

Australia: NSW hospital crisis leaves seriously ill patients waiting days for care

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Recently released figures expose the crisis gripping public hospitals in New South Wales (NSW), Australia's most populous state, with seriously ill patients spending prolonged periods in overcrowded emergency departments, ambulances delayed in transferring patients and exhausted healthcare workers struggling to provide essential care.

According to the NSW Bureau of Health Information (BHI), in April–June 2026, only 30.9 percent of patients requiring admission to hospital or transfer to another facility left emergency departments (EDs) within six hours, against an official target of 80 percent. Almost seven in ten remained in emergency departments beyond that time, despite requiring further hospital care.

Recent patient accounts reveal the human consequences.

In late August, a patient identified as Adnaan arrived at Westmead Hospital in western Sydney suffering severe abdominal pain and shortness of breath. He told the Australian Broadcasting Corporation (ABC) that the emergency department was overflowing, with every seat occupied and patients sitting or lying on the floor.

Adnaan spent 23 hours on a hard chair. Despite being informed that his kidney was slightly ruptured, he eventually left against medical advice because no hospital bed was available.

His experience was not an isolated breakdown. At Westmead, only 49.1 percent of patients began treatment within recommended time frames, while the median emergency department stay for patients requiring admission or transfer was 16 hours and 35 minutes, up 81 minutes from a year earlier.

In a case reported by the *Sydney Morning Herald* on August 30, 70-year-old Victor Ishak spent more than 77 hours in Bankstown Hospital's emergency department after his GP referred him with a severely swollen leg, almost twice its normal size.

Ishak spent his first night in a hard chair in the public reception area, where other patients slept on the floor, and the next two nights in a reclining chair. Never offered a hospital bed, he eventually went home with his swelling

unresolved and the results of 21 tests still outstanding.

The *Western Weekender* reported similar conditions at Nepean Hospital over the October long weekend. A patient identified as Angela, who was brought to hospital by ambulance suffering acute abdominal pain, nausea and diarrhoea, spent 27 hours seated in a sub-acute waiting area alongside 20 to 30 other patients. She had received treatment and examinations but was left waiting overnight in a chair.

The BHI figures recorded 748,242 emergency department attendances during April–June, although reporting was interrupted in part of the Hunter New England district by the introduction of a new digital patient-record system.

One in ten patients spent more than 12 hours and 35 minutes in an emergency department, compared with 11 hours and 48 minutes a year earlier.

The consequences can be especially serious for patients requiring urgent treatment. Only 56.8 percent of Triage 2 patients, whose conditions are potentially life-threatening or could rapidly deteriorate, began treatment within the recommended 10 minutes. For Triage 3 patients, who require treatment within 30 minutes, the figure was 65.5 percent. Such delays increase the danger of medical deterioration, avoidable complications and, in the worst cases, death.

A shortage of inpatient beds leaves patients awaiting admission in emergency departments, occupying treatment spaces and delaying care for new arrivals.

In April–June, the BHI recorded 66,378 emergency department visits classified as incomplete. Of these, 24,980 patients left before treatment began. Another 41,398 departed after treatment had started, against medical advice or before all clinical and administrative processes were finalised.

The crisis extends beyond emergency departments. In April–June, NSW recorded 395,042 ambulance responses, the highest quarterly number since BHI reporting began in 2010. Almost one in five patients arriving by ambulance waited more than 30 minutes for their care to be transferred to emergency staff, tying up paramedics and vehicles needed

to respond to other emergencies.

The shortage of hospital beds is compounded by deficiencies in aged care and disability services. The ABC reported that one in eight emergency-accessible beds across NSW was occupied by patients awaiting aged-care or National Disability Insurance Scheme placements. At Nepean alone, 38 patients medically ready for discharge remained in hospital awaiting such placements as of September 30.

The Minns Labor government, which faces a state election next year, has announced \$130.7 million for short-stay facilities at six hospitals—a band-aid on a gaping wound. As emergency medicine specialists have warned, additional recliner chairs cannot substitute for inpatient beds or resolve chronic understaffing.

The government's response to the healthcare crisis is part of a broader austerity offensive against public services and the working class. In his June budget speech, Treasurer Daniel Mookhey boasted that Labor had removed \$13 billion from the state's expenditure base since taking office and reduced projected annual spending growth from 6.5 percent to just 2.7 percent.

The Minns government is continuing and intensifying decades of cuts and underfunding by successive Labor and Coalition governments, subordinating essential public services to the demands of the corporate and financial elite.

The same policies that expose patients to dangerous delays impose intolerable conditions on nurses, doctors, paramedics and other hospital staff. Chronic understaffing and overcrowding create crushing workloads, leaving workers struggling to provide appropriate care and facing the constant danger of patients deteriorating while waiting for treatment.

An HSU workforce survey found that more than 86 percent of respondents reported staffing shortages, while 61.65 percent said inadequate staffing had created safety risks. More than half reported adverse patient outcomes resulting from understaffing.

The Health Services Union (HSU) and NSW Nurses and Midwives' Association (NSWNMA) have collaborated with Labor in containing workers' opposition, keeping their members' struggles separate and preventing a unified fight over wages, staffing and public healthcare.

In 2024, the HSU shut down opposition to Labor's wage offer after some 5,000 workers voted to reject it. Rather than organise industrial action, the union entered closed-door negotiations and ultimately pushed through essentially the same 3.5 percent increase, repackaged as a one-year agreement. In September 2025, it signed a further two-year deal covering more than 50,000 workers, providing annual 4 percent increases, while leaving the underlying staffing

crisis unresolved.

The NSWNMA similarly shut down mass strikes involving tens of thousands of nurses and midwives in late 2024, diverting their demands for substantial wage increases into a protracted Industrial Relations Commission case. The union enforced a ban on further strikes throughout the proceedings and accepted interim pay increases in line with Labor's demands.

In April 2026, the commission awarded increases of just 16 percent over three years for registered nurses and midwives, who comprise the overwhelming majority of the workforce, with somewhat larger increases for lower-paid classifications. It rejected demands for improved sick leave and flexible working arrangements. The NSWNMA's reliance on the industrial tribunal had prevented workers from continuing their industrial struggle for more than a year.

Despite repeated demonstrations of workers' determination to fight, the unions have isolated their struggles and left intolerable conditions in public hospitals intact.

The struggles of public hospital doctors and allied health workers in Victoria, and nurses in South Australia, underscore the national character of the crisis. Despite confronting similar attacks on wages, staffing and working conditions, in each of those instances imposed by Labor governments, healthcare workers have been kept divided by the union bureaucracies, even within individual states.

The fight for decent wages, safe staffing and properly funded public hospitals requires the establishment of independent rank-and-file committees, free from the control of the unions. These committees must unite healthcare workers across state borders and link their struggles with those of other sections of the working class in a common industrial and political fight against the austerity agenda of state and federal governments.

The breakdown of public healthcare underscores the necessity for a socialist reorganisation of society, placing the vast resources controlled by the corporate and financial elite under public ownership and democratic workers' control to provide high-quality healthcare and other essential services for all.

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