

**Submission
No 44**

**HEALTH SERVICES AMENDMENT (SPLITTING OF THE MURRUMBIDGEE
LOCAL HEALTH DISTRICT) BILL 2025**

Organisation: NSW Nurses and Midwives' Association

Date Received: 18 December 2025

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

**Health Services Amendment
(Splitting of the Murrumbidgee Local
Health District) Bill 2025**

DECEMBER 2025



NSW NURSES AND MIDWIVES' ASSOCIATION
AUSTRALIAN NURSING AND MIDWIFERY FEDERATION NSW BRANCH

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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 81,000 members across the full spectrum of health care services in NSW, including public and private hospitals, midwifery, corrective services, aged care, disability, and community settings.
2. NSWNMA strives to be innovative in our advocacy to promote a world class, well-funded, integrated health system by being a professional advocate for the health system and our members. 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 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 and sees 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 Murrumbidgee Local Health District) Bill 2025.

Overview

7. In April 2025, the NSWNMA provided a comprehensive submission to the Legislative Assembly Committee on Community Services' Inquiry into the Health Services Amendment (Splitting of the Hunter New England Health District) Bill 2025. That submission clearly outlined that significant systemic shortfalls continue to compromise the safety and wellbeing of both patients and health practitioners working within the Hunter New England Local Health District (HNELHD), with nurses and midwives experiencing:
 - Inadequate recruitment and retention
 - A lack of Cultural Safety
 - Inequitable funding and resource distribution across the local health district (LHD)
 - Inadequate skill mix

The NSWNMA remains adamant in our position that such clinical shortcomings must be addressed foremost, prior to any proposed alteration to the LHD, or managerial structures. We have appended the submission for reference.

8. Our nursing and midwifery members working within the Murrumbidgee Local Health District (MLHD) concerningly echo their colleagues in the HNELHD, describing similar incidents of chronic understaffing and underfunding, insufficient service provision, and uneven resource distribution. Our members resoundingly submit that these systemic inadequacies detract from patient care and result in suboptimal service delivery.
9. Operating 33 public hospitals and 12 community health centres, the MLHD currently services regional and rural communities across a substantial 125, 243 square kilometres¹. The NSWNMA contends that the LHD's geographical location and growing population, which is projected to increase to approximately 245,022 residents by 2031, merely compound the existing service issues of the LHD. Therefore, we assert that MLHD is currently limited in its capacity to achieve its fundamental aim of delivering "exceptional rural healthcare."
10. The NSWNMA acknowledges the intention of splitting the MLHD, to constitute the two separate LHD's of Murrumbidgee Local Health District and Western Riverina Local Health District, to fundamentally improve service delivery. However, the Association continues to question the potential efficacy of such an action. Rather, we advocate for an urgent review of the MLHD's current nursing and midwifery workforce and distribution of funding and resources. Irrespective of any potential split, addressing these fundamental issues is key to improving health service delivery across the LHD.

Summary of Recommendations

11. Urgent review of the MLHD's current nursing and midwifery workforce.
12. Investment in the nursing and midwifery workforce. NSW wages must be competitive and reflect the vital and valued contributions of nurses and midwives. Moreover, wages must be comparable to that of other states and territories. This will ultimately end the haemorrhaging of experienced staff, seeking fairer pay and better conditions, to neighbouring states.
13. Thorough evaluation and fair distribution of funding and resources across the MLHD, irrespective of any potential split.
14. Urgent review of current service gaps across the MLHD is imperative, as regardless of geographical location, all healthcare consumers are entitled to safe, timely and equitable service provision.
15. Funding the employment of highly skilled and cost-effective nurse practitioners and endorsed midwives in the MLHD must be an urgent consideration of this Inquiry.
16. The employment of additional First Nation's nurses and midwives must be supported within the MLHD to enhance Cultural Safety and service engagement.

Recruitment and Retention in the MLHD

¹ Murrumbidgee. NSW Health, n.d. <https://www.health.nsw.gov.au/lhd/Pages/mlhd.aspx>

17. Hospitals currently offering maternity services within the MLHD include Wagga Wagga Base Hospital (Level 5 Maternity Service Capability), Griffith Base Hospital (Level 4 Maternity Service Capability), and smaller sites offering a range of models of care including Midwifery Group Practice (MGP), GP Shared Care and Midwifery Antenatal Postnatal Service (MAPS) (Level 1-3 Maternity Service Capability)².
18. NSWNMA members inform us that maternity services at Griffith Base Hospital are currently being impacted by critical staff shortages. Specifically, Griffith Base Hospital are experiencing a reduction of approximately 14 FTE midwifery positions, with recent recruitment efforts proving futile. Such critical maternity staff shortages are of significant concern, because if the proposed split of the MLHD were to occur, Griffith Base Hospital would be the highest delineated maternity service within the suggested Western Riverina Local Health District. As per NSW Health's *Maternity and Neonatal Service Capability Guideline*³, Level 4 Maternity Services require midwifery staffing at all times, in addition to a nurse/ midwife unit manager, nominated midwifery clinical leader and a clinical midwifery educator, to ensure minimum requirements are met for safe and high-quality clinical services.
19. At the time of this submission, Griffith Base Hospital is struggling to achieve the required midwifery staffing and is subsequently struggling to remain a functioning maternity service within the LHD. Our members inform us that their lower delineated maternity services are often obligated to bypass Griffith Base Hospital during referral, instead sending women directly to Wagga Wagga Base Hospital, or even interstate, despite the inevitable additional travel distance. This is simply unsatisfactory and must be resolved promptly, particularly as Griffith Base Hospital functions as the only Level 4 Maternity Service within the region, irrespective of any proposed split. The demise of the maternity service due to inadequate staffing would be catastrophic for the community.
20. Moreover, the *Maternity and Neonatal Service Capability Guideline* specifies that facilities with Maternity Levels 4 to 6 are partnered, at a minimum, with a neonatal service one level lower, to optimise safe and high-quality care, as well as support the appropriate use of health resources⁴. Our members report that maternity services at Griffith Base Hospital would not be able to cope if a proposed split demanded the facility to support more lower delineated facilities. The NSWNMA therefore questions the feasibility of such partnerships when critical midwifery shortages are evident.
21. Our members from Wagga Wagga Base Hospital have alerted the NSWNMA to approximately 250 vacant nursing and midwifery shifts, hospital-wide, for their upcoming January 2026 roster. The NSWNMA asserts that nursing and midwifery staff shortages must be reviewed as a matter of urgency, prior to any decision being made about a potential split of the LHD.
22. The Association also continues to maintain significant concern regarding the high number of early-career midwives being employed in MLHD's facilities. The NSW Nurses and Midwives' recent *Maternity Workforce Survey Report (2024)*⁵ revealed critical concerns within the statewide maternity workforce, in particular, the disparity in experience levels, with nearly 30% having only 0-4 years of experience and just 18% possessing over 30 years. This imbalance fundamentally

² Telford, M; et al. (2021). "Giving birth in the Murrumbidgee region: A quantitative and qualitative approach to general practice obstetrics in a rural region." *The Australian journal of rural health*, 30 (4): 512-519.

³ Maternity and Neonatal Service Capability Guideline. NSW Health, 2022.
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2022_002.pdf

⁴ Maternity and Neonatal Service Capability Guideline. NSW Health, 2022.
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2022_002.pdf

⁵ Available by request to the NSWNMA.

affects care quality, job satisfaction, retention, and workplace culture. Early-career midwives are especially vulnerable, facing double shifts, pressure to complete tasks outside their expertise, and increased public abuse, leading to burnout and attrition.

23. Our nursing and midwifery members employed in the MLHD Multi-Purpose Services (MPS) have advised us of their inability to recruit new graduates. New graduate vacancies have been increasing throughout the LHD in recent years. The NSWNMA advocates that regional, rural and remote NSW communities should be adequately supported to grow their own nursing and midwifery workforce. Locally trained health practitioners are crucial in ensuring a sustainable, locally attuned and high-quality workforce, as they understand their community’s unique needs. A locally grown workforce further enhances a sense of belonging and is cost-effective. Therefore, it must be a key consideration of this Inquiry.
24. The Association additionally emphasises the need to prioritise wellbeing and work-life balance, in order to successfully attract and retain nurses and midwives employed in the MLHD. Specifically, supportive recruitment that connects nurses and midwives to appropriate housing, childcare, community initiatives and social events is imperative to improving morale and reducing attrition rates. Our members have identified that a lack of affordable housing remains an ongoing barrier for staff recruitment. We contend that affordable housing for essential healthcare workers is vital close to health facilities to reduce commutes and increase retention rates.
25. The NSWNMA asserts that any potential split should not detract from current workforce concerns in the MLHD. The Association recognises the urgent need to grow and retain the current nursing and midwifery workforce. NSW is lagging well 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. This Inquiry must contemplate the introduction of competitive wages to attract and retain nurses and midwives working in the MLHD.

Table 3: Current base pay rates for RN at entry level and highest automatic increment, by jurisdiction, as at April 2024

| Jurisdiction | RN Y 1 | RN Highest Automatic increment |
|------------------|----------|--------------------------------|
| QLD ¹ | \$82,753 | \$106,144 |
| NT ² | \$76,035 | \$101,612 |
| WA | \$75,957 | \$96,712 |
| TAS ³ | \$75,902 | \$96,423 |
| ACT | \$72,698 | \$97,112 |
| SA ⁴ | \$72,651 | \$99,129 |
| NSW | \$70,050 | \$98,351 |
| VIC ⁵ | \$67,759 | \$95,706 |

Source: ACTPS Nursing and Midwifery Enterprise Agreement 2020-2022, Public Health System Nurses and Midwives (State) Award 2023, Northern Territory Public Sector Nurses and Midwives’ 2022-2026 Enterprise Agreement, Nurses and Midwives (Queensland Health and Department Of Education) Certified Agreement (Eb11) 2022, Nursing and Midwifery (South Australian Public Sector) Enterprise Agreement 2022, Nurses and Midwives (Tasmanian State Service) Agreement 2023 [T15086 of 2023], Nurses and Midwives (Victorian Public Sector) (Single Interest Employers) Enterprise Agreement 2020-2024, ANF Registered Nurses Midwives and Enrolled Nurses Industrial Agreement 2022.

26. The NSWNMA argues that low wages also continue to drive inefficiencies within the healthcare system. Agency contracts for nurses and midwives are expensive yet are relied upon heavily within

the MLHD. Despite this, managers continue to report inability to effectively fill workforce gaps through such means, primarily due to the interstate pay disparity. Nurses and midwives, including Agency staff, continue to leave the NSW Health system for superior pay and conditions in other states and territories. This is very problematic.

“My facility is 3 hours away from the Victorian border and we are struggling to attract nurses and midwives wanting agency contracts.” - NSWNMA member from MLHD.

Funding & Resource Distribution in the MLHD

27. The NSWNMA vehemently supports the equitable distribution of funding and resources throughout the MLHD, regardless of geographical location and irrespective of any proposed split. Our members voice concern that current MLHD funding and resourcing is predominantly allocated to larger sites such as Wagga Wagga Base Hospital or Griffith Base Hospital, ultimately compromising fair service distribution. The NSWNMA affirms that the inappropriate allocation of resources can contribute to anxiety around work performance, burnout and the stress of not being able to provide safe and quality care.

“There are no ultrasound services currently in town. Pregnant mothers requiring urgent ultrasounds must travel 1.5 hours to Wagga Wagga Base Hospital, or 40 minutes to Griffith Base Hospital. Of course, we also don’t have any bulk billed ultrasound services here either. It would be such a bonus for women not to have to travel for scans.” - NSWNMA Member from MLHD.

“The smaller sites within the MLHD have no say” - NSWNMA Member from MLHD.

“Why aren’t we being allocated the budget that we need? We are relying on local community donations to fund services and equipment.” - NSWNMA Member from MLHD.

28. Our members inform us that the proposed split may engender more autonomy for the smaller sites across the LHD. Specifically, our members working in operating theatres at smaller sites have expressed concerns that acuity and workloads are currently escalated and resolved at an off-site, district level. This can take unnecessary time and cause frustration for both consumers and health practitioners.

“A splitting of the LHD would mean that my facility can make decisions for my facility. Locally, we know what our patients need. At the moment, we are being micro-managed.” - NSWNMA member from MLHD.

29. Our members are also apprehensive that the proposed new LHD’s of Murrumbidgee Local Health District and Western Riverina Local Health District will obstruct current services and staffing arrangements. The NSWNMA is aware that Leeton District Hospital currently shares dietetics and occupational therapy services with Narrandera District Hospital, and many nurses and midwives work as clinical educators across both facilities. Under the proposed split, these two sites will fall

into separate LHD's, likely severing these arrangements and referral pathways and subsequently fragmenting care. The Association requests more evidence for the rationale and potential efficacy of such an action.

Service Gaps in the MLHD

30. The NSWNMA acknowledges the sensitivities surrounding abortion, however, all women must have the internationally recognised human right to access sexual and reproductive healthcare, regardless of geographical location. All women should have the unfettered right to make informed decisions regarding their own bodies, as well as their reproductive and sexual health. We affirm that abortion is a women's reproductive health issue, ultimately demanding accessibility and timeliness for those who require it.
31. The NSWNMA is aware of the complete lack of services available for women requiring surgical abortion in the MLHD, with all patients being referred and forced to travel outside of the district, even interstate, to access appropriate services in Wodonga, Canberra and Sydney. These women must additionally stay within 2hours drive of a 24hour medical facility for the first 3-4days after having a surgical abortion, due to a risk of increased bleeding⁶. This can impart significant time and financial barriers for women who normally residing in the MLHD. The fact that women are being deprived access to local reproductive health services for surgical abortion is deplorable. Denying someone the right to access an abortion is denying them the right to safe and appropriate healthcare. The NSWNMA demands immediate action from the Legislative Assembly Committee on Community Services to enhance accessibility. Expanding local reproductive services, including abortion care options, must take precedence over any potential splitting of the LHD.

“Abortions need to be more accessible in the MLHD. We care for women receiving medically indicated terminations of pregnancy at my facility, but any women requiring surgical abortions are referred to Canberra, which is 3hours away.”- NSWNMA Member from MLHD.

32. The Association supports the notion of conscientious objection for health professionals, as outlined within section 9.3(b) of the Abortion Law Reform Act 2019. Whilst it is important to acknowledge that religious, moral, and ethical objections exist, it is the NSWNMA's submission that the rights of conscientious objectors must be balanced with the rights of women accessing abortion care. During instances of conscientious objection, the NSWNMA emphasises the need for adherence to professional and legal obligations to facilitate the expedited transfer to another health practitioner who does not have a conscientious objection to providing abortion care.
33. Nurse practitioners and endorsed midwives remain grossly underutilised in the MLHD, despite maintaining competence in improving access to service provisions. Nurse practitioners and endorsed midwives have the necessary qualifications, clinical experience, training, and lawful authority to safely prescribe MS-2 Step for medical terminations of pregnancy. They can also order and interpret diagnostic tests, prescribe medications and implement patient-centred treatment plans. Their employment within the LHD could release more medical Practitioners to assist with surgical abortions, therefore enhancing access. The benefits of more nurse practitioner and endorsed midwifery roles within the MLHD would be considerable, as they would:
- Permit the workforce to work to their full scope of practice, generating motivation and positively affecting attraction and retention rates

⁶ MSI Australia. Abortion Services, 2024. <https://www.msiaustralia.org.au/abortion-services/>

- Lead to the development of strong professional relationships with the community, instilling culturally sensitive and tailored care
- Support chronically under-resourced medical practitioners
- Fill current service gaps, therefore enhancing women’s access to surgical abortions.

The funded employment of more nurse practitioners and endorsed midwives within the MLHD must be an urgent consideration of this Inquiry.

Aboriginal and Torres Strait Islander Healthcare in the MLHD

34. The NSWNMA acknowledges the profound connection to land and Country of First Nations culture. This connection not only shapes identity but also encompasses responsibilities, spirituality, social kinship, and emotional well-being. The MLHD comprises the traditional lands of the Wiradjuri, Yorta Yorta, Baraba Baraba, Wemba Wemba Perrepa Perrepa, Muthi Muthi and Nari Nari People. The NSWNMA notes the relatively high proportion of Aboriginal residents within the MLHD (5.9%), compared to 3.4% of NSW⁷. Such a high Aboriginal population means that the LHD has significant opportunity to implement culturally responsive and community-led healthcare solutions to improve Aboriginal health outcomes.
35. The NSWNMA welcomes the fact that during the 2022/23 financial year, the MLHD identified 126 Aboriginal healthcare employees within the district, equating to 3.3% of the workforce and exceeding the LHD’s 3.0% target. The NSWNMA acknowledges the preference of Indigenous Australians to receive care from Indigenous health professionals due to enhanced Cultural Safety. Ensuring the employment of even more First Nation’s nurses and midwives is essential in ensuring culturally appropriate care and reducing health disparities and would further assist in addressing current workforce shortages.
36. The NSWNMA supports Aboriginal community control in health as a means of reducing health inequalities. Consultation and collaboration with each local community is fundamental. There is “no one-size fits all” solution, rather, the tailored implementation of appropriate and localised health services, without a need to travel off-Country, is paramount for early intervention in healthcare.

Conclusion

37. The NSWNMA remains resolute that addressing the significant systemic shortfalls of the MLHD must take precedence over any proposed splitting of the existing MLHD. Healthcare consumers and practitioners within the MLHD fundamentally need a service that is comprehensive, accessible, equitable and efficient. The NSWNMA seeks more evidence as to whether the splitting of the LHD, in isolation, would impart the urgent changes necessary to achieve the “exceptional rural healthcare” the MLHD intends.

Appendix

⁷ Murrumbidgee at a glance: Population and health indicator data 2025. MLHD, 2025.

https://www.nsw.gov.au/sites/default/files/noindex/2025-04/the-murrumbidgee-population-health-indicators-2025m-mlhd-at-a-glance_0.pdf

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NSW NURSES AND MIDWIVES' ASSOCIATION**

**Health Services Amendment (Splitting of the
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APRIL 2025



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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.
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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

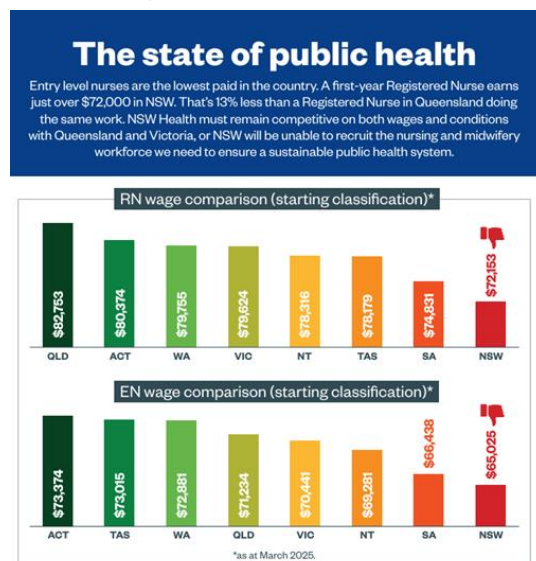
7. This submission intends to highlight the fundamental workforce issues currently impacting nurses and midwives working within the Hunter New England Local Health District (HNELHD). Specifically, it will focus on:
 - Recruitment and retention of health professionals
 - Cultural Safety
 - Funding distribution 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

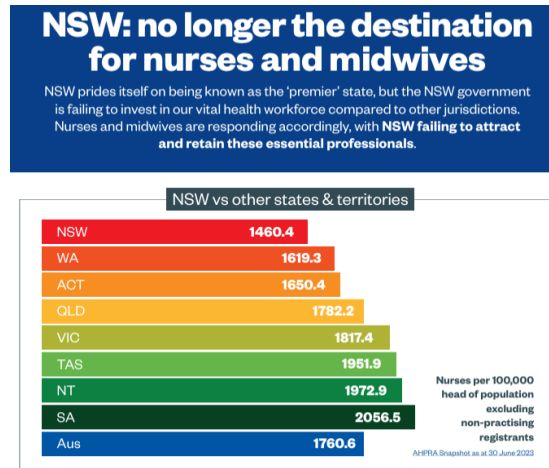
12. Funding must be evaluated and fairly distributed across the HNELHD, whether split or not, to ensure equitable service provision.
13. Review of HNELHD's nursing and midwifery workforce and resourcing.
14. Urgent Investment to address inappropriate skill mix, particularly in rural and remote facilities.
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.

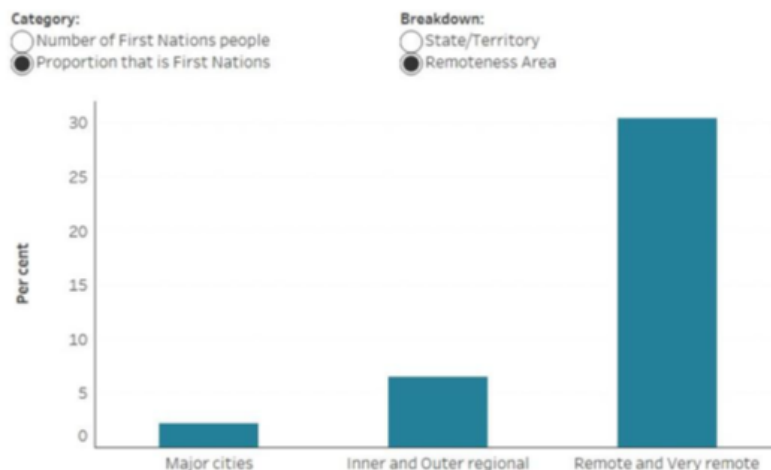


“HNELHD is Newcastle-centric and Tenterfield is so far away from Newcastle. We would be better going to Queensland [to work], as no one cares about the smaller, rural and remote facilities”- NSWNMA member from the Upper Hunter

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.abs.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.