



Pay and Numbers Strategy 2024

HSE Board Briefing

26th July 2024

Pay and Numbers Strategy Overall Agreement

- Background – **unprecedented growth** in our staffing and funding investment in recent years, with a total net growth across DoH Services of **+25.4%** equating to a net additional WTE of **+25,785**
- This **growth includes** that of the pre-registration nursing and midwifery student nurses of +604 WTE in 2024 alongside a further +1,023 WTE arising from the new Section 38 Agencies;
- Importantly, within this overall growth, it also included a level of **unfunded recruitment** in 2023 of over 2,000 posts, along with the recruitment and retention of 2,000 WTE temporary COVID-19 posts.
- This equates to a combined 'unfunded' level of over **4,000 posts retained** in our services
- Given this level of unfunded growth, the introduction of a **recruitment pause** was necessary in an effort to reduce further unfunded growth – in May for Management and Administrative Grades and all other Grades from November (with exemptions)- notable the first impact on our staff Census was not reported until **May 2024** with a reduction of just over 200 WTE
- As our next step, the **only sustainable means forward** for the HSE and to avoid blanket pause interventions was to have a reset and introduce a new PNS.
- This has now been approved and with additional Government support we will now retain as funded those 4,000 posts.
- The reset position has a core set of **guiding principles** as follows



Guiding Principles for Implementation

- **Performance WTE** will be that set at the level of **129,753 WTE** with the portion of same allocated across the Regions, National Services and Schemes and National Corporate Centre by the 15th July for those as known and allocated at that time along with Spend Limits
- This will be the **Maximum up to WTE Limit and Spend Targets** that the Regions and National Services will be responsible for managing
- Managing **within** the WTE and Pay spend Limits will be the **absolute deliverable**
- ***What this means in practical terms***
 - All positions **occupied and reported on Census WTE** outturn at 31st December 2023, are **funded** – this is effectively the opening/ starting WTE position
 - **Vacant positions** at Dec 31st are **not included** and therefore any posts unfilled at this date, fall to be **comprehended within the 2024 WTE** opening Limit at December 31st 2023
 - **Beyond** the WTE at December, the **only Net WTE growth** available is for the filling of;
 - New Service Developments
 - Agency Conversion



Guiding Principles for Implementation

- Growth **outside** of these approved categories is effectively '**unapproved**' that will need to be **rolled back** to ensure management within the WTE Limit
- **All services have been advised to undertake the following steps:**
 - Immediately proceed to obtain **full visibility** on all current / potential **contracting** across their services to understand;
 - Volume of posts (WTE) contractually obligated (offered and accepted) not yet onboarded and when due to onboard (projection) – to include International recruitment; graduate nurses and midwives 2024; consultants contracted with future start date; etc
 - Volume of posts in recruitment (WTE) – not yet contracted – may need to action to phase onboarding / pause - to include International recruitment
 - Derogation approvals received through the CEO process, for which have either onboarded after December 31st or are in recruitment – the latter will require decision to either pause/ phase recruitment timeframe and the former will require management within the overall WTE limit, where the service is in excess of the December WTE limit **excluding** the **allowable** WTE growth
- Obtain data on **further WTE** potentially to be comprehended such as
 - Any employee due to return to work who are on any type of **unpaid leave including:**
 - Current **Maternity** leave rates and current figures of unpaid maternity leave WTE to assess maternity onboarding and offboarding projection
 - **Career break** returnees and Long Term Sick Absence (unpaid) returnees – to manage return within the available WTE limit (likely small volume overall)



Guiding Principles for Implementation

- **Implementation Controls - Recruitment Approvals Process**

- **Stage 1**

- Approval to initiate the recruitment process - up to point of **pre-offer**

- **Stage 2**

- Approval to enter into a contract of employment - proceed to **issue an offer (to contract)**

- **Stage 3**

- Approval to admit onto **payroll**



- Those with the Authority to approve the above include only

- REOs (6)
 - National Director National Services and Schemes
 - CPO (Centre) and CFO (Centre)
 - CEO

Decisions Register

- The above will require reporting via a ***Decisions Register*** currently in development for issue week commencing 22nd July



Guiding Principles for Implementation

- The WTE limit opening position is that at December 31st, and is provided at **Staff Category level**.
- However, there is **flexibility** for REOs and national services, in managing their workforces, to reprioritise positions as deemed necessary to support safe effective service delivery;
 - For example a filled and funded position in a staff category as at December 31st arising as a vacancy in August 2024, where the overall position of the service is within the WTE limit, may be replaced by an **alternative post** in a **different staff category** at the discretion of the REO/ ND/ CPO/ CFO/ CEO
 - This however, must be managed within a **reasonable range** and underpinned by sound rationale to enhance/ protect safe effective and efficient care, that ensures appropriate proportions / workforce mix across the staff categories – monitoring of overall staff category percentage % as a total of overall workforce alongside overall staff category percentage of net WTE growth is an advised approach as a monitoring tool



Approach to WTE Limit Reset

Opening WTE at December 2023		125,420	
Pay and Numbers Strategy WTE Breakdown			
Initiative/ Source	WTE	Cumulative WTE Totals	Cumulative Census WTE
New Section 38 Agencies Ceiling Adjustment	1023	1023	126,443
Subtotal New Section 38 Agencies			126,443
2024 New Service Developments	1850	2873	128,293
2024 New Service Developments (Rev €92m	500	3373	128,793
Subtotal Developments	2350	3373	128,793
Agency Conversion Safe Nurse Staffing	418	3791	129,211
Agency Conversion Balance of €80m NSP 2024	542	4333	129,753
Subtotal Agency Conversion	960	4333	129,753
Subtotal Developments and Agency Converison	3310		
Subtotal New Section 38 + Developments and Agency Conversion		4333	129,753
CHI Developments (2 yrs)	36	4369	129,789
RSV Programme	40	4409	129,829
Subtotal Temporary Developments	76	4409	129,829
Pre Reg Nursing and Midwifery Students	604		
Total			130,433

- Based on the closing position of December 31st 2023 at **125,420 WTE (occupied paid positions)** the approved WTE Limit will be as follows: **125,420 WTE plus**
- **1,850 WTE** posts new developments 2024 **plus**
- **500 WTE** new developments to be announced (i.e. to be allocated) **plus**
- **418 WTE** agency conversions towards safe staffing levels **plus**
- **542 WTE** agency conversions to reduce costs and increase stability to be announced (i.e. to be allocated) **plus**
- **1,023 WTE** to accommodate S39 Hospice change to S38.
- A new control figure **129,753** is therefore set as **the maximum WTE** for the organisation.
- This excludes **604 WTE growth** nursing and midwifery students in their pre-registered year and **76 WTE** special assignment temporary posts.
- All figures **exclude Disabilities**



December 31st Opening WTE Limit Variance – Monitoring and Reporting

Census				Developments & Agency Conversion		New Agencies		Onboarded				December 2024 Limits			YTD 2024 Limits		
TOTAL	WTE DEC 2023	WTE MAY 2024	Change YTD	NSP 2024 (1,850 WTE)	Agency Safe Nurse Staffing (418 WTE)	Total Developments Allowance	New S38's	NSP 2024 (1,850 WTE)	Agency Safe Nurse Staffing (418 WTE)	Total Developments Onboarded YTD	YTD change vs YTD onboarded	Dec 2024 Limit	Dec 24 WTE / Limit Variance	DEC 24 % WTE / Limit Variance	May 2024 Limit	May 24 WTE / Limit Variance	May 24 % WTE / Limit Variance
Total excl. Pre-Registration Nurses & Midwives	125,420	126,636	+298	1,748	418	2,166	1,023	221	65	286	+12	128,608	-1,972	-1.5%	126,728	-92	-0.1%
Medical & Dental	13,704	13,913	+185	291		291	25	35		35	+150	14,021	-107	-0.8%	13,764	+149	+1.1%
Nursing & Midwifery excl. Pre-Reg N&M	42,537	43,266	+408	573	298	871	417	82	53	135	+273	43,825	-560	-1.3%	43,089	+177	+0.4%
Health & Social Care Professionals	16,239	16,411	+70	310		310	105	49		49	+21	16,654	-243	-1.5%	16,393	+18	+0.1%
Management & Administrative	23,587	23,531	-206	243		243	151	26		26	-232	23,981	-450	-1.9%	23,764	-233	-1.0%
General Support	9,460	9,463	-117	144		144	115	23		23	-140	9,719	-255	-2.6%	9,598	-135	-1.4%
Patient & Client Care	19,893	20,052	-42	187	120	307	209	6	12	18	-61	20,409	-357	-1.7%	20,120	-68	-0.3%

- The WTE limit included in these tables at December 2024 **ONLY** includes that of the 2024 new developments of **1,850 WTE that is currently assigned (1,748 WTE)** and that of Safe Nurse Staffing Agency Conversion of **418 WTE**. **This is therefore below the total allowance for a significant number of services.**

To interpret these tables;

- Firstly figures for Nursing and Midwifery **exclude pre reg nursing and midwifery students** that are ***shown separately*** at the bottom of the tables
- Opening WTE at December 2023** is shown, along with the **WTE reported at May 2024** in addition to the **YTD Change**
- The December 2024 WTE limit is currently based on the addition of Dec 2023 WTE + Total Developments Allowance + New S38s (128,608 WTE)**
- The Total Developments Onboarded YTD** is shown as a total figure (with separate reporting via Development category) that will be **updated monthly through a transfer of data from HR SharePoint on the 10th of every month for the month in arrears, similar to Census**
- YTD Change Versus YTD Onboarded** compares growth to **Total Developments Onboarded** to the **YTD growth** (change since Dec 2023). Where the variance is a **positive (+)** it shows that there is **more growth** reported than developments onboarded – signalling a requirement to roll back such growth - Where it reports a negative variance (-) it signals a greater decrease even where developments delivered. **At May this reports at +12 WTE** meaning that there are currently 12 WTE Net Grown that are not within the allowable WTE.
- The December 2024 WTE / Limit Variance is the WTE Limit versus the WTE at May 2024 – showing a remaining growth level of **1,972 WTE** however this must be balanced against the overall YTD change versus onboarded which may indicate that some of the developments WTE has been consumed by WTE that is not allowable. In addition this balance excludes the further WTE yet to be allocated to services.



December 31st Opening WTE Limit Variance – Monitoring and Reporting

Health Region, National Services & Schemes and Corporate Centre	WTE DEC 2023	WTE MAY 2024	Change YTD	NSP 2024 (1,850 WTE)	Agency Safe Nurse Staffing (418 WTE)	Total Developments Allowance	New S38's	NSP 2024 (1,850 WTE)	Agency Safe Nurse Staffing (418 WTE)	Total Developments Onboarded YTD	YTD change vs YTD onboarded	Dec 2024 Limit	Dec 24 WTE / Limit Variance	DEC 24 % WTE / Limit Variance	May 2024 Limit	May 24 WTE / Limit Variance	May 24 % WTE / Limit Variance
Total <i>excl. Pre-Registration Nurses & Midwives</i>	125,420	126,636	+298	1,748	418	2,166	1,023	221	65	286	12	128,608	- 1,972	-1.5%	126,728	-92	-0.1%
HSE Dublin & Midlands	25,305	25,453	+180	+293	+126	419		+41	+13	+54	+126	25,724	-271	-1.1%	25,359	+94	0.4%
HSE Dublin & North East	24,291	24,583	+87	+263	+39	302	220	+43	+8	+51	+36	24,813	-230	-0.9%	24,562	+22	0.1%
HSE Dublin & South East	20,240	20,321	+96	+316	+113	429		+36	+38	+74	+23	20,669	-347	-1.7%	20,313	+8	0.0%
HSE Midwest	8,968	9,319	+42	+120	+8	127	318	+12	+1	+13	+29	9,413	-95	-1.0%	9,299	+19	0.2%
HSE South West	16,242	16,532	-11	+193	+19	211	323	+45	+5	+50	-60	16,776	-244	-1.5%	16,615	-83	-0.5%
HSE West & North West	20,231	20,240	-144	+305	+114	419	161	+16	+0	+16	-160	20,812	-572	-2.7%	20,408	-168	-0.8%
National Services & Schemes	3,527	3,578	+52	+58	+0	58	-	+0	+0	+0	+52	3,585	-7	-0.2%	3,527	+52	1.5%
Corporate Centre	6,616	6,610	-5	+200	+0	200		+28	+0	+28	-34	6,816	-206	-2.0%	6,645	-35	-0.2%

- The WTE limit included in these tables at December 2024 **ONLY** includes that of the 2024 new developments of **1,850 WTE** that is currently assigned (**1,748 WTE**) and that of Safe Nurse Staffing Agency Conversion of **418 WTE**. This is therefore below the total allowance for a significant number of services.
- To interpret these tables;
 - The individual columns are similar to the previous table
 - The individual rows show the detail by **Health Region, National Services & schemes and Corporate Centre**
 - **All** Health Regions, National Services & Schemes and Corporate Centre are currently reporting under the WTE Limit at year end. There are however variances at May, with 4 Services currently reporting ahead of the WTE limit at May.
 - There is also variation within the Regions for individual entities contained therein.



December 31st Opening WTE Limit Variance – Monitoring and Reporting

Entity	WTE DEC 2023	WTE MAY 2024	Change YTD	NSP 2024 (1,850 WTE)	Agency Safe Nurse Staffing (418 WTE)	Total Developments Allowance	New S38's	NSP 2024 (1,850 WTE)	Agency Safe Nurse Staffing (418 WTE)	Total Developments Onboarded YTD	YTD change vs YTD onboarded	Dec 2024 Limit	Dec 24 WTE / Limit Variance	DEC 24 % WTE / Limit Variance	May 2024 Limit	May 24 WTE / Limit Variance	May 24 % WTE / Limit Variance
HSE Dublin & North East	24,291	24,583	+87	+263	+39	302	220	+43	+8	+51	+36	24,813	-230	-0.9%	24,562	+22	0.1%
DMHG HQ	4	2	-2	-	-	-		-	-	-	-2	4	-2	-44.7%	4	-2	-44.7%
Cappagh National Orthopaedic	531	539	+8	-	-	-		-	-	-	+8	531	+8	1.5%	531	+8	1.5%
Mater Misericordiae University	4,221	4,264	+51	151	10	161		32	1	33	+18	4,382	-118	-2.7%	4,254	+10	0.2%
Our Lady's Navan	652	683	+31	2	11	13		-	4	4	+28	665	+19	2.8%	656	+28	4.2%
IEHG HQ	1		-1	-	-	-		-	-	-	-1	1	-1	-100.0%	1	-1	-100.0%
Beaumont	4,499	4,533	+34	21	-	21		8	-	8	+26	4,520	+12	0.3%	4,507	+25	0.6%
Cavan General	1,321	1,349	+28	1	2	3		-	2	2	+26	1,324	+25	1.9%	1,323	+26	1.9%
Connolly	1,637	1,626	-11	32	-	32		-	-	-	-11	1,669	-43	-2.6%	1,637	-11	-0.7%
Louth County	305	301	-4	-	13	13		-	-	-	-4	318	-17	-5.3%	305	-4	-1.2%
Monaghan	174	174	+0	1	2	3		1	2	3	-2	177	-3	-1.4%	176	-2	-1.2%
Our Lady of Lourdes	2,586	2,596	+11	5	-	5		-	-	-	+11	2,590	+6	0.2%	2,586	+11	0.4%
Rotunda	1,003	1,020	+17	3	-	3		-	-	-	+17	1,006	+14	1.4%	1,003	+17	1.7%
RCSI HQ	70	68	-1	7	-	7		-	-	-	-1	77	-8	-10.7%	70	-1	-1.7%
Acute Hospital Services	17,003	17,155	+162	+222	38	260		+41	8	49	+113	17,262	-107	-0.6%	17,051	+104	0.6%
DNE CHWB HSE	89	78	-11	-	-	-		-	-	-	-11	89	-11	-12.2%	89	-11	-12.2%
Community Health & Wellbeing	89	78	-11	+0	-	-		+0	-	-	-11	89	-11	-12.2%	89	-11	-12.2%
St. Vincent's, Fairview	134	122	-5	1	-	1		-	-	-	-5	134	-12	-8.8%	134	-11	-8.5%
DNE MH HSE	2,022	2,018	-4	19	-	19		-	-	-	-4	2,041	-24	-1.2%	2,022	-5	-0.2%
Mental Health	2,156	2,140	-9	+20	+0	+20		+0	+0	+0	-9	2,176	-36	-1.6%	2,156	-16	-0.8%
St. Francis Hospice		222		-	-	-	220	-	-	-	-0	220	+2	0.8%	220	+2	0.8%
DNE PC HSE	2,632	2,583	-49	8	-	8		2	-	2	-51	2,639	-56	-2.1%	2,634	-51	-1.9%
Primary Care	2,632	2,804	-49	+8	+0	+8	220	+2	+0	+2	-51	2,859	-55	-1.9%	2,854	-49	-1.7%
Incorporated Orthopaedic Hospital	290	296	+6	-	-	-		-	-	-	+6	290	+6	2.0%	290	+6	2.0%
DNE Older People HSE	1,746	1,741	-5	11	2	13		-	-	-	-5	1,759	-17	-1.0%	1,746	-5	-0.3%
Older People	2,036	2,037	+1	+11	+2	+13		+0	+0	+0	+1	2,049	-11	-0.6%	2,036	+1	0.1%
DNE OPS (comm) HSE	376	369	-7	1	-	1		-	-	-	-7	377	-8	-2.1%	376	-7	-1.8%
Other Central Functions				2		2					-0	2	-2	-100.0%	0	-0	

• **Example of the WTE Limit at Entity Level – Dublin and North East Region - To interpret these tables;**

- This table replicates the previous tables but provides the individual **Entity** view across the Regions – Hospitals and Community Services
- While the RHA overall is under the WTE Limit at December and over at May there are some **Entities** that are over their WTE limit in both
- In the main the key areas over the WTE limit both at May and December are across the Acute Hospitals as shown in the above table – particularly **Beaumont and Cavan**

HSE EXPENDITURE LIMITS 2024 (Excludes Disabilities)

				Savings							
				Pay	Pay	Pay	Non Pay	Non Pay	Non Pay	Non Pay	Non Pay
	A = (B-C)	B	C = Sum D to K	D	E	F	G	H	I	J	K
RHA	Financial Control Limit €m	2024 Q1 Forecast €m	Total Savings €m	Agency Do Without €m	Agency Stabilisation €m	Overtime Stabilisation €m	Consultancy €m	Mental Health €m	Older Persons €m	PCRS €m	Acute Non Pay €m
RHA A: HSE Dublin and North East	2,975.6	3,034.6	(59.0)	(8.0)	(1.0)	(14.1)	0.0	(2.4)	(8.9)	0.0	(24.5)
RHA B: HSE Dublin and Midlands	3,246.7	3,312.4	(65.7)	(8.7)	(12.3)	(0.9)	0.0	(2.0)	0.6	0.0	(42.4)
RHA C: HSE Dublin & South East	2,343.9	2,387.2	(43.3)	(9.2)	(3.2)	(4.7)	0.0	(2.3)	(5.4)	0.0	(18.5)
RHA D: HSE South West	1,754.3	1,792.5	(38.2)	(4.3)	(3.8)	(13.5)	(0.3)	(1.2)	(2.2)	0.0	(12.8)
RHA E: HSE Mid West	1,030.5	1,031.8	(1.2)	(3.3)	5.6	(0.3)	0.0	(1.1)	(0.7)	0.0	(1.5)
RHA F: HSE West and North West	2,233.2	2,245.8	(12.7)	(6.5)	4.3	(5.3)	0.0	(0.9)	0.7	0.0	(5.0)
National Schemes / National Services *	4,787.9	4,804.4	(16.5)	(0.6)	1.6	(2.5)	0.0	0.0	0.0	(15.0)	0.0
Corporate Centre	4,503.4	4,517.5	(14.1)	(0.5)	(8.2)	0.3	(11.1)	0.0	6.6	0.0	(1.3)
Grand Total	22,875.6	23,126.4	(250.7)	(41.0)	(16.9)	(41.1)	(11.4)	(10.0)	(9.3)	(15.0)	(106.1)
* Includes Primary Care: Demand Led Schemes. These schemes will be reflected by RHA in subsequent versions.											

1. The key deliverable is to operate within the spend limits, that is the absolute requirement.
2. In overall terms, the savings amounts are simply the difference between the spend limit and the forecast based on Q1 figures.
3. In many cases April and May data shows higher spend than Q1 Forecast => **in those areas higher savings than shown in the table above will be required.**
4. The funding sought and largely agreed for 2025 assumes these spend limits and related savings are fully delivered **(plus full €250m Agency in 2025)**
5. **This means areas which exceed their spend limit will have to make that up in 2025** e.g. If an area exceeds its 2024 spend limit by €1m they will:
 1. Have to reduce their recurring 2025 costs by that €1m and
 2. Are likely to have to also carry the 2024 €1m excess as a 1st charge i.e further once-off reduction required to 2025 costs.

HSE EXPENDITURE LIMITS 2024 Cont'd (Excls.Disabilities)

- 1. Overtime (OT) Stabilisation savings €40.9m (as per NSP2024):** The 2024 spend limit for OT is based on average spend for the period Jun – Aug 2023 annualised (Jun – Aug 2023 / 92x366). This spend limit has been spread evenly over each of the 12 months of 2024. The differential between this spend limit and the Q1 projection determines the savings challenge for each entity. **As indicated above, actual spend in April / May is higher in many cases than in the Q1 projection therefore more savings will be required. The same principle applies to all of the savings listed below.**
- 2. Agency Stabilisation savings €16.9m(as per NSP 2024):** The first part of the 2024 spend limit for Agency is based on average spend for the period Jun – Aug 2023 annualised (Jun – Aug 2023 / 92x366). This spend limit has been spread evenly over each of the 12 months of 2024. The differential between this spend limit and the Q1 projection determines the agency stabilisation for each entity
- 3. Agency Do Without savings €41.6m (as per NSP 2024)-** Total Agency *Do Without* spend challenge was determined at €250m for full year. This was delayed due to the absence of a decision on PNS2024 and is now being set at €41.6m in 2024 being one third delivery for the second 6 months of the year (€250 / 2 x 33.3%). The agency spend limit set per 2. above has been reduced by this €41.6m evenly over the months July to December 2024. equivalent of two months of the total full year challenge.
- 4. NB – The largely agreed ELS funding level for 2025 assumes that the full amount of this €250m is delivered in 2025 i.e. from January 2025 onwards and services need to prepare for that from now to year end.**
- 5. Consultancy €11.4m –** The 2024 spend limit is set at 30% below the Q1 2023 level, annualised and spread evenly over January to December 2024.
- 6. Non-Pay Savings – Acute €106m, Mental Health €10m, Older Persons €9.3m –** These savings are based on achieving the Non-Pay Strategy as endorsed by the Productivity and Savings Taskforce and notified in March & early April. In summary the strategy requires 2024 spend outside of Heat Power Light, Drugs and Bad Debts to be at contained to outturn 2023 levels (validated outturn for Acute Hospitals) and this spend limit is applied evenly from January to December 2024. The savings are then the difference between Q1 forecast and that spend limit.
- 7. PCRS – 100% Drugs & Medicines Related savings €15m –** as advised by Drugs and Medicines sub-group of Productivity and Savings Taskforce.
- 8. Total expenditure limits are inclusive of and assume full delivery all savings targets listed above.** In the coming day we will update the Q1 forecast by replacing projected April and May figures with actual figures for April and May and this will give an updated view of the, in many cases, higher level of savings required to operate within the spend limits.



NON-PAY ADDITIONAL CONTROLS

1. **Non-Pay spend limits to end 2024** – REOs / NDs to formally withdraw and re-issue specific authority / delegations for all revenue non-pay spending decisions typically via purchase orders / purchases generally, **of €20,000 or above**. Re-issued specific authority / delegations must:
 - a. Be explicit in prohibiting any “splitting” of purchases or similar in order to avoid this additional control
 Require all proposed expenditure or purchases of €20,000 or above to be reviewed and approved in advance by REO / ND or a direct report of theirs with the purpose of the review being to:
 Consider and approve the spend BEFORE any commitment is entered into to ensure compliance with the non-pay limits and overall I/E to end 2024
 - i. Ensure compliance with procurement regulations.
 - ii. Maintain a record of the review and its outcome.

Based on the quarterly compliance self-assessment exercise co-ordinated by HSE Procurement it is estimated that there are approximately 7,500 – 9,000 invoices over €25,000 paid each quarter, and combined these add up to about 50% of total HSE procurable spend. If we take the upper end of this and assume it equates to the number of expenditure / purchasing decisions (and it is likely to overstate same) that equates to:

- 700 decisions per working week or
- 140 per working day – to be spread over 6x REO, ND NS and CENTRE i.e. divided over 8.
- 18 (140/8)
- C. 40-50 per working day per REO / ND NS / Centre If we dropped the threshold to €20,000
- 40-50 per working day divided over perhaps 4-5 direct reports of each REO seems manageable and effective i.e. c.8-10 or less decisions to review and approve each day per senior manager / or via one central unit in REO office?
- To be continued until REO ND NS is on track for achieving non pay savings for 3 months consecutively
- NB – does not require a change in NFRs or on Financial Systems i.e. personnel authorised on financial system require written “OK” from direct report to REO / ND
- **NB – Register to be kept by REO Office of review and all approvals of non-pay spending decisions via purchase orders or equivalent above €20,000 and to be shared weekly with CEO (via CFO)**



Consultation and Engagement

- ***Health Regions and National Services & Schemes***

- ✓ One to one meetings with each individual REO and their key leaders and the National Director National Services & Schemes, setting out the PNS, WTE Limits variance to the WTE Limits and the Controls process at Region level
- ✓ Feedback positive – defined WTE Limit – devolved authority and autonomy
- ✓ Challenge noted across areas currently over the WTE Limit

- ***Staff Representative Associations***

- ✓ Written communication to staff associations on the same day communication issued to REOS.
- ✓ Meeting held with NJC on 16th July 2024. Feedback centred on
 - ✓ Number of vacancies lost owing to December 2023 starting position
 - ✓ One central point of reference versus 6 points of reference (i.e. regions)
 - ✓ Controls process at Region level - operation of same
 - ✓ Engagement and consultation prior to PNS finalisation

- ***Organisation Wide Communication***

- ✓ CEO Memo issued on 16th July on PNS and Controls
- ✓ HR Memo issued on 19th July on PNS, Controls and WTE Limits process incl. adjustments



Conclusion

- ✓ Clarity on the **Maximum up to WTE limit**
- ✓ Clarity and **dissemination on the WTE Limit** (for the WTE currently available) to the individual Regions and National Services and Schemes
- ✓ Communication across Services **via one to one** and follow up engagement with services
- ✓ Communication with **staff associations**
- ✓ Communication on **3 Stage Control process**
- ✓ Commencement of **monthly reporting** against WTE limits
- ✓ Build of **Decision Register** for completion over next 2 weeks for issue to services



Next Steps

- Sharing of **detailed information** on the HR and Financial data for each of the Regions and their entities by 15th July
- These reports will be used to inform the Performance dialogue
- Each month via HR SharePoint all services must finalise their updates on onboarded WTE by before **10th of the month** in arrears – on August 10th for July reporting
- The reports on the WTE limits will be separate to your census reports, and will issue within week of census to support performance dialogue
- The WTE limits will be updated – i.e the Limit will be updated as there are additional WTE allocated (i.e. 500 WTE Developments plus 542 WTE agency conversion)
- This will be the **Maximum up to WTE Limit and Spend Targets** that the Regions will be responsible for managing and will require
 - Effective controls to be put in place at Regional Level to demonstrate control in both pay and non pay spend
 - Key focus on Reform Productivity Performance and Accountability
 - Issuing of Decisions Register in week of July 22nd