

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

Updated March 2025

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

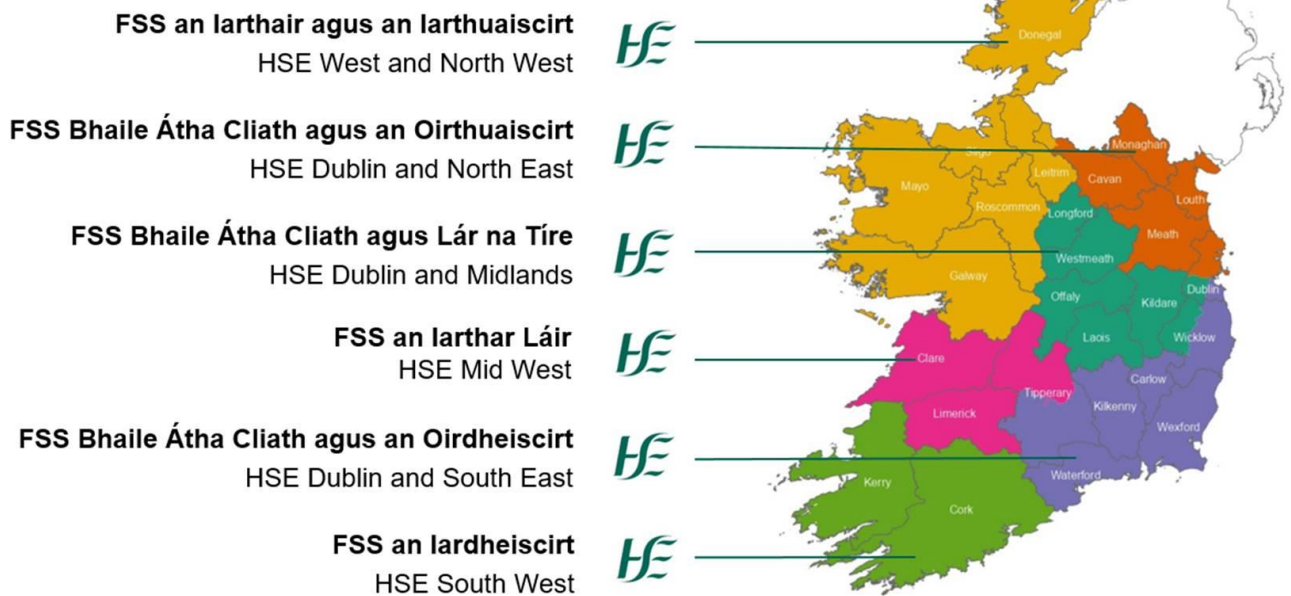
1. What are the HSE Health Regions?

Six Health Regions have been established within the HSE as part of implementing Sláintecare. Health Regions have been 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 are responsible for the operational service delivery by 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 and services users' 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 have transitioned to the HSE Health Regions. The management of Hospital Groups has been stood down. The HSE is in a transition phase with the CHOs and their management structures will be stood down on a planned basis by the end of September 2025.

4. Is there an impact on the HSE Centre?

The HSE Centre is changing to a 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. It 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 working 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 has changed its 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 has resulted in new Regional Executive Management Teams (EMTs) being formed that have assumed managerial responsibility for existing functions in Hospitals and Community. 20 Integrated Healthcare Areas (IHAs) have been established, each with an IHA Manager that reports to the REO in the respective region. They serve a population of between 150,000 and 450,000 and they 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.

Staff transition arrangements will include:

1. HSE Centre to HSE Centre transition: - where departments are changing within the centre in accordance with the new HSE Centre design
2. HSE Centre functions transfer to Health Regions
3. Regional (former Hospital Groups and CHOs) to new Health Regions transitions: - in populating the Health Region EMT functions 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 Centre, there will be little or no change beyond re-pointing to the new structures.

Following the recruitment of the Regional Executive Officers, the HSE has been focusing on filling roles on the Health Region Executive Management Teams (EMT), the structure of which is set out in Appendix 2. Competitions for these roles took place during 2024 and 2025 on a phased basis and the majority of the posts are now filled in the 6 Regions.

The current phase of implementation began on March 03, 2025 and sees 5 out of 6 Regions focusing on implementation of the Integrated Healthcare Area structure (see Appendix 3) which was approved by Health Regions Governance Group in February 2025 (implementation in HSE Mid West will begin at a later date). Mapping to the approved structures is underway and the same approach will be applied across the health regions. Staff and managers will work together to plan the transition.

Posts in the IHA structure will be filled either through confined competition or reassignment. Reassignments will be managed in line with the HSE Health Regions- Reassignment Principles and Arrangements (Appendix 1). The transitions should be completed within 6 months.

During this phase, our main priorities remain:

- maintaining existing levels of service for our population
- maintaining quality and safety
- communicating these changes in a timely way.

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.

or

- 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 Health Region structure.

or

- If your role is no longer 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 HSE Health Regions- Reassignment Principles and Arrangements 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 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 HSE Health Regions- Reassignment Principles and Arrangements.

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

Transition planning will continue over the next few months, bringing bring clarity on the new structure within the IHA's. 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 OrganisationalChange@hse.ie

If your question is more specific around impacts on you personally, please contact your relevant HR Lead in National HR, your Regional Director of People who can either answer your query or direct it to the Programme Team (or National HR from the Regions).

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 Reassignment 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 repointed to a new manager / new division?

The reorganisation of services and repointing of functions and divisions may necessitate repointing 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 are also engaging with the staff representative groups at National Joint Council (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. Stakeholder analysis has been undertaken and is consistently reviewed to ensure the key stakeholder groups are engaged and consulted. 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 the Regional Directors or People, as well as 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

HSE Health Regions- Reassignment Principles and Arrangements

These principles apply to all employees in the HSE or the duration of the HSE Restructuring during 2024 and into 2025. The principles are not applicable thereafter. Reassignment in these circumstances will only occur if role / function is directly impacted by the HSE restructuring and the establishment of the six health regions.

1 Definitions

1.1 Reassignment

For the purposes of this agreement, an employee reassignment is the change of an individual's role from one position to another with different activities/ functions are to be performed, without promotion or demotion.

1.2 Redeployment

Redeployment is the change of an individual's role from one position to another without promotion or demotion and may require them to relocate to another physical location and/or team. Activities undertaken may change but not necessarily. The Redeployment Protocol is also relevant in the context of the document provided for under the PSA 2010 – 2014.

1.3 Repointing

Repointing is the change of an individual's reporting relationship, whereby an employee may be repointed from one line manager to another with minimal or no change to the activities of their role.

2 Principles and Provisions for Reassignment

2.1 Outlined below are the agreed **reassignment principles** between the HSE and trade unions representing staff employed throughout the health services.

- a) Roles on the Regional EMTs are for filling by confined competition and therefore reassignment is not possible to these roles in the first instance.
- b) In accordance with Public Appointments Commission regulations, promotional posts may only be obtained through competition unless otherwise agreed by confined competition.
- c) Every effort will be made to ensure an employee is reassigned to a role with equal responsibilities. However, it is acknowledged that this may not always be possible. In all cases, an employee's substantive pay and terms and conditions of employment will be protected on a 'red-circled' basis to them. An employee must not be assigned to a role that is outside the scope of their profession or to a higher graded role.
- d) The employer reaffirms there is a meaningful role for each member of staff.
- e) The HSE confirms its 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 balance and develop themselves.
- f) The Parties to this protocol recognise the important role early and complete consultation plays in the successful realisation of reconfiguration of services. Where a reconfigurations involves a collective group, the HSE will engage with the relevant staff representative bodies as early as possible. The engagement will:
 - o Outline the proposed changes
 - o Provide the reasons behind the proposals
 - o Ensure the staff representative bodies have the opportunity to give their views
- g) The health service employers and trade unions recognise that voluntary reassignment and/or redeployment is the preferred option in the first instance.
- h) Reassignment decisions will be organised in a manner that maximises the efficient and effective deployment of resources while recognising the rights, entitlements and requirements of the employee, and the provisions of the individual's contract of employment.
- i) Core consideration reassignment decisions will be the continued delivery of effective, safe and timely patient care at all times and the effective deployment of resources to support this.

- j) These principles apply to all employees in the HSE for the duration of the HSE Restructuring during 2024 and 2025 only.
- k) The protocol will not impact on the normal management operational decisions to deploy/assign duties or staff as deemed appropriate, or temporary transfers due to emergencies, normal processes in respect of consultation and insofar as possible, agreement will apply.
- l) Reassignment arrangements will be confirmed in writing to individual employees outlining their new role, the circumstances resulting in the reassignment, the duration etc. of the new assignment and any other relevant details.
- m) Employees will not be reassigned/redeployed more than once as part of the current restructuring process, i.e. during the period March 2024 to December 2025.

2.2 Scope of Practice for Regulated Clinical Professionals

Safe delivery of services and continuity of services must inform all decisions on reassignment. While the principles apply to all HSE employees, certain regulated professions carry individual responsibility regarding their competence to practice safely and effectively while fulfilling their professional responsibility within their scope of practice. In no circumstances may a reassignment opportunity be promoted or acceded to, where the receiving position would require the individual to work outside their scope of professional practice.

2.3 Rationale for Reassignment

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

- To meet organisational and operational needs, arising from the restructuring of the HSE in line with the implementation of Sláintecare objectives.
- **In the context of the organisational restructuring a number of scenarios may arise:**

- a) Where, as a result of organisational restructuring, an individual's role no longer exists in its current format. In such cases the individual could be reassigned to another role with their current manager or be reappointed to a new manager.
- b) Activities of a role remain unchanged; however the individual is being reappointed to a new manager / division as part of the restructuring.
- c) Activities of a role are partly changed / reduced, and the individual may remain with their current manager or may be reappointed to new manager / division. In such scenarios, the individuals may be required to take up additional activities equating to a full-time role.
- d) Activities of a role, move from the Corporate Centre to a Region; or Region to Centre. In this context, the HSE will consider whether an individual can carry out the activities from their current location.
- e) Activities of a role are substantially or completely reduced, and the individual may be reassigned to another role.

Health service senior managers who are leading the restructuring, will identify, at the earliest possible date:

- roles which will no longer exist in the new structures
- roles for which there will be diminished demand
- roles which will change in the HSE Centre, i.e. from Division to Division which may only require reappointing of an individual
- role where the activities will move from the Centre to the Regions

2.4 Procedure for Reassignment

1. The relevant National Director, REO or appropriate senior manager will assess the impact of proposed changes for current managers and staff in the service including numbers of staff, contract type and tenure for the individual(s) where a change is proposed.
2. The relevant National Director, REO or appropriate senior manager will consider potential options prior to meeting with individuals.

3. If the employee is on a Temporary Higher Acting arrangement (THA), it may be necessary to end the THA at the termination date, with the individual returning to their substantive grade / role in line with the termination arrangements of the THA (including notice periods).
4. The relevant National Director, REO or appropriate senior manager should discuss roles / options they have identified with an individual to ensure understanding and to gain mutual agreement, with the allowance of time and a number of engagements as required to achieve this – i.e. voluntary reassignment. Please refer to point 2.1(f) above for collective reassignments/deployments
5. If this is not possible, the relevant National Director, REO or appropriate senior manager will ultimately have to make an assessment and decision on the option that best suits the skills and expertise of the individual as related to service needs. They must adhere to transparent criteria when reaching any decisions in this regard.
6. The relevant National Director, REO or appropriate senior manager will explore the next steps with the individual – the individual will remain in their post until an agreed date which will be no longer than 1 month. They will retain their substantive grade and T/Cs associated with same.
7. In other cases, the relevant National Director, REO or appropriate senior manager will advise on the changes that will apply to the individual, e.g. some activities of the role will change but some will remain the same. The manager will discuss other tasks relevant to the grade which will be assigned to the individual in line with the employee's contracted hours.
8. Clarification will be given as to whether the individual's line manager remains unchanged or not.
9. The relevant National Director, REO or appropriate senior manager may also advise the role no longer exists along with information on other opportunities arising which will be filled by confined competition;
10. The National Director, REO or appropriate senior manager will ensure that any other suitable vacancies in the Organisation, will be brought to the attention of the individual, who may consider applying for these posts. All vacancies in the Organisation are advertised on www.hse.ie

11. Any concerns relating to the adoption of these principles by the Services may be raised at the National Joint Council.

2.5 Criteria for Reassignment

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

- the nature of the work
- qualifications
- skills and experience required to carry out the work
- aptitude or capability of the individual to undertake the work
- working arrangements e.g. hours of work, shift arrangements
- level of responsibility, and accountability
- length of service at current grade

A skills-match meeting may be held with an individual to determine their eligibility. This meeting should be documented and there should be complete transparency in the process. .

2.6 Competence, Re-skilling, Education and Training

Where a full skills/competency match does not exist following a reassignment decision, appropriate training will be provided by the manager to equip the employee with the skills and knowledge necessary for their new role and to meet any gap identified. The nature of the education/training will be mutually agreed between line management and the employee.

2.7 Essential Reassignment

2.7.1 Where reassignment opportunities voluntarily undertaken have been exhausted, management will identify staff to be reassigned.

2.7.2 Staff will normally be selected on the basis of length of service in the grade having regard to the skill set requirement for the post.

2.7.3 Staff may be reassigned/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. The HSE's Blended Work Policy may also be considered when determining reassignment options if agreeable to both parties.

2.7.4 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.

2.7.5 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.

3 Appeal Process

3.1 Where a staff member wishes to appeal a reassignment decision such an appeal will be managed by an agreed adjudicator for the HSE who will issue a decision within the terms of the process within 21 days and whose decision will be accepted. They may be accompanied to the appeal hearing by a colleague or staff representative.

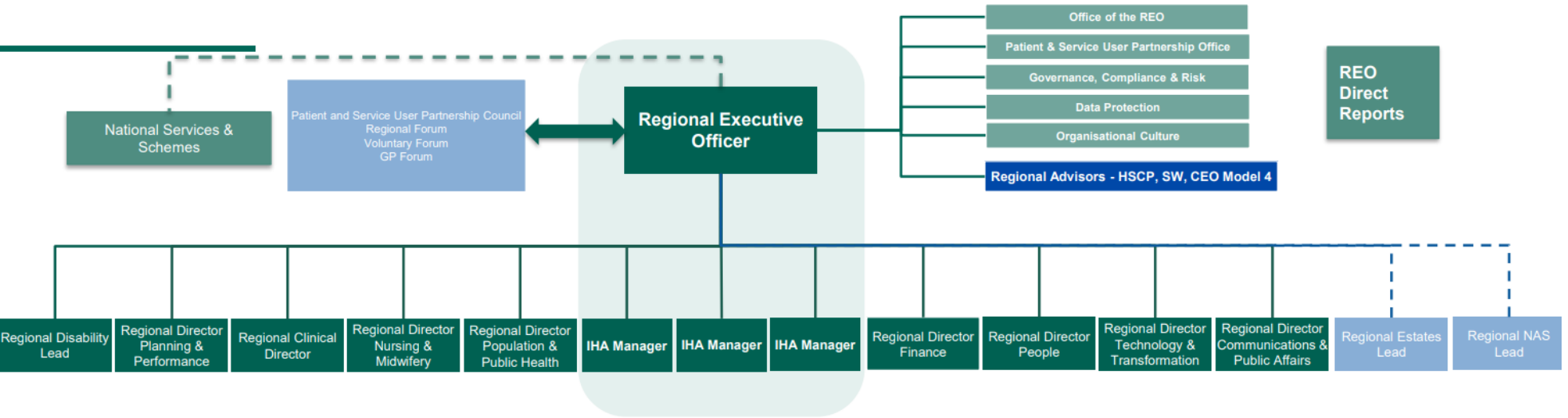
3.2 Nothing in these principles affects an individual's statutory rights. Therefore an employee who is unhappy with the outcome of an internal redeployment or reassignment appeal hearing, may take a further appeal to the WRC.

4. Monitoring

4.1 This redeployment protocol will be monitored by a steering committee comprising three management and three trade union nominees. The committee may recommend, through the National Joint Council, amendments or enhancements to the scheme, including opportunities for re-skilling and re-training, based on experience gained through its operation.

Appendix 2-
Health Region Executive Management Team Structure
HSE EMT Model - Advanced Design

Organogram as of 08/04/2025



Note: Model continuing to be reviewed and adjusted, where appropriate

