IMPACT members working at the National Rehabilitation Hospital in Dun Laoghaire, County Dublin. Jacqui Kavanagh (clerical/admin), Aneesa Ally (speech and language therapist), Aisling Weyham (occupational therapist) and John Lynch (physiotherapist).

Photo by Michael Crean Photography.
Front row (left to right): Dave Hackett, Rosemary Bracken, Ruth Robinson, Denis Rooney, Patricia Mellsop, Cathy Blake.
Back row (left to right): Daniel Sweeney, Philip O’Connor, Robbie Ryan (Assistant General Secretary), Dob Gibney, Tony Martin, Anthony Kelly, Eamon Hannan, Sinead Wynne, Louise O’Donnell (National Secretary).
Missing from photo: Ciara Wynne, who is on maternity Leave.
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The following were elected to IMPACT’s Health and Welfare Divisional Executive Committee (DEC) at the 2011 divisional conference: Sophia O’Reilly (Cathaoirleach) Martin Bridgeman (Leas Cathaoirleach) Ruth Robinson (third divisional representative on the CEC), Rosemary Bracken, Ciara Wynne, Maeve McCarthy Barrett, Tony Martin, Patricia Mellsop, Denis Rooney, Eamon Hannon, Cathy Blake, Dave Hackett, Sinead Wynne, Matt Tully and Anthony Kelly.

In September 2011 Sophia O’Reilly took up a contract position in IMPACT and was replaced as Cathaoirleach by Martin Bridgeman. Tony Martin was elected to the position of Leas Cathaoirleach and Don Gibney was co-opted onto the DEC. In September 2012 Maeve McCarthy Barrett was elected honorary secretary of IMPACT and Philip O’Connor was co-opted onto the DEC. In November 2012 Matt Tully resigned his seat because, as a community welfare officer, he had moved into the Department of Social Welfare. Following election at the Divisional Council in November 2012, Daniel Sweeney was co-opted onto the DEC. In December 2012 Martin Bridgeman stepped down as Cathaoirleach and was replaced by Tony Martin. Anthony Kelly was then elected in the position of Leas Cathaoirleach.

Health service reorganisation

As this report went to print, no details of the proposed new health service directorates and hospital groups had emerged, and no appointments to the directorates had been made. However, Health Minister James Reilly had published plans for reform of health service structures in advance of the introduction of universal health insurance in 2016. The proposals, contained in Future Health: A Strategic Framework for Reform of the Health Service 2012-2015, are available on the IMPACT website. The document contains few details and IMPACT has been told that more detail will be published in 2013.

IMPACT criticised the minister’s planned structures, and the Government’s preferred model for universal health insurance [UHI], which is central to the financial reform element of the new plans. The union said it was unlikely to deliver value-for-money or the Government’s ambition of universal access to healthcare. A 2012 research report, commissioned by IMPACT and written by Dr Jane Pillinger, said patient safety and service quality is being put at risk because independent hospital trusts and other new health structures are being implemented before fundamental issues are resolved. The report, The Future of Healthcare in Ireland, is strongly critical of the lack of consultation with the communities, services users and staff who will be most affected by health service changes. It calls on the Government to instigate “active consultation measures including ‘town hall meetings’ to elicit the views and priorities of communities and health service-users before radical reforms were introduced.

The IMPACT report, which is available on the union’s website, was circulated to branches, achieved significant media coverage, and was sent to management and the health spokespeople of all the main political parties. It has formed the basis of discussions with a number of political representatives. The union continues to lobby on the issue of health service structural reform and its impact on staff, services and service-users.

Children and families agency

In July 2012, IMPACT welcomed the final task force report on establishing the new Child and Family Support Agency, which affect some 4,000 staff. The union said health and social care professionals looked forward to the establishment of a dedicated agency for child and family welfare as a crucial step towards improving the range and quality of child protection services. However, the union also warned that adequate resources were required to ensure the maintenance and improvement of services.

Negotiations and preparations over staff issues related to the January 2013 establishment of the new Children and Family’s Agency have been underway. An initial framework agreement was concluded and a Rights Commissioner was selected to act as third party during the process. A National Joint Council will be established as the agency’s industrial relations forum.

A ‘letter of intent’, sent to IMPACT by the Department of Children and Youth Affairs in November 2012, confirmed that all staff who transfer to the new agency will retain their existing pay and conditions, including pension entitlements, without any break in service. The commitment was originally won by IMPACT in discussions with the department, which subsequently confirmed it to an independent facilitator who is working with the union and management to deal with issues arising from the transfer of staff working with children and families.

A number of policies and procedures have been agreed between IMPACT and management while others – including
the regularisation of acting positions and transfers within the agency and to the HSE – have been tabled for negotiation. IMPACT held meetings with various groups of staff involved including residential and community social care workers, social workers, administrative staff and family support workers.

Specific discussions have taken place on matters covering particular groups, and agreement has been reached to establish working groups to deal with issues regarding social care staff and family support workers. The working groups are to give interim reports after six months. Social workers and principal social workers also attended the third party process and raised issues including staffing and caseloads in the new agency. A joint working group has been established to report on this matter.

A survey to map the dispersal of clerical and administrative staff has been agreed, with a view to ensuring that there is consistency around the country and that the clerical-administrative staff structure is adequate. The survey, which is due for completion in July 2013, will also cover issues like lack of supervision and support and significantly differing responsibilities.

Discussions are continuing to establish the appropriate structure for the ISA managers and the four regional directors of service. Other staff groups for which concerns are being addressed by the union include information officers, management and staff of family welfare conferences, pre-school inspectors, children first information and advice officers, and training officers.

Community welfare

The redeployment of the community welfare service from the HSE to the Department of Social Protection took place in October 2011. An ongoing multi-union process to deal with concerns of staff in the HSE, Department of Social Protection and FÁS concluded in a set of arbitration hearings. Other issues that arose directly as a result of the transfer were resolved on behalf of IMPACT members. These included leave arrangements over Christmas 2011, issues arising from the designation of community welfare officers as deciding officers, and details regarding payroll technical adjustment arrangements. There were seven appeals by members under the health sector redeployment protocol. In most cases the redeployment was upheld. IMPACT and SIPTU lost representational rights for members who transferred to the civil service and most are now members of the appropriate civil service union.

New benefits for IMPACT members

In January 2012 IMPACT launched a new range of benefits for members, which includes €4,000 critical illness or death-in-service cover, a free legal advice helpline, a free confidential counselling helpline, and free legal representation in bodily injury cases. The union took the initiative because it wanted to reflect the fall in members’ incomes following the introduction of the so-called ‘pension levy.’ Full details of these and other membership benefits are available on the IMPACT website.

Branch information

IMPACT launched a new handbook for branch officers in September 2011 and it was subsequently rolled out to branches. BACK UP! Your IMPACT branch handbook contains information on the role of branch officers, AGMs, union conferences, ballots, members’ entitlements, communications, IMPACT structures, industrial action, employment law and the Croke Park agreement.

Training

A large number of health service activists participated in a new training programme for new branch representatives, which was introduced in October 2011 with the objective of training around 60 emerging activists in four regions in its first phase. Demand for places outstripped these expectations and additional courses were scheduled. More basic training courses were run in the autumn-winter of 2012, when a second level modular training course was also launched. The new training complements existing branch and activist training activities, including the ongoing programme of nationally-provided training for branch officers. Other training courses provided centrally in the past two years included employment law, leadership, conflict resolution, communication skills and public speaking, equal opportunities and health and safety.

HSE policies and procedures

The National Joint Council, which is the industrial relations forum for the health sector, established a subgroup to deal with new and revised HSE policies, procedures and financial regulations. A number of financial regulations, including travel and subsistence, are in process. There is a requirement on the HSE to process policies and procedures through this forum before they can be published and implemented. Members who have doubts about the legitimacy of any policy quoted by management should get
advice from their IMPACT branch. Recently agreed policies are posted on the HSE website. Policies processed in the last two years include guidance on developing a biological agents risk assessment; prevention and management of latex allergy; rehabilitation of employees back to work after illness or injury; secondments; leave for elected representatives; lone worker (policy and guidelines); fraud; code of standards and behaviour; manual handling and people handling; prevention and management of stress in the workplace; preventing and managing critical incident stress; long-term absence benefits protocol; and tobacco-free campus policy.
Pay and pensions

Croke Park agreement

Health service staff delivered non-payroll savings of over €238 million in the second year of the Croke Park agreement, with payroll savings of over €165 million bringing the total to €404 million. This represents 43% of all the savings achieved in the second year of the agreement. The largest number of staff reductions – over 8,000 – has been in the health sector, although the percentage reduction of 7.4% is the second lowest in the public service after education.

The second annual report of the Croke Park implementation body, published in June 2012, identified almost €891 million in annualised payroll and non-pay savings delivered across the entire public service in the second year of the four-year deal. This is in addition to savings of €587 million achieved in the first year, giving a total of almost €1.5 billion in ongoing annual savings so far. The implementation body’s third report is expected to be published in the first half of 2013.

The report said over €82 million of the health service savings followed the creation of a single national procurement system under Croke Park. Other non-payroll savings came from improved drugs and medicine cost management and in maintenance, catering and cleaning.

The report also highlighted reduced clinical and diagnostic costs achieved through service reconfigurations, some of which involved the redeployment and reassignment of an estimated 4,500 health workers last year. These included 133 redeployments to the primary care reimbursement scheme (PCRS) and over 600 staff relocations in Cork acute hospitals. Significant redeployments also occurred with the amalgamation of laboratory services in Louth and in north Dublin mental health services.

The implementation body said roster changes had been introduced across the health service and highlighted the examples of the central mental hospital, where they are saving an estimated €1 million a year, radiography (€2.5 million a year), medical laboratories (€7 million a year), and Dublin north east addiction services (€500,000 a year).

Revised catering rosters and extended working days for inpatient departments were introduced in the National Maternity Hospital, while revised environment service rosters in Saint James’s hospital are saving €135,000 a year by eliminating evening and weekend overtime. The report says nursing roster changes have been introduced in “virtually every setting throughout the country” to maintain service and activity levels as staff numbers fall.

Significant extended working day agreements were reached in medical labs, radiography, Dublin-Mid Leinster community and hospital initiatives, the Mater hospital, Wexford and Waterford physiotherapy departments and Sligo-Leitrim dental services. On top of the centralisation of procurement and medical card applications, examples of smaller-scale centralisation of support services included medical typing in the Rotunda and Dublin South Central admin services and appointments.

The report also acknowledged comprehensive changes in clinical programmes, child and family services, mental health and services for the elderly, which are being facilitated by Croke Park. And there were significant savings and reforms in voluntary sector organisations covered by the agreement including Saint Michael’s House and Cheeverstown House.

The implementation body report notes that, between 2009 and 2011, acute hospitals have spent 11% less while doing 10% more, with the cost per discharge down by 20%. Teaching hospitals report 17% more activity per €1 million spent in the same period. Dublin maternity hospitals spent 8% less while recording a 7% reduction in cost per birth and a 15% reduction in the cost of inpatient discharges, which increased by 9%. Despite an overall budget cut of 4.8%, and staffing reductions of 2,855 between April 2011 and March 2012, activity in the health sector has increased. Hospital in-patient discharges were more than 14,000 above target last year and the number of day cases increased by 19% between 2009 and 2011.

Uniquely among the public service unions, IMPACT maintained a sustained communications programme to defend the Croke Park agreement. This included meetings with key spokespersons from all the main political parties and members of all Dáil political groups, presenting written and oral evidence to the Joint Oireachtas Committee on Finance, Public Expenditure and Reform, a regular information bulletin for Oireachtas members and councillors, information stands at all the major 2012 party conferences, and sustained media work including meetings with key opinion-forming journalists and editors.

In November 2012, the Minister for Public Expenditure and Reform invited unions to negotiations, saying that the Government would extend the agreement into 2016 if it could achieve more savings in 2013 and 2014 than
envisaged in the original agreement. Before entering talks, IMPACT sought economic advice, which confirmed that the budgetary figures for 2013 and 2014 were substantially worse than originally envisaged because of lower than expected growth. It also confirmed that the biggest single reduction in the Government deficit was planned for 2014 – the year the agreement is due to expire. In these circumstances, the union decided it was better to try to seek an extension of the protections and, as far as possible, shape Government and management proposals for an extra €1 billion in cost-saving measures. The union’s objective going into the talks was to protect pay, pensions and working conditions as far as possible within these constraints. But it warned from the outset that it would be a difficult negotiation.

The negotiations began in earnest in January 2013 when IMPACT rejected management’s opening positions, which included the introduction of compulsory redundancies, five extra working hours each week, a three year increment freeze for all, the introduction of flat-rate overtime, severely limited access to flexitime, permanent pay reductions, and an increase in redeployment limits from 45 to 100 kilometres. The negotiations were brokered by the Labour Relations Commission and concluded at the end of February 2013. By this time, IMPACT and other unions had reduced the severity of management proposals in every important respect and had also made important gains in areas like the regularisation of acting positions, a significant reduction in the CORU for health professionals’ registration, measures to end the two-tier pay system introduced in 2011, strengthened protections on outsourcing, and a small but significant reduction in the so-called ‘pension levy.’

On 28th February 2013, the union’s Central Executive Committee overwhelmingly recommended acceptance of the proposals. An information campaign got underway and a national ballot commenced at the end of March with a 15th April deadline for voting.

Allowances

In October 2012, departments and offices were instructed to open talks with unions about the abolition of some allowances currently paid to existing public servants. The 88 named allowances were drawn from a list of over 100 which were abolished for new entrants when the Government announced the outcome of its review of allowances in September 2012. The IMPACT Health and Welfare division is consulting with branches. Full details and documentation on this issue are available on the IMPACT website.

Pensions

A new and less favourable pension scheme for new entrants to the public service, which will mostly impact on those earning over €45,000 a year throughout their careers, was introduced in January 2011. The change will see new entrants’ pensions calculated on the basis of career average earnings instead of earnings at the time of retirement. Other changes will see pension increases linked to inflation rather than the pay of the grade from which pensioners retire, and a minimum retirement age of 68 for most new entrants.

Unions sought and secured more favourable terms for those earning less than €45,000 when the original proposals were subjected to a Labour Relations Commission process in 2010. This will substantially reduce the impact of the changes for those who spend a sizable part of their career earning less than €45,000. Unions also achieved other important changes to the original proposals. The Act that gave effect to the new scheme included a provision that would allow the minister to change the method of pension indexation for serving staff and current pensioners, although it was confirmed that there were no plans to implement this, at least during the lifetime of the Croke Park agreement. IMPACT and other unions have set out their strong opposition to any such change.

Travel and subsistence

Civil service general council reports 1504 and 1505 set out agreed travel and subsistence rates for the civil service, which are generally applied across the public service. In 2009, the rates were reduced by 25% through legislation. No formal review of the rates has taken place since June 2008 when unions lodged a claim to the civil service conciliation and arbitration scheme for the implementation of the agreed rates. The claim was processed as far as the arbitration stage. However, the unions judged that the arbitrator was unlikely to find in their favour in the current climate, particularly as the Government had imposed the cuts through legislation. Therefore, the unions proposed a joint informal review of travel and subsistence rates in accordance with the normal criteria, which take account of motoring costs, hotel costs and foreign travel. The first informal review concluded that there should be no increase in the travel and subsistence rates but it is anticipated that a further informal review will take place.

IMPACT scored a major victory when, at the end of 2011, the HSE reversed its decision to defer the reimbursement of transport costs incurred by its staff. The move came the day after the union wrote to health minister James Reilly urging him to instruct the HSE to think again. The Department of Health announced that travel and subsistence payments would be paid “when they fall due” after Dr Reilly met the HSE chief executive on the matter.
Annual leave

Standardised annual leave arrangements were introduced under the Croke Park agreement. Although they protect the great majority of staff from cuts in annual leave, no existing public servant has more than 32 days leave with effect from 2012. The cap falls to 30 days for new entrants and promoted staff. The change followed a Government initiative after controversy over employers’ plans to slash leave for all staff in local authorities. The local government proposal, which was successfully resisted by IMPACT, led to huge public controversy over high leave entitlements for some public servants.

Under the new arrangements leave allowances did not change for staff who had between 22 and 32 days leave a year. However, the 32-day ceiling comprises all leave including annual leave and ‘privilege days.’ Staff whose total leave exceeded 32 days saw their entitlement reduced to 32 days from 2012. Those who lost leave received a one-off ‘compensation’ of 1.5 times the leave lost. Where privilege days existed, they were subsumed into annual leave. Leave for local festivals was abolished in the few places it still existed, with those affected getting a one-off ‘compensation’ of 1.5 times the leave lost.

The HSE issued a circular on the new arrangements for new entrants and promoted staff. IMPACT and some of the other unions said this circular did not comply with the requirements set out in the Croke Park agreement. A conciliation conference took place in the Labour Relations Commission in December 2012. Circulars containing instructions about the application of the changes issued from local health service human resource (HR) departments. IMPACT and other unions objected to the circulars on the basis that the matter was still in procedure and that arrangements could not be altered until the process is completed. The staff panel, which represents all the unions, sought the withdrawal of the circulars and the maintenance of the status quo until the third party process was completed. The staff panel has also requested that the management write to HR departments advising them of this.

Concession days for allied health professional and other grades

An issue arose in a number of areas over the application of concession days for allied health professional and other grades. Management said these grades should not have received concession days, although people have been getting them for more than 20 years. IMPACT’s position is that, in line with their colleagues in administrative roles, health professionals should have their concession days added to their annual leave, subject to the maximum of 32 days. This dispute with the HSE was referred to the Labour Relations Commission, which held the first hearing in December 2012.

Sick leave

Significant cross-sectoral initiatives under the Croke Park agreement, which impacted on health staff, included the standardisation of sick leave. A binding Labour Court recommendation under Croke Park said that public servants who suffer long-term critical illness or serious physical injury would still be able to take six months paid sick leave, followed by six months on half pay, over a four-year period. IMPACT and other unions successfully argued against management proposals to cut this to six months full pay followed by three months half pay. Unions also successfully resisted management plans to limit the arrangement to a single critical illness or serious injury in a public servant’s career. But the new arrangements halved paid sick leave limits for non-critical illnesses to three months on full pay, followed by three months on half pay in any four-year period. There were also changes to uncertified sick leave arrangements.

IMPACT and other unions challenged a management circular on the implementation of the changes as the circular was not discussed or agreed with unions and did not go through the correct process. Unions are advising members that they are not obliged to comply with the form attached to the circular. The HSE told management teams that the form was only a sample form and that employee’s do not have to provide specific details of illnesses. This issue was raised at the National Joint Council and management has been instructed to meet with unions as a matter of urgency. IMPACT has advised members to raise any difficulties with their local branch or union official.
IMPACT
Health and Welfare Division

Regularisation of acting positions

IMPACT and the other health unions have been involved with HSE management to roll out the regularisation of acting from clerical-administrative to all other grades, including management grades. The two sides reached agreement on the terms of reference for carrying out such a process at a meeting in the Labour Relations Commission. But management continued to insist that it would only apply up to the first promotional grade within the structure, or the equivalent of the grade VII salary. Management are compiling a ‘business case’ for the Department of Public Expenditure and Reform, which will seek sanction to regularise people who have been acting for more than two years. People with less than two years acting would not be regularised under this approach. Again, the unions are insisting that regularisation must be rolled out to all grades where people are currently acting.

During the negotiations on a possible extension to the Croke Park agreement, IMPACT received a letter which said that, if the package is accepted, the Labour Relations Commission document on the regularisation of acting positions in health would be amended to remove the existing salary cap. It will then be implemented “in a cost neutral manner” for staff who are members of unions that are party to the agreement. IMPACT raised the issue of regularisation for non-HSE employees and it was agreed to revisit this when the HSE process is finalised.

Statutory registration of health and social care professionals

IMPACT has put new arrangements in place to provide full support for health and social care professions in ‘fitness to practice’ cases arising from the introduction of statutory registration. From summer 2013, social workers will have to be registered in order to practice in the Republic of Ireland. Over the coming years, the same arrangements will be rolled out for clinical biochemists, chiropodists/podiatrists, clinical nutritionists/dietitians, occupational therapists, orthoptists, physiotherapists, psychologists, social workers, social care professionals, speech and language therapists.

Statutory registration will bring new standards of professional conduct and methods of investigation.

IMPACT has put a package in place to ensure its members are guaranteed all necessary legal advice and representation in fitness to practice situations. At local level, negotiators will be there to provide moral and practical support and to assist with the preparation of cases, which IMPACT will channel through a legally-trained and qualified official. Where necessary, the union will arrange and pay for legal representation at fitness to practice hearings. If an important professional principle arises in a particular case, the union will consider the possibility of an appeal to the High Court, which is the highest level that a case can go to under the legislation. To ensure that IMPACT members can enjoy this extra security the union has made an insurance arrangement to deal with the costs involved.

IMPACT has also campaigned strongly for a reduction in the proposed €295 annual registration fee, which is far higher than similar charges for nurses and teachers. The union advised social workers – the first group required to register – to postpone register their registration. During the negotiations on a possible extension of the Croke Park agreement IMPACT won a commitment that the fee would be reduced to €100 if the package was accepted in a ballot. CORU, the organisation tasked with administering statutory registration, subsequently confirmed that it would accept a €100 fee from social workers, but said this would go back up to €295 if the Croke Park extension was rejected. IMPACT subsequently advised social workers to register.

IMPACT raised other issues and, as a result, the requirement to have a solicitor verify documents and submit projects for assessment were withdrawn.

Garda vetting

IMPACT agreed a voluntary Garda vetting scheme for many members who are not working in childcare areas. There have been some attempts by management to compel people to be vetted and IMPACT has advised members to raise any such problems with their branch or union official.

Sleepover arrangements

IMPACT sought a meeting with HSE management in relation to the application of sleepover arrangements in the HSE and the wider health area. IMPACT has argued that arrangements that do not comply with the Organisation of Working Time Act are in place in a number of areas. The union has also raised issues about the payment of sleepover rates. A meeting took place in February 2013 but no progress was made. IMPACT and SIPTU have now referred the issue to the Labour Relations Commission.

Outsourcing

IMPACT and other unions have experienced some difficulties with the HSE and other health service management who fail to comply with the outsourcing procedures set out in the Croke Park agreement. In 2011, it was agreed at the Labour Relations Commission that management would draw up a protocol for circulation within health, setting out the steps that should be followed in outsourcing situations. It had not appeared as this report went to print. Management recently
presented unions with a separate document, which seeks to go further than the Croke Park provisions on outsourcing. The unions have rejected this.

IMPACT mounted opposition to HSE pans to outsource its payroll systems. The union says there would be no savings from outsourcing and says the HSE has failed to fully explore other cost-saving options for improving its payroll operations. The union said it would use the Croke Park agreement’s outsourcing procedures to resist HSE plans.

IMPACT established a national representative forum for payroll staff concerned and branches received a number of information circulars from the union, which is seeking independent expert assistance with its response, and with the development of an alternative shared service model which can be delivered in-house. The union has had only minor engagement with management on this issue and had only just received its ‘business case’ as this report went to print. During the negotiations on a possible extension of the Croke Park agreement, the Department of Health and Children produced a letter to confirm that “the concept of shared services will be the preferred option, eg in HR, payroll and other such areas” if new Croke Park provisions were accepted. This would significantly strengthen the union’s hand on the outsourcing issue.

Internships and the JobBridge scheme

Discussions between unions and the HSE took place about a protocol for the JobBridge scheme. The intention of the internship scheme is to give individuals expertise, not to replace existing staff. Documentation that sets out the parameters under which the internship scheme should operate has been circulated to branches. It stresses that interns cannot be used to fill existing vacancies or to replace staff on maternity or sick leave. IMPACT has urged branches to monitor internships and ensure they comply with the terms as set out in the circular.

Performance management

HSE management has indicated its intention to roll out a performance management system in accordance with the Croke Park agreement. In the first instance this will apply to staff at grade VIII level and above across the clinical, administrative and analogous grades. IMPACT has expressed a number of concerns about the proposed scheme. There will be training for the affected grades. There will be a review the above scheme after 12 months to see if it is suitable to roll out to other grades.

Paternity and marriage leave

Agreement has been reached to roll out paternity leave and marriage leave to qualifying same sex couples.

Procurement

National discussions about the roll-out of management proposals for the reconfiguration of logistics and inventory management are underway. The proposal would see the establishment of a national distribution centre supported by nine regional hubs and the implementation of point-of-use customer support. Management has committed to ongoing local engagement and agreed that management and IMPACT should jointly address any staff consequences in a constructive and prompt manner. The review of the category specialist and area business lead roles provided for in the procurement agreement has been completed and the final report is awaited.

Internal audit

The public appointment service is examining a proposal to fill the agreed internal audit structure. Outstanding differences between the parties have been referred to the Labour Court under the Croke Park agreement.

Succession management

A pilot scheme on succession management for grade VIII and above is being run in the north east. The programme involves group training, individual mentoring and project work. An IMPACT representative sits on the oversight group and a review is to be carried out. Once the review is carried out, the feasibility of rolling the scheme out nationally will be considered. Management has also advised that they are opening up the existing skills management programme to grades III and IV and look at how to meet the training needs of grades V, VI and VII.

Appeals under Croke Park

Minor amendments to individual appeals procedure under the Croke Park agreement were agreed by HSE management and staff panel unions. Documentation is expected to issue after HSE consultation with non-staff panel unions.
Vocational groups, grades and professions

Allied health professionals

This group includes biochemists, dietitians, occupational therapists, orthoptists, podiatrists, physiotherapists, psychologists, social workers, social care workers and speech and language therapists. The vocational groups have been extraordinarily active in the past two years. Many of the groups have been reinvigorated and have the active involvement of their members. The introduction of statutory registration, which is an issue for all the groups, is covered earlier in this report. The two-tier pay structure, which sees lower pay for those who enter the public service after January 2011, is also a common issue, which was addressed positively as part of the negotiations on a possible extension to the Croke Park agreement. IMPACT has been pursuing this matter on behalf of psychologists in the Labour Relations Commission.

IMPACT met Roisin Shorthall, Minister of State with responsibility for primary care, before she resigned. The union raised concerns about unfilled health and social care posts, funding levels and cuts in primary care areas including the provision of home help packages and home help services. The minister confirmed that a certain number of posts had been identified to be filled.

Just as this report went to print, IMPACT welcomed the announcement of new health professional posts in speech therapy (47 posts), occupational therapy (51) and physiotherapy (46). However, the union is continuing to put pressure on the Department of Health for additional dietitian, social work and podiatry posts.

In 2011, IMPACT welcomed new national guidelines to protect children against abuse and neglect. The ‘Children First 2011’ guidelines are to be put on a statutory basis, setting out specific protocols for HSE social workers, Gardaí and other frontline staff.

A number of meetings have taken place both with the HSE and Department of Health on grade specific matters.

Clinical measurement

Discussions on the McHugh report are ongoing.

Environmental health

Proposals for the reconfiguration of the environmental health service are overdue. IMPACT has told management there must be proper engagement on the staff consequences of any reconfiguration. There are continuing concerns about how a regularisation of acting positions might be implemented as the environmental health officers’ vocational group has a policy of fair selection for any promotional opportunity. There has been engagement with management on this issue, the lack of a transfer policy, the FSAI position on food inspection issues, and the impact of the new Children and Families Agency on the environmental health service.

Family support workers

The family support workers’ vocational group has been reactivated and is now involved in a working group to look at the role, management structure and distribution of posts across the country. One key issue for the group is their status within the employment. It is hoped that an interim report will be produced in six months.

Hospital pharmacy

There is continued national engagement on the hospital pharmacy review. Job descriptions for the new structure are completed, as recommended by the review. Measures to enable the dispensing of Hepatitis C medications solely through the hospital pharmacy service have been agreed.

Mental health

Additional staff are to be recruited on foot of the ‘A vision for change’ mental health strategy. Discussions on various issues are underway.

Audiology

National discussions on the national audiology review are ongoing. A national clinical lead has been appointed. Regional clinical leads appointments are next on the agenda. The roll-out of the neo-natal screening continues.
Psychologists

IMPACT met Frances Fitzgerald and Mr Alex Whyte, respectively Minister for Children and Families and Minister for Primary Care, to resolve a serious dispute about the possible impact on primary care services should the new Children and Family Agency split psychology services between primary care and children and families. A sub-group, with representation from the HSE and the new agency, is investigating the matter.
Although most staff in the sector aren’t covered by the Croke Park agreement, IMPACT has worked to minimise the impact of funding cuts on services and pay, including through the negotiation of changed work practices in a number of organisations. IMPACT was among the unions that established a new ICTU Community Sector Committee in 2011. The committee has been playing a role in coordinating campaigns and interactions with government. IMPACT is coordinating its approach with the full involvement of branches that represent workers in the sector.

IMPACT continues to deal with funding issues in individual organisations throughout the sector, negotiating on behalf of members to reduce the impact of cuts.

A second report by independent researcher Brian Harvey, which was commissioned by the ICTU committee with support from IMPACT and Siptu, found that the community and voluntary sector has suffered a 35% contraction, which will result in an estimated 11,000 job losses by the end of 2013. Mr Harvey estimates that a further 5,500 jobs will go from the sector by the end of 2015. The first Harvey report, commissioned and published by the Boards and Voluntary Agencies branch of IMPACT in 2010, estimated a loss of 5,000 jobs at the end of that year, which was 10% of the sector’s workforce.

Harvey found that most organisations have tried to absorb cuts, with staff in most organisations suffering reduced working hours or pay cuts similar to the 2009 public service reductions. His reports criticised the arbitrary nature of funding cuts and said the level of contraction went beyond what has happened elsewhere in Europe.

IMPACT and other unions met senior Government officials in January 2012 to highlight the severe funding and service issues faced by community sector organisations. The unions raised issues of funding cuts and outstanding agreements within the community and voluntary sector. These included supervisory costs in community employment schemes, the integration of partnership bodies with local authorities, Pobal funding reductions, community training centres and other issues. The forum continues to meet.
Appendices
Appendix one: salary scales

Figures current 1st January 2010 unless otherwise indicated

**Clerical/administrative**

**Clerical Officer**

Grade IV

Grade V
40,209 - 41,522 - 42,834 - 44,146 - 45,458 - 46,980 - 48,496

Grade VI

Grade VII

**Chefs**

**Cook Trainee**
18,455 - 20,811 - 23,147

**Chef, Grade II (with a qualification)**

**Chef, Grade II (without a qualification)**
25,158 - 26,010 - 26,801 - 27,656

**Chef, Grade I**

**Chef, Senior**

**Chef, Executive**

**Community Welfare**

**Community Welfare Officer**

1 = After three years service at the maximum.
2 = After six years service at the maximum.
3 = After nine years service at the maximum.

These scales do not include the imposed ‘public service’ levy introduced in 2009, but do reflect reduced pay rates introduced in 2010.

Pay Scales for new entrants to certain grades were reduced by a further 10% from 1st January 2011. See www.impact.ie for more information.
After three years service at the maximum.
After six years service at the maximum.
After nine years service at the maximum.

These scales do not include the imposed 'public service' levy introduced in 2009, but do reflect reduced pay rates introduced in 2010.

Pay Scales for new entrants to certain grades were reduced by a further 10% from 1st January 2011. See www.impact.ie for more information.

<table>
<thead>
<tr>
<th>General Grades</th>
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<tbody>
<tr>
<td>Dental Nurse (formerly dental surgery assistant with qualification)</td>
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<tr>
<td>Dental Surgery Assistant (without qualification)</td>
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<tr>
<td>24,076 - 25,121 - 25,993 - 26,861 - 28,097</td>
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<tr>
<td>Dental Nurse Senior</td>
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<td>Fire Prevention Officer</td>
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<tr>
<td>Home Help Organiser</td>
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<tr>
<td>Home Helps (pay path)</td>
</tr>
<tr>
<td>Home Helps (non-pay path)</td>
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<tr>
<td>Nursery Nurse</td>
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<tr>
<td>Supplies Officers</td>
</tr>
</tbody>
</table>

| Supplies Officer Grade D |
| Supplies Officer Grade C |
| Supplies Officer Grade B |
| Supplies Officer Grade A |

| Supplies Officers |

| Technical Services Officers |

| Assistant Technical Services Officer |
| Senior Assistant Technical Services Officer |
| Chief Assistant Technical Services Officer |
| 62,275 - 64,217 - 66,143 - 68,036 - 69,934 - 71,824 - 73,705 - 75,167 - 78,501 |
| Technical Services Officer |

1 = After three years service at the maximum.
2 = After six years service at the maximum.
3 = After nine years service at the maximum.

These scales do not include the imposed ‘public service’ levy introduced in 2009, but do reflect reduced pay rates introduced in 2010.

Pay Scales for new entrants to certain grades were reduced by a further 10% from 1st January 2011. See www.impact.ie for more information.
Dual Qualified Nurse
34,100 - 36,312 - 37,492 - 38,399 - 39,400 - 40,731 - 42,028 - 43,938 - 45,271

Senior Staff Nurse (dual qualified)
47,497

Clinical Nurse Manager 1

Clinical Nurse Manager 2 / Clinical Nurse Specialist

Clinical Nurse Manager 3
54,336 - 55,430 - 58,199 - 59,288 - 60,382 - 61,491

Clinical Instructor
49,176 - 50,589 - 51,705 - 52,829 - 54,042 - 55,262 - 56,480 - 57,697

Nurse Tutor

Principal Nurse Tutor

Student Public Health Nurse
31,504

Public Health Nurse

Assistant Director of Public Health Nursing
54,339 - 57,190 - 58,629 - 59,780 - 60,943 - 62,535

Director of Public Health Nursing
71,978 - 74,084 - 76,197 - 78,309 - 80,419 - 82,532

Assistant Director of Nursing (band 1 hospitals)
54,870 - 55,952 - 56,996 - 60,201 - 61,210 - 62,382 - 63,477 - 64,566 - 66,853

Assistant Director of Nursing (all other hospitals)

Director of Nursing Band 1
73,106 - 75,069 - 77,035 - 78,995 - 80,956 - 82,925 - 84,885

Director of Nursing Band 2
68,940 - 70,811 - 72,686 - 74,554 - 76,433 - 78,306 - 80,180

Director of Nursing Band 2A
73,232 - 74,539 - 75,849 - 77,154 - 78,465 - 79,769 - 81,078

Director of Nursing Band 3

Director of Nursing Band 4
59,410 - 61,238 - 63,060 - 64,890 - 66,688 - 68,462 - 70,232

Director of Nursing Band 5
55,513 - 56,737 - 57,959 - 59,178 - 60,399 - 61,626 - 62,849

Health and Social Care Professionals

Analytical Chemist, Executive Without Branch E Cert

Analytical Chemist, Executive (Advanced practitioner)

Audiologist

Audiologist, Senior
41,808 - 43,484 - 44,563 - 45,792 - 47,043 - 48,321

Audiologist, Chief

Biochemist

1 = After three years service at the maximum.
2 = After six years service at the maximum.
3 = After nine years service at the maximum.

These scales do not include the imposed ‘public service’ levy introduced in 2009, but do reflect reduced pay rates introduced in 2010.

Pay Scales for new entrants to certain grades were reduced by a further 10% from 1st January 2011. See www.impact.ie for more information.
<table>
<thead>
<tr>
<th>Position</th>
<th>Base</th>
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<td>57,474</td>
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<td>61,968</td>
<td>64,210</td>
<td>66,489</td>
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<td>104,615</td>
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<td>38,273</td>
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<td>42,931</td>
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<td><strong>Cardiac Catherisation Technician, Senior</strong></td>
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<td>49,498</td>
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<td><strong>Dietitian, Senior</strong></td>
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<td>69,400</td>
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<tr>
<td><strong>Dietician Manager-in-Charge III</strong></td>
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<td><strong>Dosimetrist</strong></td>
<td>36,128</td>
<td>37,826</td>
<td>39,409</td>
<td>41,186</td>
<td>42,586</td>
<td>43,954</td>
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<td><strong>Dosimetrist, Senior</strong></td>
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<tr>
<td><strong>ECG Technician (with a formal qualification)</strong></td>
<td>27,992</td>
<td>28,564</td>
<td>29,183</td>
<td>30,869</td>
<td>31,863</td>
<td>32,850</td>
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1 = After three years service at the maximum.
2 = After six years service at the maximum.
3 = After nine years service at the maximum.

These scales do not include the imposed ‘public service’ levy introduced in 2009, but do reflect reduced pay rates introduced in 2010.

Pay Scales for new entrants to certain grades were reduced by a further 10% from 1st January 2011. See www.impact.ie for more information.
ECG Technician (without a formal qualification)
27,992 - 28,564 - 29,183 - 30,869 - 31,863 - 32,850 - 33,933

ECG Technician, Senior

ECG Technician, Chief I
38,100 - 38,933 - 40,015 - 41,075 - 42,319 - 44,496 - 46,655

ECG Technician, Chief II

Environmental Health Officer

Environmental Health Officer, Senior

Environmental Health Officer, Principal

Medical Scientist

Medical Scientist, Senior [without FAMLS]
47,979 - 50,189 - 52,150 - 54,156 - 56,222

Medical Scientist, Senior [with FAMLS]
47,979 - 50,189 - 52,150 - 54,156 - 56,222 - 58,253 - 60,344 - 62,414 - 64,500

Specialist Medical Scientist

Medical scientist, Chief
58,683 - 61,347 - 63,690 - 66,029 - 68,365 - 70,655 - 73,005 - 75,283 - 77,575

Neuropsychological Measurement Technician

Neuropsychological Measurement Technician, Senior

Neuropsychological Measurement Technician, Chief I

Neuropsychological Measurement Technician, Chief II

Occupational Therapist

Occupational Therapist, Senior

Occupational Therapist, Clinical Specialist
55,564 - 56,654 - 57,776 - 58,893 - 60,006 - 61,180 - 62,415 - 63,648 - 64,638

Occupational Therapist, Manager
60,641 - 62,858 - 65,072 - 67,242 - 69,400 - 71,559 - 73,713

Occupational Therapist, Manager-in-charge III
71,169 - 72,293 - 73,414 - 74,597 - 75,840 - 77,082 - 78,077

Orthoptist

Orthoptist, Senior

Pathology Technician, Basic

Pathology Technician, Senior

Pharmaceutical Technician Student
24,550 - 25,494 - 26,439

1 = After three years service at the maximum.
2 = After six years service at the maximum.
3 = After nine years service at the maximum.

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Pay Scales for new entrants to certain grades were reduced by a further 10% from 1st January 2011. See www.impact.ie for more information.
<table>
<thead>
<tr>
<th>Position</th>
<th>2011-2013 Pay Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmaceutical Technician, Senior</td>
<td>42,862 - 43,797 - 44,733 - 45,669 - 46,605 - 47,542</td>
</tr>
<tr>
<td>Pharmacy Student</td>
<td>24,031</td>
</tr>
<tr>
<td>Pharmacist, Chief I</td>
<td>75,739 - 79,212 - 80,573 - 82,456 - 84,544 - 86,674</td>
</tr>
<tr>
<td>Phlebotomist Trainee</td>
<td>18,648</td>
</tr>
<tr>
<td>Phlebotomist</td>
<td>30,392 - 32,602 - 33,511 - 34,980 - 36,457 - 37,971 - 38,716</td>
</tr>
<tr>
<td>Phlebotomist, Senior</td>
<td>33,701 - 35,605 - 37,239 - 38,933 - 40,620 - 42,363</td>
</tr>
<tr>
<td>Physiotherapist, Clinical Specialist</td>
<td>55,564 - 56,654 - 57,776 - 58,893 - 60,006 - 61,180 - 62,415 - 63,648 - 64,638</td>
</tr>
</tbody>
</table>

Physiotherapist, Manager                      | 60,641 - 62,858 - 65,072 - 67,242 - 69,400 - 71,559 - 73,713 |
Physiotherapist Manager-In-Charge III         | 71,169 - 72,293 - 73,414 - 74,597 - 75,840 - 77,082 - 78,077 |
Physician, Principal                          | 76,277 - 81,569 - 86,954 - 92,390 - 97,420 - 100,460 - 103,496 |
Physician, Chief                              | 97,969 - 100,757 - 103,547 - 105,821 - 109,129 - 112,432 |
Play Specialist, Senior                       | 48,664 - 49,881 - 51,190 - 52,688 - 53,998 - 55,224 - 56,328 - 57,079 |
Psychologist, Trainee Clinical (pre 2006)     | 40,866 - 42,757 - 44,630                                 |
Psychologist, Senior Clinical                 | 78,344 - 80,146 - 81,964 - 83,771 - 85,565 - 86,253 - 88,949 - 91,649 |

1 = After three years service at the maximum.  
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<table>
<thead>
<tr>
<th>Position</th>
<th>Salary Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychologist, Principal Clinical</td>
<td>91,015 - 93,135 - 95,260 - 97,369 - 98,960 - 102,036* - 105,112*</td>
</tr>
<tr>
<td>Director of Psychology</td>
<td>98,959 - 101,332 - 103,708 - 106,081 - 107,875 - 111,236* - 114,597*</td>
</tr>
<tr>
<td>Clinical Specialist Radiographer</td>
<td>49,591 - 52,162 - 54,345 - 56,530 - 58,758</td>
</tr>
<tr>
<td>Radiographer Service Manager I</td>
<td>51,484 - 54,324 - 56,733 - 59,165 - 61,644</td>
</tr>
<tr>
<td>Radiography Service Manager II</td>
<td>56,177 - 58,842 - 62,495 - 66,187 - 69,852</td>
</tr>
<tr>
<td>Regional Public Analyst, Deputy Without</td>
<td>64,556 - 66,176 - 67,741 - 69,352 - 70,916 - 72,513 - 74,824* - 77,210*</td>
</tr>
<tr>
<td>Branch E Cert</td>
<td></td>
</tr>
<tr>
<td>Regional Public Analyst, Deputy With</td>
<td>69,745 - 71,125 - 72,501 - 73,902 - 75,275 - 76,663 - 79,105* - 81,633*</td>
</tr>
<tr>
<td>Branch E Cert</td>
<td></td>
</tr>
<tr>
<td>Regional Public Analyst</td>
<td>80,890 - 82,638 - 84,369 - 86,114 - 87,859 - 90,678* - 93,587*</td>
</tr>
<tr>
<td>Respiratory Technician</td>
<td>37,466 - 38,273 - 39,168 - 41,511 - 42,931 - 44,355 - 47,866* - 51,320*</td>
</tr>
<tr>
<td>Respiratory Technician, Chief I</td>
<td>46,521 - 47,507 - 48,817 - 50,088 - 51,360 - 52,619 - 55,874* - 59,194*</td>
</tr>
</tbody>
</table>

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2 = After six years service at the maximum.  
3 = After nine years service at the maximum.  

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Pay Scales for new entrants to certain grades were reduced by a further 10% from 1st January 2011. See www.impact.ie for more information.
<table>
<thead>
<tr>
<th>Position</th>
<th>Pay Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech and Language Therapist, Clinical Specialist</td>
<td>55,564 - 56,654 - 57,776 - 58,893 - 60,006 - 61,180 - 62,415 - 63,648 - 64,638</td>
</tr>
<tr>
<td>Speech and Language Therapist, Manager</td>
<td>60,640 - 62,859 - 65,072 - 67,243 - 69,400 - 71,559 - 73,714</td>
</tr>
<tr>
<td>Speech and Language Therapist Manager III</td>
<td>71,169 - 72,293 - 73,414 - 74,597 - 75,840 - 77,082 - 78,077</td>
</tr>
<tr>
<td>Chief Executive Officer - HSE Midland Area, Mid-Western Area, North Eastern Area, North Western Area, Programme Managers from EHRA, Chief Executive Beaumont, St. James, St. Vincent's, Mater, Adelaide and Meath (inc NCH) hospital, General Manager University College Hospital Cork, University College Hospital Galway, Programme Managers (formerly EHB)</td>
<td>145,959</td>
</tr>
<tr>
<td>Grade VIII, Financial Accountant, Management Accountant, Internal Auditor Health Boards</td>
<td>64,812 - 66,403 - 68,904 - 71,413 - 73,903 - 76,404 - 78,689</td>
</tr>
<tr>
<td>Functional Officer (formerly EHB)</td>
<td>69,181 - 70,867 - 73,534 - 76,221 - 78,886 - 81,558 - 84,219</td>
</tr>
<tr>
<td>Deputy General Manager - Cork University Hospital and Galway Regional</td>
<td>84,026 - 87,650 - 91,272 - 94,897 - 98,519 - 102,143</td>
</tr>
<tr>
<td>Technical Services Manager - St Vincent's Hospital</td>
<td>53,489 - 55,021 - 56,582 - 58,110 - 59,676 - 61,216</td>
</tr>
<tr>
<td>Engineering Officers (formerly EHB), Mater, St. James's, Tallaght, Beaumont and Crumlin</td>
<td>51,293 - 53,513 - 54,782 - 56,012 - 57,234 - 59,322' - 61,415'</td>
</tr>
<tr>
<td>Chief Ambulance Officers (formerly EHB)</td>
<td>61,940 - 63,925 - 65,916 - 67,870 - 69,810 - 71,850</td>
</tr>
<tr>
<td>Chief Ambulance Officers - (HSE NON-EASTERN REGIONAL AREA) [HEALTH AREAS]</td>
<td>64,812 - 66,403 - 68,904 - 71,413 - 73,903 - 76,404 - 78,689</td>
</tr>
<tr>
<td>Child Care Manager (where parity exists) (formerly non-EHB)</td>
<td>69,181 - 70,867 - 73,534 - 76,221 - 78,886 - 81,558 - 84,219</td>
</tr>
<tr>
<td>Chief Executive/Secretary Managers (voluntary hospitals) Group 1</td>
<td>86,600 - 90,339 - 94,076 - 97,814 - 101,551 - 105,290</td>
</tr>
<tr>
<td>Chief Executive/Secretary Managers (voluntary hospitals) Group 2</td>
<td>64,812 - 66,403 - 68,904 - 71,413 - 73,903 - 76,404 - 78,689</td>
</tr>
</tbody>
</table>

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3 = After nine years service at the maximum.  

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Appendix two: travel and subsistence rates

Motor Mileage Rates

**Scale A**

<table>
<thead>
<tr>
<th>Official Motor travel</th>
<th>Engine capacity</th>
<th>Engine capacity</th>
<th>Engine capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>in a calendar year</td>
<td>up to 1200cc</td>
<td>1201 to 1500cc</td>
<td>1501cc and over</td>
</tr>
<tr>
<td>cent</td>
<td>cent</td>
<td>cent</td>
<td>cent</td>
</tr>
<tr>
<td>up to 6,437km</td>
<td>40.11</td>
<td>47.82</td>
<td>60.88</td>
</tr>
<tr>
<td>6,438km and over</td>
<td>21.70</td>
<td>24.33</td>
<td>29.43</td>
</tr>
</tbody>
</table>

**Rates per mile effective from 12th March 2009**

<table>
<thead>
<tr>
<th>Official Motor travel</th>
<th>Engine capacity</th>
<th>Engine capacity</th>
<th>Engine capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>in a calendar year</td>
<td>up to 1200cc</td>
<td>1201 to 1500cc</td>
<td>1501cc and over</td>
</tr>
<tr>
<td>cent</td>
<td>cent</td>
<td>cent</td>
<td>cent</td>
</tr>
<tr>
<td>up to 4,000 miles</td>
<td>64.54</td>
<td>76.94</td>
<td>97.95</td>
</tr>
<tr>
<td>4,001 miles and over</td>
<td>34.91</td>
<td>39.14</td>
<td>47.36</td>
</tr>
</tbody>
</table>

Motor Cycle Allowance

**Rates per mile effective from 12th March 2009**

<table>
<thead>
<tr>
<th>Official motor Travel in Calendar year</th>
<th>Engine capacity up to 150cc</th>
<th>Engine capacity 151cc to 250cc</th>
<th>Engine capacity 251cc to 600cc</th>
<th>Engine capacity 601cc and over</th>
</tr>
</thead>
<tbody>
<tr>
<td>up to 4,000 miles</td>
<td>23.29</td>
<td>32.34</td>
<td>38.16</td>
<td>46.01</td>
</tr>
<tr>
<td>4,001 miles and over</td>
<td>15.07</td>
<td>21.42</td>
<td>24.61</td>
<td>28.31</td>
</tr>
</tbody>
</table>

**Rates per kilometre effective from 12th March 2009**

<table>
<thead>
<tr>
<th>Official motor Travel in Calendar year</th>
<th>Engine capacity up to 150cc</th>
<th>Engine capacity 151cc to 250cc</th>
<th>Engine capacity 251cc to 600cc</th>
<th>Engine capacity 601cc and over</th>
</tr>
</thead>
<tbody>
<tr>
<td>up to 6,437 km</td>
<td>14.48</td>
<td>20.10</td>
<td>23.72</td>
<td>28.59</td>
</tr>
<tr>
<td>6,438km and over</td>
<td>9.37</td>
<td>13.31</td>
<td>15.29</td>
<td>17.60</td>
</tr>
</tbody>
</table>

Domestic subsistence rates

**Effective 12th March 2009**

<table>
<thead>
<tr>
<th>Class of Allowances</th>
<th>Normal Rate</th>
<th>Reduced Rate</th>
<th>Detention Rate</th>
<th>10 hours or more</th>
<th>5 hours but less than 10 hrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>A’</td>
<td>108.99</td>
<td>100.48</td>
<td>54.48</td>
<td>33.61</td>
<td>13.71</td>
</tr>
<tr>
<td>B’</td>
<td>107.69</td>
<td>92.11</td>
<td>53.87</td>
<td>33.61</td>
<td>13.71</td>
</tr>
</tbody>
</table>

1 Salary of €55,780 and above
2 Salary of €55,779.99 and below
DUBLIN
Nerney’s Court, Dublin 1.
Phone: 01-817-1500  Fax: 01-817-1501/2/3. Email: info@impact.ie

CORK
Father Matthew Quay, Cork.
Phone: 021-425-5210  Fax: 021-494-4682. Email: impactcork@impact.ie

GALWAY
Unit 23, Sean Mulvoy Business Park, Sean Mulvoy Road, Galway.
Phone: 091-778-031  Fax: 091-778-026. Email: impactgalway@impact.ie

SLIGO
51 John Street, Sligo.
Phone: 071-914-2400  Fax: 071-914-1365. Email: impactsligo@impact.ie

www.impact.ie