

## Introduction

In Ireland, at the end of 2016, the public health service is the largest employer in the state with over 128,000 personnel (including home helps), directly employed by the HSE and Section 38 agencies in the provision of public health & social care, as returned in the Health Service Personnel Census. Information on direct employees does not encompass additional inputs, such as agency staff, on-call and overtime.

In March 2009, the Government introduced a moratorium on recruitment and promotion in the public service in response to the economic challenges which the country faced following the 2008 banking crisis. During the period 2008 to 2013 overall public service numbers fell from a peak of more than 320,000 whole time equivalent staff (WTE) numbers in 2008 to a low of 288,200 WTE in the fourth quarter of 2013. Employment in the public service decreased at a slower rate than in the private sector from 2008 to 2011. The initial decreases were followed by more pronounced decreases in employment in 2012 and 2013. However, since 2013 public service numbers have increased by some 18,350 WTE, with the largest increase in the education sector followed by health, where the downward trend reversed since October 2013, with employment at December 2016 (excluding home helps) was 107,085 WTEs or 122,981 individuals.

## People Strategy 2015-2018

This report is designed to provide a profile of our workforce, as at the end of 2016, in order to support the *Health Services' People Strategy* by adding to the insights and understanding of what are the dynamics behind the health sector workforce, in terms of; staff numbers, skills-mix, contract management, work patterns, turnover, pay profile, workforce age, absence rates, nationality and gender. The report refers to October 2013 and December 2016 as key dates but also references September 2007 as a peak in health sector employment. The significance of October 2013 is that it was when employment levels 'bottomed-out' in the public health sector, when a figure of 96,854 WTEs was recorded (Children and Families factored out). Thus the reduction in the health workforce, from the peak was almost 16,000 WTEs (-14.1%) at that time, despite increased demand and greater volume of service delivery, as well as new service developments across the public health sector over that time. This report builds on the previous profile of *Our People/Our Workforce* circulated for the end of 2015. It will assist consideration on recruitment, retention and reform challenges facing the health workforce.

## Pay & Staffing Strategy

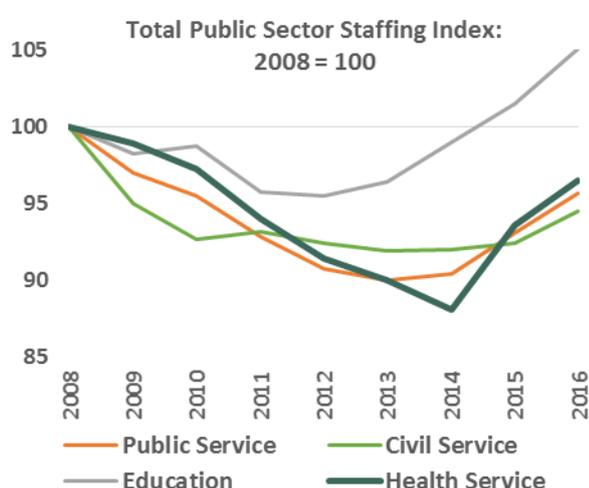
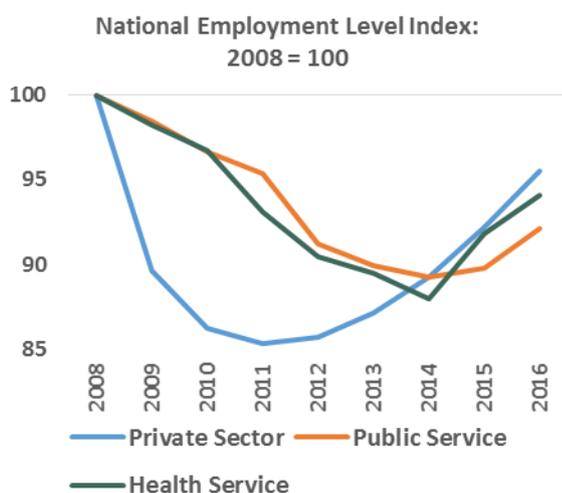
The employment control framework for the Health Sector, primarily based on a general moratorium on recruitment and promotion, in place since March 2009, was formally rescinded on the 28<sup>th</sup> July 2016. It was replaced with a Pay and Staffing Strategy framework. The key focus of this strategy is one of operating within pay allocations and affordability "*to consolidate and achieve further efficiencies in the cost base of the Health Sector, while allowing managers the flexibility to better manage and enhance health services within their financial allocations. The focus moves away from cuts and onto cost management, containment, reform and efficiency*". Delegated sanction for recruitment decisions has been provided in respect of all grades, with the exception of new senior management posts, thus allowing for greater recruitment flexibility. This change in policy also allows for the substitution of more expensive agency or overtime with direct employment in-line with service demands. The strategy is underpinned by annual funded workforce plans and operates in the context of the Performance Accountability Framework (PAF).

## Main Points/Key Features in Summary – end of December 2016 Workforce Position

- The number of public health service staff has recovered over the period since October 2013 with employment at 107,085 WTEs or 122,981 individuals by December 2016. In summary, during the course of 2016 staffing increased by 3.1% (+3,201 WTE) or 10.6% (+10,231) since October 2013.
- Staffing in all service areas showed increases in 2016 with Acute and Community Services both increasing by 3%. All staff categories, with the exception of support, showed an increase in 2016. The period since Oct 2013 has seen skills-mix changes with the proportion of Medical (+1,438 WTE), Health & Social Care (+2,210) and Care (+3,311) staff all rising, while Nursing (+1,817) and Support (-222) fell in proportionate terms. Management Admin grew by 1,678 WTE since Oct 13. At 31 Dec 16 (*Oct 13 in brackets*), the ratio of Clinical to non-clinical staff was 1:0.66 (*0.64*); Front-line to Support 1:0.31 (*0.33*); Consultants to NCHDs 1: 2.12 (*1.96*); Nurse Manager to Staff Nurse 1: 3.4 (*3.9*) Nursing to Care 1: 1.55 (*1.69*).
- 85.9% of staff hold permanent contracts (ranging from 34% in Medical to 94.9% in Nursing). October 13 rates was 88.3% reflecting recent recruitment and length of services changes.
- 68.6% of staff work full-time (ranging from 86.7% in Medical to 64.0% in Support & Care grades). *In October 2013 the rate was 66.6%. Information in this format is not available pre-2011.*
- The public health service is not a single employer, nonetheless, the adjusted 2016 turnover rate is 6.5% (excludes certain posts categorised as training posts including NCHDs and student nurses on clinical placement).
- Core pay (as a proportion of the total) fell from 74.8% to 72.6% (2013 to 2016); superannuation rose from 10.2% to 11.3% over the same period. Overtime/ on-call accounts for 4.4% of the total (unchanged since 2013), while agency is up from 3.9% to 4.7%. Total pay was €7,258.2 M in 2016 (+5.9% over 2013).
- 21% of staff are over 55 years, with an average age of 44.6 years (*figures are HSE only*)
- The 2016 national absence rate was 4.6% (up from 4.2% in 2015) with 87.3% medically certified. Using DPER methodology, the notional cost was €174.6 million in 2016.
- 90.1% of staff are recorded as holding Irish Nationality (NCHDs 54%; Staff Nurse 84.3%)
- 79% of staff are female (*80% in October 2013 & 79% at September 2007*) with rates of 22% in Ambulance, Consultants at 39%, Medical Overall 50% and Nursing at 92%.

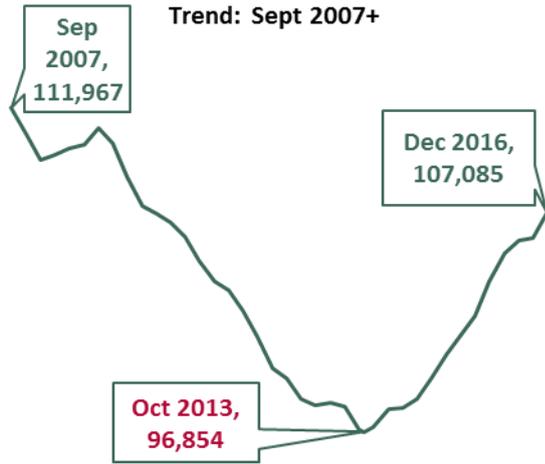
Further details are depicted in the accompanying charts:

### Public & Private Sector Staffing

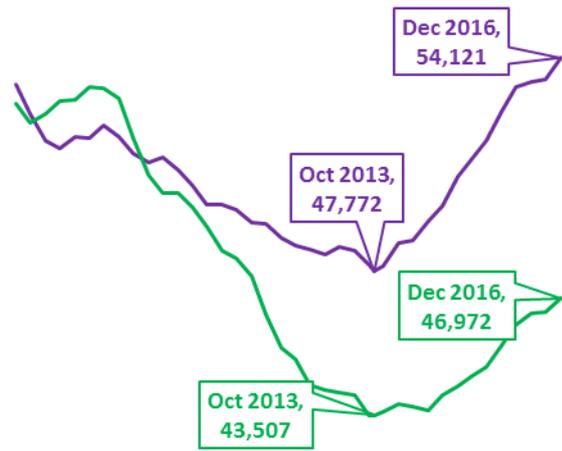


# Health Service Staffing Profile

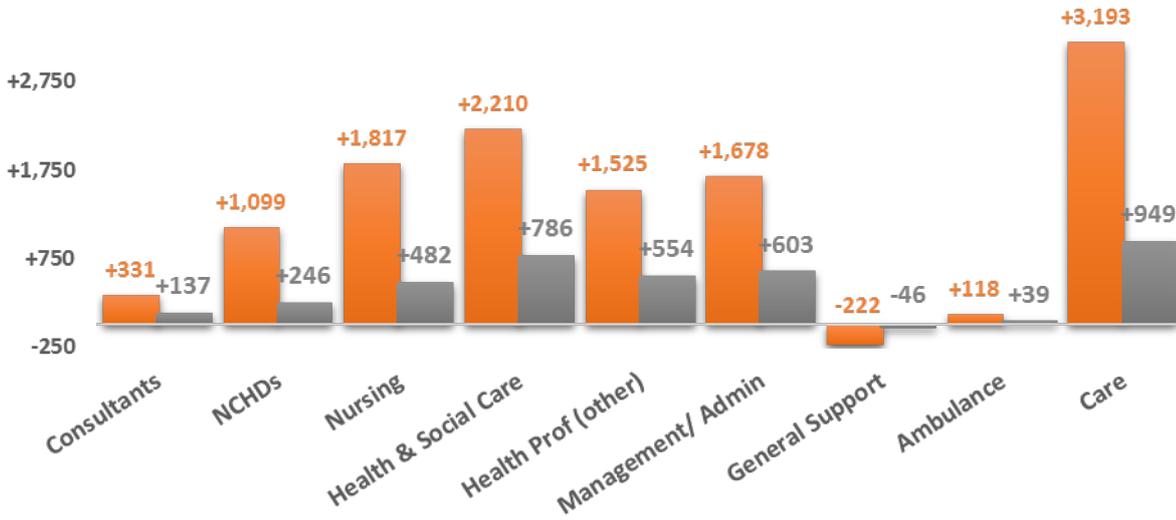
**Overall Health Service Employment**  
Trend: Sept 2007+



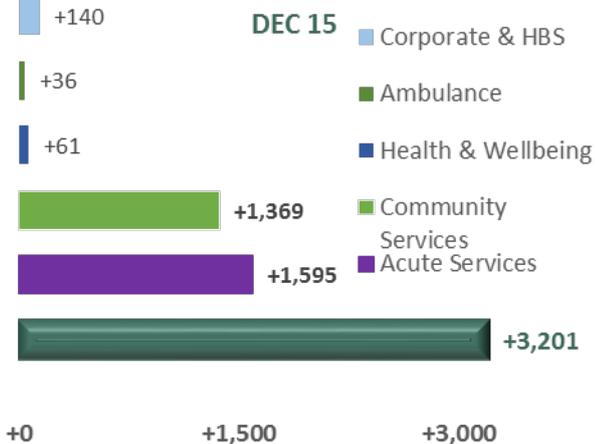
Acute Services Community Services



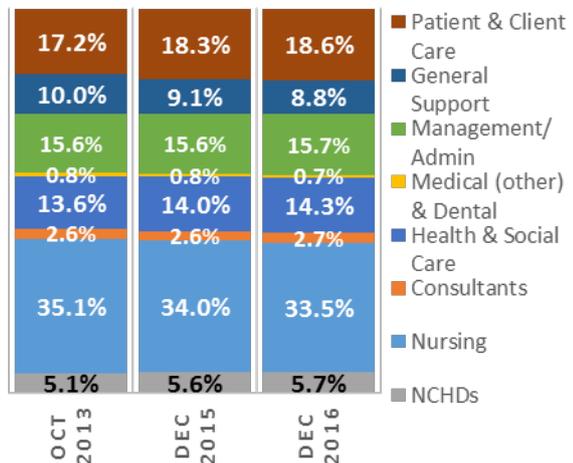
WTE change since Oct 2013 WTE change since Dec 2015



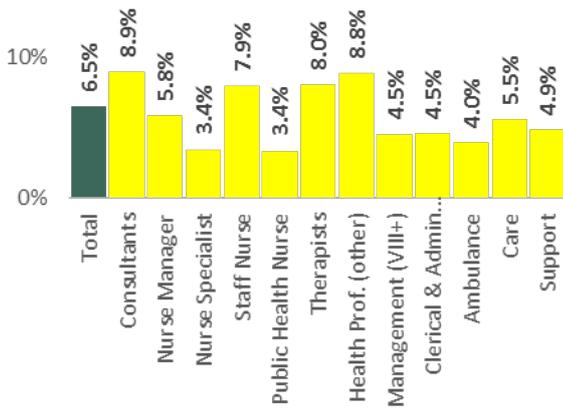
WTE CHANGE BY SERVICE: DEC 16 VS DEC 15



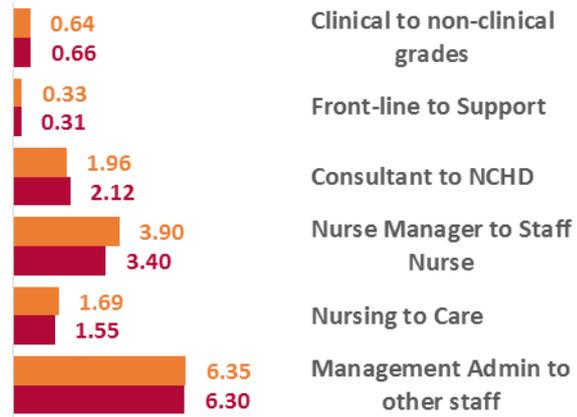
% SKILLS-MIX OCT 13, DEC 15, 16



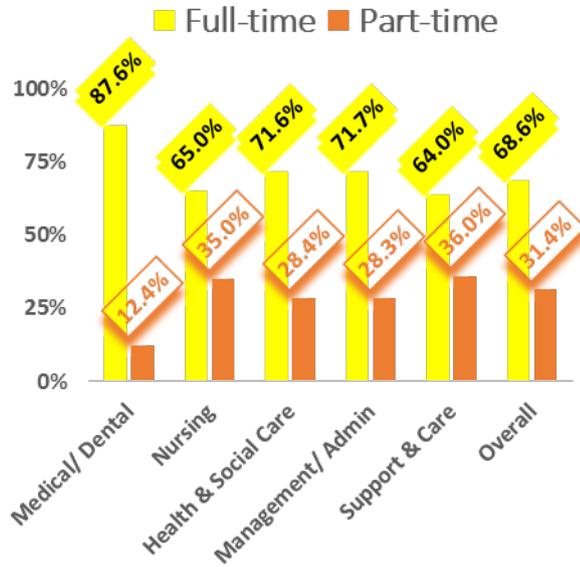
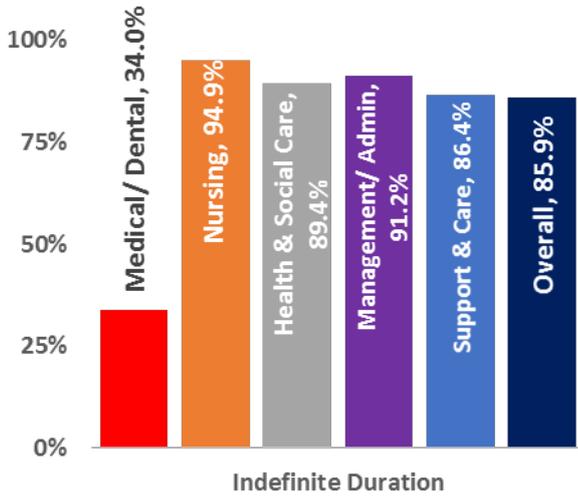
### ADJUSTED TURNOVER RATE: 2016



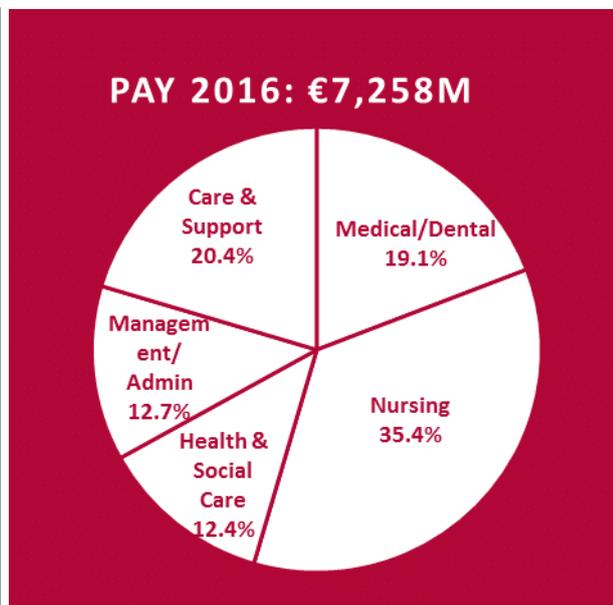
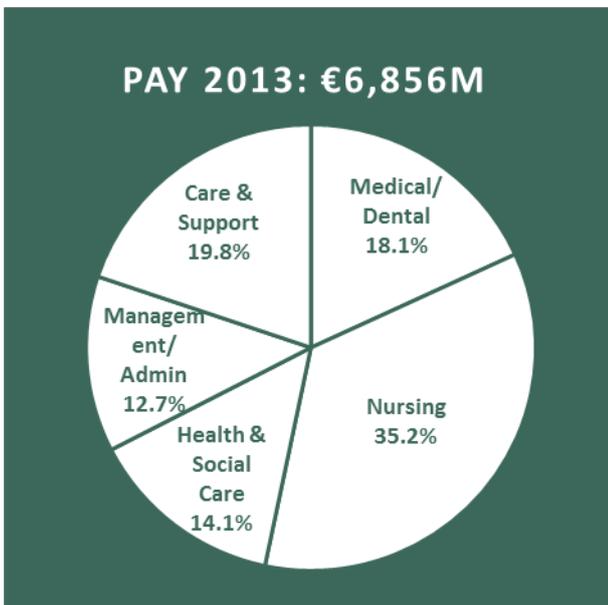
### Skills-mix ratios 1:



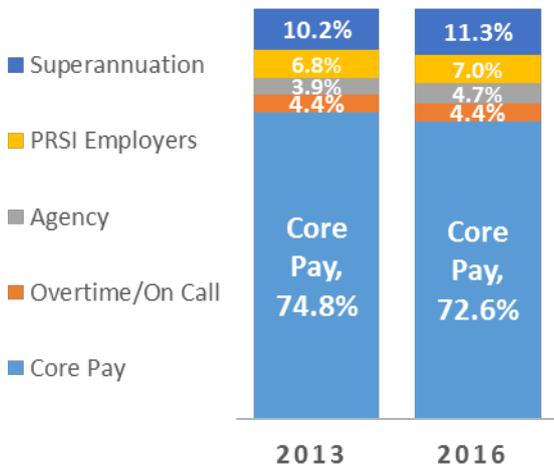
### Permanent Contracts



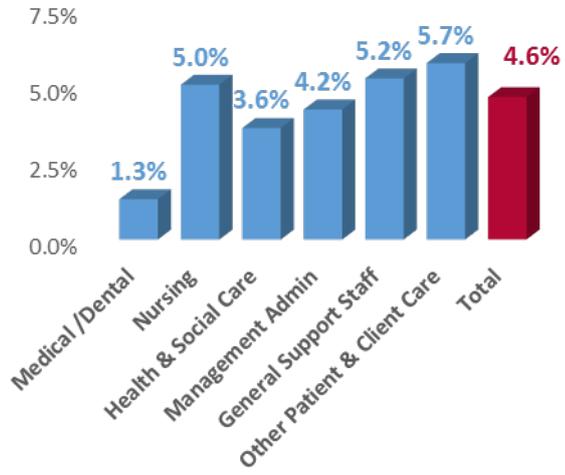
### Pay profile 2013 and 2016, Absence, Gender and Nationality



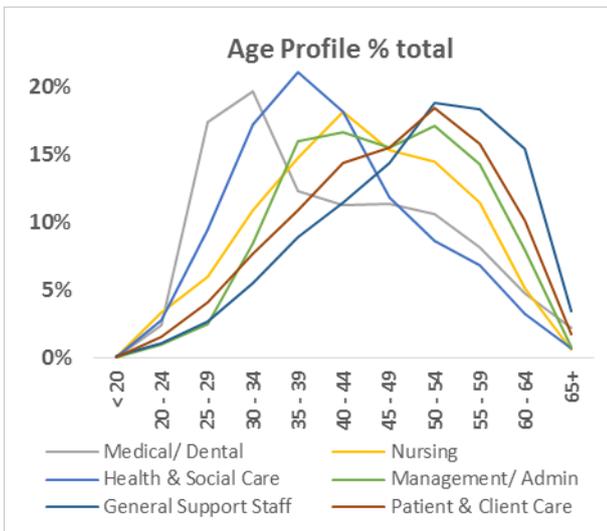
### PAY BREAKDOWN 2013 VS 2016



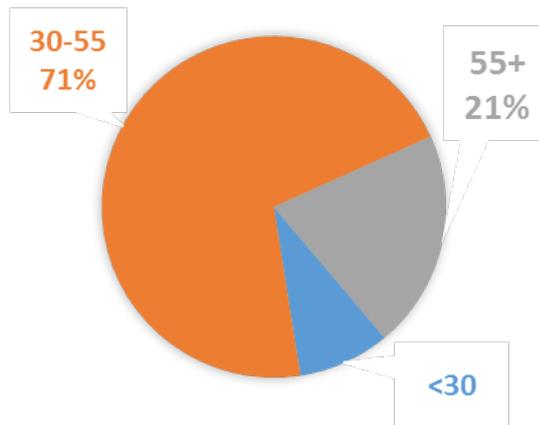
### Absence: 2016: 4.6%



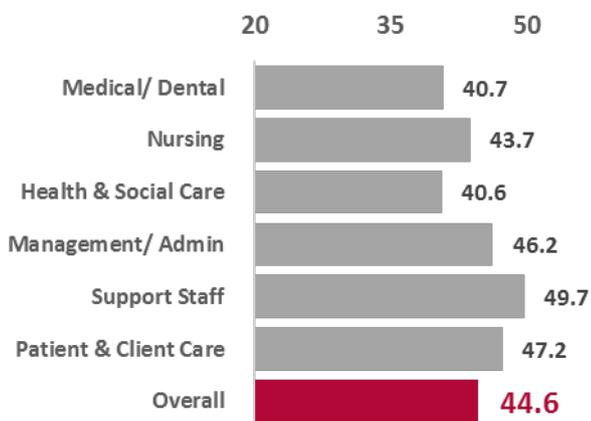
### Age Profile % total



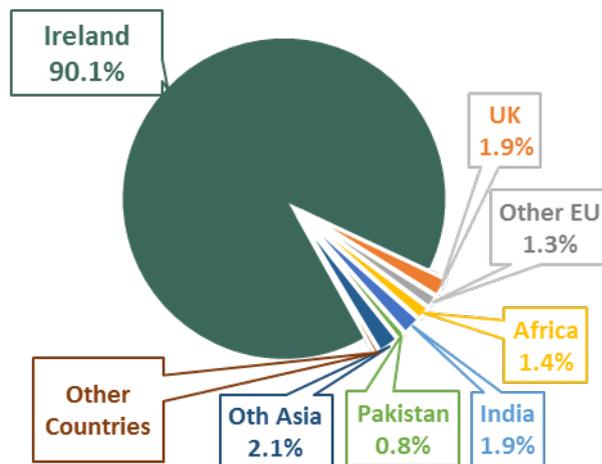
### AGE PROFILE (DEC 2016)



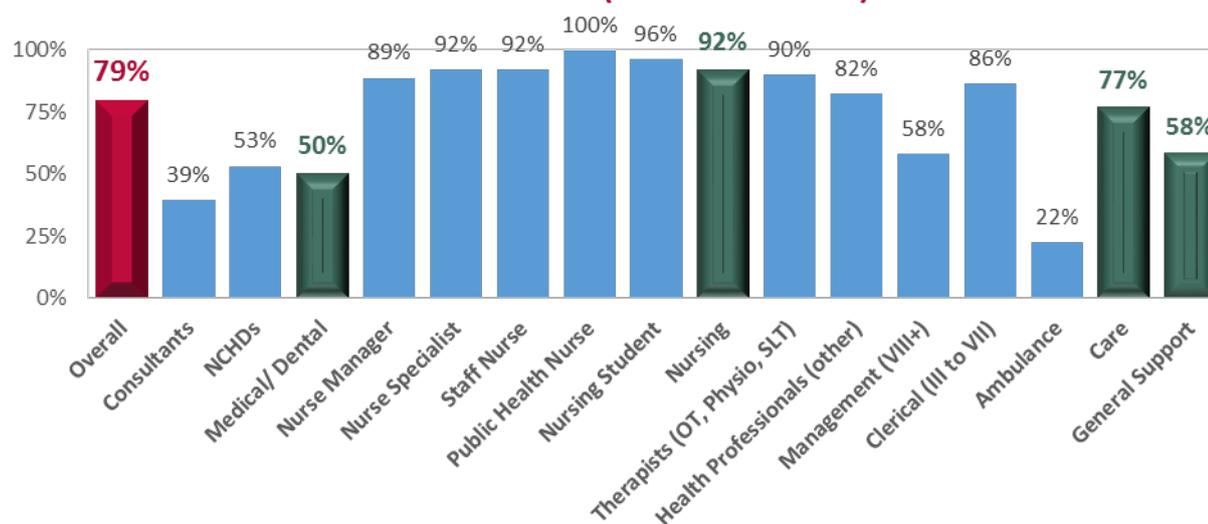
### AVERAGE AGE (December 2016)



### Nationality (December 2016)



## % Female (December 2016)



### High Level Overview of Health Service Personnel Census data, by staff categories – 2013 to 2016

| Staff Group: Skills-mix | Skills Mix Oct 13 | Skills Mix Dec 13 | Skills Mix Dec 14 | Skills Mix Dec 15 | Skills Mix Dec 16 | Change Oct 13 to Dec 16 | Change since 13 |
|-------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------------|-----------------|
| <b>Total</b>            | <b>96,854</b>     | <b>97,088</b>     | <b>99,327</b>     | <b>103,884</b>    | <b>107,085</b>    | <b>+10,231</b>          | <b>+10.6%</b>   |
| Medical/ Dental         | 8.6%              | 8.6%              | 8.9%              | 9.0%              | 9.1%              | +1,438                  | +17.4%          |
| Nursing                 | 35.1%             | 35.2%             | 34.7%             | 34.0%             | 33.5%             | +1,817                  | +5.3%           |
| Health & Social Care    | 13.6%             | 13.6%             | 13.7%             | 14.0%             | 14.3%             | +2,210                  | +16.8%          |
| Management/ Admin       | 15.6%             | 15.5%             | 15.2%             | 15.6%             | 15.7%             | +1,678                  | +11.1%          |
| Patient & Client Care   | 17.2%             | 17.2%             | 18.0%             | 18.3%             | 18.6%             | +3,311                  | +19.9%          |
| General Support         | 10.0%             | 9.9%              | 9.5%              | 9.1%              | 8.8%              | -222                    | -2.3%           |

Note<sup>1</sup>: WTE are calculated to 2 decimals

Source: Health Service Personnel Census (HSPC)

#### About this release

This release from Health Service Executive (HSE), Workforce Planning, Analytics & Informatics Unit, provides an update on the number and profile of public health service staff and covers employees in the HSE together with Section 38 Voluntary Hospitals & Agencies as at the end of 2016.

- Where appropriate figures are presented as headcount (actual numbers of staff) or whole time equivalent (WTE) which adjusts the figures to take account of part-time working.
- Gender or age information is therefore presented in headcount terms whereas data relating to service levels is presented in WTEs.
- Turnover is presented in % headcount leavers as a proportion of average monthly headcount.
- Absence is presented as percentage lost time over available time.
- Age data which is presented in percentage headcount terms, and covers HSE staff only (63% of the total) as this information is currently not available for Section 38 agencies.
- Nationality reporting is based on a sample covering HSE staff in 6 Hospital Groups and 7 CHOs (excludes South Southeast Hospital Group, CHO 4, CHO 5 and other staff in the Southern region).

Key reports, which are regularly updated, are available at: <http://www.hse.ie/eng/staff/Resources/Our-Workforce/>

#### References

- Boyle, G., McElligott, R., & O'Leary, J. 2001. **Public-private wage differentials in Ireland**, 1994-2001. Department of Public Expenditure and Reform. 2017. Public Service Databank.
- Frenk, J. 2010. The World Health Report 2000: expanding the horizon of health system performance. *Health Policy & Planning*, 25(5): 343-345.
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