

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
BY THE DEPUTY OF ST. MARY
ANSWER TO BE TABLED ON TUESDAY 15th MARCH 2011**

Question

Following the Verita Progress Review (VPR) of January 2011 can the Minister provide members with the following information on a comparable basis explaining any distorting factors –

	2005	2006	2007	2008	2009	2010
Number of nursing posts in the hospital						
Time of year 1 – say March 31st						
Time of year 2 – say September 30th						
Number of these posts that were filled						
Time of year 1 – say March 31st						
Time of year 2 – say September 30th ^t						

Can the Minister explain why the number of nursing posts should be increased by 50 posts (VPR paragraph 2.30 page 9)

What were the reasons for the understaffing at the Hospital?

How has the Hospital coped with this situation?

Can the Minister advise what research, if any, has been undertaken by her Department to establish the causes of the difficulties in recruiting staff so that the situation can be strategically addressed?

Answer

	2005	2006	2007	2008	2009	2010
Number of budgeted FTE nursing posts in HSSD	654		654	660	660	682
Time of year 1 – say March 31st						
Time of year 2 – say September 30 th						
Number budgeted FTE posts that were filled						
Time of year 1 – say March 31st					614	618
Time of year 2 – say September 30 th				637	624	620*

Figures not available

*Difference represents approximately 10% of unfilled posts in total (unfilled posts include vacant posts and posts which are recruited to but the staff member has yet to start work).

Nurse staffing presents a twofold challenge for the Island. There is a recognised, urgent need to increase the number of nurses working across HSSD, coupled with particular challenges to recruitment and retention.

Increase in nursing posts

In 2006 - 2008 HSSD undertook an extensive, independently validated Nurse Staffing Review¹ which identified that existing levels were not sufficient for changing patient need. It recommended 50 additional nursing posts were created in the Hospital plus 12 – 15 additional nurses for elderly mental health.² The Verita Review clearly upheld the recommendation made in relation to the hospital.

Changes in demand for nurse staffing is driven by a number of factors including:

- a growing body of evidence that directly links nurse staffing levels to clinical outcomes and the delivery of safe and effective care³
- changes in patterns of hospital care, with reduced length of patient stay and faster patient turnover requiring more concentrated episodes of care, more intensive management of hospital acquired infections and higher levels of nursing intervention
- demographic changes and an increased number of older people requiring more nursing care, especially in relation to dementia care. It is estimated that Jersey's population of over 65 year olds will increase by 68% over the next 30 years, in addition to a growth in the number of under 5 year olds as percentage of the population
- advances in medical care resulting in more people living longer with chronic conditions requiring treatment and management by nurses.

Managing nurse staffing shortages

The shortage of nurses has been actively managed in a number of ways including:

- Reorganisation of emergency medical care: In 2010 HSSD opened an Emergency Assessment Unit focusing on determination of treatment, discharge or transfer of emergency patients within 48 hours. 21 full time nurses have been recruited to this specialist high level activity unit thereby reducing pressure on nursing teams in in-patient wards. These 21 new nurses, some of whom are yet to take up post, are in addition to the 50 identified in the Nurse Staffing Review.
- Establishment of additional nursing posts: in response to findings of Nurse Staffing Review additional nursing posts were created including 18 nursing posts in intensive care, special care baby unit, children's ward, emergency department and general wards. 11 new posts have also been created in endoscopy, renal and the acute medical ward in response to particular need in those areas. (note: whilst some staff have been appointed some posts remain vacant).
- Recruitment and retention: HSSD, with support from the States, has made a

¹ HSSD Nurse Staffing Review was externally validated by a renowned nursing workforce expert from the Leeds Institute

² Nurse Staffing Review did not include issues relating to increased need for nurses in the community.

³ Evidence includes: 2009 Health Select Committee report identified inadequate nurse staffing levels as a major factor in putting patients at risk; Healthcare Commission report into the outbreaks of C Difficile concludes low nurse staffing levels are major cause; Care Quality Commission identification of staffing levels as one of six factors essential to quality and safety.

Robert Francis Inquiry into failings Mid-Staffordshire NHS identified too few staff as key problem.

significant investment in the recruitment and retention of nurses including: introduction of a Cadet scheme run in partnership Highlands college; a bursary student nurse scheme run in partnership with Education, Sports and Culture; a pre-registration nurse training programme run in partnership with the Open University; a new relocation allowance for nurses and a *hard to recruit* scheme allowing HSSD flexibility in terms of the increment pay point on which nurses are recruited.

Challenges to recruitment and retention

Despite considerable effort the recruitment and retention of nurses remains an on-going problem in Jersey as independently noted and verified by Verita, Tribal and Income Data Services. Issues include:

- Nurses in Jersey are comparatively worse off than UK employed nurses. Including housing costs, junior and senior sister level nurses in Jersey are up to 17% worse off than UK counterparts. Excluding housing costs the difference is approximately up to 7% driven predominantly by Jersey's childcare and transport costs.
- The demographic profile of nurses has changed. The average age of a nurse at qualification is 34, as opposed to mid 20's as was previously the case. Family commitments and relationships make relocation harder for a number of reasons including: loss of extended family support for childcare purposes; inability of partners/spouses to find suitable employment in Jersey (90% of nursing workforce is female); HSSD nursing accommodation being predominantly designed for single people; economic downturn making it harder for nurses to sell or rent properties owned in the UK in order to relocate to Jersey; loss of UK benefits, for example Jersey annual leave entitlement is 5 days less than UK.
- Recruitment in highly specialist areas such as oncology is further compounded through national shortages plus, as these roles tend to be 9am-5pm roles the inability of nurses to increase salaries through unsocial hours pay.
- In addition to these factors, the overall nursing workforce is aging. In Jersey this means that 83 nurses will be eligible for retirement in the next 5 years.

Recruitment and retention of nurses represents a real and tangible problem which requires managing on a shift by shift basis in order to deal with peaks in demand, staff sickness and additional nursing workload pressures such as escort duty, theatre runs, in-flight transfers and training requirements. HSSD currently functions and remains safe because of the commitment and good will of nurses who regularly work over contracted hours and move around wards to support colleagues and patients. This situation, which is factored into KPMG's Strategic Roadmap work, is not sustainable in the long term due to the very real impact it has on both nurses and their families.