



**HSE HR Circular 015/2009**

**15<sup>th</sup> May, 2009.**

To: Each Member of Management Team, HSE;  
Each Assistant National Director, PCCC, HSE;  
Each Assistant National Director, HR, HSE;  
Each Hospital Network Manager, NHO, HSE;  
Each Local Health Manager, PCCC, HSE;  
Each CEO of directly funded Voluntary Hospital / Voluntary Agency.

**Re: Moratorium on Recruitment and Promotions in the Public Services – Revised Employment Control Framework for the Health Services**

Dear Colleague,

**1. Introduction**

- 1.1. Further to HSE HR Circular 010/2009, the employment control framework for the health services is being revised effective from this day to give full effect to the moratorium on recruitment and promotions in the Public Service as notified by Government effective from the 27th March 2009. The moratorium is a central feature of the required implementation on savings measures on public service employment.
- 1.2. The Government decision has been modulated to ensure that key services are maintained insofar as possible in the health services and delegated sanction will apply to some specified grades and activity as set out in this circular. It should be noted there is no exemption for the health services from the moratorium. Some revisions to the current employment control framework as set out herein gives effect to the delegated sanction from the Department of Health and Children/Department of Finance.
- 1.3. The general moratorium on recruitment, promotion and the payment of acting up allowances **does not apply** to the following specified grades; Medical Consultants, Speech and Language Therapists, Physiotherapists, Occupational Therapists, Clinical Psychologists, Behavioural Therapists, Counsellors (Mental Health and Disability Services), Social Workers, and Emergency Medical Technicians. It is Government policy, in the case of Medical Consultants, to move to a consultant delivered service, and in the case of the other grades to increase their numbers in order to meet the requirements of integrated care delivery and address community and primary care needs particularly in respect of children at risk, the elderly and those with disabilities.
- 1.4. The Circular operationalises the moratorium in the health services and it has full application across the HSE, Voluntary Hospitals and Voluntary Agencies encompassed by the approved employment ceiling. A separate communication from the National Directors of Primary Community and Continuing Care, and National Hospitals Office will be sent to the funded agencies within their respective areas. Notwithstanding this, changes in procedures and processes as set out herein are the general principles that will be applied in the Voluntary Sectors encompassed by the approved employment ceiling.
- 1.5. Decision-making, monitoring, reporting and control requirements on matters arising from the application of the moratorium in the health services will be exercised primarily through the Area

Employment Monitoring Groups (AEMGs) established in 2008, and with appropriate linkage to the Voluntary Hospitals through Network Managers and to the Voluntary Agencies in PCCC, through Area Assistant National Directors, PCCC.

## **2. Purpose of the Moratorium**

The Government moratorium on recruitment and promotion requires the health services to use its resources better through the redeployment/reassignment of staff, and by reducing the employment levels in management/admin grades during 2009 by 500 WTEs. The moratorium will operate within an initial overall employment ceiling of 111,800 for the public health sector as approved by Government.

## **3. Key Actions**

- 3.1. The application of the moratorium requires adherence to a number of key actions as listed herein:
  - a **With effect from the 27<sup>th</sup> March 2009 and until further notice there will be a general moratorium on recruitment, promotion and acting appointments to all management and administrative grades and all other grades in the health sector (including temporary positions), except for those grades as outlined later in this Circular – see paragraph 6 below.**
  - b When vacancies arise, work and/or staff should be reallocated, or reorganised both within and across institutions and pillars and the budget for that staff member will also be reallocated. Key focus in implementing the moratorium in the health services will be on the redeployment or restructuring of existing staff and work with a resulting reduction in numbers employed.
  - c The employment ceiling of 111,800 will be reduced by 940 WTEs and a further 95 WTEs in the staff category of management/admin, when functional responsibility for Social Welfare Allowance (SWA), Domiciliary Care and Respite Allowance is transferred from the HSE to the Department of Social and Family Affairs later in 2009.
  - d The redeployment of some 2,000 staff from the National Hospital Office and HSE Corporate to the Primary, Community and Continuing Care (PCCC) pillar is required by the end of 2009 to facilitate the development of integrated health care. This action will be required irrespective of the creation of a single national operations function.
  - e As Clinical Risk is an ongoing management challenge for Clinical, Service and Line/Operational Managers in the delivery of services for patients and clients, the focus of decision-making by such managers will be on ensuring maintenance of front-line services where possible, and minimising the impact on patients and clients. Clinical nursing/midwifery leadership in key areas of care should also be considered and prioritised where possible.

## **4. Promotions**

- 4.1. No promotions can be sanctioned until further notice unless approval is granted by the Minister for Health and Children/Minister for Finance and this only in exceptional circumstances. Any such requests will require the endorsement of both the National Directors of Human Resources and Finance in addition to the National Director initiating such a request. Such requests will be submitted by the AEMGs using a Request to Hire Form A (1), through NEMU to the Department of Health and Children/Department of Finance.
- 4.2. No requests to upgrade or evaluate posts will be considered for the duration of the moratorium. All such requests are suspended with immediate effect. All evaluations in process and/or completed are deferred until the end of 2010 at the earliest.

## **5. Sanction of payment of acting and responsibility allowances**

- 5.1. The moratorium rescinds the authority of managers to sanction the payment of acting allowances or additional payment for additional responsibilities for the duration of the moratorium. No such new payments will be sanctioned from the 27<sup>th</sup> March 2009. Existing payments for those in acting positions will continue. However when the allowance comes up for review, there is a

requirement for clinical/line/operational managers to ensure the appropriateness of this allowance and cease it if the need no longer is required. Where there are requirements for staff to act up all steps should be taken to redeploy or reorganise work to minimise requesting staff of a lower grade to assume the role of a higher substantive post. Other than the specified grades as outlined in paragraph 6, the payment of acting allowances will be allowed only in exceptional circumstances and the prior approval of the Department of Health and Children/Department of Finance will be required in each such instance.

- 5.2. A review of long-term acting up arrangements/associated payments has commenced and the outcome may provide a further opportunity to streamline the existing situation where widespread acting up arrangements are currently in place. The review when completed should result in a reduction in the overall level of long term acting arrangements currently in the organisation.
- 5.3. Where a clear clinical risk is identified by the non-renewal/sanction of a paid acting-up arrangement/associated payment, the service manager will have the authority to resolve the matter in line with the emergency provisions outlined in paragraph 7 below. The position will subsequently be regularised by way of application to the relevant AEMG for consideration and for onward transmission to the Department of Health and Children/Department of Finance for their approval. Any such approvals will need to conform to approved budgets and ceilings.
- 5.4. In the event of a decision to cease a current payment of an allowance, staff will be advised in advance of the cessation of the payment and in consultation with their staff representative as appropriate.

## **6. Delegated Sanction for specific grades.**

In order to meet the requirements of integrated health care delivery and particularly to address needs in the community in respect of care of the elderly and people with disabilities, delegated sanction is hereby given to the filling of vacancies that arise post the date of the moratorium, and the creation of additional front-line posts in the grades listed in this section, subject to the conditions specified herein. The delegated sanction will also apply to decisions on promotions, the continued payment of acting allowances, for those grades specified, subject to ongoing justification for doing so and to the renewal of non-permanent contracts where the provision of ongoing service delivery so warrants. In addition, new staff in these specified grades may be recruited in either non-permanent or permanent contracts, within the specified limits, dependent on the service and funding provisions.

- 6.1. **Hospital Consultants** – As indicated by the Minister for Health and Children in the context of the Estimates, there is a need to rebalance numbers between Non-Consultant Hospital Doctors and Hospital Consultants to provide for a consultant delivered service and to free up resources to contribute to the cost of this service. Any new post of hospital consultant will therefore generally be created by the suppression of 2 non-consultant hospital doctor posts (some variation may be allowed to this ratio to meet particular local circumstances). This suppression of 2 NCHDs for each new consultant post may require suppressions across hospitals and networks. Further instructions will issue from the Consultants Appointments Unit (CAU).
- 6.2. **Specific Grades in Health and Social Care Professionals** – The HSE has been given delegated sanction to fill current vacancies in existing posts in the grades listed in this sub-paragraph. These may be filled in line with procedures already outlined for the operation of the AEMGs as set out in paragraphs 5 and 6 above. Provided that the HSE is satisfied in each case that there is no scope to redeploy an equivalent post from the NHO to/or within PCCC, new additional posts at basic level may also be created in these grades to meet primary and community care needs and particularly those of the elderly, and people with disabilities, mental health and primary care. The National Director, PCCC will set out the necessary details with regard to the service development, location, grade and WTE value and forward to the National Director, Human Resources who will issue a primary notification to give initial approval to the recruitment of additional posts as set out here:
  - a **Speech and Language Therapist, Occupational Therapist, Physiotherapist** – Up to an additional 450 therapists.

- b **Clinical Psychologist, Behavioural Therapist, Counsellor Therapist** – Up to 250 new posts.
  - c **Social Worker** - Up to an additional 270 Social Worker posts.
  - d Further specialist grades, on a replacement basis only, where the option of redeployment is not available and due to the impact of a non-filling on front-line services, may be added to this delegated sanction but will require Department of Health and Children/Department of Finance formal approval to add such grades to the list above.
- 6.3. **Emergency Medical Technicians (EMTs)** - Where it is necessary to support the reconfiguration of emergency services between hospitals and there is no scope to meet the needs arising from the redeployment of existing Emergency Medical Technicians up to 30 further posts may be created and filled. The National Director, NHO will set out the necessary details with regard to the service development, location, and WTE value and forward to the National Director, Human Resources who will issue a primary notification to give initial approval to the recruitment of additional EMT posts
- 6.4. A post or posts with an equivalent salary value will be suppressed in non-priority areas to meet the cost of each new front-line post created under this section. The moneys allocated for the salary and related costs of the suppressed posts will be reallocated from the budget holder of the suppressed posts to budget holder of the new post
- 6.5. All requests to hire for additional posts under this delegated sanction will be initiated through Requests to Hire Forms A and forwarded to NEMU prior to being processed, through the relevant AEMG. The Request to Hire Form A **must** identify the live vacancy to be suppressed in advance of the filling of the post.
- 6.6. Adjustments to the approved employment ceiling and associated budget of the appropriate Hospital/Local Health Office, Voluntary Agency, Ambulance Centre will be adjusted once the new post is activated on payroll and a corresponding reduction of ceiling will be applied to the location where the suppression is made to allow the creation of these additional posts in the grades listed above.

## **7. Emergency interventions to maintain critical front-line services.**

The implementation of the moratorium in the health services has no impact to current emergency interventions/processes to maintain critical front-line services. Staff and local management must continue to work in an environment where they are confident that they can address emergency clinical risk issues where and when they occur. In the first instance Clinical/Nursing/Operational/Service Managers should address such emergency situations by short term redeployment of existing clinical staff and/or other actions, pending a longer term solution being achieved through the role of the AEMGs. Local Health Offices and hospitals should have contingency planning in place to deal with emergency staffing situations. Use of agency/overtime/short term acting arrangements to deal with key emergency vacancies in critical front-line posts as a stop-gap can be actioned in accordance with current instructions issued by the National Directors of PCCC and NHO.

## **8. Modifications to the Recruitment Function**

- 8.1. The focus of recruitment activity in both the HSE and wider health services, from the application of the moratorium will move to maximising the capacity to redeploy staff within and across functions and agencies to areas of greatest need in accordance with the HSE's service plan priorities, with the objective of minimising the impact on front-line services.
- 8.2. Recruitment activity which may continue in the context of the revised employment control framework within the HSE, will move to the National Recruitment Services (NRS), Manorbhamilton, Co Leitrim, while the Area recruitment function will focus and support the Area Employment Monitoring Groups (AEMGs) and Corporate Employment Monitoring Group (CEMG) in effecting redeployment of existing staff. Separate instructions will issue from this office on the implementation of moving existing recruitment functions and activity to NRS and separate discussions will be held with the relevant trade unions in this regard.

## **9. Role of Area Employment Monitoring Groups (AEMGs) and Corporate Employment Monitoring Group (CEMG) and delegated sanction.**

- 9.1. The four AEMGs and the CEMG are the key groups required to ensure adherence to the moratorium on recruitment and promotions across the health services. Front-line service managers and CEOs of Voluntary Agencies/hospitals will input through the relevant Network Manager and Assistant National Director, PCCC. The chair of the Group will alternate between the two service functions pending the appointment of Regional Directors. Critical to the operation of the Groups is the ability to fill vacant posts through redeployment of existing staff on a priority basis. The roles of the Groups also extend to the Voluntary Hospital Sector in the NHO and Voluntary Agency Sector of PCCC and redeployment may extend across functions and agencies where appropriate. A specific set of instructions will issue separately to ensure consistency of application across the health services and ensure timely approvals to recruit where required.
- 9.2. A process will be put in place to re-assign ceilings to the four administrative areas and to provide for further re-assignment of ceilings to LHOs, Hospitals, Voluntary Agencies and Corporate functions. The allocation of ceilings will have regard to the requirement to implement the key actions outlined in paragraph 3 and the requirement for re-deployment of some 2,000 staff to facilitate the implementation of the integrated care model and expansion of priority services in PCCC as set out in sub-paragraph 3.d above.

## **10. Contracts of Employment – non permanent/Fixed-term and Specified Purpose**

- 10.1. The moratorium also applies to temporary appointments on a fixed-term or specified purpose basis and to the renewal of such contracts.
- 10.2. A review of all non-permanent contracts of employment on a case by case basis will be undertaken over the next two months. The review takes into account the necessity, on the one hand, to protect front-line services and on the other to ensure resources are deployed as efficiently as possible and to achieve a permanent structural reduction in numbers employed. This review will ensure compliance with legislation and also to facilitate appropriate engagement with staff representative bodies at Area and local level.
- 10.3. Any exceptions to the moratorium, other than the specified grades listed in paragraph 6 above, which will arise in very limited circumstances only, will require the prior sanction of the Minister for Health and Children and the Minister for Finance and must comply with approved budget and ceilings at Area, Agency and local level. This sanction will only be forthcoming where it can be demonstrated that the post is essential to the delivery of a public service or performance of an essential front-line function, and that every effort has been made to fill the post by redeployment.
- 10.4. In instances, where approval or otherwise to extend a fixed term or specified purpose contract (and/or replace with a contract of indefinite duration), is being sought due to the critical nature of front-line service being delivered by the contracted employee and the immediate impact of termination of the contract on service delivery, such contracts may be extended on an interim basis by the relevant AEMG for a period of no more than 40 days to allow sanction or otherwise to be given by the Department of Health and Children/Department of Finance.
- 10.5. In the event of a decision to terminate a non-permanent contract, staff will be notified in line with standard notification of termination of contracts and in consultation with their staff representative as appropriate.

## **11. Redeployment of existing staff and/or Reorganisation/Reallocation of existing work**

A central feature of the moratorium is the focus on redeploying existing staff and grades to address the filling of critical front-line vacancies and to reduce overall employment levels. In addition such redeployment should provide employment scope to give effect to increased employment in specific grades as set out in paragraph 6 above. Area Recruitment Managers and their teams will move their focus from recruitment to redeployment for the duration of the moratorium on recruitment and promotion.

- 11.1. HR support to redeployment and reassignment. The Area Redeployment Teams will provide direct support to the operation of the AEMGs in the redeployment options for the filling of

critical front-line posts. Once a decision is made on redeployment of staff, the Area Redeployment Team will effect such a decision. If there is no immediate capacity within an Area to redeploy, the Area Redeployment Manager will liaise with other Area Redeployment Managers and NRS in Manorhamilton to fill through the National Transfer panel. **Redeployment will not attract any additional remuneration.** Training and development support should be provided to staff being redeployed as required.

- 11.2. Criteria to be used in redeployment of existing staff:
  - a Redeployment should be pursued proactively on a voluntary basis.
  - b Redeployment will generally be on a grade for grade like basis.
  - c In the case of specialist posts, the staff member to be redeployed must meet the agreed prescribed specialist qualifications for the specialist post.
  - d The priority will be to examine existing skills to meet business pressures.
- 11.3. Re-deployment of some 2,000 staff from **NHO** and **HSE Corporate** to **Primary Community Continuing Care** is a key action for implementation as part of the Government decision. The re-configuration of services will involve the re-deployment and re-assignment of staff as well as providing a far greater level of flexibility across and between grades and functions/agencies on working arrangements and responsive service delivery. The AEMGs will be required to oversee the implementation of these arrangements. Each AEMG will establish a process to address the issue including arrangements for engagement with Unions and staff associations as appropriate. Monthly reports will be made available to HSE Corporate for communication to the Department of Health and Children/Department of Finance.

## **12. Clinical Placements, rotations, training posts and pre-registration requirements**

- 12.1. The filling of these posts are critical to the workforce planning requirements of the health services and are to be maintained at current agreed levels. All such appointments should be on the basis of "one-for-one". If, as at the 27<sup>th</sup> March 2009, a future filling of a post under this section would result in increased employment levels over an above the level as at the said date, such increases need to be offset prior to the activation on payroll by suppressing a similar number of live vacancies for the duration of the placement, rotation, pre-registration period or filling. **It should be noted that a Training Post is a post recognised by the relevant; statutory body, training body, and the HSE for training purposes.**
- 12.2. In accordance with the agreement with the nursing unions and the Commission on Nursing, regarding student nurse placements from the start of 2009, staff nurse employment levels **must** be displaced at a 2:1 ratio. In essence this requires a reduction of 700 staff nurses from the 2008 census outturn for the duration of these placements. When student nurse placements cease on completion of their 36 week placement later in 2009, and assuming that the complement of staff nurses was reduced to give effect to the 2:1 replacement ratio, additional staff nurses may be given employment on a fixed term basis for the period between student nurse placements.

## **13. 3% Reduction in payroll for Management/Admin grades and reallocation of approved employment ceilings at Local Health Office/Hospital and Voluntary Agency level.**

These will be the subject of separate HSE HR Circulars as referenced in HSE HR Circular 01/2009. A further 95 WTEs in this staff category will need to be suppressed in 2009 arising from the transfer of functions from the HSE to the Department of Family and Social Affairs.

## **14. Incentivised Scheme for early retirement**

Details on this scheme and how it will be applied to the health services, in the context of the employment control framework, is the subject of a separate circular.

## **15. Reporting.**

- 15.1. Each AEMG, must submit to NEMU a monthly report no later than the 6<sup>th</sup> day of the following month, the following information items;
  - a The number, and location of front-line posts filled in the month in question by

- Redeployment,
  - Recruitment,
  - Promotion,
  - Salary savings including cumulative savings to date,
  - Staff returning off career-break,
- b With regard to the specific recruitment decisions arising from the review of non-permanent (temporary) contracts, full details will be forwarded monthly through NEMU to the Department of Health and Children/Department of Finance for their necessary approval or otherwise to extend beyond the 30 days as set out in paragraph 10 above.
- c In addition a copy of all requests to hire forms approved by an AEMG will be sent immediately to NEMU.
- d NEMU will maintain a database on all such employment activity.

## 16. Miscellaneous Provisions

- 16.1. 2009 Service Development Posts. Recruitment for these additional 225 WTEs as set out in the National Service Plan 2009 in the three programmes; National Cancer Control (NCCP) – 100 WTEs, Disability Services – 90 WTEs and Mental Health Services – 35 WTEs are as set out in HSE HR Circular 01/2009.
- 16.2. Flexible Working. The moratorium proscribes the granting of any additional hours to existing flexible working contracts of employment, unless offset by reductions elsewhere
- 16.3. Maternity leave cover. AEMGs are required to examine all such requests. Maximum use of redeployment and/or reorganisation/reallocation of work are to be applied in such instances.
- 16.4. Return from maternity leave. In the case of employees who have a legislative entitlement to return from maternity leave, AEMGs must ensure these increases in employment are either offset by the termination of the fixed term/specified purpose contract of employment put in place to cover for such leave or alternatively by suppression of other live vacancies.
- 16.5. Return from career-breaks. Only when a live vacancy, where it is deemed critical to fill from a front-line service perspective, has been identified at an appropriate grade, can approval be granted through an AEMG for the return from career-break of existing employees of the HSE/Health Services. Due regard has to be given to the statutory timeline obligation for staff to resume employment in the health services under the career-break scheme. The option of redeployment across functions, hospitals, agencies may be considered when dealing with such requests to return from career-break.

Queries in relation to this Circular should be directed to Mr Frank O’Leary, Head of the National Employment Monitoring Unit (e-mail [frank.oleary@hse.ie](mailto:frank.oleary@hse.ie)) phone 045 880454 or Ms Eibhlín Smith (e-mail [Eibhlin.smith@hse.ie](mailto:Eibhlin.smith@hse.ie)) phone 045 882522, or Mr Paddy Duggan, Recruitment Manager National Policy and Standards (e-mail [paddy.duggan2@hse.ie](mailto:paddy.duggan2@hse.ie)) phone 045-882541.



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