

## Special Commission of Inquiry into Healthcare Funding

### Statement of Melissa Pickering

**Name:** Melissa Pickering

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**Occupation:** Director of Nursing Community, Chronic and Complex Care, Central 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 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 and Issues Paper dated 24 June 2024 issued to the Crown Solicitor's Office and addresses the topics set out in those documents relevant to my role.

#### **A. INTRODUCTION**

3. I am the Director of Nursing Community, Chronic and Complex Care (**CCCC**) at Central Coast Local Health District (**CCLHD**). In this role, I provide professional nursing leadership and support for nursing staff across CCCC services and for nursing staff working in the community within the Women, Children and Families and Aboriginal Health Services at CCLHD. A copy of my curriculum vitae is exhibited (**MOH.0010.0376.0001**).
4. The CCCC Directorate consists of community programs, such as the aged care response team, Hospital in the Home (**HiTH**) service, rehabilitation and complex care program, palliative care, and community nursing within the geographical area of the Central Coast. The CCCC Directorate delivers most of the nursing care outside of hospital settings, with the exception of mental health nursing in the community.

#### **B. NUMBER AND DISTRIBUTION OF COMMUNITY NURSING WORKFORCE**

5. At CCLHD, the CCCC Directorate is budgeted for 288 FTE in nursing. Approximately 90% of our CCCC nursing workforce are registered nurses. There is also a small enrolled nurse workforce within CCCC of about 22 FTE and a very small assistant in nursing cohort of about three FTE. The CCCC Directorate does not use agency staff.
6. The community health space has a growing share of the nurse practitioner workforce. CCLHD continues to grow its nurse practitioner workforce, including increasing

opportunities for transitional nurse practitioners, who are registered nurses that are undertaking university study to qualify as an endorsed nurse practitioner but have not yet completed their studies.

7. There are three main community nursing hubs within CCLHD, which are geographically distributed: Peninsula (at Woy Woy), Coastal (at Long Jetty) and Lakes (at Wyong Central). CCLHD will usually have one student nurse placement at each of the hubs during rotations. The HiTH service and rehabilitation and complex care program also offer nursing student placements.
8. Across CCLHD, it is anticipated that the University of Newcastle (**UoN**) student placement capacity will increase from 730 to 800 in 2025.

### **C. WORKFORCE PLANNING**

9. In the community health space, there has been an increase in the complexity and acuity of patients who are requiring care. CCLHD in particular has had a growth in our ageing and Aboriginal populations.
10. The CCCC Directorate does not have an attrition issue within the community space, and our greater challenge is the impact of increasing inpatient hospital demand, which filters into community care. It is important to build the capability of the nursing workforce to meet the needs of our community, as well as consider what health needs provided by CCLHD community services can be delivered by other providers.
11. CCLHD is currently investigating how strategically we can meet the changing needs of our community. CCLHD's *Caring for Our Community Plan 2021-2031* outlines the priorities and future directions for community health services including the direction for developing services. The identified focus areas are our community, patients, families and carers, our services, our staff and our facilities, with projected outcomes by 2031 and actions that CCLHD will take towards these. A copy of the Plan is exhibited (**MOH.9999.0868.0001**).

### **D. EDUCATION AND TRAINING**

12. The CCCC Directorate has a high completion rate of mandatory training for nursing staff, sitting at approximately 95% completion rate. In the community context, we have been innovative in the delivery of education, given our staff are often on the road, including introduction of podcasts and virtual modalities.

13. CCLHD's strongest partnership in the tertiary education space is with the UoN, who we have been working with to grow our workforce as a targeted pipeline. In 2024, CCLHD developed in partnership with UoN a professional certificate in coordinated care which is being piloted in 2024. The course aims to support skill development for staff who provide care coordination as part of their role in the community. The need for coordinated care is increasing with the number of people in the community with complex care needs; for example, a patient with diabetes and a respiratory condition, who requires navigation to the right care for them, health coaching and overall coordination to support them to remain safely in their home.
14. In the past 18 months, CCLHD has increased its relationships with universities other than the UoN, including University of Technology Sydney, Avondale University and Western Sydney University. We have collaborated and engaged with these universities to strengthen the ability of CCLHD to support the students that live within CCLHD. The ultimate goal is to retain these students as employees of CCLHD, even if they went to a university out of area.
15. CCLHD also has a collaborative partnership with Tafe NSW. The Assistant in Nursing program, Certificate III in Health Services Assistance which is offered by Tafe NSW is held on the Central Coast. This means that those undertaking the course who live within CCLHD do not have to travel to Sydney for training.
16. It is expected that by the end of 2024, CCLHD will have resumed school-based placements for year 10 work experience, as well as placements for students in year 11 and 12 who are interested in working in healthcare. This school-based placement program had previously been put on hold due to the COVID-19 pandemic.

#### **E. RECRUITMENT AND VACANCY RATES**

17. The CCCC Directorate has had a steady nursing vacancy rate of between 26 to 29 FTE vacancies in the community health space, which sits at about 10% of the total nursing FTE within the CCCC Directorate. This reflects natural attrition and staff mobility, as well as staff acting up in higher grade roles.
18. The biggest challenge within the CCLHD community space is the number of temporary positions, which can make it difficult to attract staff to fill these vacancies. To some extent, the need for temporary positions arises from community funding programs being fixed term. For example, within CCCC there is the Commonwealth Home Support Program that provides funding for part of the community nursing and dementia nursing workforce

and is funded for a limited term. Although these programs have traditionally been extended each year, staff generally want permanency in their employment and they see temporary positions as less attractive. In order to address this issue where possible, the CCCC Directorate has developed its own strategies. For example, in dementia nursing, CCLHD has permanently recruited to a role even though it is temporarily funded, and accepted the risk that if CCLHD loses funding at any given time we will have to align the nurse to another vacancy.

19. Backfill of maternity leave is another contributing factor to the number of temporary positions.
20. CCLHD has a large casual nursing pool, with over 700 casuals in the pool, of which 500 are active. On average, utilisation of casual nursing workforce across CCLHD is 175 to 180 FTE per week. In the community health space, we have used the casual pool to provide opportunities for temporary contracts. We have seen some successes in converting former casual staff to permanent staff using this strategy.
21. In 2023, CCLHD expanded the Transition to Professional Practice Program for first year registered nurses. From 2023, registered nurses were permitted to directly apply for a supported community-based placement within the CCCC Directorate. We had more subscribers to the program than places for the 2024 intake.
22. CCLHD did not complete an international recruitment drive in 2023. Instead, CCLHD focused on open days where we invited potential employees to come on site; on the spot interviews; and social media campaigning. CCLHD also increased the number of first year registered nurses we employed.
23. CCLHD does not have financial incentives like our rural counterparts. This can cause some challenges for recruitment within CCLHD, as people can gain employment with these incentives in our neighbouring District, Hunter New England LHD.

  
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 Melissa Pickering

18/7/2024  
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