Special Commission of Inquiry into Healthcare Funding

Statement of Taresa Rosten

Name:	Taresa Rosten
Professional address:	Grant Street, Port Macquarie, NSW 2444
Occupation:	Director People and Culture, Mid North Coast Local Health District

1. This statement made by me accurately sets out the evidence that I would be prepared, if necessary, to give to the Special Commission of Inquiry into Healthcare Funding ("**the Inquiry**") as a witness. The statement is true to the best of my knowledge and belief.

2. It is provided in response to topics identified by the Inquiry in a letter to the Crown Solicitor's Office dated 14 August 2024 (MOH.0010.0542.0001), to the extent that such topics are relevant to my role, and to the Inquiry's letter to the Crown Solicitor's Office dated 22 August 2024 (MOH.0010.0541.0001).

A. INTRODUCTION

3. I am the Director of People and Culture, Mid North Coast Local Health District (**MNCLHD**) and have held this role since 31 January 2023.

4. Prior to this role, I held executive People and Culture roles in Queensland Health. I have a Bachelor of Commerce and a Bachelor of Laws and have spent my career in the public service.

5. In my role as Director of People and Culture at the MNCLHD, I am responsible for the recruitment of MNCLHD's main workforce, including nursing and midwifery, allied health and administrative, corporate and support services staff. Recruitment of medical practitioners is not part of my role.

6. I am also responsible for managing human resources, HeathRoster, health safety and wellbeing, organisational learning and development, and Aboriginal workforce. As part of my role in managing learning and development, I oversee a small simulation team which focuses on clinical education.

7. A copy of my curriculum vitae is exhibited (MOH.0010.0636.0001).

B. CHALLENGES IN RECRUITMENT AND RETENTION

8. MNCLHD faces a challenge in recruiting and retaining staff where there is direct competition with the private sector. An example is recruitment and retention in Oral Health Services. MNCLHD is unable to offer the same competitive packages and incentives to attract dental officers, placing it at a disadvantage in terms of both recruitment and retention.

9. A key challenge also arises in recruitment of specialist nursing staff. A number of factors contribute to the challenge in recruiting specialist nursing staff including the increase in demand for experienced, specialist nurses across the health system which is mismatched with supply.

10. To fill gaps in nursing recruitment, MNCLHD had become reliant on agency staff, which was not sustainable in the long term. This has been partly addressed by an international recruitment drive, discussed below, but there is also an ongoing focus on greater attraction and retention of employees living in regional areas.

C. ACTIONS TO ADDRESS RECRUITMENT AND RETENTION CHALLENGES

11. To strengthen recruitment and staff retention, MNCLHD has focussed on fostering a supportive culture and workplace environment for staff. The 2023 People Matter Employee Survey results saw improvement in some drivers of culture and engagement from the previous year, and also identified areas for improvement. One area of improvement is racism in the workplace. In 2023, MNCLHD commenced its Commitment to Preventing Racism (**CtPR**) program of work which, so far, has included the Racism It Stops With Me campaign, anti-racism training for Executive and senior leaders, and working with a diverse co-design group on redesigning and improving internal processes for reporting and responding to complaints of racism. MNCLHD has also strengthened staff reward and recognition by publishing a Reward and Recognition guide and relaunching employee service awards. These awards acknowledge the years of service our staff have dedicated to working in NSW Health.

12. MNCLHD is also in the process of creating local workforce pipelines and growing those pipelines, such as through the student and graduate programs discussed below.

Overseas recruitment

13. To address the workplace challenges surrounding nursing staff, in mid-2023, MNCLHD held a recruitment drive across Ireland and the United Kingdom, with more than 417 applications received in response. This campaign was initiated with the specific aim of

developing a pipeline for the recruitment of nursing staff, especially specialist nurses, and was effective in supporting reduced agency usage, leading to the employment of permanent nursing staff.

14. The overseas recruitment campaign led to a total of 139 nursing staff accepting offers of employment with MNCLHD. With visa processing requirements and timeframes, it takes time for the staff to commence their roles in MNCLHD. To date, 69 nurses have commenced, and it is anticipated 48 nurses will arrive by the end of December 2024. The remaining nurses will arrive in early 2025. MNCLHD is not intending to undertake a further overseas nurses' campaign at this time given the campaign undertaken will help address some of the shortages.

The Rural Health Workforce Incentive Scheme

15. The Rural Health Workforce Incentive Scheme ("**the Rural Incentive Scheme**") is governed by PD2024_012 *Rural Health Workforce Incentive Scheme Policy Directive* (MOH.0010.0314.0001) (**Policy Directive**) which provides direction, governance, and the framework for eligible health organisations to offer incentives to rural and regional locations. It is intended to assist health agencies to stabilise the supply of health workers in rural locations, including through offering incentives over and above award entitlements to entice workers to positions with hard-to-fill and/or critical vacancies.

16. I am responsible for implementing and overseeing the application of the Rural Incentive Scheme in MNCLHD for all occupational groups as follows:

    a. Recommending eligible positions for incentivisation to the Chief Executive, including the quantum and scope of the incentives to be offered;

    b. Where delegated, approving incentive packages for health workers in eligible positions within the scope of the Policy Directive;

    c. Ensuring that appropriate information for staff members is provided to address the application of recruitment or retention incentives;

    d. Facilitating information sharing and managing required tasks for staff members eligible for priority transfer to another health organisation; and

e. Identifying recurrent funding for recruitment and retention of incentives that present ongoing costs to the health organisation before making recommendations.

17. Positions that are eligible for the Rural Incentive Scheme must be deemed to meet the definition and criteria of positions with hard-to-fill and critical vacancies. Such positions are defined as follows:

a. Positions with hard-to-fill vacancies are positions that have:

i. an established history of being an occupational classification, professional classification, or specialist health worker classification that is hard to fill or high in turnover in the defined MM3 – MM7 locality, and

ii. been advertised on at least two occasions in a six-month period and resulting in no suitable candidates being offered the position, and

iii. been a critical to service provision, where there is an urgent need to ensure service delivery or similar imperative where alternate workforce arrangements present costs to the health organisation above the value of the incentives available under the Policy Directive.

b. Positions with critical vacancies are positions that:

i. meet the definition of a hard-to-fill position in the defined MM3 – MM7 locality, and

ii. Aae a vacancy that results in concerns for the quality and safety of patient care and which, if left unresolved, may lead to significant service changes or service closures, and

iii. is categorised using the enterprise-wide risk matrix as a significant risk with a consequence rating of A, B, C, D or E.

18. At MNCLHD, we have offered incentives to approximately 1220 staff, with 1170 of those offers being accepted and 49 of those offers pending acceptance. The Rural Incentive Scheme has been important for encouraging applicants to apply for hard to fill and critical positions, and retaining staff in these roles.

19. There have, however, been challenges with the implementation of the Rural Incentive Scheme due to the eligibility requirements and the administrative burden it creates for my staff. One unintended consequence of these requirements is that within particular teams, certain positions may be incentivised while other roles within the same team are not. This has raised criticism at times about fairness and equity, notwithstanding the terms of the Policy Directive have been appropriated and correctly applied.

D. ABORIGINAL AND TORRES STRAIT ISLANDER WORKFORCE DEVELOPMENT

20. The current Aboriginal and Torres Strait Islander (**ATSI**) workforce percentage in MNCLHD is at 5.8%. MNCLHD have a stretch target for Aboriginal workforce of 8.2% to reflect the Aboriginal community in the Mid North Coast. A stretch target refers to an ambitious goal that goes beyond what is typically expected to be achieved. MNCLHD continues to work towards this stretch goal.

21. A range of programs and pathways to employment and development are supported across MNCLHD including school-based trainees and cadetships. Elsa Dixon school-based trainees study Health Service Assistance, Administration and Allied Health Assistance. Cadetships in Nursing and Midwifery are well established in MNCLHD under the leadership of the District Director Nursing and Midwifery, with a pathway from traineeships to cadetship and support for GradStart program appointment followed by direct appointment to registered nurse and midwife positions.

22. MNCLHD also seeks to engage with Aboriginal Communities to promote learning and employment opportunities through participation in events such as the Yuwa Nyinda Dream Academy festival ‘Learning the Macleay’ aimed to help young people regain their ability to dream and set goals for the future.

23. MNCLHD has recently appointed a Manager of Aboriginal Workforce Development (**MAWD**) after a vacancy in the role in 2023. The MAWD has an important role in leading ATSI workforce strategies, initiatives and support for a thriving and sustainable ATSI workforce in MNCLHD.

24. There are challenges in transitioning Aboriginal Health Workers (**AHW**) into Aboriginal Health Practitioner (**AHP**) roles where the AHW has significant years of service. Feedback is that the award remuneration moving to an AHP role does not reflect the increased scope of practice and responsibility of an AHP.

25. Succession planning for senior ATSI leaders is an important area of focus to ensure we have a pipeline of emerging Aboriginal leaders, acknowledging and providing adequate support for the cultural load senior Aboriginal leaders can carry in their roles supporting other Aboriginal staff and their communities.

E. TRAINING CHALLENGES

Orientation and Mandatory Training

26. MNLCHD have been working to improve the employee experience for commencing staff through the implementation of automated communications sharing the employee handbook, and relevant orientation information to prepare new staff and inform their hiring managers of key information to support a warm welcome to MNCLHD. In terms of mandatory training, many hours are required for clinical staff to complete mandatory training and undertake refresher courses on a regular basis. Being able to roster and support clinical staff to come off the floor to participate in such training is often challenging for operational leads.

27. In my role as Director of People and Culture, I am looking at opportunities to simplify and enhance the communication and understanding of mandatory training requirements set out in the statewide mandatory training matrix. Feedback received is that the statewide mandatory training matrix can be confusing for staff and managers to understand the range of general and role specific mandatory training requirements and responsibilities.

F. STUDENT PLACEMENTS

Partnerships with Universities, TAFES and Schools

28. Relationships with local schools and not-for-profit groups such as Mid Coast Connect support active engagement by MNCLHD in local careers market days with a focus on high school students studying in public and private schools across the MNCLHD geographic footprint. The careers days provide a platform to promote opportunities to undertake school work experience, attract soon-to-be school leavers into entry level employment, and network with local education providers.

29. MNCLHD also has an existing partnership with TAFE in the enrolment of Elsa Dixon School Based Trainees as the preferred education provider and MNCLHD also hosts TAFE student placements.

ClinConnect

30. The co-ordination of student placements sits within my remit. ClinConnect is the system used to manage student placements in the disciplines of nursing and midwifery, medical and allied health.

31. As a centralised system for management of student placements in MNCLHD, one challenge can be variability in engagement with, and understanding of, the system by various people involved in student placements such as supervising clinicians and placement facilitators/coordinators. My team continue to work on improving the use and optimisation of ClinConnect for managing student placements.

Challenges with Student Placements

32. Supporting clinicians to manage the complexities of student supervision while providing quality student placement experience can be challenging in the context of multiple university partners with concurrent student placements across all years of study in a single clinical location. Internal governance and processes are required to mitigate many of these challenges and this is an area MNCLHD continues to review and strengthen. MNCLHD continues to work with multiple university partners to support and explore student placements across a range of specialty areas which benefits the ultimate goal of access to health in regional areas and health workforce sustainability.

G. WORKFORCE PLANNING

33. The MNCLHD District Strategic Plan 2022 – 2032 (MOH.0010.0599.0001) was developed to deliver a strategy for delivering services that protect and improve the health and wellbeing of the Mid North Coast community. It reflects the broader NSW Health *Future Health Strategy* (MOH.0001.0320.0001).

34. Relevant to my role the MNCLHD Strategic Plan has a focus on having engaged and capable people in the right roles with a diverse workforce and maintaining a positive organisational culture.

35. Workforce planning recognises that having a capable, agile and diverse workforce is critical to delivering healthcare to the community now and into the future. MNCLHD is currently working to develop a strategic workforce plan which will examine current and future workforce priorities, risks and opportunities to set the overall workforce direction and strategy for MNCLHD. This plan will align with the NSW Health Workforce Plan and also the focus set out in the MNCLHD Strategic Plan. Some of the factors considered in the strategic workforce plan are changing population health needs, projected workforce

supply and demand, technological advances and innovation, and workforce demographics and changing workforce expectations.

36. Workforce planning occurs in the context of other service, capital and financial planning. A health services plan helps inform the services to address the health needs of the local community, and where workforce planning is done alongside a health services plan this can identify specific strategies, innovations, and actions to ensure a fit-for-purpose workforce to deliver on the health services plan.

Taresa Rosten

6 September 2024
Date

Witness: Sheridan Johnston

6 September 2024
Date