

Special Commission of Inquiry into Healthcare Funding

Statement of Jonathan Morris

Name: Jonathan Morris

Professional address: 6 Racecourse Road, Gosford NSW 2250

Occupation: Deputy Director Human Resources Services, 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 the letters of 23 May 2024, 1 July 2024 and Issues Paper 1/2024 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 Deputy Director, Human Resources (HR) Services at Central Coast Local Health District (CCLHD). A copy of my curriculum vitae is exhibited (MOH.0010.0391.0001). I am currently the Acting Director of People and Culture during the period from 8 to 19 July 2024.
4. My substantive role responsibility includes providing HR management support to the nursing, midwifery and allied health workforce at CCLHD at a district-wide level, including graduate placements, recruitment, training, payroll, industrial relations aspects, Health Care Complaints Commission complaints, and overall ensuring there is a pipeline of staff. My role also extends to providing HR management support to staff in patient support and/or operational assistance roles, such as cleaners, security staff and administrative teams.
5. In my former role at CCLHD, I was the Deputy Director of HR Business Partners and managed the HR team from 2019, before being promoted to Deputy Director HR Services in 2022. This promotion expanded my role to include managing payroll, rostering and recruitment. After a reporting line change in June 2024, the Recruitment Manager now reports through to the CCLHD Director People and Culture.
6. My directorate does not deal with matters relating to the medical workforce unless there are particular industrial relations matters or a need for general HR management support.

B. Current Status of Nursing, Midwifery, and Allied Health Workforce at CCLHD

7. The following table sets out the numbers of nursing, midwifery and allied health staff at CCLHD:

Job Family	Headcount	FTE
Total Nursing	3,726	2,486
Registered Nurses		1,131
Enrolled Nurses		215
Assistants in Nursing		23
Midwives		106
Other		1,011
Total Allied Health		701
Occupational Therapist		78
Pharmacist		84
Physiotherapist		19
Psychologist		20
Radiology		99
Social Work		82
Other		319

8. The principal nursing recruitment challenges lie in the Emergency Department, General Medicine, and Mental Health areas. The main labour market challenges include lack of supply of available nurses; potential candidates not wanting to work rotating shifts; work

life balance factors; and a general lack of experienced nurses given that COVID-19 caused many nurses to retire.

9. In respect of the Allied Health workforce, the areas of Occupational Therapy, Social Work, Psychologists and Oral Health have been recruitment challenges for CCLHD. There is a tight labour market for professionals in these areas and CCLHD is competing against the National Disability Insurance Scheme (NDIS) and private sector providers who are able to offer more attractive pay rates.

(i) challenges

10. CCLHD experiences ongoing challenges in recruitment and retention due to issues associated with its location between two other Local Health Districts (LHDs) which are often preferred by candidates, the absence of rural and remote incentives, and unplanned leave and absenteeism.
11. From a recruitment perspective, CCLHD is a geographically small LHD with only two major hospitals, being Gosford Hospital and Wyong Hospital. CCLHD is located between Hunter New England Local Health District (HNELHD) and Northern Sydney Local Health District, which have the major metropolitan hospitals of John Hunter Hospital and Royal North Shore Hospital respectively. Potential employees tend to be attracted to those neighbouring LHDs which are able to offer greater opportunities in respect of teaching facilities, job development, and variety of specialist nursing opportunities.
12. CCLHD is also competing against other LHDs that are able to offer higher wages and competitive employment conditions due to being classed as rural and regional Hospitals under NSW Health's Rural Health Workforce Incentive Scheme. The challenge this causes is that LHDs with this classification, including the neighbouring HNELHD, can offer regional or remote incentives to attract staff, while we are unable to do so given our current classification.
13. Unplanned leave and absenteeism impact on the CCLHD workforce, with reasons including maternity leave, sick leave, carer responsibilities, workers compensation and absenteeism. The nursing workforce has unplanned leave issues to the extent that CCLHD's target is that sick leave hours should not total more than 3% of total hours worked in a rolling 12-month period and nursing historically has been above that 3% target. For example, as at 18 July 2024, nursing workforce sick leave (excluding personal carers leave) is sitting at 3.4% and allied health standing at 3.3%.

14. The withdrawal of radiation oncology in 2023 appears to have only had a minimal effect on attracting and retaining the nursing and allied health workforce.

(ii) strategies implemented and further opportunities

15. Recruitment strategies implemented by CCLHD include:
 - a. Streamlining recruitment processes, including removing duplication, and helping standardise and automate workflows. Results indicate the recruitment timeframe has been halved, which increases CCLHD's agility in recruitment. CCLHD's recruitment team has consistently met NSW Health performance metrics, in respect of time to fill, for the last 12 months.
 - b. Similarly, CCLHD has developed stronger relationships with some nursing agencies, which has enabled access to short-term nursing placements to supplement our workforce. Historically, CCLHD has not used nursing agencies due to CCLHD's casual pool and nursing support roster arrangements. Agency utilisation remains low due to the fact that agencies struggle to supply staff into non-metropolitan areas.
 - c. CCLHD has run a number of targeted recruitment efforts including a 'Choose Your Own Adventure' program for general medicine nurses allowing them to choose their area of work for an initial 12-month period. At Wyong Hospital, a transition to acute services program has been run, which includes education days and personalised training support for nurses wanting to move into hospital work.
 - d. An international recruitment campaign in the United Kingdom, which resulted in Emergency Department doctors being successfully recruited. CCLHD is exploring the feasibility of a Transition from New Zealand nursing recruitment campaign which would be designed to attract nurses from other markets.
 - e. Developing a casual nursing pool with approximately 180 casual nursing FTE being employed each week.
 - f. Supporting a more active graduate nursing recruitment campaign with CCLHD increasing nursing graduate numbers from 90 in 2022 to 170 in 2024.
 - g. Reduced costs by in-sourcing executive and senior management recruitment.
 - h. Reduced costs by moving to digital marketing platforms, using social media channels of Facebook and Instagram, and moving away from high-cost job boards. Digital

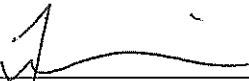
marketing has allowed for more targeted and customised content to attract potential candidates across both allied health and nursing.

16. From a general retention perspective, CCLHD has set up location-specific development days for nurse/midwife managers across both Gosford and Wyong Hospitals. Leadership development courses are offered through NSW Health's Health Education and Training Institute (HETI) service, and a customised leadership program is being launched from August 2024 to promote and upskill managers in building a more inclusive leadership culture. An exit interview process has also been implemented to allow CCLHD to understand the reasons why staff are leaving and put in place programs to mitigate this (such as the leadership programs).
17. Targeted wellbeing programs are also a key focus, for example, CCLHD provides wellbeing support through giving staff access to wellbeing portal resources, support services, facilitated debrief sessions, and classes on meditation.

C. Graduate Placements and Training

18. For nurse graduate placements, I have a role in relation to the recruitment components for graduate nurses. CCLHD takes on approximately 130 to 150 graduate nurses each year through intakes in February and mid-year. In turn, the nursing and midwifery directorate is responsible for allocating nurses to departments, including Emergency or Intensive Care.
19. In my substantive role, I help present management topics at the Nurse/Midwife Manager training days.
20. Clinical training is the responsibility of the Learning and Development team within the People and Culture directorate, which sits under my current Acting role. The ambit includes the Gosford Hospital's simulation centre.
21. CCLHD also has Clinical Nurse Educators on the wards, under the direction of the Operational Nurse Manager.
22. CCLHD partners with universities and HETI. For example, CCLHD has a partnership with the University of Newcastle, and there is a well-established University of Newcastle Central Coast Clinical School (**the School**) which offers clinical placements to medical and nursing/midwifery students. The School is located onsite at a research and education facility within the Gosford Hospital precinct.

23. I am generally aware of student placements, but my substantive role does not include oversight of the cadetship and trainee program for Aboriginal and Torres Strait Islander students, and a school-based training program at CCLHD. CCLHD manages approximately 1,000 student placements per year for medical, nursing and allied health students. The majority are nursing student placements in partnership with University of Newcastle. Student intakes happen on a weekly basis throughout the year.



Jonathan Morris



Witness: [insert name of witness]

19/7/24

Date

19/7/24

Date