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Deputy Mary Le Hegarat
Chair
The Health and Social Security Panel
The States Greffe
Halkett Place
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Dear Deputy Le Hegarat,

Further to last week's Scrutiny hearing, at which the topic of temporary appointments to Health and Community Services was raised, I wish to provide further information to clarify the process and to express my confidence in my department's conduct when securing short-term additional staff.

There will always be limitations when seeking some skills in a small island like ours, so it is essential that when HCS needs to supplement our capability and capacity we are able to do so. Jersey has long relied on a stream of qualified recruits from outside the island to teach in our schools and provide health and social care for islanders.

For decades, our health service and public services have been served brilliantly by staff who have come to Jersey, worked hard for the Island, and who have become an integral part of our community.

The process for permanent recruitment of such staff is clear and long understood. We advertise, we shortlist, we interview and we appoint.

But there is sometimes a need in Government, as there is in any organisation, to supplement the skills and expertise of our existing workforce with short-term specialist appointments.

In healthcare, we sometimes need to bring in highly-skilled locum staff, in many different clinical areas, to maintain or improve our standard of care for patients. Away from the front line, we also sometimes have to bring in skilled non-clinical people, to ensure that the department operates effectively, especially when going through significant processes of change.

Whether to meet clinical or non-clinical needs, we have to ensure that we can quickly bring in skilled people, with proven track records in delivery, when we need them – and then let them go when they have completed their work.

In the last 18 months, we have made just seven non-clinical temporary appointments and 78 clinical temporary appointments in HCS, including 37 registered nurses, 22 locum doctors, ten blood science specialists and four radiographers.

It is clear from questions about some recent non-clinical temporary appointments in my department that the need, appropriateness and process for such appointments, despite their very small number, is not well understood.

As Minister for Health and Community Services, I am happy to clarify the need, the appropriateness and the correctness of the procedures for securing short-term support.

Where there is a gap in clinical capacity or capability, which risks the care of patients, then it is imperative that such a gap is filled quickly.

This can often mean the appointment of locums, while a full recruitment process is launched, and permanent appointments are made. Given it can often take between six and nine months to fill a permanent clinical vacancy, the need to make interim arrangements is obvious – and generally uncontroversial.

However, where there is a gap in non-clinical capacity or capability, which risks the effective operation of the department, the use of short-term and interim arrangements is often subject to criticism and the need is questioned.

I want to be clear that the range of non-clinical skills we need in my department is also vitally important, especially because of changes we are making to put patients at the centre of all we do – not only by providing the best care we can, but by ensuring that we are developing systems that impose strong governance across the organisation and provide effective oversight.

Historical failings in the department's systems, processes and procedures were highlighted by the Comptroller and Auditor General last year, and we are committed to implementing her recommendations on governance as quickly as possible.

We are establishing our new HCS Board and committee structure to give transparency to the way we measure, monitor and assure our standards and performance.

Much of this work is of a time-limited project nature, so we are supplementing our in-house experience with short-term specialists with appropriate expertise. Being accountable to the Council of Ministers and States Members for implementing the changes recommended by the C&AG, I am acutely aware of the need to act swiftly and to bring in some additional support, where we have an identified need.

Sometimes, we can bring in people via agencies, where we will interview candidates for roles and appoint the best available. Even doing this, sometimes the pool is so limited that we might be interviewing and appointing the sole available candidate.

Where we have a time-limited project which needs multiple skills, we might invite organisations to tender for the work, and select the one which best meets our needs.

And sometimes, we need to reach out at short notice to specific individuals from a much narrower pool of experts, and in such cases we might approach and recruit the first available known specialist on our list. This is appropriate and acceptable business practice.

Depending on the circumstances, approval for procuring such additional resource might involve a senior officer, the Director General, myself as Minister or the States Employment Board, or a combination of the above.

I am therefore satisfied that whenever my department is sourcing and resourcing such support, it is doing so appropriately and in line with approved processes.

As Minister, I have assured myself that my department complies with the rules established by the States' Employment Board. I have also satisfied myself about the need and process for specific appointments before authorising them, and with the terms offered, believing them to be reasonable for the expertise we were obtaining and the benefit that would accrue to HCS.

In some cases, I understand that temporary roles will be filled by candidates who might have worked with other colleagues before, and have gained their respect and trust.

What is important in such cases is that they have the track record, skills and experience for the role they have been asked to fill, and that the process through which they were appointed is in line with agreed standards of governance.

In the particular instances of the recent HCS appointments, these posts are temporary and time limited, they required particular skill sets that were not present in existing staff, and the rates of pay compare favourably with market rates.

We must avoid implying that there is always something wrong with the recruitment and appointment of essential staff from outside the Island. Instead we should trust the integrity of the public service and the processes and oversight that are in place to assure this.

We should consider what benefits the Island will receive from drawing on such international knowledge and expertise and the value for taxpayers' money that such appointments are delivering.

And we should be mindful of the impact on the individuals who we bring in of the unfair imputations about their appointments, and on our ability to attract these much-needed skills in the future if those we approach see how the media, politicians and islanders are likely to treat them.

My department follows approved processes in making short-term appointments.

If States Members feel that the rules should be changed, then it is for them to bring the matter to the States and make their case. But I would urge them not to suggest that the rules have been flouted when clearly they have not.

In summary, I have confidence in the recruitment processes used by my department as we seek to provide not only the best health and social care for islanders, but also to develop oversight measures to provide reassurance that what we do for islanders is right.

It is essential that if the Government of Jersey is to be a place where modernisation, development and growth happens, that those with the specialist skills to contribute to an already skilled workforce, and provide support, are able to do so, to the benefit of the Government, its long-term future, succession planning and for the good of islanders.

Yours sincerely



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Cc: All States Members
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