

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES  
BY DEPUTY G.P. SOUTHERN OF ST. HELIER  
ANSWER TO BE TABLED ON TUESDAY 2ND MAY 2017**

**Question**

Given the continuing challenges to recruitment of qualified staff from the U.K., including potentially E.U.-qualified nurses following Brexit, and the turnover rates for care assistants, will the Minister –

- (a) provide the latest quarterly figures for vacancy rates amongst qualified nurses in hospital services and in community services, along with a like-for-like comparison with figures in both service areas for the past 3 years;
- (b) explain what confidence he has in respect of nursing and other staff currently delivering the fully-funded care services in the community that their terms and conditions will not be eroded following the opening of care services to market forces; and
- (c) provide his assessment of whether the provision of 3-year Service Level Agreements, instead of shorter-term agreements, would achieve greater stability in the planning and delivery of such services?

**Answer**

- a) Vacancy rates amongst qualified nurses in the hospital are given below. Community nursing services are provided by Family Nursing and Home Care, an independent organisation for which we do not have vacancy rates.

	Budget - FTE				Actual - FTE				Vacancies - FTE				Vacancies - %			
	2014	2015	2016	2017	2014	2015	2016	2017	2014	2015	2016	2017	2014	2015	2016	2017
Hospital	500.2	518.9	524.3	521.3	470.4	466.8	474.8	457.7	29.8	52.1	49.5	63.7	6.0%	10.0%	9.4%	12.2%

- b) Terms and conditions of employment are, as I have said many times, a matter for the employer of those providing the services.
- c) The majority of our service level agreements are annual, as there is greater certainty over the budget for a year ahead than there is for three. However, we do have two organisations with which we have a 3-year agreement in principle. These are subject to quarterly Quality Board meetings and a formal annual review, which enables us to update and revise the Service Specification and metrics before the following year. This ensures we are able to secure ongoing quality improvements and update the requirements in line with emerging best practice and with the strategic intentions of both the Health and Social Services department and the service provider.