



FORSÅ



HEALTH AND WELFARE DIVISION

2019-2021
Biennial report

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Organisation

Divisional Executive Committee

The following people were elected to Fórsa's Health and Welfare Divisional Executive Committee (DEC) at the 2019 divisional conference: Martin Walsh (chairperson), Don Gibney (vice-chairperson), Stephen Broderick, Helen Canning, Michael Davis, Chris Harrison, Edward Harte, Clodagh Kavanagh, Frankie Mangan, Andy Meaney, Patricia Mellsop, Jarlath O'Connor, Corinne Phelan, Michelle Spearman-Geraghty and Daniel Sweeney.

Along with the chair and vice-chair, the following DEC members were elected to represent the division on the Fórsa National Executive: Clodagh Kavanagh, Jarlath O'Connor, Corrine Phelan and Michelle Spearman-Geraghty.

Frankie Mangan stepped down from the DEC in May 2020, and John Hanily was subsequently co-opted. Following Martin Walsh's election as Fórsa senior vice-president in November 2020, Don Gibney became divisional chairperson and Andy Meaney became vice-chairperson.

Mental health sub-committee

Following the 2019 Health and Welfare divisional conference, the division's mental health sub-committee has sought high-level engagement with the HSE to achieve positive change in the area of mental health. Progress was made during 2020 when a Fórsa-HSE forum was established to discuss these issues. It is attended by the three members of the sub-committee and an official from the national health office team.



Incomes

The final instalment of the Public Service Stability Agreement (PSSA), which was worth 2% of gross pay, was paid with effect from 1st October 2020. The pay adjustment meant that, over its three-year lifetime, the PSSA has brought pay adjustments of more than 7% for over 70% of civil and public servants, with slightly smaller percentage adjustments for the higher-paid. Following the PSSA and earlier adjustments, around 90% of civil and public servants have now had their basic pay rates restored to 2009 levels. But most of their incomes are lower than in 2009 because of other factors, including increased pension contributions.

Public service pay and conditions

Fórsa members in the public service voted by a margin of 94%-4% to endorse a new public service agreement called Building Momentum. Because of the level five Covid-19 restrictions on travel and assembly, the union conducted the ballot electronically for the first time. The outcome of Fórsa's ballot, which was announced in late February, was as follows:

| | |
|----------------------------|---------------|
| Ballots issued: | 67,527 |
| Ballots returned: | 39,457 |
| Votes cast in favour: | 37,828 |
| Votes cast against: | 1,629 |
| Majority in favour: | 36,199 |

Fórsa then backed the deal at a meeting of the ICTU Public Services Committee (PSC), which also overwhelmingly endorsed the agreement. Thirteen of the 17 PSC affiliates supported the package and the remaining four subsequently said they would be encompassed by it. The agreement came into force with immediate effect, and runs until December 2022.

Building Momentum allows for two pay increases, each worth 1% of annual salary or €500 a year, whichever is the greater. This means the deal is worth substantially more for lower paid workers in percentage terms. A third increase, worth a further 1%, is available for grade-based bargaining for all public service grades. This can either be used to deal with issues affecting particular grades, or it could be taken as a straight 1% pay award.

Part-time workers and others who don't work full-time hours will get pro-rata adjustments based on the number of hours they work.

Pay at a glance

1st October 2021:

A general round increase worth 1% of gross pay or €500 a year, whichever is the greater. The €500 a year floor means those on lower incomes will receive a significantly larger percentage increase than higher paid staff.

1st February 2022:

The equivalent of a 1% increase in annualised basic salaries through a 'sectoral bargaining fund'.

1st October 2022:

A second general round increase worth 1% of gross pay or €500 a year, whichever is the greater.

Sectoral bargaining

Building Momentum will see the establishment of a 'sectoral bargaining fund,' initially worth 1% of basic pensionable pay during the lifetime of the agreement. It's not possible to increase the allocation by proposing productivity measures. Neither can the process "give rise to unintended cost increasing outcomes."

The fund can be used to deal with outstanding adjudications, recommendations, awards and claims that are relevant to specific grades, groups or categories of workers within the various sectors of the public service. Alternatively, groups can opt to use the available allocation, or part of it, as a sectoral pay round.

The bargaining units - ie, the different grades, groups and categories subject to sectoral bargaining - are to be agreed between unions and employer representatives by the end of March 2021. Unions and management will then decide how the fund will apply in each bargaining unit no later than the end of April 2021. Management and unions would then agree proposals, which must be submitted to the Department of Public Expenditure and Reform (DEPR) for verification by the end of June 2021. Payment would fall due on 1st February 2022.

Haddington Road hours

Building Momentum also addresses the additional hours introduced for many civil and public servants under the 2013 Haddington Road agreement. This will be done through the establishment of an independent body by the end of March 2021. This body will make recommendations to begin the process of returning to pre-Haddington Road hours.

Roll-out of these recommendations will begin within the lifetime of the agreement, with €150 million available to commence implementation of the outcomes during 2022. Unions and management representatives will then engage proactively on what's necessary for the implementation of any remaining recommendations in the context of the 2023 budget estimates, which will be announced in 2022. Any successor to Building Momentum will deal with the implementation of remaining measures.

The proposed agreement cites a range of issues that the independent body must take account of, including the cost and service impact of addressing the HRA hours. These are set out in section four of the proposed agreement.



Productivity

In common with all previous public service agreements, Building Momentum also includes certain productivity measures. It acknowledges the recent “unprecedented display of commitment, flexibility, hard work and agility in public service provision” and commits the parties to harness this momentum to meet the immediate challenges of 2021 and 2022. It says these include the continuing response to Covid-19, ensuring that schools remain open and addressing challenges that arose for children during the crisis, a return to normal delivery of health services, managing the response to Brexit, establishing the public service as the driver of best practice on remote working, and addressing digitisation.

It sets out measures to harness the potential for technology to improve service delivery, including engagement with new technologies, and streamlined, automated and redesigned processes and procedures, including remote working “where appropriate.” It identifies the need for staff upskilling and retraining as jobs, roles and processes change.

It also sets out measures to improve access to services through reformed work practices, including enabling temporary reassignments where necessary and increasing the movement of staff across the public service where necessary.

And it sets out an implementation and reporting mechanism to ensure delivery of agreed reforms, including through sectoral action plans.

CORU fees

On foot of a union demand, the annual fee for health and social care professionals’ registration with CORU was reduced from €295 to €100 under the Haddington Road agreement and subsequent national deals. Fórsa ensured that the €100 cap remains in place under Building Momentum.

Other measures

Building Momentum retains the strong protections against outsourcing that have been a feature of public service agreements since 2010. These include requirements on employers to present a ‘business case’ if they want to outsource a service or part of a service, and a requirement to consult with staff representatives.

Crucially, employers are forbidden to include labour costs in any business case. This is a substantial safeguard because discarding the labour cost provision would effectively mean the majority of business cases would support outsourcing and lead to the privatisation of public services regardless of the impact on pay, working conditions or service quality.

Building Momentum includes a commitment that overtime and premium payments that were reduced or abolished under the 2013 Haddington Road agreement (HRA) will be fully restored by 1st July 2021. This includes the abolition of the hour of unpaid overtime introduced under the HRA. The deal says any costs that arise from these measures must be managed within allocated overtime budgets.

Like the last public service deal, the Public Service Stability Agreement (PSSA), Building Momentum contains a provision to review the terms of the agreement “where the underlying assumptions of the agreement need to be revisited.” However, the union negotiators successfully insisted that PSSA language, which linked this specifically to a worsening economic situation, was deleted. This creates the opportunity to seek a review of the package if the economic situation improves beyond expectations.

Every public service agreement has included restrictions on industrial action, and Building Momentum is no exception. The agreement sets out a detailed dispute resolution process, including an “industrial peace” clause.

Negotiating the agreement

Throughout 2019, Fórsa had pressed for an early engagement to shape and inform negotiations on the successor to the Public Service Stability Agreement (PSSA), which expired at the end of December 2020. The 2019 engagements took place against the background of strong and improving economic performance and public finances. At that time, Fórsa argued that negotiations should address the fact that public service pay movement had been slower than both inflation and economy-wide pay trends in the period since the 2008 financial crisis. The union also said any new agreement must be capable of dealing with sectoral and grade issues, as well as addressing outstanding restoration issues including working time.

However, a long hiatus in the engagement emerged before and following the general election, which took place in February 2020. The election was followed by months of talks on government formation and the new coalition Government was not in place until 27th June. In the meantime, the Covid-19 crisis had radically damaged the country's economic and fiscal position, while pushing the issue of a PSSA successor down the list of public policy priorities.

Nevertheless, the June 2020 programme for government committed the new administration to seek to negotiate a new public service pay deal. It said the new Government's approach to public service pay would "be guided by the State's financial position and outlook, challenges in relation to recruitment and retention, and conditions within the broader labour market." It also acknowledged the "important role" played by public servants, and pledged to ensure that "positive work practice changes" introduced during the Covid-19 emergency are embedded in any new pay deal, along with general productivity gains. The programme for government said the Government would seek a sectoral bargaining clause in any agreement, although it did not elaborate on this.



Following the formation of the new Government, the ICTU Public Services Committee met the new Minister for Public Expenditure and Reform, Michael McGrath, who agreed that public service unions and the Department of Public Expenditure and Reform (DPER) would engage in September 2020 to explore the potential for a successor to the PSSA.

Exploratory talks followed and Fórsa general secretary Kevin Callinan, who led the union side in the negotiations, outlined the union's headline issues. Fórsa said the process must acknowledge the contribution of public servants, both during the pandemic and in the hard years following the 2008 banking crisis. The union also called for the talks to address outstanding restoration issues, including additional working time introduced for lower and medium-paid workers in 2013. It sought a mechanism for dealing with issues specific to particular grades and categories of staff, as well as an acceptable approach to public service-wide pay adjustments over the lifetime of any new agreement.

The talks were slowed again by Government preparations for Budget 2021, which took place on 13th October. Later that month, the ICTU Public Services Committee (PSC) expressed concerns that the time available to negotiate, draft and ratify any agreement before the end of December was running short. In a statement, the PSC outlined the real possibility that no agreement would be in place at the end of 2020.

Although exploratory engagements continued, formal talks did not resume until late November. Intensive negotiations then led to agreement on proposals for a two-year agreement. These were subsequently put to ballot and accepted overwhelmingly (see above).

Community and voluntary sector

An agreement on pay restoration in 50 large 'section 39' employments was reached in 2019. In December 2020, Fórsa and other unions achieved a breakthrough on pay restoration for members in a further 250 agencies, following a conciliation conference in the Workplace Relations Commission (WRC). The agreement consists of a first instalment worth up to €1,000 from 1st January 2021, followed by a second instalment worth 50% of the outstanding pay restoration due. This will be effective from 31st May 2021, and will be paid in June 2021. The parties are to convene again in the second quarter of 2021 to discuss the date of application of the final phase of pay restoration, as well as union claim for retrospective payments. Union members in the sector had staged a one-day strike in February 2020, a few weeks before the Covid-19 crisis hit.

The Irish Congress of Trade Unions has also demanded that membership of a dialogue forum for voluntary bodies be expanded to include union representatives. Unions say this would be consistent with programme for government commitments to wider social dialogue, and that the forum could contribute to the resolution of long-term structural issues in the sector.

Minimum wage

A February 2021 report from the Economic and Social Research Institute (ESRI) found that increases in minimum wage rates don't lead to higher labour costs or job cuts. The research found that a 2016 increase, which raised the minimum wage from €8.65 to €9.15 an hour, led to increased labour costs for just 3% of firms. The average labour costs in 90% of firms with staff on minimum pay increased in line with those of employers with no minimum wage workers.

Significantly, it also found no evidence that firms cut staff numbers in response to the minimum wage increase. Politicians and economists frequently cite job protection as a reason for suppressing low-pay protections. But the ESRI found the increase in the pay floor was effective at reducing wage inequality, particularly for younger workers.

In September 2020, the Irish Congress of Trade Unions (ICTU) withdrew from the Low Pay Commission, which effectively sets the minimum wage in Ireland, because of its recommendation for a paltry increase in 2021. Both Fórsa and ICTU made submissions to a Government consultation on an EU draft directive on low pay and collective bargaining.

Pensions

Fórsa gave a broad welcome to news that retirees aged between 65 and 66 will no longer have to sign on to receive social welfare income support in the year between retirement and qualifying for the state pension. But the union has criticised the fact that the benefit will only be paid at a flat rate of €203 per week, which is equivalent to the maximum jobseeker's benefit rate. Recipients no longer have to sign on at a social welfare office to qualify for the payment, and can now take up an education course and still avail of the benefit. Prior to this change, workers who had to retire at the traditional retirement age of 65 were required to sign on and be available for work.

The union also welcomed the suspension of plans to raise the age for eligibility for the State pension from 66 to 67 from January 2021. Fórsa continues to call for an end to forced retirement and a return to a State pension age of 65, which was in place until 2014.

Meanwhile, the rollout of the proposed auto-enrolment pension scheme was delayed for at least a year due to the Covid-19 pandemic. The Department of Social Protection said rollout would put too much strain on employers at this time. When implemented, the scheme will see employees automatically enrolled into an occupational pension scheme, with contributions from themselves, their employer and the State. In a submission to a Pensions Commission consultation on the long-term sustainability of State pensions and the social insurance fund, the Irish Congress of Trade Unions (ICTU) argued against the privatisation of the scheme. Fórsa and other unions want it to be managed and paid out as a pay-related top-up of the contributory State pension.

It was confirmed that existing policy on the application of pay increases to civil and public service pensions will continue for the duration of the Building Momentum public service agreement. In the main, this means that pension payments will be adjusted in line with pay adjustments for serving staff. However, this is done in a way that takes account of the fact that, in a small number of cases, pension payments currently exceed parity with pay. This is because pensions were not reduced by the same extent as pay during the last fiscal crisis. Pensions are adjusted in line with the Consumer Price Index in the case of the single public service pension scheme, which applies to all civil and public servants who entered public service employment on or after 1st January 2013.

Travel and subsistence

The standard rates of domestic subsistence were reviewed in 2019, in accordance with an agreed recommendation made by the civil service general council. As a result, the daily subsistence five-hour rate of €14.01 rose to €15.41, and the ten-hour rate of €33.61 increased to €36.97 with effect from 1st July 2019. In accordance with an agreed formula, and in line with changes to the consumer price index (CPI), there was no change in the standard overnight rate. However, the vouched accommodation rate for Dublin increased as a consequence of the increase in the ten-hour rate. There were no changes in motor travel or foreign subsistence rates during the period covered by this report. The current travel and subsistence rates are set out in appendix two.

The Covid-19 crisis

The first case of the Covid-19 virus in the Republic of Ireland was confirmed on 29th February 2020. Since then, and throughout the pandemic crisis, health and social care workers across grades and occupations have demonstrated extraordinary levels of skill, hard work, commitment and flexibility in the service of Irish citizens, often at great personal cost to their health and their family lives.

On foot of representations from Fórsa and other unions, the Department of Public Expenditure and Reform (DPER) issued guidance that civil and public servants who contracted Covid-19, or had to self-isolate, would receive basic pay including fixed allowances from day one. It also agreed that coronavirus-related sick leave would not be counted as part of sick leave records in cases where a worker had medical or HSE confirmation of the need to self-isolate. At the end of 2020, DPER adjusted the arrangement to limit this special leave with pay to 28 days unless the worker concerned had been attending the workplace in the 14 days prior to a positive test.

In March, sweeping public health measures were introduced and the Government advised people to work at home if possible. Fórsa staff made contact with hundreds of employers and provided members with updates on which employments would remain open to deliver essential services, and which were implementing remote working arrangements. Tens of thousands of Fórsa members were instructed to work from home. The union published advice to members about safety measures and work attendance, which was frequently updated throughout 2020.

DPER then announced new arrangements for a public service-wide mobilisation to tackle the Covid-19 virus and maintain essential public services. These included the temporary transfer of civil and public servants to critical roles for up to three months. Following consultation with Fórsa, the measures guaranteed that staff who took on temporary roles would continue to be employed, and paid, by their existing employer, and that they would return to their existing employer and role after the temporary transfer.

The Government set out a phased timetable for the easing of Covid-19 restrictions from mid-May and Fórsa published detailed return-to-work advice to members, which was revised and reissued frequently on foot of developments. Fórsa officials also initiated detailed discussions on return-to-work arrangements and the implementation of associated safety protocols.

In early June, Fórsa warned that a return to normal workplace industrial relations – where major issues are decided by agreement between managers and workers' representatives – must be a feature of the reopening of the economy. In a detailed written submission to the Oireachtas Special Committee on the Covid-19 Response, the union said workers and their unions had cooperated with huge changes, which had been introduced on an emergency basis. It said public servants and others had accepted this because of the scale and seriousness of the Covid-19 crisis, but that a return to normal negotiation and consultation was needed. The union's elected National Executive Committee (NEC) advised branches and officials that significant changes to, or departures from, agreements governing pay and working conditions should again be negotiated through normal industrial relations procedures.

In September, the Government published a new approach to coronavirus restrictions with five levels of response linked to levels of confirmed Covid-19 cases and related public health metrics. The entire country was at level two when the six-month plan was launched, but Dublin and Donegal soon entered level three. The rest of the country soon followed.

From midnight on 21st October, the entire country entered level five, the highest level of restrictions, for a six-week period. This was subsequently eased in early December, but the entire country had returned to level five restrictions by the end of 2020. Official public health restrictions on workplace attendance were set to remain in place at least until early April 2021 as this report was finalised.

Protecting workplace safety

From the outset of the crisis, Fórsa issued general advice to members on reducing personal risk and helping prevent the spread of the virus, along with guidance on the actions members should take if they showed symptoms. This advice was generally based on prevailing HSE guidance, though the union generally advised more caution for pregnant women and more vulnerable workers. Sectoral and workplace guidance was developed by Fórsa divisions. Union officials and staff dealt with thousands of individual member queries on safety and related matters.

In early April, Fórsa published specific guidance for members in health and elsewhere who were working in, or who could be asked to work in, environments where there is a higher-than-average risk of contracting the coronavirus. In mid-May, the union issued fresh advice on worker safety as staff began to migrate back to workplaces after periods of remote working.



Working through the Irish Congress of Trade Unions (ICTU), Fórsa was at the forefront of the negotiation of an agreed national 'return to work safety protocol,' which was also summarised in the new Fórsa guidance. The protocol, agreed in early May, required employers to implement a number of measures in advance of staff returning to workplaces.

At union insistence, it included a requirement for employers to recognise at least one Covid-19 lead worker safety representative, with more in larger employments. Shortly after the publication of the protocol, Fórsa won confirmation that civil and public service employers must abide by its measures, and that it would apply equally to employees who remained in their workplace throughout the first lockdown.

In January 2021, Fórsa issued a statement that said many public service employers were flouting official Government restrictions on workplace attendance under level five of Covid restrictions. The union said the national effort to bring the coronavirus under control could be undermined by widespread management failure to properly identify which workers need to attend their work premises to undertake essential functions. It added that guidelines issued to civil and public service managers fell short of official Government advice to employers across the economy. The intervention led to significant improvements in most sectors.

As this report was finalised, Fórsa was engaged with senior officials of the Department of Public Expenditure and Reform (DPER) after the union raised concerns over sick leave arrangements for staff who suffer from 'long Covid.' This followed changes to DPER guidance on Covid-related sick leave, which could leave some long Covid sufferers with reduced incomes.

Between May 2020 and early 2021, some 47% of Irish workplaces were found to be in breach of Covid-19 guidelines following Health and Safety Authority inspections. Almost half of the 5,000-plus workplaces viewed by the authority didn't have proper measures in place to prevent the spread of the virus.

In December 2020, Fórsa called for certain groups of civil and public servants to be included as key workers being prioritised for Covid-19 vaccinations.



Childcare

When schools and childcare facilities were closed at the onset of the pandemic in March 2020, the Government said it would provide childcare supports for essential healthcare workers. It did not deliver on this promise. In late April 2020, the HSE issued a circular that encouraged flexible working, changed rosters, different shift patterns and other measures aimed at helping essential staff to balance work and childcare responsibilities. It said an employee could remain at home, available for remote working, in cases where such measures were unable to resolve the problem.

Following Fórsa's intervention, the HSE agreed to restore annual leave taken to meet childcare responsibilities between March and May 2020. Agreement has since been reached on the restoration of parental leave taken in the same circumstances during that time period. The union has also sought the restoration of parental leave taken for the same reason during that period. After schools remained closed for an extended period after the Christmas 2020 break, the health sector unions called for them to open for children of essential healthcare workers. The unions also sought financial support for childcare and lodged a claim in this regard. This remains unresolved.

In a submission to the Oireachtas Special Committee on Covid-19 Response, published in June, Fórsa argued that the Covid-19 crisis had highlighted shortcomings in Ireland's system of early childcare and education. It said that the inadequacies of the State's response to Ireland's high-cost, low-pay early years system was inadequate prior to the crisis, and called for the formalising of early childcare and education as a publicly-funded and publicly-provided public service.

While the Department of Public Expenditure and Reform (DPER) and other public service employers had agreed to a number of measures to assist staff with childcare during the period of school and crèche closures, Fórsa and other unions were critical of the Government's response, most especially on childcare provision for essential workers.

An Economic and Social Research Institute (ESRI) report, published in early May, had also criticised the Government's response. It said that over a fifth of the Irish workforce were essential workers, and that 100,000 of them had children under the age of 14. It criticised Government proposals to provide childcare to 5,000 health workers as inadequate. *Essential employees during the Covid-19 crisis* found that most essential workers were concentrated in low-paid sectors like retail and non-professional health grades, and couldn't afford extra childcare costs.



Remote working

In May 2020, Fórsa published detailed advice on remote working. *Working at home: Staying safe, connected, healthy and productive* contained advice on health and safety, setting up a workspace, breaks, staying in touch with managers and colleagues, and balancing work with home life and childcare. The guide also included useful tips on data protection, cybersecurity, and safeguarding mental health.

On 10th August, Fórsa issued the results of Ireland's largest ever employee opinion survey on the issue of remote working. The study, conducted on behalf of the union by Amárach Research, found that 86% of respondents were interested in working remotely. Over 80% of those who favoured home working expressed a preference for a hybrid arrangement.

Over 4,300 Fórsa members completed the survey. Seven-in-ten of those who had worked at home during the Covid-19 crisis said remote working had been a positive or very positive experience. Over two-thirds of those who had not worked at home during the crisis also expressed an interest in having access to remote working. Concerns about home working related to four broad areas: Disconnection from the workplace; work encroachment on home life; costs and the appropriateness of home work space; and health and safety issues. The biggest single negative aspect of home working, cited by 69% of respondents, was the lack of interaction with colleagues. Worryingly, just 28% of those who worked remotely said a manager had asked them about their home working set-up from a health and safety perspective.



Fórsa then made a very detailed submission to the Department of Business, Enterprise and Innovation (DBEI) consultation on remote working. Informed by the union's membership survey, the submission made 20 recommendations and called on the Government to open a dialogue with unions and employers with the aim of strengthening the legal framework around remote working. It said employers should be required to set objective criteria for determining the tasks and staff selected for home working arrangements, and that employees should have the right to refuse home working without having to give their reasons.

The submission argued that those working remotely should benefit from the same rights, guaranteed by legislation and collective agreements, as comparable staff at their employer's premises. And it called for strong safeguards on health and safety, surveillance, privacy, data protection and cyber-security. It noted that additional household costs accrue from home working. "This was not addressed in temporary arrangements introduced during the Covid-19 emergency, but a different approach is required for long-term arrangements where employees are based at home for significant periods of work time," it said.

In January 2021, Fórsa welcomed the publication of the Government's remote working strategy, and called for engagement with trade unions and other stakeholders on the rollout of proposals to ensure fair access to remote working and proper protections for all staff, regardless of where they work. The Government strategy pledged to establish a legal right to request remote working, introduce legal protections on the right to disconnect, and review the treatment of remote working for tax purposes. It also confirmed the target of making remote working the norm for 20% of public servants.

Working time

The Covid-19 crisis had a significant impact on working time and other working arrangements for tens of thousands of civil and public servants, staff in State agencies and the community and voluntary sector, and in the private sector. These included remote working, temporary reassignments to new duties, and the suspension of flexitime. Many experienced temporary changes to rosters and shift patterns, introduced to support social distancing and other public health requirements. Staff whose shift patterns were altered were generally rostered for fewer hours than normal.

In its submission to the Department of Business, Enterprise and Innovation (DBEI) consultation on remote working, Fórsa argued that these developments should be factored into broader policy debates about the scope for reducing working time, particularly in the context of the impact of artificial intelligence and other new technologies.

As part of the response to the coronavirus crisis, flexitime arrangements were suspended across the civil and public service in early April 2020. At the end of July, Fórsa sought the reinstatement of flexitime for staff who had returned to workplaces and were back on their normal hours and work patterns following periods of remote working or changed working time. The union raised the issue with the Department of Public Expenditure and Reform (DPER), which agreed to return to normal flexitime arrangements in late August for those based in the workplace on pre-coronavirus working time and attendance patterns. The union is now seeking the restoration of flexitime for others those working remotely or in hybrid arrangements.

Economic and recovery measures

Fórsa, ICTU and the union-sponsored Nevin Economic Research Institute (NERI) have all called for enhanced supports to workers, businesses and communities. Fórsa argued that the crisis had demonstrated what can be achieved when the State mobilises financial, organisational and human resources for the common good, when people work together collectively, and when citizens have equal access to essential goods and services. It called for a fundamentally different approach to economic reconstruction to that adopted during the 2008-2010 banking crisis. Fórsa and Siptu jointly drew up detailed proposals, which were submitted to ICTU as it developed its demands for a massive fiscal stimulus, with public investment across a range of public service and infrastructure projects, as part of a plan for Ireland's recovery from the economic crisis caused by the Covid-19 pandemic.

The ICTU programme was published in late May as 'No going back: a new deal towards a safe and secure future for all,' which called for universal free public health care, a massive programme of public house building, a cap on the price of childcare, increased investment in education, and the scrapping of plans to increase the State pension qualification age to 67. The paper outlined proposals for a 'green new deal' to tackle climate change and called for higher taxes on wealth, as well as higher social contributions from employers.

Fórsa developed its approach to economic recovery with the publication of a detailed submission on 'Reopening the economy: The State's response and support for businesses,' which was presented to the Oireachtas Special Committee on Covid-19 Response in early June 2020. The submission called for business supports to be made conditional on employers' support for jobs that can sustain a decent income. It also covered a range of economic and workplace issues including the need for Government to continue to support incomes and demand, EU policy requirements, safety issues related to the return to workplaces, childcare issues, remote working and the organisation of working time, industrial relations and social dialogue, and Brexit.

Fórsa and other ICTU affiliates continue to maintain that public money allocated to businesses should be conditional on maintaining employment with decent pay and working conditions, including collective bargaining.



Industrial relations

Redeployment policy and arrangements

When the pandemic struck Ireland in March 2020, the union agreed to set aside traditional consultation and industrial relations protocols to meet the severe challenges facing the country and its health services (see above). An emergency redeployment policy was agreed, which set aside the consultation requirements of the Public Services Stability Agreement (PSSA). This led to the reassignment of large numbers of health staff to swabbing, testing and contact tracing even before these functions were properly established.

This took place against the backdrop of the temporary suspension of most health services. Over Easter 2020, a separate policy was agreed for the reassignment of HSE staff to private nursing homes to alleviate the staffing crisis in that sector. By late summer, Fórsa was arguing that the emergency redeployment policy was no longer relevant as the reopening of many suspended services meant staff were needed in their substantive posts, swabbing, testing and contact tracing functions now had a dedicated staff cohort, and the Government had introduced levels of restrictions. The country was at Level Two and the emergency nature of the situation had abated. Negotiations on a more appropriate approach opened in October and a policy was agreed in December 2020.

The new redeployment policy restored the PSSA consultative protections, with a provision for more immediate reassignments in emergency circumstances relating to the pandemic.

Covid-19 vaccination programme

As this report was finalised, the HSE was rolling out its Covid-19 vaccination programme, with the prioritisation of various groups, in line with Government targets that are largely dependent on supply of the vaccine. The HSE vaccination strategy identifies the clinicians involved in administering vaccinations, and Fórsa successfully negotiated the recruitment of additional administrative support for the rollout of the programme. Normal recruitment protocols were set aside on a one-off basis because of the urgency of the task. It is expected that some temporary reassignments of existing workers will be needed to manage newly-recruited staff.

Weekly engagement on the rollout of vaccines is continuing between health unions and the HSE. Over 27,500 healthcare workers, including Fórsa members were infected with Covid-19 during this pandemic though, as this report was being finalised, the reported cases among health staff have fallen by over 80% since vaccinations commenced in late December. By early February, almost 237,000 vaccines had been administered to healthcare workers, of which 84,000 were second doses. The HSE also set out its proposed schedule for the vaccination of the remainder of staff.

Job evaluation scheme

At the onset of the national health emergency in March 2020, the job evaluation scheme for clerical and administrative staff was suspended. In autumn 2020, Fórsa negotiated the reopening of the scheme and agreed new temporary protocols to take account of public health restrictions on workplace attendance and face-to-face meetings. Assessments are now taking place remotely and a quality assurance system was developed to ensure that the system remained robust and consistent.

HSCP career pathway review

Fórsa achieved a health and social care professional (HSCP) career pathway review on foot of a September 2018 agreement on community health network structures. The purpose of the review, which is being conducted by an independent facilitator, is to revisit recommendations made by a 2004 report on allied health professionals, and to take account of the changed work environment since the publication of that report.

An 'advance interim report,' issued in December 2020, recommended the conversion of basic grade therapists to senior grade on completion of five years' satisfactory service. The HSE has accepted the findings of the interim report and is now in discussions with Fórsa on the practical steps required for its implementation. The next stage of the process will focus in the development of clinical specialisms and advanced practitioner roles. The review also needs to look at career pathways for heads of discipline. Fórsa national professional committees, which represent the various professional groups covered by the review, have made submissions to the independent facilitator.



Community healthcare organisation structures

Following delays arising from the pandemic, two separate evaluations are being put in place for the nine learning sites agreed as part of a collective agreement on community healthcare organisation (CHO) structures, which was brokered by the Workplace Relations Commission (WRC) in September 2018. The first evaluation, which is being conducted independently, will look at outcomes and throughputs across each of the nine learning sites. The second is a Fórsa-HSE process, which will examine experiences arising from the separation of clinical governance and operational line management functions in the context of the community health network manager structure. This joint evaluation will be conducted by designated Fórsa-HSE groups in each of the sites, in conjunction with local implementation groups.

Pandemic response: Enhanced community care networks

When the extended HSE winter plan was published in 2020, agreement had only been reached on the nine learning sites, which were established to inform the establishment of durable community healthcare organisation (CHO) structures. The winter plan, which runs until Spring 2022, included provision for the creation of 48 community health networks in addition to the nine learning sites. The union subsequently reached agreement that 48 temporary enhanced community care networks (ECCNs), directly linked to the community health response to the pandemic, would be in place for 18 months. It is envisaged that 1,500 health and social care professionals will be recruited to meet demands arising from this strategy. The implementation of the programme was under discussion as this report was finalised.

Children's disability networks

Against Fórsa advice, the issue of separating clinical governance and line management responsibilities in the creation of children's disability network manager (CDNM) posts proceeded to the Labour Court. The court determined that the application of clinical governance responsibilities lay solely at the hands of the employer, who bears any liability for risk which may arise. Fórsa sought a review framework, in which the first three to six months would concentrate solely arising from the separation of the functions. Some Fórsa national professional committees have indicated that they are not prepared to reach agreement on such a framework.

Permanent higher appointments

Agreement was reached that posts that don't require formal health department sanction would be consolidated at the higher level in cases where a post-holder had worked on a specified purpose contract at the higher level continuously since 1st January 2019. This arrangement covers health and social care professionals (HSCPs) and clerical and administrative posts up to and including grade VII. Discussions on similar situations concerning posts that require formal health department sanction will now commence, and there will be an oversight process to handle any unforeseen circumstances not covered by the circular.

Civil registration service

Discussions on the civil registration service (CRS) review stalled as a result of the pandemic. Fórsa has recently reengaged with the HSE to reactivate the process, with particular reference to grading structures, filling vacant posts, and the demands arising from updated legislation.

Attendance at work: Public health guidance

The HSE issued a circular in early 2021 after Fórsa raised the issue of the unnecessary workplace attendance of staff whose physical presence is not required. The union said requiring staff to go in to workplaces in such circumstances was a contravention of public health guidance.

Compensatory rest: Grade VIIIs and above

In February 2021, the HSE issued guidance on compliance with rest provisions and maximum weekly working hours. This came after Fórsa raised concerns over its failure to make provision for compensatory rest for health managers who had consistently worked 60-70 hour weeks, over seven days, throughout most of 2020. The union said this was a breach of working time legislation, which provides for minimum rest periods and a maximum average net weekly working week of 48 hours. The new guidance confirmed the duty of health employers to ensure the provision of adequate rest. Fórsa has advised members who were in regular breach of the maximum hours, without adequate compensatory rest, to serve claims on the HSE.

Health department: HSCP policy advisor

Fórsa continues to press strongly for the appointment of a health and social care professional (HSCP) policy advisor, in an autonomous reporting stream, at the Department of Health. The union has met the health minister on the issue, and will seek a meeting with the newly-appointed health department secretary general to progress the issue.

Fórsa grades in health

Fórsa has activated an initiative to increase the recognition within the political system of the crucial roles played by Fórsa grades in the health services. The programme of engagement with politicians is demonstrating that Fórsa grades are pivotal to delivering the universally-accessible health service envisaged in Sláintecare. A webinar took place in mid-January, with health spokespeople from various political parties in attendance. It is envisaged that this type of dialogue will continue over the next 12 months.

The union is at an advanced stage of procuring infographic and website material, which will be tools for creating awareness of the breadth and depth of the roles carried out by health and social care workers represented by Fórsa.



National corporate services

EHO professional group

The environmental health service (EHS) has played a significant role during the pandemic, and this has brought challenges for staff in the area. Fórsa has had regular engagement with management, particularly since environmental health officers (EHOs) formed the backbone of the contact tracing effort, which had a dramatic impact on the core functions of the EHS including Brexit-related work. EHOs also took on additional roles in airports, inspections of food premises that converted to take-away services, and regulating adherence to return to work safely protocols when the first lockdown was eased.

EHS management provided several briefings to the union, which consistently sought additional resources for the service. Throughout the period, Fórsa engaged with management in the EHS, and at the highest levels of the HSE. The union also raised the issues in a meeting with the health minister in September 2020.

On foot of Fórsa's interventions, it was agreed that national competitions for EHS clerical and administrative staff grade would take place in early 2021. The union had earlier taken steps to avoid an overdependence on agency staff in this area.

Office of the chief information officer

A dispute over outsourcing, reliance on agency workers and contractors, and non-adherence to recruitment and promotion processes led to an industrial action ballot of Fórsa members in the office of the chief information officer in February 2020. Some 78% voted in favour and a short period of industrial action followed before an agreement was reached in the Workplace Relations Commission (WRC).

The deal required management to fill vacancies for approved posts and clearing panels. It also committed the parties to agree a consultation process over the use of agency workers, consultants and contractors, and to enter a WRC process to establish normal industrial relations processes in the agency. This process commenced in late summer, and it has been agreed that no further outsourcing will take place without consultation. Many more permanent staff have been recruited in recent months, which is reducing the reliance on temporary agency workers and contractors.

Following the 2018 introduction of a new on-call policy, Fórsa queried the application of only six months retrospection as the issue was under negotiation since 2014. This was eventually referred to the WRC and then the Labour Court, which did not recommend further retrospection.

Internal audit

The Internal Audit Technical Group was re-established in 2020 as staff wanted to highlight some concerns and have more involvement in departmental decision-making. Fórsa wrote to management and the HSE's corporate employee relations service to highlight three themes for engagement. These were the introduction of new work practices without consultation, resourcing of regional units, and the need to activate the review clause in the 2012 HSE-IMPACT agreement. Following an initial meeting, Fórsa committed to providing a detailed list of issues for discussion. Work is ongoing and further meetings will take place.

National investigations unit

A review of the National Investigations Unit, led by former Labour Court chair Kevin Duffy, was initiated on foot of Fórsa representations in 2019. It included an analysis of reasons for delays in commencing investigations after they are commissioned and other governance issues. The review's recommendations included:

- Joint selection of panels unions and the HSE, with nominees appointed for fixed periods
- The appointment of an independent arbitrator or ombudsman to deal with disputes around process
- Generic terms of reference to reduce the number of disputes around process
- The use of clinical or other expertise when necessary
- Preliminary screening of cases, with the panel able to determine that no further investigation is required if appropriate.

A process to agree the implementation of the report was underway as the year ended.

Procurement and logistics

The accelerated introduction of a new purchasing system, without consultation or communication, caused a dispute in early 2020. Staff were concerned that the new system would undermine existing roles and potentially cause job losses. The union was also concerned about the timing of the rollout, at the height of the first Covid lockdown when large-scale remote working being introduced and the procurement of PPE was being prioritised. Fórsa set out the range of concerns that had to be addressed before agreement on the introduction of the new system could be reached.

The union issued a non-cooperation instruction, which remained in place until agreement was reached through negotiations. Further discussions on the strategic direction of the logistics and procurement functions took place, and the union received documentation on progress in implementing the national procurement model. While there was an increase in staff numbers, some in-sourcing, and improved professional training and development opportunities, Fórsa insisted more was required. The parties are reengaging in 2021.

Portfolio leads

In August 2020 the health department approved funding for the continuation of general manager posts on the basis that existing post-holders would compete again, and successful candidates would be issued with specified purpose contracts. Fórsa opposed this because there was no legitimate reason why the posts cannot continue to be filled by the current post-holders, who will be key to the implementation of Sláintecare, not least as agreement has been reached on the regularisation of staff who were temporarily acting into higher grades. Following robust representation from Fórsa, agreement was reached to protect the existing post-holders. Fórsa is engaged with the HSE over a similar issue regarding mental health leads and, as this report was finalised, it looked likely that a similar agreement would be reached.

Guidance officers and counsellors

The issue of changes to work practices without consultation, and the introduction of new technology were among the many issues the union dealt with on behalf of guidance officers. Workloads were also a concern, and Fórsa wrote to management seeking clarification on a number of matters. More engagement will be required in 2021. Aside from local matters, no major issues have arisen for guidance counsellors.



Hospitals and mental health

Section 39 and 56 agencies

Fórsa and other unions have been in discussions with the HSE and health department to secure pay restoration in section 39 organisations since the beginning of 2018. The union has argued that, as primary funders of these agencies, the HSE and health department have a responsibility to provide funding for pay restoration.

On foot of an agreement brokered by the Workplace Relations Commission (WRC) in October 2018, pay restoration commenced in 50 organisations, with further payments in 2020. Efforts to extend the agreement to remaining agencies began in February 2019, but broke down in December 2019. Fórsa balloted for industrial action and a one-day strike was staged in two agencies in February 2020. The union also launched its 'unfinished business' campaign to win public and political support for pay restoration. A march and rally took place on 14th February 2020 and a social media campaign was rolled-out over the following summer. Both were organised in conjunction with the ICTU Community Sector Committee, which brings together all unions in the sector.

The combined impact of industrial action and public campaigning led to resumption in the WRC, though this was delayed until July and September 2020 because of the pandemic. In a further effort to break the impasse, Fórsa sought an intervention from the junior minister with responsibility for disability in September 2020. ICTU simultaneously wrote to the Minister for Public Expenditure and Reform.

Another industrial action ballot was held, but a second one day strike was averted when further WRC-facilitated talks led to an agreement on the commencement of pay restoration in the remaining section 39 agencies from January 2021. The unions will return to the WRC in the second quarter of 2021 to discuss the outstanding issue of retrospection. Meanwhile, Fórsa has commissioned an independent social researcher to update its 2015 report on rebuilding and refinancing the community and voluntary sector.

Fórsa has also lodged a claim for workers in community and voluntary agencies funded by the child and family protection agency Tusla. These former section 39 agencies, which switched to Tusla funding when the agency was established in 2014, were not listed in the original union claim for pay restoration in section 39s.

National pharmacy review

A review of hospital pharmacy was completed in November 2011. This was the first review since 1978, when the current grading structure was agreed. The financial crisis and a move away from the service model on which the 2011 report was based conspired to prevent its implementation. Fórsa and the Hospital Pharmacists Association Ireland (HPAI) executive worked together and achieved a WRC-brokered agreement on implementation in March 2020. Features of the package, which was overwhelmingly endorsed in a ballot, included:

- Removal of three points from the basic grade scale
- Enhanced career structures
- The creation of 183 advanced pharmacy specialist posts
- The creation of a pharmacy executive manager post
- The creation of a deputy pharmacy executive manager post
- Increased protections on weekend services, out of hours and extended working days
- Provision for an independent review of implementation.



During the WRC process, management certified to the WRC that they had validated the cost savings that would be generated by the agreement. These savings mean that the union's claim is not 'cost increasing.' This is significant because cost increasing claims are prohibited under public service pay agreements.

Both the HSE and health department have signed off on the business case, and sanction from the Department of Public Expenditure and Reform is awaited. The agreement applies to hospital pharmacists working in an acute hospital setting, and the union has lodged a similar claim for hospital pharmacists working in community settings.

HIPE coders

In December 2020, Fórsa and the HSE accepted Workplace Relations Commission recommendations for the grading of HIPE coders up to grade V. A data-gathering exercise is now underway to support progress on the union's next objective, which is to secure an appropriate career path and grading structure above grade V.

Audiology

Fórsa is in a formal engagement with the HSE and voluntary hospitals on the audiology grade career structure. It is envisaged that a proposal for a revised career structure will be presented to the union in the coming months.

Chief ambulance officers

Fórsa, Siptu and the national ambulance service (NAS) have jointly referred a dispute over the implementation of the Mazar's report to the WRC. This followed a number of unsuccessful engagements with the NAS. The relevant branches are being consulted as matters progress.



Children, family and social care

Tusla job evaluation scheme

Fórsa achieved agreement on the reopening of the clerical and administrative job evaluation scheme to Tusla staff in grades III to VI in January 2020. But in September, the reopening was suspended when the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) ordered Tusla to produce a business case before implementing the agreement. After the business case was submitted, the department sought sanction to reopen the scheme from the Department of Public Expenditure and Reform (DPER). It was refused, and DCEDIY instructed Tusla to withdraw the scheme.

This is being rigorously opposed by Fórsa, not least because staff who transferred from the HSE to Tusla when the agency was created were given solid guarantees that their terms and conditions were protected. Fórsa has referred the matter to the Labour Court. A date for a hearing is awaited.

NRS-HSCP recruitment panels

Fórsa is awaiting a date for a Labour Court hearing on the unions claim for around 200 health and social care professionals (HSCP) who were debarred from applying for a recruitment process in 2017 because they were already on a 2016 panel.

The issue was referred to the court on foot of a Workplace Relations Commission (WRC) conciliation hearing, which also covered the union's concerns on the establishment of primary and supplementary recruitment panels, and its call for a simpler, more efficient and fairer system of recruitment. The HSE says it is developing proposals for new system of recruitment management, and the union was awaiting proposals as this report was finalised.

Transfer and mobility policy

Discussions on the development of a national mobility and transfer policy are at an advanced stage. The transfer policy is largely agreed, and discussions on implementation and the development of an IT system are expected to lead to implementation in the second quarter of 2021.

Assessment of need protocol

Fórsa and the HSE reached agreement on the introduction of an assessment of need protocol in January 2020. The protocol, which outlines the process of assessing a child's needs under the terms of the 2005 Disability Act, is designed to guide the assessment of potential service needs for children who have, or may have, a disability. The union had earlier expressed professional, practical and capacity concerns following HSE management's attempt to introduce the protocol without consultation.

A joint working group was established in May 2018 when Fórsa raised concerns about time assessment limits within the policy. The union also said increased staff resources were required to meet the demand for assessments to take place within the three-month timeframe laid down by the legislation.

The agreement also provides for an independently-chaired joint review group. The chair has commenced work. The union will nominate a Fórsa official and four other representatives, one from each of the following professional committees: Assessment officers, occupational therapists, psychologists, and speech and language therapists. The HSE will also nominate an equal number of representatives.

In-charge III

A joint review group was established to process claims for in-charge III claims on foot of a 2018 Workplace Relations Commission (WRC) agreement. The group processed the 115 claims received. Fórsa is now in discussions with the HSE to agree a process for the handling of in-charge III claims as they arise.



APPENDICES

Appendix one: Pay scales

Revision of salaries with effect from 1st October 2020 unless otherwise stated.

Health & Social Care Professionals Grades

Analytical Chemist, Executive without Branch E Cert

PSSA 45,5851 - 48,068 - 50,532 - 52,371 -
54,211 - 56,053 - 57,891 - 59,733 - 61,572 -
63,409 - 65,254 - 67,092 - LSI 1 69,211 - LSI 2
70,244

Analytical Chemist, Executive (Advanced Practitioner)

PSSA 51,237 - 54,594 - 56,813 - 59,309 -
61,775 - 64,270 - 66,780 - 69,279 - 70,669 -
LSI 1 73,792 - LSI 2 76,019

Audiologist, Staff Grade

PSSA 32,822 - 34,539 - 36,001 - 37,239 -
38,257 - 39,281 - 40,349 - 41,402 - 42,416 -
LSI 43,227

Audiologist, Senior

PSSA 45,321 - 47,096 - 48,238 - 49,540 -
50,864 - 52,217

Audiologist, Clinical Specialist

PSSA 49,540 - 50,864 - 52,217 - 55,000 -
57,852 - 60,772

Audiologist, Chief

PSSA 52,217 - 55,000 - 57,852 - 60,772 -
63,761 - 66,819

Audiologist, Assistant National Lead

PSSA 65,423 - 68,339 - 70,174 - 73,012 -
75,853 - 78,691 - 81,529 - 84,370 - LSI 1
86,986 - LSI 2 89,844

Audiology, National Lead

PSSA 80,756 - 86,357 - 92,059 - 97,814 -
103,140 - LSI 1 106,358 - LSI 2 109,572

Biochemist

PSSA 36,807 - 38,344 - 40,779 - 41,937 -
43,037 - 45,640 - 47,325 - 49,025 - 50,753 -
52,479 - 54,209 - 55,954 - 57,711 - 59,487 -
61,213 - LSI 62,400

Biochemist, Senior

PSSA 57,034 - 59,616 - 61,907 - 64,251 -
66,665 - 69,038 - 70,392 - 72,746 - 75,117

Biochemist, Principal

PSSA 69,084 - 72,306 - 76,234 - 80,156 -
84,092 - 88,014 - 92,364 - 95,262 - 98,179

Cardiac Physiologist (formerly Cardiac Catheterisation Physiologist)

PSSA 36,758 - 38,839 - 40,724 - 41,579 -
42,526 - 45,006 - 46,511 - 48,018 - LSI 1
51,735 - LSI 2 55,392

Cardiac Physiologist Senior (formerly Cardiac Catheterisation Physiologist Senior)

PSSA 46,171 - 47,550 - 49,009 - 50,500 -
52,037 - 53,462 - LSI 1 56,990 - LSI 2 60,523

Cardiac Physiologist Chief I (formerly Cardiac Catheterisation Physiologist Chief I)

PSSA 50,311 - 51,355 - 52,741 - 54,087 -
55,434 - 56,767 - LSI 1 60,213 - LSI 2 63,729

Cardiac Physiologist Chief II (formerly Cardiac Catheterisation Physiologist Chief II)

PSSA 51,758 - 54,275 - 56,729 - 59,196 -
61,702 - 64,933 - LSI 1 68,590 - LSI 2 70,990

Chiropodist

PSSA 37,022 - 39,214 - 41,018 - 42,330 -
43,440 - 44,591 - 45,727 - 46,894 - 48,054 -
49,213 - 50,434 - 51,719 - 53,002 - LSI
54,029

Chiropodist, Senior

PSSA 54,136 - 55,290 - 56,480 - 57,660 - 58,841 - 60,082 - 61,391 - 62,697 - 63,742

Clinical Specialist Chiropodist

PSSA 59,885 - 61,039 - 62,227 - 63,409 - 64,588 - 65,831 - 67,138 - 68,444 - 69,491

Clinical Engineering Technician

PSSA 31,771 - 32,915 - 34,672 - 35,386 - 36,822 - 39,662 - 41,773

Clinical Engineering Technician, Senior

PSSA 43,225 - 45,349 - 47,672 - 50,130 - 52,756 - 55,385 - 58,065 - LSI 1 60,138 - LSI 2 62,075

Clinical Engineering Technician, Principal

PSSA 60,231 - 62,210 - 64,936 - 66,788 - 68,373 - 69,134

Clinical Engineering Technician, Chief

PSSA 62,896 - 65,347 - 67,881 - 69,831 - 70,789 - 72,775 - 74,966 - 76,814

Clinical Photographer (Basic Grade)

PSSA 29,824 - 31,475 - 32,692 - 34,348 - 35,966 - 37,5160 - 39,065 - 40,580 - 42,099 - 43,591 - 45,122 - 46,571 - 47,758 - LSI 1 49,322 - LSI 2 50,878

Clinical Photographer (Senior Grade)

PSSA 47,758 - 49,151 - 50,544 - 51,893 - 53,284 - 54,669 - 56,051 - 57,475 - LSI 1 59,535 - LSI 2 61,592

Counsellor Therapist - National Counselling Service

PSSA 45,394 - 47,882 - 50,320 - 53,085 - 55,853 - 58,619 - 61,386 - 64,151 - 66,917 - 69,684 - 71,335 - 74,028 - 76,720 - 79,405

Director of Counselling - National Counselling Service

PSSA 92,735 - 94,752 - 96,770 - 98,786 - 100,802 - 102,819 - 104,835 - 107,901 - 111,375

Dental Hygienist

PSSA 37,133 - 39,574 - 41,141 - 42,547 - 43,837 - 45,175 - 46,525 - 47,888 - 49,418 - 50,226 - 51,619 - 52,824 - 54,051 - LSI 1 55,094

Dietician

PSSA 37,022 - 39,214 - 41,018 - 42,330 - 43,440 - 44,591 - 45,727 - 46,894 - 48,054 - 49,213 - 50,434 - 51,719 - 53,002 - LSI 1 54,029

Dietician, Senior

PSSA 54,136 - 55,290 - 56,480 - 57,660 - 58,841 - 60,082 - 61,391 - 62,697 - 63,742

Clinical Specialist Dietician

PSSA 59,885 - 61,039 - 62,227 - 63,409 - 64,588 - 65,831 - 67,138 - 68,444 - 69,491

Dietician Manager

PSSA 65,260 - 67,607 - 68,892 - 71,190 - 73,474 - 75,761 - 78,041

Dietician Manager-in-Charge III

PSSA 75,347 - 76,538 - 77,725 - 78,976 - 80,293 - 81,608 - 82,661

Dosimetrist, Basic

PSSA 35,483 - 37,855 - 39,308 - 41,105 - 42,782 - 44,663 - 46,145 - 47,593 - 50,271 - 51,812 - 53,420 - 55,024 - 57,066 - 57,787 - LSI 1 58,906

Dosimetrist, Senior

PSSA 55,971 - 58,797 - 61,331 - 63,895 - 66,478 - 68,395 - 69,275 - 71,178

E.C.G. Technician, Student

PSSA 23,951 - 24,939 - 26,046 - 26,939 - 27,202

E.C.G. Technician (with Formal Qualification)

PSSA 28,137 - 29,633 - 31,146 - 31,760 - 32,425 - 34,067 - 34,792 - 35,837 - 36,984 - 38,043 - 39,135 - LSI 1 41,606 - LSI 2 44,098

E.C.G. Technician (without Formal Qualification)

PSSA 28,419 - 29,929 - 31,457 - 31,760 - 32,425 - 34,067 - 34,792 - 35,837 - 36,984

E.C.G. Technician, Senior

PSSA 38,774 - 39,742 - 40,779 - 41,842 - 42,949 - LSI 1 45,370 - LSI 2 47,727

E.C.G. Technician, Chief I

PSSA 41,396 - 42,277 - 43,423 - 44,545 - 45,862 - LSI 1 48,167 - LSI 2 50,453

Environmental Health Officer, Basic

PSSA 39,525 - 41,986 - 43,799 - 45,625 - 47,441 - 49,261 - 51,087 - 52,907 - 54,723 - 56,544 - 58,372 - LSI 1 60,243 - LSI 2 62,108

Environmental Health Officer, Senior

PSSA 50,536 - 52,371 - 54,213 - 56,051 - 57,891 - 59,735 - 61,573 - 63,409 - 65,257 - 67,096 - LSI 1 69,212 - LSI 2 70,245

Environmental Health Officer, Principal

PSSA 66,990 - 69,046 - 70,028 - 72,032 - 74,038 - 76,039 - 78,053 - LSI 1 80,585 - LSI 2 83,113

Environmental Health Officer, Regional Chief

PSSA 83,573 - 87,336 - 91,088 - 94,847 - 98,113

Family Therapist

PSSA 68,695 - 70,673 - 73,661 - 76,649 - 79,637 - 82,629

Health Care Assistant

PSSA 29,062 - 30,421 - 31,854 - 32,234 - 33,169 - 33,976 - 35,141 - 36,348 - 37,600

Hospital Chaplains, Roman Catholic

PSSA 48,541 - 49,711 - 51,127 - 53,777 - 55,365 - LSI 1 57,337 - LSI 2 59,321

Laboratory Manager

PSSA 70,838 - 73,975 - 76,734 - 79,504 - 82,329 - 85,101 - 87,944 - 90,699 - 93,472

Medical Scientist

PSSA 33,929 - 35,340 - 37,582 - 38,644 - 39,654 - 42,043 - 43,589 - 45,150 - 46,736 - 48,320 - 49,909 - 51,510 - 53,133 - 54,753 - 56,337 - LSI 1 57,426

Medical Scientist, Senior (with F.A.M.L.S.)

PSSA 51,855 - 54,194 - 56,271 - 58,394 - 60,582 - 62,732 - 64,945 - 67,137 - 69,346

Specialist Medical Scientist

PSSA 57,604 - 59,943 - 62,019 - 64,143 - 66,331 - 68,480 - 69,628 - 71,761 - 73,908

Medical Scientist, Chief

PSSA 63,187 - 66,007 - 68,488 - 69,906 - 72,379 - 74,804 - 77,292 - 79,703 - 82,130

Neuro-Physiologist

PSSA 36,758 - 38,839 - 40,724 - 41,579 - 42,526 - 45,006 - 46,511 - 48,018 - LSI 1 51,735 - LSI 2 55,392

Neuro-Physiologist, Senior

PSSA 46,171 - 47,550 - 49,009 - 50,500 - 52,037 - 53,462 - LSI 1 56,990 - LSI 2 60,523

Neuro-Physiologist, Chief I

PSSA 50,311 - 51,355 - 52,741 - 54,087 - 55,434 - 56,767 - LSI 1 60,213 - LSI 2 63,729

Neuro-Physiologist, Chief II

PSSA 51,758 - 54,275 - 56,729 - 59,196 - 61,702 - 64,933 - LSI 1 68,590 - LSI 2 70,990

Occupational Therapist

PSSA 37,022 - 39,214 - 41,018 - 42,330 - 43,440 - 44,591 - 45,727 - 46,894 - 48,054 - 49,213 - 50,434 - 51,719 - 53,002 - LSI 1 54,029

Occupational Therapist, Senior

PSSA 54,136 - 55,290 - 56,480 - 57,660 - 58,841 - 60,082 - 61,391 - 62,697 - 63,742

Clinical Specialist Occupational Therapist

PSSA 59,885 - 61,039 - 62,227 - 63,409 - 64,588 - 65,831 - 67,138 - 68,444 - 69,491

Occupational Therapist Manager

PSSA 65,260 - 67,607 - 68,892 - 71,190 - 73,474 - 75,761 - 78,041

Occupational Therapist Manager-in-Charge III

PSSA 75,347 - 76,538 - 77,725 - 78,976 - 80,293 - 81,608 - 82,661

Orthoptist

PSSA 37,022 - 39,214 - 41,018 - 42,330 - 43,440 - 44,591 - 45,727 - 46,894 - 48,054 - 49,213 - 50,434 - 51,719 - 53,002 - LSI 1 54,029

Orthoptist, Senior

PSSA 54,136 - 55,290 - 56,480 - 57,660 - 58,841 - 60,082 - 61,391 - 62,697 - 63,742

Pathology Technician, Basic

PSSA 30,754 - 32,472 - 33,547 - 34,107 - 35,001 - 35,882 - 36,764 - 37,645 - 38,529 - 39,416 - 40,299 - 41,180 - 41,980

Pathology Technician, Senior

PSSA 35,902 - 37,165 - 38,432 - 39,698 - 40,963 - 42,228 - 43,497 - 44,763 - 46,028 - 47,295 - 48,571

Pharmaceutical Technician, Student

PSSA 25,413 - 26,817 - 27,721 - 28,746 - 29,771

Pharmaceutical Technician

PSSA 34,197 - 36,377 - 37,868 - 38,842 - 39,815 - 40,788 - 41,762 - 42,735 - 43,708 - 44,681

Pharmaceutical Technician, Senior

PSSA 46,437 - 47,428 - 48,418 - 49,409 - 50,400 - 51,392

Pharmacy Student

PSSA 24,898 - 27,157

Pharmacist

PSSA 34,759 - 37,519 - 38,503 - 41,570 - 44,482 - 47,429 - 50,389 - 53,385 - 56,399 - 59,469 - 62,593 - 65,777 - LSI 1 67,056

Pharmacist, Senior

PSSA 63,974 - 66,915 - 67,856 - 68,793 - 68,908 - 70,218 - 71,612 - 74,042

Pharmacist, Chief II

PSSA 70,810 - 75,420 - 78,113 - 81,443 - 84,999 - 88,681

Pharmacist, Chief I

PSSA 80,185 - 83,863 - 85,304 - 87,298 - 89,508 - 91,763

Phlebotomist Trainee

PSSA 20,267

Phlebotomist

PSSA 30,763 - 32,774 - 33,557 - 35,003 - 36,537 - 38,093 - 39,656 - 41,259 - LSI 42,047

Phlebotomist, Senior

PSSA 36,738 - 38,755 - 40,484 - 42,277 - 44,063 - 45,908

Physicist, Graduate Trainee - Year 1

PSSA 26,960

Physicist, Graduate Trainee - Year 2

PSSA 28,209

Physicist

PSSA 38,634 - 41,486 - 42,809 - 44,927 - 47,028 - 49,510 - 51,145 - 52,712 - 56,704 - 58,404 - 60,198 - 61,991 - 63,778 - 65,588 - 66,585

Physicist, Senior

PSSA 65,423 - 68,339 - 70,174 - 73,012 - 75,853 - 78,691 - 81,529 - 84,370 - LSI 1 86,986 - LSI 2 89,844

Physicist, Principal

PSSA 80,756 - 86,357 - 92,059 - 97,814 - 103,140 - LSI 1 106,358 - LSI 2 109,572

Physicist, Chief

PSSA 103,721 - 106,672 - 109,627 - 112,033 - LSI 1 115,536 - LSI 2 119,032

Physiotherapist

PSSA 37,022 - 39,214 - 41,018 - 42,330 - 43,440 - 44,591 - 45,727 - 46,894 - 48,054 - 49,213 - 50,434 - 51,719 - 53,002 - LSI 1 54,029

Physiotherapist, Senior

PSSA 54,136 - 55,290 - 56,480 - 57,660 - 58,841 - 60,082 - 61,391 - 62,697 - 63,742

Clinical Specialist Physiotherapist

PSSA 59,885 - 61,039 - 62,227 - 63,409 - 64,588 - 65,831 - 67,138 - 68,444 - 69,491

Physiotherapist Manager

PSSA 65,260 - 67,607 - 68,892 - 71,190 - 73,474 - 75,761 - 78,041

Physiotherapist Manager-in-Charge III

PSSA 75,347 - 76,538 - 77,725 - 78,976 - 80,293 - 81,608 - 82,661

Play Specialist, Basic

PSSA 36,991 - 39,152 - 40,983 - 42,151 - 43,417 - 44,585 - 45,655 - 46,920 - 47,661 - 49,257 - 50,425 - 51,690 - 52,955 - LSI 1 53,977

Play Specialist, Senior

PSSA 52,580 - 53,868 - 55,254 - 56,840 - 58,227 - 59,525 - 60,694 - 61,488

Play Therapist, Basic

PSSA 37,022 - 39,214 - 41,018 - 42,330 - 43,440 - 44,591 - 45,727 - 46,894 - 48,054 - 49,213 - 50,434 - 51,719 - 53,002 - LSI 1 54,029

Play Therapist, Senior

PSSA 54,136 - 55,290 - 56,480 - 57,660 - 58,839 - 60,084 - 61,391 - 62,697 - 63,742

Psychologist, Trainee Clinical (post 2006)

PSSA 35,133 - 37,827 - 42,904

Psychologist, Clinical

PSSA 52,496 - 55,835 - 58,211 - 60,689 - 63,154 - 65,597 - 68,672 - 72,214 - 76,329 - 80,498 - 83,893 - LSI 1 86,513 - LSI 2 89,137

Psychologist, Educational

PSSA 52,496 - 55,835 - 58,211 - 60,689 - 63,154 - 65,597 - 68,672 - 72,214 - 76,329 - 80,498 - 83,893 - LSI 1 86,513 - LSI 2 89,137

Psychologist, Counselling

PSSA 52,496 - 55,835 - 58,211 - 60,689 - 63,154 - 65,597 - 68,672 - 72,214 - 76,329 - 80,498 - 83,893 - LSI 1 86,513 - LSI 2 89,137

Psychologist, Senior Clinical

PSSA 82,943 - 84,851 - 86,776 - 88,690 - 90,589 - 91,317 - LSI 1 94,171 - LSI 2 97,029

Psychologist, Counselling Senior

PSSA 82,943 - 84,851 - 86,776 - 88,690 - 90,589 - 91,317 - LSI 1 94,171 - LSI 2 97,029

Psychologist, Educational Senior

PSSA 82,943 - 84,851 - 86,776 - 88,690 - 90,589 - 91,317 - LSI 1 94,171 - LSI 2 97,029

Psychologist, Principal Clinical

PSSA 96,359 - 98,603 - 100,853 - 103,085 - 104,770 - LSI 1 108,027 - LSI 2 111,284

Psychology, Director of

PSSA 104,769 - 107,281 - 109,797 - 112,309 - 114,208 - LSI 1 117,767 - LSI 2 121,325

Radiographer

PSSA 35,538 - 37,599 - 39,369 - 40,503 - 41,654 - 42,820 - 43,955 - 45,086 - 46,260 - 47,406 - 48,516 - 49,654 - 50,830 - LSI 1 51,934

Radiographer, Senior

PSSA 47,714 - 49,528 - 51,419 - 53,337 - 55,281

Radiation Therapist

PSSA 35,539 - 37,076 - 39,370 - 40,501 - 41,655 - 44,982 - 47,714 - 49,530 - 51,418 - 53,336 - 55,279

Clinical Specialist Radiographer and Former Superintendent 1 not in charge of Departments

PSSA 53,561 - 56,284 - 58,594 - 60,908 - 63,266

Radiography Service Manager 1 (Formerly Radiographer, Superintendent I and II)

PSSA 55,566 - 58,572 - 61,122 - 63,697 - 66,322

Radiography Service Manager 2 (Formerly Radiographer, Superintendent III)
PSSA 60,533 - 63,355 - 67,222 - 70,073 - 73,953

Regional Public Analyst, Deputy without Branch E Cert
PSSA 69,405 - 70,061 - 71,718 - 73,423 - 75,080 - 76,770 - LSI 1 79,217 - LSI 2 81,744

Regional Public Analyst, Deputy (Advanced Practitioner)
PSSA 73,840 - 75,301 - 76,758 - 78,241 - 79,694 - 81,163 - LSI 1 83,749 - LSI 2 86,425

Regional Public Analyst
PSSA 85,639 - 87,490 - 89,322 - 91,170 - 93,018 - LSI 1 96,001 - LSI 2 99,082

Respiratory Physiologist
PSSA 36,758 - 38,839 - 40,724 - 41,579 - 42,526 - 45,006 - 46,511 - 48,018 - LSI 1 51,735 - LSI 2 55,392

Respiratory Physiologist, Senior
PSSA 46,171 - 47,550 - 49,009 - 50,500 - 52,037 - 53,462 - LSI 1 56,990 - LSI 2 60,523

Respiratory Physiologist, Chief I
PSSA 50,311 - 51,355 - 52,741 - 54,087 - 55,434 - 56,767 - LSI 1 60,213 - LSI 2 63,729

Respiratory Physiologist, Chief II
PSSA 51,758 - 54,275 - 56,729 - 59,196 - 61,702 - 64,933 - LSI 1 68,590 - LSI 2 70,990

Social Work Practitioner, Senior
PSSA 52,043 - 54,331 - 56,651 - 58,963 - 61,266 - 63,564 - 65,858 - LSI 1 67,024

Social Worker
PSSA 35,309 - 38,049 - 39,114 - 41,121 - 43,197 - 45,277 - 47,349 - 49,449 - 51,523 - 53,117 - 54,714 - LSI 1 55,773

Professionally Qualified Social Worker
PSSA 42,157 - 45,172 - 46,723 - 48,957 - 51,190 - 53,425 - 55,656 - 57,887 - 60,123 - LSI 1 61,288

Medical Social Worker
PSSA 42,157 - 45,172 - 46,723 - 48,957 - 51,190 - 53,425 - 55,656 - 57,887 - 60,123 - LSI 1 61,288

Psychiatric Social Worker
PSSA 42,157 - 45,172 - 46,723 - 48,957 - 51,190 - 53,425 - 55,656 - 57,887 - 60,123 - LSI 1 61,288

Social Worker Senior Medical
PSSA 60,123 - 61,837 - 63,552 - 65,267 - 66,981 - 68,695 - 69,351

Social Worker, Principal (Ex - Social Worker, Senior/Head Medical)
PSSA 68,695 - 70,673 - 73,661 - 76,649 - 79,637 - 82,629

Social Worker, Team Leader
PSSA 60,123 - 61,837 - 63,552 - 65,267 - 66,981 - 68,695 - 69,351

Speech and Language Therapist
PSSA 37,022 - 39,214 - 41,018 - 42,330 - 43,440 - 44,591 - 45,727 - 46,894 - 48,054 - 49,213 - 50,434 - 51,719 - 53,002 - LSI 1 54,029

Speech and Language Therapist, Senior
PSSA 54,136 - 55,290 - 56,480 - 57,660 - 58,840 - 60,082 - 61,391 - 62,696 - 63,743

Clinical Specialist Speech and Language Therapist
PSSA 59,885 - 61,039 - 62,227 - 63,409 - 64,588 - 65,831 - 67,138 - 68,444 - 69,491

Speech and Language Therapist Manager
PSSA 65,259 - 67,608 - 68,892 - 71,191 - 73,474 - 75,760 - 78,042

Speech and Language Therapist Manager-in-charge III
PSSA 75,347 - 76,538 - 77,725 - 78,976 - 80,293 - 81,608 - 82,661

Trainee Social Care Worker
PSSA 27,475 - 29,476 - 30,409 - 31,649 - 32,806

Social Care Worker (with Qualification)
PSSA 33,130 - 34,569 - 36,340 - 37,637 - 38,947 - 40,264 - 41,601 - 42,960 - 44,309 - 45,681 - 47,061 - LSI 1 47,965

Social Care Worker (without Qualification)
PSSA 33,130 - 34,569 - 36,340 - 37,637 - 38,947 - 40,264 - 41,601 - 42,960 - 44,309 - 45,681 - 47,061

Social Care Leader
PSSA 47,709 - 48,751 - 49,792 - 52,545 - 53,609 - 54,669 - 55,741

Social Care Manager in Children's Residential Centers
PSSA 57,661 - 58,900 - 62,176 - 63,442 - 64,704 - 65,979

Vascular Physiologist
PSSA 36,758 - 38,839 - 40,724 - 41,579 - 42,526 - 45,006 - 46,511 - 48,018 - LSI 1 51,735 - LSI 2 55,392

Vascular Physiologist, Senior
PSSA 46,171 - 47,550 - 49,009 - 50,500 - 52,037 - 53,462 - LSI 1 56,990 - LSI 2 60,523

Vascular Physiologist, Chief I

PSSA 50,311 - 51,355 - 52,741 - 54,087 -
55,434 - 56,767 - LSI 1 60,213 - LSI 2 63,729

Vascular Physiologist, Chief II

PSSA 51,758 - 54,275 - 56,729 - 59,196 -
61,702 - 64,933 - LSI 1 68,590 - LSI 2 70,990

Clerical, Administration and Related Grades

Catering Officer, Grade III

PSSA 28,750 - 30,719 - 31,510 - 33,508 -
35,337 - 36,939 - 38,488 - 40,579 - 42,099 -
43,629 - LSI 1 45,045 - LSI 2 46,468

Catering Officer, Grade II

PSSA 43,629 - 45,019 - 46,407 - 47,798 -
49,187 - LSI 1 50,796 - LSI 2 52,403

Catering Officer, Grade I

PSSA 48,541 - 49,711 - 51,124 - 53,779 -
55,363 - LSI 1 57,340 - LSI 2 59,321

Catering Manager

PSSA 50,834 - 52,074 - 53,527 - 54,982 -
56,444 - 57,748 - 59,077 - 60,369 - 61,653 -
LSI 1 63,864 - LSI 2 66,081

Head of Catering

PSSA 69,676 - 70,302 - 72,949 - 75,606 -
78,242 - 80,890 - 83,521

Cook, Trainee

PSSA 20,538 - 24,022 - 26,571

Chef II (Formerly Cook Grade II) with Qualification

PSSA 26,016 - 27,276 - 28,381 - 29,306 -
30,164 - 31,714 - 32,544 - 33,282 - 34,114 -
34,114 - 34,689 - 35,802

Chef II (Formerly Cook Grade II) without Qualification

PSSA 26,016 - 27,276 - 28,381 - 29,306 -
30,164 - 31,092

Chef I (Formerly Cook Grade I)

PSSA 28,717 - 29,627 - 30,603 - 31,509 -
32,158 - 32,871 - 33,822 - 34,366 - 35,316 -
36,186 - 37,055 - 38,010 - 39,202

Chef, Senior

PSSA 30,514 - 31,379 - 32,475 - 33,222 -
34,070 - 35,004 - 36,024 - 36,960 - 37,982 -
38,922 - 39,862 - 40,891 - 42,179

Chef, Executive

PSSA 32,094 - 32,922 - 33,990 - 34,638 -
35,698 - 36,678 - 37,749 - 38,734 - 39,806 -
40,793 - 41,782 - 42,861 - 44,216

Community Welfare Officer

PSSA 29,617 - 31,415 - 32,464 - 34,282 -
36,378 - 38,430 - 40,442 - 42,370 - 44,296 -
46,240 - 48,119 - 50,020 - 51,966 - 53,835 -
55,743 - LSI 1 57,733 - LSI 2 59,730 - LSI 3
61,665

Superintendent Community Welfare Officer

PSSA 66,663 - 69,088 - 70,424 - 72,784 -
75,145 - 76,506 - LSI 1 78,890 - LSI 2 81,274

Draughtsman/Technician II

PSSA 27,927 - 29,431 - 30,911 - 31,714 -
32,642 - 33,722 - 34,454 - 35,539 - 36,597 -
37,682 - 38,753 - 39,773 - 40,900 - LSI 1
42,228 - LSI 2 43,549

Draughtsman/Technician I

PSSA 40,900 - 41,583 - 42,472 - 43,365 -
44,241 - 45,131 - 45,942 - LSI 1 47,438 - LSI 2
48,939

Dental Surgery Assistant (without Qualification)

PSSA 24,942 - 26,411 - 27,206 - 28,341 -
29,287 - 30,229 - 31,570

Dental Nurse (Formerly Dental Surgery Assistant (with Qualification))

PSSA 24,942 - 26,411 - 27,206 - 28,341 -
29,287 - 30,229 - 31,570 - 32,498 - 33,318 -
34,189 - 35,697 - 36,261 - 37,331 - 38,671 -
40,702 - 43,102 - LSI 1 46,040

Dental Nurse, Senior

PSSA 43,332 - 44,930 - 46,366 - 47,657 -
49,226 - 50,560 - 52,025

Fire Prevention Officer

PSSA 45,588 - 48,068 - 50,536 - 52,371 -
54,213 - 56,053 - 57,893 - 59,735 - 61,575 -
63,409 - 65,256 - 67,092 - LSI 1 69,211 - LSI 2
70,243

Clerical Officer Grade

PSSA 24,601 - 26,218 - 26,615 - 27,424 -
28,603 - 29,785 - 30,968 - 31,826 - 32,799 -
33,928 - 34,726 - 35,844 - 36,971 - 39,087 -
LSI 1 40,592

Grade IV (Clerical)

PSSA 28,749 - 30,718 - 31,509 - 33,508 -
35,338 - 36,939 - 38,489 - 40,579 - 42,099 -
43,628 - LSI 1 45,045 - LSI 2 46,468

Grade V (Clerical)

PSSA 43,628 - 45,019 - 46,408 - 47,797 -
49,186 - LSI 1 50,797 - LSI 2 52,402

Grade VI (Clerical)

PSSA 48,541 - 49,710 - 51,126 - 53,777 -
55,365 - LSI 1 57,337 - LSI 2 59,321

Grade VII (Clerical)

PSSA 50,834 - 52,074 - 53,527 - 54,982 -
56,444 - 57,748 - 59,077 - 60,369 - 61,653 -
LSI 1 63,864 - LSI 2 66,081

Supplies Officer Grade D

PSSA 28,914 - 30,725 - 31,690 - 32,687 -
33,514 - 34,175 - 35,157 - 36,138 - 37,125 -
38,106 - 39,086 - LSI 1 40,592

Supplies Officer Grade C

PSSA 35,337 - 36,939 - 38,488 - 40,579 -
42,099 - 43,629 - LSI 1 45,045 - LSI 2 46,468

Supplies Officer Grade B

PSSA 43,629 - 45,019 - 46,407 - 47,798 -
49,187 - LSI 1 50,796 - LSI 2 52,403

Supplies Officer Grade A

PSSA 48,541 - 49,711 - 51,124 - 53,779 -
55,363 - LSI 1 57,340 - LSI 2 59,321

Assistant Technical Services Officer

PSSA 39,525 - 41,986 - 43,799 - 45,625 -
47,441 - 49,263 - 51,087 - 52,905 - 54,721 -
56,544 - 58,374 - LSI 1 60,245 - LSI 2 62,114

Senior Assistant Technical Services Officer

PSSA 50,534 - 52,371 - 54,213 - 56,053 -
57,893 - 59,735 - 61,575 - 63,409 - 65,256 -
67,092 - LSI 1 69,211 - LSI 2 70,244

Chief Assistant Technical Services Officer

PSSA 66,990 - 69,046 - 70,026 - 72,031 -
74,040 - 76,040 - 78,032 - LSI 1 80,585 - LSI 2
83,110

Technical Services Officer

PSSA 83,886 - 85,876 - 87,864 - 89,854 -
91,841 - 93,837 - LSI 1 96,840 - LSI 2 99,846

Home Help Organiser

PSSA 43,629 - 45,019 - 46,407 - 47,798 -
49,187 - LSI 1 50,796 - LSI 2 52,403

Home Help Co-Ordinator

PSSA 48,541 - 49,710 - 51,126 - 53,777 -
55,365 - LSI 1 57,337 - LSI 2 59,321

**Supervisor of Welfare Home-without Nursing
Qualification**

PSSA 34,016 - 34,574 - 35,453 - 36,340 -
37,217 - 38,114 - 38,969

Assistant Supervisor, Welfare Home

PSSA 31,573 - 32,336 - 32,941

**Supervisor, Welfare Home - HSE Eastern Regional
Area Only**

PSSA 45,203 - 46,029 - 46,081 - 47,157 -
48,235 - 49,406 - 50,576 - 51,747 - 52,918

Nursery Nurse

PSSA 30,111 - 31,746 - 32,843 - 33,783 -
34,236 - 35,036 - 35,846 - 36,645 - 37,451 -
38,276 - 39,096 - 39,928 - LSI 1 40,689

**Home Management Advisor (HSE Western Area
Only)**

PSSA 33,183 - 34,293 - 35,797 - 37,297 -
38,783 - 40,272 - 41,744 - 42,824 - 43,915 -
45,016 - 45,919 - 46,802

**Clerical Administrative
Management Grades**

Director General (HSE)

PSSA 211,741

**Deputy Director General (Strategy/Operations)
(HSE)**

PSSA 182,621

Chief Financial Officer (HSE)

PSSA 182,621

National Director, Health & Wellbeing (HSE)

PSSA 167,588

Full reduction for pension contribution and
benefits from 1/10/20 PSSA 158,917

National Director, Hospital Care (HSE)

PSSA 167,588

Full reduction for pension contribution and
benefits from 1/10/20 PSSA 158,917

National Director, Mental Health (HSE)

PSSA 167,588

Full reduction for pension contribution and
benefits from 1/10/20 PSSA 158,917

National Director, Primary Care (HSE)

PSSA 167,588

Full reduction for pension contribution and
benefits from 1/10/20 PSSA 158,917

National Director, Quality Improvement (HSE)

PSSA 167,588

Full reduction for pension contribution and
benefits from 1/10/20 PSSA 158,917

National Director, Social Care (HSE)

PSSA 167,588

Full reduction for pension contribution and
benefits from 1/10/20 PSSA 158,917

National Director, Human Resources (HSE)

PSSA 167,588

Full reduction for pension contribution and
benefits from 1/10/20 PSSA 158,917

Chief Executive Officer, Hospital Groups

PSSA 161,133

**Chief Executive Officer, Hospital Groups (new
incumbents post)**

PSSA 170,202

National Director, Communications (HSE)

PSSA 154,527

Full reduction for pension contribution and benefits from 1/10/20 PSSA 146,532

Chief Information Officer (HSE), National Director

PSSA 154,527

Full reduction for pension contribution and benefits from 1/10/20 PSSA 146,532

National Director, Internal Audit (HSE)

PSSA 154,527

Full reduction for pension contribution and benefits from 1/10/20 PSSA 146,532

Manager, National Women and Infants Health Programme

PSSA 135,790

Assistant National Director (Services)

PSSA 101,860 - 106,387 - 110,914 - 115,439 - 119,968 - 124,494

Chief Officer, Community Healthcare Organisations

PSSA 101,860 - 106,387 - 110,914 - 115,439 - 119,968 - 124,494

Chief Finance Officer, Hospital Groups

PSSA 101,860 - 106,387 - 110,914 - 115,439 - 119,968 - 124,494

Chief Operations Officer, Hospital Groups

PSSA 101,860 - 106,387 - 110,914 - 115,439 - 119,968 - 124,494

Director Regional Health Office (HSE)

PSSA 101,860 - 106,387 - 110,914 - 115,439 - 119,968 - 124,494

Assistant National Director (Support)

PSSA 100,361 - 104,602 - 108,921 - 113,323 - 117,800 - 122,364

Deputy CEO (Beaumont) (St. James) (St. Vincents) (Mater) (Tallaght)

PSSA 95,982 - 100,250 - 104,515 - 108,781 - 113,046 - 117,313

Director of Information Systems (HSE)

PSSA 92,165 - 95,948 - 99,800 - 103,727 - 107,720 - 111,791

Head of Service/Function, Community Healthcare Organisations

PSSA 94,714 - 98,551 - 102,387 - 106,222 - 110,056

Children First Programme Lead

PSSA 94,714 - 98,551 - 102,387 - 106,222 - 110,056

Procurement, Assistant Head

PSSA 94,714 - 98,551 - 102,387 - 106,222 - 110,056

Deputy General Manager (Cork University Hospital) (Galway Regional Hospitals)

PSSA 88,959 - 92,796 - 96,631 - 100,468 - 104,303 - 108,140

CEO Band H1 Hospitals (Cork Dental Hospital, Dublin Dental Hospital, Incorporated Orthopedic Hospital, Royal Hospital Donnybrook, St. Vincents (Fairview), Leopardstown Park)

PSSA 69,676 - 70,302 - 72,949 - 75,606 - 78,242 - 80,890 - 83,521

CEO Band H2 Hospitals (Cappagh Hospital, National Rehabilitation Hospital, Peamount Hospital, Royal Victoria Eye & Ear Hospital, St. Johns Hospital, St. Michaels Hospital)

PSSA 84,026 - 85,446 - 86,884 - 88,322 - 89,762

CEO Band H3 Hospitals (Coombe Hospital, Mercy University Hospital, National Maternity Hospital, Rotunda Hospital, South Infirmary Victoria University Hospital)

PSSA 100,118 - 102,996 - 105,871 - 108,749 - 111,626 - 114,502 - 117,379

CEO Band H4 Hospitals (Our Lady's Childrens Hospital, Temple Street Childrens University Hospital)

PSSA 107,014 - 109,898 - 112,776 - 115,654 - 118,531 - 121,407 - 124,284

CEO Band H5 Hospitals (AMNCH, Beaumont Hospital, Mater Misericordiae Hospital, St. Vincents University Hospital, St. James Hospital)

PSSA 137,632

CEO Band SC1 Social Care (Brothers of Charity Clare, Carriglea Cairde Services, The Childrens Sunshine Home, Sisters of Charity Kilkenny, Brothers of Charity Roscommon, KARE)

PSSA 69,676 - 70,302 - 72,949 - 75,606 - 78,242 - 80,890 - 83,521

CEO Band SC2 Social Care (Brothers of Charity Limerick, Brothers of Charity South East, Central Remedial Clinic, Cheeverstown House, Our Ladys Hospice, Sunbeam House)

PSSA 84,026 - 85,446 - 86,884 - 88,322 - 89,762

CEO Band SC3 Social Care (Brothers of Charity Galway, Brothers of Charity South, COPE Foundation, Muiriosa Foundation, Stewarts Care)

PSSA 100,118 - 102,996 - 105,871 - 108,749 - 111,626 - 114,502 - 117,379

CEO Band SC4 Social Care (St Michaels House, Daughters of Charity, St. John of God Hospitaller)

PSSA 107,014 - 109,898 - 112,776 - 115,654 - 118,531 - 121,407 - 124,284

Service Manager (Beaumont) (St. James) (Mater) (St. Vincents) (Tallaght) (Cork UH) (UCHG)
PSSA 73,243 - 75,027 - 77,851 - 80,696 - 83,518 - 86,347 - 89,163

General Manager
PSSA 73,243 - 75,027 - 77,851 - 80,696 - 83,518 - 86,347 - 89,163

Child Care Manager
PSSA 73,243 - 75,027 - 77,851 - 80,696 - 83,518 - 86,347 - 89,163

Hospital & Community Care Administrator
PSSA 69,676 - 70,302 - 72,950 - 75,606 - 78,242 - 80,890 - 83,521

Grade VIII
PSSA 69,676 - 70,302 - 72,950 - 75,606 - 78,242 - 80,890 - 83,521

Ambulance Officer, Chief
PSSA 69,676 - 70,302 - 72,950 - 75,606 - 78,242 - 80,890 - 83,521

Technical Services Manager (St Vincents)
PSSA 57,688 - 59,310 - 60,963 - 62,580 - 64,238 - 65,869

Technical Services Officer (Mater) (Tallaght)
PSSA 55,752 - 58,098 - 59,418 - 60,707 - 61,981

Project Technical Services Manager (Beaumont) (St. James)
PSSA 55,752 - 58,097 - 59,418 - 60,707 - 61,981

Engineering Officer (Formerly EHB) (Mater, St. James, Tallaght, Beaumont, Crumlin)
PSSA 55,363 - 57,714 - 59,057 - 60,359 - 61,653 - LSI 1 63,864 - LSI 2 66,080

Assistant Technical Services Manager (Mater)
PSSA 55,363 - 57,714 - 59,057 - 60,359 - 61,653 - LSI 1 63,864 - LSI 2 66,080

Journeyman Chef
PSSA 37,167 - 38,311 - 40,013 - 41,187 - LSI 1 42,539 - LSI 2 43,907

Transport Officer (Formerly EHB)
PSSA 48,541 - 49,711 - 51,124 - 53,779 - 55,363 - LSI 1 57,337 - LSI 2 59,321

Workshop Instructors (HSE Health Areas) (Craft +12.5%) (Level 1)
PSSA 42,452 - 42,929 - 43,158 - 43,413 - 43,652 - 43,776 - 43,897 - 44,019 - 44,143 - 44,339 - 44,489 - 44,866

Workshop Instructors (HSE Health Areas) (Craft +25%) (Level 2)
PSSA 41,620 - 42,087 - 42,312 - 42,561 - 42,796 - 42,918 - 43,036 - 43,156 - 43,278 - 43,469 - 43,616 - 43,975

Workshop Supervisors (HSE Midland Area, HSE North Western Area) (Pre-1/6/97 Entrants)
PSSA 42,062 - 43,260 - 44,465 - 45,623 - 46,769 - 47,935 - 48,974 - 49,908 - 51,384 - 52,671 - 53,878 - 54,809 - 55,982 - 57,402 - 58,796 - 59,713 - LSI 1 61,808 - LSI 2 63,901

Workshop Supervisors (HSE Midland Area, HSE North Western Area) (Post-1/6/97 Entrants)
PSSA 42,062 - 43,260 - 44,465 - 45,623 - 46,769 - 47,935 - 48,974 - 49,908 - 51,384 - 52,671 - 53,878 - 54,809 - 55,982 - 57,402 - 58,796 - 59,713 - LSI 1 61,808

Workshop Manager (Specialist Agencies)
PSSA 44,978 - 46,542 - 48,163 - 49,843 - 51,620

Senior Supervisor/Instructor (Specialist Agencies)
PSSA 33,288 - 34,098 - 35,268 - 36,480 - 37,736 - 39,038 - 40,386 - 41,783 - 43,733 - LSI 1 44,733 - LSI 2 46,289

Supervisor/Instructor (Specialist Agencies)
PSSA 28,587 - 30,587 - 31,330 - 32,409 - 33,350 - 34,162 - 35,333 - 36,547 - 37,806 - 39,110 - 40,461 - 41,861 - 43,313

Appendix two: Travel and subsistence

Standard domestic subsistence rates

Effective from 1st July 2019

Overnight rates remain

| | | |
|-------------------------------|--------------------------------|---------------------------------|
| Normal rate €147.00 | Reduced rate €132.30 | Detention rate €73.50 |
|-------------------------------|--------------------------------|---------------------------------|

Day rates

| | |
|-----------------------------------|---|
| 10 hours or more €36.97 | 5 hours but less than 10 hours €15.41 |
|-----------------------------------|---|

Vouched Accommodation (VA) Domestic subsistence rates (for use in Dublin only)

Effective from 1st July 2019 will remain

| | | | |
|---|---|-------------|------------------------|
| Vouched Accommodation (VA) rate VA Rate | Accommodation Vouched cost of accommodation up to €147.00 | Plus | Meals €36.97 |
|---|---|-------------|------------------------|

Appendix three: Childcare: HSE circular on the restoration of annual leave



Corporate Employee Relations Services
Health Service Executive
63-64 Adelaide Road,
Dublin
D02 FR50
Telephone (01) 6626966 Fax (01) 6626977

**To: Chief Executive Officer
Each National Director
Director, National Ambulance Service
Each Assistant National Director of HR
Each Hospital Group CEO
Each Hospital Group Director of HR
Each Chief Officer CHO
Each Head of HR CHO
Head of HR, PCRS
Each CEO Section 38 Agencies
Each HR Manager Section 38 Agencies
Each Employee Relations Manager
Each Group Director of Nursing & Midwifery**

Re: Annual Leave Restoration

Ref: CERS 51/2020

Date: 13th November 2020

Dear Colleagues

In line with discussions at WRC, and consistent with the position of our colleagues in DOH / DPER, the HSE are agreeable to reinstate annual leave for those who had no alternative but to take leave to care for children, in the circumstances specified below, from the 13th March 2020 to 26th May 2020

It is noted that the DPER FAQ of the 26th April 2020, outlined the obligation of the employer to ensure that working from home arrangements would apply in these circumstances, however it is acknowledged that there may have been a lead in period required in some areas, in order to set up such arrangements. It has therefore been agreed that the reference period can extend to the 26th May 2020.

- Where this leave was taken as a direct consequence of Public Health advice regarding the closure of schools, pre-schools, crèches and other childcare facilities.
- Where all other alternative options were explored, for example roster changes, working from home, or any other alternatives, and these were found to be unsuitable by the manager and /or the employee and as a consequence, leave was selected by the employee;
- Leave will not be reinstated where such options were not considered by the employee, and where it can be demonstrated that they willingly opted for annual leave, parental leave etc. without proper consideration of alternative options.
- There will be no reinstatement of any leave requested and approved prior to 12th March 2020

- With respect to Non Consultant Hospital Doctors, in the event that an NCHD changed their employment location during the July 2020 changeover, the terms of this agreement will apply to that NCHD in their current employment location
- It is expected that local management should proactively address these matters expeditiously and judiciously at local level. In exceptional cases which can't be resolved locally, a joint Management/Union dispute resolution group, will examine any issues arising. Requests can be forwarded via the appropriate HR manager for consideration to Corporate Employee Relations at Susan.Keegan@hse.ie

Queries

Queries from individual employees or managers in relation to this memorandum should be referred to local HR/Employee Relations Departments. Please note that the National HR Helpdesk is also available to take queries on 1850 444 925 or ask.hr@hse.ie.

Queries from HR/Employee Relations Departments in relation to this memorandum may be referred to Corporate Employee Relations, HR Directorate, 63-64 Adelaide Road, Dublin 2. Tel: 01 6626966, Email: info.t@hse.ie

Yours Sincerely



John Delamere
Corporate Employee Relations

Appendix four: HSE circular on working time and compensatory rest



Oifig an Stiúirthóra Náisiúnta, Acmhainní Daonna
Feidhmeannacht na Seirbhíse Sláinte
Ospidéal Dr. Steevens'
Baile Átha Cliath 8

Office of the National Director of Human Resources
Health Service Executive
Dr. Steevens' Hospital
Dublin 8
Tel: 01 6352319 Email: nationalhr@hse.ie

To: Chief Executive Officer
Each National Director
Each Assistant National Director HR
Each Assistant Chief Finance Officer
Each Hospital Group CEO
Each Hospital Group Director of HR
Each Chief Officer CHOs
Each Head of HR CHOs
Head of HR, PCRS
Each CEO Section 38 Agencies
Each HR Manager Section 38 Agencies
Each Employee Relations Manager
Each Group Director of Nursing & Midwifery
Each Group Director of Midwifery
Each Clinical Director
Director National Ambulance Service

From: Anne Marie Hoey, National Director of Human Resources

Date: 5th May 2021

Re: HR Circular 021 2021 Code of Practice for Employers and Employees on the Right to Disconnect

Dear Colleagues

Please find attached a copy of Department of Health Circular 6/2021 and the *Code of Practice for Employers and Employees on the Right to Disconnect* (the “**Code of Practice**”). The Workplace Relations Commission (WRC) has published this Code of Practice to give guidance on best practice to employers and employees on the “Right to Disconnect” and compliance with relevant employment legislation. The Code of Practice

came into effect on 1 April 2021 and applies to all employees and to all types of employment¹. The Code of Practice is available from the WRC website [here](#).

The HSE will be devising a Right to Disconnect Policy to reflect the requirements under the Code of Practice. In the meantime, all public health service employers and employees should be aware of and familiar with the provisions in the Code of Practice and understand their rights and obligations. Pending the issuing of a Right to Disconnect Policy at a future date, this Circular gives a brief overview of the key provisions in the Code of Practice. It also gives a summary of the legislative provisions underpinning the Code of Practice.

Overview of the Code of Practice

The Code of Practice states that the Right to Disconnect gives all employees the right to switch off from work outside of normal working hours, including the right to not respond immediately to emails, telephone calls or other messages. There are three rights enshrined in the Code:

- The right of an employee to not have to routinely² perform work outside their normal working hours (including refraining from engaging in work-related emails and telephone calls);
- The right not to be penalised for refusing to attend to work matters outside of normal working hours; and
- The duty to respect another person's right to disconnect (for example: by not routinely emailing or calling outside normal working hours).

The Code of Practice states that there is no formal Right to Disconnect under Irish or European law. It provides that an employer's failure to follow the Code is not an offence in and of itself but the Code will be admissible in evidence in any proceedings before a Court, the Labour Court or WRC if any of its provisions are deemed relevant to the issues in dispute.

The Code of Practice provides practical guidance for employers and employees to assist in meeting existing obligations under current employment legislation. Specifically, the Code complements and supports employers' and employees' rights and obligations under the Organisation of Working Time Act 1997 (the "OWT"), the Safety, Health and Welfare at Work Act 2005 (the "SHWWA"), and the Terms of Employment (Information) Act 1994³.

¹ This includes employees who are temporarily working from home (WFH) during COVID-19.

² The Code states that there are occasional legitimate situations when it may be necessary for an employer to contact employees outside of normal working hours.

³ This Act was amended by the Employment (Miscellaneous Provisions) Act 2018 [view here](#).

Employers' existing obligations include to:

- Provide information to employees on their working time, normal working hours and rest periods/breaks;
- Ensure that all employees receive their entitlement to rest periods/breaks and that they do not work in excess of the maximum weekly working hours;
- Ensure a safe workplace, maintain up to date risk assessments and ensure work activities are managed to prevent any improper conduct or behaviour likely to put safety, health and welfare at risk;
- Not to penalise an employee for actions taken in accordance with legislation.

Employees' existing obligations include to:

- Take reasonable care to protect their safety, health and welfare and the safety, health and welfare of any other person who may be affected by the employee's acts or omissions at work;
- Fully cooperate with any appropriate mechanism to record working time (including when working remotely);
- Be mindful of their colleagues' right to disconnect (for example, by not routinely emailing or calling outside normal working hours).
- Be conscious of their work pattern and aware of their work-related wellbeing.

Role of the manager

The Code of Practice highlights the key role of managers given their close interaction with staff. Managers should familiarise themselves with the provisions in the Code of Practice and engage proactively with their staff to ensure that measures are in place to raise awareness and ensure compliance. The topics that should be addressed in the context of promoting adherence to the Code of Practice in the workplace include, but are not limited to, the following:

- Scheduling and availing of annual leave entitlements during the leave year;
- Rest breaks and rest periods (including procedures to follow if an employee is unable to avail of a statutory rest break or period);
- Working hours and attendance arrangements;
- Arrangements for recording of working time;
- Maintaining work/life balance – employees' personal time must be respected and there is a general expectation that employees disconnect from work emails and communications outside of normal working hours and during any type of leave;
- Communications protocol including the very limited circumstances in which an employee may be contacted outside of their normal working hours due to urgent service needs or unforeseeable circumstances e.g. ascertaining availability for rosters arising from unexpected absences;
- Email etiquette including the timing and tone of any out-of-hours communications and the use of email 'out of office' and footers to indicate the employee's normal hours of work/availability;
- Employee health and wellbeing including accessing organisational supports e.g. Occupational Health, Employee Assistance Programme (EAP).

Managers should maintain open channels of communication about workload and time management and encourage appropriate behaviours around disconnecting from work. Managers are required to take action when an employee's inability or reluctance to disconnect appears to be linked to excessive workload, performance issues or organisational culture.

Communications

The Code of Practice states that the tone and sense of urgency in written communications should be proportionate, particularly those sent outside of normal working hours. Texts or emails sent outside of normal working hours may be easily misinterpreted by the recipient as to its urgency. Where appropriate, measures such as adding a footer to an email signature indicating the sender's normal hours of work may be used to indicate an employee's availability. The Code of Practice states that the sender's message is equally important and, when not urgent, the email should state that an immediate response is not expected, or the sender should utilise the "delay send" options and set it to a specified time on the next closest working day. Emergency communications outside of an employee's normal working hours/roster⁴ should be the exception rather than the norm.

Raising Concerns

The Code of Practice highlights that employees and employers should manage the Right to Disconnect in a manner that is respectful of everyone's rights and expectations and in the context of the relevant legislation and good workplace relations generally. The Code of Practice refers to the fact that circumstances may occasionally arise that necessitate that communications are sent and received outside of employee's normal working hours. This may be due to operational needs and other factors including the role of the employee, the agreed terms of employment and the unique requirement of critical services. When occasional contact outside normal working hours and scheduled rostering arrangements becomes the norm, however, this needs to be addressed.

In this regard, situations may arise where an employee may feel that their Right to Disconnect is not being respected or that their workload is such that they are not able to disconnect at the end of their normal working day/shift. Examples of such situations might include:

- Being contacted regularly outside of normal work hours;
- Being expected to regularly work through meal breaks;
- Feeling obligated to routinely work longer hours than those agreed in their terms and conditions of employment;
- Being subjected to less favourable treatment for not being available outside of normal working hours.

⁴ This does not refer to the contractual arrangements that apply to some categories of health service employees such as on-call.

In line with the Grievance Procedure, employees should be advised to raise any issues of concern relating to their employment, including matters encompassed by the Code of Practice⁵, directly with their line manager in the first instance. In circumstances where an employee feels that they cannot approach their line manager, they should contact another manager or seek advice/support from their local HR/Employee Relations Department. Employees should be informed that if issues/complaints cannot be resolved informally, they may invoke the formal stages of the Grievance Procedure. All employees should have a copy of the Grievance Procedure and understand how it operates within their organisation.

Overview of legislation underpinning the Code of Practice

This Circular gives an overview of the pre-existing legislative obligations which, inter alia, protect employees from working excessive hours and are reinforced in the Code of Practice. It is not intended as a legal interpretation of any of the Acts.

A. The Organisation of Working Time Act 1997 (the “OWT”)

The OWT has its genesis in protecting the safety, health and welfare of those at work. The Act does not explicitly refer to a ‘Right to Disconnect’ but provides for statutory entitlements with respect to working hours, rest provisions and annual leave.

1. Rest provisions and maximum weekly working hours

1.1 The OWT provides that employers cannot permit employees to work more than a maximum of 48 hours per week on average over the relevant reference period (4, 6 or 12 months depending on the circumstances). Employers must also ensure that employees receive their statutory rest breaks, daily rest and weekly rest entitlements. As such, employers have a legal responsibility to maintain records of employees’ working hours which can be produced for inspection by the WRC if required. The duty to ensure compliance with the OWT rests with the employer and not the employee. However, employees have a responsibility to cooperate with any appropriate mechanism introduced by the employer for recording of working time. **Appendix 1** of this Circular provides an overview of the maximum weekly working hours and rest provisions under the OWT and related matters.

2. Annual Leave

2.1 Managers are required to monitor annual leave arrangements to ensure that employees avail of their full contractual annual leave entitlement to the greatest extent

⁵ The Code of Practice states that if an informal process has not been successful in resolving the issue, then the organisation’s formal grievance procedure may be utilised. Where there is a collective agreement, the parties should abide by those terms as it relates to raising grievances. If the matter is processed under the grievance procedure in the context of an alleged contravention of the Code of Practice on the Right to Disconnect and remains unresolved, the employee may refer a complaint to the WRC under the appropriate legislation and citing the Code. This does not affect an employee’s right to refer a complaint to the WRC at any point but it is preferable if disputes can be resolved internally.

possible during the current leave year. Where managers have been unable to facilitate an employee to avail of annual leave due to essential service needs, the untaken leave should be documented and carried forward to the following leave year⁶. Where a manager has given prior approval for the carryover of annual leave, they must then engage with the employee on a reasonable timeframe in which this leave will be taken.

2.2 Managers have a responsibility to ensure that their employees are facilitated to avail of their annual leave entitlements in accordance with the OWT. The OWT provides that the time at which annual leave is taken is determined by the employer taking into account the following provisions:

- The employer must consult with the employee or his/her representatives at least one month before the leave commences;
- The employer must have regard for the employee's opportunity for rest and recreation;
- The employer must take into account the need for the employee to reconcile work and any family responsibilities.

An employee who has worked eight or more months in a leave year is entitled to an unbroken period of two weeks' leave, which may include one or more public holidays.

2.3 The OWT provides that the onus is on the employer to ensure that employees avail of their statutory annual leave entitlement in the leave year to which it relates. The OWT provides that, in exceptional circumstances, due to service requirements, statutory annual leave may be carried forward into the first six months of the next annual leave year, subject to the employee's consent to the deferral. At a minimum, managers should ensure that staff avail of the statutory⁷ component of their annual leave entitlement within the current leave year and deferral only occurs in exceptional circumstances.

2.4 Please note that public health service employees are not entitled to receive payment in lieu of any outstanding annual leave unless the employment relationship is terminated.

B. The Safety, Health and Welfare at Work Act 2005 (the "SHWWA")

1. The SHWWA makes provision for the safety, health and welfare of persons at work and sets out the responsibilities of employers, employees and other parties. The Health and Safety Authority (HSA) has published Frequently Asked Questions to provide guidance on this legislation [view here](#).

⁶ HSE employees are required to complete HSE Application Form HR 108(r) [here](#).

⁷ The statutory entitlement to annual leave is set out under section 19 of The Organisation of Working Time Act 1997 [view here](#).

2. Under section 8(2)(b) of the SHWWA the employer's duties extend to "managing and conducting work activities in such a way as to prevent, so far as is reasonably practicable, any improper conduct or behaviour likely to put the safety, health and welfare at work of his or her employees at risk".
3. Employees have an obligation under section 13(1)(a) and 13(1)(e) of the SHWWA to take reasonable care to protect their safety, health and welfare at work and "not engage in improper conduct or behaviour that is likely to endanger his or her own safety, health and welfare at work or that of any other person". This includes an obligation on employees to cooperate with any appropriate mechanism utilised by their employer for the recording of working time⁸. In line with the Code of Practice, employees should be aware of the requirement to consider others' rights to disconnect by not routinely emailing/calling outside normal working hours and being mindful that the tone and urgency of any communications sent out of hours is proportionate.
4. Section 27 of the SHWWA provides that employers are prohibited from penalising (defined as dismissal, demotion, transfer, imposition of duties, coercion or intimidation) or threatening to penalise employees, who are performing any duty, exercising rights or who make any complaints relating to safety and health or who give evidence in enforcement proceedings.
5. The HSE National Health and Safety Function provides guidance and resources on safety, health and welfare at work at this link: <https://www.hse.ie/safetyandwellbeing>
6. The HSE Workplace Health and Wellbeing Unit provides information on guidance and support services at this link: <https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/>

C. The Terms of Employment (Information) Act 1994 (the "1994 Act")

1. The Code of Practice outlines an employer's obligations to notify new employees of any terms and conditions related to hours of work, including hours of work within a normal working day and normal working week. In the case of employees who do not have fixed times of attendance, managers should inform employees of how the roster operates and what their normal working hours are reasonably expected to be over a specified period. Employees should be informed that they are expected to take their allocated rest breaks and rest periods and must notify their manager if they were unable to avail of any statutory rest break or period to which they are entitled.
2. The Terms of Employment (Information) Act 1994 (the "1994 Act") obliges employers to provide certain information in writing to employees. The Employment (Miscellaneous Provisions) Act 2018 (the "2018 Act") adds to those obligations.

⁸ This includes employees who are WFH on a temporary basis during COVID-19

3. Under the 2018 Act, an employer must provide new employees with a written statement containing five core terms of employment within **five days** of commencement of their employment.

Those five core terms of employment are:-

- 1) The full names of the employer and the employee;
- 2) The address of the employer;
- 3) In the case of a temporary contract of employment, the expected duration of the contract;

In the case of a fixed term contract of employment, the date on which the contract expires;

- 4) The rate or method of calculation of the employee's remuneration and the pay reference period for the purposes of the National Minimum Wage Act, 2000;
- 5) The number of hours the employer reasonably expects the employee to work –
 - Per normal working day, and
 - Per normal working week.

4. In addition to the above, an employee is entitled to receive a written statement of the remaining terms and conditions of employment, as set out in the 1994 Act, within **two months** of his/her start date.

5. Health service employers should provide the contract of employment to candidates at the job offer stage and request signed confirmation of acceptance as a prerequisite for the candidate's appointment⁹. The contract of employment should contain all the terms and conditions that must be given under the 1994 Act (including the five core terms outlined above) thereby fulfilling the employer's legal obligations. This includes terms and conditions relating to hours of work including, if applicable, overtime, on-call, etc. Further details on all the terms and conditions that must be provided under the 1994 Act are set out [here](#). If the new role requires varying hours of attendance, managers can provide more specific information on rostering arrangements to new employees when they start work (including those already employed who transfer to take up a new role with the same employer).

6. An employer is required to notify an employee of the nature and date of any change to the particulars contained in the written statement not later than one month after the change comes into effect. The requirement to notify the employee of any

⁹ This will prevent disputes in relation to terms and conditions of employment arising after the person has commenced employment in the role. This applies to external candidates and existing employees who apply for a new post within the organisation.

change in the particulars set out in the written statement does not apply if the change results from a change in legislation, administrative provisions or collective agreements to which the employer has referred the employee in the written statement/contract of employment.

In accordance with Department of Health Circular 6/2021, the HSE will produce a Right to Disconnect Policy at a future date to reflect the provisions in the Code of Practice. In the interim, please ensure that this Circular and Code of Practice is brought to the attention of all managers and staff in your area of responsibility. Managers are required to engage with their staff with a view to ensuring that arrangements are in place to demonstrate adherence to the Code of Practice and relevant employment legislation.

Queries

Queries from individual employees or managers should be referred to local HR Departments/ Employee Relations Departments. Please note that the National HR Helpdesk is also available to take queries from employees Tel: 1850 444 925 E: ask.hr@hse.ie

Queries from HR Departments in relation to this Circular may be referred to Anna Killilea, National Employee Relations, HR Directorate, 63-64 Adelaide Road, Dublin 2 Tel: 01 6626966 Email: anna.killilea@hse.ie

Yours sincerely,



Anne Marie Hoey
National Director of Human Resources

Appendix 1 The Organisation of Working Time Act 1997 – compliance with rest provisions and maximum weekly working hours

1. Introduction

The Organisation of Working Time Act 1997 (the “OWT”) provides, inter alia, for minimum rest periods and maximum weekly working hours¹⁰. In summary, the key provisions of the OWT in relation to minimum rest and maximum working time are as follows:

- Rest breaks while at work.
- A daily rest period of 11 consecutive hours in each period of 24 hours during which the employee works for the employer.
- A weekly rest period of 24 consecutive hours in each 7-day period. This reference period can be averaged over 14 days. If the weekly rest day is preceded by a working day then the employee must first receive his/her daily rest entitlement of 11 hours consecutive rest. This effectively means that the employee concerned is entitled to 35 hours consecutive rest.
- Maximum average net weekly working time of 48 hours.

Health service employers are required to ensure that employees are granted their statutory entitlements, at a minimum, and to demonstrate compliance by maintaining accurate records that can be produced for inspection if required. The employer’s obligations under the OWT apply in respect of all health service employees regardless of whether they are required to attend the work premises or are working from home (WFH) on a temporary basis during COVID-19.

2. Rest Provisions

2.1 The OWT provides for daily rest periods, rest breaks at work, and weekly rest periods as set out in the summary below. Appropriate rest breaks and rest periods are vital to the health and safety of employees and are of importance in the efficient and effective operation of the workplace¹¹. Managers should notify employees of their entitlements in relation to daily and weekly rest periods and rest breaks and the manner in which these will be granted. Payment in lieu of statutory rest provisions is not permitted.

2.2 Daily Rest Period (section 11)

The OWT provides that an employee is entitled to 11 consecutive hours rest in each 24 hour period during which the employee works for the employer.

¹⁰ The OWT does not preclude employers from granting entitlements in excess of the statutory provisions.

¹¹ This includes employees who are temporarily working from home during COVID-19.

2.3 Rests and intervals at work (section 12)¹²

The OWT provides that an employee is entitled to daily breaks as follows:

- Break of at least 15 minutes duration after working for a period of more than 4 hours 30 minutes.
- Break of at least 30 minutes duration after working for a period of more than 6 hours. This break may include the 15-minute break referred to above.

Breaks must be taken during the working day/shift and not at the end of the employee's working day/shift.

2.4 Weekly Rest Periods (section 13)

The OWT provides that an employee is entitled to a weekly rest period of 24 consecutive hours per each seven day period. The reference period may be averaged over 14 days. A weekly rest period must follow a daily rest period of 11 hours.

Accordingly, in practical terms an employee is entitled to weekly/fortnightly rest as follows:

- 35 hours rest (11 hour rest period followed by 24 hour rest) once a week, or
- 35 hours rest (11 hour rest period followed by 24 hours rest) twice a fortnight, or
- 59 hours rest (11 hour rest period followed by 48 hours rest) once a fortnight.

2.5 Exemption or variation of entitlements

The circumstances in which the rest breaks, daily and weekly rest periods set out in sections 11, 12 and 13 may be varied are set out in Section 6(1) and Section 6(2) of the OWT. The following is a brief summary.

2.6. Section 6(1) of the OWT applies to the following circumstances:

- The *Organisation of Working Time (General Exemptions) Regulations, 1998* exempt certain activities from the rest breaks, daily and weekly rest periods set out in sections 11, 12 and 13 of the OWT. Health service employees who are directly involved in ensuring continuity of the provision of services, particularly relating to the reception, treatment or care of persons in hospitals, other health service residential institutions and the ambulance service come within the scope of the 1998 Regulations and therefore are covered by the exemption view here. An employee must be "engaged wholly or mainly in carrying on or performing the duties of the activity concerned" to come within the scope of this derogation. It is a matter for the employer relying upon the derogation to demonstrate it applies in respect of an employee¹³. There is no blanket exemption in respect of health service employees.

¹² While the OWT specifies minimum rest breaks employers may stipulate longer breaks.

¹³ The Labour Court considered the application of this provision in Determination No. DWT1917: "The Court applies to the word 'mainly' the normal meaning of the word being 'chiefly' or 'principally' or 'for the most

- Where collective agreements providing for a similar exemption have been concluded by the parties and approved by the Labour Court.

Where either of the above circumstances exempt the employer from the obligation to provide statutory rest periods as regards a particular employee, the employer must ensure that equivalent compensatory rest is made available to the employee.

2.7 Section 6(2) of the OWT applies to the following circumstances:

- Where shift workers who change shifts and cannot avail themselves of the rest period are exempted in respect of daily (section 11) and weekly (section 13) rest periods as provided for in section 4(1) of the OWT;
- Where persons employed in activities consisting of periods of work spread out over the day are exempted e.g. split shifts in respect of the daily (section 11) and weekly (section 13) rest periods as provided for in section 4(2) of the OWT;
- Where employers are exempted from the obligation to provide daily and weekly rest periods and breaks as provided for in sections 11, 12 and 13 of the OWT due to exceptional circumstances or an emergency, including an accident or the imminent risk of an accident, or otherwise the occurrence of unusual and unforeseeable circumstances beyond the employer's control as provided for in section 5 of the OWT.

Where any of the above three circumstances exempt the employer from the obligation to provide statutory rest periods as regards a particular employee, the employer must ensure that the employee is afforded:

- (i) Equivalent compensatory rest, or
- (ii) Where, for objective reasons, (i) is not possible, appropriate protection.

2.8 Compensatory Rest Periods

Please refer to the Workplace Relations Commission (WRC) *Code of Practice on Compensatory Rest Periods* [at this link](#). This Code sets out the general principles of and arrangements for equivalent compensatory rest and appropriate protection and contains some examples. An employer is obliged to inform employees of the procedure to follow if they miss out on their statutory rest break or rest period and to keep a written record of any such notifications in the workplace. The onus is on the employer to ensure that employees avail of their equivalent rest break or rest period. It is not sufficient to show that employees were told what they could take. There is a positive duty on managers to ensure that employees take their compensatory rest in order to ensure that the employer

part⁷. At the very least, to meet the definition requires that these activities constitute more than 50% of the work concerned. The burden of establishing that this is the case falls to the employer. If an employer cannot establish that an employee's work consists of more than 50% of an exempted activity then, logically, the employee is entitled to the protections of the Act." [view here](#).

is compliant with the OWT. Exempt employees who miss out on their statutory rest entitlements should receive equivalent compensatory rest as soon as possible after the statutory rest period has been missed out on.

2.9 The WRC Code of Practice provides that exempt employees, as provided for in section 6(1) and section 6(2) of the OWT, who miss out on their statutory rest entitlements should receive equivalent compensatory rest as soon as possible after the statutory rest has been missed out on. The Code states that it is most important for employers to make rest time available to employees to allow them to recuperate from long periods of work without adequate rest. The OWT does not specify any timeframes within which compensatory rest must be made available. However, when determining when compensatory rest is to be given, an employer should always have regard to the circumstances pertaining in the individual place of employment and to the health and safety requirements for adequate rest. In this context, it is important that the compensatory rest for rest breaks at work and for daily rest periods, in particular, be provided as soon as possible and, generally, in an adjacent time frame. The employer should be in a position to demonstrate that the equivalent compensatory rest period can reasonably be regarded as equivalent.

2.10 In the case of employees who fall under any of the three exempt categories under Section 6(2) of the OWT, as outlined in section 2.7 above, the following provision also applies. If for reasons that can be objectively justified, it is not possible for an employer to ensure that an employee has available to himself or herself the equivalent rest period or break, the employer must make such arrangements as respects the employee's conditions of employment as will compensate the employee – otherwise referred to as “**appropriate protection**”. The WRC Code of Practice states that while neither “arrangements as respects the employee's conditions of employment as will compensate the employee” nor “appropriate protection” are defined, the Act specifies that these concepts do not include:

- i) the granting of monetary compensation to the employee, or
- ii) the provision of any other material benefit to the employee, other than the provision of such a benefit as will improve the physical conditions under which the employee works or the amenities or services available to the employee while he or she is at work.

2.11 The WRC Code of Practice provides that a common sense approach should be adopted by employers and employees in such situations which takes account of the circumstances existing in the employment and has regard to the safety, health and well-being of employees. While it is not feasible to define such appropriate protection/conditions of employment measures, the concept might include measures which, in addition to normal health and safety requirements, provide for enhanced environmental conditions to accommodate regular long periods of attendance at work, refreshment facilities, appropriate facilities/amenities and other measures. These examples are not exhaustive and other measures may be considered by an employer as

relevant to the particular circumstances. An employee cannot be paid in lieu of statutory compensatory rest¹⁴.

3. Provision of information in relation to working time

3.1 The *Terms of Employment (Additional Information) Order 1998* provides that an employer must provide an employee with a statement in writing containing particulars of the times and duration of their rest periods and breaks, as referred to in sections 11, 12 and 13 of the OWT, and of any other terms and conditions relating to those periods and breaks, within two months of commencing employment [view here](#).

3.2 Section 17 of the OWT¹⁵ provides that if an employee's contract of employment or other relevant agreement does not already specify their starting and finishing times, the employee must be given at least 24 hours' notice of the times and dates on which the employee will be required to start and finish work. Section 17 of the OWT also provides as follows:

- (i) Where employees are required to work variable additional hours they are entitled to notice of that requirement 24 hours before the day or days on which they are required to work such additional hours.
- (ii) If the employee is not working on the day in which the 24-hour notice falls to be given, that notice must be given on the day prior to the employee's last working day.
- (iii) In order to comply with the notice requirements, it is sufficient for an employer to post a notice in a conspicuous place in the employee's workplace.
- (iv) Where unforeseeable circumstances arise as a result of which an employer needs the services of an employee without giving the requisite notice an employer may require an employee to work as necessary.

4. Maximum weekly working time

4.1 Section 15 of the OWT provides that an employer shall not permit an employee to work for more than 48 hours (net) per week calculated over a period of time (the "reference period"). The 48-hour net maximum working week can be averaged according to the following rules:

¹⁴ Consultant Contracts include specific provisions regarding compensatory rest and the circumstances and timeframes within which rest days may be availed of or claimed as payment in lieu. Specific provisions for Consultants regarding compensatory rest accruing to a Consultant arising from the provision of service while on-call and circumstances where payment may apply are set out in the document titled *'Provision of compensatory rest for Consultants'* (16 April 2014).

¹⁵ Section 17(1) of the OWT is subject to the exemptions and exclusions as per ss 4(3) and 5 of the OWT.

- For health service employees generally – a reference period of **4 months**.
- For health service employees where employees are directly involved in ensuring continuity of service particularly relating to the reception, treatment or care of persons in hospitals, other health service residential institutions and the ambulance service ¹⁶ - a reference period of **6 months**.

Managers should identify the appropriate averaging period for an employee's weekly working hours based on the nature of the work performed and ensure that the 48-hour limit is not exceeded.

4.2 In the case of NCHDs, the HSE's guidance document on EWTD compliance provides that the reference period for average weekly working hours may be extended up to the doctor's term of employment or 12 months – whichever is the shorter. Please refer to HSE HR Circular 28/2017 *Reporting of extent of compliance with the requirements of the European Working Time Directive in relation to Non-Consultant Hospital Doctors and Social Care staff* [here](#).

4.3 A "reference period" is a consecutive period of time that does not include the following:

- (i) Any period of statutory annual leave
- (ii) Any period of sick leave
- (iii) Any period of statutory leave granted under the following:
 - Maternity Protection Act, 1994
 - Adoptive Leave Act, 1995
 - Parental Leave Act 1998
 - Carer's Leave Act 2001
 - Paternity Leave and Benefit Act 2016
 - Parent's Leave and Benefit Act 2019

5. Definition of Working Time

5.1 The OWT defines working time as any time that the employee is:-

- a) at his or her place of work or at his or her employer's disposal and
- b) is carrying on or performing the activities or duties of his or her work.

The Act defines a rest period as any time that is not working time.

Working time is defined as net working time i.e. exclusive of rest breaks, standby periods and on-call periods (that occur away from the work premises).

¹⁶ Employees who come within the scope of Section 15(1)(b)(i) of the Organisation of Working Time Act 1997 as amended.

Note: Please refer to HSE HR Circular 28/2017 for specific guidance in relation to NCHDs and Social Care Staff [view here](#).

6. Records

6.1 Health service employers are obliged to keep records to show compliance with the OWT and to demonstrate that employees have received their statutory entitlements. The employer's obligations to maintain records applies to all employees regardless of their place of work. Employees are obliged to cooperate fully with any appropriate mechanism utilised by an employer to record working time.

6.2 The WRC Inspections Service may carry out inspections at employers' workplaces to check compliance with the OWT. These records must be readily available for inspection by the WRC if required.

6.3 Records required to be kept by the employer are prescribed by S.I. No. 473 of 2001 - *Organisation of Working Time (Records) (Prescribed Form and Exemptions) Regulations, 2001*. Employers are required to keep:

- (i) The name, address, PRSI number and a brief job description;
- (ii) A copy of the statement of main terms of employment as required by the Terms of Employment (Information) Act 1994;
- (iii) A record of the days and number of hours worked by employees (excluding meals and rest breaks) on a weekly basis;
- (iv) A record of leave granted to employees in each week by way of annual leave or in respect of a public holiday and any payment made in respect of that leave, and;
- (v) A copy of any records of notification issued to employees in relation to their starting and finishing times as required by section 17 of the OWT (this includes a copy of a notice posted in the workplace).

The records must be in such a form "as will enable an inspector to understand the particulars contained in them without difficulty". The Regulations incorporate statutory form OWT1 for recording employees' hours of work [view here](#). Records must be retained by the employer for at least 3 years.

6.4 If there is no method of electronically recording employees' hours of work (e.g. flexi-time or clocking-in facilities, designated IT systems), the employer must record the days and hours worked each week using an OWT1 Form or a similar paper format¹⁷.

¹⁷ In accordance with European Court of Justice case law, employers are required to put in place an "objective, reliable and accessible system enabling the duration of working time worked each day by each worker to be measured" [view here](#).

6.5 Regulation 5(1) provides for an exemption in relation to the recording of rest breaks where an employer has:

- Electronic recording-keeping facilities such as flexi-time or clocking-in facilities; or
- Manual recording-keeping facilities and completes a Form OWT1 or a similar form in respect of all employees.

The exemption from recording rest breaks only applies if the employer:

- (i) Notifies each employee in writing of their statutory rest periods and breaks; and
- (ii) Puts in place procedures whereby an employee may notify their employer in writing of any missed statutory rest period or break to which they are entitled; and
- (iii) Notifies each employee in writing of this procedure; and
- (iv) Keeps a record of having notified each employee of the right to statutory rest breaks and rest periods and the procedures to follow if a rest break/period is not availed of; and
- (v) Keeps a record of all such notifications made by any employee under these procedures.

6.6 Regulation 5(3) of the 2001 Regulations provides that, in such circumstances, employees must give notice within one week of the day on which the rest period or break to which they were entitled was not availed of on that occasion and the reason. The employer must then make an equivalent rest period or break available as soon as possible, having regard to the employee's health and safety and the circumstances pertaining to their work. If an employee does not avail of the equivalent rest period or break offered, this is not considered a breach on the part of the employer.

6.7 Records relating to NCHDs are not required to be in the form outlined in section 6.3 but must meet the standard prescribed by S.I. 494 of 2004 – *European Communities (Organisation of Working Time) (Activities of Doctors in Training) Regulations 2004* [here](#). The details to be made available to a WRC Inspector are as per Regulation 11. These records must be held for a period of at least three years from the date of their making. A copy of these records must be made available to an NCHD who requests such records or to the Minister for Health.



Appendix five: HSE redeployment policy, December 2020



Oifig an Stiúirthóra Náisiúnta, Acmhainní Daonna

Feidhmeannacht na Seirbhíse Sláinte

Ospidéal Dr. Steevens'

Baile Átha Cliath 8

Office of the National Director of Human Resources

Health Service Executive

Dr. Steevens' Hospital

Dublin 8

Tel: 01 635 2319 Email: nationalhr@hse.ie

To: Chief Executive Officer
Each National Director
Each Assistant National Director HR
Each Assistant Chief Finance Officer
Each Hospital Group CEO
Each Hospital Group Director of HR
Each Chief Officer CHOs
Each Head of HR CHOs
Head of HR, PCRS
Each CEO Section 38 Agencies
Each HR Manager Section 38 Agencies
Each Employee Relations Manager
Each Group Director of Nursing & Midwifery
Each Group Director of Midwifery
Each Clinical Director
Director National Ambulance Service

From: Anne Marie Hoey, National Director Human Resources

Date: 17th December 2020

Re: HR Circular 069/2020 – Revised Redeployment Policy

Dear Colleagues

I wish to advise that a revised Redeployment Policy has been agreed with the trade unions and replaces previous policies issued under HSE HR Circulars **15/2020**, **26/2020** and **31/2020**. This revised policy has immediate effect.

Queries

Queries from individual employees or managers in relation to the revised policy should be referred to local HR Departments / Employee Relations Department. Please note that the National HR Help Desk is also available to take queries on 1850 444 925 or ask.hr@hse.ie

Queries from HR Departments on this Circular and related documents may be referred to info.t@hse.ie

Yours sincerely,



Anne Marie Hoey
National Director of Human Resources



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

POLICY AND PROCEDURE

REDEPLOYMENT OF STAFF DURING COVID-19 INFECTION

REVISED NOVEMBER 2020

1. Scope

- 1.1 This Policy applies to all HSE and Section 38 organisation employees and to all grades of staff during COVID-19. This Policy has been revised in line with “*The Resilience and Recovery 2020-2021: Plan for Living with COVID-19*” and to reflect the HSE’s objective of maintaining the delivery of other essential health care services to the maximum extent possible in tandem with effectively managing and suppressing COVID-19.
- 1.2 Both the HSE and Health Sector Unions acknowledge the scale, unprecedented and unpredictable nature of the pandemic and the need to respond to national or local surges of COVID-19 and changes in the levels under the Government’s Framework for Restrictive Measures as set out in ***Resilience and Recovery 2020-2021: Plan for Living with COVID-19***. The HSE policy on redeployment, which is agreed with the Unions, reflects the collaborative approach being adopted in the ongoing effort to protect the best interests and health of patients and the public during COVID-19.
- 1.3 Normal agreed arrangements as per the Public Service Stability Agreement or any successor agreement continue to apply in respect of redeployments which are not related to COVID-19.
- 1.4 Deployment of HSE/Section 38 staff to private nursing homes is covered by a separate agreement, please refer to HSE CERS Memo 19/2020.

2. Purpose of this Document

- 2.1 Reorganisation of the health service and effective redeployment of health service employees, where necessary, is one of the core elements of the HSE’s response to COVID-19 infection.
- 2.2 In relation to any COVID-19 relocation, employees will be treated in a manner consistent with established human resource principles and collective agreements with respect of the core values of the health service. The co-operation provided by employees is valued and redeployment under this policy is confined to COVID-19 related demands (HSE CERS Memo 46/2020, Appendix 1).

3. Redeployment of Staff

- 3.1 When forecast planning for COVID-19 infection, each Hospital Group (HG), Community Healthcare Organisation (CHO) and National Directors of corporate divisions should identify and document all essential national, regional and local level activities that need to continue during the infection. The identification of non essential services should also be documented and all resources available for redeployment identified. This should be done as part of best practice emergency planning. Business continuity plans for each unit should be made available to the HG Chief Executive Officer (HG-CEO), the CHO Chief Officer (CHO-CO) and relevant National Director of corporate divisions. Any redeployment

proposals emanating from those plans should be shared with the relevant Trade Unions in order to ensure reasonable engagement and consultation can take place in compliance with collective and national agreements.

- 3.2 When considering the redeployment of employees, local business continuity plans should direct the HG-CEO, the CHO-CO and National Directors and their local crisis management teams in deciding on the redeployment of staff resources.
- 3.3 In order to deal with the effects of COVID-19 infection, and in response to changes in levels 1-5, there may be a requirement for some or all identified non-essential services to be cancelled or postponed. Employees whose positions are in services that are curtailed or temporarily suspended (non-essential services) will be deemed available to be redeployed to assist in other essential COVID-19 service areas that are experiencing staffing shortages. Management in the relevant services will notify the employees who are affected and their local union representatives and engage in prior consultation insofar as is reasonably practicable in light of the urgency of the situation. The reasons for the redeployment and the expected timeframe will be outlined to the employees.
- 3.4 The health service 'Donating' manager should ensure that the donating site or service will not be left short staffed.
- 3.6 The most recent occupational health advice regarding workers who are pregnant, who are otherwise immunocompromised or who have conditions that place them at risk must be considered before redeploying staff in such groups. The latest Occupational Health COVID-19 guidance documents are available at this link:
<https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/>

4. How redeployment will be managed

- 4.1 In line with local business continuity plans, and in conjunction with service managers, Senior Management at local level will lead the management and redeployment of employees. This will include consideration of appropriate skill sets and geographical redeployment.
 - 4.2 Any staff member subject to redeployment will meet with his/her Line Manager in advance and be advised of:
 - The reasons for the redeployment
 - The expected timeframe of the redeployment
 - Protection of existing terms and conditions of employment during and on return from redeployment
 - A commitment to review the need for ongoing redeployment or return to their base location with their existing line management if required
-

- 4.3 If deemed necessary, decisions may be made to engage the services of members of staff retired during the past two years. HR Departments should be consulted in these circumstances.
- 4.4 Employees with nursing, medical, health and social care professional or other skills required during COVID-19 infection, who are employed by the HSE but no longer engaged in frontline health duties should be contacted and redeployed to assist where their skills are most required.

4.4

As set out above and reiterated in HSE CERS Memo 46/2020, redeployment under this policy is strictly limited to Covid-19 related service needs. The need to redeploy staff is most obvious during the Level 5 phase arising from high Covid-19 related demands on the health service (e.g. high numbers requiring Testing and Tracing, high numbers of hospital admissions, high numbers of admissions to ICUs, areas of outbreaks resulting in significant numbers of staff having to restrict their movements or self-isolate due to COVID 19). It is envisaged that the incidence of local/regional outbreaks, curtailment of services and staff shortages will reduce when transitioning to lower levels of the Government Framework¹ thereby reducing the need to redeploy staff for COVID-19 service needs. However, the HSE needs to be able to respond to adjustments between higher and lower levels and regional/local variations. Whilst the facility to redeploy staff needs to be retained at all levels during COVID-19 to respond swiftly to local/regional outbreaks and associated staff shortages where these arise, it will only be invoked in response to COVID-19 service exigencies and for the period of time required to address the COVID-related service imperative and the employees' scope of practice would allow them to practise in the area to which they are redeployed.

5. Payroll

- 5.1 Redeployed staff shall receive payment as set out in HSE CERS Memo 13/2020 attached as per Appendix 2.
- 5.2 During COVID-19 infection redeployed employees will continue to be paid by their existing payroll department.
- 5.3 All employees will continue to be coded on their usual department timesheets regardless of where they are working or what they are doing.
- 5.4 Appropriate line manager approval must be given on all overtime requests based on priority of need.
- 5.5 Travel and subsistence for redeployed staff is set out in HSE CERS Memo 22/2020 attached as Appendix 3

¹ Or any replacement of the current Framework decided upon by Government

6. Alterations to work location / grade

- 6.1 Notice requirements normally associated with alterations to the usual practice of scheduling shift changes, changes to hours of work and/or changes to work locations will be suspended for the duration of COVID-19 infection as redeployment needs will require assessment on a daily basis.
- 6.2 If necessary, employees may be required to work different hours or in a different location. In this regard redeployment will be based on need and urgency of need. Line managers will have discretion in this regard consistent with local business continuity plans.

7. Work / Redeployment refusal

- 7.1 Refusals to work or to be redeployed will be handled in accordance with the Grievance Procedure for the health service, which outlines the requirement of the employee to 'work under protest' in the event of a grievance arising relating to an instruction issued by a line manager, based on a service imperative. Line managers should consult their local HR Department for support/advice in this regard.
- 7.2 In a declared national public health emergency an examination of staffing levels will continue to take place. If necessary, the cancellation of annual and discretionary leave will be considered by the National Crisis Management Team and engagement and consultation will take place with the unions.

8. Monitoring and review

- 8.1 The situation regarding COVID-19 will be changing rapidly so managers and staff should continue to check the HSE coronavirus web pages for information.
- 8.2 This policy and procedure may be subject to regular revision in light of the emerging situation concerning COVID-19.
- 8.3 In accordance with the current Government advice, a review of the policy and procedure will take place as required or requested by either party (Management or Trade Union) or no later than 28th of February 2021.

Appendix 1



Corporate Employee Relations Services
Health Service Executive
63-64 Adelaide Road,
Dublin
D02 FR50
Telephone (01) 6626966 Fax (01) 6626977

To: Chief Executive Officer
Each National Director
Director, National Ambulance Service
Each Assistant National Director of HR
Each Hospital Group CEO
Each Hospital Group Director of HR
Each Chief Officer CHO
Each Head of HR CHO
Head of HR, PCRS
Each CEO Section 38 Agencies
Each HR Manager Section 38 Agencies
Each Employee Relations Manager
Each Group Director of Nursing & Midwifery

Re: Redeployment Policy

Ref: CERS 46/2020

Date: 21st August 2020

Dear Colleagues

I refer to the Redeployment Policy (copy attached) issued on 6 March 2020 and subsequently revised on 20 March and 21 April 2020. This Policy was agreed with the Unions in respect of specific deployments which were required at short notice as a result of Covid-19, to ensure a safe service provision across the HSE and to respond to emerging requirements. I wish to advise that the terms of this Policy are specific to the circumstances and the provisions contained therein.

Redeployments for any other purpose are subject to the normal information and consultation provisions as outlined in the Public Service Agreement.

Queries

Queries from individual employees or managers in relation to this memorandum should be referred to local HR/Employee Relations Departments. Please note that the National HR Helpdesk is also available to take queries on 1850 444 925 or ask.hr@hse.ie.

Queries from HR/Employee Relations Departments in relation to this memorandum may be referred to Corporate Employee Relations, HR Directorate, 63-64 Adelaide Road, Dublin 2.

Tel: 01 6626966, Email: info.t@hse.ie

Yours Sincerely

A handwritten signature in black ink, appearing to read 'John Delamere', written over a horizontal line.

John Delamere, Head of CERS

Appendix 2



Corporate Employee Relations Services
Health Service Executive
63-64 Adelaide Road,
Dublin
D02 FR50
Telephone (01) 6626966 Fax (01) 6626977

To: Chief Executive Officer
Each National Director
Each Assistant National Director of HR
Each Hospital Group CEO
Each Hospital Group Director of HR
Each Chief Officer CHO
Each Head of HR CHO
Each CEO Section 38 Agencies
Each HR Manager Section 38 Agencies
Each Employee Relations Manager
Each Group Director of Nursing & Midwifery

Re: Redeployment Policy – section 5.1
Ref: CERS 13/2020
Date: 27th March 2020

Dear Colleagues,

Further to the Redeployment Policy issued under cover of HR Circular 15/2020, and with specific reference to 5.1 of that policy.

I wish to confirm that any staff member who has traditionally additional regular and rostered earnings, this should be considered, as part of that provision. This can be calculated as an average, over the preceding 6 week period, prior to the 20th March, provided that is reflective of regular earnings, this can be adjusted to take in to account a period of absence, where the figure may not be a true reflection.

It must be noted, that the HSE will not consider any loss of earnings claims, arising from increased earnings, during the current period, when staff members revert to their original location and roster. The staff side, have agreed, not to support any such claims, should they be made.

Queries

Queries from individual employees or managers regarding these arrangements should be referred to local HR Departments/Employee Relations Departments.

HR and Employee Relations Managers may contact John Delamere, Corporate Employee Relations Services for further advice, 01-662 6966 or email susan.keegan@hse.ie

Yours sincerely

A handwritten signature in black ink, appearing to read 'John Delamere', written in a cursive style.

John Delamere
Corporate Employee Relations

Appendix 3



Corporate Employee Relations Services
Health Service Executive
63-64 Adelaide Road,
Dublin
D02 FR50
Telephone (01) 6626966 Fax (01) 6626977

To: Chief Executive Officer
Each National Director
Director, National Ambulance Service
Each Assistant National Director of HR
Each Hospital Group CEO
Each Hospital Group Director of HR
Each Chief Officer CHO
Each Head of HR CHO
Head of HR, PCRS
Each CEO Section 38 Agencies
Each HR Manager Section 38 Agencies
Each Employee Relations Manager
Each Group Director of Nursing & Midwifery

Re: Travel & Subsistence Clarification: Ref: CERS Memo 017/2020 and 019/2020

Ref: CERS 22/2020

Date: 24th April 2020

Dear Colleagues,

Further to queries on travel and subsistence to be paid during the current COVID 19 crisis, please note previous CERS Memos 17/2020 and 19/2020 on this matter. In particular:

- Travel and Subsistence will continue to be paid in accordance with the NFR05 and relevant Revenue Commissioners guidance.
- Travel & Subsistence will be paid with reference to existing base; that is, normal place of work as was prior the current COVID 19 crisis.
- Where HSE employees are required to travel to somewhere that is not their normal place of work (such as in the case of redeployment), they may claim mileage in line with normal travel and subsistence rules and guidance.

Queries from individual employees or managers regarding this matter should be referred to their local HR / Employee Relations Department.

HR / Employee Relations Managers may contact Corporate Employee Relations Services for further advice, 01-6626966, or info.t@hse.ie

Yours sincerely

A handwritten signature in black ink, appearing to read 'John Delamere'.

John Delamere
Corporate Employee Relations



FORSA

CORK

Father Matthew Quay, Cork, T12 EWV0
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