

HSE Health Regions-Questions & Answers on HR related matters and Transition

Definitions

CEO-1 Generally National Director roles reporting directly to the HSE CEO

REO-1 Employees who report directly to the Regional Executive Officer and are members of the Regional Executive Management Team (EMT)

CEO-2 Employees who report to or are part of each National Directors team in the revised HSE Centre

REO-2 Employees who report to or are part of each Regional Executive Managers team

Repointing: Occurs where an employee's line manager or head of department is changed.

Redeployment: The assignment of employees to new duties or tasks, a new department or function, or a new base/location.

A new and improved way of delivering health care

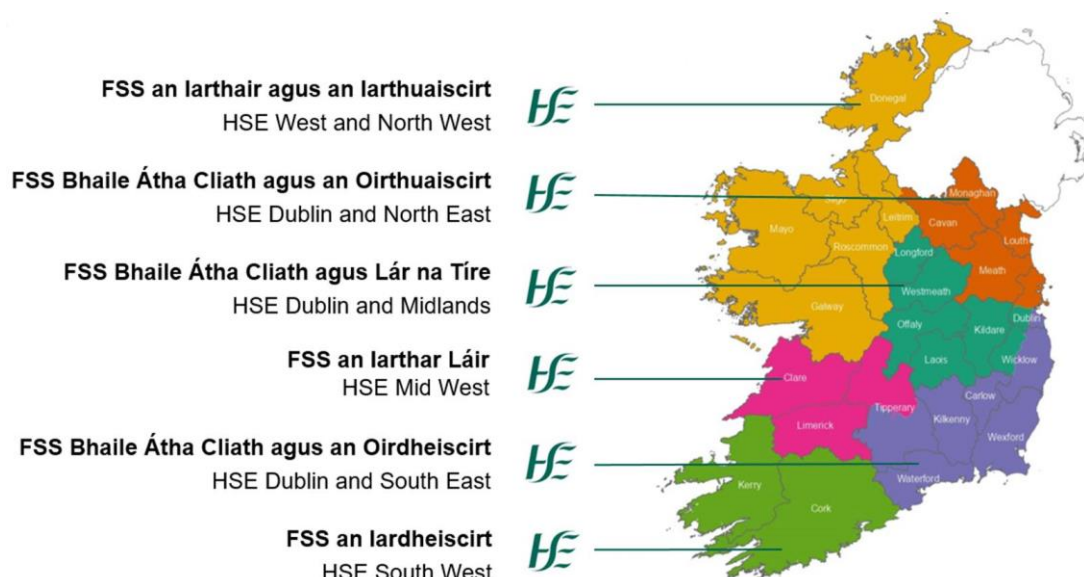
1. What are the HSE Health Regions?

Six Health Regions are being established within the HSE as part of implementing Sláintecare. Health Regions will be fully operational from 2024 and will plan, resource, and deliver health and social care services in each area based on local population needs.

The Health Regions will become the operational service delivery part of the HSE. This will improve accountability and governance in terms of finance and performance. Our overall goal is to empower frontline staff and bring decision-making closer to the community, and closer to the patient.

Staff can read all about the HSE Health Regions and access staff news updates on www.hse.ie/healthregions and on www.healthservice.ie

The six Health Regions will cover the following areas:



Health Regions will allow us to:

- deliver more integrated care closer to patients' homes by bringing together hospital and community services
- plan and deliver services around the needs of local populations
- improve governance and accountability at all levels
- strengthen and ensure timely local decision-making
- provide consistent quality of care across the country

2. Why are they being established?

Health Regions originated in the report of the Oireachtas Committee on the Future of Healthcare (the Sláintecare Report 2017). The report identified that a robust system of leadership, governance and accountability is critical for delivering integrated care.

As part of its recommendations, the report calls for the “geographic alignment of Hospital Groups and Community Health Organisations ... to support population-based health planning and delivery” and for the establishment of regional bodies that will “be accountable at a regional level for implementing integrated care”.

The Government approved the Sláintecare Implementation Strategy and Action Plan 2021-2023 in May 2021, which committed to the implementation of Health Regions. The Health Regions Implementation Plan was adopted by Government in July 2023.

3. What will happen to the Hospital Groups and CHOs?

Hospital Groups and CHOs are now part of the new HSE Health Region in their area. The management of Hospital Groups and CHO will be stood down by the end of September 2024. This will happen on a planned basis which will include an agreed transition period during 2024. Hospital Groups have already transitioned to the new regions and CHOs will move to the new geographical areas over the coming months.

4. Will there be an impact on the HSE Centre?

The HSE Centre is also changing, and will become a streamlined, strategic national centre. It will continue to operate the services which are best retained and managed at national level, and in this regard, a National Services and Schemes function has been established. This will also support the Health Regions in the functions of Planning, Enabling, Performance and Assurance (PEPA). The HSE Centre will have responsibility for ensuring that nationally consistent standards, guidelines and models of care are developed in a way that is collaborative with health regions and that appropriate supports are available to the regions.

Many of the services that are currently provided on a centralised basis will now be delivered on a regional basis.

5. How will all of this affect our people?

The level of change that staff experience as a result of the move to Health Regions and the Centre Review will depend on the position they hold. For some staff, there will be little change, but for others, changes will be more significant.

As the new structures are embedded, staff may be assigned to work in a different team, with different managers. The HSE understands that this is an uncertain time and will do all that it can to engage directly with staff and their representative bodies throughout the change process.

The government has stipulated that the restructuring is to be completed on a WTE and Grade neutral basis and as a result, there will be a role for everyone in the new structures. It is not the intention to downsize the HSE through this restructuring process.

The HSE Centre will change in structure and functions, and as a result, some roles will no longer be performed in the Centre. This move from the Centre will be achieved through a combination of methods including confined competitions and redeployment.

The establishment of the Health Regions will result in new Regional Executive Management Teams (EMTs) that will assume managerial responsibility for existing functions in Hospitals and Community.

Under this structure, Integrated Healthcare Areas (IHAs) will be established serving populations of circa 300k with IHA Managers reporting to the REO in the respective region. They will bring together both acute and community services under one geographically based structure. They will focus on the health of the population across the continuum of care. The structural and more detailed design of the team reporting within each IHA has yet to be completed. This will also be the substructure for IHA business supports (aligned to government principle of WTE neutral and grade neutral).

Staff transition arrangements will include:

1. HSE Centre to HSE Centre transition: - where departments will change within the centre in accordance with the new HSE Centre design
2. HSE Centre functions transfer to Health Regions: both on an interim/immediate basis (to support the REO in setting up the regions) and on a longer-term basis in populating the new Health Region EMT structures
3. Regional (Hospital Groups and CHOs) to new Health Regions transitions: - in populating the new Health Region EMT and Integrated Healthcare Area (IHA) structures

6. Will the restructuring of the health service have an effect on my pay and conditions?

Pay will not be affected by the restructuring. It is unlikely that the terms and conditions of any employee will be affected by the restructuring.

If there are proposed changes relating to you, you will be notified in advance and full engagement will take place.

7. My contract is specific to my CHO or Hospital Group – how will a move to Health Regions impact this?

For most staff there will be no significant or noticeable change. If there are proposed changes relating to yourself, you will be notified in advance and full engagement will take place.

8. Will there be any voluntary redundancies, exit packages or abolition of office as part of the move to Health Regions?

There are no voluntary redundancies or other exit packages available to staff. Specifically in relation to the question of ‘Abolition of Office’, the HSE is no longer authorised to abolish an office.

9. Will roles in the new Health Regions be assigned centrally or will there be competitive processes for each role?

For most staff in the regions and a significant number of staff in the new HSE Centre, there will be little or no change beyond re-pointing to the new structures.

We are now in a transition period while the Health Regions are stood up and functions are transferred from the Centre to the Regions. This will require a phased period of filling certain posts in the new structures whilst maintaining services under the current structures.

Phase 1 of this transition will be to fill posts at HSE Centre National Director level and at Health Region EMT level and this will occur from May to September 2024.

Firstfilling of these posts will be by open or confined competition to all staff in the approved pools. This will depend on whether the post is a promotional post or grade-to-grade filling. The preferred option is to initially fill posts on a permanent basis where possible.

The Health Region EMT structure has been finalised and is set out in Appendix 2. It is agreed that the IHA Managers are approved at National Director- Level III, and the Head of HR; Finance; Planning and Performance; Estates and ICT will be at AND level. Further dialogue is ongoing around grading for Head of Communications and Public Affairs and the Regional Clinical Posts remaining mindful of the key Department of Health principle of “WTE neutral and grade neutral”.

Phase 2 of this transition will be to fill posts at HSE Centre sub functions under the National Directors, and Health Region sub functions under the EMT levels commencing May 2024. It is intended that these posts will be filled by confined competition.

If the confined competition results in vacancies remaining, voluntary redeployment with appropriate skills matching will be used to fill these vacancies.

In the unusual and unlikely event that an employee does not secure a post through confined competition and is not reappointed, every effort will be made to redeploy the employee to a role, with appropriate skills matching. Redeployments will be managed in line with the

Redeployment Protocol outlined in Chapter 6 of the Public Service Agreement 2010-2014(Appendix 1), as referenced in section 2.6.1 Public Services Agreement 2024 – 2026.

10. I am an AND/Head of Service in a Hospital Group or Community Health Organisation, what happens if I do not compete/am unsuccessful for a post?

- Terms and conditions, with the possible exception of local and reporting relationship, will remain the same.
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- You will be red-circled on a personal to holder basis and continue to perform your duties or assigned alternative duties appropriate to your role and grade within the emerging Health Region structure.
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- As the new structures in the Health Regions are established and if your role in a Hospital Group/Community Health Organisation is not be required in its current format, you may seek a new role by competition. If you are unable to secure a role through competition you will be redeployed to a new role. The Redeployment Protocol outlined in the Public Service Agreement 2010-2014 will apply.

11. I would like to relocate closer to family. Will there be an opportunity to express an interest in changing from my current location.

Following the process outlined above for filling of posts, all opportunities will be advertised on the HSE website for these posts and future opportunities.

12. What will happen to roles that are no longer required in the new structures and what options will I have if my role is impacted

For the majority of employees there will be little or no change. The reconfiguration of the HSE Centre will result in a shift in activity, creating opportunities in the Regions.

If, following the establishment of the Health Regions, an employee's role no longer exists in its current format, opportunities will arise elsewhere. Please see above for details of how roles will be filled.

If an employee's role is no longer required in the new structure and they do not compete for another position, they will be redeployed to an alternative role under the terms of the Redeployment Protocol in the Public Service Agreement 2010-2014.

13. When will I find out if there any impacts to my role and who will tell me?

Over the coming months, transition planning to the new regions will continue. This will bring clarity on the new HSE Centre structure and the structure within the Health Regions. As this is finalised, and if your role is impacted, you will be informed by your local HR / Line Manager and options available to you will be communicated to you.

Queries/Miscellaneous

14. Who do I go to if I have questions?

General queries on the Health Regions programme can be directed to the Health Regions Programme team at HealthRegions.team@hse.ie

If your question is more specific around impacts on you personally, please contact your relevant HR Lead in National HR, your Hospital Group or CHO Area who can either answer your query or direct it to the Programme Team or National HR. It is intended that the HR Leads for the Health Regions will be prioritised for filling in Q.2 2024

15. If I have a grievance how do I raise it?

You may discuss any concerns with your Line manager in the first instance in an effort to reach a solution. The Redeployment Protocol provides that where a staff member wishes to appeal a redeployment decision, such an appeal will be managed by an agreed adjudicator who will issue a decision within the terms of the scheme within 21 days and whose decision will be accepted.

16. Part of my role has changed which reduces my work by a certain amount, what will happen?

The HSE regularly reconfigures workloads and assignment of work which may occur in your case. Your workload should be discussed with your manager in first instance. This discussion may involve assignment of work appropriate to your grade.

17. As part of reorganisation, could I be reappointed to a new manager / new division?

The reorganisation of services and reappointing of functions and divisions may necessitate reappointing of staff.

18. What will the changes mean for our staff?

The implementation of the new reforms will ensure that the Irish Health Service and social care system is an attractive place to work and allows staff to maximise their potential and productivity as well as providing opportunities for career progression and skills development. Through this reform, service delivery teams will be empowered to make continuous improvements in response to new insights and user needs. This in turn will promote change and innovation at a local level to deliver high-quality services to populations based on their needs, making our service a better place to work for our staff. This will be key to the implementation of Health Regions and how they evolve going forward.

We will continue to include staff in both engagement and communication regarding the evolving changes.

19. Will there be consultation and engagement?

Yes – we will continue to update and engage staff on the changes as they evolve.

We will also engage with the staff representative groups at NJC and individual level.

20. What process of engagement is envisaged to facilitate feedback from all affected employees?

An ongoing programme of engagement has underpinned the Health Region work to date with circa 5600 engagements during 2023 and this will continue throughout 2024 as further design work is undertaken. Stakeholder analysis has been undertaken and is consistently reviewed to ensure the key stakeholder groups are engaged and consulted. As the programme is transitioning to implementation the communication and engagement plan will further evolve. Current activities include a biweekly update for all staff, webpages and updates for managers to deliver to their respective staff groups and ongoing staff updates from National HR and the Health Regions Programme Team. Regular updates for Heads of HR as well as National Joint Council (NJC) are provided. Affected staff will be encouraged to feedback concerns to their line manager/ local HR support.

In addition, Forsa is providing feedback from members which is being taken into consideration in terms of managing the changes.

21. What is the proposed procedure for changing reporting structures?

There will be direct engagement with individuals in relation to re-pointing and redeployment, where it arises.

Appendix 1

Chapter 6 Public Services Agreement 2010 – 2014; & Section 2.6.1 Public Services Agreement 2024 - 2026

Redeployment Arrangements

6.1 Health Service Redeployment Protocol

Policy Statement

6.1.1 Agreed protocol between the HSE, health service employers funded by the HSE and trade unions representing staff employed throughout the health services.

6.1.2 Health employers confirm their commitment to the development and maintenance of positive working environments in which all employees are valued equally and are encouraged to enhance their work life and develop themselves.

6.1.3 The Parties to this protocol recognise the important role early and complete consultation can play in the successful realisation of reconfiguration or rationalisation of services where deemed necessary for service improvement or cost containment.

6.1.4 The health service employers and trade unions recognise that voluntary redeployment is the preferred option in the first instance.

6.1.5 Redeployment will be organised in a manner which maximises the efficient and effective deployment of resources while recognising the rights, entitlements and needs of the employee.

6.1.6 Core considerations in the development of redeployment decisions will be the continued delivery of effective, safe and timely patient care and the effective deployment of resources.

6.1.7 The redeployment protocol applies to all employees in the HSE and health employers funded by the HSE and opportunities to fill positions through redeployment will be equally available to those employees on statutory leave or other agreed leave associated with family friendly policies.

6.1.8 The protocol will not impact on the normal management decisions to deploy/assign duties or staff as deemed appropriate, or temporary transfers due to emergencies.

6.1.9 Existing specific agreements regarding issues of redeployment associated with discrete projects/service reconfiguration in specific locations will remain unaltered.

6.1.10 There will be a greater need to use redeployment having regard to the Government moratorium on recruitment in the Public Service.

Scope of Practice for Regulated Clinical Professionals

6.1.11 Safe patient care must inform all decisions on redeployment. While the protocol applies to all HSE employees and to health service employers funded by the HSE, certain regulated professions carry individual responsibility with regard to their competence to practice safely and effectively while fulfilling their professional responsibility within their scope of practice. In no circumstances may a redeployment opportunity be promoted or acceded to where the receiving position would require the redeployed individual to work outside their scope of professional practice.

Rationale for Redeployment

6.1.12 Redeployment of employees may be required for a number of reasons including the following:-

- **to meet organisational and operational needs, including reconfiguration of services;**
- **where, as a result of organisational restructuring, an individual's job no longer exists in its current format;**
- to redirect or develop skills and competencies required to meet evolving patient or service user needs;
- matching employee skills and competencies with specific organisational requirements;
- to meet staffing and service imperatives;
- to respond to service priorities and urgent work demands.

6.1.13 In addition, health service employers in the service planning exercise, or revisions to it, will identify, at the earliest possible date, employment categories or service areas of diminishing demand or which, due to financial constraints, face reconfiguration or closure.

Procedure for Redeployment

6.1.14 Volunteers for redeployment will be sought in the first instance.

6.1.15 Normally redeployment will occur for the reasons set out in paragraphs 6.1.12 and 6.1.13 above.

6.1.16 Where such areas are identified all practical options available for employees, including reference to existing transfer lists (where applicable) will be explored.

6.1.17 All health service employees, including those on approved leave schemes, will be entitled to apply for consideration for vacancies within their own grade, category or profession.

6.1.18 In accordance with Public Appointments Commission regulations, promotional posts may only be obtained through competition.

6.1.19 Redeployment may not always be to a role/grade of similar/equal status. However, an employee's existing pay and terms and conditions of employment will be protected if they participate in the redeployment scheme.

6.1.20 The following criteria will be used generally to determine the suitability of an applicant for redeployment:-

- the nature of the work;
- qualifications;
- skills and experience required to carry out the work;
- attitude or capability of the individual to undertake the work;

- working arrangements e.g. hours of work, shift arrangements;
- level of responsibility.

Competence, Re-skilling, Education and Training

6.1.21 Where a full skills/competency match does not exist following a redeployment decision appropriate training will be considered to equip the employee with the skills necessary for their new role. The nature of the education/training will be mutually agreed between line management and the employee. A return to the employee's original position may also be considered where considered practicable.

Essential Redeployment

6.1.22 Where there are insufficient volunteers management will be able to require staff to redeploy. Staff will normally be selected on the basis of length of service having regard to the skill set requirement for the post.

6.1.23 Staff may be redeployed to a location within a 45 km radius of their current work location or of their home address, whichever is the shorter commute. In making such redeployment decisions regard will also be had to reasonable daily commute time.

6.1.24 In some instances, due to the specialist nature of the post, redeployment options will of necessity be considered beyond these guideline distances. In making offers of redeployment, regard will also be had to reasonable daily commute time.

6.1.25 The protocol will not preclude redeployment applications from employees who wish to redeploy to a location/service of their choice and which may be beyond the guideline distance outlined above.

Appeal Process

6.1.26 Where a staff member wishes to appeal a redeployment decision such an appeal will be managed by an agreed adjudicator who will issue a decision within the terms of the scheme within 21 days and whose decision will be accepted.

6.1.27 Nothing in this protocol affects an individual's statutory rights.

**Appendix 2-
Health Region Executive Management Team Structure**

HSE EMT Model - Advanced Design

29/04/2024

