

Special Commission of Inquiry into Healthcare Funding

Statement of Sandra Duff

Name: Sandra Duff

Occupation: Executive Director People and Culture, Western New South Wales 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.

My role

2. I am the Executive Director People and Culture for Western New South Wales Local Health District (WNSWLHD). I have held this role since January 2013. I previously worked at NSW Health as a Workforce Manager for over 30 years. A copy of my CV is at Exhibit A. (MOH.9999.1221.0001)
3. As the Executive Director People and Culture, my overall responsibility is for managing staff experience (akin to other roles which manage the patient experience). I am responsible for leading the development and implementation of strategic human resources (HR) objectives, related to the management of people from a development, cultural, human experience and staff wellbeing perspective. I am responsible for recruitment and credentialing of medical officers primarily from a transactional and process-based perspective. Recruitment and retention strategy of doctors sits with WNSWLHD's Chief Medical Officer.
4. This statement is structured by reference to the 6 priority areas developed in the WNSWLHD People Strategy 2022 - 2025 (People Strategy). The People Strategy was developed in 2022 and sets out a number of initiatives across a 3-year horizon which reflect the District's ambitions in addressing workforce sustainability issues.
5. The positive impacts of a number of these initiatives are beginning to translate into positive outcomes in building up our workforce.
6. The priority areas in the People Strategy reflect those outlined in the NSW Health Workforce Plan 2022-2032 as follows:
 - a. Build positive work environments that bring out the best in everyone;
 - b. Strengthen diversity in our workforce and decision-making;
 - c. Empower staff to work to their full potential around the future care needs;
 - d. Equip our people with the skills and capabilities to be an agile, responsive workforce;
 - e. Attract and retain skilled people who put patients first; and
 - f. Unlock the ingenuity of our staff to build work practices for the future.

7. The main area of focus for the first 12 months of the People Strategy plan was on attraction and recruitment of critical clinical staff, building our future pipeline through New Graduate programs, scholarships, cadetships and traineeships and supporting our existing and new leaders with a focus on wellbeing of our staff.
8. A number of the initiatives were made possible by dedicated funding WNSWLHD received from the Ministry of Health for workforce sustainability, which were initially part of a temporary funding envelope. However, WNSWLHD will not receive sufficient funding beyond June 2024 to support all of the planned initiatives on an ongoing basis. WNSWLHD will continue to attempt fund a number of these programs from within our budget where our investment has shown to be making a difference, but may need to scale others down as necessary.

Student Placement and traineeships

9. I oversee the facilitation of student placements and traineeships for all clinical and non-clinical students across nursing, medical and allied health. This involves working closely with schools, our partners in the tertiary sector and other organisations, in order to give local students positive experiences which encourage them to consider a career in health at WNSWLHD.
10. In 2023, the LHD provided 419 weeks of Registered Nurse student placements, 33 weeks Enrolled Nurse student placements, and 196 Allied Health student placements. The LHD offers a School Based Traineeships program with 12 students graduating from the program in 2023. We currently have nine year 11, and eight year 12 students enrolled in Certificate III Health Service Assistance (AIN), Allied Health Assistance, Pharmacy Assistance, Dental Assistance, Business Administration, and Kitchen Operations.
11. AINs are vital to our workforce in our Multipurpose (MPS) facilities. Through the People Strategy, 18 people were supported to complete the Certificate III Health Service Assistance to work as AINs in our facilities. Eight of these participants were existing staff working locally in other roles.
12. The WNSWLHD is currently supporting 6 Aboriginal Registered Nurse Cadets with an additional 9 in the late stages of recruitment to commence the program in the near future. We also support a total of 20 Aboriginal School Based trainees, who are a mix of current year 11 and 12 school students. These programs are examples of our focus on encouraging local Aboriginal people to consider a career working in health, where they will be supported and offered pathways whether that be further tertiary study or clinical support roles in their local community.

Graduate Programs

13. Over 150 graduate nurses began their career in WNSWLHD in 2024. The New Graduate program has been enhanced to offer flexible rotations, exchange programs and learning pathways to ensure it is attractive to newly graduated nurses. The retention rate of our New Graduate nurses is sitting at approximately 88% across the LHD and we are focussed on improving that even more.
14. More than 30 junior doctors started work as interns in WNSWLHD in 2024.
15. The Allied Health pathways mirror the pathways for nursing. In 2023, WNSWLHD ran its first Allied Health Graduate Program. This program was very successful, commencing with 15 graduates and retaining 12. The program has been scaled back and in 2024, WNSWLHD has commenced 5 new graduates in the program.

16. Funding was received from Department of Regional NSW for 3 full-time equivalent (FTE) Rural Allied Health Educator roles that are shared across Murrumbidgee LHD and WNSWLHD. The Educators support undergraduate clinical placements across the two LHDs and have been a welcome support to enhance the experience of our Allied Health students.

Candidate Experience Team

17. The Candidate Experience Team was introduced as an initiative to ensure a seamless recruitment and onboarding process for our Internationally Qualified Registered Nurses.
18. Over the last 12 months, WNSWLHD has recruited 79 international nurses. Of these 79, there remains 76 still employed by WNSWLHD. Another 27 international nurses are scheduled to commence by the end of June 2024.
19. Migration legislation processes are expensive, complex and lengthy. It can take up to 8 months for a visa to be processed. Previously, our LHD offered temporary visa sponsorship for overseas nurses through the 187 Visa, which required them to work in a rural location. Once the nurse had commenced and worked with us for a period of time we were then able to offer the incentive of permanent residency. Due to intense competition for staff both within NSW Health and across States, to attract international nurses our experience is we need to offer a permanent 186 Visa from the outset. That visa class does not compel them to stay working with us but is attractive to the nurse as it offers permanent residency anywhere in Australia.
20. A forecasting tool has very recently been developed to predict the impact that recruitment of international nursing staff has on reducing agency staff. Due to the early stage of the process, there is presently limited data to analyse.

Centre for Rural Education, Simulation and Training Simulation Centre (CREST-Sim)

21. The CREST Simulation centre (CREST-Sim) is a simulation and training centre used by rural generalist nurses to increase their clinical skills located in Wellington. It replicates rural emergency departments, wards, and MPS with residential aged care beds.
22. The CREST-Sim was developed in response to an influx of international nurses from various countries, backgrounds and clinical competencies. Regardless of their level of experience, it can be very difficult to place nurses in a rural facility where they are often the only registered nurse. There are also cultural aspects which can make things more difficult ranging from unrecognised slang to differently named medications and different or new technology. CREST-Sim provides the opportunity to develop and maintain the unique skills needed by rural generalist nurses.
23. When nurses commence in WNSWLHD they first spend one month at CREST-Sim for orientation, with the exception of nurses being placed in Dubbo who spend a fortnight in Wellington and a fortnight in Dubbo as supernumeraries. They spend most of their time in the simulation laboratory but also spend time in the Wellington Hospital.
24. At the centre, nurses are run through a number of different and specific scenarios, to equip them to work across multiple clinical settings including residential aged care, acute, subacute, end-of-life care, adult and paediatric care, and emergency and trauma cases. The centre incorporates life-like mannequins, virtual reality and augmented reality training programs.

25. Another benefit of this program is that the nurses are trained in groups of around 12 which enables them to form a peer network and community of practice that keeps in contact once they leave orientation. Their families are also set up in accommodation in Dubbo and able to meet and socialise with each other during the program.
26. The feedback from participants and Health Service Managers has been that the intensive time spent in the CREST-Sim has made a significant difference.

Nyngan Case Study

27. Nyngan is a positive example of effective recruitment strategies in WNSWLHD.
28. Approximately 18 months ago Nyngan Health Service was experiencing a significant number of vacancies in its nursing establishment through resignations and retirements of long standing staff. A number of beds had to be closed because there were not enough staff to support that level of service. A community action group led by the Council and local member was formed.
29. In the past 18 months, Nyngan Health Service has recruited 2 international nurses, with 2 additional international nurses commencing in May 2024. Two new graduate Registered Nurses commenced this year, 3 assistants in nursing, and an allied health assistant. All of these staff were made possible through supported initiatives as part of the People Strategy. The health service is now in a position where the number of nursing staff is sufficient to run the service at capacity.
30. The challenge now is continuing to support and nurture the new staff members by continuing education and building their skills. WNSWLHD has visiting Clinical Nurse Educators who will spend the day at the health service to work alongside the nurses. However, the geography means that lining up timing for these visits can be difficult and it is not practicable to have a senior nurse present at the service at all times to answer questions if and when they arise. Education and training can and does occur remotely, but it is also imperative to develop skills in-person with an educator beside a nurse.
31. We have previously run supernumerary upskilling placements where nurses in remote areas can visit the hospital in Dubbo, however it is difficult to release staff as they often cannot be replaced at their home facility.

Challenges


32. Across the 39 sites in WNSWLHD, no two sites are the same. This requires adapting the strategic approach within the District in different sites.
33. One of the biggest challenges in our most rural and remote sites is housing and accommodation. This is particularly the case when supporting internationally qualified registered nurses coming to work in WNSWLHD, often with their family. There are also attendant challenges such as transport and childcare.
34. Competition for staff is an ongoing issue between districts for locum doctors and agency nurses. This is not just a problem within NSW Health between districts but is relevant for WNSWLHD in relation to staff choosing to go to other States.
35. Our LHD does not attract sufficient numbers of newly graduate RNs through the centrally managed preferential application system. In 2024, that resulted in 46 nurses withdrawing their applications from our LHD after we had made offers to them, presumably because they felt they had been offered a 'better' position at another LHD – often in a metropolitan


location. We need to be able offer new graduates (and other potential applicants for critical roles) something more and different to attract them to rural sites, and this is not just about additional money. Once they arrive, it is imperative that they are welcomed and embed roots in the community beyond the Health Service.

36. In my view, there is insufficient focus in the broader community on the positives of working in NSW. There are few other professions that offer the intrinsic rewards that are inherent to health and we should amplify those through ensuring we, as a system, share the good stories to counteract the negative narrative common in the media.
37. Geography and access continues to be challenging for our LHD. For example, the Enrolled Nursing program offered through TAFE is not available as an online program and requires block residential school for one week each month. This is challenging for those living remotely to balance working and caring responsibilities, and is prohibitive in terms of cost and ability to access suitable accommodation while in Dubbo. My team is working with TAFE to try to overcome these barriers and offer a fully online program into the future.
38. Rural placements are extremely challenging for students given costs and foregone wages (inability to attend their usual employment during placement). There is a risk and reality of placement hardship for those without family support. The existing \$1,000 scholarship is inadequate when considering the out of pocket costs for weeks of placement, particularly during 2nd and 3rd years of study. Student placements are a vital part of attracting and recruiting our future workforce.

Opportunities

39. In my view, a significant amount of money which is dedicated to maintaining the workforce via premium labour would be better spent on the front-end of the process by enhancing our local capability to continue to offer scholarships, training programs and opportunities that build and support our workforce nurturing their development in order to retain them. Building a future pipeline takes time and effort, however the investment is worthwhile and is a more sustainable option.


 Sandra Duff
 6/5/2024
 Date


 Witness: Sonia Jackson
 6/5/2024
 Date