

**Submission
No 77**

HEALTH SERVICES AMENDMENT (SPLITTING OF THE HUNTER NEW ENGLAND HEALTH DISTRICT) BILL 2025

Organisation: NSW Nurses and Midwives' Association

Date Received: 23 April 2025

**SUBMISSION BY THE
NSW NURSES AND MIDWIVES' ASSOCIATION**

**Health Services Amendment (Splitting of the
Hunter New England Health District) Bill 2025**

APRIL 2025



**NSW
NURSES &
MIDWIVES'
ASSOCIATION**



**AUSTRALIAN
NURSING &
MIDWIFERY
FEDERATION
NSW BRANCH**

NSW NURSES AND MIDWIVES' ASSOCIATION
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This response is authorised by the Elected Officers of the New South Wales Nurses and Midwives' Association.

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Introduction

1. The New South Wales Nurses and Midwives' Association (NSWNMA) is the industrial and professional body for nurses and midwives in New South Wales, representing over 80,000 members across the full spectrum of healthcare services in NSW, including public and private hospitals, midwifery, corrective services, aged care, disability, and community settings.
2. NSWNMA strives to be professional and innovative in our advocacy on behalf of members to promote a world class, well-funded and well-staffed integrated health system. We are committed to improving the quality of all health and aged care services, whilst protecting and advancing the interests of nurses and midwives and their professions.
3. We work with our members to improve their ability to deliver safe and best practice care, fulfil their professional goals and achieve a healthy work/life balance.
4. Our strong and growing membership and our integrated role as both a trade union and professional organisation provides us with a complete understanding of all aspects of the nursing and midwifery professions which see us uniquely placed to defend and advance our professions.
5. Through our work with members, we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.
6. The NSWNMA thanks the Legislative Assembly Committee on Community Services for the opportunity to provide feedback on the Health Services Amendment (Splitting of the Hunter New England Health District) Bill 2025.

Overview

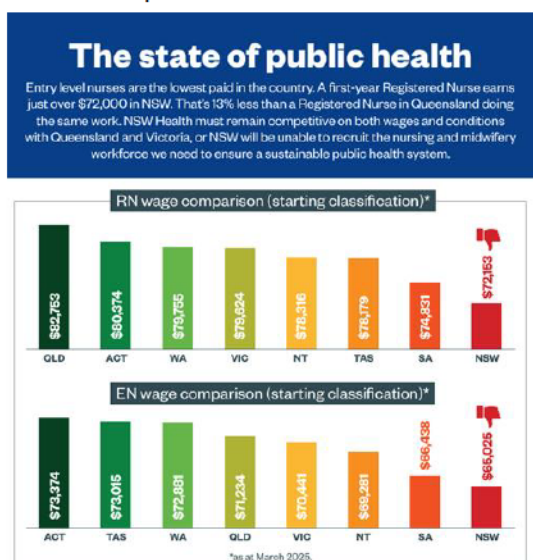
7. This submission intends to highlight the fundamental workforce issues currently impacting nurses and midwives working within the Hunter New England Local Health District (HNELHD). Specifically, it will focus on:
 - Recruitment and retention of health professionals
 - Cultural Safety
 - Funding distribution across the local health district (LHD)
 - Skill mix
8. Our membership encompasses nurses and midwives optimally positioned on the frontline to identify health service inadequacies, as well as propose practical improvements.
9. Our members remain concerned about hospital safety and service quality in HNELHD. A chronic lack of nurses, midwives, medical officers, allied health workers and security personnel, continues to compromise the wellbeing of both healthcare professionals and consumers. Historical underfunding, insufficient service provision, uneven resource distribution and geographical location have compounded this, resulting in suboptimal healthcare service delivery. Due to this, the NSWNMA proposes that funding be dedicated to clinical care, rather than changes to LHD and managerial structures.
10. The NSWNMA fundamentally advocates for the fair and equal distribution of funds and resourcing across LHDs, irrespective of any potential split. The Association submits that an urgent review of the HNELHD's workforce and resourcing is imperative to improving health service delivery across the 131,785km² region. The implementation of solution-focused interventions, including better pay and safe skill mixes for nurses and midwives, will enhance staff capability and satisfaction, subsequently improving service quality and delivery within the HNELHD.
11. The NSWNMA acknowledges the objective of splitting the HNELHD, to constitute the two separate LHDs of Hunter Local Health District and New England North West Local Health District, to improve service delivery. However, the Association requests more evidence of the potential efficacy of such an action.

Summary of Recommendations

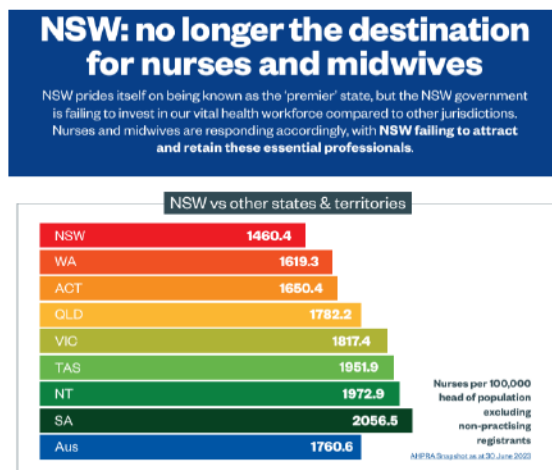
12. Funding must be evaluated and fairly distributed across the HNELHD, whether split or not, to ensure equitable service provision.
13. Review of HNELHD's nursing and midwifery workforce and resourcing.
14. Urgent Investment to address inappropriate skill mix, particularly in rural and remote facilities.
15. NSW wages must be competitive and reflect the vital contributions of nurses and midwives. Moreover, wages must be comparable to that of other states and territories.

HNELHD Recruitment and Retention

16. The NSWNMA is informed that high-risk maternity care in the rural town of Moree, located within HNELHD, is currently supported by John Hunter Hospital in Newcastle. High-risk women and birthing people are assessed via face-to-face monthly visits by a team of two obstetric consultants, a clinical midwifery consultant (CMC) and a midwife, flown from John Hunter Hospital. Such women and birthing people are also reviewed by the team remotely via telehealth, if more frequent assessment is required, and are predominantly transferred to Newcastle, prior to birth, due to their complexities.
17. If the proposed split of the HNELHD were to occur, the level 6 tertiary referral facility of John Hunter Hospital would fall outside the confines of Moree's assigned New England North West Local Health District, likely ending this arrangement or necessitating the often time-consuming and expensive logistics of inter-LHD transfer. High-risk mothers and birthing people would therefore likely also require care from the level 5 tertiary referral facility of Tamworth Base Hospital, the hospital of highest delineation within the proposed New England North West Local Health District.
18. The NSWNMA is aware that maternity supports at Tamworth Base Hospital are currently impacted by critical maternity staff shortages. The Association continues to have ongoing Union Specific Consultative Committee (USCC) discussions regarding such critical shortages at Tamworth Base Hospital. We assert that these maternity staff shortages be addressed as a matter of urgency, prior to any decision being made about a potential split of the LHD.
19. To remedy staff shortages in hospitals such as Tamworth Base Hospital, the government have spent more than \$103 million on agency costs and more than \$217 million on overtime costs. Even though agency staff fill service gaps, many understaffed rural and remote facilities within the HNELHD are currently unable to attract agency nurses and midwives.
20. The NSWNMA has significant concerns regarding the current scarcity of nurses and midwives in rural and remote NSW communities and we recognise the urgent need to grow and retain the current nursing and midwifery workforce. NSW is lagging behind other Australian states and territories, particularly regarding pay rates within the NSW Health System. Better pay would help attract and retain nurses and midwives. The NSWNMA asserts that the potential split of the HNELHD should not detract from current workforce concerns. Rather, an urgent review of staffing and service gaps is required to ensure that regardless of location, all people residing within the HNELHD have access to safe and equitable healthcare.



21. Members located within HNELHD's Tenterfield region inform us that they endure limited staffing and resource support due to location. Specifically, members suggest that Tenterfield's proximity to the Queensland border means that many NSW nurses and midwives are instead choosing to seek employment in Queensland, due to higher salaries and better working conditions. The NSWNMA reiterates the significance of better pay in attracting and retaining nurses and midwives within NSW LHD's, to ultimately improve service quality and delivery, particularly in rural and remote areas.

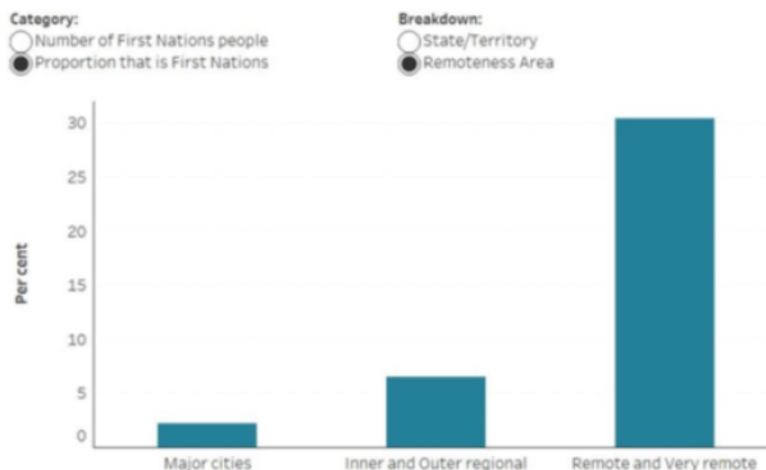


"HNELHD is Newcastle-centric and Tenterfield is so far away from Newcastle. We would be better going to Queensland [to work], as no one cares about the smaller, rural and remote facilities"- NSWNMA member from the Upper Hunter

Aboriginal and Torres Strait Islander Healthcare In HNELHD

22. Significant proportions of HNELHD encompass rural and remote regions of NSW. Approximately 6% of Aboriginal and/or Torres Strait Islander people live in remote areas, whilst 9.4% live very remotely¹. The proportion of the total population who identify as being Aboriginal and/or Torres Strait Islander increases with remoteness. The NSWNMA acknowledges the profound connection to land and Country in First Nations culture. This connection not only shapes identity but also encompasses responsibilities, spirituality, social kinship and emotional well-being. Due to this, travelling to nearby towns for appropriate healthcare or implementing telehealth services is not always conducive to Cultural Safety in rural and remote communities. Any split of HNELHD must consider how the change would benefit Aboriginal and Torres Strait Islander people.

¹ Australian Institute of Health and Welfare. (2024). *Aboriginal and Torres Strait Islander Health Performance Framework- Summary Report*. <https://www.indigenoushpf.gov.au/Report-overview/Overview/Summary-Report>



Note: Data are ABS 2021 Census-based estimated resident population.

Source: ABS 2022b.

<https://www.aihw.gov.au/>

HNELHD Funding & Resource Distribution

23. The NSWNMA supports the equitable distribution of funding and resources across the HNELHD, whether split or not, to ensure fair service distribution. Our members inform us that current HNELHD funding and resources are perceived to be predominantly allocated to the metropolitan area of Newcastle, compromising security, staffing and education of nurses and midwives in rural and remote regions.

"We should be an LHD on our own. All the money goes into the John Hunter, and we see nothing. This is my community, this is our hospital, and we need it to be governed by our own people, who have our community at heart." - NSWNMA Member from the HNELHD

"We rarely see managers at my rural facility. When they do come, their visits are rushed. It feels like more of a meet and greet. They make no major changes out here." - NSWNMA Member from the HNELHD

24. The Association has significant concerns regarding the higher number of early-career workforce being used for staffing in some of HNELHD's rural and remote facilities. Increased workloads, combined with poor skill mix, means that safety and quality healthcare are being compromised. The NSWNMA submits that there needs to be a significant investment in clinical education and professional development, with staff provided with sanctioned time, support, and funding to undertake continuing education away from their routine work, that will build the knowledge and capability of rural, regional and remote nurses and midwives in HNELHD.
25. Specifically, poor resources within the LHD's mental health services, along with a limited specialised mental health nursing workforce, this continues to compromise the safety of both healthcare professionals and consumers.

26. Despite this, our mental health workforce members support HNELHD's current centralised intake and bed allocation service. They have expressed concern that any potential split of the LHD will equate to fewer beds being available for patients requiring mental healthcare.

Conclusion

27. This submission highlights the significant systemic shortfalls impacting nurses and midwives working within the HNELHD which need to be addressed as a matter of greater urgency than that of splitting the existing LHD.