NEW SOUTH WALES NURSES AND MIDWIVES' ASSOCIATION
AUSTRALIAN NURSING AND MIDWIFERY FEDERATION NEW SOUTH WALES BRANCH

IN REPLY PLEASE QUOTE:
SC:RM:GH:MWH
Ref: EF/15/0020
27 November 2023

The Hon. Dr. Joe McGirr
[redacted]

Via e-mail: [redacted]

Dear Chair

Re: The implementation of Portfolio Committee No. 2 recommendations relating to workforce issues, workplace culture and funding considerations for remote, rural and regional health

The NSW Nurses and Midwives' Association (NSWNMA) thanks the Select Committee on Remote, Rural and Regional Health for the invitation to appear at the public hearing, and the opportunity to comment on the implementation of Portfolio Committee No.2 recommendations relating to **workforce issues**, **workplace culture** and **funding considerations**.

We have provided a detailed submission to this inquiry and would like to assist with additional points to the Select Committee in a letter which we will, with the Chairs permission, table today.

The NSWNMA maintains that until safe staffing ratios are implemented within every hospital and health service across the NSW public health system, ongoing **workforce issues** will continue to impede the delivery of safe patient care. In addition, widespread staffing issues prevalent within maternity services are further outlined in our submission to the current Birth Trauma inquiry[1].

The challenges linked to **workplace culture** throughout the public health system are compounded by several factors. Most notably are ongoing reports of violence and aggression towards nurses and midwives, or sadly, the growing incidences of bullying and harassment our members are experiencing. Aboriginal or Torres Strait Islander members advise us that their main concern is a lack of cultural safety and awareness between staff and highlight the need for policy and training to address this.

Avenues for staff to escalate workplace concerns are inconsistent across Local Health Districts (LHDs) and at worst, non-existent, resulting in increased workplace health and safety complaints and increased psychological injuries. Tragically, we are aware of a rise in the number of deaths by suicide amongst our members. As recently as last week, our Association's Committee of Delegates unanimously passed a motion calling for the establishment of a Royal Commission to thoroughly investigate the workplace culture within NSW Health, to assess the existing challenges, identify areas for improvement, and

[1] Inquiry into Birth Trauma - Submission No. 242

recommend necessary reforms to protect the well-being of healthcare professionals and patients.

Regarding **funding considerations**, we refer the Select Committee to the information detailed in our submission to the current Special Commission of Inquiry into Healthcare Funding[2].

Recently, members of this Committee met with NSWNMA members during visits to Armidale and Grafton to hear first-hand from frontline clinicians working in the public health system. Staffing, coupled with skill mix deficits, remain the biggest issues facing nurses and midwives, along with remuneration and workloads. Access to affordable housing and childcare services are also of great concern outside of metropolitan areas.

While we acknowledge LHDs with regional, rural and remote facilities are trying to improve the recruitment and retention of nursing and midwifery staff, a lack of appropriately resourced budgets means this progress is limited, or non-existent. We have heard reports suggesting the state health budget was 'overspent' by some $1.3 billion, and that this money is to be recovered. If accurate, this would confirm operational budgets are largely insufficient to meet current needs, let alone to achieve the necessary workforce improvements. Unless we fund the staffing levels required for change, workplace culture will not significantly improve, and will most likely continue to deteriorate.

A pressing issue for the state's public health system is to retain the current remote, rural and regional health workforce. While the concept behind incentives appears attractive, we are acutely aware the arbitrary nature of how these incentives are currently applied have led to perverse outcomes. We continue to call for this policy to be overhauled.

Many remote, rural and regional sites are still reporting high staff turnover and high vacancy rates, therefore we call on this Select Committee to act with expediency to ensure postcodes no longer determine the level of health care you receive as a patient in NSW.

We outline below specific updates related to relevant recommendations.

In an excerpt from the Portfolio No.2 Committee final report, Report 57[3] - May 2022, Committee Chair Greg Donnelly's foreword stated:

> *'On the issue of nurses and midwives, the evidence has shown a disconnect between the reality of the daily challenges faced by them working in rural, regional and remote areas, and NSW Health's perception of the situation. In order to expand and develop the workforce, the committee has recommended that NSW Health expedite its review of the nursing and midwifery workforce with a view to urgently increasing nurse and midwifery staffing numbers based on local need across rural, regional and remote New South Wales. We also recommend wider implementation of the Nurse Practitioner model of care and greater employment of geriatric nurses. The committee has also made recommendations to support the existing workforce, including in relation to remuneration of on call arrangements, plans to address security issues, and greater professional development opportunities for nurses and midwives.'*

[2] Special Commission of Inquiry into Healthcare Funding – Submission No. 113

[3] Portfolio No.2 Committee – Report 57 May 2022

Recommendation 16
That NSW Health expedite its review of the nursing and midwifery workforce with a view to urgently increasing nurse and midwifery staffing numbers based on local need across rural, regional and remote New South Wales. The outcome should ensure there are staffing levels that enable optimal patient care and for that care to be delivered in a professionally, physically and psychologically safe environment. NSW Health should publicly report on an annual basis its performance in meeting this outcome.

The nursing and midwifery workforce continues to experience a high level of churn across remote, rural and regional NSW, and there is a strong reliance on early career and less experienced clinicians, or internationally qualified nurses or midwives who are ill prepared for working in a remote or rural context of practice.

LHD budgets remain stretched, with little to no increase in funding allocations, which has resulted in difficult workforce decisions having to be made. Districts are attempting to offer education and support to less experienced staff, but do not have the financial resources to effectively achieve this.

We are aware that under resourced LHDs are allocating patient 'specials' as needed from within the existing staffing numbers. This means when a patient requires 1:1 special nursing care, if they are confused or agitated or need to be monitored closely, a nurse on shift is allocated to provide the necessary care, leaving the other staff with more patients. Patient 'specials' should be in addition to the usual shift requirements. Budget constraints are the most widely cited reason for this staffing approach, and results in more workload pressures being experienced by other staff who are already battling with burnout and fatigue at work.

Midwifery staffing vacancies remain problematic across remote and rural areas, with no discernible improvements reported. Maternity services at Tamworth Hospital have been on bypass at least twice this year, meaning ambulances were redirected away from the major rural referral hospital to Armidale Hospital, more than 100 kilometres away. Midwifery vacancies at Tamworth Hospital are around 50 per cent the minimum total staffing that's required.

Many enrolled nurses in remote, rural and regional areas have expressed interest in professional development, and willingness to study for a Bachelor of Nursing however, the financial burden and unpaid time for study and clinical placements have made this impossible for most. A scholarship or allowances to cover these costs would enhance the rural workforce capacity in a very cost effective and timely manner. This would enhance attempts for regional, rural and remote communities to "grow their own" registered nurse and midwifery workforce.

We note that the Government has recently announced that trainee police officers will be paid during their training. Members of the Association have repeatedly raised the cost of training, whether that is at TAFE to become an Enrolled Nurse (EN), or at university to become a Registered Nurse or Midwife. Compounding the course cost is the lost wages whilst on clinical placement and the cost of accommodation and food whilst travelling for placements. The NSW Government should work with the Federal Government to fully fund courses and clinical placements to rebuild the nursing and midwifery workforce. That it is possible for a male dominated workforce like the police shows that it should at least be possible for cohorts within nursing and midwifery too.

Access to accommodation is a significant issue in remote, rural and regional communities. In Southern NSW LHD for example, all public health sites struggle to provide accommodation. This is amplified in coastal areas such as Bega, Moruya and Batemans Bay. We are aware

the LHD is currently renting and managing approximately 30 properties just in the Bega area to secure accommodation for health staff.

LHD pays market rent and either passes it on to the renter, or in the case of agency and FIFO medical staff, provides that accommodation as part of the contractual arrangements. Additionally, as accommodation is part of the contract, that group get priority for any available accommodation.

The inequity of accommodation support is often obvious. By way of example, a Nurse Unit Manager who accepted a position in Southern NSW LHD spent her first three months living in a caravan park however, FIFO locums are accommodated in serviced apartments, some at more than $500 per night.

Another significant barrier for the nursing and midwifery workforce in remote, rural and regional communities is the lack of suitable, flexible and affordable childcare. This limits or prohibits their ability to work. This issue, like housing affordability, is widespread across the state.

> **Case study:**
> An Enrolled Nurse member of the Association, working in a border town, is working permanent part time hours. Although at retirement age, the member cannot afford to retire, yet her income is insufficient to meet rent and cost of living demands. The member was deemed ineligible for social housing and is rapidly facing homelessness and will be reliant on her daughter for on-going accommodation.

Recommendation 17
That NSW Health work to widely implement the Nurse Practitioner model of care in rural, regional and remote New South Wales, by:

- *funding the recruitment and training of additional Nurse Practitioners to work in rural, regional and remote areas, particularly in facilities without 24/7 doctor coverage, or that utilise virtual medical coverage*
- *working with the Australian Government to address the practical barriers to creating and supporting these roles identified by the Australian College of Nurse Practitioners.*

Allowing nurses and midwives to work to their full scope of practice, along with more nursing or midwifery-led models of care would offer significant cost savings to NSW Health, as well as improve health outcomes for patients in remote, rural and regional communities.
We support the federal government's Nurse Practitioner Workforce Plan which aims to expand the services of highly trained Nurse Practitioners, as a way of addressing increasing demands for health and aged care and chronic workforce shortages Australia wide.

Recommendation 18
That in addition to peer group B hospitals, NSW Health employ a geriatric nurse in all peer group C hospitals. Where a geriatric nurse is not employed, NSW Health develop and provide staff members with annual training in geriatric care to ensure an ageing population is given the best health care when visiting a health care facility.

We are not aware of any significant progress on this recommendation.

The population in remote, rural and regional areas is increasingly elderly, with higher health needs and lower health literacy. We are aware of an aged services navigator-type nursing

role that existed in Wagga Wagga to coordinate care and services, and assist older people with navigating the hospital, home care, and aged care systems but the role was deleted when the specialist nurse retired. There does not appear to be any budget to reinstate this position.

Associated with an ageing population is an increase in patients presenting with behavioural and psychological symptoms of dementia (BPSD). These patients often spend extended time in hospital stays, waiting for residential aged care beds, when their families are no longer able to manage their conditions at home. Providing a trained geriatric nurse would not only support the ageing population directly, but also other nurses who are yet to obtain specialised training in how to safely care for a challenging patient cohort.

Recommendation 19

That the rural and regional Local Health Districts:

- *formalise and remunerate on call arrangements for nurses and midwives across all public health facilities in accordance with industrial awards*

Despite this recommendation the MoH refused to include in the Award an on-call roster system where staffing levels are inadequate to meet roster demands. This means that members are contacted regardless and asked to work extra-hours or overtime. This, in our view, is a default on-call roster where the members are not paid for the inconvenience and feel compelled to answer the call as they know how dire the staffing is at their site.

On call arrangements for nurses and midwives, where staff are required to be on-call on days off, are yet to be formalized across all relevant public health facilities.

- *engage with the emergency departments in their area to develop agreed plans to address security issues with timeframes and regular progress reporting*

There are high rates of violence and aggression in emergency departments across the state, leading to significant physical and psychological injury to nurses and midwives. Rural and regional emergency departments are often poorly equipped to safely manage these risks. In a larger metropolitan hospital setting, pressing a duress alarm summons a 'code black' response, with enough (hopefully trained) people to undertake a physical restraint of the aggressor if necessary. In rural facilities, there may not be enough staff on site to undertake a restraint. There are many remote, rural and regional sites where pressing a duress alarm will send a signal to a monitoring company (which may be interstate). This company will then call the site to check if it is a false alarm *before* calling the police. In some instances, the nearest police station may be 90 kilometres away. This is not an adequate arrangement to provide a timely and effective duress response to ensure the safety of nurses, midwives and other health staff.

- *increase and formalise professional development opportunities for nurses and midwives, ensuring that rostering accounts for this.*

There have been attempts to achieve this in Far West NSW LHD to ensure there are experienced and skilled staff available on call, should they be required, especially if any early career or less experienced staff are left in-charge of the facility. Budget shortfalls and staffing deficits mean that releasing staff for professional development and education opportunities remains problematic, as does backfilling their positions.

Recommendation 20

That NSW Health, as part of its review of the nursing and midwifery workforce:

- *develop stronger partnerships with the university sector to more proactively engage local people and support them through rurally and regionally based education, training and professional development to become qualified nurses and midwives*
- *develop partnerships between rural, regional and metropolitan Local Health Districts to devise programs for nurses and midwives who are either early career, specialised or are experienced to practice in rural and remote locations*
- *implement professional, financial and career enhancement incentives for nurses and midwives who work in rural and remote locations.*

Our poor experience with the Rural Health Workforce Incentive Scheme has been raised with the government regarding consistency and transparency, principally from the incentives largely being at the discretion of Chief Executives, pursuant to a policy which does not have the specificity of an award. These problems are exacerbated by changes to the scheme which are made somewhat informally with little guidance or detail. These changes, such as the doubling of incentives to $20,000, appear to remain outside of policy.

The Rural Heath Workforce Incentive Scheme is based on a federal framework, but is applied to a state-based program using a NSW Health policy, which creates ambiguity and allows for each LHD to apply it slightly differently. Whilst the districts will report there is criteria which they measure applications against, such as hard to fill positions (advertised at least twice), there is the ability for the Chief Executive to exercise some discretion. For example, Queanbeyan Hospital was excluded from the scheme based on its proximity to the ACT however, that is also a reason it should be incentivised. Queanbeyan, just like Tweed, cannot compete with another state/territory with superior wages and conditions. In the Queanbeyan scenario, the LHD lobbied NSW Health and had the decision overturned, which shows there is capacity to amend the criteria, but also outlines a worrying lack of understanding by government about recruitment barriers.

There is also LHD inconsistency with eligibility criteria. For example, HNELHD offers a retention bonus to CNEs, but Southern NSW LHD does not. In SNSW LHD the consequence for some sites is CNEs resigned their positions.

We have recently had representation from a case load Diabetes Educator in Far West NSW LHD, who is in a job share arrangement, and her colleague (who subsequently resigned), successfully applied for the incentive, but she was rejected. This nurse is now considering resigning from the role, which will leave FW NSW LHD without any diabetes services.

Another example of the inconsistency is between Batemans Bay and Moruya. These two sites are managed as one (Eurobodalla), and staff work over both sites. However, if the staff member's position has a Batemans Bay cost code, they are not eligible as Batemans Bay is excluded. The net effect is that staff working together in the same unit are treated differently. In short, the scheme is very divisive and has led to resignations.

As Treasury urges all public services to make savings, LHDs have looked to their largest group of employees to make the savings. In Southern NSW the initiatives have had a deleterious effect, including the removal of FTE leave relief. In contrast, the LHD continues to incentivise Drs, and is now offering locum shift remuneration of $3000 per shift.

Recommendation 26, and
That the NSW Government implement the midwifery continuity of care model throughout rural, regional and remote New South Wales.

Recommendation 27
That the rural and regional Local Health Districts, and those metropolitan Local Health Districts that take in regional areas of the state, review their maternity services in order to develop plans for midwifery, GP Obstetrics, specialist Obstetrics and newborn services.

The government has established a new expert advisory group to improve birthing experiences through the delivery of a blueprint for maternity services. The 52-page blueprint details 10 maternity service goals, including respectful and inclusive care, and timely information regarding outcomes during labour and birth. Without an increase in funding for midwifery staffing levels the blueprint is at risk of failure. A key target is for all women to be offered debriefing post delivery; this is aimed at decreasing birth trauma. This requires adequate staffing to deliver. Workloads on postnatal wards, combined with poor skill mix means that quality debriefing opportunities are missed.

The Association is party to a working group, as a sub-set of the Safe Staffing Levels Taskforce. This working group is reviewing Birth Rate Plus™ which is the staffing tool for larger maternity sites in NSW. Many smaller regional services have their staffing levels set by the employer through a review of the previous year's activity and current bookings. This requires greater scrutiny to ensure the staffing levels are adequate.

We draw your attention to the Legislative Council's Inquiry into Birth Trauma, and the recommendations within our submission to that Inquiry. Of key relevance for this hearing is the need to significantly increase the number of midwifery led models of care where midwives and endorsed midwives can work to their full scope of practice. This will not only improve the quality of care and reduce costs but will assist in the recruitment and retention of midwives into regional, rural, and remote NSW.

We draw your attention to Federal Government level reviews of the Midwifery workforce (see here) and reviews of the midwives' scope of practice. The State Government needs to work with the Federal Government and key stakeholders such as the Association in ensuring we have solutions.

Recommendation 28
That NSW Health in conjunction with NSW Ambulance and unions review the use of ambulance vehicles for patient transfers, and in partnership with the rural and regional Local Health Districts explore extending the hours of operations of patient transfer vehicles to provide 24-hour coverage and minimise the number of low-acuity jobs that paramedics attend to, to relieve pressure on ambulance crews.

The NSWNMA represents members working in patient transport services. It would be advantageous to reduce the need for paramedics to be attending to lower acuity responses, and instead be available locally for emergent needs in the towns in which they are stationed.

Recommendation 30
That NSW Health:

- *commit to providing continuity of quality care with the aim of a regular on-site doctor in rural, regional and remote communities*
- ***commit to a model of care under which virtual care technology is used to supplement, rather than replace, face-to-face services***

- *where virtual models of medical care are operating, roster additional suitably trained nursing staff to assist in the provision of the physical care usually attended to by the medical officer*
- *provide staff members with training on how to effectively use telehealth and other virtual models of care*
- ***create a public information campaign specifically targeted to rural, regional and remote communities in order to assist patients to effectively engage with virtual care, including factsheets and checklists to set expectations and support positive interactions***
- *ensure that the use of virtual care, if required, is undertaken in consultation with community members, health providers and local governments in rural, regional and remote areas*
- *investigate telehealth cancer care models to improve access to cancer treatment and care including the Australasian Tele-trial model to boost clinical trial participation in regional areas.*

There are still many issues with virtual care. LHDs are using virtual care/telehealth to save money and not fill medical shifts. Staff are being told they don't need a doctor located on site, as they have virtual care. Reportedly, early career staff are being coerced into being in-charge of a facility or working independently in ED, with minimal or no available skilled and experienced nursing or medical staff to hand and are having to rely on virtual care.

It has potential to enable broader and faster service provision, but there needs to be a threshold for training and competence that must be met to have skilled and competent human clinicians effectively work with virtual care to provide safe patient care.

Recommendation 32, and
That NSW Health and the Local Health Districts improve the cultural safety of health services and facilities by engaging with Aboriginal Elders and local communities to:

- *revise and incorporate local content into cultural awareness training such as Respecting the Difference: Aboriginal Cultural Training*
- *listen to their experiences of the healthcare system and seek guidance around what cultural safety strategies should be applied in their areas*
- *include prominent Acknowledgements of Country in all NSW Health facilities as a starting point.*

Recommendation 33, and
That NSW Health and the Local Health Districts, particularly those located in rural, regional and remote areas, prioritise building their Indigenous workforce across all disciplines, job types and locations. This should include additional funding targeted at increasing the number of Aboriginal Care Navigators and Aboriginal Peer Workers.

Recommendation 34, and
That NSW Health and the Local Health Districts prioritise formalising partnerships with all Aboriginal Community Controlled Health Services to support the delivery of health services and improve the health outcomes of First Nations people in New South Wales. These partnerships should include formal documentation of service delivery responsibilities and expected outcomes.

Recommendation 35
That the NSW Government mandate the requirement for each Local Health District to have at least one Indigenous community representative on the governing board.

We note there has been some progress on improving cultural safety for patients, and increasing the numbers of health care workers who are Aboriginal or Torres Strait Islanders; such as First Nations students undertaking healthcare traineeships, and the move to implement Aboriginal Health Practitioners into emergency departments from next year.

However, we have had significant problems seeking access to the data around this. The lack of transparency does not assist in working towards solutions and monitoring efficacy.

In 2023 the NSWNMA established a formal structure within our union for Aboriginal or Torres Strait Islander members to ensure their voice within their union. A key issue from our members is their cultural safety at work. Many experience racism at work, and many were faced with carrying a cultural load in their workplace at the time of the Yes referendum.

The lack of cultural safety experienced by Aboriginal or Torres Strait Islander members is a cause of psychological harm which the employer act on. Many experience a lack of understanding when attempting to access extended leave for Sorry Business. We strongly recommend that NSW Health work with the Association and Aboriginal or Torres Strait Islander members of the union to improve workplace cultural Safety within NSW Health.

Recommendation 40

That NSW Health and the rural and regional Local Health Districts:

- *commission an independent review of workplace culture including complaints management mechanisms and processes to align with a culture in which feedback from staff is encouraged, based on values of openness, continuous improvement and respect*

This process should occur in consultation with stakeholders, such as the NSW Nurses and Midwives Association. We note the Annual *People Matter* surveys, but we also note that the results indicate poor progress in improving the outcomes. We also note that the survey does not allow for the examination as to whether one discrete workforce, in example nursing and midwifery, is fairing better or worse than another.

- *implement complaints management training for staff, particularly those in management positions*

Any complaints management training must address the obligation to manage psychosocial risk for those reporting, including a good understanding of how to undertake processes in a trauma informed way that do not cause further harm to those who are already injured.

- *commission the conduct of independent and confidential staff satisfaction surveys to measure progress and cultural improvements over time*

NSW Health already utilises the annual People Matters Survey which is a staff satisfaction survey. The NSWNMA recommends this should be complemented by the use of psychosocial risk assessment processes, such as People at Work. This process commences with a survey to identify psychosocial risk in the workplace but goes beyond this to include focus groups to further explore the issues and the development of action plans. Local committees including management and worker representatives should be established to provide oversight of this process.

- *review and enhance whistle blower protections to ensure staff feel comfortable in speaking up, with training material to be developed and implemented across the Local Health Districts to support this change*

We are not aware of any significant progress on this recommendation. This places employees at risk and creates significant governance risks to the employer.

- *develop and fund a plan to eliminate bullying and harassment within the rural and regional Local Health Districts.*

We have been advised of cases involving senior nursing managers targeting staff who complained in supposedly anonymous staff surveys, where data could be analysed to identify staff who had made negative comments. While there have been some improvements made, this data should not be handed over in full to LHD management and should be handled and properly de-identified and collated by an independent organisation.

We are aware bullying and harassment remains problematic in many sites. This may be even more of an issue where NSWNMA delegates are targeted for raising concerns on behalf of their workplace branch on safe staffing concerns or poor workplace culture.

Bullying is a significant issue for nurses and midwives working in rural and regional LHDs, and more must be done to eradicate bullying to prevent harm to workers and to improve staff retention. This year's People Matters Survey results demonstrate bullying is a serious problem within our health services.

LHD	Witnessed bullying	Experienced bullying
Far West	34%	19%
HNE	29%	17%
ISLHD	30%	18%
MNC	32%	21%
MLHD	34%	20%
NNSW	32%	19%
SNSW	30%	19%
WNSW	31%	18%

It is clear bullying is causing significant harm to nurses and midwives. Recent research based on NSW workers' compensation data shows nurses are twice as likely to suffer a psychological injury than any other workers, and rates of compensable psychological injury have increased over 150% in the period 2013-2015 and 2019-2021. Of these injuries, 38.5% are attributable to bullying and harassment[4].

The combination of the People Matter Survey results and the workers' compensation data demonstrate current measures for eliminating/minimising harm arising from bullying are not working and this, along with the introduction of the new WHS regulation 55A-D which clarifies the need for a proactive risk management approach to addressing psychosocial hazards including bullying and harassment, demonstrates significant work is required in this area.

The design of a plan to eliminate bullying and harassment within the rural and regional LHDs should be developed in consultation with stakeholders including the NSW Nurses and Midwives Association, with suitable governance arrangements to oversee plan

[4] Gelaw, A., Sheehan, L., Gray, S. and Collie, A. Psychological injury in the New South Wales Healthcare and Social Assistance industry: A retrospective cohort study. Healthy Working Lives Research Group, School of Public Health and Preventive Medicine, Monash University (2022)

implementation established at a state and LHD level (these arrangements must include workers and their representatives).

We thank the Chair for this opportunity to make further comment today and remain available should there be further questions or clarification sought.

Yours sincerely

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SHAYE CANDISH
General Secretary
NSW Nurses and Midwives' Association