



An Coimisiún um Chaidreamh san Áit Oibre
Workplace Relations Commission

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Lansdowne House, Lansdowne Road, Ballsbridge, Dublin 4, D04 A3A8 Ireland

TO:

Bernard Gloster, CEO, HSE
Anne-Marie Hoey, HSE
Phil Ni Sheaghdha, INMO
Ashley Connolly, Forsa
Linda Kelly, Forsa
Terry Casey, MLSA
Brian McAvinue, Connect
Eoin Drummey, Unite the Union

Sunday 30 March 2025

Case Reference Number: CAM-102157-25

Parties: HSE and INMO, Forsa, MLSA, Connect & Unite the Union

Dear All

Following intensive engagement in conciliation under the auspices of the WRC, the following proposal is being issued to the parties on the basis that it is recommended for acceptance by the Commission.

If the proposal is rejected by the parties, it will be deemed to be withdrawn and without status.

Sylda Langford

Director of Conciliation, Facilitation & Mediation Services

The parties reaffirm their commitment to stable industrial relations through meaningful engagement and consultation through the utilisation of the existing structures.

1. NJC
2. Information and Consultation Forum

In this context the parties affirm that attracting and retaining skilled staff is essential for providing high-quality health and social care services.

Commitment to Direct Employment

1. This is a core objective of the HSE Resourcing Strategy.
2. The HSE are committed to the use of direct employment. While it is acknowledged that there are circumstances when use of overtime and agency are required, the HSE has put in place measures and savings targets to reduce the use of agency and overtime. The Unions remain concerned about the high level of spend on agency.
3. The HSE commits to undertake an analysis of promotional posts filled via agency persons and to fill identified posts through direct employment. Existing panels will be utilised in the filling of promotional posts. The HSE commits to fill future promotional vacancies by direct employment, save where this option is not available. WTE limits will apply.
4. The HSE agrees to reducing its reliance on agency and will give priority to those persons engaged through an agency, in an entry level post for one year or more to be employed into a vacant post in the HSE. This will be subject to normal pre-employment clearances. This will require analysis to be undertaken by the HSE to ascertain the number of persons who are in the same entry level post continuously (continuity of reporting line/supervision) for one year or more; by staff category etc. WTE limits will apply.
5. The HSE recognises the role of the NJC in stewardship in the context of the PSA and in hearing views and issues in relation to the PSA and its obligations therein. We recognise that includes discussing issues regarding outsourcing. An issue with a specific tender will be responded to on submission by the Unions to the HSE CEO. Any decision of the CEO will not reduce or limit those Unions' timeline rights to the process as set out in the PSA. The tender will not be concluded until that timeline in the PSA has concluded. The HSE is fully committed to the adherence to all parts of the PSA, as are the Unions.

6. HSE agree to seek an expanded agency conversion programme on near completion of the current programme when the current programme indicates a clear level of conversion success at 80% of the target (960 as 2024 target).
7. The HSE commits to seek a further agency conversion programme through the Estimates process for 2026.
8. Agency conversion – the HSE will monitor the agency conversion through existing systems in respect of the proposal as set out to the Trade unions.

Workforce Planning

1. There are circa 6,500 additional posts for filling in 2025 while remaining within the HSE's 2025 WTE limit. These posts include new development posts as provided for in the NSP 2025 in addition to replacement posts vacant since December 2023.
2. There will be a time bound process ahead of formulation of the estimates process 2026 in respect of vacancies at 31.12.23, which became vacant in the preceding 9 months, currently covered by agency and sessional arrangements. The matter raised in respect of the CPCs and clinical facilitators can be comprehended in this.
3. HSE agrees to a specified and limited number of operational managers who when delegated by the REO can initiate recruitment of replacement based on a HSE ruleset and within a specified control number. The control to admitting a person to payroll is not delegated. This is per REO decision within accountability framework.
4. The HSE is committed to improving and expediting the approvals process.
5. The HSE is committed to replacing all current posts which became vacant through retirement, resignation, transfer, or other means, within its WTE and affordability limit. The HSE is committed to streamlining the approval process.
6. The implementation of the principles contained in clause 2.6.2 of the PSA regarding work life balance and family-friendly arrangements will not be impeded by the PNS.
7. The parties affirm that the NJC is the primary forum for the management of Industrial Relations in the Health Service. In this context and in recognition of the new regional structure the parties agree to engage at the Regional JUMF.
8. To accelerate the filing of vacancies the HSE will commit to
 - a. To expedite the approval process to designated authority.

- b. Ensure prioritisation of backfill of any current vacancies on recruitment within WTE limits
 - c. HSE may maintain panels for a period beyond one year and up to 3 years where it is deemed appropriate and efficient and in line with CPSA guidance. Existing panels will be reviewed.
- 9. To facilitate the nationally agreed process, local service areas will be required to engage with trade unions in a consultative and collaborative way ensuring all necessary information regarding current staff numbers, grades, areas, activity levels, and other necessary information, are provided in a timely fashion, based on available datasets.
- 10. Following the conclusion of this local process, engagement at national level between the HSE and unions at the agreed national forum, NJC, must conclude before the end of April. This engagement will be in the form of consultation regarding the formulation of a draft workforce plan for consideration by the HSE in its submission to the estimates process.
- 11. The HSE is aware that the INMO has sought the enactment of legislation to underpin safe staffing levels. This is supported by Forsa and the MLSA. It cannot be misconstrued that the HSE agrees.

Maternity Leave and Career Break

- 1 The HSE is committed to expediting the backfill of approval for replacement for maternity leave.
- 2 To expedite this process the HSE delegated authorising officer will consider approval of the backfill of maternity leave within two weeks.
- 3 Direct employment including temporary use of other vacancies, and if unavailable, agency, will be prioritised for maternity leave cover. The principle is that every effort will be made to ensure the work of a staff member on maternity leave is not left unfilled where an option exists within the ceiling and limits.
- 4 A 2026 submission as part the estimates submission will be made by the Unions to the HSE in respect of possible other treatments of maternity leave workforce planning in 2026.
- 5 Those on career breaks may return based on the provisions of the scheme which were in effect when the career break was approved for the individual. The HSE will adhere to the provisions of the scheme.

Graduate Recruitment:

1. The HSE will offer a permanent job to each graduate in 2025 in HSCP, psychiatric nursing, nursing and midwifery. In addition, management will uphold commitment for 2024 and within WTE limits.
2. Communication on progress will be a standing item on the NJC and JUMF.

Assault at Work:

The HSE are committed to engaging in a separate process to review and proactively consider wider application of the provisions of HR Circular 02 2017.

Trainee Medical Scientist Programme

- 1 The HSE agrees to resume the implementation and funding of this programme.
- 2 The meeting planned to take place on the 8th April 2025 in respect of this programme will progress discussions on this matter and the HSE recognise the merits of the programme.

Community Nursing

The HSE acknowledges the challenges for resourcing of community nursing and will engage with relevant trade unions by end April 2025 on bespoke resourcing plans. WTE limits will apply.

Children's Hospital Ireland Workforce Plan

The HSE through the REO, lead director for CHI, and CHI management commits to the early sharing through an engagement of plans regarding the workforce for the new hospital and will engage with the Unions in developing a workforce plan.

Diversity, Equity and Inclusion

In recognition of our DEI responsibilities, the HSE is committed to the establishment of a number of DEI posts to support staff across all grades; two of these posts will be filled in 2025 at national level who will design the actions and measures for implementation. Further posts for each region will be included in estimates 2026.

Public Service Agreement

The HSE reiterates its commitment to the implementation of the PSA as do the Unions.

The foregoing agreement in full is offered in the context of a full withdrawal of industrial action. The parties agree to review progress on the implementation of this agreement in 6 months under the auspices of the WRC.