

## **INMO Explanatory Document on WRC proposals 31<sup>st</sup> of March 2025**

Dear Colleagues

The INMO, alongside other trade unions, attended the WRC on Thursday 27th March, and continued engagement over the weekend of 29<sup>th</sup> – 30th March in relation to the staffing dispute. The objective was to secure agreement on the unions' claim for concrete measures to address the non-filling and delayed filling of vacant and suppressed posts.

The WRC Proposals set out the following:

- **Restoring the balance – accelerating the filling of vacancies**
- **Rules for engaging with trade unions**
- **Regularisation through agency conversion**
- **Restoration process to restore lost posts**
- **Replacement of maternity leave**
- **Retention of new graduates**

### **Number of Posts to be filled in 2025**

Under the heading “Workforce Planning” (Page 3 of the WRC proposals), tell us that approximately 6,500 additional posts are scheduled to be filled in 2025. This includes 3,000 posts that the HSE confirmed remained unfilled as of December 2024. This figure is separate from the posts which will be filled to replace staff who vacate their positions throughout 2025.

The proposals provide that all posts that become vacant through retirement, resignations, transfer or other reasons will be replaced. This confirms the application of a 'one in, one out' principle, meaning that any already funded post that becomes vacant must be replaced. (Page 3, WRC Proposals).

The INMO sought the reinstatement of all posts that were unfilled and subsequently lost as of 31st December 2023 and those which have become vacant since then. Having previously refused to engage on this issue at all, under Point 2 of the Workforce Planning section, it has now been agreed that there will be a review of all these posts. These posts can in part be filled through the posts available as set out above, and in

addition if posts are filled by agency or other sessional arrangements the HSE will be required to include additional positions, by grade, in the 2026 estimates process for filling.

Additionally, we raised the issue of clinical placement coordinators and the ratio of student nurses and midwives, and it is agreed that this ratio will be maintained by making applications for these posts under the estimates for 2026. Clinical facilitator posts will be dealt with likewise. This is also set out at point 2 under workforce planning.

### **Development of Workforce Plan**

Based on the principle that trade unions representing the workforce have a right to be involved in the development of workforce planning, there is now a specific commitment outlining how this consultation will take place. This marks a key outcome, as one of the main concerns raised by the trade unions was the way the pay and numbers strategy was developed, without any consultation, and with no recognition of existing staffing agreements. (Page 2, WRC Proposals). There will be consultation at local, regional and national levels now leading to the formulation of a workforce plan.

### **Consultation at National Level**

Under the proposals, the HSE has committed to upholding the principles of attracting and retaining skilled staff, which is essential for providing high-quality health and social care services. To support this, the HSE has agreed that established industrial relations mechanisms within the health service, namely, the National Joint Council (NJC) and the Information and Consultation Forum, will be utilised before any decisions are made that impact the workforce.

This commitment is particularly important, as these procedural frameworks are enshrined in the Public Service Agreement and cannot be bypassed by employers at will. They also provide a structured and transparent approach to workforce planning, including provision for new service developments. (Page 2, WRC Proposals)

You will see references to engagement at the NJC throughout this document. This reflects a core principle held by the INMO and other trade unions, that meaningful engagement and consultation must take place through agreed forums before any decisions impacting the workplace are made or implemented.

## **Consultation at Regional Health Area Level**

The regional health areas are now being established, and within each region, a joint union-management forum will be set up. These forums are required to meet monthly. Crucially, it is now written into the WRC proposals that all relevant staffing information requested by the unions, such as data on staffing levels, resignations, retirements, maternity leave and other absences must be shared in full. This is a significant development, as such information has previously been withheld, limiting our ability to advocate effectively for the replacement of posts. (Page 4, point 9 of WRC Proposals)

Access to this data is essential. When regional health areas fail to fill or replace posts, cut staffing, or attempt to expand services without adequate staffing, the unions must have accurate, up-to-date information to ensure robust consultation and proper engagement. This aligns with the provisions of both the WRC proposals and the Public Service Agreement.

## **Direct Employment and Agency Conversion**

A significant focus at the WRC was placed on the issue of direct employment and the need to clearly define its application. As is well known, there has been substantial criticism of the health service's heavy reliance on costly agency staffing. Direct employment is a core principle of both the Public Service Agreement and the HSE's resourcing strategy, which prioritises the use of directly employed staff over the more expensive agency model.

These proposals set out that agency workers who have been in a post for more than one year will now be eligible for conversion to directly employed status without the need for interviews or additional selection processes, subject only to standard pre-employment clearances such as reference checks and Garda vetting.

This marks a significant step forward in addressing a long-standing issue raised with us, where nurses and midwives have been compelled to work in agency roles despite the availability of direct employment. The proposed conversion process is designed to resolve this. While participation will not be mandatory, those who wish to convert and meet the criteria will now have a clear and supported pathway to do so. (Page 2, Point 4 of WRC Proposals)

Direct employment also prioritises the rules set that the HSE must comply with prior to making any decision to outsource services to the private for-profit sector. There are clear steps in the Public Sector Agreement which the HSE cannot ignore. These proposals now make it very clear that the decision to offer or sign a tender cannot be taken by the HSE until the full consultation process set out in the Public Sector Agreement has been exhausted by the relevant trade union with the HSE. This is important as the HSE has obligations to comply with the Public Sector Agreement which cannot be bypassed by signing a contract with a private for-profit company prior to fully consulting and engaging with the trade unions regarding the analysis of the merits or otherwise of the decision to outsource a service.

### **Approval Process for Filling Posts**

We spent considerable time outlining the cumbersome and lengthy approval process currently required to replace posts that become vacant, even when urgent replacement is needed. The WRC proposals include a commitment from the HSE to streamline this process by fast-tracking the replacement of vacant posts and delegating the authority to approve such replacements to designated personnel under the Regional Executive Officer (REO).

These are important principles that have now been formally agreed. If these proposals are accepted by our members, we will closely monitor their implementation throughout the six-month review period (Page 3, Point 3 of WRC Proposals).

Separate meetings will be held with Directors of Nursing and Midwifery to clearly outline their roles and responsibilities under the new framework, particularly in the context of improving the efficiency of current processes. While the HSE has confirmed that the final authority to place individuals on the payroll remains with the Regional Executive Officer (REO), it is now understood that the steps leading up to that decision must operate more efficiently and can be delegated by the REO. As a result, replacements for vacant posts should be secured much more quickly and efficiently.

### **Maternity leave**

Many members have raised concerns that while the HSE's nursing and midwifery headcount, expressed in Whole-Time Equivalents (WTE), appears to grow annually, it does not reflect absences due to maternity leave on rosters. We argued strongly that

maternity leave should be separately reported to ensure the WTE figures accurately represent staff availability. A key point we raised is that maternity leave is partially state-funded, and in cases of unpaid leave, there is no cost to the HSE, yet the WTE post remains and backfill is often denied.

Crucially, the proposals confirm that the approval process for maternity leave cover must be expedited. Delegated authority will now be in place to approve backfill within two weeks of the employer being notified of an employee's intention to take maternity leave.

Backfill will be prioritised through direct employment, either by reallocating existing vacancies or issuing temporary contracts. Where this is not possible, agency cover will be used. The HSE has now accepted that every effort must be made to ensure the work of a staff member on maternity leave is covered. This is a vital principle and given that 3,000 posts within the ceiling remained unfilled in 2024, we believe there is ample capacity to comply, if managed properly. (Page 4, WRC Proposals)

Under these proposals, it is now also agreed that unions will make specific submissions to the HSE regarding how maternity leave is counted and recorded in WTE data. This is significant, as it enables unions to propose alternative approaches to maternity workforce planning in 2026, in recognition of the fact that the health workforce is predominantly female.

### **Graduate Recruitment**

Under the proposals, the HSE will offer a permanent job to each graduate nurse and midwife in 2025. This has been a long held position of the INMO that students must know positions are available for them, prior to graduation when they are planning their future.

### **Assault at work:**

During negotiations, we sought to extend the existing no-fault, insurance-based compensation scheme, which provides compensation for injuries and psychological trauma resulting from assaults to all patient-facing areas. We emphasised that such assaults are not confined to Emergency Departments, where the scheme is currently available, and, they are, regrettably, also occurring in many services, including

maternity services, paediatric units, long-term care facilities and general medical and surgical wards.

The HSE has now agreed to engage with us through a separate process and, importantly, has committed to proactively considering the wider application of the scheme.

This represents a significant and meaningful development, over and above any commitment to date in relation to the expansion of this important scheme. (Page 5 of WRC Proposals)

### **Community Nursing:**

At the WRC, the HSE acknowledged the resourcing challenges facing community nursing and has committed to engaging with the INMO by the end of April 2025 to develop bespoke resourcing plans. A tailored nursing plan is particularly important for Public Health Nurses, Community Registered General Nurses, CITs and other relevant grades, whose roles must be considered in the context of evolving and expanding community-based services under Slaintecare. (Page 5, WRC Proposals)

### **Children Health Ireland, Workforce Plan**

Likewise, we had called for immediate and meaningful engagement with CHI to ensure a comprehensive workforce plan, emphasising that the hospital cannot open on schedule without a properly resourced workforce. We have been consistently critical of the HSE and CHO on the slow progress in developing, funding and implementing such a plan. The current proposals now recognise the urgency of this issue, prioritising the workforce planning process and committing to immediate engagement with trade unions to develop a viable staffing strategy. (Page 5, WRC Proposals)

### **Diversity, Equity and Inclusion**

The trade unions actively sought structured Diversity, Equity and Inclusion (DEI) measures within the health service, recognising the growing number of internationally recruited nurses, medical staff, allied health professionals, healthcare assistants and other healthcare workers joining the Irish public health system. Despite this demographic shift, there has been a noticeable absence of organised, inclusive, and

resourced integration programmes or structured DEI supports, including for domestic and internationally educated staff.

In response to these concerns, the proposals now commit the HSE to the establishment of several DEI-specific posts to support staff across all grades. This includes two national-level roles to be filled in 2025, tasked with the development and implementation of DEI strategies, as well as the progression of additional regional posts in 2026. One of these national posts is specifically dedicated to nursing and midwifery.

This is a significant and necessary step towards encouraging an inclusive and respectful working environment. It acknowledges that a diverse workforce must be supported by systems that promote equality, cultural awareness and mutual respect.  
(Page 5, WRC Proposals)

### **Public Service Agreement**

The WRC proposals include a joint commitment by the HSE and the trade unions to the full implementation of the Public Service Agreement (PSA). This is particularly important, as the PSA contains several key commitments, including the Government's commitment to roll out the Framework for Safe Nurse Staffing and Skill Mix.

Importantly, the proposals also formally record the INMO's intent to seek legislation to underpin safe staffing. The HSE, as an employer, cannot itself legislate, that being a matter for the Oireachtas, therefore it was not possible to finally address this matter as part of the WRC process. However, we have made it unequivocally clear that this remains a key priority for us, and we will continue to actively pursue it.

Encouragingly, following our extensive lobbying of government, the Patient Safety Licensing Bill, which we believe is the strongest vehicle for enshrining safe staffing in legislation, has now been scheduled for debate in the Government's legislative agenda for the first half of 2025.

We remain firmly committed to securing legislative backing for safe staffing to prevent the types of issues that have arisen under the current pay and numbers strategy. Nothing in these proposals alters our intent or determination on this critical matter.



## **Six Month Review**

There has been a significant level of mistrust between the unions and the HSE regarding how staffing and workforce planning have been handled. As a result, we insisted that a six-month review, conducted under the auspices of the WRC, be formally included in the proposals. This review is critical to ensuring that the commitments made under these proposals are honoured and independently assessed. If, at that point, the HSE is found not to have complied with its obligations, we will once again consult our members on the appropriate course of action to take. (Page 6 of WRC Proposals)

## **Next Steps**

**If these proposals are accepted**, the next step will be to formally notify the employer of their acceptance and withdraw the notification of industrial action. We will then move into the implementation phase, closely monitoring progress and seeking full adherence to the commitments set out in the WRC proposals over the following six months. During this six-month period, local and regional committees will be established to work closely with your officials as we oversee the implementation process. At the end of this period, a national meeting of all our nurse/midwife representatives will be convened to review and assess the progress made on implementation.

**If these proposals are rejected**, we will notify the employer accordingly. In that event, the Executive Council will determine the appropriate timing for the recommencement of industrial action, and the employer will be formally advised of this decision.

**The INMO Executive Council are recommending acceptance of these proposals.**