

National Ambulance Service National Framework - LEMT Deployment

The National Ambulance Partnership Group consists of members of management designated by the Assistant National Director for the National Ambulance Service and union representatives mandated by the Irish Ambulance Representative Council. The Group has worked collectively to identify appropriate mechanisms to enable action/implementation of a number of findings of the Ambulance Adjudication of October 2005. In doing so, the Group has identified key elements required to ensure effective deployment of additional Leading EMT positions.

Therefore, this document sets out to establish the governing principles required to ensure effective and sustainable deployment of Leading EMTs in the context of this National Framework Agreement.

The following outlines the agreed National Framework for Deployment of additional Leading EMTs, as envisaged by the Adjudication on Grading Structures, to be implemented on a national basis with effect from the 1st January 2007.

RATIO

Each group of 5 EMTs in any Station, will include 1 Leading EMT post. Where any Station cannot justify the allocation of a Leading EMT post, i.e. less than 5 EMTs, then consideration will be given to re-aligning staff numbers in Stations to ensure justifiable numbers to support the creation of a post.

Every 5 EMTs in a Station will warrant the creation of a Leading EMT post.

The following table outlines the numbers of staff in the Service as of the 31st August 2005, and the number of LEMT posts required to implement the ratio. The table also outlines the number of posts to be created in three phases.

AREA	STAFF COMPLEMENT	LEMT POSTS ON 1:5 BASIS	EXISTING LEMT POSTS	PHASE 1 POSTS	PHASE 2 POSTS	PHASE 3 POSTS
MIDLAND	120	24	6	16	1	1
MID WEST	109	22	4	16	1	1
WEST	118	23	2	18	1	2
SOUTH	168	34	23	3	2	6
SOUTH EAST	154	31	10	15	3	3
EAST	144	28	9	17	2	0
NORTH EAST	115	23	5	13	5	0
NORTH WEST	116.5	23	10	10	2	1
SER. TOTAL	1044.5	208	69	108	17	14

Phase 1 posts will only be filled following sign off of this Framework Agreement. Phase 2 posts will be filled following conclusion of discussion on Area re-alignment of Station compliments to ensure the ratio of 1:5 is maintained for all posts (see Appendix A). Phase 3 posts will require significant deliberation and may not be achievable in the short to medium term unless additional WTEs are approved in some Areas. Any Phase 1/Phase 2 posts not filled as a result of lack of candidates, declination of offers, etc. will be moved into Phase 3.

CREATION/DURATION OF PANELS

Both Parties acknowledge that there was never any intention to create panels following the competition which commenced on the 6th March 2006. However, given the complexity of the deployment issues around these posts, both Parties agree that the list of candidates created as a result of this competition in each Area following that competition, will be considered the appropriate pool of candidates for any LEMT posts which arise as a result of the implementation of the Adjudication of October 2005 during the period 5th April 2006 to 5th April 2007.

In this context, it is anticipated that the following Phases should be initiated as follows:

Phase 1 Posts

1. Sign off Framework Agreement by 26th January 2007
2. Implement deployment arrangements at Area level by 26th February 2007
3. Initiate confirmation of appointments (appointment date 1st March 2007)

Phase 2 Posts

1. Implement re-alignment of Station numbers by 28th February 2007
2. Identify location of Phase 2 posts
3. Offer existing LEMTs transfer opportunities
4. Re-issue Preference sheets to remaining candidates

Phase 3 Posts

Enter discussion on future mechanism to justify outstanding posts. Will require new competition post 5th April 2007.

JOB SPECIFICATION, TERMS AND CONDITIONS OF EMPLOYMENT

The Job Specification and Terms and Conditions of Employment used for the Leading EMT competition as advertised on the 6th March 2006 will be the national standard for all appointments offered and made from the 6th March 2006.

The following essential criteria will apply as a minimum to all future applicants:

- Existing employee of the HSE with 2 years post N.Q.E.M.T qualification satisfactory service
- Current full D1 and C1 driving license (with no endorsements)
- Registration with the Pre Hospital Emergency Care Council as a Paramedic (submission of Paramedic Licence)

The grace periods in relation to the C1 Licence and Paramedic Registration which applied to the competition advertised on the 6th March 2006 will not apply to any future competition.

RECRUITMENT

All future recruitment, from Phase 3 onwards will be conducted in a national context with all vacancies advertised nationally. The normal recruitment procedures and timeframes will apply. Prior to any new recruitment, existing Leading EMTs will be offered transfer opportunities in line with an agreed Transfer Policy.

FUTURE ADVERTISEMENT

All future vacancies arising after the first filling of posts will be circulated by the Recruitment Service via internal email through the Chief Ambulance Officer or equivalent and posted on Station Notice Boards. The date of posting will be signed on the notice by a Leading EMT or Ambulance Officer and countersigned by another member of staff on duty.

DEPLOYMENT/TASKING

- Leading EMT(s) in each Station should be assigned primary responsibility within that Station for areas such as rosters, fleet/equipment, logistics, staff welfare, training and audit, records/reports management, people issues, health and safety/risk management, medicines management. However, in his or her absence, any other Leading EMT should be capable of fulfilling the role.
- Where necessary, Leading EMTs may be required to take charge of Station(s) or issues in other Stations other than the Station in which they are based. This may be due to vacancies, absence or other contingency requirements.
- Leading EMTs will commit to the full use of IT resources to complete assigned tasks including rostering, logistics and reporting.
- There will not be two Leading EMTs assigned to the same crew.
- Leading EMTs will commit to mentoring of Trainees.
- Where there is more than 1 Leading EMT post in a Station, rostering arrangements must facilitate maximum availability, i.e. all Leading EMTs working opposite shifts.
- There will be no compulsory displacement between Stations, however, where an actual vacancy exists, transfers will be offered to facilitate appointment. Where successful candidates are currently crewed together, they will change partners. Where there is more than 1 Leading EMT in a Station, successful candidates will change places on the roster to ensure maximum availability.
- Any vacant posts or pending transfers will be put on hold to facilitate location and appointment of new Leading EMT posts arising from Phase 1 and Phase 2.
- The parties agree that the function of a Leading EMT is to provide effective leadership and supervision to a team of EMTs at Station level. In this context, this objective is best served by maximising the availability of the Leading EMT within his/her operational area while on duty.

- The effectiveness of deployment within the area to be reviewed in six months. Any issues arising to be dealt with through agreed procedures at local level.

ACTING UP

The necessity to arrange an "Acting" Leading EMT is determined by a number of factors including: the number of Leading EMTs at that Station, the duration of absence, actual vacancy, etc. In normal circumstances, other Leading EMTs will ensure incidental tasks assigned to the Leading EMT(s) who are absent (on leave), are completed as normal. Staff "acting up" will be selected from within the Station with the requirement, however, in exceptional circumstances, staff from other Stations may be required.

Where an EMT is requested to "Act Up" as a Leading EMT, the remuneration arrangements as outlined in the HSE Terms and Conditions Manual will apply, i.e.:

*An employee assigned on a temporary basis to the duties of a category with a higher rate of pay will be paid that rate of **pay for the day (8, 10, 12 hours, etc)** in which he / she performs the higher category duties.*


Employees required to act up in a category in a post which carries a higher pay scale will be paid on the corresponding point of the higher scale. Any issues arising to be dealt with through agreed procedures at local level.

STARTING PAY ON PROMOTION


Starting pay on promotion will be as outlined in Circular 10/71, i.e. move across to the nearest point on the new pay scale plus one point.

An EMT who has joined the Ambulance Service prior to the 1st November 1998 will not have to wait 3 years to receive the Long Service Increment (9th point). Any staff member who has already received the benefit of this clause as an EMT cannot benefit a second time as a Leading EMT.

Version 5.0 of the National Framework for Deployment of Leading EMTs dated 9th January 2007 is agreed and signed off on behalf the National Ambulance Partnership Group:



Frank McClintock
Assistant National Director



Matt Merrigan
National Secretary, SIPTU

John Duggan Chair IARC

Dated:

17th January 2007.

This document will be incorporated into a broader suite of policies for easy access and dissemination to all staff and managers.

National Ambulance Service National Framework - Structured Leave

The National Ambulance Partnership Group consists of members of management designated by the Assistant National Director for the National Ambulance Service and union representatives mandated by the Irish Ambulance Representative Council. The Group has worked collectively to identify appropriate mechanisms to enable action/implementation of a number of findings of the Ambulance Adjudication of October 2005. In doing so, the Group has considered existing Structured Leave arrangements that currently operate in a number of Areas. The Group agrees that these existing Structured Leave arrangements, some of which may have been agreed under collective bargaining, will continue until the implementation date of the National Framework for Structured Leave. Where the existing Structured Leave arrangements in any of these Areas meet the requirements of the National Framework for Structured Leave, then those Structured Leave arrangements can continue.

Therefore this document sets out to recognise current existing structured leave arrangements and to regularise these agreements and arrangements within the context of this National Framework document.

Furthermore, the Group has had to consider a small number of written agreements, which are based on Labour Relations Commission/Labour Court rulings/recommendations. Specifically, these agreements relate to the annual allocation of leave days or the associated calculation of leave in hours for a small number of staff. In this context, the Group agrees that those particular staff, who have enjoyed annual leave hours in excess of the recommendations within the Adjudication of 2005, coming from these referred agreements, based on Labour Relations Commission/Labour Court rulings/recommendations, will have those additional hours protected on a personal to holder basis. These additional hours will not apply to any other staff now or in the future. A register will be maintained at National and Local level in relation to these specific agreements.

Additionally, a small number of staff and locations have, in line with the findings of Labour Relations Commission/Labour Court rulings/recommendations, first call on short periods of leave on an overtime basis. These provisions, where in existence, will continue. These provisions will not apply to any other staff, nor will they be quoted as precedence in any future claim. A register will be maintained at National and Local level in relation to these specific agreements.

In the above context, the following outlines the agreed National Framework for Structured Leave to be implemented on a national basis with effect from the 1st April 2007. To allow this to happen, the Leave Application Timeframes will begin on the 1st of January 2007.

Leave Year: The leave year is from 1st April to 31st March.

Calculation of leave entitlement in hours

Employees have varying weekly hours of attendance or work shifts of varying lengths, consequently, all leave entitlement should be converted into hours. This is calculated by dividing the normal weekly working hours for the grade by 5, and multiplying this figure by the annual leave entitlement for the grade.

e.g. from 01.04.07 an employee who works a 39 hour week is entitled to 179.4 hours per annum, i.e. 23 (days) × 7.8 (hours) = 179.4 hours

Each time an employee takes annual leave, the number of hours s/he would normally have been rostered to work on the day(s) taken should be aggregated to determine the amount of annual leave taken.

Leave hours are defined as leave taken on hours where the staff member was due to work (working hours).

STRUCTURED LEAVE ARRANGEMENTS

A structured system for annual leave will apply to EMTs, Paramedics, Leading EMTs/Paramedics, EMCs and EMC Team Leaders. Under this system, the above grades are required to take a minimum block of their annual leave entitlements during the Summer, Autumn and Spring, period as follows:

Summer - 1st April to 30th September

2 weeks	78 hours minimum	(over 2-week period)
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Autumn - 1st October to 31st December

1 week	39 hours minimum	(over 1 week period)
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Spring - 1st January to 31st March

1 week	39 hours minimum	(over 1 week period)
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Total	156 hours minimum	(over 4-week period)
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In the context of varied and diverse shift patterns (8, 10, 12 hour shifts, etc.) across the Service, some minor local variation may be required in relation to the number of hours to be taken in each of the two smaller blocks and the one larger block, however, the minimum of 156 leave hours must be taken in 3 blocks.

The remaining balance of annual leave may be taken in periods of less than 39 hours, subject to the exigencies of the service and available cover.

A maximum of one person for every five staff (**20%**) in each location will be granted leave at any one time, subject to the exigencies of the service and available cover. Where there is no requirement for other relief arrangements, the Line Manager may apply discretion and allow additional leave.

Block periods will be specified locally by the relevant Line Manager or Line Supervisor and booked on the basis of length of service (within the Ambulance Service only), in the first instance.

ROTATIONAL PERIODS

While a staff member will have preference over another because of length of service (within the Ambulance Service only), a staff member will not be able to reserve the same period every year as this would be unfair to other staff. The Group agrees that a rotational approach should apply in that staff members should book prime periods on a rotational basis.

DEFINITION OF A WEEK

For the purposes of this Framework Agreement, a week is defined as any period of 7 consecutive days, e.g. Wednesday to Wednesday, Thursday to Thursday, etc.

RELIEF ARRANGEMENTS

The Group are committed to the phased implementation of adequate relief arrangements as provided for in the Adjudication of October 2005. However, the Group is cognisant that, in the absence of relief staff in some areas, Management's ability to approve leave requests may be compromised.

In this context, Management will ensure that relief staff are utilised appropriately in the first instance, where available, to ensure, in so far as possible, that leave requests are facilitated. In the absence of relief staff, Management reserves the right to utilise overtime working, within legislative confines, to facilitate leave requests.

Where Management do not have sufficient relief staff to cover all leave, then the Group acknowledges that the facilitation of leave requests will be largely dependant on the willingness of rostered staff to work additional hours until such time as adequate relief staff are available.

LEAVE APPLICATION TIMEFRAMES

Block leave requests should be made on the leave application form (see Appendix A) well in advance to allow approval, forward planning and regularisation of hours for unrostered staff, in so far as possible. In the interests of fairness to all staff, leave can only be booked in advance for the next period in the current year as follows:

Summer	- 1 st January to 28 th February
Autumn	- 1 st July to 31 st August
Spring	- 1 st October to 30 th November

Single days should normally be booked two weeks in advance or at a minimum of 48 hours. (The Group is cognisant that routine application of the minimum timeframe (48 hours) may adversely affect the regularisation of hours for unrostered staff and inhibit/limit the approval of leave process by those staff with designated authority to approve and grant leave requests. In this context, use of the minimum timeframe is expected to be the exception rather than the norm and will therefore be monitored collectively by local management and union representatives on an ongoing basis).

In the above context, every effort is made to provide up to one week's notice of rosters to the majority of unrostered staff. In real terms, this aspiration is totally dependant on the advanced booking of planned annual leave by other staff. A minority of unrostered staff will not receive such notice, due to the requirement to cover short notice leave requests or other unforeseen occurrences. Where this occurs, it will be done so in compliance with the relevant provisions of the Organisation of Working Time Act, 1997 so as to protect the best interests of unrostered staff.

The Line Manager or Line Supervisor responsible for the approval of annual leave will have the discretion to allocate annual leave periods where the above personnel do not apply for annual leave in accordance with these timeframes.

SPECIAL LEAVE (PERSONAL CRISIS AND EMERGENCIES)

Exceptional circumstances may arise where a staff member needs leave at very short notice or frequent leave on an ongoing basis. The HSE has Special Leave policies which cover for example:

- A. Carer's Leave
- B. Force Majeure
- C. Paternity Leave
- D. Bereavement Leave

Where a member of staff finds themselves in an emergency, they may, in the first instance, be able to take advantage of special leave rather than need to use their annual leave. Every effort will be made to assist staff in these exceptional circumstances. Where service provision to patients may be compromised, staff and managers will be required to work collectively to ensure that the staff member enduring a personal crisis or emergency is facilitated. This may involve the cancellation of a routine annual leave request. Refer to the relevant Special Leave policy.

CARRY OVER OF LEAVE

The Service expects that within the annual leave year staff should be provided with the opportunity to take all of their annual leave. In **exceptional** circumstances, up to one week of basic contracted hours may be carried over to the following year, with the agreement of the Manager following written application outlining the reason. Individual exceptions may occur following agreement between the staff member and relevant manager.

Approval to carry over annual leave hours will be granted on the basis that the hours carried over are availed of within 6 months of the commencement of the new leave year. Individual exceptions may occur following agreement between the staff member and relevant manager (Leading EMT or Ambulance Officer). This leave must be taken in addition to the leave that must be booked under structured leave arrangements.

Where staff have been prevented from taking their leave due to service demands then, again, the amount carried forward will be expressed in contracted hours and this should not normally exceed one week.

The Manager should explore the reasons why annual leave entitlement has not been taken and agree measures (on an individual basis) to avoid the need for carry over of annual leave in the following year.

EXTENDED PERIOD OF ANNUAL LEAVE

There are occasions when a member of staff may wish to or need to take extended periods of annual leave in excess of their entitlement, e.g. avail of leave to be accrued in the next year.

This must be discussed with the Manager. Such requests should not be unreasonably refused by the Manager. However, the Manager should seek to ensure that the individual has regular planned annual leave/time out throughout the rest of the annual leave year and that it does not negatively impact on service provision or requests by other staff.

UNPAID LEAVE

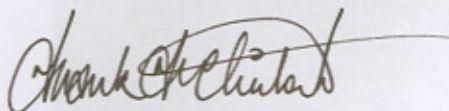
There may be circumstances when it is appropriate for a Manager to allow an individual to take unpaid leave.

For example:

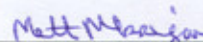
- A. To enable the member of staff to take an extended period of annual leave
- B. If a member of staff has just started with the Service, and has a pre-booked holiday for which they would not have enough annual leave entitlement.

NOTE: Any individual agreement reached between a staff member and a manager will depend on the individual and their circumstances and will not be considered as precedence by the Union(s).

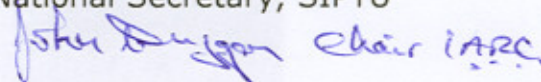
Version 7.0 of the National Framework for Structured Leave dated 9th January 2007 is agreed and signed of on behalf the National Ambulance Partnership Group:



Frank McClintock
Assistant National Director



Matt Merrigan
National Secretary, SIPTU



John Duggan Chair IARC

Dated:

17th January 2007.

This document will be incorporated into a broader suite of policies for easy access and dissemination to all staff and managers.

The commencement date of this National Framework will be in 2007 for the annual leave year commencing on 1st April. Applications for annual leave for the Summer period 2007 will commence on 1st January 2007 in preparation for the leave year. This document will be reviewed by the parties in January 2008.