

# STATES OF JERSEY



## **STAFF RECRUITMENT AND RETENTION AT THE HOSPITAL (S.R.1/2016): RESPONSE OF THE MINISTER FOR HEALTH AND SOCIAL SERVICES**

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**Presented to the States on 11th May 2016  
by the Minister for Health and Social Services**

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**STATES GREFFE**

**STAFF RECRUITMENT AND RETENTION AT THE HOSPITAL (S.R.1/2016):  
RESPONSE OF THE MINISTER FOR HEALTH AND SOCIAL SERVICES**

**Ministerial Response to:** S.R.1/2016

**Ministerial Response required by:** 2nd May 2016

**Review title:** Staff Recruitment and Retention at the Hospital

**Scrutiny Panel:** Health and Social Security

**INTRODUCTION**

I welcome the Health and Social Security Scrutiny Panel’s Report on Staff Recruitment and Retention at the Hospital and thank the Panel for the opportunity to comment and respond to the Report’s findings and recommendations.

**FINDINGS**

	<b>Findings</b>	<b>Comments</b>
<b>1</b>	Jersey General Hospital faces imminent workforce pressures with many staff approaching retirement age. This, combined with the difficulties of recruiting and retaining qualified staff, makes current services vulnerable due to staff shortages.	<p>The age profile of Registered Nurses and Midwives has started to reduce as a result of pre-registration nurse training and proactive recruitment. We do not believe that current services are vulnerable today due to recruitment and retention issues. Of course this could change in the future should new recruitment and retention challenges emerge.</p> <p>From a medical perspective, this offers both an opportunity and a risk: the opportunity to appoint new individuals who may offer a different scope of practice, but a risk that our more ‘generalist’ jobs may not be attractive to individuals who have specialised. However, responses to recent advertisements are encouraging.</p>
<b>2</b>	Evidence shows that the main reason why clinical staff leave their roles is because they decide to leave the Island.	<p>Staff leave for a range of reasons, including – promotions elsewhere; opportunities to work within a clinical specialism not provided in Jersey; personal reasons; older families and carer responsibilities; marriage breakdown; childcare commitments; childcare costs for more than one child; spouse/partner employment; lack of opportunity to own property; general cost of living; differences in terms and conditions of service; university fees and means-testing; and general challenges of living within a small Island.</p> <p>Within nursing, there is also movement across the local labour market.</p> <p>Consultant and senior medical staff tend not to leave as frequently, but when they do it is almost always due to family circumstances.</p>

	<b>Findings</b>	<b>Comments</b>
<b>3</b>	The salary of a nurse is, on its own, insufficient to fund a mortgage for the purchase of a property on the lowest quartile in Jersey.	This is accepted, but is also the case for many professionals in Jersey. To buy here they would probably need to own a property in the UK that they are able to and want to sell, along with being able to contribute significant equity towards a deposit. It would also be influenced by whether they can secure work for a spouse or partner in Jersey.
<b>4</b>	There has been a shift towards two-income families relocating to Jersey instead of single people, but the housing stock within the hospital estate has not reflected this shift. Within the current stock a lot more single accommodation is available than family units.	This is correct. The intention is to undertake an HSSD Housing Survey, which will feed into the SoJ Strategic Housing Unit and Andium Homes plans. HSSD may need to consider extending the deposit on private rental scheme to those moving into the affordable housing sector, as staff are now reporting they cannot afford to fund flooring/lighting and furnish the properties that have recently been made available for HSSD staff by Andium Homes (also covered in Q5 recommendations).
<b>5</b>	Relocation packages are important when trying to recruit externally as they could be a deciding factor for someone considering applying for a position. If relocation packages elsewhere are more generous, this could put Jersey at a disadvantage when embarking on a recruitment drive.	There is no evidence that the value of our relocation package is a negative factor in recruitment and retention. In fact, a survey of new recruits (registered nurses and midwives) undertaken at the point the package was put into place from July 2012 reported that the package was really helpful when relocating. We have not had a consultant or senior doctor turn down a recruitment opportunity due to the relocation package.
<b>6</b>	High cost of accommodation and unpredictable employment opportunities for a spouse or partner are likely to be two major hurdles couples face when one applies for a position at the hospital.	Yes this is accepted, as mentioned in 3 above.
<b>7</b>	There has been a shift in the demographic of nurses relocating to Jersey where it is now more common for a nurse to relocate with a family. However, the cost of a university education could act as a deterrent for this population of nurses because if their teenage children want to attend university they will be treated as overseas students even though they may have spent most of their life in the UK.	Yes this could be a factor. However, our understanding from Student Finance is that the fees charged for Jersey students are normally the same as those charged to UK students, with a few exceptions – for example, Cambridge University and Imperial College charge overseas fees, as do some conservatoires and art colleges. Of course, the English student loan system does not apply to Jersey.

	<b>Findings</b>	<b>Comments</b>
<b>8</b>	Professional indemnity insurance has become a major issue for hospital consultants in Jersey due to an increase in premiums. The necessity of having to pay and the uncertainty of what contribution the Health and Social Services Department makes could act as a deterrent for consultants elsewhere who might be considering applying for a position in Jersey.	There is no evidence that this has ever been a deciding factor in recruitment or retention. All prospective consultant candidates have this discussed with them before they are interviewed. The only uncertainty surrounds the premium changes that the medical defence unions may make each year, which is outwith our control. Doctors here or in the UK have to take out indemnity cover for their private work as dictated by the GMC. It is a contractual requirement in Jersey for doctors to have continuous medical indemnity insurance, this is supported by the GMC. Doctors without current cover are not able to practise. HSSD either pays all of their premium, if they earn <10% of their total income from private practice or 50% of their premium if they earn more than >10% of their total income from private work. No-one pays more than 50% of their premium. The vast majority are satisfied with this arrangement.
<b>9</b>	In the UK, nurses are entitled to more annual leave than is currently provided in Jersey. The disparity of annual leave entitlement between the UK and Jersey could be a deterrent for a nurse considering relocating to Jersey.	This may be a consideration, but unlikely to be the main one (see answer to Q2 above).
<b>10</b>	Other jurisdictions offer financial incentives such as award schemes and high cost of living allowances. There are no similar incentives in Jersey and the higher remuneration rates here are not necessarily an incentive to attract staff from outside the Island.	Our pay-scales reflect the London cost of living allowance when we benchmark, so it is not paid as a separate allowance, but is already reflected in our pay-scales.  The Consultant pay-scale mimics the UK scale for the first few years, then goes beyond the UK scale to a significantly higher level (£40k higher). This is to recognise that Jersey does not have access to Clinical Excellence Awards.
<b>11</b>	The Health and Social Services Department has been successful in training nurses and midwives locally.	Yes this is true – 12 students moved into staff nurse posts in October 2015. A further 12 are due to move into post from September 2016, 8 are due in 2017 and a further 12 in 2018.
<b>12</b>	In 2014, the Health and Social Services Department successfully offered a Return to Practice course for nurses wishing to return to nursing after a career break. However, a course has not been offered subsequently.	A press release announced the last Return to Practice programme in 2014 and it was advertised in the Jersey Evening Post. However, the take-up was minimal, with 4 staff starting the programme and 3 completing it. This was not cost-effective, and due to competing demands on the lecturers' time, a decision was made not to advertise in 2015. There are plans to advertise again in May 2016 with a similar press release and advert in the JEP, plus additional exposure on local TV and radio.

## RECOMMENDATIONS

	Recommendations	To	Accept/ Reject	Comments	Target date of action/ completion
<b>1</b>	Negotiations should continue in order to resolve the disparities between terms and conditions and employment mechanisms in Jersey and Guernsey so that collaborative work within the medical profession can take place between the two Islands.	HSS	Reject	<p>No negotiations are underway or planned to harmonise Jersey consultant T&amp;Cs with the Guernsey medical staff. The 2 departments have very different contractual approaches to the provision of medical services.</p> <p>Jersey aligns itself much more closely to the UK contract and T&amp;Cs for good reasons. Firstly, all doctors in Jersey have to be GMC registered and, therefore, being in line with UK standards and practices is hugely beneficial; secondly, we appoint most doctors from the UK, so having a similar contract makes Jersey more attractive and secure; thirdly, the system in Guernsey would not offer us the same clinical input that we currently enjoy.</p> <p>Notwithstanding the above, the differences should not prevent collaborative working by clinicians, and indeed this is already happening in Ophthalmology and Urology. Should doctors wish to practise in each other's jurisdiction, then they would be subject to all of our recruitment safeguards around pre-employment checks: Royal Court registration, references, health checks, etc., and would require an honorary or paid contract. This process should never be compromised, as it provides the appropriate governance assurance.</p>	N/A
<b>2</b>	The Panel is encouraged that the Health and Social Services Department is reviewing whether consultants should travel to Jersey to see several patients, rather than sending patients off-Island. The Panel recommend that the findings of this piece of	HSS	Accept	All off-Island activity is being reviewed and, where appropriate, visiting consultants will be sourced rather than patients visiting the UK. Indeed, this already occurs and currently there are approximately 30 visiting consultants. However, for the majority of our patients this will not be a viable option, as they require specialist facilities or investigations not available on-Island, or we have insufficient demand to cohort a	Ongoing

	<b>Recommendations</b>	<b>To</b>	<b>Accept/ Reject</b>	<b>Comments</b>	<b>Target date of action/ completion</b>
	work should be shared with the Medical Directors Group and reported back to the States Assembly before the end of 2016.			number of patients together in a reasonable timescale in order for them to be seen by a visiting consultant.  Assuming that the term ‘Medical Directors Group’ means the Clinical Directors in HSS, then this is the group that will be making the decisions about on- and off-Island activity. This work is constantly ongoing, and while an update can be given by the end of 2016, it will not be a formal report or complete piece of work, as negotiations and contract variations occur continuously.	
<b>3</b>	The Health and Social Services Department should investigate and maintain a record of the factors which lead to its hospital staff deciding to leave the Island. This will enable the Department to ensure its employment practices encourage better retention of staff.	HSS	Accept	For some time we have recorded the reasons for leaving, and we will continue to do so.  We offer and carry out exit interviews, but they are not compulsory.	Ongoing
<b>4</b>	The Panel is encouraged that consideration has been given to recruiting from Portugal, Madeira and Poland. The Panel recommend that research into recruitment from these jurisdictions is continued and that relationships are established between the Department and their health authorities so that recruitment and exchange of staff can be made to work in the interests of all parties.	HSS	Accept	Best practice is for a health and social care provider’s workforce to be proportionally representative of the local population, and we will continue to seek to ensure this is the case.	Ongoing

	<b>Recommendations</b>	<b>To</b>	<b>Accept/ Reject</b>	<b>Comments</b>	<b>Target date of action/ completion</b>
<b>5</b>	The Minister for Health and Social Services and the Minister for Housing should pursue discussions with Andium Homes with a view to providing appropriate accommodation for health staff to rent or purchase. The outcome of these discussions should be shared with the Scrutiny Panel in September 2016.	HSS	Accept	A survey of the housing needs of HSSD staff is due to be undertaken, which will feed into the States of Jersey's strategic housing plans.  Until a more formal process is in place, Andium Homes' accommodation availability for HSSD staff is sent out via the accommodation office and HSSD Communications unit.	September 2016
<b>6</b>	The Health and Social Services Department should ensure that the Jersey relocation package is competitive with other jurisdictions.	HSS	Accept	There is no evidence to suggest that the current relocation package is adversely affecting recruitment.  Benchmarking against other jurisdictions is constantly undertaken. Any uplift would have to be considered along with all other cost pressures facing HSSD.	Ongoing
<b>7</b>	The Panel recommend that there should be discretionary powers under the Control of Housing and Work (Jersey) Law 2012 to grant "Entitled to Work" status to a partner of a medical professional moving to Jersey provided that partner can demonstrate the settled long-term nature of their relationship.	HSS	Accept	This is not within the gift of the Health and Social Services Department; however, any moves that assisted a non-married partner of a medical professional into employment would be welcomed by HSSD.	N/A
<b>8</b>	Clinical staff considering moving to Jersey with a family should be made aware, via written communication, that Jersey-based students are treated as overseas	HSS	Accept	Medical staff moving to the Island have pre-interview conversations about living and working in Jersey with HR and with existing employees, and this is raised then. The SoJ website could add this and could suggest to applicants that they contact Student Finance if they have specific questions.	N/A

	<b>Recommendations</b>	<b>To</b>	<b>Accept/ Reject</b>	<b>Comments</b>	<b>Target date of action/ completion</b>
	students when applying for university places in England and therefore are liable for increased fees.			However, our understanding from Student Finance is that in terms of university fees, Jersey students are not generally classed as overseas students, with some exceptions in terms of certain universities and courses (see Finding 7 above). Of course, the English student loan system does not operate here in Jersey.	
<b>9</b>	The Panel recommend that the uncertainty regarding professional indemnity insurance for consultants is brought to an end and that the Minister for Health and Social Services expedites a decision concerning the contribution of premium reimbursed for their public practice by the end of 2016.	HSS	Reject	There is no evidence that this has ever been a deciding factor in recruitment or retention. All prospective consultant candidates have this discussed with them before they are interviewed. The only uncertainty surrounds the premium changes that the medical defence unions may make each year. Doctors here or in the UK have to take out indemnity cover for their private work as dictated by the GMC. It is a contractual requirement in Jersey for doctors to have continuous medical indemnity insurance, and this position is supported by the GMC. Doctors without current cover are not able to practise. HSSD either pays all of their premium if they earn <10% of their total income from private practice, or 50% of their premium if they earn more than >10% of their total income from private work. No-one pays more than 50% of their premium. The vast majority are satisfied with this arrangement.	N/A
<b>10</b>	The Health and Social Services Department should increase holiday entitlement for nurses in Jersey to bring it closer to that in the UK	HSS	Accept	However, in practice, any such move is not within the gift of HSSD. Any increase would be part of the States of Jersey workforce modernisation proposals, overseen by the States Employment Board (SEB). Any such increase is likely to be modest and apply to all staff, not just nurses.	2017
<b>11</b>	The Health and Social Services Department should explore the feasibility of introducing financial	HSS	Reject	The introduction of a retention bonus has been previously considered and raised with SEB as an option. However, the actual reasons for staff leaving within a short period of	N/A

	<b>Recommendations</b>	<b>To</b>	<b>Accept/ Reject</b>	<b>Comments</b>	<b>Target date of action/ completion</b>
	incentives in order to attract more clinical staff from elsewhere. In particular, the Department should consider the introduction of a retention bonus after a period of service.			<p>employment (less than 2 years) have, in general, meant that this would not have impacted on their decision.</p> <p>Guernsey has adopted such an approach, but we are not aware that it has been effective. It has a very high percentage of nursing vacancies and has struggled to retain staff over the years.</p> <p>One of the disadvantages of recruitment and retention bonuses is that staff will shop around for the best deal rather than a real commitment to remain in post, which affects continuity and patient care.</p> <p>We understand many UK NHS Trusts have trialled and abandoned this approach.</p>	
<b>12</b>	The overall price level for consumer goods and services in Jersey is 20% greater than the UK average. If the Health and Social Services Department is to resolve recruitment issues, the issue of pay levels that are appropriate to higher costs of living in Jersey must be addressed.	HSS	Accept	<p>This will be addressed as part of the States of Jersey workforce modernisation programme, overseen by the States Employment Board, and therefore is not under the sole control of HSSD.</p> <p>The 2012–14 public sector pay settlement saw higher increases for nurses, recognising the work being undertaken on providing equal pay for work of equal value and addressing recruitment and retention issues.</p>	2017
<b>13</b>	The Health and Social Services Department should maintain its training programme and, if possible, enhance it in order to attract more students to remain on-Island once qualified.	HSS	Accept	<p>A nursing degree programme has been taught on-Island since 2000, partnering with the University of Southampton and, more recently, the University of Chester.</p> <p>Registered nurses and midwives can access a range of professional development activities on-Island. e.g. in-house conferences and study days.</p> <p>Staff are supported to access specialist training off-Island or to attend subject-specific conferences off-Island if it is identified as a need to support services and staff development.</p>	Ongoing

	<b>Recommendations</b>	<b>To</b>	<b>Accept/ Reject</b>	<b>Comments</b>	<b>Target date of action/ completion</b>
				Since 2013, nurses and midwives have been able to access post-graduate Masters degrees, which enables staff to take on advanced practitioner roles, e.g. in the cardiac and colorectal services. All students who study on-Island have access to all of the above initiatives, and we now have former students who are managing wards and departments, and developing the services they manage.	
<b>14</b>	The Health and Social Services Department should undertake a public awareness campaign regularly to try and attract nurses back into the profession. The Department should also contact former members of staff living in Jersey to ascertain the reasons why they left the nursing profession and what might attract them to return.	HSS	Accept	<p>This exercise has already been undertaken on 2 occasions. However, the number applying and completing a return to practice programme has been negligible, and requires significant one-to-one lecturer/mentor support. The next exercise is planned for early 2017, with a campaign led by the Head of Nursing and Head of Midwifery Education.</p> <p>A public awareness campaign highlighting graduate Mental Health Nurse programmes and a BSc in Operating Department Practice would be a more cost-effective use of advertising funds.</p>	2017

## **CONCLUSION**

I am pleased to be able to accept the majority of the Panel's findings and recommendations and thank the members of the Panel for their interest in this area. I am aware of the importance of being able to attract and retain front-line professional staff to deliver quality health and social services to Islanders; the Panel's report has helped reinforce the need to continue to 'grow our own', while offering packages that are competitive in an increasingly challenging market.