors were set to increase the capacity for assessments as this report went to print.

Health and social care professionals

The health and social care professions (HSCP) include speech and language therapists, social care workers, social workers, psychologists, physiotherapists, occupational therapists, dietitians, podiatrists, orthoptists, biochemists and audiologists.

The interim results of a survey, which was published by Fórsa in early 2019, found that half of HSCPs identified inadequate staffing levels as their top concern at work. Poor opportunities for career progression was the

second biggest concern, while increased caseloads and workloads came in third. Other issues highlighted in the study, which was the first of its kind in Ireland, included lack of administrative support, poor communications, worries about proposed community health structures, work-related stress, and personal safety. A number of HSCPs said personal threats and workplace assaults were on the increase.

Over 200 professionals attended Fórsa's conference on the 'future for health and social care professionals in a changing health service' in early 2018. The event explored the future of the professions with reference to emerging health service structures, demographic changes, and the relationships between health promotion, hospital care and community-based primary care and social services.

Fórsa won widespread media coverage of the event, which was addressed by senior managers in hospital, community care, and voluntary sector services, along with international experts and the Irish health minister. The union argued that service planning for Sláintecare had been hampered because politicians and health service managers had failed to place the health and social care professions at the centre of planning. It said the country's 18,000 health and social care professionals were neglected in health service planning and delivery, and that 80-90% of final year health profession students were considering emigration as a more attractive option than working in the Irish health service.

Fórsa listed a range of actions that are necessary to realise the full potential of the professions in the delivery of Sláintecare and other health service improvements. They include:

- The appointment of more HSCPs to leadership positions including in areas like workforce and service planning, with the immediate creation of a health department position of Senior Advisor on Therapy Services
- More certainty about how new Community Health Organisations will interact with hospital groups, and what this means for therapy and care service provision



Branch delegates decide policy at the union's 2017 Health and Welfare Conference.

- Additional investment and recruitment to ease staffing shortages, bring down waiting times, and move towards a seven-day service where there is demand for it
- Improved career paths, with enough clinical specialists to reflect the development of professional knowledge and the needs of patients and clients
- A “radical but simple shift” to allow therapists and others to refer clients to other health and social care professionals as necessary, rather than sending them back to a consultant or GP
- A sustained effort to demonstrate to young therapists, social workers and carers that there is a rewarding professional future for them in the Irish health and social care system

- More management support and advocacy for staff in highly-stressed settings like child protection
- More consistent and solid employer support for continuous professional development, which would also contribute to workforce planning and improved outcomes for patients and clients, and
- Pay equity in section 39 organisations, starting with those that are relatively-well funded from the public purse.

Fórsa has sought further engagement with the HSE’s recruitment service over its policy on eligibility to access recruitment campaigns for supplementary panels, particular for health and social professional grades.

In June 2018, a Fórsa campaign led to improved protections for people using the services of dietitians and speech and language therapists. The health department tightened the rules governing the use of these professional titles on foot of representations by the union and professional associations.

Review of needs assessment

A joint review group, made up of representatives of Fórsa and management, has been working on a revision of the HSE’s ‘assessment of need’ policy, which governs the process of establishing the services required to meet children’s disability or health needs. The union is seeking appropriate staffing levels to deliver the assessment of need service.

The review group was established to address a number of issues around the assessment of need policy, including a proposed limit on the amount of time spent with each child while conducting the assessment process. It was formed after the union raised concerns that time limits would have a negative impact on the disability assessment process. Fórsa representatives on the joint review group include union officials and specialist professionals including speech and language therapists, psychologists, occupational therapists and assessment officers. The report of the review group was received by the union shortly before this report went to print.

Tusla

A June 2018 HIQA report into the child and family agency’s management of child abuse claims called on the agency to create formal career-path mechanisms as a matter of urgency. The report, which was requested by the children’s minister on foot of criticisms of Tusla’s handling of child abuse complaints against a Garda whistle blower, called on the agency to “seek the assistance of higher education and training establishments to create formal career-path mechanisms for students and graduates to support current and future workplace needs.” It also sought the development of a workforce strategy and a review of the agency’s skills mix.

Despite some serious issues and shortcomings identified in the HIQA report, it cited the “many examples of good practice by committed Tusla personnel in how they are managing allegations of child sexual abuse and retrospective abuse,” and said Tusla staff are “openly committed to child protection and welfare.” The Tusla chief executive wrote to staff on the eve of the report’s publication. He pointed out that the HIQA report contained no indication that any child was harmed as a result of the agency’s actions or inaction, and said significant progress had been made in the past four years, leading to

a 46% reduction in unallocated cases and the roll-out of the National Childcare Information System.

A mandatory out-of-hours telephone reporting line went live in 2018 following a review of Tusla’s emergency out of hours service. Fórsa secured four additional senior social work practitioner jobs to support the initiative. As this report went to print, the union was awaiting dates for discussions on a 24-hour support line for foster carers, which was also recommended in the review.

Staff recruitment and retention remains a major issue for Tusla, which has now established its own recruitment unit. Fórsa engagement with management over its strategic workforce plan is encompassing issues of recruitment, retention and grading structures. The union is also in talks about a draft ‘time off in lieu’ policy.

Fórsa secured access to the HSE job evaluation scheme for Tusla clerical and admin grades III to VI in early 2019. Tusla agreed to provide additional staff to become evaluators, which will increase the number of evaluation teams available.

“Fórsa wants improved career paths, with enough clinical specialists to reflect the needs of patients and clients.”



Conference delegates consider health matters.

As this report went to print, the union was at an advanced stage in negotiations on a review of structures in Tusla's assessment consultation therapy service (ACTS), and a draft policy and procedures on allegations against staff is out for consultation following discussions between Fórsa and Tusla management.

Civil registration

In mid-2018, Fórsa won significant progress on the number of superintendent posts in the civil registration service. Under an agreement struck with the HSE, the service is set to retain eight superintendent posts, with one of the post-holders gaining national lead responsibility. This came on foot of concerns over how the service could match Community Health Organisation structures after an external review had recommended that the number of superintendents be reduced from eight to four.

As this report went to print, Fórsa was awaiting assurances that the civil registration service will not be taken into the civil service General Register Office (GRO). The GRO has denied that this is planned.

Leave standardisation

As this report went to print, Fórsa and the HSE were in the final stages of agreeing the detail of a circular on leave standardisation for hospital staff. Fórsa had been in discussions with the HSE since early 2018, when the health employer agreed to address variations in leave for hospital staff left behind in an earlier standardisation exercise. The HSE had agreed to standardise leave for most hospital grades in 2009. But when Fórsa looked for this to be rolled out to voluntary hospitals, it emerged that a significant number of grades – including pharmacists, clinical measurement

professionals and play therapists – had been overlooked. Following representations from the union, the HSE's HR department produced a list of these grades and invited the union to outline a specific claim for each. This process led to the talks on the draft circular.

Hospital pharmacists

Fórsa was in talks on enhancing hospital pharmacist grading structures at the Workplace Relations Commission (WRC) in 2018. Changes to grading structures and savings-generating reforms were recommended by the 2011 'McLoughlin report.' Implementation of the report's recommendations was delayed, but discussions on implementation later resumed. Hospital pharmacists had been refusing to provide value for money data in order to initiate talks on the implementation of recommendations. The instruction not to provide data was lifted ahead of the WRC meeting. In February 2019, management confirmed that significant cost savings would arise from implementation of the report, and confirmed to the WRC that the union's claim was not cost increasing. This removed the final barrier to implementation of the plan, which is now expected to go ahead.

Fórsa outlined the union's concerns on the falsified medicine directive at a meeting with pharmacy management in early 2019. The union expressed frustration at the lack of consultation on the development, and concerns at the lack of clarity over responsibility for implementation of required new structures, and other issues around staffing and facilities. Fórsa has insisted that hospitals and hospital groups be explicitly informed of the legal obligations placed on pharmacists, and the obligations on employers to provide a safe working environment to enable them to comply with the legislation.

Clinical measurement

An engagement on the outstanding McHugh report, which took place in the Workplace Relations Commission (WRC) for the first time in two years in February 2019, was attended by officials and members of the vocational group. Management undertook to review what aspects of the report could be implemented immediately.

National finance reform

Monthly review meetings between Fórsa and the national finance project team, which have continued in the period under review, led to a process for 'expressions of interest' for national project posts. As this report went to print, the process was entering a crucial phase, and the union is making arrangements to intensify consultations at regional and local level.

Home help coordinators

The union is consulting with home help organisers following management's publication of a plan for home help structures, which emerged from a Workplace Relations Commission engagement on substructures in community care.

Dental

An update on a new HSE national policy for dental services was expected as this report went to print. Senior dental hygienist posts were agreed in 2018.

Procurement and logistics

Fórsa reached agreement on a national review of logistics, and discussions with management regarding its terms of reference were underway as this report went to print. The union also secured competitions for supplies officer grades A and B, and the interview processes was due to commence shortly as this report went to print. Fórsa is now in discussions about competition arrangements for supplies officers C and D.



Angela McGinley, Isobel McGlinchey and Marie Boyle, Donegal Health and Welfare Branch.

Conscientious objection

Fórsa was in talks with health employers to extend conscientious objection protocols governing medical professions and abortion to non-medical clinical grades in the health service. The union says hospital pharmacists and pregnancy counsellors should be encompassed by the protocols, even though doctors, nurses and midwives are the only grades specifically named in legislation adopted following the 2018 referendum. Management has accepted the principle that provision must be made for the union's members in clinical grades.

Storm Emma

Fórsa's intervention led to an early commitment from health minister Simon Harris that staff would not lose annual leave if they were forced to miss work because of the extremely bad weather caused by Storm Emma in February 2018. It was subsequently agreed that a day's paid emergency leave for each of three days would be paid to staff who could not attend work. Those who attended on these days received one days' time-off-in-lieu for each day they were at work, while those who went to work before their shift started, after being requested to do so by management, receive modest payments, as did staff who stayed on-site to help after their shifts ended.

The agreement, which also applied in 'section 38' voluntary hospitals, was subsequently extended to Tusla, and the union is seeking have it applied in 'section 39' agencies. A joint-management working group was established to agree a protocol for dealing with similar extreme weather events in future.

Appendix



Stephen Broderick,
Dublin Hospitals
Branch.

Salary scales

Revision of salaries with effect from 1st January 2019 (unless otherwise stated).

Medical and dental grades

Medical Officer of District/Community Hospital with 0-60 Beds
LRA 29,093

Medical Officer of District/Community Hospital with 0-60 Beds of which 1-12 are Designated Assessment/Rehab Beds
LRA 32,926

Medical Officer of District/Community Hospital with 0-60 Beds of which 13-20 are Designated Assessment/Rehab Beds
LRA 34,901

Medical Officer of District/Community Hospital with 0-60 Beds of which >20 are Designated Assessment/Rehab Beds
LRA 36,873

Medical Officer of District/Community Hospital with 61-120 Beds
LRA 32,926

Medical Officer of District/Community Hospital with 61-120 Beds of which 1-12 are Designated Assessment/Rehab Beds
LRA 34,901

Medical Officer of District/Community Hospital with 61-120 Beds of which 13-20 are Designated Assessment/Rehab Beds
LRA 36,873

Medical Officer of District/Community Hospital with 61-120 Beds of which >20 are Designated Assessment/Rehab Beds
LRA 38,862

Medical Officer of District/Community Hospital with 121-180 Beds
LRA 34,901

Medical Officer of District/Community Hospital with 121-180 Beds of which 1-12 are Designated Assessment/Rehab Beds
LRA 36,873

Medical Officer of District/Community Hospital with 121-180 Beds of which 13-20 are Designated Assessment/Rehab Beds
LRA 38,862

Medical Officer of District/Community Hospital with 121-180 Beds of which >20 are Designated Assessment/Rehab Beds
LRA 41,836

Medical Officer of District/Community Hospital with >180 Beds
LRA 36,873

Medical Officer of District/Community Hospital with >180 Beds of which 1-12 are Designated Assessment/Rehab Beds
LRA 38,862

Medical Officer of District/Community Hospital with >180 Beds of which 13-20 are Designated Assessment/Rehab Beds
LRA 43,781

Medical Officer of District/Community Hospital with >180 Beds of which >20 are Designated Assessment/Rehab Beds
LRA 47,692

Area Medical Officer
LRA 66,904 - 67,920 - 69,223 - 71,907 - 73,928 - 75,919 - LSI 1 77,815 - LSI 2 79,711

Area Medical Officer - Senior
LRA 78,583 - 80,740 - 82,932 - 85,084 - 87,247 - 89,446 - LSI 1 91,471 - LSI 2 93,498

Medical Officer - Senior
LRA 78,583 - 80,740 - 82,923 - 85,084 - 87,247 - 89,446 - LSI 1 91,471 - LSI 2 93,498

Medical Officer - Principal
LRA 100,079

Director of Community Care
LRA 106,659

Specialist in Public Health Medicine
LRA 111,864

Director of Public Health Medicine
LRA 127,623

Community Ophthalmic Physician
LRA 89,446 - LSI 1 91,471 - LSI 2 93,498

Intern
LRA 36,857

Senior House Officer
LRA 43,897 - 46,099 - 49,390 - 51,543 - 55,872 - 58,023 - 60,124

Registrar
LRA 55,872 - 58,023 - 60,124 - 61,668 - 63,728 - 65,794

Senior Registrar
LRA 66,661 - 68,747 - 70,835 - 73,061 - 75,630 - 78,305

Specialist Registrar
LRA 62,638 - 64,119 - 66,259 - 68,183 - 71,321 - 74,462 - 77,601

Vocational Trainee in Dentistry
LRA 41,577 - 46,083

Clinical Dental Surgeon (Grade I)
LRA 47,526 - 50,464 - 52,693 - 55,958

General Dental Surgeon
LRA 60,461 - 63,530 - 66,555 - 68,670 - 71,701 - 74,748 - 77,781 - LSI 1 82,339 - LSI 2 86,897

Senior Dental Surgeon
LRA 74,407 - 77,781 - 81,173 - 84,544 - LSI 1 89,419 - LSI 2 94,295

Senior Administrative Dental Surgeon (Incs. Higher Duties Allowance)
LRA 78,001 - 81,534 - 85,105 - 88,643 - LSI 1 93,762 - LSI 2 98,882

Principal Dental Surgeon (Incs. Planning & Evaluation Duties Allowance)
LRA 91,001 - 94,792 - 98,590 - LSI 1 104,263 - LSI 2 109,935

Principal Dental Surgeon (Incs. Regional Duties Allowance)
LRA 89,034 - 92,743 - 96,456 - LSI 1 102,002 - LSI 2 107,549

Specialist in Orthodontics
LRA 139,921

Mental health (psychiatric) nursing grades

Student Mental Health Nurse (Rostered Placement)
LRA 21,312 Annualised

Mental Health Staff Nurse (Post Qualification, Pre-Registration)
LRA 25,659

Mental Health, Staff Nurse (Adaptation Placement)
LRA 25,659

Mental Health Staff Nurse
LRA 30,004 - 31,692 - 32,894 - 34,120 - 35,404 - 36,613 - 37,875 - 38,857 - 39,929 - 41,319 - 42,686 - 44,634 - LSI 45,992

Senior Staff Nurse (Mental Health)
LRA 48,204

Dual Qualified Mental Health Staff Nurse
LRA 35,806 - 38,062 - 39,265 - 40,191 - 41,212 - 42,570 - 43,893 - 45,841 - LSI 47,201

Senior Staff Nurse (Dual Qualified Mental Health)
LRA 49,471

Community Psychiatric Nurse
LRA 47,488 - 47,701 - 48,591 - 49,391 - 51,040 - 51,965 - 52,955 - 53,952 - 55,094 - 56,151

Clinical Nurse Manager 1 (Mental Health)
LRA 45,179 - 46,006 - 47,174 - 48,361 - 49,530 - 50,707 - 52,018 - 53,240

Clinical Nurse Manager 2 (Mental Health)
LRA 49,056 - 49,868 - 50,555 - 51,677 - 52,917 - 54,134 - 55,351 - 56,721 - 57,995

Clinical Nurse Specialist (Mental Health)
LRA 49,056 - 49,868 - 50,555 - 51,677 - 52,917 - 54,134 - 55,351 - 56,721 - 57,995

Community Mental Health Nurse
LRA 49,056 - 49,868 - 50,555 - 51,677 - 52,917 - 54,134 - 55,351 - 56,721 - 57,995

Clinical Nurse Manager 3 (Mental Health)
LRA 56,448 - 57,565 - 60,389 - 61,499 - 62,616 - 63,747

Nurse Tutor (Mental Health)
LRA 57,736 - 58,521 - 59,302 - 60,087 - 60,870 - 61,656 - 62,436 - 63,223 - 64,007 - 64,790

Principal Nurse Tutor (Mental Health)
LRA 60,552 - 61,694 - 62,737 - 65,997 - 67,136 - 67,179 - 68,484 - 70,233

Advanced Nurse Practitioner (Mental Health)
LRA 58,286 - 60,056 - 61,817 - 65,853 - 66,655 - 68,483 - 70,237

Assistant Director of Nursing, Mental Health Services
LRA 58,286 - 60,056 - 61,817 - 65,853 - 66,655 - 68,483 - 70,237

Director of Nursing, Mental Health Services
LRA 74,111 - 76,358 - 78,611 - 80,959 - 83,115 - 85,368

General nursing grades

Student Nurse/Midwife (Rostered Placement)
LRA 20,851 Annualised

Student Nurse Intellectual Disability (Rostered Placement)
LRA 20,851 Annualised

Student Nurse Childrens (Rostered Placement)
LRA 20,851 Annualised

Student Nurse Midwifery (Rostered Placement)
LRA 20,851 Annualised

Staff Nurse (Adaptation Placement)
LRA 25,099

Staff Nurse (Adaptation Placement) Childrens
LRA 25,099

Staff Nurse (Post Qualification, Pre Registration)
LRA 25,099

Staff Nurse
LRA 29,346 - 31,110 - 32,171 - 33,367 - 34,876 - 36,383 - 37,883 - 39,180 - 40,480 - 41,775 - 43,070 - 44,343 - LSI 45,701

(Staff Nurse) Registered Midwife (Adaptation Placement)
LRA 25,099

(Staff Nurse) Registered Midwife
LRA 29,346 - 31,110 - 32,171 - 33,367 - 34,876 - 36,383 - 37,883 - 39,180 - 40,480 - 41,775 - 43,070 - 44,343 - LSI 45,701

(Staff Nurse) Registered Sick Children's Nurse
LRA 29,346 - 31,110 - 32,171 - 33,367 - 34,876 - 36,383 - 37,883 - 39,180 - 40,480 - 41,775 - 43,070 - 44,343 - LSI 45,701

(Staff Nurse) Registered Intellectual Disability Nurse
LRA 29,346 - 31,110 - 32,171 - 33,367 - 34,876 - 36,383 - 37,883 - 39,180 - 40,480 - 41,775 - 43,070 - 44,343 - LSI 45,701

Senior Staff Nurse (General)
LRA 47,898

Dual Qualified Staff Nurse (General)
LRA 35,806 - 38,062 - 39,265 - 40,191 - 41,212 - 42,570 - 43,893 - 45,841 - LSI 47,201

Senior Staff Nurse (Dual Qualified) (General)
LRA 49,471

Clinical Nurse Manager 1 (General)
LRA 45,179 - 46,006 - 47,174 - 48,361 - 49,530 - 50,707 - 52,018 - 53,240

Clinical Nurse Manager 2 (General)
LRA 49,056 - 49,868 - 50,555 - 51,677 - 52,917 - 54,134 - 55,351 - 56,721 - 57,995

Clinical Nurse Specialist (General)
LRA 49,056 - 49,868 - 50,555 - 51,677 - 52,917 - 54,134 - 55,351 - 56,721 - 57,995

Clinical Nurse Manager 3 (General)
LRA 56,448 - 57,565 - 60,389 - 61,499 - 62,616 - 63,747

Clinical Nurse Instructor (General)
LRA 51,185 - 52,013 - 52,626 - 53,764 - 54,911 - 56,148 - 57,393 - 58,636 - 59,876

Nurse Tutor (General)
LRA 57,736 - 58,521 - 59,302 - 60,087 - 60,870 - 61,656 - 62,436 - 63,223 - 64,007 - 64,790

Nurse Tutor Midwifery
LRA 57,736 - 58,521 - 59,302 - 60,087 - 60,870 - 61,656 - 62,436 - 63,223 - 64,007 - 64,790

Principal Nurse Tutor
LRA 60,552 - 61,694 - 62,737 - 65,997 - 67,136 - 67,179 - 68,484 - 70,233

Student Public Health Nurse
LRA 33,157

Public Health Nurse
LRA 47,799 - 48,591 - 49,268 - 50,334 - 51,560 - 52,748 - 53,944 - 55,288 - 56,540

Assistant Director of Public Health Nursing
LRA 56,452 - 59,553 - 60,828 - 62,002 - 63,188 - 64,812

Director of Public Health Nursing
LRA 74,111 - 76,358 - 78,611 - 80,959 - 83,115 - 85,368

Advanced Nurse Practitioner
LRA 56,993 - 58,097 - 59,162 - 62,431 - 63,460 - 64,656 - 65,773 - 66,884 - 70,237

Assistant Director of Nursing (Band 1 Hospitals)
LRA 56,993 - 58,097 - 59,162 - 62,431 - 63,460 - 64,656 - 65,773 - 66,884 - 70,237

Assistant Director of Nursing (Non-Band 1 Hospitals)
LRA 54,125 - 55,279 - 56,452 - 59,553 - 60,828 - 62,002 - 63,188 - 64,811

Area Director, Nursing & Midwifery Planning & Development
LRA 79,520 - 81,897 - 84,250 - 86,267 - 88,516 - 90,812 - 93,074

Hospital Group Director of Nursing & Midwifery
LRA 98,145 - 102,507 - 106,869 - 111,229 - 115,592 - 117,485

Director, Nurse & Midwifery Planning & Development
LRA 72,448 - 74,404 - 76,560 - 78,929 - 81,525 - 84,191

Director of Nursing Band 1 (General)
LRA 75,597 - 77,698 - 79,803 - 81,901 - 84,001 - 86,109 - 88,208

Director of Nursing Band 2 (General)
LRA 70,326 - 72,234 - 74,147 - 76,053 - 77,970 - 79,880 - 81,792

Director of Nursing Band 2A (General)
LRA 69,784 - 70,983 - 72,187 - 73,385 - 74,588 - 75,786 - 76,987

Director of Nursing Band 3 (General)
LRA 65,952 - 66,369 - 67,783 - 69,185 - 70,581 - 71,988 - 73,385

Director of Nursing Band 4 (General)
LRA 61,624 - 63,489 - 65,347 - 67,214 - 68,029 - 69,838 - 71,644

Director of Nursing Band 5 (General)
LRA 57,649 - 58,897 - 60,144 - 61,388 - 62,633 - 63,885 - 65,132

Director, Centre of Nurse Education
LRA 66,286 - 67,318 - 69,327 - 71,337 - 73,346 - 75,356 - 77,364 - 79,459

Health and social care professional grades

Analytical Chemist, Executive without Branch E Cert

LRA 43,922 - 46,315 - 48,689 - 50,461 - 52,234 - 54,009 - 55,780 - 57,555 - 59,326 - 61,096 - 62,874 - 64,646 - LSI 1 66,687 - LSI 2 67,682

Analytical Chemist, Executive (Advanced Practitioner)

LRA 49,369 - 52,603 - 54,741 - 57,146 - 59,522 - 61,926 - 64,345 - 66,752 - 68,092 - LSI 1 71,100 - LSI 2 73,247

Audiologist, Staff Grade

LRA 31,625 - 33,279 - 34,688 - 35,881 - 36,862 - 37,849 - 38,877 - 39,892 - 40,870 - LSI 41,650

Audiologist, Senior

LRA 43,668 - 45,379 - 46,479 - 47,733 - 49,009 - 50,313

Audiologist, Clinical Specialist

LRA 47,733 - 49,009 - 50,313 - 52,994 - 55,742 - 58,556

Audiologist, Chief

LRA 50,313 - 52,994 - 55,742 - 58,556 - 61,436 - 64,382

Audiologist, Assistant National Lead

LRA 63,037 - 65,847 - 67,615 - 70,349 - 72,087 - 75,821 - 78,555 - 81,293 - LSI 1 83,813 - LSI 2 86,567

Audiology, National Lead

LRA 77,811 - 83,208 - 88,702 - 94,247 - 99,379 - LSI 1 102,479 - LSI 2 105,576

Biochemist

LRA 35,465 - 36,946 - 38,292 - 40,408 - 41,467 - 43,976 - 45,599 - 47,237 - 48,902 - 50,565 - 52,232 - 53,913 - 55,606 - 57,318 - 58,981 - LSI 60,124

Biochemist, Senior

LRA 54,954 - 57,442 - 59,649 - 61,907 - 64,234 - 66,521 - 67,825 - 70,093 - 72,377

Biochemist, Principal

LRA 66,565 - 69,669 - 73,454 - 77,233 - 81,025 - 84,805 - 88,996 - 91,788 - 94,599

Cardiac Physiologist (formerly Cardiac Catheterisation Physiologist)

LRA 35,417 - 37,423 - 39,239 - 40,063 - 40,975 - 43,365 - 44,814 - 46,267 - LSI 1 49,848 - LSI 2 53,372

Cardiac Physiologist Senior (formerly Cardiac Catheterisation Physiologist Senior)

LRA 44,487 - 45,816 - 47,222 - 48,658 - 50,139 - 51,513 - LSI 1 54,912 - LSI 2 58,316

Cardiac Physiologist Chief I (formerly Cardiac Catheterisation Physiologist Chief I)

LRA 48,476 - 49,482 - 50,818 - 52,115 - 53,412 - 54,697 - LSI 1 58,017 - LSI 2 61,404

Cardiac Physiologist Chief II (formerly Cardiac Catheterisation Physiologist Chief II)

LRA 49,871 - 52,296 - 54,660 - 57,037 - 59,452 - 62,565 - LSI 1 66,089 - LSI 2 68,401

Chiropodist

LRA 35,672 - 37,784 - 39,522 - 40,786 - 41,856 - 42,965 - 44,059 - 45,184 - 46,301 - 47,418 - 48,595 - 49,833 - 51,069 - LSI 52,059

Chiropodist, Senior

LRA 52,162 - 53,274 - 54,420 - 55,557 - 56,695 - 57,891 - 59,152 - 60,410 - 61,418

Clinical Specialist Chiropodist

LRA 57,701 - 58,813 - 59,958 - 61,097 - 62,232 - 63,430 - 64,690 - 65,947 - 66,957

Clinical Engineering Technician

LRA 30,460 - 31,715 - 33,407 - 34,095 - 35,480 - 38,216 - 40,249

Clinical Engineering Technician, Senior

LRA 41,649 - 43,695 - 45,934 - 48,302 - 50,832 - 53,365 - 55,947 - LSI 1 57,945 - LSI 2 59,812

Clinical Engineering Technician, Principal

LRA 58,034 - 59,941 - 62,568 - 64,352 - 65,879 - 66,613

Clinical Engineering Technician, Chief

LRA 60,602 - 62,964 - 65,405 - 67,285 - 68,207 - 70,121 - 72,232 - 74,013

Clinical Photographer (Basic Grade)

LRA 28,594 - 30,177 - 31,343 - 33,095 - 34,654 - 36,148 - 37,640 - 39,101 - 40,563 - 42,001 - 43,476 - 44,872 - 46,016 - LSI 1 47,523 - LSI 2 49,023

Clinical Photographer (Senior Grade)

LRA 46,016 - 47,359 - 48,700 - 50,001 - 51,341 - 52,675 - 54,007 - 55,379 - LSI 1 57,363 - LSI 2 59,346

Counsellor Therapist - National Counselling Service

LRA 43,738 - 46,136 - 48,484 - 51,149 - 53,817 - 56,481 - 59,147 - 61,812 - 64,477 - 67,143 - 68,734 - 71,328 - 73,922 - 76,509

Director of Counselling - National Counselling Service

LRA 89,353 - 91,296 - 93,240 - 95,183 - 97,126 - 99,069 - 101,012 - 103,966 - 107,313

Dental Hygienist

LRA 35,779 - 38,130 - 39,641 - 40,996 - 42,238 - 43,527 - 44,829 - 46,141 - 47,615 - 48,394 - 49,737 - 50,898 - 52,080 - LSI 53,085

Dietician

LRA 35,672 - 37,784 - 39,522 - 40,786 - 41,856 - 42,965 - 44,059 - 45,184 - 46,301 - 47,418 - 48,595 - 49,833 - 51,069 - LSI 52,059

Dietician, Senior

LRA 52,162 - 53,274 - 54,420 - 55,557 - 56,695 - 57,891 - 59,152 - 60,410 - 61,418

Clinical Specialist Dietician

LRA 57,701 - 58,813 - 59,958 - 61,097 - 62,232 - 63,430 - 64,690 - 65,947 - 66,957

Dietician Manager

LRA 62,880 - 65,142 - 66,380 - 68,594 - 70,794 - 72,998 - 75,195

Dietician Manager-in-Charge III

LRA 72,599 - 73,746 - 74,890 - 76,096 - 77,365 - 78,632 - 79,647

Dosimetrist, Basic

LRA 34,189 - 36,474 - 37,875 - 39,606 - 41,221 - 43,034 - 44,462 - 45,857 - 48,438 - 49,922 - 51,472 - 53,018 - 54,984 - 55,679 - LSI 56,758

Dosimetrist, Senior

LRA 53,930 - 56,653 - 59,094 - 61,565 - 64,054 - 65,900 - 66,749 - 68,582

E.C.G. Technician, Student

LRA 22,963 - 23,909 - 24,972 - 25,827 - 26,080

E.C.G. Technician (with Formal Qualification)

LRA 26,976 - 28,410 - 29,860 - 30,449 - 31,087 - 32,825 - 33,523 - 34,530 - 35,635 - 36,656 - 37,708 - LSI 1 40,089 - LSI 2 42,490

E.C.G. Technician (without Formal Qualification)

LRA 27,246 - 28,694 - 30,159 - 30,449 - 31,087 - 32,825 - 33,523 - 34,530 - 35,635

E.C.G. Technician, Senior

LRA 37,360 - 38,292 - 39,292 - 40,316 - 41,383 - LSI 1 43,716 - LSI 2 45,986

E.C.G. Technician, Chief I

LRA 39,886 - 40,736 - 41,840 - 42,921 - 44,189 - LSI 1 46,410 - LSI 2 48,613

Environmental Health Officer, Basic

LRA 38,084 - 40,455 - 42,202 - 43,961 - 45,711 - 47,464 - 49,224 - 50,977 - 52,727 - 54,482 - 56,243 - LSI 1 58,046 - LSI 2 59,843

Environmental Health Officer, Senior

LRA 48,693 - 50,461 - 52,236 - 54,007 - 55,780 - 57,556 - 59,328 - 61,096 - 62,877 - 64,649 - LSI 1 66,688 - LSI 2 67,684

Environmental Health Officer, Principal

LRA 64,547 - 66,528 - 67,474 - 69,405 - 71,338 - 73,266 - 75,207 - LSI 1 77,646 - LSI 2 80,082

Environmental Health Officer, Regional Chief

LRA 70,572 - 72,291 - 75,012 - 77,753 - 80,472 - 83,198 - 85,912

GI Physiologist

LRA 35,417 - 37,423 - 39,239 - 40,063 - 40,975 - 43,365 - 44,814 - 46,267 - LSI 1 49,848 - LSI 2 53,372

GI Physiologist Senior

LRA 44,487 - 45,816 - 47,222 - 48,658 - 50,139 - 51,513 - LSI 1 54,912 - LSI 2 58,316

GI Physiologist Chief I

LRA 48,476 - 49,482 - 50,818 - 52,115 - 53,412 - 54,697 - LSI 1 58,017 - LSI 2 61,404

GI Physiologist Chief II

LRA 49,871 - 52,296 - 54,660 - 57,037 - 59,452 - 62,565 - LSI 1 66,089 - LSI 2 68,401

Hospital Chaplains, Roman Catholic
LRA 46,771 - 47,898 - 49,262 - 51,816 - 53,346 - LSI 1 55,246 - LSI 2 57,158

Laboratory Manager
LRA 68,254 - 71,277 - 73,935 - 76,604 - 79,327 - 81,997 - 84,737 - 87,391 - 90,063

Medical Scientist
LRA 32,692 - 34,051 - 36,211 - 37,235 - 38,208 - 40,510 - 41,999 - 43,503 - 45,032 - 46,558 - 48,089 - 49,632 - 51,185 - 52,756 - 54,282 - LSI 55,331

Medical Scientist, Senior (without F.A.M.L.S.)
LRA 49,964 - 52,218 - 54,218 - 56,264 - 58,372

Medical Scientist, Senior (with F.A.M.L.S.)
LRA 49,964 - 52,218 - 54,218 - 56,264 - 58,372 - 60,444 - 62,577 - 64,689 - 66,817

Specialist Medical Scientist
LRA 55,503 - 57,757 - 59,758 - 61,803 - 63,912 - 65,983 - 67,089 - 69,143 - 71,213

Medical Scientist, Chief
LRA 60,883 - 63,600 - 65,990 - 67,356 - 69,739 - 72,076 - 74,473 - 76,796 - 79,135

Neuro-Physiologist
LRA 35,417 - 37,423 - 39,239 - 40,063 - 40,975 - 43,365 - 44,814 - 46,267 - LSI 1 49,848 - LSI 2 53,372

Neuro-Physiologist, Senior
LRA 44,487 - 45,816 - 47,222 - 48,658 - 50,139 - 51,513 - LSI 1 54,912 - LSI 2 58,316

Neuro-Physiologist, Chief I
LRA 48,476 - 49,482 - 50,818 - 52,115 - 53,412 - 54,697 - LSI 1 58,017 - LSI 2 61,404

Neuro-Physiologist, Chief II
LRA 49,871 - 52,296 - 54,660 - 57,037 - 59,452 - 62,565 - LSI 1 66,089 - LSI 2 68,401

Occupational Therapist
LRA 35,672 - 37,784 - 39,522 - 40,786 - 41,856 - 42,965 - 44,059 - 45,184 - 46,301 - 47,418 - 48,595 - 49,833 - 51,069 - LSI 52,059

Occupational Therapist, Senior
LRA 52,162 - 53,274 - 54,420 - 55,557 - 56,695 - 57,891 - 59,152 - 60,410 - 61,418

Clinical Specialist Occupational Therapist
LRA 57,701 - 58,813 - 59,958 - 61,097 - 62,232 - 63,430 - 64,690 - 65,947 - 66,957

Occupational Therapist Manager
LRA 62,880 - 65,142 - 66,380 - 68,594 - 70,794 - 72,998 - 75,195

Occupational Therapist Manager-in-Charge III
LRA 72,599 - 73,746 - 74,890 - 76,096 - 77,365 - 78,632 - 79,647

Orthoptist
LRA 35,672 - 37,784 - 39,522 - 40,786 - 41,856 - 42,965 - 44,059 - 45,184 - 46,301 - 47,418 - 48,595 - 49,833 - 51,069 - LSI 52,059

Orthoptist, Senior
LRA 52,162 - 53,274 - 54,420 - 55,557 - 56,695 - 57,891 - 59,152 - 60,410 - 61,418

Pathology Technician, Basic
LRA 29,485 - 31,132 - 32,324 - 32,863 - 33,724 - 34,574 - 35,423 - 36,273 - 37,124 - 37,978 - 38,829 - 39,679 - 40,449

Pathology Technician, Senior
LRA 34,592 - 35,810 - 37,031 - 38,250 - 39,469 - 40,688 - 41,911 - 43,130 - 44,349 - 45,570 - 46,800

Pharmaceutical Technician, Student
LRA 24,364 - 25,710 - 26,577 - 27,560 - 28,542

Pharmaceutical Technician
LRA 32,941 - 35,051 - 36,487 - 37,425 - 38,363 - 39,301 - 40,239 - 41,176 - 42,114 - 43,052

Pharmaceutical Technician, Senior
LRA 44,743 - 45,698 - 46,652 - 47,607 - 48,562 - 49,518

Pharmacy Student
LRA 23,870 - 26,037

Pharmacist
LRA 33,491 - 36,150 - 37,099 - 40,054 - 42,860 - 45,700 - 48,551 - 51,438 - 54,342 - 57,300 - 60,311 - 63,379 - LSI 64,611

Pharmacist, Senior
LRA 61,641 - 64,475 - 65,381 - 66,285 - 66,395 - 67,658 - 69,001 - 71,342

Pharmacist, Chief II
LRA 68,227 - 72,669 - 75,264 - 78,473 - 81,899 - 85,447

Pharmacist, Chief I
LRA 77,261 - 80,805 - 82,193 - 84,114 - 86,244 - 88,417

Phlebotomist Trainee
LRA 19,430

Phlebotomist
LRA 29,202 - 31,422 - 32,333 - 33,726 - 35,204 - 36,703 - 38,210 - 39,754 - LSI 40,514

Phlebotomist, Senior
LRA 35,398 - 37,341 - 39,007 - 40,735 - 42,456 - 44,234

Physicist, Graduate Trainee - Year 1
LRA 25,848

Physicist, Graduate Trainee - Year 2
LRA 27,045

Physicist
LRA 37,255 - 39,973 - 41,247 - 43,288 - 45,313 - 47,704 - 49,279 - 50,789 - 54,636 - 56,274 - 58,003 - 59,730 - 61,452 - 63,196 - 64,157

Physicist, Senior
LRA 63,037 - 65,847 - 67,615 - 70,349 - 73,087 - 75,821 - 78,555 - 81,293 - LSI 1 83,813 - LSI 2 86,567

Physicist, Principal
LRA 77,811 - 83,208 - 88,702 - 94,247 - 99,379 - LSI 1 102,479 - LSI 2 105,576

Physicist, Chief
LRA 99,938 - 102,782 - 105,628 - 107,948 - LSI 1 111,322 - LSI 2 114,691

Physiotherapist
LRA 35,672 - 37,784 - 39,522 - 40,786 - 41,856 - 42,965 - 44,059 - 45,184 - 46,301 - 47,418 - 48,595 - 49,833 - 51,069 - LSI 52,059

Physiotherapist, Senior
LRA 52,162 - 53,274 - 54,420 - 55,557 - 56,695 - 57,891 - 59,152 - 60,410 - 61,418

Clinical Specialist Physiotherapist
LRA 57,701 - 58,813 - 59,958 - 61,097 - 62,232 - 63,430 - 64,490 - 65,947 - 66,957

Physiotherapist Manager
LRA 62,880 - 65,142 - 66,380 - 68,594 - 70,794 - 72,998 - 75,195

Physiotherapist Manager-in-Charge III
LRA 72,599 - 73,746 - 74,890 - 76,096 - 77,365 - 78,632 - 79,647

Play Specialist, Basic
LRA 35,642 - 37,724 - 39,488 - 40,614 - 41,833 - 42,959 - 43,990 - 45,209 - 45,923 - 47,460 - 48,586 - 49,805 - 51,024 - LSI 52,009

Play Specialist, Senior
LRA 50,663 - 51,903 - 53,239 - 54,767 - 56,104 - 57,354 - 58,481 - 59,245

Play Therapist, Basic
LRA 35,672 - 37,784 - 39,522 - 40,786 - 41,856 - 42,965 - 44,059 - 45,184 - 46,301 - 47,418 - 48,595 - 49,833 - 51,069 - LSI 52,059

Play Therapist, Senior
LRA 52,162 - 53,274 - 54,420 - 55,557 - 56,693 - 57,892 - 59,152 - 60,410 - 61,418

Psychologist, Trainee Clinical (post 2006)
LRA 33,852 - 36,448 - 41,340

Psychologist, Clinical
LRA 50,582 - 53,799 - 56,088 - 58,476 - 60,851 - 63,205 - 66,168 - 69,580 - 73,546 - 77,563 - 80,833 - LSI 1 83,358 - LSI 2 85,886

Psychologist, Educational
LRA 50,582 - 53,799 - 56,088 - 58,476 - 60,851 - 63,205 - 66,168 - 69,580 - 73,546 - 77,563 - 80,833 - LSI 1 83,358 - LSI 2 85,886

Psychologist, Counselling
LRA 50,582 - 53,799 - 56,088 - 58,476 - 60,851 - 63,205 - 66,168 - 69,580 - 73,546 - 77,563 - 80,833 - LSI 1 83,358 - LSI 2 85,886

Psychologist, Senior Clinical
LRA 79,918 - 81,757 - 83,611 - 85,455 - 87,285 - 87,987 - LSI 1 90,737 - LSI 2 93,491

Psychologist, Counselling Senior

LRA 79,918 - 81,757 - 83,611 - 85,455 - 87,285 - 87,987 - LSI 1 90,737 - LSI 2 93,491

Psychologist, Educational Senior

LRA 79,918 - 81,757 - 83,611 - 85,455 - 87,285 - 87,987 - LSI 1 90,737 - LSI 2 93,491

Psychologist, Principal Clinical

LRA 92,844 - 95,007 - 97,175 - 99,326 - 100,949 - LSI 1 104,087 - LSI 2 107,225

Psychology, Director of

LRA 100,948 - 103,369 - 105,793 - 108,213 - 110,043 - LSI 1 113,472 - LSI 2 116,900

Radiographer

LRA 34,242 - 36,228 - 37,933 - 39,025 - 40,135 - 41,259 - 42,352 - 43,442 - 44,573 - 45,678 - 46,746 - 47,843 - 48,976 - LSI 50,040

Radiographer, Senior

LRA 45,974 - 47,722 - 49,543 - 51,392 - 53,265

Radiation Therapist

LRA 34,243 - 35,724 - 37,934 - 39,024 - 40,136 - 43,342 - 45,974 - 47,723 - 49,543 - 51,391 - 53,263

Clinical Specialist Radiographer and Former Superintendent 1 not in charge of Departments

LRA 51,608 - 54,231 - 56,457 - 58,686 - 60,959

Radiography Service Manager 1 (Formerly Radiographer, Superintendent I and II)

LRA 53,539 - 56,436 - 58,893 - 61,374 - 63,903

Radiography Service Manager 2 (Formerly Radiographer, Superintendent III)

LRA 58,326 - 61,045 - 64,771 - 67,517 - 71,256

Regional Public Analyst, Deputy without Branch E Cert

LRA 66,874 - 67,506 - 69,102 - 70,746 - 72,342 - 73,970 - LSI 1 76,328 - LSI 2 78,762

Regional Public Analyst, Deputy (Advanced Practitioner)

LRA 71,147 - 72,554 - 73,958 - 75,387 - 76,788 - 78,203 - LSI 1 80,695 - LSI 2 83,274

Regional Public Analyst

LRA 82,516 - 84,299 - 86,065 - 87,845 - 89,625 - LSI 1 92,500 - LSI 2 95,469

Respiratory Physiologist

LRA 35,417 - 37,423 - 39,239 - 40,063 - 40,975 - 43,365 - 44,814 - 46,267 - LSI 1 49,848 - LSI 2 53,372

Respiratory Physiologist, Senior

LRA 44,487 - 45,816 - 47,222 - 48,658 - 50,139 - 51,513 - LSI 1 54,912 - LSI 2 58,316

Respiratory Physiologist, Chief I

LRA 48,476 - 49,482 - 50,818 - 52,115 - 53,412 - 54,697 - LSI 1 58,017 - LSI 2 61,404

Respiratory Physiologist, Chief II

LRA 49,871 - 52,296 - 54,660 - 57,037 - 59,452 - 62,565 - LSI 1 66,089 - LSI 2 68,401

Social Work Practitioner, Senior

LRA 50,145 - 52,349 - 54,585 - 56,812 - 59,032 - 61,246 - 63,456 - LSI 64,580

Social Worker

LRA 34,021 - 36,662 - 37,688 - 39,622 - 41,622 - 43,626 - 45,622 - 47,645 - 49,644 - 51,180 - 52,719 - LSI 53,739

Professionally Qualified Social Worker

LRA 40,619 - 43,525 - 45,019 - 47,172 - 49,323 - 51,476 - 53,626 - 55,776 - 57,930 - LSI 59,053

Medical Social Worker

LRA 40,619 - 43,525 - 45,019 - 47,172 - 49,323 - 51,476 - 53,626 - 55,776 - 57,930 - LSI 59,053

Psychiatric Social Worker

LRA 40,619 - 43,525 - 45,019 - 47,172 - 49,323 - 51,476 - 53,626 - 55,776 - 57,930 - LSI 59,053

Social Worker Senior Medical

LRA 57,930 - 59,582 - 61,235 - 62,887 - 64,538 - 66,190 - 66,822

Social Worker, Principal (Ex - Social Worker, Senior/Head Medical)

LRA 66,190 - 68,096 - 70,975 - 73,854 - 76,733 - 79,615

Social Worker, Team Leader

LRA 57,930 - 59,582 - 61,235 - 62,887 - 64,538 - 66,190 - 66,822

Speech and Language Therapist

LRA 35,672 - 37,784 - 39,522 - 40,786 - 41,856 - 42,965 - 44,059 - 45,184 - 46,301 - 47,418 - 48,595 - 49,833 - 51,069 - LSI 52,059

Speech and Language Therapist, Senior

LRA 52,162 - 53,273 - 54,421 - 55,557 - 56,694 - 57,891 - 59,152 - 60,410 - 61,418

Clinical Specialist Speech and Language Therapist

LRA 57,701 - 58,813 - 59,958 - 61,097 - 62,232 - 63,430 - 64,690 - 65,947 - 66,957

Speech and Language Therapist Manager

LRA 62,879 - 65,142 - 66,380 - 68,594 - 70,795 - 72,998 - 75,196

Speech and Language Therapist Manager-in-charge III

LRA 72,599 - 73,746 - 74,890 - 76,096 - 77,365 - 78,632 - 79,647

Trainee Social Care Worker

LRA 26,081 - 27,980 - 28,865 - 30,343 - 31,609

Social Care Worker (with Qualification)

LRA 31,922 - 33,308 - 35,015 - 36,265 - 37,527 - 38,795 - 40,084 - 41,393 - 42,693 - 44,016 - 45,345 - LSI 46,216

Social Care Worker (without Qualification)

LRA 31,922 - 33,308 - 35,015 - 36,265 - 37,527 - 38,795 - 40,084 - 41,393 - 42,693 - 44,016 - 45,345

Social Care Leader

LRA 45,969 - 46,973 - 47,976 - 50,628 - 51,654 - 52,675 - 53,709

Social Care Manager in Children's Residential Centres

LRA 55,558 - 56,752 - 59,908 - 61,128 - 62,344 - 63,573

Vascular Physiologist

LRA 35,417 - 37,423 - 39,239 - 40,063 - 40,975 - 43,365 - 44,814 - 46,267 - LSI 1 49,848 - LSI 2 53,372

Vascular Physiologist, Senior

LRA 44,487 - 45,816 - 47,222 - 48,658 - 50,139 - 51,513 - LSI 1 54,912 - LSI 2 58,316

Vascular Physiologist, Chief I

LRA 48,476 - 49,482 - 50,818 - 52,115 - 53,412 - 54,697 - LSI 1 58,017 - LSI 2 61,404

Vascular Physiologist, Chief II

LRA 49,871 - 52,296 - 54,660 - 57,037 - 59,452 - 62,565 - LSI 1 66,089 - LSI 2 68,401

Support services grades

Intern Scheme for Support Staff (Year 1)

LRA 23,990

Intern Scheme for Support Staff (Year 2)

LRA 25,341

Emergency Medical Technician

LRA 27,511 - 29,395 - 30,152 - 31,388 - 32,225 - 32,741 - 33,564 - 34,397 - 35,222 - 36,873 - LSI 38,397

Emergency Medical Technician, Leading

LRA 30,766 - 32,021 - 32,963 - 34,202 - 35,448 - 36,690 - 37,397 - 40,289 - LSI 41,962

Emergency Medical Controller

LRA 28,069 - 29,783 - 30,766 - 32,021 - 32,963 - 34,202 - 35,448 - 36,690 - 37,397 - 40,289 - LSI 41,962

Emergency Medical Controller, Supervisor

LRA 42,037 - 43,377 - 44,715 - 46,054 - 47,392 - LSI 1 48,944 - LSI 2 50,491

Care Assistant (Intellectual Disability Agencies)

LRA 26,303 - 27,320 - 28,700 - 29,159 - 29,903 - 31,346 - 33,061 - 33,605 - 34,958 - 35,970 - 36,795 - 37,721 - LSI 38,438

Care Officer - Basic Rate (CMH, Dundrum)

LRA 31,713 - 32,670 - 33,829 - 34,978 - 36,134 - 37,288 - 38,557 - 39,713 - 40,873 - 42,221 - 43,274

Care Officer - 5% (CMH, Dundrum)

LRA 32,968 - 34,295 - 35,514 - 36,754 - 37,971 - 39,185 - 40,524 - 41,708 - 42,930 - 44,350 - 45,457

Care Officer - 6.5% (CMH, Dundrum)

LRA 32,994 - 34,321 - 35,541 - 36,754 - 37,971 - 39,185 - 40,524 - 41,741 - 42,963 - 44,384 - 45,491

Charge Attendant Net Rate (CMH, Dundrum)

LRA 44,209 - 45,434 - 46,669 - 47,838

Charge Attendant 5% Rate (CMH, Dundrum)

LRA 46,443 - 47,731 - 49,033 - 50,261

Charge Attendant 6.5% Rate (CMH, Dundrum)

LRA 46,480 - 47,770 - 49,070 - 50,300

Head Attendant (CMH, Dundrum)
LRA 56,085

Head Attendant 5% Rate (CMH, Dundrum)
LRA 58,940

Head Attendant 6.5% Rate (CMH, Dundrum)
LRA 58,985

Dental Technician, Senior
LRA 36,742 - 37,640 - 38,542 - 39,437 - 40,339 - 41,239 - 42,139 - 43,036 - LSI 43,983

Dental Technician, Basic
LRA 28,916 - 30,581 - 31,698 - 32,781 - 33,542 - 34,614 - 35,687 - 36,761 - 37,833 - 38,910 - LSI 39,763

Nurses Aides (Dublin) (Non-Paypath)
LRA 27,072 - 27,742 - 29,965 - 30,195 - 30,291 - 30,343 - 30,439 - 30,530 - 30,613 - 30,731 - 30,860 - 30,984

Audiology Assistant
LRA 27,647 - 29,306 - 30,301 - 30,984 - 31,732 - 32,500 - 32,968 - 33,767 - 34,588

Occupational Therapy Assistant
LRA 27,647 - 29,306 - 30,301 - 30,984 - 31,732 - 32,500 - 32,968 - 33,767 - 34,588

Physiotherapy Assistant
LRA 27,647 - 29,306 - 30,301 - 30,984 - 31,732 - 32,500 - 32,968 - 33,767 - 34,588

Speech and Language Therapy Assistant
LRA 27,647 - 29,306 - 30,301 - 30,984 - 31,732 - 32,500 - 32,968 - 33,767 - 34,588

Radiography Assistant
LRA 27,647 - 29,306 - 30,301 - 30,984 - 31,732 - 32,500 - 32,968 - 33,767 - 34,588

CSSD Operatives
LRA 27,863 - 29,166 - 30,539 - 30,903 - 31,959 - 32,737 - 33,859 - 35,023 - 35,228

Medical Laboratory Aides
LRA 27,863 - 29,166 - 30,539 - 30,903 - 31,959 - 32,737 - 33,859 - 35,023 - 35,228

Family Support Workers
LRA 27,863 - 29,166 - 30,539 - 30,903 - 31,959 - 32,737 - 33,859 - 35,023 - 35,228

Family Support Workers (Non-Paypath)
LRA 29,645 - 30,189 - 32,500 - 32,713 - 32,913 - 32,913 - 32,913 - 32,935 - 33,044 - 33,162 - 33,319 - 33,397 - 33,520 - 33,649 - 33,768

Health Care Support Assistant (formerly Home Help)
LRA 26,789 - 28,430 - 29,651 - 30,161 - 30,377 - 30,886 - 31,406 - 31,975 - 32,470

Health Care Support Assistant (Non-Paypath) (formerly Home Help)
LRA 27,145 - 27,813 - 30,047 - 30,210 - 30,256 - 30,348 - 30,437 - 30,530 - 30,621 - 30,720 - 30,814 - 30,915 - 31,011

Clerical, administration and related grades

Catering Officer, Grade III
LRA 27,563 - 29,451 - 30,209 - 32,286 - 34,049 - 35,592 - 37,085 - 39,099 - 40,563 - 42,038 - LSI 1 43,402 - LSI 2 44,773

Catering Officer, Grade II
LRA 42,038 - 43,377 - 44,714 - 46,055 - 47,393 - LSI 1 48,944 - LSI 2 50,492

Catering Officer, Grade I
LRA 46,771 - 47,898 - 49,259 - 51,818 - 53,344 - LSI 1 55,249 - LSI 2 57,158

Catering Manager
LRA 48,980 - 50,175 - 51,575 - 52,977 - 54,385 - 55,642 - 56,922 - 58,168 - 59,405 - LSI 1 61,535 - LSI 2 63,671

Head of Catering
LRA 67,135 - 67,738 - 70,289 - 72,848 - 75,389 - 77,940 - 80,475

Cook, Trainee
LRA 19,690 - 23,031 - 25,475

Chef II (Formerly Cook Grade II) with Qualification
LRA 24,942 - 26,150 - 27,210 - 28,097 - 28,919 - 29,809 - 30,405 - 31,201 - 32,068 - 32,869 - 33,424 - 34,496

Chef II (Formerly Cook Grade II) without Qualification
LRA 24,942 - 26,150 - 27,210 - 28,097 - 28,919 - 29,809

Chef I (Formerly Cook Grade I)
LRA 27,532 - 28,404 - 29,340 - 30,209 - 30,831 - 31,672 - 32,588 - 33,113 - 34,028 - 34,866 - 35,703 - 36,624 - 37,772

Chef, Senior
LRA 29,254 - 30,084 - 31,135 - 32,010 - 32,827 - 33,728 - 34,710 - 35,613 - 36,597 - 37,503 - 38,408 - 39,399 - 40,641

Chef, Executive
LRA 30,770 - 31,722 - 32,750 - 33,375 - 34,396 - 35,340 - 36,372 - 37,321 - 38,355 - 39,305 - 40,258 - 41,298 - 42,603

Community Welfare Officer
LRA 28,395 - 30,119 - 31,124 - 33,032 - 35,051 - 37,028 - 38,967 - 40,825 - 42,680 - 44,553 - 46,364 - 48,196 - 50,071 - 51,872 - 53,710 - LSI 1 55,628 - LSI 2 57,552 LSI 3 - 59,416

Superintendent Community Welfare Officer
LRA 64,232 - 66,568 - 67,855 - 70,130 - 72,405 - 73,716 - LSI 1 76,013 - LSI 2 78,310

Draughtsman/Technician II
LRA 26,775 - 28,217 - 29,636 - 30,405 - 31,451 - 32,492 - 33,198 - 34,243 - 35,262 - 36,307 - 37,340 - 38,323 - 39,409 - LSI 1 40,688 - LSI 2 41,960

Draughtsman/Technician I
LRA 39,409 - 40,066 - 40,923 - 41,784 - 42,628 - 43,485 - 44,267 - LSI 1 45,708 - LSI 2 47,154

Dental Surgery Assistant (without Qualification)
LRA 23,913 - 25,321 - 26,084 - 27,172 - 28,079 - 28,982 - 30,268

Dental Nurse (Formerly Dental Surgery Assistant (with Qualification))
LRA 23,913 - 25,321 - 26,084 - 27,172 - 28,079 - 28,982 - 30,268 - 31,157 - 32,103 - 32,943 - 34,395 - 34,939 - 35,969 - 37,261 - 39,217 - 41,530 - LSI 44,361

Dental Nurse, Senior
LRA 41,752 - 43,292 - 44,675 - 45,919 - 47,431 - 48,717 - 50,128

Fire Prevention Officer
LRA 43,925 - 46,315 - 48,693 - 50,461 - 52,236 - 54,009 - 55,782 - 57,556 - 59,330 - 61,096 - 62,876 - 64,646 - LSI 1 66,687 - LSI 2 67,682

Clerical Officer Grade
LRA 23,586 - 25,136 - 25,517 - 26,292 - 27,422 - 28,556 - 29,690 - 30,513 - 31,602 - 32,691 - 33,459 - 34,537 - 35,623 - 37,661 - LSI 39,111

Grade IV (Clerical)
LRA 27,563 - 29,451 - 30,209 - 32,286 - 34,049 - 35,592 - 37,085 - 39,099 - 40,564 - 42,037 - LSI 1 43,403 - LSI 2 44,773

Grade V (Clerical)
LRA 42,037 - 43,377 - 44,715 - 46,054 - 47,392 - LSI 1 48,944 - LSI 2 50,491

Grade VI (Clerical)
LRA 46,771 - 47,897 - 49,262 - 51,816 - 53,346 - LSI 1 55,246 - LSI 2 57,158

Grade VII (Clerical)
LRA 48,980 - 50,175 - 51,575 - 52,977 - 54,385 - 55,642 - 56,922 - 58,168 - 59,405 - LSI 1 61,535 - LSI 2 63,671

Supplies Officer Grade D
LRA 27,721 - 29,457 - 30,383 - 31,338 - 32,291 - 32,929 - 33,875 - 34,820 - 35,771 - 36,717 - 37,661 - LSI 39,111

Supplies Officer Grade C
LRA 34,049 - 35,592 - 37,085 - 39,099 - 40,563 - 42,038 - LSI 1 43,402 - LSI 2 44,773

Supplies Officer Grade B
LRA 42,038 - 43,377 - 44,714 - 46,055 - 47,393 - LSI 1 48,944 - LSI 2 50,492

Supplies Officer Grade A
LRA 46,771 - 47,898 - 49,259 - 51,818 - 53,344 - LSI 1 55,249 - LSI 2 57,158

Assistant Technical Services Officer
LRA 38,084 - 40,455 - 42,202 - 43,961 - 45,711 - 47,466 - 49,224 - 50,976 - 52,725 - 54,482 - 56,245 - LSI 1 58,048 - LSI 2 59,848

Senior Assistant Technical Services Officer
LRA 48,691 - 50,461 - 52,236 - 54,009 - 55,782 - 57,556 - 59,330 - 61,096 - 62,876 - 64,646 - LSI 1 66,687 - LSI 2 67,682

Chief Assistant Technical Services Officer
LRA 64,547 - 66,528 - 67,473 - 69,404 - 71,340 - 73,267 - 75,187 - LSI 1 77,646 - LSI 2 80,079

Technical Services Officer
LRA 80,827 - 82,744 - 84,659 - 86,577 - 88,492 - 90,415 - LSI 1 93,309 - LSI 2 96,204

Home Help Organiser
LRA 42,038 - 43,377 - 44,714 - 46,055 - 47,393 - LSI 1 48,944 - LSI 2 50,492

Home Help Co-Ordinator
LRA 46,771 - 47,897 - 49,262 - 51,816 - 53,346 - LSI 1 55,246 - LSI 2 57,158

Supervisor of Welfare Home-without Nursing Qualification
LRA 32,775 - 33,313 - 34,160 - 35,014 - 35,860 - 36,742 - 37,547

Assistant Supervisor, Welfare Home
LRA 30,270 - 31,001 - 31,740

Supervisor, Welfare Home - HSE Eastern Regional Area Only
LRA 43,555 - 44,350 - 44,400 - 45,437 - 46,476 - 47,604 - 48,732 - 49,860 - 50,988

Nursery Nurse
LRA 28,868 - 30,436 - 31,645 - 32,551 - 32,987 - 33,759 - 34,539 - 35,308 - 36,085 - 36,880 - 37,670 - 38,472 - LSI 39,205

Home Management Advisor (HSE Western Area Only)
LRA 31,973 - 33,042 - 34,491 - 35,936 - 37,368 - 38,803 - 40,221 - 41,262 - 42,313 - 43,375 - 44,244 - 45,095

Clerical administrative management grades

Director General (HSE)
LRA 199,136

Deputy Director General (Strategy/Operations) (HSE)
LRA 171,953

Chief Financial Officer (HSE)
LRA 171,953

National Director, Health & Wellbeing (HSE)
LRA 157,895

Full reduction for pension contribution and benefits from 1/10/18 LRA 149,785

National Director, Hospital Care (HSE)
LRA 157,895

Full reduction for pension contribution and benefits from 1/10/18 LRA 149,785

National Director, Mental Health (HSE)
LRA 157,895

Full reduction for pension contribution and benefits from 1/10/18 LRA 149,785

National Director, Primary Care (HSE)
LRA 157,895

Full reduction for pension contribution and benefits from 1/10/18 LRA 149,785

National Director, Quality Improvement (HSE)
LRA 157,895

Full reduction for pension contribution and benefits from 1/10/18 LRA 149,785

National Director, Social Care (HSE)
LRA 157,895

Full reduction for pension contribution and benefits from 1/10/18 LRA 148,269

National Director, Human Resources (HSE)
LRA 157,895

Full reduction for pension contribution and benefits from 1/10/18 LRA 148,269

Chief Executive Officer, Hospital Groups
LRA 151,857

Chief Executive Officer, Hospital Groups (new incumbents post)
LRA 161,600

National Director, Communications (HSE)
LRA 145,666

Full reduction for pension contribution and benefits from 1/10/18 LRA 138,164

Chief Information Officer (HSE), National Director
LRA 145,666

Full reduction for pension contribution and benefits from 1/10/18 LRA 138,164

National Director, Internal Audit (HSE)
LRA 145,666

Full reduction for pension contribution and benefits from 1/10/18 LRA 138,164

Manager, National Women and Infants Health Programme
LRA 128,084

Assistant National Director (Services)
LRA 98,145 - 102,507 - 106,869 - 111,229 - 115,592 - 117,485

Chief Officer, Community Healthcare Organisations
LRA 98,145 - 102,507 - 106,869 - 111,229 - 115,592 - 117,485

Chief Finance Officer, Hospital Groups
LRA 98,145 - 102,507 - 106,869 - 111,229 - 115,592 - 117,485

Chief Operations Officer, Hospital Groups
LRA 98,145 - 102,507 - 106,869 - 111,229 - 115,592 - 117,485

Director Regional Health Office (HSE)
LRA 98,145 - 102,507 - 106,869 - 111,229 - 115,592 - 117,485

Assistant National Director (Support)
LRA 96,701 - 100,787 - 104,948 - 109,190 - 113,503 - 117,902

Deputy CEO (Beaumont)(St. James)(St. Vincents)(Mater)(Tallaght)
LRA 92,482 - 96,594 - 100,703 - 104,813 - 108,923 - 113,035

Director of Information Systems (HSE)
LRA 88,804 - 92,449 - 96,161 - 99,944 - 103,791 - 107,714

Head of Service/Function, Community Healthcare Organisations
LRA 91,260 - 94,957 - 98,653 - 102,348 - 106,042

Children First Programme Lead
LRA 91,260 - 94,957 - 98,653 - 102,348 - 106,042

Procurement, Assistant Head
LRA 91,260 - 94,957 - 98,653 - 102,348 - 106,042

Deputy General Manager (Cork University Hospital)(Galway Regional Hospitals)
LRA 85,715 - 89,412 - 93,107 - 96,804 - 100,499 - 104,196

CEO Band H1 Hospitals (Cork Dental Hospital, Dublin Dental Hospital, Incorporated Orthopaedic Hospital, Royal Hospital Donnybrook, St. Vincents (Fairview), Leopardstown Park)
LRA 67,135 - 67,738 - 70,289 - 72,848 - 75,389 - 77,940 - 80,475

CEO Band H2 Hospitals (Cappagh Hospital, National Rehabilitation Hospital, Peamount Hospital, Royal Victoria Eye & Ear Hospital, St. Johns Hospital, St. Michaels Hospital)
LRA 80,961 - 82,330 - 83,716 - 85,101 - 86,488

CEO Band H3 Hospitals (Coombe Hospital, Mercy University Hospital, National Maternity Hospital, Rotunda Hospital, South Infirmary Victoria University Hospital)
LRA 96,467 - 99,239 - 102,010 - 104,783 - 107,555 - 110,326 - 113,098

CEO Band H4 Hospitals (Our Lady's Childrens Hospital, Temple Street Childrens University Hospital)
LRA 103,112 - 105,890 - 108,663 - 111,436 - 114,208 - 116,979 - 119,752

CEO Band H5 Hospitals (AMNCH, Beaumont Hospital, Mater Misericordiae Hospital, St. Vincents University Hospital, St. James Hospital)
LRA 129,813

CEO Band SC1 Social Care (Brothers of Charity Clare, Carriglea Cairde Services, The Childrens Sunshine Home, Sisters of Charity Kilkenny, Brothers of Charity Roscommon, KARE)
LRA 67,135 - 67,738 - 70,289 - 72,848 - 75,389 - 77,940 - 80,475

CEO Band SC2 Social Care (Brothers of Charity Limerick, Brothers of Charity South East, Central Remedial Clinic, Cheeverstown House, Our Ladys Hospice, Sunbeam House)
LRA 80,961 - 82,330 - 83,716 - 85,101 - 86,488

CEO Band SC3 Social Care (Brothers of Charity Galway, Brothers of Charity South, COPE Foundation, Muiriosa Foundation, Stewarts Care)
LRA 96,467 - 99,239 - 102,010 - 104,783 - 107,555 - 110,326 - 113,098

CEO Band SC4 Social Care (St Michaels House, Daughters of Charity, St. John of God Hospitaller)
LRA 103,112 - 105,890 - 108,663 - 111,436 - 114,208 - 116,979 - 119,752

Service Manager (Beaumont)(St. James)(Mater)(St. Vincents)(Tallaght)(Cork UH)(UCHG)
LRA 70,572 - 72,291 - 75,012 - 77,753 - 80,472 - 83,198 - 85,912

General Manager
LRA 70,572 - 72,291 - 75,012 - 77,753 - 80,472 - 83,198 - 85,912

Child Care Manager
LRA 70,572 - 72,291 - 75,012 - 77,753 - 80,472 - 83,198 - 85,912

Hospital & Community Care Administrator
LRA 67,135 - 67,738 - 70,289 - 72,848 - 75,389 - 77,940 - 80,475

Grade VIII
LRA 67,135 - 67,738 - 70,289 - 72,848 - 75,389 - 77,940 - 80,475

Ambulance Officer, Chief
LRA 67,135 - 67,738 - 70,289 - 72,848 - 75,389 - 77,940 - 80,475

Technical Services Manager (St Vincents)
LRA 55,584 - 57,147 - 58,740 - 60,298 - 61,895 - 63,467

Technical Services Officer (Mater)(Tallaght)
LRA 53,719 - 55,979 - 57,251 - 58,493 - 59,720

Project Technical Services Manager (Beaumont)(St. James)
LRA 53,719 - 55,979 - 57,251 - 58,493 - 59,720

Engineering Officer (Formerly EHB)(Mater, St. James, Tallaght, Beaumont, Crumlin)
LRA 53,344 - 55,609 - 56,903 - 58,158 - 59,404 - LSI 1 61,534 - LSI 2 63,670

Assistant Technical Services Manager (Mater)
LRA 53,344 - 55,609 - 56,903 - 58,158 - 59,404 - LSI 1 61,534 - LSI 2 63,670

Journeyman Chef
LRA 35,812 - 36,914 - 38,554 - 39,685 - LSI 1 40,987 - LSI 2 42,306

Transport Officer (Formerly EHB)
LRA 46,771 - 47,898 - 49,259 - 51,818 - 53,344 - LSI 1 55,246 - LSI 2 57,158

Workshop Instructors (HSE Health Areas)(Craft +12.5%)(Level 1)
LRA 40,904 - 41,363 - 41,584 - 41,829 - 42,060 - 42,180 - 42,296 - 42,413 - 42,533 - 42,722 - 42,866 - 43,219

Workshop Instructors (HSE Health Areas)(Craft +25%)(Level 2)
LRA 40,827 - 42,202 - 45,250 - 45,761 - 46,007 - 46,279 - 46,535 - 46,668 - 46,797 - 46,928 - 47,061 - 47,270 - 47,431 - 47,823

Workshop Supervisors (HSE Midland Area, HSE North Western Area)(Pre-1/6/97 Entrants)
LRA 40,528 - 41,682 - 42,844 - 43,959 - 45,063 - 46,187 - 47,188 - 48,088 - 49,510 - 50,750 - 51,913 - 52,810 - 53,940 - 55,309 - 56,652 - 57,535 - LSI 1 59,554 - LSI 2 61,571

Workshop Supervisors (HSE Midland Area, HSE North Western Area)(Post-1/6/97 Entrants)
LRA 40,528 - 41,682 - 42,844 - 43,959 - 45,063 - 46,187 - 47,188 - 48,088 - 49,510 - 50,750 - 51,913 - 52,810 - 53,940 - 55,309 - 56,652 - 57,535 - LSI 1 59,554

Workshop Manager (Specialist Agencies)
LRA 43,338 - 44,845 - 46,406 - 48,025 - 49,738

Senior Supervisor/Instructor (Specialist Agencies)
LRA 32,074 - 32,854 - 33,982 - 35,150 - 36,359 - 37,614 - 38,913 - 40,259 - 41,656 - LSI 1 43,101 - LSI 2 44,600

Supervisor/Instructor (Specialist Agencies)
LRA 27,407 - 29,325 - 30,038 - 31,072 - 32,134 - 32,916 - 34,044 - 35,215 - 36,428 - 37,684 - 38,986 - 40,334 - 41,733







Emboldened points represent LSIs (1st LSI payable after 3 years on max, 2nd after 3 more, and 3rd after 3 more).



Mandy O'Neill,
Dublin Hospitals Branch.



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FÓRSA



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