



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

Oifig an Stiúirthóra Náisiúnta, Acmhainní Daonna  
Feidhmeannacht na Seirbhíse Sláinte  
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**HSE HR Circular 005/2013**

**22<sup>nd</sup> March 2013**

**To: Each Member of Management Team, HSE;  
Each Regional Director of Operations, HSE;  
Each Assistant National Director of Human Resources, HSE;  
Each Employee Relations Manager, HSE;  
Each CEO, directly funded Voluntary Hospital / Agency;  
Each HR Manager, directly funded Voluntary Hospital / Agency**

**Re: Employment Control Framework and revised approval processes for 2013**

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## 1. Introduction

A general moratorium on recruitment and promotion across the public sector came into effect on the 26<sup>th</sup> March 2009. The current impact of this is that any vacancies arising can only be filled by exception. Previous amelioration of the general moratorium on recruitment in the public health sector with regard to certain exempted grades was rescinded in the 2012 employment control framework (ECF) notified in October 2012.

The Government decision of March 2009 was primarily designed to reduce public sector numbers and costs in the period to the end of 2012 and this has been extended to the end of 2014. If the 'Croke Park II' Agreement is agreed to, or alternatively, Government introduce legislation to effect payroll cost reductions to the end of 2016, the moratorium on recruitment, in either event, is being extended to the end of 2016.

Effective employment control is critical in ensuring government policy on public sector numbers and costs are complied with, as well as assisting managers deliver services within budget and in line with national service plans. A key element of the delivery of the 2013 National Service Plan is the achievement of a 2,400 net Whole-Time-Equivalent (WTE) exit from the public health sector in the course of 2013. These exits are likely to be achieved through a combination of normal retirements and resignations, and targeted incentivised redundancy/early retirement schemes.

Over the last three years, a number of exit schemes in the public health sector have played a role in reducing employment levels above what would have emerged from normal retirements, resignations and the non-filling of such vacancies. In 2013 further targeted schemes are likely to feature, helping to reduce employment levels and payroll costs further to meet an end-of-2013 employment target of 98,955 WTE.

For these to deliver the scale of required exits, stringent and robust employment control at all levels across the entire public health sector will be required. Decisions on reconfiguration, redeployment and reorganisation of the existing workforce will be necessary to ensure exit strategies that do not lead to back-filling and/or creation of additional new posts. Failure to do so would neutralise the effect of the retirement or resignation and negatively impact on the levels of exits required for the health sector to deliver on the workforce component of 2013 National Service Plan.

## **2. Delegated Authority to recruit by exception**

One of the key provisions of 'Future Health' and current legislation being drafted is to provide for operational decisions being delegated as close as possible to the point of service. With such delegated authority; goes responsibility and accountability which must be clearly defined and provided for. The revised employment control process is therefore being devolved from the National Control Group - in place since July 2012 - to National Directors/Head of Service/Regional Directors of Operations/ Hospital Group CEOs with effect from 18/03/2013.

Authority to delegate further where deemed appropriate will be determined by the National Director/RDO/Group CEO in line with the compliance requirements below. Failure to adhere to these requirements will result in the delegated authority being rescinded and reverting to the next higher level. Managers that fail in meeting their responsibilities under delegated authority may find themselves subject to possible disciplinary action. This delegated authority can also be extended to Voluntary Hospital and Voluntary Primary and Community Agencies' CEOs. Accordingly this Circular has application across the Public Health Sector in respect of all funded agencies encompassed by the Health Sector's Employment Control Framework.

Advances in grades previously exempted from the moratorium on recruitment will require service managers to ensure progress made is not reversed when making decisions to recruit by exception. Service managers should identify suitable floors for such grades while ensuring overall compliance with the requirements set out below.

The primary focus of all recruitment decisions with regard to vacancy management has to be on the impact on front-line services. Reductions in employment levels require reconfiguration of the current workforce in order to be able to deliver more with less.

The use of Expressions of Interest (EOIs) as a process to fill vacancies will cease forthwith. Management have the right to redeploy or reassign staff to priority areas within the current 45 kilometre radius. If a pool of staff are identified as suitable for redeployment into a vacant priority post, a selection process seeking applications from this confined pool, should be put in place prior to the decision to redeploy is made. The relevant manager will manage such decisions internally or across areas with the agreement of the higher manager, on a grade-to-grade basis with best skill-set fit. Up-skilling/re-training may be used to address any skills deficits.

## **3. Compliance Requirements**

All decisions to recruit by exception are subject to strict compliance with the following minimum set of criteria:

- Identification that the vacated post remains a critical front-line post and due to service impact is required to be filled.
- All redeployment, restructuring and reorganisation of workloads are to be exhausted in addressing critical front-line vacancies as they arise prior to seeking it to be filled as an exception from the moratorium on recruitment.

- Decision to recruit cannot compromise adherence to budget and has to ensure there is sufficient funding also to maintain the post into the next financial year, if so required.
- Does not compromise the approved employment ceiling at the time as well as the achievement of end-of-year approved employment ceiling/target reduction.

The effect of these criteria, which are deemed to be the absolute minimum, is that they require identification of live vacancies and their suppression; and transfer of associated budgets as part of the process of seeking decisions to recruit by exception.

Suppressions of a financial value, at least equal to the financial impact of the approval to recruit by exception, must be made in all cases and across all grades/categories of staff.

Vacancies above basic/entry grades will be evaluated to ensure a bias will be to replacements at a lower grade and cost in order to facilitate delayering of management structures as required under the Public Sector Reform Plan (November 2011), as well as the re-engineering of existing structures under 'Future Health'.

#### **4. Monitoring Requirements**

Full evidence of compliance shall be made available as required. Managers making decisions to recruit by exception will provide a monthly summary list of such decisions through their relevant management structures and have them sent to the Office the Head of Performance Management & Management Information, National HR Directorate, no later than the 5<sup>th</sup> of the month. This office will collate such returns and forward to the relevant National Director and to the Office of the Chief Operations Officer no later than the 8<sup>th</sup> of the month. Initially, returns in respect of individual service delivery units, including funded voluntary hospitals and agencies, will be routed through existing RDO structures. Appendix 2 sets out the template to be completed on a monthly basis by managers given delegated authority to recruit by exception from the general moratorium on recruitment and promotion.

#### **5. New service developments in the National Service Plan**

New service development posts as set out in National Service Plans are controlled and monitored under a separate process, where a primary notification of approval to recruit is issued with the relevant details pertaining to the funded and approved posts, once formally authorised by the relevant National Director/Service Lead. The process allows decisions on activation to be retained by the RDO/relevant National Director/Service Lead in whose area of responsibility the post is. The 2013 National Service Plan provides for over a 1,000 new service development posts.

Coupled to previous new service developments in process, the Health Sector has to ensure capacity in employment terms is maintained vis-à-vis its approved employment ceiling/end of year employment targets and budget allocations, thus this employment growth has to be offset by reductions elsewhere.

#### **6. Sub-allocation of employment ceilings**

Current sub-allocation of employment ceilings to Regions and to national functions and subsequently to hospitals, ISA and Voluntary Agencies will need to reduce by an overall 3,419 WTEs in 2013, in line with the National Service Plan 2013. Current ceilings may need to be re-cast at Regional level in line with budget allocations and with targeted employment reductions and thus will necessitate an engagement between ISD/Services, Finance and HR at regional and national level. A re-casting of the sub-allocation of ceilings within regions, groups, etc. where ceiling capacity has been created, may be used to address current ceiling non-compliance and/or allocations to reduce pay costs, subject to strict adherence to budget break-even. However the health sector is required to operate within an end-of-2013 employment level of 98,955 WTEs.

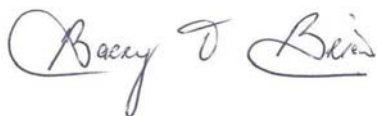
## 7. Management/Administrative Staff Category

Management/ Administrative grades are not encompassed by the process set out in this Circular. Any such decisions to recruit will reside with the National Director of Human Resources. Any requests to recruit by exception in respect of this staff category sent to the office of the National Director of Human Resources must be in accordance with the compliance criteria below and supported by relevant documentation as set out in Appendix 1 before any consideration can be applied to such requests.

## 8. Conclusion

All decisions, at whatever level that they are made, must be subject to the minimum and strict adherence to the four criteria set out in this Circular. Critical here will be the provision of an audit trail behind such delegated decision-making to ensure compliance and accountability. Failure to comply with and provide, will result in delegated authority being withdrawn. The Office of the Chief Operations Officer and National Directors will be furnished with such detail on a monthly basis, by Performance Management & Management Information, National HR Directorate, as provided by those managers to whom delegated authority has been given. The specific list of measures to be fully addressed in supporting decisions to recruit by exception is listed in Appendix 1 to this Circular and should be used as a check list in ensuring compliance with this devolved process to recruit by exception from the general moratorium on recruitment and promotion. Failure to implement effective and robust employment control at all levels of the public health sector, will jeopardise budget break-even and such an outcome cannot be countenanced.

Yours sincerely,



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**Barry O'Brien,**  
National Director of HR

## Appendix 1

### Audit Trail/Quality Assurance Check List

List of key issues that need to be evidenced on decision to recruit by exception

1. Robust business case provided. Focus should be on impact on front-line services and business rationale for post(s).
2. Clear evidence that restructuring/reorganisation/reassignment and/or redeployment options have been exhausted. To include in some instances redeployment option across the wider health/public sector.
3. Ceiling compliance requirement, as well as achievement of end-of year employment target/ceiling, and WTE impact of decision.
4. Evidence of link to suppressions – what post(s) are being suppressed and linked to transfer of associated budgets.
5. Budget impact on compliance requirement to achieving break-even by year end and sustainability into next financial year - **key critical factor** – Decisions to recruit CANNOT be implemented until the particular budget holder has resolved financial compliance requirement.
6. Appropriate approval/sanction and sign-off by the relevant manager to whom responsibility to make decisions to recruit by exception has been devolved to.

**Failure to address all of above shall prevent recruitment process being completed and activated on payroll – accountability issue and may lead to delegated authority being rescinded.**

*Note 1: Fully completed and signed off Requests to Hire Forms A (new service posts) A1 (senior level posts) and B (replacement posts) are critical in providing the necessary quality assurance and audit from the HR perspective. These forms should always be available for audit purposes with regard to all recruitment decisions. In the case of funded Voluntary Hospitals and Voluntary Primary and Community Agencies, their own version of the forms referred to, may be used, as long as they contain the key levels of critical data similar to the HSE forms.*

## Appendix 2

### Monthly Reporting Template – Decisions to recruit by exception from the general moratorium on recruitment and promotion

Directorate/Region/Service/Group:

Month:

, 201 .

Name of CEO/Manager to who devolved authority has been granted in respect of recruitment by exception:

Post- Role/location	Grade/Job Title	WTE Value	Date vacated/ created	Date to be filled	Remarks*

\* Any additional comment to support decisions to recruit by exception

We the undersigned certify that the decisions made to recruit by exception from the general moratorium on recruitment as listed in the table above are compliant with the criteria set out in devolving such decision-making to the above named CEO/Manager.

**Signatures:**

**CEO/Manager:**

**Counter-signed:**

**CFO/AND of Finance/Finance Manager:**

**AND of HR/Director of HR/HR Manager:**

This return shall be made through Regional/Directorate structures to the office of the Head of Performance Management & Management Information, National HR Directorate; e-mail address: [NEMU@hse.ie](mailto:NEMU@hse.ie) , no later than the 5<sup>th</sup> of the following month. Regional and Group returns to include those in respect of funded agencies.