



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Ceannasaí Náisiúnta Oibríochtaí Meabhairshláinte
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12th August 2020,

Deputy Pat Buckley,
Dail Eireann,
Dublin 2.

PQ Number: 20638

To ask the Minister for Health the spend on agency staff for mental health services in each of the years 2014 to 2019 and to date in 2020; the original estimate for such expenditure in each year; and if he will make a statement on the matter.

Dear Deputy Buckley,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position.

	June 2020 YTD spend €'000	2019 Spend €'000	2018 Spend €'000	2017 Spend €'000	2016 Spend €'000	2015 Spend €'000	2014 Spend €'000
Agency Spend	34,801	60,453	58,180	52,981	43,141	33,840	26,580

Agency & Overtime in Mental Health services can be split into 3 distinct categories:

1. Nursing/Support agency required to replace the high levels of leavers in MH services, mainly in acute units. Agency is required to keep rostering levels at safe levels.
2. Nursing/Support agency relating to "specialling" arrangements which has increased greatly over the last 4 years. Nurse specials are required to ensure the safety of service users and staff when this is clinically indicated.
3. Medical Agency which predominately relates to Medical Consultants in Community teams. These posts are essential in order to provide appropriate clinical governance.

The availability of skilled staff is a significant issue in Mental Health services where demand outstrips supply in both the national and international contexts and the workforce (particularly younger staff) are availing of employment opportunities outside of Ireland. There is a net loss of permanent staff in Mental Health services which are required to be replaced with agency staff.



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The Agency costs experienced in Mental Health relate to the requirement to fulfil rostered staffing levels in Mental Health in-patient units and to respond to complex and challenging behaviour through specials which cannot be filled through permanent staff. The regulatory environment and best practice standards mean that this staffing is essential.

From time to time, patients with higher levels of need and a wider range of disorders present to Mental Health inpatient units. These patients require additional nursing care, above and beyond what can be managed by rostered staff levels, particularly when levels of staffing are at the lower level of recommended international norms. A variation in rostering around the country has arisen due to the longstanding variations in funding that characterise healthcare spending in most developed countries and the availability of staff to fill posts. In this situation, agency staff is often necessary to meet this range of needs and to ensure that all admitted patients get a basic standard of care. Investment in more appropriate models of care to meet the range of needs for these patients would help to speed up discharge and potentially avoid admission to inpatient units. This is why Programme For Government funding is allocated to these new models of care but requires a multi-year approach to implement.

Agency costs are also incurred to fill essential medical posts through locum/agency arrangements which Mental Health are unable to appoint on a permanent basis due to the international labour market. Even with efforts towards permanent appointments it is apparent that there are a cohort of staff who wish to work through agencies where they can choose when and where they work

I trust this information is of assistance to you, but should you have any further queries please contact me.

Yours Sincerely

Dr Sinead Reynolds
General Manager Mental Health Services