

2009 Employment Control Framework for the Health Sector

1. Despite the creation of the Health Service Executive as a single national agency with responsibility for the delivery of health and personal social services to replace health boards and other agencies, the numbers employed in the health sector and, particularly management/administrative staff, have grown since 2005. The recent exceptional deterioration in the economy and the public finance finances, which has necessitated the taking of emergency budgetary measures, means that a more strict approach to employment control in the medium term must be taken in the public sector generally and particularly in the health sector.

2. The 2008 Employment Control Framework for the Health Sector set an employment ceiling of 110, 600¹ WTEs plus the filling in 2008 of 1050 development posts on foot of Budget 2008. It also provided for reconfiguration targets within the approved ceiling for the redeployment of some 2,000 staff from the National Hospital Office and HSE Corporate to the Primary, Community and Continuing Care (PCCC) pillar by end 2009 to facilitate the development of integrated health care.

3. Based on the 2008 employment outturn and the provision for development posts in the 2009 Budget, the opening 2009 employment control ceiling is 111,800². Functional responsibility for Social Welfare Allowance (SWA), Domiciliary Care and Respite Allowance is being transferred from the HSE to the Department of Social and Family Affairs in 2009. When account is taken of the 940 WTEs involved in the transfer to the Department of Social and Family Affairs, **the 2009 employment control ceiling will be 110,850 WTEs. This ceiling may not be exceeded in any circumstances and will be reduced to reflect the impact of the employment control measures as set out in Sections 4 and 5.**

4. **Within this employment ceiling the following specific measures will apply:**

- I. As provided for in the Government Decision on efficiencies and announced for health in the context of the 2009 Budget, there will be a 3% payroll reduction for management and administrative grades in 2009 leading to a reduction of at least 500 in the numbers employed in these grades.
- II. The ceiling will be adjusted on a net basis for any agencies which may be merged into the HSE on foot of the rationalisation of agencies or arising from the takeover by the HSE of former health board companies. Notwithstanding the separate moratorium on the recruitment, promotion and acting appointments to these bodies which applies as part of the moratorium of recruitment and promotion in the wider public service prior to their being absorbed into the HSE, a target of a further reduction at least 10% in the numbers of management and administrative grades employed in these bodies will apply as and from the date of their being merged/subsumed.

¹ Adjusted for student nurses on a ratio of 3.5:1WTE. The ceiling included contract posts but did not include maternity leave replacement staff.

² 111, 493 plus 82 (9 Health Research Board research posts, 30 Emergency Medical Technicians, Student Nurse adjustment 64) less 21 posts transferred to HIQA) and some 225 developments posts provided for in Budget 2009 for cancer and for disability services

- III. **With effect from 26 March 2009 and until further notice there will also be a general moratorium on recruitment, promotion and acting appointments to all management and administrative grades and all other grades in the health sector, except for those grades as outlined in Section 5.** Any exceptions to this principle, which will arise in very limited circumstances only, will require the prior approval in each case of the Department of Health and Children (who will carry out a detailed assessment of the need for it in the light of the employment control framework and overall progress in reducing employment numbers) and the prior sanction of the Department of Finance.
- IV. A proposal for the filling of a post on exceptional grounds will only be considered through the redeployment of a member of staff of the same or equivalent grade from another post or, the suppression of another or a number of other posts of an equivalent salary value to the post being proposed for filling.
- V. Staff will be redeployed within and across pillars and from one institution to another (the moneys allocated for the salary and related costs of the staff concerned will also be reallocated between the relevant budget holders) to support the development of integrated care delivery. (This provision is without prejudice to any arrangements for redeployment of staff between parts of the public service which may be introduced as part of a wider policy in regard to the management and control of public service employment). The Hospital Pillar and HSE Corporate will be significantly reduced, while the PCCC Pillar will be increased to reflect the fact that more services will be delivered in the community rather than the hospital setting.

5. **Again within the employment control ceiling as set out above**, 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 HSE to the creation and filling of frontline posts in the grades listed in this section, subject to the conditions specified:

- I. **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).
- II. Vacancies in existing posts in the following grades may be filled. Provided that the HSE is satisfied in each case that there is no scope to redeploy an equivalent post from the hospital sector to PCCC, new posts may also be created in these grades to meet primary and community care needs and particularly those of the elderly and people with disabilities.
 - a. **Speech and Language Therapist, Occupational Therapist, Physiotherapist** – Up to 450 therapists.
 - b. **Clinical Psychologist, Behavioural Therapist, Counsellor** – Up to 250 new posts.
 - c. **Social Worker** - Up to 270 Social Worker posts.
- III. **Emergency Medical Technicians** - .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.

- IV. A post or posts with an equivalent salary value will be suppressed in non-priority areas to meet the cost of each new frontline 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. The HSE will furnish written reports every two months to the Department of Health and Children and the Department of Finance on the operation of this employment control framework setting out specific details of the numbers of staff employed, the reductions in staff by grade, the number of frontline posts by grade filled by (a) redeployment, (b) recruitment and (c) promotion as provided for in Sections 3 and 4. The Employment Control Monitoring Group, involving the HSE, the Department of Health and Children and the Department of Finance will continue to meet regularly to monitor progress on the operation of this employment control framework.

Department of Finance
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