

Pleanáil agus Faisnéis Straitéiseach d'Fhórsa Ionad Gnó Shoird Bóthar Bhaile Anraí, Sord. Co. Átha Cliath, K67D8H0 Strategic Workforce Planning & Intelligence Health Service Executive Swords Business Campus, Balheary Road Swords, Co. Dublin, K67D8H0

28 May 2024

Deputy Peadar Tóibín Dáil Éireann Leinster House Dublin 2

PQ 21949/24: To ask the Minister for Health how many management staff have been employed in the health service in each of the last 15 years.

Dear Deputy Tóibín

I refer to your recent parliamentary questions in relation to staffing which was forwarded to the Health Services Executive (HSE) by the Department of Health for direct reply.

Health Services Personnel Census (HSPC) reports on direct employment in the provision of Health & Social Care Services by the HSE and the various Section 38 hospitals & agencies. HSPC details at the end of April, show that were 148,359 WTE (equating to 167,011 personnel) directly employed in the provision of our services and of which 25,411 (27,577 personnel) WTE or 17.1% were Management, Administrative & Clerical personnel.

Staff are reported on the basis of staff category with Management & Administrative, although they are distinct groups reported in this single high level classification. The **Management & Administrative** staff category includes General Management and Clerical and Administrative grades, where a professional health care qualification is not required (e.g. degree in nursing/ midwifery, degree in physiotherapy). There are 3 staff groups in this category:

- Management (VIII & above) non-clinical managerial personnel at Grade VIII, General, Manager, Head of Function /Service, Assistant National Director and National Director level together with associated grades.
- Administrative/ Supervisory (V to VII) and
- Clerical (III & IV)

As requested by the Deputy, final year-end figures as reported for each of the past 15 years (31 December 2009 onwards) together with the latest available (30 April 2024), with Management & Administrative personnel disaggregated on the basis of the current grade structure are as set out in the following table:

Date	Management & Administrative	Management (VIII & above)	Administrative/ Supervisory (V to VII)	Clerical (III & IV)
Dec 2009	17,611	1,249	3,888	12,474
Dec 2010	17,301	1,211	3,849	12,242
Dec 2011	15,983	1,090	3,795	11,099
Dec 2012	15,726	1,059	3,758	10,909
Dec 2013	15,503	1,111	3,680	10,712
Dec 2014	15,112	1,186	3,621	10,306
Dec 2015	16,164	1,327	3,794	11,043
Dec 2016	16,767	1,445	4,051	11,271
Dec 2017	17,714	1,610	4,450	11,655
Dec 2018	18,504	1,747	4,857	11,901
Dec 2019	18,851	1,845	5,205	11,801
Dec 2020	19,829	1,969	5,821	12,038
Dec 2021	21,584	2,216	6,705	12,662
Dec 2022	23,156	2,446	7,737	12,974
Dec 2023	25,404	2,539	8,887	13,978
Apr 2024	25,411	2,527	8,925	13,959

Management & Administrative Workforce: 2009-2024

Source: Health Service Personnel Census Note¹: Health Sector staffing figures relate to direct employment levels as returned through the Health Service Personnel Census (HSPC) for the public health sector (HSE & Section 38 agencies)

Note²: Figures relating to service levels are expressed as whole-time equivalents (WTE) in order to take account of part-time working.

The Deputy will wish to note that clinical staff require other staff to support them in the delivery of health care service to patients. For example, clerical support enables medical consultants operate more efficiently by scheduling care, diagnostics, appointments etc. Similarly, ward clerks allow nurses on wards to engage in direct patient care to a greater extent freeing up valuable nursing resources from administrative duties performed more efficiently by clerical personnel. Likewise, no hospital or community service can operate without a manager to look after budgets, staff and buildings or can exist without recruitment or payroll. It is important to point out that many these clerical administrative and management staff have also been engaged in procurement, both staffing and managing vaccine centres together with contact tracing during the period of the covid crisis. It is also noteworthy to mention that there is a global shortage or health professionals, including nurses & midwives, and the availability of this workforce, both domestically and internationally, is more challenging to recruit.

The vast majority management, clerical & administrative staff (over 85.4%) are employed in the front facing services of Hospital, Ambulance, Community Health & Wellbeing, Screening, Environmental Health PCRS etc. and the remainder in central areas such as Finance, Human Resources, ICT

(including eHealth), Cancer Control, Clinical Strategy etc.) together with Health Business Services (Recruitment, Estates, Procurement, Payroll etc.). In addition, the HSE employs managerial staff at a variety of levels whose main responsibilities are the management and administration of groups of clinical areas (e.g. clinical directorates, or care groups), hospital level, or manage specific functions necessary for the safe and efficient delivery of the health service e.g. finance, human resource functions, or estates.

It is important to point out that while, these figures are set within a background of increasing staff numbers when compared to recent years, not all the information is directly comparable. As well as the impact of the economic crisis and global recession particularly in the years up to 2014, the HSE has for example subsumed various agencies and services as well transfers out to other agencies over the extended timeframe covered by this request. The unwinding of the financial emergency measures has in the recent reversal of the Haddington Road Agreement also added to the requirement for additional staff to replace lost hours. There also has been substantial service developments, coupled with the demands brought by an ageing population, significantly increased regulatory & legislative requirements, in addition to increased levels of care and the expansion of the workforce required in the immediate and enduring response to COVID-19. In more recent times the additional requirement to meet the needs of international migrants and refugees such as our Ukraine response has also driven demand.

Workforce reports are available through the Health Services Personnel Census (HSPC), which is the official employment count for the public health service. The latest published information is routinely published <u>here</u>.

I trust that this information is sufficient to meet the Deputy's needs.

Yours sincerely,

Des Williams General Manager