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**PQ ref 39107/20:** To ask the Minister for Health the additional resources taken since July 2020 to ensure it is always possible to convene an OCT for each individual outbreak of Covid-19; and if he will make a statement on the matter.

**Dear Deputy Carthy,**

Outbreak control teams are convened by the Medical Officer of Health for the area/region. Having a strong, stable, safe and effective public health function is recognised as a priority for the wellbeing of our population and our health system. To ensure this, the Department of Health and the HSE have been engaging proactively in relation to the implementation of the HSE Public Health Pandemic Workforce Plan and relevant priority recommendations in the *Report on the Role, Training and Career Structures of Public Health Physicians in Ireland* (the Crowe Horwath Report).

In July, to ensure the stability of the public health / health protection response, the HSE's Chief Clinical Officer convened a special purpose working group to develop a Public Health Pandemic Operating Model and Workforce Plan, which is now complete. The plan represents the requirements of the HSE to deliver the Public Health Pandemic Operating Model across the pandemic period, aligned to the agreed future service delivery model for health protection. The National Health Protection Function is defined as including the Office of the National Clinical Director Health Protection, the Health Protection Surveillance Centre, the National Immunisation Office and the eight Regional Departments of Public Health. All other public health activities and functions are outside of the scope of this paper, but will form part of the wider programme for public health reform mobilized to implement Crowe Horwath recommendations.

Funding for the fill workforce plan was fully approved in November 2020. This secured an additional 255 permanent posts and 173 temporary posts (to meet surge demands) across the eight Departments of Public Health. An additional 82 national posts the national offices for the National Clinical Director for health Protections, the Health Protection and

Surveillance Centre and the National Immunisation Office were also approved. Recruitment campaigns to fill these posts is ongoing and actively monitored.

Detailed Breakdown of Additional Permanent Resources required both Regionally and Nationally (by role)

Role	Total Additional Permanent WTE	Regional Additional Permanent WTE	National Additional Permanent WTE
Director of Public Health Medicine	1.0	0.0	1.0
National Clinical Lead	3.0	0.0	3.0
Specialist Public Health Medicine	4.0	1.0	3.0
Senior Medical Officer	9.5	4.5	5.0
Director of Nursing	1.0	0.0	1.0
Assistant Director of Nursing	1.0	0.0	1.0
Clinical Nurse Manager 2	23.0	22.0	1.0
Staff Nurse	36.0	36.0	0.0
Chief Pharmacist I	1.0	0.0	1.0
Chief Pharmacist II	0.0	0.0	0.0
Chief Medical Scientist	10.5	5.5	5.0
Surveillance Office / Scientist	16.0	6.0	10.0
Surveillance Assistant	39.5	28.5	11.0
Assistant National Director Health Protection Corporate / Operations Management	1.0	0.0	1.0
General Manager	3.0	0.0	3.0
Grade VIII	4.0	0.0	4.0
Administrator (Grade VII)	11.0	7.0	4.0
Administrator (Grade VI)	28.5	22.5	6.0
Administrator (Grade V)	39.0	31.0	8.0
Administrator (Grade IV)	23.0	9.0	14.0
<b>Total</b>	<b>255.0</b>	<b>173.0</b>	<b>82.0</b>

While waiting permanent filling of posts, Departments of Public Health are encouraged to fill post by temporary appointments, staff redeployments or agency. Attached is an overview of the current staffing in Departments of Public Health.

While the HSE are addressing capacity to meet the demands associated with the COVID-19 pandemic through implementation of a Pandemic Workforce Plan, it should also be acknowledged that certain areas of the country have experienced more cases than others, for many reasons, which has challenged Departments to provide senior clinical leadership in all circumstances. For example, it is of note that regions e.g., Dublin and the North West have experienced the greatest number of outbreaks per 100,000. The North West department is critically understaffed at senior clinical leadership level. By international comparison, Dublin would also be understaffed per population for health protection at clinical leadership level. To ensure a robust response can be maintained to the areas of most need throughout the surges of this pandemic, the regional departments of public health agreed a work prioritisation framework to identify the areas of greatest and significant clinical priority for health protection teams. This framework can be employed by Departments of Public Health to help prioritise what cases/ outbreaks we can manage within the department, led by Specialists. The framework prioritises elderly, social inclusion and vulnerable groups and social inclusion

Please accept our apologies in responding to your question. I trust this answers your query.

Yours sincerely,

A handwritten signature in cursive script that reads "Joan Gallagher".

Joan Gallagher  
Programme Manager  
Office of the National Clinical Director for Health Protection

