

**Submission
No 1**

**THE IMPLEMENTATION OF PORTFOLIO COMMITTEE No. 2
RECOMMENDATIONS RELATING TO WORKFORCE ISSUES, WORKPLACE
CULTURE AND FUNDING CONSIDERATIONS FOR REMOTE, RURAL AND
REGIONAL HEALTH**

Name: Name suppressed

Date Received: 7 August 2023

Partially
Confidential

The Chair
Select Committee on Remote, Rural and Regional Health
Parliament House
Macquarie Street
Sydney NSW 2000

Dear Chairperson

Thank you for your consideration of my comments below of the progress of the implementation of Portfolio Committee No. 2 (PC2) recommendations.

[REDACTED]

1. Orange Health Service (OHS) workforce – the health service in Orange is severely stretched. This is primarily due to workforce issues relating to the recruitment and retention of anaesthetists and nursing staff. Despite significant previous campaigning, the workplace cultural issues over the past 5-6 years has led to multiple staff resignations within the anaesthetic department, as well as a lack of recruitment. This has resulted in net loss of both anaesthetists as well as operating lists being cancelled at short notice.
2. OHS funding – the funding of operating lists remains an issue at OHS. There are 5 unutilised sessions per month (equating to 2.5 full days of operating) reported on the last ENT departmental meeting with the administration. Since being flagged in April and May this year, there has been no funding flagged to allow these sessions to come into effect. Unfortunately, there is a workplace culture and expectation on VMO surgeons [REDACTED] to pick up ad-hoc operating lists in order to allow operating waitlist pressures to be addressed. This has allowed the administration to claim that the waitlists are not breaching. This is untenable on the long term and unless funding is established for these lists, I expect significant breaches in waitlists in the future.
3. Bathurst Base Hospital (BBH) workforce – funded bed-days and bed-hours as well as staffing numbers often (more often than not) mean that patients are cancelled on the day of operating from the list. The reason cited for this is a lack of beds on almost all occasions. This is a bottleneck that needs to be addressed for ongoing operating at Bathurst Hospital.
4. BBH funding – BBH is limited in the types of ENT cases that can be done due to lack of appropriate equipment which is considered standard of care in other hospitals of its size and capacity. The equipment would allow more day only operating as well as taking the waitlist pressures off of OHS by allowing a greater variety of cases to be performed at BBH. Submissions to the theatre in charge at BBH has previously led to the comments of a lack of funding to allow the purchase of equipment.

Warm Regards

[REDACTED]