



HSE position paper on providing services to patients on 5/7 basis

The overarching aim of this extended hours of service initiative is to facilitate a smoother patient flow and greater levels of discharge in all parts of the healthcare system over a full 7 day week. Equality of treatment, irrespective of the day of the week, is a central tenet of the extended hours of service initiative and requires that core services will be available to deliver patient centred care through the system over 7 days a week.

The Programme for Government has identified a number of initiatives to address better access to care for users of the public health service and these will be key objectives over the coming years to 2029.

This Government has committed to:

- Continue the transition to regular hospital care being available to patients 7 days a week
- Ensure greater access to diagnostics in the evenings and weekends
- Ensure even more routine healthcare services are available in the evenings and weekends
- Ensure more senior staff are rostered in Emergency Departments during weekends and public holidays for better decision-making.
- Standardise the opening hours of Injury Units to ensure a consistent 7-day service from 8am to 8pm and open at least an additional 12 Injury Units
- Publish regular reports on the implementation of the Public Only Consultant Contract, including the expansion of activity at evenings and the weekends
- Ensure greater use of diagnostic equipment and Operating Theatres at evenings and weekends.

The following principles shall be used to guide staff engagement for this first phase:

Principles for Extended Hours of Service

1. Staff who have been previously required to deliver against a Monday to Friday 9-5 working pattern are being requested to deliver over a 6 or 7 day week, to meet the requirements for services over an extended day/week (as required locally) and in line with these principles. This will include review of work patterns of health staff to meet the requirements for services over an extended day/week (as required locally) and in line with these principles and adhering to requirements set out in HSE Circular 003/2009 (updated version attached Appendix1) . The initial priority focus may be for example on extending service provisions for 5/6 working. However, the same principles will apply depending on the proposed plan for the extension of services outside current working patterns for Staff over a 6 or 7 day week.
2. The HSE is committed to adhering to the Principles of HSE HR Circular 003/2009 and those contained within the Framework Agreement 2008, which has been updated and is attached as Appendix 1.



3. Delivery of extended hours will vary from site to site, as it is dependent on the level of service need, the delivery approach and existing work patterns/arrangements. Local Management will identify the level of change that is required to respond to local demands and to deliver on the overall objectives. Local Management will also need to consider the resource implications of any proposals within current WTE allocations.
4. Local management shall utilise all existing agreed arrangements to increase capacity and deliver on the objectives, through utilising rostering for extended day/weekend work and increased use of existing out-of-hours capacity (e.g. on-call /out of hours arrangements and the new Public Only Consultant Contract (POCC23).
5. Local management must ensure that any plans on extended day / week proposals will provide a safe environment for staff and patients/clients and that any changes would not result in the provision of existing services by inadequate or unsafe staffing levels.
6. Local management shall ensure that appropriate levels of management oversight and governance are in place throughout the extended day/week to underpin the principles set out in this initiative. Local management shall also ensure that any staff rostered for extended services are used for this purpose.
7. To deliver quick and effective response over extended hours, staff will be asked to volunteer in the first instance, to participate in rostered extended hours of service. It is noted that the flexibility associated with extended work patterns will suit many staff from a personal work life balance perspective.
8. In the event that not enough staff volunteer, eligible staff will be identified to resource the required extended hours of service.¹ Based on HSE HR Circular 003/2009 eligibility to be rostered will arise as follows
 - a. All staff employed or promoted on or after 16th of December 2008 contractually obliged if instruction required
 - b. All staff employed or promoted before 16th of December 2008 and not subsequently promoted – will be requested to work an extended day/week on a voluntary basis.
9. In relation to consultant rostering, it is noted that the POCC23 provides for 6/7 rostering only and the provisions of this circular, do not supersede that contract. Rostering principles, notice periods and work plan contractual provisions must be adhered to in any rostering arrangements. For those on the Consultant 2008 contract the LRC agreement of September 2012 “Consultants -Implementing the Public Service Agreement” is applicable.

¹ For the avoidance of doubt participation in an extended service roster will be within the employee’s weekly contracted hours, standard rate of pay, and standard premiums.



10. NCHD contractual rostering rules must be adhered to in any proposed rostering arrangements.
11. Local Management will identify the level of change that is required to respond to local demands and to deliver on the overall objectives. Any plan should not result in the provision of existing services by inadequate or unsafe staffing levels. In line with the framework agreement management will present a plan² to staff for the extension of service outside of the current working pattern, or by extension of existing agreed working patterns. In the event that agreement cannot be reached matters shall be resolved in accordance with the dispute resolution process and timelines set out in Appendix 1
12. Where loss of earnings is identified and meet the criteria for same the recognised Public Service Agreement compensation formula applies.
13. Nothing in these principles is intended to alter existing Labour Court recommendations pertaining to extended working days (i.e. HSE HR Circular 006/2012 and HSE HR Circular 002/2014). The HSE reserves the right to seek a rostered extended service on standard pay basis subject to appropriate agreed resourcing.
14. Grades not traditionally in receipt of Premium payments will receive same when rostered for the eligible periods.
15. A full review of this document will be held 4 months from the date of agreement of these Principles to review the outcomes and effectiveness of the measures introduced to deliver on the commitments in the Programme for Government.

² The contents required for each plan are set out in the Framework Agreement Document



Appendix 1

Matching Working Patterns to Service Needs (Extended Working Day / Week Arrangements)

These guidelines should be read in conjunction with Public Service Agreements

Context

The need to match working patterns to service needs was set out in HSE HR Circular 3/2009, successive Public Services Agreements and most recently in the current Programme for Government.

The parties are committed to changes in the existing work patterns of staff, to enable the delivery of services outside the traditional 9-5 pattern to an extended span of the working day and working at weekends.

Applicability

Since the 16th December 2008, contracts for all new entrants, existing staff appointed to a promotional post and staff on renewed temporary contracts in the HSE and Voluntary Hospitals have include a commitment whereby employees may “[You will] be required to work the agreed roster/on-call arrangements advised to you by your line manager. Your rostered hours of work are liable to change between the hours of 8am – 8pm over 7 days to meet the requirements for extended day services.

Process for Initiating changes to existing working arrangements locally

1 st stage	Local Discussions (21 Days)
2 nd stage	Joint Review Group (21 Days)
3 rd stage	Formal/Decision-Making Adjudicator (21 Days)

(1st Stage) Local Discussions

Local discussion should be initiated immediately where the requirement to extend the working day/week to improve access of the public to vital services has been identified. Following consultation with relevant personnel, management should present a plan for the extension of services outside current working patterns to the staff.

Each plan should contain the following:-

- ❖ The strategic/policy/legislative basis for change
- ❖ An analysis of the need/demand, which underpins the plan.
- ❖ The objective of the plan in improving access to service
- ❖ Any information on cost benefits
- ❖ Costings for the plan
- ❖ Impact on human resources - numbers/rosters/earnings across all disciplines
- ❖ How the plan will be resourced



- ❖ The minimum number of staff required in each grade to facilitate the implementation of the plan

Where agreement cannot be reached at local level within 21 days either side may seek the intervention of a Joint Review Group.

(2nd Stage) Joint Review Group

The Joint Review Group consists of 2 staff representatives and 2 management representatives including 1 representative from the relevant discipline on both sides.

The Joint Review Group will assess the proposals and endeavor to assist the parties within 21 days of referral.

(Final Stage) Dispute Resolution

If the Joint Review Group cannot resolve the matter, they can refer matters in dispute to an agreed third party adjudicator who will hear the dispute and issue a decision to both sides within 21 days of the referral.

Post Implementation

Once implemented the arrangements should be reviewed locally after 1, 2 and 3 years using the following criteria:-

- Effectiveness relative to objective
- User satisfaction
- Costs
- Assessment of continuing need/adoption of agreed arrangements

Appendix 2 Process Flow Chart

