IMPACT BRIEFING NOTE HEALTH SERVICE CLERICAL, ADMINISTRATIVE AND MANAGEMENT STAFFING LEVELS

Introduction

The persistent myth that the Irish health service is 'overburdened' with clerical, administrative and management staff predates the recession and the staff reductions of the past five years. But, perhaps understandably, frustration at staffing constraints throughout the health service has again fuelled the notion that there are too many clerical and administrative staff, and that further staffing reductions in this category could lead to improved staffing elsewhere.

This briefing draws on HSE-compiled statistics on 'Health Service Staffing by Category to July 2013' and supplementary (though less comprehensive) figures on health service clerical, administrative and management staffing to December 2013. All the figures are drawn from the HSE's Health Service Personnel Census.

Contrary to most of the prevailing commentary, the figures show that, between March 2009 and July 2013, clerical, administrative and management staff numbers fell by more than any other category of health staff except 'general support staff'. The biggest reductions were at the lowest-paid level of clerical officer, and at the highest levels of management. The figures also show that clerical, administrative and management staff accounted for just 15.5% of total health service employment in December 2013 – down from 16.3% in September 2007 and 16.1% in July 2009.

In December 2013, by far the largest number of clerical, administrative and management staff worked in acute hospital services (over 47% of the total) and non-acute hospital services (over 33% of the total), with just 13.4% (2,084.05 whole-time equivalents) working in corporate and shared services. Well over 85% of clerical, administrative and managerial staff provide direct support to those performing 'front-line' roles.

If the category 'corporate and shared services' can be defined as 'non-front line,' the figures show that non-front line clerical, administrative and management staff account for just 2% of total staff throughout the HSE and major voluntary hospitals.

Administrative staff as a proportion of overall health service staffing

The HSE figures take account of staff employed by the HSE, major voluntary hospitals, and some voluntary agencies. The figures are shown as 'headcount' numbers (the number of individuals employed) and 'whole-time equivalents'. This briefing uses the whole-time equivalent (WTE) figures, which give a truer picture of real staffing levels as they take account of the fact that a significant number of people on the payroll do not work full-time.

The figures available to IMPACT cover clerical, administrative and management staffing at particular dates between (and including) December 2001 and December 2013. They also show overall health service employment for the same period.

However, figures disaggregated by other categories, (health professionals, nursing, and so on) are only available between March 2009 and July 2013.

TABLE ONE: CLERICAL, ADMINISTRATIVE AND MANAGEMENT AS A PROPORTION OF HEALTH SERVICE STAFF

Date	Total staffing	Clerical, admin, management	Clerical, admin, management
	Whole-time equivalents (WTE)	Whole-time equivalents (WTE)	as percentage of total
31/12/2001	90,302	14,714	16.2%
30/09/2007	112,771	18,421	16.3%
31/03/2009	111,770	17,954	16.1%
31/12/2009	109,753	17,611	16.0%
31/12/2012	101,506	15,726	15.5%
31/12/2013	99,959	15,503	15.5%

The figures in table one show that:

- Clerical, administrative and management staff make up just 15.5% of total health service staffing.
- Contrary to popular myth, the number of clerical, administrative and management staff has been reasonably constant, as a percentage of overall health service staffing, and fell slightly during the 'boom' years.

Clerical, administrative and management staffing by category

The HSE figures disaggregate clerical, administrative and management staff into four categories:

- Senior management: Grade VIII and above
- Middle management: Grade V-VII
- General clerical grades: Grades III-IV
- Other administrative grades.

TABLE TWO: CLERICAL, ADMINISTRATIVE AND MANAGEMENT NUMBERS BY CATEGORY

	31/12/01	30/09/07	31/03/09	31/12/09	31/12/12	31/12/13
Senior managers	615.15	1.231.77	1,286.99	1.249.06	1.059.24	1.110.63
Middle managers	2,449.90	3,735.80	,	,		,
Clerical	11,232.48	13,253.41	12,645.29	12,473.61	10,909.04	10,711.61
Other admin	416.89	200.14	173.25	123.06	87.32	79.47
Total C, A, M	14,714	18,421	17,954	17,611	15,726	15,503

Figures are whole-time equivalents. Total clerical, admin and management figures are rounded.

TABLE THREE: CLERICAL, ADMINISTRATIVE AND MANAGEMENT AS PROPORTION OF ALL HEALTH STAFF

31/12/01 30/09/07 31/03/09 31/12/09 31/12/12 31/12/13

Senior managers	0.7%	1.1%	1.2%	1.1%	1.0%	1.1%
Middle managers	2.7%	3.3%	3.4%	3.4%	3.6%	3.6%
Clerical	12.4%	11.7%	11.3%	11.3%	10.7%	10.7%
Total C, A, M	16.3%	16.3%	16.1%	16.0%	15.5%	15.5%

Figures are whole-time equivalents. Totals are rounded and include 'other admin' (see table 2).

The figures in tables two and three show that:

- Just over 69% of all clerical, administrative and managerial staff are currently in the two lowest paid grades in the category.
- By December 2013, the number of clerical, administrative and managerial staff in the health service had fallen by almost 16% from the peak of 2007.
- The number of clerical, administrative and managerial staff also fell significantly as a proportion of total health staff (from 16.3% in 2001 to 15.5% in 2013).
- The number of clerical, administrative and managerial staff did not increase as a proportion of all health staff during the boom years.
- Though small, the number of health service senior managers (grade VIII and above) rose significantly between 2001 and 2007, but has remained relatively stable since.
- The numbers of health service senior managers has never exceeded 1.2% of total health service staff, and is currently at 1.1%.
- The number of senior and middle managers has never exceeded 4.6% of total health staffing, and has been fairly stable as a proportion of all health staff since 2007.
- Since 2001, the number of clerical staff (the two lowest paid grades in the category) has fallen significantly as a proportion of all health staff (from 12.2% to 10.7%).

It is possible to further disaggregate the figures by grade for the period March 2009 to July 2013 (see table four).

	March 2009	July 2013	Change 2009-2013	% Change 2009-2013
Director	220.2	117.5	-42.7	-19.4%
General Manager	215.8	194.6	-21.1	-9.8%
Grade VIII	703.5	614.7	-88.8	-12.6%
Grade V-VI	3,848.4	3,649.2	-199.3	-5.2%
Grade IV	4,238.8	4,211.5	-27.3	-0.6%
Grade III	7,923.8	6,139.0	-1,784.7	-22.5%

TABLE FOUR: CLERICAL, ADMINISTRATIVE AND MANAGEMENT STAFF REDUCTIONS BY GRADE (WHOLE-TIME EQUIVALENTS)

The figures in table four:

- Confirm that almost 70% of staff in the clerical, administrative and management category are in the two lowest-paid grades, and show that almost 40% are in the lowest (grade III).
- Show that the biggest percentage fall in staffing (of 22.5%) occurred at the level of clerical officer (grade III).
- Show that the next highest declines are at the senior levels of director (19.4%) and grade VIII (12.6%), followed by general managers at 9.8%.
- Show that staffing reductions in middle management are far lower, and are the only areas where staff reductions in the category are below the overall health service figure of 9.7%.

Staff reductions compared to other grades

The available HSE figures allow a comparison of changes in staff numbers by category between March 2009 and July 2013 (see table five).

	March 2009	July 2013	Change 2009-2013	% Change 2009-2013
Medical/Dental	8,149	8,256	+107	+1.3%
Nursing	38,789	34,528	-4,261	-11.0%
Management/Admin	17,954	15,692	-2,362	-13.2%
General Support	12,613	9,853	-2,760	-21.9%
Health & Social				
Care Professionals	16,027	15,767	-260	-1.6%
Other Patient/Client				
Care	18,238	16,898	-1,340	-7.3%
TOTAL	111,770	100,894	-10,876	-9.7%

TABLE FIVE: HEALTH SERVICE STAFFING BY CATEGORY (WHOLE-TIME EQUIVALENTS)

Figures are full-time equivalents.

Table five shows that:

- Overall health service staffing fell by almost 10% (9.7%) between March 2009 and July 2013, from 111,770 to 100,894.
- Clerical, administrative and management staffing fell by 13.2% between March 2009 and July 2013 more than any other category except 'general support.'
- Nursing also saw a substantial reduction, although the figures do not take account of agency staff, who are most heavily deployed (by far) in the nursing area.
- Health and social care professionals experienced a relatively low reduction, but from an inadequate base.

Clerical, administrative and management staffing by function

The available HSE figures also give an overview of the general areas (or functions) in which clerical, administrative and managerial staff work (see table six).

Function	Headcount (WTE)	Percentage of admin staff	Percentage of all health staff
Acute services	7,354	47.44%	7.34%
Ambulance services	46	0.30%	0.05%
Non-acute services	5,163	33.30%	5.16%
Health and wellbeing	390	2.52%	0.39%
Children and families*	464	3.00%	0.46%
Corporate and shared services	2,084	13.44%	2.08%

TABLE SIX: CLERICAL, ADMINISTRATIVE AND MANAGEMENT STAFF BY FUNCTION

*The data used predates the formation of the Child and Family Agency.

Table six shows that:

- By far the largest number of clerical, administrative and management staff work in acute hospital services (over 47% of the total), non-acute hospital services (over 33% of the total), and in other so-called 'front-line' settings. Put another way, well over 85% of clerical, administrative and managerial staff provide direct support to those performing 'front-line' roles.
- Less than 13.5% of clerical, administrative and managerial staff (2,084 whole-time equivalents) work in corporate and shared services. Put another way, non-front line clerical, administrative and management staff make up approximately 2% of total staff in the HSE and major voluntary hospitals. These include staff working to deliver vital services like payroll, IT, HR, finance, procurement and information.

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