

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES  
BY DEPUTY G.P. SOUTHERN OF ST. HELIER  
ANSWER TO BE TABLED ON MONDAY 13th JULY 2009**

**Question**

Will the Minister inform members of the vacancy rate in real (Full Time Equivalent) and percentage terms of nursing staff without including Health Care Assistants (HCA's)?

In order to set the figures given in her answer on 30th June 2009 in context, will the Minister further give the historic vacancy rate over the past decade for the registered nurse (with and without HCA) workforce?

Will she give a breakdown of the proportions of those with and without local housing qualifications and J category status over the same period?

Will she inform members whether those leaving the service have a leaving interview and, if so, what information she has regarding the reasons given by those leaving the service?

Will she further comment on the potential impact of the pay freeze on recruitment and retention in the light of pay rises under negotiation in Guernsey and the UK?

Will the Minister advise whether the figure of 5% for the vacancy rate for nursing is seen by hospital management team as a critical point which puts some service provision under threat, and if not, advise whether the current rate of 5.39% is acceptable, and detail at what level services would be under threat?

**Answer**

As at Monday 6th July, the full time equivalent Registered Nurse (RN) vacancy rate was 31.24 FTE (4.7% of the RN workforce). Data relating to vacancy rates over the last ten years has not been kept as a matter of record. However, such data is now collected in a routine and systematic way and has been so since March 2008. As the Deputy will be aware from his long standing interest in this matter, Workforce Planning - particularly within the sphere of nursing and midwifery - is crucial to the sustainability of my Department and this data helps those nurse managers who are tasked with ensuring that recruitment and retention within the two professions is managed effectively.

The proportion of those registered nurses with 'J' category status is 35% of the workforce (which is 235 members of staff). As to locally qualified nurses, the figure is 65% (which is 425 members of staff). Again, data has not been kept historically on these matters and therefore I am unable to assist the Deputy by retrospective analysis over the last ten years.

I can confirm that all members of staff who leave their posts are offered an 'exit interview'. Whilst some nurses and midwives decline such interviews, the majority do take advantage of this opportunity. The task is performed by nurse managers, but if a nurse or midwife would rather speak to a Human Resources professional (perhaps because there has been some element of job dissatisfaction which has prompted a resignation) then this is provided. Within this context, the reasons why nurses and midwives leave are recorded as follows:

- Cost of living too high.
- Improved career opportunities/remuneration elsewhere.
- To move closer to family.
- To achieve improved work – life balance as a result of increased local workloads.

Whilst there is no evidence to support the contention that the 'pay freeze' here in Jersey will have an impact on

recruitment and retention, intuitively one must accept that it is likely to have a negative impact, particularly as neither Guernsey nor the United Kingdom are as yet seeking to impose a 'pay freeze' in the short term. The key group of nurses and midwives who may be particularly sensitive to such variations in pay are those who are currently employed in the UK, but who are contemplating employment in Jersey. Further, whilst it is well understood and accepted that nurses and midwives enter their professions prompted by their desire to care for others, material considerations are obviously of significance. As such, nurses and midwives may feel their worth has been devalued if their pay and conditions are seen to fall behind those of their professions in other jurisdictions.

The States Employment Board, senior HR managers and representatives of my Department – including the Director of Nursing and Governance – are currently seeking to agree the vacancy rate which would be seen to represent a critical point where the risk to the provision of nursing and midwifery services on the Island becomes high. It is in no-one's interest for Jersey to be denuded of these professions and it is important therefore, that a 'trigger point' is agreed which would prompt a review of terms and conditions if the position became high risk in this way. It is self evident that a high vacancy factor places greater pressure on the delivery of service than a lower vacancy factor. Whilst the Department deploys agency and bank nurses – and allows staff to work overtime – these are not optimal solutions. The ideal circumstance is to be fully staffed by nurses and midwives who work their set hours – and are not fatigued, nor distracted, by having to work challenging and onerous shifts to make up for absent colleagues.

Whilst the majority of nurses work in set locations to reflect their specialist skills (i.e. theatre nurses only working in theatres, orthopaedic nurses working in orthopaedics), it is possible to deploy other nurses to fill vacancies in ward and departmental rotas, depending upon where the greatest pressures are at any one time. Thus, it is not possible to be very specific and precise as to the impact of any vacancy factor at any one time. But having said this, areas of considerable pressure created by the vacancy factor continue to be acute medical services, intensive care services, old age psychiatry services and accident and emergency services.