Public Service Agreement 2010-2014

Health Sector Action Plan 2012

Introduction

This revised Action Plan is designed to support the delivery of the HSE's 2012 National Service Plan by facilitating the fast-tracking of measures required to deliver essential health and personal social services across the country within the context of further reductions in funding and staff numbers. The implementation of the National Service Plan, approved by the Minister for Health on 13 January 2012, represents a major challenge to the health services and comes at a time of major reform of the public health system. The Plan acknowledges there will be an unavoidable impact on frontline service delivery in 2012 because of the scale of the reductions in funding and employee numbers but commits to an acceleration of changes in service delivery/care models and work practices to mitigate the impact on services to the greatest extent possible. Essentially, all those working in the health service have to commit to delivering the maximum level of safe services possible for the public within reduced funding and employment levels while at the same time implementing a wide-ranging reform agenda.

Context

Financial and Human Resources

The service impact of both the 'grace period' retirements and overall HSE budget reductions of €750 million for 2012, are reflected in this year's National and Regional Service Plans. The National Service Plan envisages 3,313 retirements yielding a pay bill reduction of €160 million in 2012. The health service will also have to cover a range of unavoidable costs within its lower allocation, such as increments, general non-pay inflation, the EU Temporary Agency Work Directive and the VAT increase. The service will also have to cope with the increase in health and social care needs arising this year from population growth, ageing and increased disease incidence.

The service must also deal with the ongoing reduction in staffing numbers in order to achieve an end-of-year target of 102,100 WTEs. In particular, the concentration of retirements in the period from late 2011 to February 2012 poses significant challenges. Recruitment priorities are outlined in the HSE Service Plan and the 2012 employment control measures will require that vacancies may only be filled on an exceptional basis in essential frontline health and social care services and to facilitate reform under the Programme for Government.

Service Reform

Within and across all key service areas, reform will see changes in way care is delivered as well as in governance and management structures. Some of the major developments are summarised below.

Primary Care

The strengthening of primary care services by the development of multi-disciplinary Primary Care Teams (PCTs) is central to the health reform programme. Funding of €20m has been allocated in 2012 to support this. Staff will co-operate with the change programme including moving from hospital to community settings and changes in rosters as appropriate.

Acute Hospitals
The HSE's national clinical programmes are one of the key drivers of improved quality of services in the acute hospital services and the Special Delivery Unit is working with hospitals to reduce waiting times for both emergency and elective services.

Major changes are underway in regard to the organisation of acute hospitals with the objective of providing high-quality care to patients in the most appropriate setting, as close as possible to their community and resulting in the best possible outcomes for their health and social gain. Arrangements are being made to establish hospital groups, covering all acute hospitals, as quickly as possible this year. Each hospital group will have a single consolidated management team, with responsibility for performance and outcomes, within a clearly-defined budget and employment ceiling. The management team will have autonomy to reconfigure services across the group, subject to an agreed policy framework and approval process. The Framework for Smaller Hospitals being developed by the Minister for Health will set out a set of key criteria and principles to which all reorganisation of hospitals, smaller and larger, will adhere.

Ambulance Services
Given the need for a high-performing emergency ambulance service with appropriate integration with the acute hospital and primary care services, there is a need to achieve the rationalisation of ambulance control facilities, adoption of new technology and changes in work practices as a matter of urgency.

Mental Health Services
"A Vision for Change" will continue to be implemented with full co-operation from staff in regard to the wide range of reforms involved and in particular the reconfiguration of mental health services from institutional care to multi-disciplinary community-based services. Funding of €35million has been allocated in 2012 for the expansion of Community Mental Health Teams, suicide prevention, the provision of mental health counselling in primary care settings and the roll-out of Clinical Care Programmes in Mental Health. The improvement of child and adolescent mental health services remains a priority.

Child Care Services
A major change programme is taking place within child and family services including the establishment of the new Child and Family Support Agency, the core of which will be the existing HSE services in this area. The co-operation of all parties will be required to facilitate the implementation of this Government decision

Care of the Elderly
Services must be geared to enabling older people to live independently in their own homes for as long as possible. In 2012 funding will be focused on maintaining the delivery of home care services, on increasing intermediate care and on optimising the provision and quality of residential care. The increased demands on services at a time of reduced resources means that various innovative measures will be needed, including reorganisation of services/possible external service delivery and changes in work practices. The single assessment tool will be introduced to determine patient/client need and to ensure equitable access to services based on need.

Community Nursing Units
Due to the increased costs associated with public community nursing units, the Service Plan refers to the possible closure of up to 555 beds in 2012. A viability study of public community nursing units will be completed urgently to see if more cost-effective services can be provided within the public system.

Disability Services
As outlined in the National Service Plan, service providers will be expected to achieve savings/efficiencies of at least 2% through consolidation and rationalisation of "back office" costs. Allocations will be reduced in line with the target level of saving which will vary between providers. Providers will also co-operate with the move to more individualised models of service provision and other measures to implement the Department of Health Value for Money and Policy Review which is due to be finalised shortly. An implementation plan including short, medium and long-term goals will be developed in 2012.

Performance Management
In line with the PSA and Programme for Government, the implementation of the health sector wide performance management system in 2012, with its focus on individual and team performance management cycle, is a critical component of improving both individual and organizational performance. Performance Management is being rolled out under the umbrella of the PSA (2010-2014). Phase 1 (quarter 4 2011, and 2012) is focused on senior management grades across all disciplines and the system will cascade downwards thereafter for all grades in 2013 and 2014.

Required measures

To address these challenges, both national and local management will be implementing the following measures as a matter of urgency:

Issue	Measures to be implemented
1. National Service Plan 2012 as approved by the Minister for Health **and** the **Regional Service Plans** (Dublin / Mid-Leinster, Dublin / North-East, South, & West)	Deliver the National Service Plan as approved by Minister, through regional service plans. Some of the key requirements are: o Deliver the maximum level of safe services possible within the allocated budget. o Average expenditure reduction of 7.8% and a reduction to 102,100 WTEs by 31st December 2012. o More cost-effective provision of public nursing home services as alternative to contractions in capacity; o A reduction in the volumes of overtime (15%), allowances (10%) and agency (50%) expenditure o Deliver 2% efficiency measures in disabilities services across the country. o Deliver the targeted reductions in patient waiting-times in emergency departments and for elective procedures. o Achieve national target of 3.5% absenteeism rate for staff across all services
2. Organisational changes within the HSE	o Establishment of hospital groups; o Continued strengthening of primary care services by the development of multi-disciplinary Primary Care Teams (PCTs); o Development of mental health services. o There are a number of major reforms already underway in 2012 or which will proceed this year where staff will co-operate with these reforms, including adopting flexible models of care provision including, as appropriate, multiple work locations including institutional, community and home settings. o In addition, reform of the health service will involve certain reassignments of functions between the HSE and the Department of Health. Co-operation with these changes, including, as appropriate, with cross-sectoral mobility (HSE/Civil Service), will be required.
3. Retirements: End of Grace Period 2012	One of the key requirements of the action plan is the need to deal with the departure of more than 4,300 staff from the services between September 2011 and the end of February 2012 (details of which as set out in **Appendix 1**). Management want to acknowledge the impressive level of staff commitment, flexibility and increased productivity which has already been provided by staff across the country to deal with this challenge. Continued co-operation in moderating the impact of these departures and ensuring continuity of safe service, particularly during this period will be necessary and the following measures, in particular, will be implemented. o All local managers will review current rosters to establish whether they are optimised to meet current and expected service needs. The rostering reviews will also include an examination of skill-mix. New

	rosters will be developed as necessary to make the optimum use of staffing resources in line with the principles set out in **Appendix 2**, moving beyond the 12-hour model and ensuring that service needs, including "peaks and troughs", are catered for. Rosters will continue to be open to flexible and dynamic change at local level. Managers will be required to report regionally and nationally on the changes effected. o There will be an increase in staff productivity, especially in primary care, whereby scheduling of clients in PCT should increase by 30% over the course of the year. o The elimination where it exists of the double payment of on-call and premium payments in addition to time off in lieu (**Appendix 3**). o Reviews of staffing levels will, as a result of the retirements, be undertaken where appropriate. o Internal health service redeployment will continue to be pursued strongly, within the 45km radius provided for in the PSA. This will, as necessary, include mobility across geographical/administrative boundaries and between organisations, where this will facilitate the most appropriate delivery and management of service. The HSE will track this though a redeployment/mobility register.
4. Priority changes required in respect of particular disciplines	**Consultants** o Full cooperation with the implementation of the clinical programmes and SDU. o Greater flexibility by consultants in respect of their attendance patterns reflecting the need to have some services delivered on a 24/7 basis within a 5/7 working week. o Compliance with the reduction of the historical rest days in order that no liability exists by the end of 2012 for an additional year off when a consultant retires. o Consultants to lead with the measures necessary to achieve compliance with the EWTD in respect of doctors in training. o Full co-operation with achievement of increase in private income collection to €143m. o Full compliance with the public private practice ratios as contracted and as measured by the HIPE Measurement system. o Support the introduction of advanced nurse practitioners in targeted services to substitute for service NCHD posts.
	Nursing o Nurse management to broaden scope of responsibilities, e.g. Directors of PHN to cover additional service areas, hospital/community hospital and Directors of Nursing to take on responsibility for management of additional facilities. o A reduction in the number of nurse management and general staff nurse levels to a similar ratio to that of the private sector. o The introduction of advanced nurse practitioners in targeted services to substitute for service NCHD posts. o A further expansion at no additional cost of the role of nursing across all care settings to include IV fluid balance, blood transfusion, etc.
	Management / Clerical o A reduction in management layers to consolidate numbers and to

	better reflect more streamlined management roles. o Extensive redeployment of clerical and management posts across the public health service. o A review of the existing flexitime arrangement, where it is in place, to ensure that it continues to meet the needs of the service.
	Allied Health Professionals o The introduction of the extended working day across all therapy grades. o A reduction in the numbers working in management grades to achieve an optimal match between staffing levels and service level activity. o A productivity increase of 30% in the daily scheduling of patients and clients in primary care settings. o The introduction of the extended working day for radiotherapy grades in NCCP centres. o Implementation of agreed Review of Hospital Pharmacy to facilitate improved pharmacy input into the clinical and cost effectiveness of services, including medicines management and procurement.
	Support Grades o Full implementation of the benchmarked standards identified in the Support Stat process to achieve greater productivity. This system of measurement of economy, efficiency and effectiveness of performance of facilities management services is live since 3rd January 2012, with 49 participating hospitals. o Implement the findings of the work practice review of the ambulance services. o The rationalisation of ambulance control facilities and adoption of the necessary new technology will be addressed within specific timeframes in 2012 and 2013. o Full co-operation with the laboratory modernisation project.
5. Allowances and Annual leave	In line with the decision of Government to reduce the cost of allowances in 2012, management will be reviewing all allowances currently payable and the case or otherwise for their payment to new appointees and promotees. The terms of the Government/ICTU agreement on revision of annual leave will be implemented for all staff in the 2012 leave-year. It is also the intention to introduce a new acting up policy.
6. Process Improvement	To enable change to happen quicker and to shift the emphasis from a centralised process to a more devolved process with responsibility and ownership at local level, every service unit is currently working on their change plans, including contingency for the end of the grace period. This adjustment will ensure that real change is implemented at local level, supported at both regional and national level by management and trade unions. This is a critical requirement for responsive change management in the current environment.
7. Procurement	The HSE is working closely with the Department of Public Expenditure &

	Reform in regard to this aspect of the Public Service Reform Plan. Key initiatives will relate to achieving enhanced value for money in the pricing and reimbursement of drugs and medicines. A target for procuremen savings has been set for 2012. The introduction of reference pricing for drug in 2012 will be a key enabler. The HSE's logistics and inventory management structure will move towards a National Distribution Centre, supplying nine regional hubs supporting poi of use management for high usage stocks. National, public health sector, regional and local contracting strategies to leverage economies of scale, maximise efficiencies and effectiveness and achieve best value for money will also be implemented.

Appendix 1: Impact of Retirements & Retirement Analysis @ 2nd February 2012 (September 2011 to end February 2012)

Impact of Retirements

The scale of retirements will prove challenging for the health services and there will be an impact on a number of services including; Acute hospitals, maternity services, public long term residential care units for the elderly, mental health acute and long stay services, public health nursing, residential services in the disability sector, childcare etc. Some of the critical areas to be impacted at regional level are set out below.

Dublin / Mid-Leinster	Dublin / North-East	South	West
Maternity services (Holles street and Coombe)	***Mental Health Nursing*** (St. Brendan's , St Ita's, St Bridget's and community services Louth / Meath)	***Acute Hospital Nursing*** (South Infirmary)	***Maternity and neo natal services*** (Limerick, Letterkenny and Galway)
Range of acute services (Midlands Hospital Group)	***Older persons services nursing,*** (St Mary's, residential services Cavan / Monaghan)	***Mental Health Services*** (Cork/ Kerry)	***Public Health Nursing*** (across region)
Psychology (Disability services)	***Midwifery and critical care nursing***, (Drogheda)	***Maternity services*** (St. Luke's, Kilkenny)	***Mental Health acute and long stay*** (Mid West and North West)
Child health (Dental services and public health nursing)	***Acute Hospital Nursing*** (Cavan General)	***Community hospitals*** (Across region)	***Older persons services***, nurse management, public health nursing (Mid West, North West)
Central Mental Hospital	***Intellectual Disability Nursing*** (St. Ita's)	***Nurse management*** (Across region)	***Area Medical Officer and Public Health Nursing*** (Mid West)

There are expected to be some difficulties in a number of maternity units. ***The actual numbers retiring however are considerably lower than those indicated in recent media reports.*** (e.g. in the Mid-Western Regional Maternity Hospital). Measures being taken include reorganisation of wards and rosters, midwifery management duties reallocated to other staff and targeted recruitment (including the conversion of agency and overtime costs and offering of contacts to newly qualified Post registration midwives).

Planning for the impact of 'Grace Period' retirements

Contingency planning is being undertaken as part of annual National and Regional Service Planning process. A number of services will experience challenges in 2012 as a result of budget reductions, the requirement to reduce agency costs by 50% and the 'Grace Period' retirements. In many instances it is not possible to isolate the impact of the 'Grace Period' retirements from the impact of these other challenges.

However, given the importance of ensuring the continuity of services after February, each hospital and community service across the country has been requested to draw up specific contingency plans to address any risks that may occur as a result of the 'grace period' retirements. These plans will at the level of local services identify the:

- Profile of staff retiring.
- The impact these departures will have, if any.
- Specific contingency measures that will be put in place to deal with these risks.
- Numbers and category of staff that will be replaced.

A series of meetings to review individual contingency plans have been scheduled between the National Director for Integrated Services and Regional Directors for Operations, Hospital CEOs and other service managers during the period up to the 17th February 2012. Contingency plans and the measures to be put in place at service level will continue to be refined in advance of the end of February retirement deadline.

Contingency measures to deal with the 'Grace Period' retirements

Some of the specific contingency measures that will be undertaken are summarised below.

Delivering greater Productivity through the Public Service Agreement (PSA) 2010-2014

- Staff redeployment;
- Streamlining of management structures/ services will be amalgamated / cross cover;
- Rostering and skills mix;
- Outsourcing;
- Flexibility.

Delivering greater Productivity through the National Clinical Programmes / SDU

- Reductions in the average length of stay,
- Improving day of surgery admission rates.
- Increasing the number of patients treated as day cases.
- Continued work of the Special Delivery Unit in relation to EDs, surgical and outpatient waiting times and reorganisation of specialist medical services and bed utilisation.

Additional allocations in the National Service Plan 2012

- Clinical Programme Funding: €23.4m.
- Primary Care: €20m to enable the replacement of key frontline primary care staff.
- Mental Health: €35 million for the recruitment of an additional 414 WTEs
- Mental Health and Disabilities: €5 million innovative practice / service modernisation.
- Older persons: No reduction in the number of Home Care Packages.

Other measures

- Targeted recruitment for critical posts.
- Agency staff may be used where there is a critical requirement. (In the context of objective to reduce overall agency costs by 50% in 2012)/ Agency conversion.

Conclusion

- The scale of retirements will prove challenging for the health services.
- In the region of 3,815 staff will have retired between September 2011 and February 2012.
- The distribution of retirements is unequal across services and locations.
- Contingency plans have been developed and will continue to be monitored and refined over the retirement's period.

Retirements Analysis

The tables below set out the current volume of actual retirement applications (headcount) being processed by our Superannuation Service for retirement during the period ***1st September 2011 to 29th February 2012***.

Note: Figures below reflect retirements during the months September 2011 to end February 2012 inclusive.

Figures relate to headcount unless otherwise stated. WTE Census data will adjust circa 6-8 weeks in arrears.

Table 1 - Retirements by Type & HSE Region Sept 2011 to Feb 2011 as at 16th Feb 2012						
	Type of Retirement					
Region	CNER	Retirement Min Age 55 (Psychiatric)	Retirement Min Age 60-64	Retirement Max Age 65+	Retirement on Other Grounds	Total
HSE Dublin Mid Leinster	106	27	256	70	106	**565**
HSE Dublin North East	112	58	218	69	121	**578**
HSE South	293	108	382	112	159	**1,054**
HSE West	249	89	483	113	163	**1,097**
VHSS/NHASS/LGSS/Other	292	1	427	134	178	**1,032**
Total	**1,052**	**283**	**1,766**	**498**	**727**	**4,326**

Table 2 - Retirements by Type & Care Group Sept 2011 to Feb 2011 as at 16th Feb 2012						
	Type of Retirement					
Care Group	CNER	Retirement Min Age 55 (Psychiatric)	Retirement Min Age 60-64	Retirement Max Age 65+	Retirement on Other Grounds	Total
Acute Hospitals	506	9	587	116	272	1490
Ambulance Services	0	0	25	7	6	38
Children & Families	11	0	38	9	8	66
Corporate Functions	18	0	40	11	32	101
Disabilities	121	20	175	75	87	478
Elderly Care	144	0	280	64	84	572
Mental Health	41	235	217	42	51	586
Palliative Care	10	0	16	5	4	35
Population Health Services	7	0	7	0	3	17
Primary Care	129	5	288	119	135	676
Social Inclusion	2	1	4	3	4	14
To Be Determined	63	13	89	47	41	253
Total	**1052**	**283**	**1766**	**498**	**727**	**4326**

Table 3 - Retirements by Type & Staff Category Sept 2011 to Feb 2011 as at 16th Feb 2012						
	Type of Retirement					
Staff Category	CNER	Retirement Min Age 55 (Psychiatric)	Retirement Min Age 60-64	Retirement Max Age 65+	Retirement on Other Grounds	Total
General Support Staff	48	1	197	116	106	**468**
Health & Social Care Professionals	140	3	193	30	53	**419**
Management/ Admin	48	1	202	49	100	**400**
Medical/ Dental	30	7	103	12	18	**170**
Nursing	662	267	743	87	235	**1994**
Other Patient & Client Care	115	3	313	200	190	**821**
To Be Determined	9	1	15	4	25	**54**
Total	**1052**	**283**	**1766**	**498**	**727**	**4326**

Table 4 - Retirements by Type, Care Group & HSE Region Sept 2011 to Feb 2011 as at 16th Feb 2012							
		Retirement Type					
Care Group	Region	CNER	Retirement Min Age 55 (Psychiatric)	Retirement Min Age 60-64	Retirement Max Age 65+	Retirement on Other Grounds	Total
Acute Hospitals	HSE Dublin Mid Leinster	20	0	53	8	24	105
	HSE Dublin North East	51	1	52	10	64	178
	HSE South	117	7	93	11	39	267
	HSE West	155	0	158	23	56	392
	VHSS/NHASS/LGSS/Other	163	1	231	64	89	548
Acute Hospitals Total		506	9	587	116	272	1490
Ambulance Services	HSE Dublin Mid Leinster	0	0	5	1	4	10
	HSE Dublin North East	0	0	2	0	0	2
	HSE South	0	0	10	1	0	11
	HSE West	0	0	8	5	2	15
Ambulance Services Total		0	0	25	7	6	38
Children & Families	HSE Dublin Mid Leinster	1	0	11	6	3	21
	HSE Dublin North East	3	0	13	1	1	18
	HSE South	1	0	7	0	2	10
	HSE West	5	0	6	2	2	15
	VHSS/NHASS/LGSS/Other	1	0	1	0	0	2
Children & Families Total		11	0	38	9	8	66
Corporate Functions	HSE Dublin Mid Leinster	2	0	4	3	8	17
	HSE Dublin North East	3	0	8	3	10	24
	HSE South	3	0	4	1	3	11
	HSE West	5	0	9	3	3	20
	VHSS/NHASS/LGSS/Other	5	0	15	1	8	29
Corporate Functions Total		18	0	40	11	32	101
Disabilities	HSE Dublin Mid Leinster	8	4	13	6	6	37
	HSE Dublin North East	6	15	14	8	6	49
	HSE South	5	1	6	0	2	14
	HSE West	4	0	8	9	5	26
	VHSS/NHASS/LGSS/Other	98	0	134	52	68	352
Disabilities Total		121	20	175	75	87	478
Elderly Care	HSE Dublin Mid Leinster	31	0	69	15	20	135
	HSE Dublin North East	24	0	46	23	17	110
	HSE South	45	0	62	6	17	130
	HSE West	44	0	103	20	30	197
Elderly Care Total		144	0	280	64	84	572
Mental Health	HSE Dublin Mid Leinster	9	22	40	4	14	89
	HSE Dublin North East	4	41	33	6	7	91
	HSE South	16	84	32	5	11	148
	HSE West	8	88	90	17	12	215
	VHSS/NHASS/LGSS/Other	4	0	22	10	7	43
Mental Health Total		41	235	217	42	51	586
Palliative Care	HSE West	0	0	1	0	0	1
	VHSS/NHASS/LGSS/Other	10	0	15	5	4	34
Palliative Care Total		10	0	16	5	4	35
Population Health Services	HSE Dublin Mid Leinster	1	0	0	0	0	1
	HSE Dublin North East	3	0	4	0	2	9
	HSE South	2	0	1	0	1	4
	HSE West	1	0	2	0	0	3
Population Health Services Total		7	0	7	0	3	17
Primary Care	HSE Dublin Mid Leinster	31	0	57	23	26	137
	HSE Dublin North East	18	1	45	18	10	92
	HSE South	53	3	88	44	49	237
	HSE West	27	1	98	34	50	210
Primary Care Total		129	5	288	119	135	676
Social Inclusion	HSE Dublin Mid Leinster	2	1	4	3	1	11
	HSE Dublin North East	0	0	0	0	3	3
Social Inclusion Total		2	1	4	3	4	14
To Be Determined	HSE Dublin Mid Leinster	1	0	0	1	0	2
	HSE Dublin North East	0	0	1	0	1	2
	HSE South	51	13	79	44	35	222
	HSE West	0	0	0	0	3	3
	VHSS/NHASS/LGSS/Other	11	0	9	2	2	24
To Be Determined Total		63	13	89	47	41	253
Total		**1052**	**283**	**1766**	**498**	**727**	**4326**

Table 5 - Retirements by Staff Category & HSE Region Sept 2011 to Feb 2011 as at 16th Feb 2012								
	Staff Category							
Region	General Support Staff	Health & Social Care Professionals	Management/ Admin	Medical/ Dental	Nursing	Other Patient & Client Care	To Be Determined	Total
HSE Dublin Mid Leinster	49	54	40	25	250	143	4	**565**
HSE Dublin North East	71	43	57	22	274	104	7	**578**
HSE South	86	64	70	44	542	238	10	**1054**
HSE West	91	74	74	40	603	214	1	**1097**
VHSS/NHASS/LGSS/Other	171	184	159	39	325	122	32	**1032**
Total	**468**	**419**	**400**	**170**	**1994**	**821**	**54**	**4326**

Table 6 - Retirements by Staff Category & Care Group Sept 2011 to Feb 2011 as at 16th Feb 2012								
	Staff Category							
Care Group National	General Support Staff	Health & Social Care Professionals	Management/ Admin	Medical/ Dental	Nursing	Other Patient & Client Care	To Be Determined	Total
Acute Hospitals	210	168	162	88	719	118	25	**1490**
Ambulance Services	1	0	0	0	2	35	0	**38**
Children & Families	3	40	4	0	6	13	0	**66**
Corporate Functions	17	6	53	4	6	3	12	**101**
Disabilities	62	86	38	6	153	127	6	**478**
Elderly Care	41	6	18	10	316	181	0	**572**
Mental Health	58	24	29	16	421	37	1	**586**
Palliative Care	6	5	4	1	14	5	0	**35**
Population Health Services	1	10	4	0	1	0	1	**17**
Primary Care	46	56	59	42	234	238	1	**676**
Social Inclusion	1	3	4	0	4	2	0	**14**
To Be Determined	22	15	25	3	118	62	8	**253**
Total	**468**	**419**	**400**	**170**	**1994**	**821**	**54**	**4326**

Table 7 - Retirements by Staff Category, Care Group & HSE Region Sept 2011 to Feb 2011 as at 16th Feb 2012									
		Staff Category							
Care Group	Region	General Support Staff	Health & Social Care Professionals	Management/ Admin	Medical/ Dental	Nursing	Other Patient & Client Care	To Be Determined	Grand Total
Acute Hospitals	HSE Dublin Mid Leinster	3	12	4	9	50	27		105
	HSE Dublin North East	38	17	17	14	76	16		178
	HSE South	36	21	22	16	151	20	1	267
	HSE West	40	40	23	19	245	24	1	392
	VHSS/NHASS/LGSS/Other	93	78	96	30	197	31	23	548
Acute Hospitals Total		210	168	162	88	719	118	25	1490
Ambulance Services	HSE Dublin Mid Leinster						10		10
	HSE Dublin North East						2		2
	HSE South						11		11
	HSE West	1				2	12		15
Ambulance Services Total		1				2	35		38
Children & Families	HSE Dublin Mid Leinster	2	14	1		1	3		21
	HSE Dublin North East	1	9	2		2	4		18
	HSE South		5				5		10
	HSE West		11	1		3			15
	VHSS/NHASS/LGSS/Other		1				1		2
Children & Families Total		3	40	4		6	13		66
Corporate Functions	HSE Dublin Mid Leinster	5		6		1	1	4	17
	HSE Dublin North East	8	1	8		1		6	24
	HSE South			9		2			11
	HSE West	3	1	13	1	1	1		20
	VHSS/NHASS/LGSS/Other	1	4	17	3	1	1	2	29
Corporate Functions Total		17	6	53	4	6	3	12	101
Disabilities	HSE Dublin Mid Leinster	1	1	3		20	12		37
	HSE Dublin North East	1		1		30	17		49
	HSE South				1	9	4		14
	HSE West	4	2	2		3	15		26
	VHSS/NHASS/LGSS/Other	56	83	32	5	91	79	6	352
Disabilities Total		62	86	38	6	153	127	6	478
Mental Health	HSE Dublin Mid Leinster	12	3	7	5	54	8		89
	HSE Dublin North East	8	2	5	3	64	9		91
	HSE South	12		4	1	128	3		148
	HSE West	16	6	8	7	166	12		215
	VHSS/NHASS/LGSS/Other	10	13	5		9	5	1	43
Mental Health Total		58	24	29	16	421	37	1	586
Palliative Care	HSE West						1		1
	VHSS/NHASS/LGSS/Other	6	5	4	1	14	4		34
Palliative Care Total		6	5	4	1	14	5		35
Population Health Services	HSE Dublin Mid Leinster		1						1
	HSE Dublin North East	1	4	3		1			9
	HSE South		3					1	4
	HSE West		2	1					3
Population Health Services Total		1	10	4		1		1	17
Primary Care	HSE Dublin Mid Leinster	13	21	11	11	48	33		137
	HSE Dublin North East	8	7	15	5	44	13		92
	HSE South	10	19	12	19	70	106	1	237
	HSE West	15	9	21	7	72	86		210
Primary Care Total		46	56	59	42	234	238	1	676
Social Inclusion	HSE Dublin Mid Leinster		2	3		4	2		11
	HSE Dublin North East	1	1	1					3
Social Inclusion Total		1	3	4		4	2		14
To Be Determined	HSE Dublin Mid Leinster					1	1		2
	HSE Dublin North East			1				1	2
	HSE South	16	15	19	3	103	59	7	222
	HSE West	1				1	1		3
	VHSS/NHASS/LGSS/Other	5		5		13	1		24
To Be Determined Total		22	15	25	3	118	62	8	253
Elderly Care	HSE Dublin Mid Leinster	13		5		71	46		135
	HSE Dublin North East	5	2	4		56	43		110
	HSE South	12	1	4	4	79	30		130
	HSE West	11	3	5	6	110	62		197
Elderly Care Total		41	6	18	10	316	181		572
Grand Total		468	419	400	170	1994	821	54	4326

Table 8 - Retirements by Staff Category, HSE Region & Care Group Sept 2011 to Feb 2011 as at 16th Feb 2012									
		Staff Category							
Region	Care Group National	General Support Staff	Health & Social Care Professionals	Management/ Admin	Medical/ Dental	Nursing	Other Patient & Client Care	To Be Determined	Total
HSE Dublin Mid Leinster	Acute Hospitals	3	12	4	9	50	27	0	105
	Ambulance Services	0	0	0	0	0	10	0	10
	Children & Families	2	14	1	0	1	3	0	21
	Corporate Functions	5	0	6	0	1	1	4	17
	Disabilities	1	1	3	0	20	12	0	37
	Elderly Care	13	0	5	0	71	46	0	135
	Mental Health	12	3	7	5	54	8	0	89
	Population Health Services	0	1	0	0	0	0	0	1
	Primary Care	13	21	11	11	48	33	0	137
	Social Inclusion	0	2	3	0	4	2	0	11
	To Be Determined	0	0	0	0	1	1	0	2
HSE Dublin Mid Leinster Total		49	54	40	25	250	143	4	565
HSE Dublin North East	Acute Hospitals	38	17	17	14	76	16	0	178
	Ambulance Services	0	0	0	0	0	2	0	2
	Children & Families	1	9	2	0	2	4	0	18
	Corporate Functions	8	1	8	0	1	0	6	24
	Disabilities	1	0	1	0	30	17	0	49
	Elderly Care	5	2	4	0	56	43	0	110
	Mental Health	8	2	5	3	64	9	0	91
	Population Health Services	1	4	3	0	1	0	0	9
	Primary Care	8	7	15	5	44	13	0	92
	Social Inclusion	1	1	1	0	0	0	0	3
	To Be Determined	0	0	1	0	0	0	1	2
HSE Dublin North East Total		71	43	57	22	274	104	7	578
HSE South	Acute Hospitals	36	21	22	16	151	20	1	267
	Ambulance Services	0	0	0	0	0	11	0	11
	Children & Families	0	5	0	0	0	5	0	10
	Corporate Functions	0	0	9	0	2	0	0	11
	Disabilities	0	0	0	1	9	4	0	14
	Elderly Care	12	1	4	4	79	30	0	130
	Mental Health	12	0	4	1	128	3	0	148
	Population Health Services	0	3	0	0	0	0	1	4
	Primary Care	10	19	12	19	70	106	1	237
	To Be Determined	16	15	19	3	103	59	7	222
HSE South Total		86	64	70	44	542	238	10	1054
HSE West	Acute Hospitals	40	40	23	19	245	24	1	392
	Ambulance Services	1	0	0	0	2	12	0	15
	Children & Families	0	11	1	0	3	0	0	15
	Corporate Functions	3	1	13	1	1	1	0	20
	Disabilities	4	2	2	0	3	15	0	26
	Elderly Care	11	3	5	6	110	62	0	197
	Mental Health	16	6	8	7	166	12	0	215
	Palliative Care	0	0	0	0	0	1	0	1
	Population Health Services	0	2	1	0	0	0	0	3
	Primary Care	15	9	21	7	72	86	0	210
	To Be Determined	1	0	0	0	1	1	0	3
HSE West Total		91	74	74	40	603	214	1	1097
VHSS/NHASS/LGSS/Other	Acute Hospitals	93	78	96	30	197	31	23	548
	Children & Families	0	1	0	0	0	1	0	2
	Corporate Functions	1	4	17	3	1	1	2	29
	Disabilities	56	83	32	5	91	79	6	352
	Mental Health	10	13	5	0	9	5	1	43
	Palliative Care	6	5	4	1	14	4	0	34
	To Be Determined	5	0	5	0	13	1	0	24
VHSS/NHASS/LGSS/Other Total		171	184	159	39	325	122	32	1032
Total		468	419	400	170	1994	821	54	4326

Table 9 - Retirements by HSE Region & Month Sept 2011 to Feb 2011 as at 16th Feb 2012							
		HSE Region					
Year	Month	HSE Dublin Mid Leinster	HSE Dublin North East	HSE South	HSE West	VHSS/ NHASS/ LGSS/ Other	Grand Total
2011	Sept	78	74	154	125	170	601
	Oct	33	29	63	74	53	252
	Nov	61	46	95	112	70	384
	Dec	67	68	142	126	119	522
2011 Total		239	217	454	437	412	1759
2012	Jan	61	64	111	124	57	417
	Feb	265	297	489	536	563	2150
2012 Total		326	361	600	660	620	2567
Grand Total		565	578	1054	1097	1032	4326

Table 10 - Wholetime Equivalent of Retirements Sept 2011 to Feb 2011 as at 16th Feb 2012

Total Headcount of Retirements is 4326, wte is available for 3133 of those and is equivalent to 2767.84 , conversion rate is 0.88. A further headcount of 1193 have no wte recorded [mainly non sap sites]. Using the conversion factor basis on available WTE of the total retirements of 4326 equates to a wte of 3821.8

Estimated Wholetime Equivalent Value of Total Retirements						
HSE Region	Retirement Type					
	CNER	Retirement Min Age 55 (Psychiatric)	Retirement Min Age 60-64	Retirement Max Age 65+	Retirement on Other Grounds	Total
HSE Dublin Mid Leinster	93.65	23.85	226.16	61.84	93.65	499.15
HSE Dublin North East	98.95	51.24	192.59	60.96	106.90	510.63
HSE South	258.85	95.41	337.48	98.95	140.47	931.15
HSE West	219.98	78.63	426.71	99.83	144.00	969.14
VHSS/NHASS/LGSS/Other	257.97	0.88	377.23	118.38	157.25	911.72
Total	929.39	250.02	1560.17	439.96	642.27	3821.80

Wholetime Equivalent of Retirements where wte value is available						
HSE Region	Retirement Type					
	CNER	Retirement Min Age 55 (Psychiatric)	Retirement Min Age 60-64	Retirement Max Age 65+	Retirement on Other Grounds	Total
HSE Dublin Mid Leinster	92.90	27.00	226.69	60.62	95.10	502.30
HSE Dublin North East	97.38	55.50	189.99	55.55	98.05	496.47
HSE South	18.99	19.50	58.77	21.21	11.05	129.52
HSE West	209.84	87.28	425.18	93.46	132.50	948.27
VHSS/NHASS/LGSS/Other	211.73	1.00	293.76	81.78	103.03	691.29
Total	630.85	190.28	1194.38	312.62	439.73	2767.84

Headcount of Retirements where WTE value is not available						
HSE Region	Retirement Type					
	CNER	Retirement Min Age 55 (Psychiatric)	Retirement Min Age 60-64	Retirement Max Age 65+	Retirement on Other Grounds	Total
HSE Dublin Mid Leinster	0	0	0	1	2	3
HSE Dublin North East	1	0	7	5	2	15
HSE South	274	88	318	90	147	917
HSE West	2	0	13	11	17	43
VHSS/NHASS/LGSS/Other	32	0	82	39	62	215
Total	309	88	420	146	230	1193

Table 11 - % Headcount of Retirements by Staff Category & HSE Region Sept 2011 to Feb 2011 as at 16th Feb 2012							
HSE Region	% Reported Headcount						
	General Support Staff	Health & Social Care Professionals	Management/ Admin	Medical/ Dental	Nursing	Other Patient & Client Care	Total
HSE Dublin Mid Leinster	4.65%	2.05%	1.71%	2.47%	5.12%	3.62%	3.53%
HSE Dublin North East	6.03%	1.89%	2.36%	2.34%	5.70%	3.12%	3.81%
HSE South	2.90%	2.07%	2.05%	2.41%	6.09%	3.32%	3.81%
HSE West	3.73%	2.21%	1.63%	1.97%	6.25%	3.05%	3.78%
VHSS/NHASS/LGSS/Other	3.42%	2.66%	2.86%	1.18%	0.84%	2.07%	2.41%
Total	3.71%	2.30%	2.19%	1.86%	4.65%	2.96%	3.31%

Table 12 - Headcount of Active Staff by Staff Category & HSE Region							
HSE Region	Staff Category						
	General Support Staff	Health & Social Care Professionals	Management/ Admin	Medical/ Dental	Nursing	Other Patient & Client Care	Total Headcount
HSE Dublin Mid Leinster	1053	2629	2342	1012	4887	4063	15986
HSE Dublin North East	1177	2271	2419	942	4810	3560	15179
HSE South	2966	3094	3410	1825	8894	7479	27668
HSE West	2437	3348	4526	2032	9655	7042	29040
VHSS/NHASS/LGSS/Others	4997	6913	5552	3312	14602	7430	42806
Total	12630	18255	18249	9123	42848	29574	130679
Source: Health Service Personnel Census Sep 2011							

Table 13 - % Wholetime Equivalent of Retirements by staff category & HSE Region Sept 2011 to Feb 2011 as at 16th Feb 2012							
HSE Region	% Reported WTE						
	General Support Staff	Health & Social Care Professionals	Management/ Admin	Medical/ Dental	Nursing	Other Patient & Client Care	Total
HSE Dublin Mid Leinster	4.82%	2.01%	1.81%	2.44%	5.26%	3.93%	3.66%
HSE Dublin North East	6.17%	1.88%	2.59%	2.27%	5.82%	3.44%	3.97%
HSE South	2.99%	2.08%	2.19%	2.55%	6.45%	4.86%	4.32%
HSE West	3.83%	2.25%	1.69%	1.94%	6.66%	3.42%	3.99%
VHSS/NHASS/LGSS	3.71%	2.69%	3.01%	1.17%	2.30%	2.15%	2.49%
Total	3.89%	2.30%	2.32%	1.87%	4.86%	3.43%	3.51%

Table 14 - Wholetime Equivalent of Active Staff by Staff Category & HSE Region							
HSE Region	Wholetime Equivlent						
	General Support Staff	Health & Social Care Professionals	Management/ Admin	Medical/ Dental	Nursing	Other Patient & Client Care	Total WTE
HSE Dublin Mid Leinster	898	2,377	1,958	905	4,199	3,302	13,638
HSE Dublin North East	1,016	2,023	1,941	857	4,160	2,850	12,848
HSE South	2,541	2,718	2,820	1,526	7,419	4,507	21,531
HSE West	2,100	2,910	3,868	1,824	8,002	5,558	24,261
VHSS/NHASS/LGSS/Other	4,077	6,041	4,669	2,941	12,494	6,335	36,557
Total	10,632	16,068	15,256	8,053	36,274	22,552	108,835
Source: Health Service Personnel Census at 30 September 2011							

Table 15 - Analysis of Retirements on Other Grounds Sep Sept 2011 to Feb 2011 as at 16th Feb 2012

		Region					
Retirement Category	Type of Retirement	HSE Dublin Mid Leinster	HSE Dublin North East	HSE South	HSE West	VHSS/NHASS/LGSS/Other	Grand Total
Retirement on Other Grounds	Allocation of Spouses Lump Sum (PAO)	2	2			8	12
	Article 109				8		8
	Balancing Death Gratuity	4	2	1	2	4	13
	Ex Gratia					8	8
	Gratuity - Death (Preserved Benefit)			1	1		2
	Gratuity - Death in Service	9	5	3	17	9	43
	Gratuity - Non Pensionable	10	9	24	17		60
	Gratuity - Short Service	5		3	3	1	12
	ISER Early Retirement 90% (2009) @ age 60/65		4	4	4	3	15
	None					2	2
	None (Non Officer 1956 Scheme)	1		2			3
	Nurses Job Sharing Initiative (Max 60)			1	3	2	6
	Part Payment of Benefit Lump Sum	1					1
	Pension Rate of Pay				7	8	15
	Permanent Infirmity	63	42	94	76	51	326
	Preserved Benefit - Cost Neutral Early Retirement			1			1
	Preserved Benefit - Notification	1		3			4
	Preserved Benefit - Permanent Infirmity	1		2	1		4
	Preserved Benefit - Retirement Max Age 65+	3		3	1	4	11
	Preserved Benefit - Retirement Min Age 60-64	3	6	13	17	33	72
	Preserved Benefit - Voluntary Redundancy Exit Scheme 2010	1	3	3	5	4	16
	Supplementary Pension	2				6	8
	Suppression of Post				1		1
	To Be Determined		48	1		35	84
Retirement on Other Grounds Tota		106	121	159	163	178	727
Grand Total		106	121	159	163	178	727

Table 16 - Analysis of Retirements on Permanent Infirmity by Staff Category Sept 2011 to Feb 2011 as at 16th Feb 2012

		HSE Region					
Type of Retirement	Staff Category	HSE Dublin Mid Leinster	HSE Dublin North East	HSE South	HSE West	VHSS/NHASS/LGSS/Other	Grand Total
Permanent Infirmity	General Support Staff	5	8	8	8	9	38
	Health & Social Care Professionals	3	4	2	5	8	22
	Management/ Admin	2	6	12	7	6	33
	Medical/ Dental	2	1	1	1		5
	Nursing	24	15	41	32	19	131
	Other Patient & Client Care	27	8	23	23	9	90
	To Be Determined			7			7
Permanent Infirmity Total		63	42	94	76	51	326
Grand Total		63	42	94	76	51	326

Appendix 2: Rostering Proposals

Section 2.9.14 of the Public Service Agreement provides for the "reviews by management, including nurse management, of existing rostering arrangements including skill mix, to incorporate changes to achieve the optimal match between staff levels, service activity levels and patient dependency levels across the working day / week / year". In implementing this measure, the agreement sets out a framework in which management sets out its plan for changes to rosters (Section 2.15).

Given the challenges that we now face in having the optimal resource available to deliver services and, in light of the issues that were highlighted recently in the we have designed a set of principles that will support local service and nursing management in seeking greater flexibility in care delivery.

Essentially we propose the introduction of a number of principles that will introduce rostering efficiencies across the working day / week / year in order to achieve a match between staffing levels, service activity and patient dependency.

Management are proposing greater efficiencies from existing resources based on real activity levels rather than the historical practice of staffing rosters. Crucially these proposals centre on changes to the common work period of 12 hours for nursing. This change is consistent with the report from the Commission on Nursing Hours which concluded that the 12-13 hour day is in many cases sub-optimal and considered that the practice of the 12-13 hour roster should be largely discontinued as it did not reflect peaks and troughs' of daily routine.

Currently a typical nurse / midwife will fulfil his / her hourly commitment by working three days every week, with a fourth day once in every four weeks. While at a general level this work pattern may satisfy the needs of an establishment, a lack of flexibility in such rosters fails to optimise the nursing/midwifery resource and accordingly requires change.

Therefore management now require that a 6 hour roster is accepted across all public health sector providers in building and developing appropriate rosters. The rationale for the 6-hour shift must be based upon the requirement to match staffing needs with varying activity levels as they occur throughout the 24-hour day.

The principles therefore are as follows:

1. With immediate effect, management, where required will in line with processes and timelines set out in the Public Service Agreement (PSA), introduce a basic rostering unit of six hours with the flexibility of building up from this six hour roster to twelve hours on an individual hour basis.

    (a) For those working on part-time or job-sharing basis, the roster unit of six hours will also apply.
    (b) If a shorter time period is required and is mutually acceptable to both local management and the staff member, a shorter time period can be facilitated.

2. Rostering can be either on an institutional or system wide basis, i.e. between hospitals or between the community and acute settings.

3. The implementation of these principles and processes will be managed by the Director of

Nursing in conjunction with local management.

In addition to efficiently matching staffing levels with patient activity levels, these new rosters, once introduced, will also bring greater flexibility to reduce premium, overtime hours and ensure that we pay only for hours that are actually worked.

Appendix 3: Revision of time-off-in-lieu arrangements

Introduction

There is no standardisation of working hours for staff employed in the health sector and indeed the HSE. While some grades have standardised hours, even within grades there are staff contracted to work different number of hours each week.

In addition there are many different arrangements in place that provide staff with additional time off for being 'on call' or for providing 'out of hours' service on a non call out basis to mention just two.

The purpose of this paper is to set the principle that at a minimum all staff must fulfill their contracted hours over a defined period of time.

Background

For a variety of reasons there are grades of staff that provide an out-of-hours service on a non call out and call out basis. The list below would be the main grades known to have such arrangements but the list is not exhaustive and there are possibly local agreements that also give time off for other reasons:

1. Consultants (rest days)
2. NCHDs
3. Theatre nurses
4. Medical Laboratory Scientists
5. Radiographers

In the past these grades were rostered on a 9am-5pm basis and in many cases received significant extra payments when working outside of these hours. Some of these payments have been addressed and others are currently being reviewed. All of the above grades receive some form of on call allowance and premium payment if they have to attend the workplace and also get time off as compensation for being on call. In addition, these grades are effectively on overtime rate of remuneration for the actual time they are called out. In some cases they receive the compensatory leave even though they are not called upon.

The PSA has allowed for greater flexibilities in rostering all staff between the hours of 8am-8pm and also allows the ability of the averaging of working hours over a period of time e.g. up to six weeks in the case of radiographers. This provides the opportunity to develop rosters of the nature proposed, thus facilitating staff to undertake their core contracted hours additional to on call duties.

Proposal

Given that the PSA has established the core working day as 8am-8pm for all grades there is now an opportunity for all staff who avail of time off with pay and who also are remunerated for being on call and receiving premium payments to make up their contracted hours.

What is being proposed is that all staff would at a minimum work their contracted hours each quarter e.g. theatre nurses would be required to work 37.5 hours per week multiplied by 13 weeks for each quarter requiring them to complete 487.5 hours for this period. Likewise Consultants would be required to work at a minimum a total of 481 hours for a thirteen week period.

The impact of this proposal would be to free up significant additional hours thus reducing the requirement for locums, agency staffing, overtime etc.