

Special Commission of Inquiry into Healthcare Funding

Statement of Barbara Crawford

Name: Barbara Crawford

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Occupation: Acting Executive Director Nursing and Midwifery, Illawarra Shoalhaven 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 as a witness. The statement is true to the best of my knowledge and belief.
2. This statement is provided in response to a letter of 23 May 2024 issued to the Crown Solicitor's Office and Issues Paper 1/2024 issued by the Inquiry and addresses the topics relevant to my role.

A. INTRODUCTION

3. My name is Barbara "Barb" Crawford. I am the Acting Executive Director Nursing and Midwifery of Illawarra Shoalhaven Local Health District (**ISLHD**). I have held that role since late 2023. A copy of my curriculum vitae is exhibited to this statement (**MOH.0010.0072.0001**).
4. Previously, I was the Director of Nursing at ISLHD, a role I have held for 18 months. Prior to that, I worked at South Eastern Sydney Local Health District (**SESLHD**). In that role, I worked in the Nursing and Midwifery Office, specifically in developing practice and workplace capability.
5. As the Acting Executive Director of Nursing and Midwifery, my role is focused on developing and supporting strategies to support nursing and midwifery workforce capability, capacity, quality, safety, recruitment, education, professional development, culture, and staff experience. I am responsible for a Nursing and Midwifery Directorate, and have the ISLHD Health Emergency Management Unit Nurse Manager and the Illawarra Shoalhaven Clinical Education Centre Nurse Manager report directly to my role.
6. I report directly to the Chief Executive of ISLHD.

B. ISLHD STRUCTURE

7. In terms of the structure at ISLHD, while the Directors of Nursing and Midwifery (**DONMs**) do not report to me, they have a professional line to me, and I meet with them weekly.
8. My team includes a Nurse Manager of Practice and Workforce Development, Nurse Manager Workforce Planning, Nurse Manager Clinical Practice and Innovation, Nurse Manager Transition to Practice, Education and Professional Development Manager, and Nurse Manager Research and Professor of Nursing – Mental Health. I meet formally with my team altogether once per month.
9. The Nursing and Midwifery Directorate currently carries out a lot of simulation work, and a goal is to expand the educational space further into an education centre, being the Illawarra Shoalhaven Health Education Centre (**ISHEC**), which reports to the Executive Director of Nursing and Midwifery. ISLHD is currently expanding the use of clinical simulation within the interprofessional education space by increasing the usage of the ISCEC. The centre is managed under the Executive Directors of the ISLHD Nursing and Midwifery Directorate with a senior nurse manager, in partnership with the Medical Director employed 1 day per week and supported by an Emergency Department simulation fellow.
10. ISLHD has three Hospital Nurse Educators, located at Shoalhaven Hospital, Shellharbour Hospital and Wollongong Hospital. The primary role of these positions is to support the delivery of hospital wide education and provide expert advice, assistance and guidance to the ward Clinical Nurse Educators (**CNE**) and DONMs. Another important aspect of their role is to support and facilitate the ISLHD approach to nursing and midwifery orientation. In addition to the above, the positions also have oversight of the student clinical placements and graduate nurses and midwives on site.
11. ISLHD nursing and midwifery clinical placements and transition to practice nurses are co-ordinated by the ISLHD Nursing and Midwifery Directorate, and then allocated to the facilities. This is different to SESLHD (where I previously worked) where the management and oversight of student clinical placements and newly transitioning nurses and midwives occurred within the facility level, in the context of appropriately resourced Nursing Workforce and Education Units. The advantages of managing clinical placements at a district level are economies of scale, consistency, and the ability to run programs across the Local Health District (**LHD**). The challenge of managing clinical placements at a LHD level is the lack of resources within the facilities to support

education and training and overarching governance, as well as reduced ability to influence at proximity to where care is delivered and received.

12. ISLHD has a Strategic Education and Training Committee (**Committee**) which brings together Nurse Educators, CNEs, Allied Health representatives and medical staff to facilitate discussions around education and training. I attend the Committee meetings on a monthly basis; however, the structure and membership of these monthly Committee meetings is currently under review. The original purpose of the Committee was to expand interprofessional education and address key clinical risks across ISLHD with a coordinated approach to education delivery as well as providing governance over mandatory training. A copy of the Terms of Reference is exhibited to this statement (**MOH.0010.0074.0001**). Education is then cascaded down, and information also comes up from all levels to the Committee.
13. I also attend the monthly NSW State Directors of Nursing and Midwifery meetings.

C. STUDENT NURSES

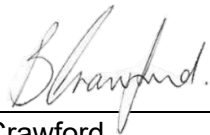
14. ISLHD sets its graduate nurse position numbers, and aims to have as many clinical placements within capacity whilst ensuring quality and safety. ISLHD can refuse students if we do not have the capacity to take them.
15. In terms of attracting students, ISLHD has positive relationships with universities and TAFE NSW, and I have regular meetings with those institutions. ISLHD has a particularly good relationship with the School of Nursing at Wollongong University and does not have a problem with filling ISLHD's placements.
16. For clinical student placements, ISLHD is developing an internal facilitation model rather than have the universities supplying facilitators, which we believe will result in a better experience for students and secure a future workforce pipeline of nurses and midwives.
17. Students in clinical placements are not paid, which is a challenge, however a lot of our students in ISLHD are Assistants in Nursing (**AIN**) and do receive paid work with us. ISLHD targets second year nursing students and obtains a lot of Wollongong University students in this manner.

D. GRADUATE NURSES

18. ISLHD currently has approximately over 4,100 nurses and midwives. Currently, we have taken 177 new graduate nurses and midwives across ISLHD for 2024, of which Wollongong Hospital has taken 94. This is very low in comparison to hospitals such as Prince of Wales Hospital which had an intake of 167 for the same period.
19. ISLHD has been quite conservative with the number of graduate nurses taken on because of the resource limitations within facilities regarding education and support. For example, Wollongong Hospital is a tertiary hospital with one Hospital Nurse Educator who oversees clinical placements, graduate nurses, orientation, and supporting CNEs. By comparison, a hospital like Sutherland Hospital in SESLHD has an Education Unit led by a Nurse Manager of Education with a team of educators. ISLHD has resource limitations for education and support because of competing priorities and financial constraints.
20. At Wollongong Hospital, the CNE role has been strengthened with each clinical in-patient ward now having a full-time CNE role to support early career nurses and midwives. In addition to this, an after-hours CNE service has also been established to assist with retaining staff and ensure patient safety after hours and on weekends.
21. Investment in leadership and professional development of staff is another area of opportunity for ISLHD. The district is developing a leadership academy, a work in progress electronic platform initiative for ISLHD to build an emerging Nurse Unit Managers (NUM)/Midwife Unit Manager (MUM) program adopted from Northern NSW LHD, which was shared at the NSW Directors of Nursing and Midwifery meeting. I am also of the opinion a leadership program like that implemented by SESLHD would be effective at ISLHD. That program involves participants undertaking four subjects and receiving 8 or 10 credit points to their Master of Health Leadership and Management in partnership with the University of Wollongong. The 12-month course focuses on emotional intelligence, coaching, soft skills of leadership, and a compassionate leadership program. That leadership program is currently at discussion stage at Executive level.
22. In ISLHD, we provide for nurses to undertake specialisation training in Emergency, Intensive Care, and Perioperative Services. At Wollongong Hospital, we have also developed a generalist program for nurses, which takes place over 12 months and

involves paper-based learning, study leave, and simulation learning. These training programs are also a good vehicle for nursing staff to work at the top of their scope of practice, and to embrace new scopes of practice, especially for the generalist area.

23. Health Education and Training Institute (**HETI**) programs and training is developed at state level, and there are challenges in how to translate the many courses meaningfully to a facility level. All our mandatory training includes modules from HETI, both clinical and non-clinical.
24. The Clinical Excellence Commission (**CEC**) is utilised, with an example of a successful program being the Safety and Quality Essentials Pathway. For this program, the participants pick a quality project that they engage with for 12 months which aligns with clinical risks, and through workshops and coaching assists participants developing skills in project management, change management, improvement science and clinical leadership that then can be translated to their clinical areas and/or programs of work.
25. ISLHD also relies on scholarships from the Australian College of Nursing scholarship.
26. In relation to international recruitment, there is an opportunity for this to be coordinated at a state level, so that smaller LHDs such as ISLHD can benefit from this source of recruitment. ISLHD does not have the resources for staff to travel overseas and recruit nurses.



Barb Crawford



Witness: Bronwyn Tolhurst

11/07/2024

Date

11/07/2024

Date