

**REPLY BY THE PRESIDENT OF
THE COMMITTEE FOR HEALTH & SOCIAL CARE
TO QUESTIONS POSED BY DEPUTY ST PIER PURSUANT TO RULE 14 OF THE
RULES OF PROCEDURE**

1. What are the present number of vacancies within each service area within Health & Social Care?

The number of vacancies within each service area (Full-Time Equivalents) as at 31st December 2022 within Health & Social Care is as follows:

Service Area	Vacancy Rate (%)	Number of Vacant Posts
Adult Community Services	21	196
Hospital Services	20	157
Children & Family Community Services	18	38
Medical Director's Portfolio	17	21
Operational Service Support	13	18
Public Health Services	6	6
Governance	9	3
Other HSC areas	10	5

2. How many of these vacancies are being temporarily filled by the use of agency staff?

As of 3rd January 2023, 154 vacancies are being temporarily filled by agency staff. This represents approximately 9% of HSC's workforce.

In order not to cause any undue disruption to services, the remaining vacancies are, where possible and where essential, supplemented by bank staff and through overtime working. Vacancy rates as a percentage are generally aligned with other health and social care providers, but this tends to vary by specialty and is slightly higher in areas which are known to be hard to recruit nationally and internationally. The above table shows the difficulty of recruiting to posts within Adult Community Services, which in some areas would have previously been better supported by recruitment from the local community, but which is now proving to be more challenging as recently advised by the Committee.

It is important to understand that the health and social care operating context has changed dramatically since Brexit and the COVID-19 pandemic with large numbers of registered and unregistered practitioners returning to their country of origin or leaving the professions. In effect this has meant that an increasing number of NHS Trusts and Local Authorities are reliant more on locum or agency staff as is the case in the Bailiwick. It is not envisaged that this position will change significantly in the next five years, but HSC will continue with a strategy

of recruiting permanent staff and aim to reduce the numbers of agency staff across the health and care.

3. What is the most recently available 2022 revenue expenditure on agency staff within each service area within Health & Social Care, with comparable information for the previous 4 years (i.e. 2018-2021)?

The table below summarises the revenue expenditure on agency staff within each service area in Health & Social Care from 2018 to the end of November 2022.

Service Area	Service Group	2018 £'000	2019 £'000	2020 £'000	2021 £'000	2022 to P11 £'000
Radiology	Acute Hospital Services	£336	£242	£64	£64	£523
Pharmacy		£114	£60	£100	£140	£127
Medical Services		£1,334	£1,463	£683	£362	£2,508
Surgical Services		£562	£377	£300	£213	£1,519
Alderney		£227	£154	£183	£196	£707
Midwifery & Paediatric Services & Nicu		£184	£157	£270	£262	£487
Pathology		£228	£179	£55	£95	£107
Therapy Services		£51	£185	£73	£127	£126
Acute Hospital Management						
Total Acute Hospital Services		£3,037	£2,816	£1,729	£1,460	£6,104
Mental Health Services	Adult Services	£704	£890	£511	£463	£505
Community Health and Social Care		£179	£347	£190	£196	£427
Adult Disability Services		£458	£1,384	£1,889	£2,475	£3,985
Older People Services		£418	£704	£491	£182	£200
Total Adult Services		£1,759	£3,325	£3,081	£3,317	£5,117
Early Help	Children's Services		£25	£15		
Assessment and Permanence		£206	£138	£134	£130	£237
Care Services		£57		-£4		£250
Referral & Support		£64	£83	£85	£47	£16
Safeguarding & Quality Assurance		£22	£79	£92	£44	
Total Children's Services		£349	£325	£323	£221	£504

States Analytical Laboratory Environ. Health & Pollution Regulation	Community Health & Wellbeing	£0			
Total Community & Wellbeing		£0			
Medical Directorate Corporate Administration	Corporate & Strategy	£18	£45	£23	
Total Corporate & Strategy		£18	£45	£23	
COVID-19 RESPONSE			£208	£212	£97
Overall Agency		£5,165	£6,466	£5,385	£5,234
					£11,822

For context, the total pay budget for HSC in 2022 was £116,113,000.

While the summary above provides a comparison of agency spend each year, this does not show the level of activity across health and social care which was higher, for many reasons, in 2022 than in 2020 and 2021. There are also areas where a high number of agency staff have been required, where cost has significantly increased compared to previous years. As outlined in response to question two the increasing reliance on agency and locum staff has driven market forces and the cost of agency has increased significantly in the last 18 months. In the Bailiwick this is particularly evident in Adult Disability Services, Medical Services and Surgical Services.

The use of agency staff has provided some flexibility to manage overall staffing at the various stages of the pandemic since 2020, while providing the Island with the resource and skills required to meet community needs. Service continuity that was both safe and effective could not have been achieved otherwise. In the longer term if the labour market does not improve, then challenging decisions may have to be taken in terms what the universal offering looks like for our community.

The complexities of health and social care, the specialist nature and range of services provided, many of which are operated on 24 hour/7 days a week basis, and the interdependencies within the system, means that it is challenging to outline fully in writing all of the reasons why agency spend has increased. However, some particular differences and challenges in 2022, which helps to account for the increase in expenditure when compared to previous years include:

- The opening of additional beds in the PEH in early 2022 due to increased winter demands for care in the PEH, which increased the number of beds from 116 to 134 and which required additional staff to support additional provision;
- The introduction of extended hours in the Day Patient Unit to accommodate an increased throughput of day patients to support waiting list initiatives;

- Increase in operating hours in radiology to tackle the backlog for MRI scans. This has reduced the waiting time for an MRI to within two weeks;
- The opening of the De Havilland Unit in October, providing nine beds specifically 'ring-fenced' for in-patient orthopaedic surgeries;
- The need to manage the presence of positive COVID-19 cases in acute care, which has, at various times, necessitated the separation of the Intensive Care Unit into a 'hot' and 'cold' ICU. Specifically, the opening of an additional 8th bed in critical care in 2022 was staffed mostly by agency staff;
- The need to cover increased staff absence due to covid outbreaks and other sickness absence;
- The management of year round demand as we recover from Covid and the high number of delayed transfers of care in the PEH, which have kept occupancy levels in the PEH high, including - somewhat atypically - in summer months when occupancy levels would have previously expected to be lower;
- Activity in previous years, particularly 2020 and 2021, was suppressed due to the prevalence of positive COVID-19 cases, resulting in decisions having to be made to reduce non-essential and non-urgent care in some areas, which reduced the requirement for associated agency spend.

As previously stated the local situation is not unique. NHS Trusts in other British jurisdictions are increasingly relying on agency staff to meet additional demands. It is also important to acknowledge the context within which health and social care is operating, which has changed significantly in recent years:

- The increasing challenge of recruiting and retaining staff at a national and international level. This has resulted in agency staff being required for a longer period while posts are vacant. This is a factor across health and social care, including for allied health professionals and nursing vacancies;
- The increasingly competitive nature of this recruitment environment has also resulted in significantly higher tariffs for agency staff;
- In a post-pandemic environment, it is harder to encourage staff to move across the water away from family and friends;
- Waiting lists for some treatments are high in the UK and NHS Trusts are incentivised to pay higher rates for agency staff to meet these demands. As an example in gastroenterology NHS Trusts get paid procedure by the commissioning groups and as such are prepared to pay inflated market rates to secure the services of Gastroenterologists; and
- Increasingly complexity of need as people are living for longer, often with multiple co-morbidities.

Furthermore, the Bailiwick shortage of suitable and affordable self-contained accommodation for staff, including agency staff, does little to promote the Island as a

destination for prospective employees or help to 'convert' agency appointments into permanent recruits or indeed attract candidates seeking permanent posts through our recruitment campaigns. Equally this challenge makes it difficult to retain individuals, couples or families who would lay down more permanent roots on the islands.

The information provided in this response should be read alongside HSC's submission to the Key Worker Requête in June 2022 (attached), as this provides additional analysis, including describing the efforts of HSC to 'grow our own' staff. This includes the well-established student nurse programme and a variety of training opportunities in allied health professional roles. While the overall ambition is to invest in training and development of staff and to seek creative ways to encourage a workforce from within the Bailiwick community, efforts to recruit to trainee positions has also been increasingly challenging, with competition from other economic sectors for a limited pool of on-Island resource.

The following articles may also be of interest:

[NHS forced to pay high rates for agency staff 'to keep patients safe' | The Independent](#)
[Staffing crisis deepens in NHS England with 110,000 posts unfilled | NHS | The Guardian](#)
[The mental health workforce: challenges facing the NHS | The Nuffield Trust](#)

HSC would be happy to provide further information if required. A meeting could also be arranged should there be a desire to further understand the steps taken to limit agency spend and manage the effects of system-wide pressures.

Date of receipt of questions: 3rd January 2023

Date of response: 18th January 2023

APPENDIX 2: The Need for Keyworker Accommodation in Health & Social Care

The States of Guernsey employs keyworkers in a number of areas, primarily in Health and Social Care (HSC), Education and within Law Enforcement. Recruitment is becoming more challenging because of the lack of available affordable accommodation to either rent or buy and this is impacting the ability of the States of Guernsey to recruit sufficient numbers of staff. HSC in particular is trying to attract staff from a limited pool of resources in a very competitive market with many jurisdictions struggling to recruit and retain staff.

Background

The States has provided staff accommodation for Registered (Qualified) Nurses for many years as historically that was the only way that nursing staff could be legally housed. Under the old Housing Control Law nurses were initially not eligible for Housing Licences and could therefore only occupy accommodation owned or rented by the States of Guernsey under a “Declaration of Lawful Residence”.

This position started to change in the 1990’s and by the time the Population Management Law was introduced in 2016, all Registered Nurses were able to obtain Housing Licences. In contrast Registered Allied Health Professionals (such as Occupational Therapists, Biomedical Scientists, Radiographers and Pharmacists) have always been able to obtain Housing Licences. As a result, these staff have been responsible for finding their own accommodation and have not been eligible for staff accommodation which had to be kept for Registered Nurses who had no other option.

HSC are now at the point where all Registered Health or Social Care Professionals, including Nurses, Social Workers, Biomedical Scientists, Occupational Therapists, Pharmacists and Radiographers, for example, qualify for Long Term Employment Permits as well as some unregistered support staff and this group of staff needs to be treated equally in respect of accessing staff accommodation. This is currently not possible as there is simply not enough accommodation.

Current Staff Accommodation

HSC currently has access to a mix of staff accommodation that is owned or leased. The most popular accommodation units are John Henry Court (JHC) and Beauville. JHC is a purpose built accommodation block of 42 bedsits and 24 flats on the PEH campus. There are currently 60 people on the waiting list for a flat or bedsit at JHC and the property is always at capacity. Beauville is the first purpose built keyworker accommodation for families and is located in the Oberlands. Beauville has 14 one bedroomed flats and family accommodation based in two bedroomed houses with gardens (2) and six homes each with 3 bedrooms and gardens. There

are waiting lists for all of the properties at Beauville with 20 on the waiting list for the one bedroomed flats, 14 for the three bedroomed houses and 17 for the two bedroomed houses. The Beauville waiting list has been closed for some time due to the number of properties and number of staff on the waiting list.

The States of Guernsey also rents a total of 12 flats at Cour du Parc, 4 have one bedroom and 8 have 2 bedrooms. There are currently 40 staff allocated to the waiting list for Cour du Par, some of these may also be on other waiting lists.

In addition, HSC uses a range of accommodation, mostly for single occupancy which is rented from private landlords totalling 84 units over 23 sites. Much of this accommodation is not self-contained and staff are required to share kitchens and in some cases bathrooms. This is not ideal and a survey carried out in 2020 showed that those who responded would wish to live in family accommodation, own their own home or participate in a partial ownership scheme or live in keyworker accommodation with private facilities.

The table below shows the occupancy of keyworker accommodation for the first quarter of this year.

January	98.88%
February	98.81%
March	99.55%
April	99.30%

Current challenges

There is currently a real lack of rental properties on the local market and what is available is extremely expensive and means that a move to Guernsey is unaffordable for many staff. The States of Guernsey offers a rental subsidy to eligible employees moving to the Bailiwick to take up employment which can assist in the short term but once that assistance expires, rents become unaffordable for staff to remain.

The table below shows the % of income that goes towards rent with Rent Allowance payable and without Rent Allowance for a Band 5 qualified nurse and clearly demonstrates the significant financial challenges faced by staff when an average rent in the private rental sector is to be paid.



	£	£
	With Rent Allowance	Without rent allowance
1 - Band 5 (qualified) Nurse		
Basic Pay	30,566	30,566
Income Tax	6,113	6,113
Social Security	2,017	2,017
Net income	22,435	22,435
Avg Rental	18,000	18,000
Rent Allowance	8,880	
Nett	9,120	18,000
% of income/rent	41	80

Because of this Operational Managers, the Keyworker Accommodation Team and members of the HR Team are receiving numerous requests from staff who are renting privately to move into staff accommodation once their Rent Allowance expires and Allied Health Professional's (AHPs) are also seeking staff accommodation when they take up post because of the difficulty in finding accommodation. HSC needs to be able to offer all keyworkers moving to the island the option of accommodation if we are to successfully recruit and retain staff in sufficient numbers to provide safe services.

Staff turnover in HSC

We were very fortunate in terms of staffing during the pandemic and turnover figures across the States of Guernsey reduced as travel was impacted. However, HSC is now seeing vacancy levels returning to pre-pandemic levels as highlighted below and the number of leavers increasing significantly. The data relates to all leavers from HSC for the 12 months prior to the May information shown below:

Year	Vacancy %	Vacant posts	Turnover %	Leavers
May-18	19.6%	444	14.8	294
May-19	20.5%	482	18.2	361
May-20	17.6%	422	15.1	295
May-21	13.4%	341	13.5	288
May-22	17.8%	422	20.4	414

Whilst HSC aims to recruit candidates directly, a number of candidates for permanent roles are introduced via agencies and agents have fed back that candidates are not pursuing roles here because of the fact that if appointed they may not be able to take up post because of the challenges of finding suitable affordable accommodation.

Property availability - Current Position

All of the properties owned or leased by HSC are full and in addition a total of 17 rooms are currently being rented at Waves Apartments which need to be vacated by the end of June. A change of use application for the Blue Horizon Hotel has been recently approved and HSC began renting this property from Tuesday 7 June 2022. This provides 28 en-suite rooms but 17 of these will be occupied by staff who need to be moved from Waves so in reality only provides an additional 11 rooms.

In contrast, HSC has recently had approval for a total of 38 new posts associated with the Critical Care Unit expansion, the Orthopaedic Waiting List initiative and extended opening hours in Radiology. A dedicated recruitment campaign is due to commence but the lack of accommodation is likely to impact on success.

Accommodation Needs

It has been suggested that a proposed new accommodation block be built on or very near to the PEH campus. This is because the vast majority of staff when requesting staff accommodation stipulate that they wish to be as close to their workplace as possible. For a high proportion of staff this will be the PEH although it is acknowledged that staff work from other sites or in the community and therefore the proposed developments in the North of the island at Fontaine and Kenilworth vineries will also be much welcomed. Whilst it is difficult to believe on an island the size of Guernsey, staff do frequently raise concerns about the length of commute from home to work which are valid if they do not have their own transport as shift times do not always align with bus timetables and routes. Accommodation which is two miles from your workplace may not seem an issue but if you are walking home in the dark at the end of a shift with limited street lighting and no buses it brings location into focus.

Feedback from staff allocated accommodation provided over the winter months at Waves at Vazon is that distance from the PEH campus was an issue for some of those staff. This required an investment into transport options to be made for the start and end of their shifts to make this accommodation an attractive option for them.

Consideration is also being given to installing modular accommodation on land owned by the States of Guernsey to bridge the gap until additional keyworker properties can be built on or around the PEH campus and at the Fontaine and Kenilworth Vinery sites.

There is a clear need for one and two bedroomed units of self-contained, staff accommodation for permanent new starters, staff currently living in private rental, for AHP's

who are renting privately and for short term agency staff, and for family homes. It will also allow those staff currently living in accommodation with shared facilities the option of moving into more suitable accommodation. If sufficient accommodation is built, HSC can stop using some of the less suitable accommodation, making it available for sale or for an alternative use if it is owned by the States, or cease renting it.

The number of staff or prospective staff waiting for accommodation fluctuates regularly but there is a core demand for a high number of additional units and this has been the case for quite some time. Based on the demand for self-contained accommodation on the PEH site and for other staff working in the Island on a short-term basis, plus that which is required for families (as demonstrated by the waiting list numbers above), approximately 150 units of accommodation could be filled immediately if it was available. There is also demand for more suitable accommodation for those living in privately rented properties, which are not accounted for in this number, and, as above, to ensure that access to accommodation for key workers is fairly applied to other staffing groups (to include Allied Health Professionals, for example), which is not possible at present.

Agency Staff

HSC is currently heavily reliant on the use of agency staff to fill vacancies and this is predicted to continue, although such high numbers could be mitigated by sufficient suitable accommodation being provided to attract permanent staff to the island. They are also used to cover short term requirements such as the increase in staffing levels agreed to cover winter pressures. The NHS Workforce Alliance reports that the use of agency staff is likely to remain a necessity to enable the NHS to deliver a flexible workforce that helps them to plug gaps during peak demand periods. HSC are competing with these trusts for agency workers and as a result there are fewer staff available, and rates have increased.

Growing our Own

It is accepted that an island the size of Guernsey is always going to be heavily reliant on recruiting health and social care professionals from off island, but HSC are committed to training individuals already resident for professional roles. Training programmes are currently in place for Registered Nurses, Social Workers, Biomedical Scientists, Clinical Psychologists, Health Visitors, District Nurses, CBT Therapists and School Nurses. Additional professions are added wherever possible as recruiting locally generally results in longer periods of retention and the accommodation issue is not a factor. HSC are working on increasing a presence at school and careers events to showcase the careers and learning opportunities on island.

Summary

If HSC is to continue to deliver the range of operational services currently available and meet its objectives under the Government Work Plan, it needs to recruit and retain sufficient staff to ensure safe services in a very competitive market. As has been evidenced above, the lack of staff accommodation is currently a real barrier to recruitment and retention and a decision about how to meet immediate accommodation needs to supplement medium and long-term options for the provision of additional key worker housing would be most welcome.

17th June 2022