

General Purpose Standing Committee No. 2

**Review of the Inquiry into
the management and
operations of the Ambulance
Service of NSW**

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Terms of reference

The terms of reference for the Review are:

That General Purpose Standing Committee No 2 inquire into and report on the implementation of the recommendations of the Inquiry into the management and operations of the Ambulance Service of NSW.¹

These terms of reference were self-referred by the Committee.

¹ LC Minutes No. 125, 10 November 2009, Item 21, p 1487

Committee membership

The Hon Robyn Parker MLC	Liberal Party	<i>Chair</i>
The Hon Christine Robertson MLC	Australian Labor Party	<i>Deputy Chair</i>
The Hon Tony Catanzariti MLC	Australian Labor Party	
The Hon Marie Ficarra MLC	Liberal Party	
The Hon Shaoquett Moselmane	Australian Labor Party	
Revd the Hon Gordon Moyes MLC	Family First Party	
Ms Lee Rhiannon MLC	The Greens	

* The Hon Shaoquett Moselmane MLC replaced the Hon Greg Donnelly MLC as a General Purpose Standing Committee No. 2 Committee member on Thursday, 18 March 2010, as per the resolution of the House (Refer to Legislative Council Minutes No. 142, Item 16).

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Chair's foreword

In 2008, General Purpose Standing Committee No. 2 conducted an inquiry into the management and operations of the Ambulance Service of NSW. The Inquiry highlighted major concerns with the Service's management and culture, including the level of bullying and harassment within the organisation.²

The Committee's 2008 report included 45 recommendations, the majority of which were designed to address these concerns and strengthen accountability within the Service. The 2008 report also included an undertaking that the Committee would review the implementation of these recommendations. This current report presents the findings of the Review.

The Government supported 33 of the Committee's 45 recommendations, and advised that it had either implemented or was in the process of implementing the supported recommendations. This has largely been done via the Service's Healthy Workplace Strategies Program, which has introduced new guidelines, policies and training to address issues relating to bullying, harassment and grievance handling.

However, the general feedback received from ambulance officers is that despite the new initiatives, little has changed, and significant management and cultural problems remain within the Service. While awareness of the Service's new policies and initiatives appears to be high, adherence to and application of the policies – particularly by Ambulance managers – appears to be low, or at best, varied.

With regard to the Professional Standards and Conduct Unit, the Service has made improvements by increasing resources to the Unit and changing its focus to only deal with matters constituting serious staff misconduct. While the average time taken to resolve complaints by the Unit has been reduced to five months, this is still inadequate; particularly given the serious consequences for the officers concerned, not to mention their families and colleagues. The Committee was contacted by a number of distressed officers during the 2008 Inquiry and this Review regarding protracted investigations. The emotional and financial detriment suffered by these officers is unacceptable. The Service must work harder to resolve these cases.

Throughout the Review, the Service maintained that cultural changes cannot happen overnight, and that the intended effects of the new initiatives may not be seen or felt for years. This was reiterated by Deloitte Touch Tohmatsu (Deloitte), which was contracted to independently examine the Service's progress in implementing the Healthy Workplace Strategies Program. In its 2009 progress review report, Deloitte found that the Program had only recently progressed from the implementation phase to the operational phase, and recommended that the Service wait at least two years before conducting a formal evaluation of its impact. This was accepted by NSW Health, which proposes to re-evaluate the Program in 2012.

The Committee acknowledges that it may take some time to see the results of the Service's reforms, and supports the decision of NSW Health to re-evaluate the Healthy Workplace Strategies in two years.

² Concerns about bullying and harassment in the Service were also raised in the NSW Department of Premier and Cabinet, *Performance Review: Ambulance Service of NSW*, June 2008.

We will await the results of that evaluation with interest, as will surely many members of the community and the Parliament.

At the time of the Committee's 2008 Inquiry, the Service was already in the process of introducing various reforms. Nonetheless it is evident that the Committee's Inquiry and Review, together with other recent inquiries into the Service, fuelled the impetus for many of those reforms to be implemented much sooner; and led the Service to introduce additional reforms which have a strong focus on management, culture and grievance handling. I have no doubt that if this Review had not been conducted, many of the Service's more recent reforms would not yet have been implemented, and some may possibly not have ever been implemented at all.

While the Committee supports the introduction of those reforms, the Service must not become complacent. It is too early to tell whether the reforms will be effective, and if they are not effective the Service must find other ways to address its cultural and management issues. Ambulance officers provide an invaluable service to the community, and they deserve better treatment than what they have received. The Service must continue to strive to create a healthy working environment for its employees – who are its most valuable asset.

On behalf of the Committee I would like to thank all review participants for their important contributions. In particular I would like to thank participants from this Review who also participated in the 2008 Inquiry; I know that for some it has been difficult and emotional to recount your experiences to the Committee, and I sincerely thank you for taking the time to do so a second time.

I would also like to thank my Committee colleagues for the work they have undertaken during this Review. On their behalf I would like to acknowledge the contribution of the Committee secretariat: Beverly Duffy, Teresa McMichael, Kate Mihaljek and Kate Harris.



Hon Robyn Parker MLC
Committee Chair

Summary of recommendations

- Recommendation 1** **20**
That NSW Health publish the results of the Chief Executive's and senior executive managers' performance reviews on the Ambulance Service of NSW's website and email system, within one month of each review being completed.
- Recommendation 2** **28**
That NSW Health establish a Key Performance Indicator in which the Professional Standards and Conduct Unit reports the percentage of investigations completed within three months. Performance against the indicator should be reported in the NSW Health Annual Report.
- Recommendation 3** **34**
That the NSW Government fund NSW Health to introduce personal electronic access cards for drug safes in all ambulance stations across New South Wales, as a matter of priority, in the 2010-11 State Budget.
- Recommendation 4** **37**
That the Ambulance Service of NSW ensure that on-duty crews, where appropriate, consist of two ambulance officers by 31 December 2010.
- Recommendation 5** **39**
That the Ambulance Service of NSW replace all personal Satellite Navigation Units with one high-quality Satellite Navigation Unit, fixed in each ambulance.

Chapter 1 Introduction

This chapter provides an overview of the review process and the background to this Review. It includes a brief summary of the focus of each chapter in the report.

Background to the Review

1.1 In 2008 General Purpose Standing Committee No. 2 (GPSC 2) conducted an inquiry into the management and operations of the Ambulance Service of NSW. The terms of reference for the 2008 Inquiry were:

That the General Purpose Standing Committee No. 2 inquire into and report on the management and operations of the NSW Ambulance Service, and in particular:

- (a) management structure and staff responsibilities;
- (b) staff recruitment, training and retention;
- (c) staff occupational health and safety issues;
- (d) operational health and safety issues; and
- (e) any other related matter.³

1.2 Several other recent reviews have also been conducted in relation to the Ambulance Service, including a June 2008 review by the NSW Department of Premier and Cabinet into the performance of the Service's operational and management systems (the 'Head Report').⁴ As with the GPSC 2 report, the Head Report referred, amongst other things, to issues associated with the Service's management of staff; concerns about bullying and harassment; and issues regarding the management of grievances and complaints. Both reports made recommendations for improvements in these areas.⁵

1.3 The Committee tabled its report, *Inquiry into the management and operations of the Ambulance Service of NSW*, in October 2008.⁶ The report contained 45 recommendations for action to be taken by the NSW Government (included at Appendix 1). In the report the Committee undertook to review the implementation of the Inquiry's recommendations in one year's time.

1.4 Under Legislative Council Standing Order 233, the NSW Government is required to provide a response to the recommendations within six months of the tabling of a Committee report.⁷ In

³ LC Minutes No. 14, 15 May 2008, Item 15, p 605

⁴ NSW Department of Premier and Cabinet, *Performance Review: Ambulance Service of NSW*, June 2008

⁵ Deloitte Touche Tohmatsu, *Ambulance Service of NSW Healthy Workplace Strategies – Progress Review*, December 2009, p 3

⁶ NSW Legislative Council, GPSC 2, Report 27, *Inquiry into the management and operations of the Ambulance Service of NSW*, October 2008

⁷ Legislative Council, New South Wales, *Standing Orders and Rules*, May 2004, No. 233

May 2009 the Government provided its response and advised what action, if any, it proposed to take in relation to each of the Committee's recommendations. This response is included at Appendix 2.

- 1.5** In November 2009 the Committee adopted terms of reference for this Inquiry to review the implementation of the NSW Government's response to the Committee's recommendations, under the Committee's power to make a self-reference. The terms of reference for the Review are:

That General Purpose Standing Committee No. 2 inquire into and report on the implementation of the recommendations of the Inquiry into the management and operations of the Ambulance Service of NSW.⁸

Conduct of the Review

Submissions

- 1.6** The Committee called for submissions by writing to participants in the 2008 Inquiry. The closing date for submissions was 22 January 2010.
- 1.7** The Committee received a total of 43 submissions from a range of stakeholders including NSW Health, the Health Services Union, the Australian College of Ambulance Professionals, community groups and individuals. Most of the individual submission authors are current or former ambulance officers.
- 1.8** The Committee resolved to treat submissions and other information received from individuals and organisations that did not participate in the 2008 Inquiry as correspondence. The Committee received eight items of such correspondence.
- 1.9** A full list of submissions is provided at Appendix 3, and a list of correspondence from individuals and organisations that did not participate in the initial inquiry is at Appendix 4. The submissions and correspondence are also available on the Committee's website: www.parliament.nsw.gov.au/gpsc2.

Hearing

- 1.10** The Committee held one public hearing at Parliament House on 11 February 2010, where evidence was heard from representatives from the Ambulance Service of NSW, NSW Health and the Health Services Union.
- 1.11** The Committee also took *in-camera* evidence from the Emergency Medical Services Protection Association (EMSPA) NSW Inc., which was subsequently published in part by the Committee.
- 1.12** A list of witnesses is set out in Appendix 5 and the published transcripts are available on the Committee's website. The list of documents tabled at the hearings is provided at Appendix 6.

⁸ GPSC 2 Minutes No. 59, 9 November 2009, Item 5

- 1.13** The Committee is grateful to all the individuals, agencies and non-government organisations that contributed to this Review. We especially acknowledge the contribution of current and former ambulance officers and their families.

Report structure

- 1.14** **Chapter 2** provides an overview of the Ambulance Service's 'Healthy Workplace Strategies' Program.
- 1.15** **Chapter 3** discusses ongoing issues with the Service's workplace culture and management. It also considers the Professional Standards and Conduct Unit and the impact of protracted investigations conducted by the Unit on ambulance staff.
- 1.16** Operational issues relating to Schedule 8 drugs, single officer ambulance crews and Satellite Navigation Units are examined in **Chapter 4**.
- 1.17** In **Chapter 5**, staffing levels, changes to the Service's rostering system, and concerns regarding recruitment and training processes are considered.

Chapter 2 Healthy Workplace Strategies

The Ambulance Service has introduced a Healthy Workplace Strategies Program, which is designed to improve the workplace environment and help resolve workplace issues. The Program contains a number of initiatives, including Respectful Workplace Training, a new policy on ‘*Raising Workplace Concerns*’, Grievance Contact Officers, mediators, and an organisational statement of values. This chapter provides an overview of those initiatives.

Overview

2.1 In 2007 the Service commenced the Healthy Workplace Strategies (HWS) Program. The overall purpose of the Program, which was given additional impetus following the Committee’s 2008 Report, the Head Report and the Garling Report, is to:

- improve the workplace environment
- help staff members resolve workplace issues
- simplify policies and procedures for managing workplace concerns, and
- improve communication and ability to handle workplace change.⁹

2.2 A HWS Manager was appointed in September 2008 to oversee the Program. A dedicated HWS team has also been established to assist with the Program’s implementation.¹⁰

2.3 The Program consists of strategies and initiatives designed to improve staff and grievance management through clearer policies, procedures, training and support programs.¹¹ A number of these are considered below. Eighteen of the Program’s strategies and initiatives were developed to address specific recommendations in the Committee’s 2008 report, the Head Report, and a November 2008 Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals.¹² A list of these is provided at Appendix 7.

Respectful Workplace Training

2.4 One of the key HWS initiatives is ‘Respectful Workforce Training’ (RWT). The training comprises of two modules. The first module focuses on creating and maintaining a Respectful Workplace. The second module focuses on learning specific conversational skills that can be used when confronting problematic behaviour.¹³

⁹ Submission 39, NSW Health, p 5

¹⁰ Submission 39, p 5 & p 15

¹¹ Deloitte Touche Tohmatsu, *Ambulance Service of NSW Healthy Workplace Strategies – Progress Review*, December 2009, p 4. Throughout the chapter this report will be referred to as the Deloitte report.

¹² Peter Garling SC, Final Report of the Special Commission of Inquiry, *Acute Care Services in NSW Public Hospitals*, November 2008

¹³ Answers to additional questions on notice, 18 March 2010, NSW Health, Question 2, ‘Respectful Workplace’ intranet printout, p 2

- 2.5** As at June 2009, 96 per cent of Ambulance Service staff had attended and completed RWT sessions, which focus on ‘developing a culture which encourage[s] staff to behave respectfully toward others in the workplace’,¹⁴ and training staff in the relevant steps and policies for raising workplace concerns.
- 2.6** Ms Louise Ashelford, Manager, Healthy Workplace Strategies, Ambulance Service of NSW, advised that the intent of RWT is to prevent conflict from escalating before it damages the workplace:

That is really the key reason we introduced the Respectful Workplace Training: first, so staff knew what was okay and what was not okay, and, second, how to raise those issues ... When conflict is left unchecked, and when people behave badly and it is left unchecked, sometimes that escalates into bullying and harassment.¹⁵

‘Straight Talk’

- 2.7** One of the tools participants are taught to use during RWT is ‘Straight Talk’. Straight Talk is designed to help Ambulance employees communicate clearly when addressing difficult topics, with the intention of ensuring that ‘respectful conversations are taking place in a clear and concise manner with concrete outcomes.’¹⁶
- 2.8** The six steps to clear communication for speakers outlined by Straight Talk are:
1. State the purpose of the conversation
 2. Describe the behaviour in specific terms
 3. Describe the effect of their behaviour on you
 4. Give the opportunity to respond
 5. State what you’d like them to do differently, and why
 6. Return responsibility to the person and offer support.¹⁷
- 2.9** Straight Talk also outlines six steps to follow as a listener, which are:
1. Have the conversation
 2. Act respectfully
 3. Clarify critical information
 4. Don’t argue thoughts, feelings or perceptions

¹⁴ Submission 39, Appendix B, p 39

¹⁵ Ms Louise Ashelford, Manager, Healthy Workplace Strategies, Ambulance Service of NSW, Evidence, 11 February 2010, p 14

¹⁶ Ambulance Service of New South Wales & ProActive ReSolutions, ‘Straight Talk – A Six Step Guide for Difficult Conversations’, p 1.

¹⁷ Ambulance Service of New South Wales, Standard Operating Policy 2009-011, ‘Raising Workplace Concerns’, 1 April 2009, p 6. Throughout the chapter this document will be referred to as ‘Raising Workplace Concerns’.

5. Respect reasonable requests
6. Cut the other person some slack.¹⁸

2.10 During RWT, participants are taught when it is appropriate to use the model, and given demonstrations of how Straight Talk works in action.

Grievance procedure flowcharts

2.11 Another HWS initiative has been the introduction of a new standard operating policy, '*Raising Workplace Concerns*' (SOP 2009-011), released on 1 April 2009. The policy outlines the steps for staff to follow when raising workplace concerns such as clinical issues, complaints, conduct issues and staff grievances.¹⁹

2.12 Ms Ashelford said that the simplified policy assists staff to make important distinctions regarding workplace conflicts, as it provides:

... an assessment process so that people can determine what is the appropriate response. Is it appropriate for me as a front-line manager to do this? What are we looking at? Are we looking at an incident of apparent bullying, or is it more about interpersonal conflict?²⁰

2.13 Accompanying the new policy are one-page flowcharts on *Grievance Resolution* and *Raising Workplace Concerns*. The flowcharts relate to one of the Committee's 2008 Inquiry recommendations – that the Service create plain-English fact sheets on grievance management and disciplinary matters – which the Committee recommended after finding that the Service's numerous policies, particularly its grievance policies, were unduly complex.²¹

2.14 Mr Greg Rochford, Chief Executive, Ambulance Service of NSW, suggested that the flowcharts allow 'anyone anywhere in the organisation ... [to] quickly see how their concern is going to be addressed and if it is not resolved in the workplace where do they go to get it fixed.'²²

2.15 The Committee was advised that posters of the flowcharts have been produced for display in ambulance stations and other locations,²³ and that the material was 'quite prominent'.²⁴

¹⁸ 'Raising Workplace Concerns', p 6

¹⁹ 'Raising Workplace Concerns', p 1

²⁰ Ms Ashelford, Evidence, 11 February 2010, p 14

²¹ NSW Legislative Council, General Purpose Standing Committee No. 2, *Inquiry into the management and operations of the Ambulance Service of NSW*, Report 27, October 2008, Recommendation 7, p 41. Throughout the chapter this document will be referred to as the GPSC2 2008 report.

²² Mr Greg Rochford, Chief Executive, Ambulance Service of NSW, Evidence, 11 February 2010, p 4

²³ Submission 39, p 15

²⁴ Mr Michael Willis, General Manager, Operations, Ambulance Service of NSW, Evidence, 11 February 2010, p 16

However, a survey of 381²⁵ ambulance members between December 2009 - January 2010, conducted by the Health Services Union (HSU) to assist in compiling its submission to this Review, found that while 95 per cent of respondents were aware that there was a new policy on raising workplace concerns, 24 per cent said that they did not have the poster displayed in their workplace.²⁶

Grievance Contact Officers

2.16 One of the Committee's 2008 recommendations called for the creation of 'contact officers' to provide impartial advice to staff on grievance and complaint policies and procedures.²⁷ The rationale behind the recommendation was that the Service's policy for staff with grievances was to approach their immediate manager to raise the concern, however it is often the frontline manager that ambulance officers have grievances about, and therefore the standard policy would not be appropriate in such situations. In 2009, NSW Health appointed 18 'Grievance Contact Officers' (GCOs) across the State as part of the HWS Program.²⁸

2.17 The GCOs are volunteers whose role is to provide confidential advice to staff regarding workplace concerns, and to assist and support staff during that process. Ms Ashelford said:

They are a confidential sounding board, if you like, that staff can go to outside of the management structure ... in some cases it is easier to talk to a peer than it may be to talk to our manager ... [T]he grievance contact officers are also providing support to our management, who contact them for advice, they make referrals for their staff, et cetera.²⁹

2.18 While the concept of GCOs appears to have been met positively by review participants, the Ambulance College of Ambulance Professionals (ACAP) observed that in practice the initiative does not appear to be well understood across the Service, suggesting that confusion exists between the role of the GCO and that of Peer Support Officers.³⁰ There also appears to be a lack of awareness surrounding the implementation of the initiative, with 62 per cent of HSU survey respondents stating that they did not know whom their local Grievance Contact Officer was.³¹ One review participant claimed: 'At January 2010, no one has heard of the existence of such officers.'³²

²⁵ The HSU contacted 545 members as part of its survey, however only 381 (70% of those contacted) completed the entire survey. Due to reasons of commercial sensitivity the HSU would not disclose the number of ambulance employees that are members of the Union, however it advised that membership density within the Service was over 95%.

²⁶ Submission 31, Health Services Union, p 11

²⁷ GPSC2 2008 report, Recommendation 8, p 46

²⁸ Submission 39, p 15

²⁹ Ms Ashelford, Evidence, 11 February 2010, p 14

³⁰ Submission 40, Australian College of Ambulance Professionals, pp 21-22

³¹ Submission 31, p 12

³² Submission 38, Name suppressed, p 1

- 2.19** The HSU's Director of Operations, Mr Dennis Ravlich, told the Committee that the Union had met with the Service to discuss ways to promote information about GCOs amongst its members, to encourage their use in appropriate situations.³³

Mediators

- 2.20** The Committee was advised that a mediation program, with internal accredited mediators, has also been introduced as part of the HWS Program. Ms Ashelford explained that managers and staff could request formal mediation in situations where concerns cannot be resolved at the local level, and gave the following example of an actual conflict between staff members:

They were referred for mediation, and that mediation was undertaken with one of the accredited mediators. During that mediation those staff members talked about their concerns, and then together, with the assistance of a mediator, were able to develop strategies that they could comfortably sit with to enable them to work together. That was quite a successful process.³⁴

- 2.21** Ms Ashelford informed the Committee that the Service had received regular requests for mediation, adding: 'Rather than seeing that as a sign that Managers are not doing their jobs, I think it is a recognition that there are some issues that people need support in terms of managing.'³⁵

Our Values

- 2.22** One of the HWS Program's cultural strategies was to prepare an organisational statement of values, known as '*Our Values*', which was developed by the Service's Senior Leadership Team, managers and staff. The document, issued to all staff in 2009, sets out 'the values and behaviours that employees in the organisation expect from each other',³⁶ which are: professional behaviour, acting responsibly and being accountable, promoting and encouraging teamwork, and showing care and respect.³⁷

Evaluation of Healthy Workplace Strategies Program

- 2.23** In 2009 the Service engaged Deloitte Touch Tohmatsu (Deloitte) to independently review the implementation of the HWS Program. Deloitte released a progress review report in December 2009. It found that the Service had implemented 16 of the Program's 18 strategies,³⁸ and that

³³ Mr Dennis Ravlich, Director of Operations, Health Services Union, Evidence, 11 February 2010, p 30

³⁴ Ms Ashelford, Evidence, 11 February 2010, p 15

³⁵ Ms Ashelford, Evidence, 11 February 2010, p 15

³⁶ Professor Debora Picone, Director General, NSW Health, Evidence, 11 February 2010, p 2

³⁷ Submission 39, p 7

³⁸ i.e. the 18 strategies that had been developed in response to specific report recommendations (see Appendix 7).

it was in the process of implementing the final two strategies.³⁹ Deloitte stated that the Program had progressed from the implementation phase to the operational phase, and as such should now:

... be focused less on project management and more on supporting the take-up of the new processes and ensuring that they operate as they were intended, to reduce inappropriate workplace behaviours.⁴⁰

2.24 The suggestion that the Program's strategies may not yet be operating as intended was accepted by Mr Rochford, who told the Committee:

This is a complex system. It will become more effective as it is used. The first year has been establishing the system and training people in its awareness. Everyone, including managers and staff, need to become proficient in its use. That use will come over the next two years as people apply the strategy.⁴¹

2.25 Professor Debora Picone AM, Director General, NSW Health, acknowledged the 'disappointment' and 'scepticism' in submissions to this Review regarding how much change has actually occurred, but insisted that 'we cannot achieve cultural change in an organisation of this standing with a 115-year history through a single training course in a year.'⁴²

2.26 This point was also raised by Deloitte, which asserted that changing a workplace culture is a 'long-term endeavour', and that time is needed to allow behaviours to change.⁴³ Similarly, ACAP agreed that 'a longer timeframe is needed to judge whether these initiatives will have a lasting impact and usher in an era of real change in the internal culture of [the Service]'.⁴⁴ Mr Ravlich also conceded: '[W]e acknowledge that it would be difficult to have a profound change in the culture in the workplace overnight'.⁴⁵

2.27 As such, Deloitte recommended that the Service delay a formal evaluation of the impact of the HWS Program for at least two years.⁴⁶ This recommendation has been accepted by NSW Health, which propose to evaluate the program in 2012.⁴⁷

Committee comment

2.28 The Committee believes that the HWS Program is a positive initiative, and we are optimistic that it will assist in overcoming many of the problematic cultural issues that exist within the Service.

³⁹ Submission 39, p 6

⁴⁰ Deloitte report, p 6

⁴¹ Mr Rochford, Evidence, 11 February 2010, p 4

⁴² Professor Debora Picone, Evidence, 11 February 2010, p 2

⁴³ Deloitte report, p 16

⁴⁴ Submission 40, p 18

⁴⁵ Mr Ravlich, Evidence, 11 February 2010, p 22

⁴⁶ Deloitte report, p 7

⁴⁷ Submission 39, p 9

- 2.29** We note that the HWS Program has only recently shifted from the implementation phase to the operational phase, and acknowledge that it may take time before Ambulance staff feel the intended impact of these strategies. The Committee therefore supports the decision of NSW Health to evaluate the program in 2012.

Chapter 3 Culture, Management and the Professional Standards and Conduct Unit

Despite the new initiatives introduced through the Healthy Workplace Strategies Program (outlined in chapter 2), evidence to the Committee indicates that there are still issues within the Ambulance Service's workplace culture and management, and ongoing issues with bullying and harassment. These will be examined in this chapter, along with specific issues regarding the Service's management of injured officers who have made a workers compensation claim.

The chapter will also consider the length of time taken for the Professional Standards and Conduct Unit to deal with complaints, and the impact of protracted investigations on ambulance staff.

Ambulance Service culture

3.1 During the 2008 Inquiry, Ambulance employees expressed major concerns with the Service's culture, describing dysfunctional work environments characterised by low staff morale and unresolved conflict. Of the 261 submissions received during that Inquiry, the 'overwhelming majority ... were from ambulance officers who were extremely unhappy about the environment in which they worked.'⁴⁸

3.2 The Australian College of Ambulance Professionals (ACAP) commented that the submissions to the 2008 Inquiry leave 'little doubt that there have been serious cultural problems and distrust' within the Service, stating that:

For an organisation that should be oriented towards exemplary service and health care that is sensitive to human needs, that level of fear was a damning indictment of the prevailing management culture and a wake-up call for remedial action.⁴⁹

3.3 Evidence to this Review indicates that despite new initiatives introduced through the Healthy Workplace Strategies Program, such as Respectful Workplace Training and *Our Values*, ambulance officers are still unhappy with their workplace environment, with a number of participants suggesting that little has changed since the 2008 Inquiry:⁵⁰

Unfortunately although the [S]ervice has made piece meal attempts to address some issues they have not changed any of the main issues brought to your attention in the last review.⁵¹

⁴⁸ NSW Legislative Council, General Purpose Standing Committee No. 2, *Inquiry into the management and operations of the Ambulance Service of NSW*, Report 27, October 2008, p 7. Throughout the chapter this document will be referred to as the GPSC2 2008 report.

⁴⁹ Submission 40, Australian College of Ambulance Professionals, p 16

⁵⁰ For example, Submissions 5, 22, 41; and Correspondence from (name suppressed) to Director, 15 December 2009, p 1 (GP09/477)

⁵¹ Submission 22, Name suppressed, p 1

I inform you now that little has changed on the ground. A vindictive, heartless and incompetent management structure remains. Whilst there are a number of managers that buck this trend they are a minority.⁵²

3.4 Claims that the Service is run by a nepotistic ‘old boys club’ continued to resonate throughout this Review,⁵³ with the Committee again hearing examples of an unsupportive and uncaring management culture. This was illustrated by one submission author, who expressed: ‘It hurts me to see others dealt with so belligerently as soon as they have a problem, ask for help or request a second opinion on a matter.’⁵⁴

3.5 The ongoing dissatisfaction with the Service’s culture was highlighted by the Health Services Union (HSU), when commenting on its survey:

Sadly, the feedback - and in some instances the reluctance for HSU members to even participate in a survey which was based on assurances around maintaining individual anonymity - reflected a range of emotions, including a continuing and burning anger, a lessening in any faith that things are on the ‘mend’, to a sense of ‘what’s the use, it will never change’.⁵⁵

3.6 In addition to dissatisfaction with the general culture of the Service, there was also continued dissatisfaction with specific cultural issues identified during the 2008 Inquiry. For example, one issue raised previously was a lack of support for ambulance officers following traumatic incidents. In its 2008 report the Committee made three recommendations intended to improve support to officers in these situations.⁵⁶ NSW Health advised that it has implemented two of the three recommendations,⁵⁷ however the HSU survey found that 55 per cent of respondents still felt that they are *not* supported well after traumatic incidents.⁵⁸

3.7 Another specific issue raised again before the Committee is the Service’s workers compensation process, which is based on the same scheme that exists across the State Public Sector. During the 2008 Inquiry there was a perceived lack of support from the Service for injured officers.⁵⁹ Similar concerns were again raised during this Review, with one participant expressing:

[I]njured employees are left to feel worthless and mistreated by an employer to whom they have given long and valuable service. I believe the mistreatment I have received is

⁵² Submission 41, Name suppressed, p 1

⁵³ Submissions 23 and 25

⁵⁴ Submission 32, Name suppressed, p 6

⁵⁵ Submission 31, Health Services Union, p 1

⁵⁶ Recommendations 29, 30 and 31 (see Appendix 1)

⁵⁷ NSW Health did not support the implementation of Recommendation 31 – to establish a database to record traumatic incidents, and a formal system to ensure that all major incidents are notified to peer support officers within 48 hours.

⁵⁸ Submission 31, p 32

⁵⁹ See for example Submissions 168 and 177 from 2008 Inquiry.

not isolated and indeed I have spoken to other injured officers who have similar stories to my own.⁶⁰

- 3.8** Issues concerning workers compensation will be considered in more detail later in this chapter.

Emergency Medical Services Protection Agency

- 3.9** Since the 2008 Inquiry, a new association – the Emergency Medical Services Protection Association (EMSPA) NSW Inc. – has been set up to provide Ambulance Service employees with an alternative choice of representation. The objective of the Association, which was formed in early 2009 and now has over 680 members,⁶¹ is to give members access to legal advice and representation for employment-based matters.⁶²

- 3.10** The background behind the Association’s formation is outlined on their website:

In recent times staff of ASNSW eagerly awaited the arrival of a much touted major review of their working conditions. Descriptors such as ‘reform’ ‘professional status’ ‘fatigue’ ‘workload’ ‘skills upgrades’ were all constant topics of discussion. That time presented itself in September 2008 with a new Award for Ambulance Paramedics in NSW. The subsequent implementation of these sweeping changes proved to be just more disappointment to Officers who had pinned their hopes on a more equitable workplace. As the anticipation of fresh changes waned, the disappointment turned to anger and frustration. An alternate representative body was required and the new Association was born.⁶³

- 3.11** EMSPA Secretary, Mr Peter Richards, maintained that the Association is not an alternative to the HSU, as it is not a union. Mr Richards stated that EMSPA does not purport to represent members on industrial or award matters.⁶⁴

- 3.12** Several ambulance officers complained to the Committee that access to the EMSPA website had been blocked by the Service, while noting that access to other organisations’ sites such as the HSU and ACAP was still allowed.⁶⁵ Commenting on this situation, Mr Wayne Flint, Senior Liaison Officer, EMSPA, said:

⁶⁰ Correspondence from (name suppressed) to Director, 15 December 2009, p 1 (GP09/477)

⁶¹ Mr Peter Richards, Secretary, Emergency Medical Services Protection Association (EMSPA) NSW Inc., published in-camera evidence, 11 February 2010, p 2

⁶² <http://nsw.emspa.org.au/index.php?option=com_content&view=article&id=6&Itemid=16> (accessed 8 March 2010)

⁶³ <http://nsw.emspa.org.au/index.php?option=com_content&view=article&id=6&Itemid=16> (accessed 8 March 2010)

⁶⁴ Mr Richards, published in-camera evidence, 11 February 2010, p 4

⁶⁵ Correspondence from (name suppressed) to Minister, 19 January 2010, p 1 (GP10/4). The complaints were also raised in a number of confidential submissions.

The members feel that they have been shut off from the right of an association that may help defend them at a stage when they are at their lowest point and they need help.⁶⁶

- 3.13** In response to questioning by the Committee, the Chief Executive of the Ambulance Service, Mr Greg Rochford, explained that the reason the Service had blocked access to the association's website was that it was not a registered industrial organisation, however it had on occasion sought to act as one, which was not allowed in this State as a matter of law.⁶⁷ Further, Mr Rochford added:

The information on the EMSPA website was partial and did not represent all stations or, indeed, all staff and was not complete and that would have been a disruption to management resources to investigate a second line of reporting when a direct line of reporting should have been for the workplace. So in order to reduce the amount of diversion of management resources to dealing with the issues that EMSPA may raise we have stopped access by the Ambulance Service intranet site to EMSPA.⁶⁸

- 3.14** The Service also banned the placement of EMSPA posters and other promotional material around Ambulance workplaces, however Mr Rochford explained that the Service does not allow promotional material to be distributed or advertised by any organisation that is not a registered trade union.⁶⁹

Committee comment

- 3.15** It is evident to the Committee that issues with the Ambulance Service's culture still remain. The fact that EMSPA recently came into existence as a result of a perceived lack of support for ambulance officers, who have expressed continual disappointment with the Service, together with the Association's membership base of over 680 members, is a clear sign of this.
- 3.16** The Committee notes that the Service has introduced Healthy Workplace Strategies initiatives (outlined in chapter 2) to address the organisation's cultural issues. As discussed in that chapter, we acknowledge that it will take time before the desired impact of these initiatives will be felt.

Ambulance Service management

- 3.17** Numerous concerns were also raised during the 2008 Inquiry regarding inadequacies with Ambulance Service management. The Committee heard evidence that many managers were uncaring, lacked empathy, were nepotistic, and were unwilling to deal with difficult situations or people.⁷⁰

⁶⁶ Mr Wayne Flint, Senior Liaison Officer, Emergency Medical Services Protection Association (EMSPA) NSW Inc., published in-camera evidence, 11 February 2010, p 7

⁶⁷ Mr Greg Rochford, Chief Executive, Ambulance Service of NSW, Evidence, 11 February 2010, p 17

⁶⁸ Mr Rochford, Evidence, 11 February 2010, p 17

⁶⁹ Mr Rochford, Evidence, 11 February 2010, p 17

⁷⁰ GPSC2 2008 report, pp 10-12

- 3.18** Similar evidence again emerged during this Review, as did significant criticism of managers not adhering to the Service's policies. Ambulance employees suggested to the Committee that while the Service has introduced numerous sound policies, and that awareness of these policies appears to be high:

[T]he executive and many senior managers have either little understanding of management in light of the Service's policies and procedures or have an unwillingness, or inability, to take any responsibility for enforcing them.⁷¹

- 3.19** Review participants complained that the Service's policies were too 'open to interpretation',⁷² and as such could be '[m]anipulated by [m]anagers at their own will.'⁷³ Similar feedback was received from the HSU survey, with one member declaring: '[T]he Service is not following any of the recent guidelines that they have published...'.⁷⁴ Mr Rochford said:

In many ways I agree with elements of the Health Services Union submission in that awareness is high but practice in the use of these tools is only beginning. In our own survey approximately half of the respondents ... indicated that they were comfortable with using it but only a small number indicated that they had actually used these tools in practice.⁷⁵

- 3.20** Mr Rochford recognised that 'variability' exists in how well the policies have been applied, and asserted that this was due to differences in management skills.⁷⁶ He advised the Committee that one of the Service's key priorities was to train all frontline managers in the Ambulance Management Qualification (AMQ) in order to increase the standard and consistency of management skills and the application of the Service's procedures and policies.⁷⁷

Ambulance Management Qualification

- 3.21** The AMQ is a mandatory course for all Ambulance Service staff in frontline management positions. The course was developed and is jointly presented by the Service and the Australian Institute of Management, and includes practical training on management responsibilities and resolving workplace conflict.⁷⁸ The AMQ has been completed by 349 managers, with another 400 expected to complete it by July 2010.⁷⁹

⁷¹ Submission 25, Mr Phil Roxburgh, p 4

⁷² Submission 22, p 1

⁷³ Submission 4, Name suppressed, p 1

⁷⁴ Submission 31, p 8

⁷⁵ Mr Rochford, Evidence, 11 February 2010, p 4

⁷⁶ Mr Rochford, Evidence, 11 February 2010, p 8

⁷⁷ Mr Rochford, Evidence, 11 February 2010, p 8

⁷⁸ Submission 39, NSW Health, p 7

⁷⁹ Submission 39, p 7

- 3.22** Mr Rochford advised the Committee that once all frontline operational managers have completed the AMQ, opportunities will open for other managers to undertake the course, as well as people aspiring toward management roles.⁸⁰
- 3.23** The need for management training was discussed by Mr Michael Willis, General Manager, Operations, Ambulance Service of NSW, who conceded that the Service has traditionally taken ‘people who have shone as standout paramedics’ and put them into management positions, even though they may not necessarily have had the skills required to make a good manager. Mr Willis said:
- It is important that we recognise ... that you are not just a paramedic any more, you are a manager and we need to give you those skills. One of the key skills in the Ambulance Management Qualification ... is a communication skill. That ... is about understanding the needs of front-line paramedics and then as a manager taking that on board and transposing it into action. That is a real key. We are all good ambos; we are not necessarily all good managers, and the training we are delivering now is about trying to improve that skill set ...⁸¹
- 3.24** The practice of putting good paramedics into management positions was supported by Professor Debora Picone, Director General, NSW Health, who declared: ‘I would not want that to change that, I do not want generic managers managing at the first line, I want paramedics managing.’⁸²
- 3.25** Mr Rochford was confident that in addition to giving managers a full range of important skills, the AMQ training would help managers to better understand and apply the Service’s policies, and in turn address the issues raised by review participants regarding managers not applying or adhering to policies.⁸³ Additionally, Mr Rochford advocated that another avenue for ensuring that managers properly apply procedures and policies will be through the Service’s performance review system.

Performance reviews

- 3.26** In its 2008 report the Committee recommended that the Service implement an annual performance appraisal system for all on-road officers, and that Station Officers be trained in conducting the appraisals.⁸⁴
- 3.27** NSW Health advised that this recommendation is being implemented, with a new appraisal system, known as the Performance Development Program, currently being applied to managers in the Service before being progressively rolled out to all staff in 2010/11.⁸⁵ The Department advised that managers are being trained in the Program’s implementation as part

⁸⁰ Mr Greg Rochford, Evidence, 11 February 2010, p 15

⁸¹ Mr Michael Willis, General Manager, Operations, Ambulance Service of NSW, Evidence, 11 February 2010, p 8

⁸² Professor Debora Picone, Director General, NSW Health, Evidence, 11 February 2010, p 9

⁸³ Mr Rochford, Evidence, 11 February 2010, p 4

⁸⁴ GPSC2 2008 Report, Recommendation 15, p 66

⁸⁵ Submission 39, p 18

of the AMQ. In addition to measuring the quality of individual performances, Mr Willis suggested that the performance review system would also enable the Service to gauge:

... how we are managing change and also how we are handling and managing our paramedics as they come along through the change. To me, that is the key thing we can do so we have a constant look back on how we are going ... so we are not leaving people behind and we are supporting our managers as they are supporting our paramedics as they go through the change.⁸⁶

3.28 Managers are to be reviewed twice a year. As mentioned earlier, Mr Rochford suggested that the process would also help ensure that managers apply the Service's policies:

[O]ne of the requirements of managerial performance is to demonstrate how they [managers] have promoted the organisational values and the behaviours connected to them and how they have applied the respectful workplace tools and the new procedures to improve the level of harmony in the workplace.⁸⁷

3.29 In its 2008 report the Committee also made recommendations regarding more rigorous performance reviews for senior executive managers and the Chief Executive, with a particular focus on bullying and harassment within the Service.⁸⁸ NSW Health did not support the recommendation for the Director General of Health to conduct performance reviews of second tier senior managers, nor did it support the recommendation for the Minister for Health to be involved in performance reviews of the Chief Executive.⁸⁹ It did however advise that progress in relation to the management of bullying and harassment has become a priority in the Chief Executive's performance agreement.⁹⁰

3.30 During evidence to the Committee Mr Rochford mentioned that his performance is regularly reviewed by the Director General, however he realised that this did not appear to be widely known to staff. Noting that he and other executive officers in the Service have their performance reviewed regularly, Mr Rochford suggested: 'That process should be reported to all for all to see.'⁹¹

3.31 In response to questioning from the Committee as to whether he was suggesting that the results of the performance reviews would be published on a website, Mr Rochford replied: 'Yes, we will publish it at the appropriate time'.⁹²

⁸⁶ Mr Willis, Evidence, 11 February 2010, pp 9-10

⁸⁷ Mr Rochford, Evidence, 11 February 2010, p 8

⁸⁸ GPSC2 2008 Report, Recommendations 1 and 2, p 15

⁸⁹ NSW Government Response to the GPSC 2 Inquiry into the Management and Operations of the NSW Ambulance Service, 4 May 2009, p 1

⁹⁰ Submission 39, p 13

⁹¹ Mr Rochford, Evidence, 11 February 2010, p 10

⁹² Mr Rochford, Evidence, 11 February 2010, p 10

Committee comment

- 3.32** The Committee believes that the AMQ and Performance Development Program are positive steps toward addressing the management issues raised during the 2008 Inquiry. It commends the Service for making the AMQ compulsory for all frontline operational managers.
- 3.33** While the Committee would like to see more rigorous performance reviews of the Chief Executive and senior executive managers, we note that these recommendations have been rejected by the NSW Government. However, we wish to endorse Mr Rochford's undertaking to publish the results of the Chief Executive and senior management's performance reviews.

Recommendation 1

That NSW Health publish the results of the Chief Executive's and senior executive managers' performance reviews on the Ambulance Service of NSW's website and email system, within one month of each review being completed.

Workers compensation

- 3.34** During the 2008 Inquiry, many participants criticised the Service's management of injured officers who had made a workers compensation claim, and suggested that support for injured officers was inadequate. This perception was again reflected in evidence to this Review.
- 3.35** For example, the Committee heard of injured officers being prematurely rushed back to work,⁹³ or being 'pushed' to leave the Service.⁹⁴ One review participant commented:
- The workers compensation process itself seems to be understood only by management and insurance companies and leaves the worker feeling isolated and uninformed. This state of affairs appears to be intentional with the purpose of rushing employees back to work when they are not ready or alternately forcing them into resigning.⁹⁵
- 3.36** Another review participant told the Committee: 'Injured workers are treated abysmally by Management who fail regularly to meet their obligations and often bully employees into accepting their terms'.⁹⁶
- 3.37** A similar sentiment was echoed by a former ambulance officer who claimed to be bullied and intimidated by executive management after submitting a grievance while injured, stating: 'I found myself in such a demoralized, emotionally defeated and financially diminished position that ... I couldn't stand the stress any longer, therefore I resigned.'⁹⁷

⁹³ Submission 26, Name suppressed, p 1

⁹⁴ Submission 23, Mr Steve Hogeveen, p 1

⁹⁵ Submission 26, p 1

⁹⁶ Submission 32, p 6

⁹⁷ Submission 20, Name suppressed, p 11

- 3.38** In 2008 the Ambulance Service's Death and Disability (State) Award was introduced. The award provides that any benefits owed under the Death and Disability Scheme by the Service to officers are payable *in addition* to benefits payable under workers compensation legislation.⁹⁸
- 3.39** It was suggested to the Committee that prior to the introduction of the Death and Disability Award, the Service was 'quick to have officers referred for medical retirement'; however, since its introduction the Service has been unwilling to medically retire officers.⁹⁹ The suggestion was made that: "The motivation for this change is clearly monetary."¹⁰⁰
- 3.40** One injured ambulance officer stated that they have been advised by their medical specialists that they are permanently unable to return to paramedic duties, however the Service is refusing to terminate their employment. The officer explained to the Committee that by resigning they would lose their entitlements under workers compensation legislation, and therefore they are left with no choice but to remain on workers compensation leave at significantly reduced pay. The officer stated they 'remain in a state of limbo', and that:
- I have been (informally) advised that [the Ambulance Service] will not terminate any employee who has a work related injury within five years of the date of the injury. I strongly suspect such inaction has positive financial implications for [the Service].¹⁰¹
- 3.41** In response to questioning from the Committee, NSW Health confirmed that there is a financial impact on Ambulance premiums if the Service medically retires an employee before five years from the date of injury.¹⁰² The Service has financial incentives to return an injured employee to work within the five year period; after which, if the worker is still employed by the Service, responsibility for compensation payments is taken over by the Treasury Managed Fund.¹⁰³
- 3.42** While the Service has provisions to find Suitable Alternative Duties for injured employees, issues were raised during the 2008 Inquiry regarding management's 'stubbornness and unprofessionalism' in finding these duties for staff.¹⁰⁴ Similar concerns were echoed during this review, with one participant commenting:

The alternate duties offered to staff while they are injured are often demeaning and do not take into account an individual's qualifications and experience. For example, offering a staff member the menial task of checking case sheets on an ongoing basis when that officer has degree level qualifications and is able to perform more meaningful tasks.¹⁰⁵

⁹⁸ Ambulance Service of NSW Death and Disability (State) Award, s 6

⁹⁹ Submission 26, p 1

¹⁰⁰ Submission 26, p 1

¹⁰¹ Correspondence from (name suppressed) to Director, 15 December 2009, p 1 (GP09/477)

¹⁰² Answers to questions on notice 11 February 2010, NSW Health, Tab B, Question 1, p 1

¹⁰³ Answers to questions on notice 11 February 2010, NSW Health, Tab B, Question 2, p 1

¹⁰⁴ GPSC2 2008 report, p 91

¹⁰⁵ Submission 26, p 1

Committee comment

- 3.43** The Committee is concerned by the evidence received regarding the Service's treatment of injured employees. While we accept that it is in the Service's best interest to rehabilitate injured officers and return them to work, or find Suitable Alternative Duties in the meantime, we are disturbed by the stories of management forcing injured officers to return to work before they are ready, or of management reportedly pushing injured officers into resigning.
- 3.44** The Committee notes that the alternative duties given to injured officers may often be menial, and combined with the financial impact of being on reduced pay, we recognise the effect this may have on the mental health of officers who may be trapped in this situation for years.
- 3.45** It is important that the Service does not let financial considerations come before the humane treatment of its employees. The Committee is hopeful that the framework put in place through the HWS Program will assist the Service to 'do the right thing' by its employees.

Bullying and harassment

- 3.46** The incidence and mismanagement of bullying and harassment was a major impetus for the 2008 Inquiry. The Committee heard that in numerous cases, bullying and harassment by colleagues and managers had led to depression, anxiety, self-harm and even suicide amongst ambulance officers. Many of these situations were exacerbated by drawn out grievance and complaints handling processes, which resulted in some cases becoming almost irreconcilable.
- 3.47** As outlined in chapter 2, one of the Service's initiatives to tackle bullying and harassment has been the Respectful Workplace Training (RWT). However, feedback from review participants regarding the impact of RWT on bullying and harassment was largely negative:

It does appear that even after mandatory respectful workplace training, there are still harassment, bullying and payback alive and thriving within the Ambulance Service of NSW.¹⁰⁶

Regardless of the fact that all managers had to undertake training bullying and harassment is still rife in the service. One manager told me it was a token training course and would make no difference and he was 100% correct.¹⁰⁷

- 3.48** Mr Flint told the Committee: '[S]ome officers have stated that they were actually bullied into undertaking some of the workplace training'.¹⁰⁸
- 3.49** The HSU survey found that 65 per cent of respondents believed that bullying within the Service had not been reduced, with 68 per cent declaring that there had been no improvement in relation to harassment of officers.¹⁰⁹

¹⁰⁶ Submission 7, Name suppressed, p 1

¹⁰⁷ Submission 15, Name suppressed, p 1

¹⁰⁸ Mr Wayne Flint, published in-camera evidence, 11 February 2010, p 3

¹⁰⁹ Submission 31, p 6

3.50 Mr Dennis Ravlich, Director of Operations, HSU, accepted that the Service had made a ‘genuine attempt’ to address issues raised during the Committee’s 2008 Inquiry, however he said that HSU members were sceptical as to ‘whether simply attending a four-hour course will achieve the sort of changes required in the workplace.’¹¹⁰

Staff feedback on RWT

3.51 At the end of 2009 the Service commissioned three surveys – an Employee Survey of 427 randomly selected employees;¹¹¹ a Manager Survey of 254 selected managers;¹¹² and an Interview Selection Panel Survey of 26 selected interviewers.¹¹³ In regard to the Service’s Employee Survey, participants evaluated the effectiveness of the RWT and associated initiatives. Ambulance employees rated their responses to questions on a scale of one to five, with one being negative, three being neutral, and five being positive.

3.52 Three examples of questions asked and results from the survey are presented in the table below.

Table 3.1 Extracts from Employee Survey¹¹⁴

Score = 1 %	Score = 2 %	Score = 3 %	Score = 4 %	Score = 5 %	Question	Scale = 1	Scale = 5
30.09	18.72	27.96	16.11	7.12	The focus of promoting a Respectful Workplace has changed by workplace for the better:	No, not really	Yes, definitely
<i>Summary: 51.59% of responses are positive and/ or neutral. 48.41% of responses are negative.</i> ¹¹⁵							
35.45	21.36	16.43	18.08	8.68	I have heard about other staff, or seen other staff, putting the Respectful Workplace Training into practice:	No, not really	Yes, definitely
<i>Summary: 43.19% of responses are positive and/ or neutral. 56.81% of responses are negative.</i> ¹¹⁶							
30.73	20.81	21.28	16.78	10.40	Managers across the organisation are supporting their staff in creating a respectful workplace:	No, not really	Yes, definitely
<i>Summary: 48.46% of responses are positive and/ or neutral. 51.54% of responses are negative.</i> ¹¹⁷							

¹¹⁰ Mr Dennis Ravlich, Director of Operations, Health Services Union, Evidence, 11 February 2010, p 26

¹¹¹ Answers to questions on notice 11 February 2010, NSW Health, Question 2, Ambulance Survey of NSW Employee Survey, p 1. Throughout this chapter this survey will be referred to as the Employee Survey.

¹¹² Answers to questions on notice 11 February 2010, NSW Health, Question 2, Ambulance Survey of NSW Manager Survey, p 1

¹¹³ Answers to questions on notice 11 February 2010, NSW Health, Question 2, Ambulance Survey of NSW Interviewer Selection Panel Survey, p 1

¹¹⁴ Employee Survey, Question 2, pp 3-4

¹¹⁵ Employee Survey, Question 2, p 3

¹¹⁶ Employee Survey, Question 2, p 4

- 3.53** It is interesting to observe that the survey results have been presented in as positive a way as possible, by adding the neutral scores (ie 3) to the positive scores (4 or 5).
- 3.54** However the same data could also be presented by adding the neutral scores (3) to the negative scores (1 and 2), the results of which paint a less positive picture of the effectiveness of RWT. For example, the results summaries from the above statements would instead read:
- ‘The focus of promoting a Respectful Workplace has changed my workplace for the better’: 76.77% of responses to the statement are negative and/or neutral. 23.23% of responses are positive.¹¹⁸
 - ‘I have heard about other staff, or seen other staff, putting the Respectful Workplace Training into practice’: 73.24% of responses to the statement are negative and/or neutral. 26.76% of responses are positive¹¹⁹
 - ‘Managers across the organisation are supporting their staff in creating a respectful workplace’: 72.82% of responses to the statement are negative and/or neutral. 27.18% of responses are positive.¹²⁰
- 3.55** Presenting the data in this way more readily accords with the findings of the recent survey conducted by the HSU. For example, the Union found that although 96 per cent of respondents confirmed that they had attended the RWT, 68 per cent did not believe the training would modify behaviour and reduce bullying.¹²¹ One member stated:
- [T]he ‘Respectful Workplace Training’ was very good. But, has it made a difference in the ASNSW? No, definitely not. In fact I have seen an escalation in the lack of respect in the Service.¹²²
- 3.56** There were nonetheless some clear positive results from the survey, which revealed a high level of awareness amongst employees of the Service’s Respectful Workplace policies and policies regarding bullying and raising workplace concerns.¹²³ However, as discussed in chapter 2, while awareness of the procedures is high, NSW Health acknowledged that actual use of the procedures is less widespread.¹²⁴

Committee comment

- 3.57** The Committee considers that RWT is a positive step for addressing issues regarding bullying and harassment.

¹¹⁷ Employee Survey, Question 2, p 4

¹¹⁸ Employee Survey, Question 2, p 3

¹¹⁹ Employee Survey, Question 2, p 4

¹²⁰ Employee Survey, Question 2, p 4

¹²¹ Submission 31, p 5

¹²² Submission 31, p 6

¹²³ Employee Survey, Question 2, p 3

¹²⁴ Submission 31, p 8

- 3.58** For initiatives such as RWT to be effective, the Service needs to convince its officers that it is serious about promoting genuine cultural change. The presentation of survey data from its recent evaluation of the RWT in an overly positive light is not the way to engender confidence in the Service's ability to address employees' concerns about their workplace culture and management. The Service needs to be open and honest at all times if it wishes to gain the trust of its employees.
- 3.59** While it is still clear that issues of bullying and harassment remain within the Service, as discussed in chapter 2, the Committee acknowledges that it will take time to feel the intended impact of the new initiatives.
- 3.60** The Committee therefore reiterates its comments at paragraphs 2.28 – 2.29 regarding waiting until 2012 for the evaluation of the Healthy Workplace Strategies Program.

Professional Standards and Conduct Unit

- 3.61** During the 2008 Inquiry significant concerns were raised about the protracted length of time taken by the Professional Standards and Conduct Unit (PSCU) to deal with complaints. The Committee heard numerous claims that the Unit was biased and unaccountable, and that it was being clogged-up with minor complaints that should have been resolved locally.¹²⁵ To address those concerns, the Committee recommended that resources to the PSCU be increased, and that an independent process to appeal the Unit's decisions be established.¹²⁶
- 3.62** NSW Health stated that the Committee's recommendation has been implemented in part. The Service has increased staffing resources by allocating two additional investigators to the Unit, and it has changed the focus of the PSCU to only deal with matters constituting serious staff misconduct (while less serious complaints are now dealt with by the Healthy Workplace Strategies team). The revised focus of the PSCU has been welcomed by ambulance officers who have described the move to the Committee as 'progress'¹²⁷ and a 'step forward'.¹²⁸
- 3.63** The Service has also introduced a new computerised case management tool called *Resolve* to assist in tracking and monitoring the Unit's caseload. The Department advised that the new software 'facilitates detailed reporting of trends relating to issues and areas or officers of concern, information that can be applied to broader systems improvements'.¹²⁹
- 3.64** The Government rejected the Committee's recommendation to establish an independent process to appeal PSCU decisions, expressing the view that 'adequate independent appeal processes already exist'.¹³⁰

¹²⁵ GPSC2 2008 report, p 33

¹²⁶ GPSC2 2008 report, Recommendation 6, p 38

¹²⁷ Submission 36, Name suppressed, p 2

¹²⁸ Submission 21, Name suppressed, p 1

¹²⁹ Submission 39, pp 14-15

¹³⁰ Submission 39, pp 14-15

Protracted process

3.65 Ambulance Service management asserted that the changes to the PSCU had impacted positively on timeframes for dealing with complaints. Mr Rochford informed the Committee that the renewed focus of the Unit had resulted in 70 per cent of its caseload now constituting serious matters of misconduct, whereas previously only around 30 per cent was classified as serious.¹³¹ He further noted that the average time taken to resolve complaints has been reduced to five months, and that half of all complaints are resolved in less than three months.¹³² Mr Rochford said:

That suggests to me that the managers in the workplace are raising issues to a greater extent and enabling the Professional Standards and Conduct Unit to take proper investigative action. That action is now more prompt. The average time taken to resolve complaints has now gone down ... So the performance has improved. Serious conduct can be taken care of more decisively now.¹³³

3.66 However, in response to this, Mr Bob Morgan, Industrial Officer, HSU remarked: '[T]he Service indicated that 12 weeks was a reasonable time frame for a straightforward investigation. That is almost quarter of a year for something they see as straightforward. That imposes a significant stress on officers and their peers'.¹³⁴ Similarly, the author of Submission 22 commented on the hardships caused by protracted investigations:

They have protracted the investigations for an unreasonable period, in some cases over 12 months. This is causing financial hardship and emotional duress over issues that are found to be inconclusive or not founded. There is no recourse for officers to recoup funds or apologies from the system. This increases frustration and disappointment within the service. You cannot apply for any positions within the service while under investigation and in smaller towns often community resentment to either the officer or the service has occurred.¹³⁵

3.67 The HSU noted that other hardships include being stood down on minimum pay, being assigned alternative duties, and having a stigma attached, as described by one HSU member:

I was made out to be guilty and financially punished and disadvantaged without being given an opportunity to answer any accusation. I have been humiliated amongst my work colleagues as it was apparent to all that my work restrictions impacted upon them. My work colleagues have not been informed of my innocence and as such my reputation has been tarnished unfairly.¹³⁶

¹³¹ Mr Rochford, Evidence, 11 February 2010, p 4

¹³² Mr Rochford, Evidence, 11 February 2010, p 4

¹³³ Mr Rochford, Evidence, 11 February 2010, p 4

¹³⁴ Mr Bob Morgan, Industrial Officer, Health Services Union, Evidence, 11 February 2010, p 21

¹³⁵ Submission 22, p 4

¹³⁶ Submission 31, p 11

3.68 Mr Ravlich told the Committee that in recent months the HSU has taken cases to the Industrial Relations Commission in an attempt to expedite some of the Service's more lengthy investigations.¹³⁷

3.69 While acknowledging the importance of ensuring that proper investigative processes are followed, Mr Morgan maintained that too often investigations conducted by the Service are unduly drawn out:

Certainly the time frames are extensive ... when we are talking about interviewing a finite number of individuals – typically, a number of the officer's peers, and in some cases it may be a patient and bystanders – we are usually talking of not more than six to eight individual people who need to be interviewed. For that process to take several months is unreasonable ...¹³⁸

3.70 Assistant Director of the PSCU, Ms Louise Clarke, agreed that serious matters dealt with by the Unit can take a significant time to investigate and finalise, and attributed this to the complexity of the process. Ms Clarke insisted that some of the matters contributing to these timeframes are out of the PSCU's control, however expressed the view that some investigation periods could be reduced through implementing 'further refinements'.¹³⁹

3.71 The Committee was informed that there have been, on occasion, extenuating circumstances out of the Service's control which have led to these delays.¹⁴⁰

Committee comment

3.72 The Committee welcomes the revised focus of the PSCU on matters of serious misconduct. We are also pleased to see that the Unit has been allocated additional staff and a modern case management system.

3.73 However, we remain significantly concerned about the protracted length of time it is still taking for the PSCU to conduct and complete investigations. While the average time of five months to resolve a complaint may be an improvement, it is still far from satisfactory. There are still too many instances where cases are significantly drawn out; and the Committee expresses serious concern for the emotional, psychological and financial wellbeing of employees in these situations. Regardless of how complex a case may be, the Service owes it to its employees to resolve every case in a timely manner.

3.74 We therefore recommend that a Key Performance Indicator be established in which the PSCU reports the percentage of investigations completed within three months. The Service should report its performance against this KPI in its Annual Report.

¹³⁷ Mr Ravlich, Evidence, 11 February 2010, p 21

¹³⁸ Mr Morgan, Evidence, 11 February 2010, p 27

¹³⁹ Ms Louise Clarke, Assistant Director, Professional Standards and Conduct Unit, Ambulance Service of NSW, Evidence, 11 February 2010, pp 11-12

¹⁴⁰ Answers to questions on notice 11 February 2010, NSW Health, Tab D, p 1

Recommendation 2

That NSW Health establish a Key Performance Indicator in which the Professional Standards and Conduct Unit reports the percentage of investigations completed within three months.

Performance against the indicator should be reported in the NSW Health Annual Report.

Chapter 4 Operational Issues

This chapter will examine the main operational issues that arose in evidence to this Review and the Committee's 2008 Inquiry. These relate to Schedule 8 drugs, single officer ambulance crews, and satellite navigation units.

Schedule 8 drugs

Overview

- 4.1** Serious concerns were raised during the Committee's 2008 Inquiry regarding the theft and supply of Schedule 8 (S8) drugs,¹⁴¹ including that some ambulance officers had been stealing the addictive drugs from safes.
- 4.2** In response, the Committee recommended that the Ambulance Service review its procedures in relation to S8 drugs, in order to identify how to improve their supply, delivery and secure handling. It recommended that the findings of the review be reported by the end of June 2009.¹⁴²
- 4.3** In its May 2009 response to the Committee's recommendations, the Government stated that it was addressing the issues raised by the Committee, and advised that it had seconded a Pharmacist from NSW Health for 12 months to review the Service's procedures and ensure compliance with legislation.¹⁴³
- 4.4** In its January 2010 submission to this Review, NSW Health advised that a Medications Security Working Group, comprising of senior managers and the Ambulance Pharmacist, had conducted a review of current medications management practices within the Service and examined general issues relating to the handling and administration of medications.¹⁴⁴ During the same month the Working Group released a 'Medications Management Report',¹⁴⁵ which proposed a number of immediate and longer-term actions to improve access, control and checking of restricted medicines. The Report contained an Action Plan, which is currently being implemented by the Service.¹⁴⁶

¹⁴¹ S8 drugs are substances that are addiction producing or potentially addiction producing. They include fentanyl, midazolam and morphine.

¹⁴² NSW Legislative Council, General Purpose Standing Committee No. 2, *Inquiry into the management and operations of the Ambulance Service of NSW*, Report 27, October 2008, Recommendation 39, p 149. Throughout this chapter this report will be referred to as the GPSC2 2008 report.

¹⁴³ NSW Government Response to the GPSC 2 Inquiry into the Management and Operations of the NSW Ambulance Service, 4 May 2009, p 18

¹⁴⁴ Submission 39, NSW Health, p 12

¹⁴⁵ Email from Ms Jane Hall, Manager, Parliament & Cabinet Unit, NSW Health, to Principal Council Officer, 31 March 2010

¹⁴⁶ Correspondence from Professor Debora Picone AM, Director-General, NSW Health, to Chair, 25 March 2010

- 4.5 On 21 January 2010 the Service released a revised Standard Operating Procedure relating to the handling of medications.¹⁴⁷ The revised procedure will be considered later in this chapter.
- 4.6 Following the public hearing in February 2010 for this Review, the Committee was informed in May 2010 that the Ambulance Service had finalised terms of reference for a new Medications Management Committee (MMC) and a new Medications Working Group.
- 4.7 The terms of reference for the MMC, which consists of high level Ambulance Service managers and a pharmacist, include ensuring patient safety and clinical quality of medication management and developing quality systems for the management of medications. The MMC is to meet monthly and report to the Service's Executive Management Board.¹⁴⁸
- 4.8 The new Medications Working Group similarly consists of Ambulance Service managers and a pharmacist, as well as a Patient Safety Officer and Clinical Policies Coordinator. The Medications Working Group is tasked by the MMC, and is to provide reports to the MMC monthly.¹⁴⁹

Media reports

- 4.9 A series of articles were published in the Sydney Morning Herald between October 2009 and January 2010, which raised a range of serious allegations regarding S8 drugs.¹⁵⁰ One article reported that ambulance officers had been tampering with S8 drugs, and possibly contaminating and substituting medication in drug vials with other fluids. According to the article, officers were 'extremely concerned that hundreds of vials might have been contaminated and then used to treat patients over the past 18 months'. Concerns were raised that patients may have been administered a 'potentially hazardous substance', or may have been administered ineffective pain relief.¹⁵¹
- 4.10 Another article highlighting issues with the Service's drug security reported that ambulance staff – with or without authorisation – could take drugs from safes without anyone else knowing, and stated: 'At many stations, the code for the toilets is the same as the one for the drug storeroom'.¹⁵²
- 4.11 The Herald cited an internal Ambulance Service review of the management of S8 drugs, which was leaked to the newspaper. As part of the Review an audit of drug management processes

¹⁴⁷ Submission 31, Health Services Union, p 40

¹⁴⁸ Answers to questions on notice 11 February 2010, NSW Health, Question 1 and Submission 39, Appendix 4 (Medications Management Report). Throughout this chapter this report will be referred to as the Medications Management Report.

¹⁴⁹ Answers to questions on notice 11 February 2010, NSW Health, Question 1 and the Medications Management Report.

¹⁵⁰ 'Ambos accused of stealing drugs', *Sydney Morning Herald*, 12 October 2009; 'Paramedic charged over drugs', *Sydney Morning Herald*, 23 December 2009; 'Cover-up claimed over theft of morphine by paramedic', *Sydney Morning Herald*, 24 December 2009; 'A pain like no other', *Sydney Morning Herald*, 23 January 2010; 'Ambos slammed over drugs', *Sydney Morning Herald*, 23 January 2010

¹⁵¹ 'Ambos accused of stealing drugs', *Sydney Morning Herald*, 12 October 2009

¹⁵² 'A pain like no other', *Sydney Morning Herald*, 23 January 2010

was undertaken at 108 ambulance stations. The Herald noted that of the stations audited, ‘up to 90 per cent failed to conduct monthly [drug] stocktakes, making it extremely difficult to detect theft or misuse.’¹⁵³ It reported that one station ‘kept out-of-date morphine purely to ensure the register always balanced,’ and that ‘[t]here is a huge potential for staff to disguise losses and discrepancies as breakages’.¹⁵⁴ NSW Health subsequently provided a copy of the Review to the Committee, which confirmed the Herald’s report.

Review of Schedule 8 drugs

- 4.12** The internal review of S8 drugs was undertaken in direct response to Recommendation 39 in the Committee’s 2008 Inquiry.¹⁵⁵ The review culminated in a 37-page report (with over 200 pages of attachments) with 22 recommendations, including a recommendation to introduce swipe card access to drug safes. The report, which was provided to the Committee after two requests, was completed in June 2009.
- 4.13** The Committee was advised by NSW Health that the report was an internal working document only and had been classified as ‘draft’, and that: ‘The draft document did not meet the expectations of Ambulance Service management and was therefore not formally adopted by the Service.’¹⁵⁶ In the covering letter regarding the report, the Department maintained that ‘[n]o formal audit was undertaken’.¹⁵⁷ Nevertheless, NSW Health advised that the Medications Security Working Group had used information from the draft document to formulate its Action Plan, which was accepted and is being implemented the Service.¹⁵⁸
- 4.14** NSW Health reiterated that the Department’s response to Recommendation 39 was to establish the Medications Security Working Group, and that the Working Group’s Medications Management Report ‘is a comprehensive analysis of the issues faced by the Service’.¹⁵⁹
- 4.15** The four-page Medications Management Report briefly discusses pain management regimes and incident reporting, before summarising changes in Ambulance practice that have been implemented and future actions to be undertaken. Attached to the report is a two-page action plan.

¹⁵³ ‘Ambos slammed over drugs’, *Sydney Morning Herald*, 23 January 2010

¹⁵⁴ ‘Ambos slammed over drugs’, *Sydney Morning Herald*, 23 January 2010

¹⁵⁵ Ambulance Service of NSW, ‘Review of Schedule 8 drugs’, draft report, June 2009, p 1. Throughout this chapter this report will be referred to as the Review of Schedule 8 drugs.

¹⁵⁶ Correspondence from Professor Debora Picone AM, Director-General, NSW Health, to Chair, 25 March 2010

¹⁵⁷ Correspondence from Professor Debora Picone AM, Director-General, NSW Health, to Chair, 25 March 2010

¹⁵⁸ Correspondence from Professor Debora Picone AM, Director-General, NSW Health, to Chair, 25 March 2010

¹⁵⁹ Correspondence from Professor Debora Picone AM, Director-General, NSW Health, to Chair, 25 March 2010

Committee comment

- 4.16** The Committee considers that the draft report of the review of S8 drugs is a thorough and comprehensive document. The document reveals numerous disturbing findings regarding the management of drugs at a large number of ambulance stations across the State, and in our view it makes a number of sound recommendations to address those issues, such as the recommendation about drug safes.
- 4.17** The Medications Management Report does not include the level of detail provided in the draft report. It fails to address a number of issues raised in that document, such as safe drug storage and the reporting of drug losses and discrepancies.
- 4.18** The Committee also notes the difficulty it faced in obtaining the draft report. During the Committee's public hearing, the Chair specifically requested that NSW Health provide a copy of the audit and report on notice. In its response to this request, NSW Health stated that the Service's review of current Schedule 8 drug practices had resulted in the Medications Management Report, which it noted had already been provided to the Committee in its submission to this Review. However, the Medications Management Report was clearly not the document referred to by the Chair, as it did not contain any reference to an audit.
- 4.19** The Chair subsequently wrote a letter to NSW Health to again request a copy of the report and audit, which was eventually provided to the Committee.

Revised Standard Operating Procedure

- 4.20** One of the recommendations of the Medications Security Working Group was that the Standard Operating Procedure relating to medications handling be revised, and that the revised version be introduced immediately. This was accepted by the Service, which released the revised procedure on 21 January 2010.
- 4.21** The revised procedure limits authorisation to carry and administer restricted medications to 'paramedics who are rostered to operational response duties'.¹⁶⁰ Mr Michael Willis, General Manager, Operations, Ambulance Service of NSW, told the Committee:

This is not to just make things difficult; it is about making sure we are able to account for the amount of medications that are in the field at any time ... Officers previously would routinely have medications at home in the event that they were called out, particularly our specialist paramedics in our special casualty access teams [SCAT] and the like. We have taken the step to limit that process so that we know exactly where all the medications are at a given time and we can account for them in the register.¹⁶¹

- 4.22** The revised procedure also includes stronger routine and shift hand-over checks; strengthening of existing security arrangements; the introduction of new record keeping arrangements specific to Ambulance requirements; clearer guidelines for disposing unused

¹⁶⁰ Submission 39, p 26

¹⁶¹ Mr Michael Willis, General Manager, Operations, Ambulance Service of NSW, Evidence, 11 February 2010, p 5

medications; and the setting of appropriate maximum and minimum stock levels for each area.¹⁶²

Swipe card technology

- 4.23** Since the Committee's 2008 Inquiry, issues surrounding the Service's drug security measures have remained in the media spotlight.
- 4.24** The draft report from the Service's internal review found that the security of S8 drugs is significantly lacking, and made a recommendation that the Service immediately introduce a statewide safe storage system for S8 drugs which embodies identification card technology using proximity cards.¹⁶³
- 4.25** The draft report noted that there is already one such safe used in the Ambulance Education Centre, and suggests that smaller versions of the safe could be rolled out across the State.¹⁶⁴ The report recommends that the safe storage system be linked using the internal intranet infrastructure, and states: 'The Manager IT has advised that with few exceptions the services intranet has the current capacity to take on this system state wide'.¹⁶⁵
- 4.26** The use of swipe cards is supported by the Health Services Union (HSU)¹⁶⁶ and the Emergency Medical Services Protection Agency.¹⁶⁷ Mr Warren Boon, State Councillor, HSU, commented:

Swipe cards are not new technology. Our members out there were saying that was a simple fix. Indeed, the Ambulance Service has swipe cards at its headquarters, using our current ID cards. That would provide tracking. It seemed to be the logical solution ...¹⁶⁸

- 4.27** In its submission, NSW Health advised that one of its longer-term proposals is to have personal electronic access cards to access safes in all new ambulance buildings and major renovations.¹⁶⁹ In response to questioning by the Committee as to when the technology would be introduced, Mr Willis replied:

The process of identifying how we can do that has started. It will take us a little while to bring that in, both from a technology aspect and also just a simple infrastructure process, but the process of identifying how we do that and bring it into new facilities

¹⁶² Submission 39, p 26

¹⁶³ Review of Schedule 8 drugs, p 34

¹⁶⁴ Review of Schedule 8 drugs, p 25

¹⁶⁵ Review of Schedule 8 drugs, p 34

¹⁶⁶ Mr Warren Boon, State Councillor, Health Services Union, and ambulance paramedic, Evidence, 11 February 2010, p 23

¹⁶⁷ 'A pain like no other', *Sydney Morning Herald*, 23 January 2010

¹⁶⁸ Mr Boon, Evidence, 11 February 2010, p 23

¹⁶⁹ Submission 39, p 26

has commenced. We have a prototype or first-go type already operating in our education centre to test the peculiarities of how we do that.¹⁷⁰

Committee comment

- 4.28** Based on the evidence, it is clear to the Committee that the introduction of personal electronic access cards for drug safes is the best option for overcoming many of the problems with the Service's current drug security system.
- 4.29** The Committee notes the Service's evidence that it is proposing to include electronic card access in new ambulance buildings and major renovations, and that the Service has begun identifying how it will introduce the technology. However, the Committee does not deem this undertaking to be sufficient. It is unfortunate that the Service has only just begun to identify how it will introduce the technology. In our view, this is something that should have been done much sooner. We also believe that swipe card technology should be introduced in *all* ambulance stations, not just new buildings and major renovations.
- 4.30** Given the serious concerns first identified to this Committee during the 2008 Inquiry, we recommend that an electronic card access system be introduced to drug safes in all stations across the State as a matter of urgency.
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Recommendation 3

That the NSW Government fund NSW Health to introduce personal electronic access cards for drug safes in all ambulance stations across New South Wales, as a matter of priority, in the 2010-11 State Budget.

Drug tampering and contamination

- 4.31** Another concerning issue raised in the media articles concerning the internal review of S8 drugs is the suggestion that some drugs have been tampered with and/or contaminated. This was also raised during the Review, with one submission author, Mr Steve Hogeveen, claiming: 'I believe that some patients have suffered as a result of receiving saline instead of pain relieving S8 Drugs.'¹⁷¹
- 4.32** In 2009, the Service investigated and confirmed two reports of tampering with the Schedule 8 drug intranasal fentanyl (INF), and reported the two individual paramedics involved to the Police for investigation.¹⁷²
- 4.33** The Service subsequently commissioned random independent sampling of a group of INF vials taken from across the State, which also found evidence of drug tampering.¹⁷³
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¹⁷⁰ Mr Michael Willis, Evidence, 11 February 2010, p 6

¹⁷¹ Submission 23, Mr Steve Hogeveen, p 3

¹⁷² Medications Management Report, p 3

¹⁷³ Medications Management Report, p 3

4.34 In its Medications Management Report, the Medications Security Working Group advised that the INF manufacturer is making changes to its packaging, including heat-sealed shrink-wrapping, which took effect from February 2010.¹⁷⁴

4.35 The Committee was advised that oversight of medications management has been strengthened through the expansion of the Service's Clinical Governance Committees, which included the establishment of its high-level MMC.

Committee comment

4.36 The Committee is deeply concerned by the reports of drugs being tampered with, and possibly contaminated or replaced with substitute liquids. It is essential that this problem be rectified as a matter of urgency.

4.37 We note that the manufacturer of INF has changed its packaging to use heat-sealed shrink-wrapping, and we understand that this will help to prevent tampering. The Committee has not received enough evidence to know how easily other drugs have been or can be tampered with, however we acknowledge that the new MMC has been established to address such issues, and would most likely would have this information.

4.38 It is apparent to the Committee that the Service is taking the issues relating to S8 drugs very seriously, as indicated by the newly established MMC and Medications Working Group, as well as the revised Standard Operating Policy. The Committee welcomes these changes, and encourages the Service to continue its endeavour to improve drug security.

Single officer ambulance crews

4.39 Concerns were raised during the 2008 Inquiry about single officer ambulance crews in rural and regional areas, particularly in the Hunter region where single officer crews are the only option available in some towns. These concerns included the quality of care provided to patients, the pressure placed on individual officers, and potential risks to the safety of those officers.

4.40 The Committee recommended that by 30 June 2009, all on-duty crews in the Hunter region consist of two ambulance officers.¹⁷⁵

4.41 The Government did not support this recommendation. In its response, the Government stated that single officer responses may be supported by the dispatch of a two-person duty crew, and if necessary, by Police, community first responders¹⁷⁶ or an Ambulance helicopter.

¹⁷⁴ Medications Management Report, p 3

¹⁷⁵ GPSC2 2008 report, Recommendation 36

¹⁷⁶ Community First Responders are volunteers who are accredited and operate under Ambulance governance and training. The majority of volunteers respond under a formal Memorandum of Understanding with the State Emergency Service, the Rural Fire Service, or the NSW Fire Brigades. Community first responders do not operate from an Ambulance or health facility, do not have an ambulance vehicle and do not transport patients.

The Government argued that demand does not exist in parts of the Hunter sector for double-officer crews to attend all incidents.¹⁷⁷

4.42 The Government's position was again criticised during this Review. As articulated by one submission author:

In many regional or rural areas patients have limited access to other health professionals where they have small hospitals, intermittent or limited coverage from doctors, long travelling distances to access other specialist services and difficulty recruiting and retaining appropriate and adequately trained medical staff ... people in these smaller rural areas have inferior health cover compared to those in metropolitan areas or large rural centres ... To suggest that other agencies or the use of the helicopter is adequate as back up on a case is an abomination. Neither of these options are practical as they could be unreliable, untimely, inferior, inefficient and inappropriate.¹⁷⁸

4.43 After submissions to this Review closed, and after the Committee held its public hearing, the media reported that the Ambulance Service had formulated a plan for volunteers to stand in as drivers to assist single officer ambulance crews in the Hunter.¹⁷⁹ According to a report in the Daily Telegraph, the trial scheme would entail emergency situations being attended to by one trained paramedic and one volunteer driver with a first-aid certificate.¹⁸⁰

4.44 The proposal was brought before the NSW Industrial Relations Commission on 17 March 2010, at which time the matter was stood over until an undetermined date. The HSU advised that they have engaged the Service in peak level discussions outside of this process, and expressed optimism that the Service would decide not to proceed with its plan.¹⁸¹

Committee comment

4.45 The Committee reiterates our view expressed during the 2008 Inquiry, and opposes the practice of on-duty single officer crews. This practice disadvantages paramedics, and compromises the quality of care available to patients.

4.46 The Government did not accept the Committee's recommendation to have all on-duty crews in the Hunter region consist of two ambulance officers. We note that the reasons provided by the Government were that there are adequate back-up options available, and that there is insufficient demand for double crews.

4.47 However, the recent plan to use volunteers appears to contradict the Government's position, as by formulating this plan the Government seems to in fact recognise the need for additional support in this area.

¹⁷⁷ NSW Government Response to the GPSC 2 Inquiry into the Management and Operations of the NSW Ambulance Service, 4 May 2009, p 16

¹⁷⁸ Submission 32, p 4

¹⁷⁹ 'Volunteer Hunter ambulance plan sounds alarm', *The Herald*, 26 February 2010

¹⁸⁰ 'Outrage over amateur ambulance driver plan', *The Daily Telegraph*, 12 March 2010

¹⁸¹ Email from Mr Bob Morgan, Health Services Union, to Principal Council Officer, 18 March 2010

- 4.48** While the Committee appreciates that the Service is genuinely attempting to find alternative ways to address the situation, we do not agree that volunteer ambulance drivers are the solution. We believe that on-duty crews should consist of two ambulance officers, where appropriate.

Recommendation 4

That the Ambulance Service of NSW ensure that on-duty crews, where appropriate, consist of two ambulance officers by 31 December 2010.

Satellite navigation units

- 4.49** Evidence received during the Committee's 2008 Inquiry highlighted the benefits of equipping ambulance vehicles with Satellite Navigation Units. The Committee heard that installing the Units would reduce response times and improve the operational effectiveness of the Ambulance Service.
- 4.50** In its submission to the Review, NSW Health stated that this recommendation has been implemented, and that a statewide roll out of Satellite Navigation Units was undertaken during August – December 2009.¹⁸² In the HSU survey, 90 per cent of respondents indicated they had been issued with a personal Satellite Navigation Unit.¹⁸³ Mr Rochford informed the Committee that the Service had received a \$1.2 million grant to purchase the Units.¹⁸⁴
- 4.51** However, numerous review participants have expressed frustration with the Units, complaining that they are of poor quality, that they freeze during operations, and are difficult to use.¹⁸⁵ Mr Dennis Ravlich, Director of Operations, HSU, stated: 'The Navman units basically just do not work; they are an absolute waste of money. If you do persevere with them, it extends response times'.¹⁸⁶
- 4.52** In the HSU survey, 84 per cent of respondents stated that they did not believe the Satellite Navigation Units assisted them in making a more timely response to calls.¹⁸⁷
- 4.53** The Australian College of Ambulance Professionals catalogued a range of complaints relating to the use of the Units. These included that the equipment is of poor quality, not user friendly, and lack accuracy in rural areas.¹⁸⁸ These problems were highlighted by the author of Submission No. 15, who described their experience with the Unit as follows:

¹⁸² Submission 39, p 27

¹⁸³ Submission 31, p 41

¹⁸⁴ Mr Rochford, Evidence, 11 February 2010, p 7

¹⁸⁵ See for example Submission 21, Name suppressed, p 8 and Submission 23, p 3

¹⁸⁶ Mr Ravlich, Evidence, 11 February 2010, p 30

¹⁸⁷ Submission 31, Health Services Union, p 41, expression as per original

¹⁸⁸ Submission 40, Australian College of Ambulance Professionals, p 47

I put in my address to see what it would do and it said it couldn't be found ... Then I put in 5 streets in town that have been there for a hundred years and it said it couldn't find them ... I then went for a drive. I punched in the main street ... and it couldn't find it either ... It did manage to warn me of 5 x 40 kmh school zones 4 of which didn't exist. The one that did exist I was 190 metres into before it told me about it. So far this thing has a 100% failure rate.¹⁸⁹

4.54 The submission author noted that the Units do not show points of interest, such as hospitals, and commented: 'As usual I think the Ambulance Service would have bought the cheapest ones they could just to appease this enquiry'.¹⁹⁰

4.55 Although the Committee recommended that all Ambulance vehicles be equipped with Satellite Navigation Units, the Service has distributed the units to individual officers. Mr Rochford said that the option of integrating GPS systems into ambulances was canvassed, however proved too difficult to implement. Mr Rochford explained:

The first option was to integrate them in the ambulance and have a seamless transition with the address of the caller automatically going through our CAD system and then being sent to the ambulance so officers would not have to enter the coordinate details. That involves lining up several different technologies from Telstra to our own computer-aided dispatch database and then the ambulance itself and various modes of transmission. We looked at it for some six months and were not able to find a successful application that was strong enough for application in emergency services environment.¹⁹¹

4.56 Mr Rochford stated that he believed as technology continued to improve an integrated system would be available in the future.¹⁹²

Committee comment

4.57 While the Committee acknowledges that the Service has addressed our 2008 recommendation regarding Satellite Navigation Units, we do not understand why the Service chose to purchase a large number of low-quality units for individual officers, rather than a smaller number of high-quality units for each ambulance. In our view this has been a waste of money, and is another example of a poor management decision by the Service.

4.58 The Committee notes Mr Rochford's comment regarding concerns about theft, however ambulances already contain valuable items, such as Schedule 8 drugs, which may be prone to theft; therefore we do not accept that the risk of theft is an acceptable reason for purchasing inferior Units.

4.59 In regard to Mr Rochford's statement that there is a lack of existing technology to support an integrated GPS system, the Committee has not received enough evidence to confirm whether this is true. Nonetheless, it is unreasonable to expect ambulance officers to continue using low-quality Satellite Navigation Units (that do not even show hospitals) while the Service waits

¹⁸⁹ Submission 15, Name suppressed, p 1

¹⁹⁰ Submission 15, p 1

¹⁹¹ Mr Rochford, Evidence, 11 February 2010, p 7

¹⁹² Mr Rochford, Evidence, 11 February 2010, p 7-8

for a suitable integrated system to become available in the future. Waiting for the technology could take years. In the meantime the Service should replace all of its current Units, which have been issued to individual paramedics, with one high-quality Unit for each ambulance.

Recommendation 5

That the Ambulance Service of NSW replace all personal Satellite Navigation Units with one high-quality Satellite Navigation Unit, fixed in each ambulance.

Chapter 5 Staffing, Recruitment and Training

Inadequate staffing levels and outdated award conditions were two key themes raised during the 2008 Inquiry. At the time of that Inquiry, the Ambulance Service's award conditions were examined and modified in a Major Industrial Case before the NSW Industrial Relations Commission (IRC).

This chapter will consider concerns raised in evidence to this Review regarding staffing levels, changes to the Service's rostering system, and ongoing issues regarding recruitment and training processes.

Staffing levels

- 5.1** A major longstanding issue between the Ambulance Service and the Health Services Union (HSU) is the Service's staffing levels, which the HSU argue have been inadequate for over a decade. The Union argues that insufficient staffing levels have contributed to problems with other issues within the Service, such as overtime, inflexible working conditions, fatigue and morale; all of which are further exacerbated by increasing demand.
- 5.2** The Committee recommended in its 2008 report that NSW Health increase the number of Ambulance Service staff to meet Minimum Officer Levels (MOLs, also known as 'Minimum Operating Levels'), as determined by the NSW IRC.¹⁹³
- 5.3** NSW Health told the Committee that this recommendation has been implemented. In its submission to the Review, the Department stated that since a decision of the IRC in 1995 concerning MOLs, the number of ambulance officers has increased from 2,200 to over 3,300. It added that since the Committee's 2008 Inquiry, a further 236 ambulance officers have been engaged and are being trained, while an additional 88 full-time equivalent staff have been re-deployed from rescue roles to undertake other ambulance duties.¹⁹⁴
- 5.4** While acknowledging that there has been a significant increase in the number of funded positions over time, Mr Dennis Ravlich, Director of Operations, HSU, argued that the increases are still insufficient and have not made any real difference:

[O]n a day-to-day basis the service still struggles to reach minimum double officer crew levels in 2010 that were set eight years ago ... we have made submissions and a bipartisan committee identified in 2001 that the service was about 2,500 short to staff the rosters it had then. It is no surprise that many of the officers employed are swept up to fill those existing vacancies. The lack of relief is a constant struggle.¹⁹⁵

¹⁹³ NSW Legislative Council, General Purpose Standing Committee No. 2, *Inquiry into the management and operations of the Ambulance Service of NSW*, Report 27, October 2008, Recommendation 18, p 74. Throughout this chapter this report will be referred to as the GPSC2 2008 report.

¹⁹⁴ Submission 39, NSW Health, p 19

¹⁹⁵ Mr Dennis Ravlich, Director of Operations, Health Services Union, Evidence, 11 February 2010, p 25

- 5.5** This was agreed by other review participants, who maintained that even with the staffing enhancements the organisation is ‘still struggling to maintain a service’,¹⁹⁶ as additional staff have gone straight to relief without impacting frontline services.¹⁹⁷
- 5.6** The argument that staffing levels and enhancements have been inadequate was supported by the HSU survey results, which found that:
- 67 per cent of respondents stated that MOLs (or their equivalent) were not met on a daily basis
 - 67 per cent of respondents stated that MOL arrangements had remained unchanged since 2002
 - 54 per cent of respondents identified staff vacancies on their station’s roster, with nearly half of these claiming that three or more positions were vacant
 - Nine per cent of respondents identified that more than five positions were vacant on station rosters
 - 73 per cent of respondents could not identify that any additional staff had been employed at their station.¹⁹⁸
- 5.7** Additionally, a number of review participants were adamant that staff shortages are the reason why ambulance officers continue to be denied meal breaks and leave requests, and why they are still being made to work overtime:
- One only has to look at the number of times officers do not get the “required” breaks during their shifts to see the extent of the shortfall.¹⁹⁹
- Applications for annual leave and long service leave are being rejected on the grounds of service provision yet the service is unable to maintain service levels set in 2002. Towns with 60,000 populations have had 1 officer on night shift due to shortages.²⁰⁰
- [The] endemic lack of staff and resources ... has had the result of requiring staff to do overtime to supply even the most basic staffing levels set out in 2002.²⁰¹
- 5.8** Again, these arguments were supported by the HSU survey, which found that 86 per cent of respondents, in varying degrees, were dissatisfied with the provision of meal and rest breaks at work, with respondents expressing the view that break entitlements are often ignored. The survey also found that 38 per cent of respondents ‘regularly or always’ missed out on crib breaks.²⁰²

¹⁹⁶ Submission 22, Name suppressed, p 5

¹⁹⁷ Submission 21, Name suppressed, p 9

¹⁹⁸ Submission 31, Health Services Union, p 20

¹⁹⁹ Submission 38, Name suppressed, p 4

²⁰⁰ Submission 22, p 3

²⁰¹ Submission 22, p 1

²⁰² Submission 31, p 43

Committee comment

- 5.9** The Committee acknowledges that there has been a significant increase in the Service's staffing levels since 1995, and that the Service has engaged and re-deployed over 300 staff since the Committee's 2008 Inquiry.
- 5.10** While these increases are certainly welcome, the Committee has again received compelling evidence that they are still not enough. It is imperative for the Service to meet MOLs on a daily basis, so that the public has access to timely emergency medical services, and so that ambulance officers receive adequate rest and leave breaks, to which they are fully entitled to.
- 5.11** The NSW IRC is the appropriate forum for determining adequate staffing levels for the Service, therefore the Committee leaves that issue to be determined by the Commission. However, the Committee urges the Service to seriously take into account the evidence received during this Review, that MOLs are not being met on a daily basis, and that there are numerous vacancies existing on station rosters.
- 5.12** The Committee also notes one of its earlier recommendations in chapter 4 (Recommendation 4) regarding double officer crews, which in part addresses the Service's staffing levels.

Rosters

- 5.13** In 2008 the Service and the HSU were parties to a Major Industrial Case heard before the NSW IRC, where a number of award issues were considered. The Commission handed down its judgement on 12 September 2008. As a result of that case, a new Operational Ambulance Officers (State) Award was created, which involved a number of changes to the Service that took effect after the Committee's 2008 Inquiry.
- 5.14** One of the changes which was considered during this Review relates to the Service's rostering system. At the time of the 2008 Inquiry, the Service was advocating a new roster (commonly referred to as a "4 x 5" roster) to reduce the Service's 14-hour night shifts to a maximum of 12 hours. The Service believed that the new roster would address officer fatigue, as well as provide them with additional days off and more free weekend time.²⁰³
- 5.15** The NSW IRC agreed to the proposal and the Service began implementing the new system, beginning in Sydney and the Central Coast. However, after introducing the new roster in those locations, the Service decided that it no longer wanted the 4 x 5 system, and ceased rolling it out. The HSU informed the Committee that as a result, the majority of officers at regional and rural stations continue to work 14-hour night shifts, even though it has been well over 12 months since the IRC decision.²⁰⁴
- 5.16** Mr Ravlich noted that at the time of the Major Industrial Case, the HSU opposed the 4 x 5 rosters; however he advised that after the new system began being implemented, the Union came to support it. The matter was therefore returned to the IRC, where the full bench upheld its original decision to implement the 4 x 5 roster. Mr Ravlich said: 'It was unfortunate that, as

²⁰³ GPSC2 2008 report, p 85

²⁰⁴ Mr Ravlich, Evidence, 11 February 2010, p 24

the full bench commented, both sides had changed the positions they had been extolling in the previous six months.’²⁰⁵

- 5.17** However, even after the IRC confirmed its position, the HSU advised that the issue is still ongoing, stating that: ‘The response from the Service was that it does not necessarily think it was bound to the four by five.’²⁰⁶ Mr Ravlich claimed that the Service has thwarted attempts by the HSU to hold genuine discussions on the issue, and that as a result; the assistance of a third party will again be required to resolve it.

Committee comment

- 5.18** The Committee agrees with the NSW IRC, that it is unfortunate that both parties have changed their initial positions on the 4 x 5 roster system.

- 5.19** The Committee has received limited evidence regarding the advantages and disadvantages of this roster system. We understand that there are ongoing negotiations and this matter is before the IRC, so we therefore reserve our judgement on this topic.

Recruitment

- 5.20** Another issue raised during the 2008 Inquiry was a perceived lack of transparency and accountability surrounding the Service’s recruitment processes. The Committee heard numerous accounts of staff winning positions or being promoted as a result of being part of the ‘boys club’, or of merit selection processes being ‘made up on the day.’²⁰⁷

- 5.21** At the time of the 2008 Inquiry, NSW Health had given an undertaking to review the Service’s selection processes. The Committee recommended that as part of that review, the Department establish clear guidelines for selection panel members which emphasise that selections must be based on merit. The Committee stated that the guidelines should emphasise that conflicts of interest and corrupt conduct are breaches of NSW Health policy, and can lead to disciplinary action.²⁰⁸

- 5.22** In its submission to this Review, NSW Health asserted that the Service does apply the principles of merit to all selection processes.²⁰⁹ It also advised that it is in the process of finalising a revised recruitment and selection policy, which it expects to release in the first half of 2010. According to the Department, the revised policy will provide:

- clear direction to selection panels on the role and the process of assessing applications
- the requirement for conflicts of interest to be declared and discharged
- that merit must be adhered to when recruiting, selecting and appointing all staff

²⁰⁵ Mr Ravlich, Evidence, 11 February 2010, p 24

²⁰⁶ Mr Ravlich, Evidence, 11 February 2010, p 24

²⁰⁷ GPSC2 2008 report, pp 49-51

²⁰⁸ GPSC2 2008 report, Recommendation 9, p 53

²⁰⁹ Submission 39, p 16

- that failure to comply with the mandatory standards will be managed in accordance with the NSW Health policy for managing misconduct, and
- a web link to the current misconduct policy.²¹⁰

- 5.23** NSW Health added that training in merit selection is included as part of the new Ambulance Management Qualification (AMQ) (discussed in chapter 2).²¹¹
- 5.24** The statement by NSW Health that merit principles have been applied to all selection processes received a mixed reaction from review participants.
- 5.25** Some participants expressed the view that there have been positive changes since the 2008 Inquiry.²¹² For example, one submission author commented: ‘I feel that this may be finally working. The last few officers appointed to my area were all from outside the area something which never happened before.’²¹³
- 5.26** Other review participants insisted that selection processes still lack accountability, and that positions continue to be awarded without merit.²¹⁴ The HSU survey found that 68 per cent of respondents considered that recruitment and selection of staff was not a transparent and fair process.²¹⁵
- 5.27** The Chief Executive of the Ambulance Service, Mr Greg Rochford, conceded that there are ongoing issues surrounding selection processes, and that procedures have not been applied consistently across the State. However, he maintained that in some areas recruitment is performed well, and remained confident that the new policy, together with the new AMQ and performance agreements, will go a long way in overcoming these issues.²¹⁶

Committee comment

- 5.28** The Committee is concerned by the evidence, particularly the results of the HSU survey, which indicates that a significant proportion of recruitment and selection processes are still perceived as lacking transparency and accountability.
- 5.29** We do however acknowledge the positive feedback which indicates some improvements in these areas.
- 5.30** Given that the revised recruitment and selection policy is yet to be released, it would be premature for the Committee to make assessments on this matter. The Committee believes that the revised policy described by NSW Health appears well founded, and we are optimistic

²¹⁰ Submission 39, p 16

²¹¹ Submission 39, p 16

²¹² Submissions 15 and 21.

²¹³ Submission 15, Name suppressed, p 2

²¹⁴ Submissions 22, 36 and 38.

²¹⁵ Submission 31, p 12

²¹⁶ Mr Greg Rochford, Chief Executive, Ambulance Service of NSW, Evidence, 11 February 2010, p 12

that if properly implemented and adhered to, it will address the issues raised before the Committee.

Training

- 5.31** The issue of access to training provided by Clinical Training Officers (CTOs) was another issue raised both the 2008 Inquiry and this Review. Previously, concerns were raised by ambulance officers and CTOs that training sessions were constantly interrupted due to officers being called away to attend cases.
- 5.32** The Committee therefore recommended that the Ambulance Service incorporate regular designated, paid training times into rosters, so that paramedics can meet with CTOs for uninterrupted training.²¹⁷
- 5.33** The NSW Government, in its May 2009 response to the Committee's recommendations, stated that it was addressing these issues. It maintained that training opportunities were already available in rosters, which it reported accommodate up to 30 per cent relief capacity for the purpose of designated training requirements.²¹⁸
- 5.34** NSW Health further advised that a new scheduling model had been agreed upon by the Service and the HSU which 'optimise[s] the efficiency and effectiveness of training opportunities.'²¹⁹ The model was introduced on 1 July 2009 and provides for the release of paramedics for Certificate to Practice²²⁰ and mandatory training workshops. According to the Department: 'A review of the model has found it to be effective with some implementation issues being addressed.'²²¹
- 5.35** However, evidence to the Review indicates that the model is somewhat ineffective, and that little appears to have changed:
- This [uninterrupted training and paid training time] has not been achieved, or to my knowledge even attempted. CTOs are still forced to adopt an ad hoc approach to training and catch staff whenever/wherever they can, either during crib breaks or at Hospitals.²²²
- 5.36** The view that no paid, uninterrupted training times have been incorporated into rosters was echoed by a number of review participants,²²³ with one ambulance officer complaining that training opportunities are 'almost impossible to find.'²²⁴

²¹⁷ GPSC2 2008 report, Recommendation 13, p 62

²¹⁸ NSW Government Response to the GPSC 2 Inquiry into the Management and Operations of the NSW Ambulance Service, 4 May 2009, p 8

²¹⁹ Submission 39, p 17

²²⁰ The Certificate to Practice is the model of certification used by the Service to ensure that qualified paramedics keep their skills up to date.

²²¹ Submission 39, p 17

²²² Submission 31, p 15

²²³ Submissions 13, 22, 23, 31, 38 and 40.

- 5.37** Results from the HSU survey supported this view, with only 41 per cent of respondents indicating that they had received some paid training in the previous 18 months.²²⁵ Concerning evidence was given by one HSU member, who claimed:

In the absence of 'real' training A/Os [Ambulance Paramedics] are regularly asked to sign 'acknowledgement' forms for new rules/procedures/information without fully understanding the implications this procedure is clearly just to protect some people who should be conducting the training or those responsible for managing the Service.²²⁶

- 5.38** The new scheduling model was criticised by the Australian College of Ambulance Professionals (ACAP) for not addressing the issues raised by the Committee in its original inquiry. ACAP emphasised the importance of individual paramedics having sufficient uninterrupted time with CTOs 'to undertake individual professional development activities, or to discuss clinical issues of concern and rehearse uncommon interventions or new procedures', and argued that the new arrangements do not provide for this:

While the new arrangements provide a mechanism for skills assessment, the 30% relief factor provides only for compulsory classroom training required by the Service and delivered to groups of Paramedics as part of normal training.

This is a separate issue to individual professional development which qualifies for points in the Certificate to Practice model. This is mostly done in downtime, but for busy stations it is unlikely to occur in any structured manner because of continual disruptions.²²⁷

- 5.39** Due to the disruptive nature of the emergency medical service environment, ACAP recommended: '[T]hat the provision of rostered leave should be made for those who have individual training needs and who are unable to undertake this activity during down time.'²²⁸

Committee comment

- 5.40** It is apparent to the Committee from the evidence that uninterrupted training time continues to be an issue within the Ambulance Service. While the new scheduling model introduced by the Service may be a step in the right direction, it appears that it may not be sufficient for individual training needs. It is important that the Service ensures that adequate training opportunities with CTOs are available to all officers, particularly those at busy stations.

²²⁴ Submission 36, Name suppressed, p 3

²²⁵ Submission 31, p 15

²²⁶ Submission 31, p 15

²²⁷ Submission 40, Australian College of Ambulance Professionals, pp 26-27

²²⁸ Submission 40, pp 26-27

Appendix 1 Recommendations: 2008 Inquiry

Recommendation 1

That as a matter of urgency, the Minister for Health and Director General of Health meet with the Chief Executive of the Ambulance Service of NSW to review the Chief Executive's performance, particularly in relation to bullying and harassment in the Service, and report to Parliament on this progress.

Recommendation 2

That the Director General of Health undertake rigorous performance reviews of all senior executive managers within the Ambulance Service of NSW as a matter of priority.

Recommendation 3

That the Minister for Health and Director General of Health meet quarterly with the Chief Executive of the Ambulance Service of NSW to review progress, particularly in relation to reducing bullying and harassment within the Service, and report on this progress to Parliament.

Recommendation 4

That General Purpose Standing Committee No. 2 conduct a review of the recommendations of its 2008 Report into the Ambulance Service of NSW, in October 2009.

Recommendation 5

That NSW Health amend its Grievance Resolution Policy to provide greater emphasis on the confidentiality provisions. The provisions should be updated to reflect that breaches of confidentiality are serious issues that are subject to remedial or disciplinary action.

Recommendation 6

That the NSW Government increase resources allocated to the Professional Standards and Conduct Unit and establish an independent process to appeal the Unit's decisions.

Recommendation 7

That, as part of its undertaking to clarify and simplify grievance procedures, the Ambulance Service of NSW should create and distribute one page, plain-English fact sheets on grievance management and disciplinary matters.

Recommendation 8

That NSW Health provide contact officers within the Ambulance Service of NSW to provide impartial advice to staff on grievance and complaint policies and procedures.

The contact officers should be available at all levels of the Service, of different genders, and from both rural and metropolitan areas. The role of these officers should be set out clearly for all staff within the Service.

Recommendation 9

That NSW Health, as part of its review of Ambulance Service of NSW selection processes, establish clear guidelines for selection panel members which emphasise that selections must be based on merit.

The guidelines should emphasise that conflicts of interest and corrupt conduct are breaches of NSW Health policy, and can lead to disciplinary action.

Recommendation 10

That, as part of its review of psychometric testing, the Ambulance Service of NSW consider other psychometric tests which better identify the attributes of an effective ambulance officer. This review should be completed by October 2009.

Recommendation 11

That officers who undertake responsibility for training and supervision should receive recognition or incentives.

These officers should be reviewed every six months to assess their performance. Unsatisfactory performance should result in performance management, and where necessary the termination of supervisory or training responsibilities.

Recommendation 12

That if the Ambulance Service of NSW intends to continue offering CTP Stream 1, management should allow paramedics to undertake this option if requested.

Recommendation 13

That the Ambulance Service of NSW incorporate regular designated, paid training times into rosters, so that paramedics can meet with Clinical Training Officers for uninterrupted training.

Recommendation 14

That NSW Health introduce performance indicators as a measure to evaluate the impact of the implementation of the new three-year recertification interval. These should include clinical indicators.

Recommendation 15

That the Ambulance Service of NSW implement an annual performance appraisal system by the end of 2009 for all on-road officers. This system should incorporate training for Station Officers in how to conduct performance appraisals.

Recommendation 16

That the Ambulance Service of NSW ensure that Clinical Training Officers follow-up all ambulance officers in an appropriate manner after the distribution of updated protocols and pharmacologies, in order to ensure that officers understand the new changes.

Recommendation 17

That the NSW Minister for Health initiate discussions with the Council of Australian Governments to explore the option of national registration of paramedics.

Recommendation 18

That NSW Health increase the number of Ambulance Service of NSW staff to meet Minimum Officer Levels, as determined by the NSW Industrial Relations Commission.

Recommendation 19

That the NSW Government update and complete its review of operational numbers required for the Central Coast and Hunter by October 2009, and that the results be made public.

Recommendation 20

That the Ambulance Service of NSW should rely less on external consultants for planning by establishing an internal planning unit to provide long-term strategic planning. The unit should be operational before the end of 2009.

Recommendation 21

That the Ambulance Service of NSW amend its Suitable Alternative Duties policy to allow paramedics the choice to undertake alternative duties at their home station, where travel to other stations may generate health and safety concerns.

Recommendation 22

That the Ambulance Service of NSW investigate the feasibility of rural recruitment drives.

Recommendation 23

That the Ambulance Service of NSW provide Intensive Care Paramedic training in additional rural locations.

Recommendation 24

That the Ambulance Service of NSW reinstate training to Advanced Life Support level for paramedics in rural and remote areas. Rural officers should be given priority of training.

Recommendation 25

That the NSW Government increase the capital works budget for the upgrades and repairs of Ambulance Service stations across NSW.

Recommendation 26

That the Ambulance Service of NSW develop procedures to provide information to officers about potential violence when responding to call-outs.

Recommendation 27

That the Ambulance Service of NSW modify its new uniform so as to clearly identify its on-road staff as paramedics.

Recommendation 28

That the Ambulance Service of NSW provide OH&S guidelines to ambulance officers to maintain their health, strength and fitness.

Recommendation 29

That the Ambulance Service of NSW explain to all staff why formal critical incident stress debriefing is no longer recommended, and encourage employees to utilise the Service's existing support services after traumatic incidents.

Recommendation 30

That the Ambulance Service of NSW examine provision for special leave for officers following traumatic incidents as part of the forthcoming review of staff support services.

Recommendation 31

That the Ambulance Service of NSW establish a database to record traumatic incidents, and a formal system to ensure all major incidents are notified to peer support officers within 48 hours.

Recommendation 32

That the Ambulance Service of NSW examine how to support and reward peer support officers as part of the forthcoming review of staff support services.

Recommendation 33

That all rescue incidents require paramedics to be involved in the coordinated response.

Recommendation 34

That the Ambulance Service of NSW undertake further community education programs as a priority. The Service should consider successful communication strategies used by other Ambulance Services, such as the London Ambulance Service, in the development of its future programs.

Recommendation 35

That should NSW Health continue the Extended Care Paramedic program, it increase the level of recurrent funding for the program and provide additional staffing to the Ambulance Service of NSW.

Recommendation 36

That the Ambulance Service of NSW ensure that all on-duty crews in the Hunter region consist of two ambulance officers by 30 June 2009.

Recommendation 37

That the Ambulance Service of NSW provide a dedicated ambulance service in Bundeena, consisting of an ambulance station or a car stationed with 24 hour rostered cover.

Recommendation 38

That the Ambulance Service of NSW review its proposed site for the new station at Nelson Bay and consider whether it is the best location to respond to the existing (and future) community.

Recommendation 39

That the Ambulance Service of NSW review its procedures in relation to Schedule 8 drugs, to identify how to improve the supply, delivery and secure handling of these drugs.

The findings of this review should be reported by the end of June 2009.

Recommendation 40

That all Ambulance vehicles be equipped with Satellite Navigation Units by the end of 2009.

Recommendation 41

That the Ambulance Service of NSW provide portable radios for all ambulance officers by the end of 2009.

Recommendation 42

That NSW Health address the operational issues raised in Chapter 8 and incorporate them into the current changes to operations and performance review processes.

Recommendation 43

That the Ambulance Service of NSW report directly to the NSW Minister of Health.

Recommendation 44

That the NSW Government re-establish an Ambulance Service of NSW Board of Directors based on the former Board of Directors.

The new Board should include at least one director who has been directly elected by members of the Ambulance Service.

Recommendation 45

That the NSW Government introduce a new *Ambulance Services Act* to provide comprehensive regulation of the Ambulance Service of NSW. The following provisions should be considered for inclusion:

- a direct reporting line from the Chief Executive to the Minister for Health
- a Board of Directors
- management and conduct of performance provisions that apply to the Chief Executive
- clear definitions and prescriptive provisions
- registration of paramedics

Appendix 2 Government Response: 2008 Inquiry



John Della Bosca MLC
Minister for Health
Minister for the Central Coast
Leader of the Government in the Legislative Council

Ms Lynn Lovelock
Clerk of the Legislative Council and
Clerk of the Parliaments
NSW Parliament
Macquarie Street
SYDNEY NSW 2000

Dear Ms Lovelock

I refer to the Inquiry into the Management and Operations of the Ambulance Service of NSW which was undertaken by the Legislative Council General Purpose Standing Committee No.2 (GPSC2) in 2008.

Enclosed is the NSW Government's response to the GPSC2 Report 27 – October 2008.

Yours sincerely


John Della Bosca MLC

- 4 MAY 2009

Received at 5.30pm

Monday 4/5/09

*Lynn Lovelock
Clerk of the Parliaments*

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**NSW Government Response to the
Legislative Council General Purpose
Standing Committee No.2 inquiry into the
Management and Operations of the
Ambulance Service of NSW**

May 2009

Introduction

The Legislative Council General Purpose Standing Committee No 2 (GPSC2) inquiry into the management and operations of the NSW Ambulance Service ran for six months. During this time a number of planned initiatives were commenced by NSW Health with new initiatives informed by committee deliberation and witness statements.

As an example a public communications campaign on the appropriate use of ambulances was launched in November 2008 together with a campaign to tackle assaults and threatened violence against paramedics. During the Inquiry staffing to support improved grievance processes was enhanced and subsequently a dedicated pharmacist has been engaged by the Ambulance Service to strengthen security, access and recording of Schedule 8 drug usage.

The GPSC2 announced its inquiry in May 2008 with the following terms of reference:

That General Purpose Standing Committee No.2 inquire into and report on the management and operations of the NSW Ambulance Service, and in particular:

- a. Management structure and staff responsibilities*
- b. Staff recruitment, training and retention*
- c. Staff occupational health and safety issues*
- d. Operational health and safety issues*
- e. Any other related matter.*

The Inquiry was initiated following concerns raised by some ambulance officers about the operation of the Ambulance Service, including recruitment and occupational health and safety issues.

Membership of the Inquiry Committee was the Hon Robyn Parker, MLC (Chair); the Hon Christine Robertson MLC (Deputy Chair); the Hon Greg Donnelly MLC; The Hon Tony Catanzariti MLC; the Hon Ms Lee Rhiannon MLC; Revd the Hon Dr Gordon Moyes MLC and the Hon Marie Ficarra MLC.

The GPSC2 handed down 45 recommendations in its report released on 20 October 2008, related to culture and management; bullying and harassment; suicide; staffing, pay and award conditions; chief executive and legislation.

Of note, at the time, three of the six GPSC2 committee members held serious concerns about the content and recommendations handed down in the report and their dissenting statements are included at Appendix 6 of the report. In total there were eleven recommendations that were not supported by those committee members.

Significantly the dissenting statements outlined that:

- many issues were raised at the time of a major industrial case being heard by the NSW Industrial Relations Commission (IRC) and this set the tone of both submissions and evidence;
- claims made in the report were perceived by committee members through submissions as there was no evidence for support and claims were not tested;

- evidence provided in the NSW Health submission was ignored and the Ambulance Service was not afforded the opportunity to respond to the key information that apparently formed the basis for the Committee conclusions;
- official and independent analysis was ignored, such as the Auditor General's Report 2001 and the positive follow-up report of 2007 and there was no acknowledgement that the Ambulance Service has undergone extensive clinical and operational changes since release of that Report;
- inappropriate emotive language was used in several places in the GPSC2 report and there was a lack of balance in the reporting, with evidence and witness statements used selectively;
- assurances given by the Director-General of Health and the Ambulance Service Chief Executive Officer that concerns were being addressed were not recognised in the conclusions, and
- conclusions were drawn from one side of the information presented to the Committee.

Caring Together: The Health Action Plan for NSW was released on 30 March 2009, providing the Government's response to the Final Report of the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals. It responds to recommendations specifically related to ambulance officer positions and responsibilities; decision making with regard to non transport; Ambulance Matrix functionality; location of ambulance stations; and non emergency transport.

In addition, *Caring Together* includes work to be undertaken by NSW Health as a whole which will impact on the management and operation of the Ambulance Service of NSW.

In addressing the GPSC2 Report recommendations, consideration was given to consistency in response to other issues raised in relation to the Ambulance Service, by the Final Report of the Special Commission of Inquiry 2008, as well as the Auditor General Report 2001 and Department of Premier and Cabinet Performance Review 2008.

This document provides the NSW Government's response to the report's recommendations. The NSW Government is already responding or has responded to a majority of the issues raised. New activity will be initiated in response to remaining recommendations. In a small number of cases recommendations do not align with modern ambulance practice, are inconsistent with current service directions or have limited cost benefit.

Response to Recommendations

Recommendation 1

That as a matter of urgency, the Minister for Health and Director-General of Health meet with the Chief Executive of the Ambulance Service of NSW to review the Chief Executive's performance, particularly in relation to bullying and harassment in the Service, and report to Parliament on this progress.

The Government is already addressing the issues in relation to this recommendation.

Health Executive Service positions are already subject to an annual performance agreement with reviews undertaken at a meeting on an annual basis.

The Ambulance Service of NSW Chief Executive's performance was reviewed by the Director-General of Health on 15 January 2009. Progress in relation to the management of bullying and harassment within the Ambulance Service was given as a priority in the Chief Executive's performance agreement.

In addition, a committee has been established to assist the Chief Executive with the major change program for the Ambulance Service, ensuring that the program is well targeted, comprehensive and addresses cultural change issues. It comprises of Ms Jan McClelland, former Director-General, Department for Education and Training; Professor Beverly Raphael AM, Professor of Population Mental Health and Disasters and Director of Science of Mental Health and Adversity (SCIMHA), University of Western Sydney; Mr Robert McGregor, former Deputy Director-General, Health System Support, NSW Health and former Chief Executive, Ambulance Service of NSW; and Ms Jeanette Evans, Director, Corporate Governance and Risk Management, Department of Health.

The Minister for Health is kept advised of activities within the Ambulance Service of NSW.

Recommendation 2

That the Director General of Health undertake rigorous performance reviews of all senior executive managers within the Ambulance Service of NSW as a matter of priority.

The Government is already addressing the issues in relation to this recommendation.

Second Tier Performance Reviews are conducted by the Chief Executive of a Health Service. The Director-General undertakes performance reviews of all Chief Executives.

Of note, there was no consensus within the Committee with regard to this recommendation and it was noted that "it is appropriate for the line manager to conduct performance reviews and therefore it is the function of the Chief Executive Officer of the Service" (p 222).

 Response to Recommendations

Recommendation 3

That the Minister for Health and Director General of Health meet quarterly with the Chief Executive of the Ambulance Service of NSW to review progress, particularly in relation to reducing bullying and harassment within the Service, and report on this progress to Parliament.

The Government is already addressing the issues in relation to this recommendation.

Health Executive Service positions are already subject to regular performance review. Reviews of both the Ambulance Service of NSW and the Chief Executive's performance are undertaken by the Director-General of Health. The Minister for Health is kept advised of activities within the Ambulance Service of NSW (see Recommendation 1 above). In addition, the Director-General and senior Department Executives have regular and ongoing discussions with all Chief Executives regarding the administration, management and services of Health Services within NSW Health.

It should be noted that in *Caring Together: The Health Action Plan for NSW*, the Government has committed to workplace culture improvement and improvements to the management of grievances and bullying. NSW Health will embark on a culture change process that includes a training program, improved procedures for managing bullying and complaints, with dedicated front line advisors in Area Health Services, and a central grievance advisory service. Success will be evaluated through staff and patient surveys. Audits will be conducted with reporting through the NSW Health Annual Report.

Already over 3000 Ambulance Service staff have attended Respectful Workplace Training.

Recommendation 4

That General Purpose Standing Committee No. 2 conduct a review of the recommendations of its 2008 Report into the Ambulance Service of NSW, in October 2009.

A review one year from the release of the report is supported given the complex nature of some of the recommendations.

Recommendation 5

That NSW Health amend its Grievance Resolution Policy to provide greater emphasis on the confidentiality provisions. The provisions should be updated to reflect that breaches of confidentiality are serious issues that are subject to remedial or disciplinary action

The Department of Health will undertake a review to identify supporting procedures which ensure the policy is implemented correctly including in relation to confidentiality issues. This will be completed by August 2009.

Recommendation 6

That the NSW Government increase resources allocated to the Professional Standards and Conduct Unit and establish an independent process to appeal the Unit's decisions

The Government is already addressing the issues raised by the Inquiry in relation to the efficiency of the Professional Standards and Conduct Unit (PSCU).

As the GPSC2 was advised during the course of the Inquiry and as noted in its report at 3.112 (p 35), the resources allocated to the PSCU were increased with a further two investigation staff to ensure that matters are dealt with quickly.

The Ambulance Service of NSW has new fair and transparent procedures for dealing with various types of issues and concerns that may arise in the workplace.

The standard operating procedure on "Raising Workplace Concerns", issued on 1 April 2009 (refer also to recommendation 7), acknowledges and promotes healthy workplace responsibilities and behaviours. These outline local procedures for the implementation in the Ambulance Service, of the NSW Health Policy *Grievance Resolution (Workplace): for the Dept of Health and Public Health Organisations* (PD2005_584).

Procedures, roles and responsibilities for staff and managers, forms and helpful flowcharts on the steps to be taken, are all part of the guide. Posters with the flowcharts are being produced for display in stations and other locations. This means the process is clearly articulated and prominently displayed to promote transparency.

The PSCU has now been re-focused to deal with serious staff misconduct. The increase in resource support will ensure that the PSCU concentrates on and responds in a timely way to serious misconduct matters.

The Ambulance Service's Workforce Unit now has responsibility for the management of issues arising from staff complaints and grievances, including grievances of bullying and harassment, and for dealing with bullying and harassment on a systemic or organisation wide basis. A Healthy Workplace Manager has been engaged to manage this.

Confidential support and advice is available for all staff from the Workforce Unit, where there is concern about raising an issue locally. Further encouragement to raise and deal with workplace concerns will also be provided by the recruitment of local grievance contact officers (refer also to recommendation 8) who will play a key role in timely and efficient, and therefore fair, processes;

- Providing confidential advice to staff seeking information on workplace grievances, including concerns about potential bullying and harassment;
- Assisting parties involved in the grievance to generate options to resolve their grievance;
- Directing both parties to appropriate Ambulance Service policies, procedures and staff support services;
- Providing support in relation to the impact of the concerns on the affected parties;
- Recognising the need and referring colleagues who may benefit from professional assistance; and
- Arranging professional support from the Employee Assistance Program provider.

Response to Recommendations

Complaints about clinical practice can be made via the Incident Information Management System (IIMS) and a system is in place to respond with training and support on clinical issues.

The Government supports the principle that there is independence in relation to the management of complaints and disciplinary matters. To note, the PSCU has an investigative and advisory role only; however it is possible in some cases to appeal matters which have been dealt with by the PSCU via the Government and Related Employees Appeal Tribunal and the Industrial Relations Commission. These bodies can reverse or modify decisions of the Ambulance Service in respect to staff discipline and this process is independent of the Ambulance Service of NSW.

NSW Health does provide an additional independent mechanism for review of individual decisions of the Ambulance Service in respect of staff grievances or other human resource matters.

Where a complaint is made to the Department of Health that the conduct of a grievance or disciplinary matter by the Ambulance or any other Health Service is not consistent with NSW Health policy, the Department will review the action of the relevant Health Service to assess whether they are in accordance with policy. If they are not, the Department will direct that corrective action occur. This may include appointing an independent external expert to reconsider the matter.

There are also a range of external bodies that possess appropriate powers and responsibilities to pursue matters falling within their respective jurisdictions.

If an individual believes the actions of the Ambulance Service amount to corrupt conduct within the meaning of the Independent Commission Against Corruption Act 1998, they can make a complaint to the Independent Commission Against Corruption (ICAC).

If an individual believes there has been maladministration that might fall within the jurisdiction of the NSW Ombudsman, they can make a complaint to the Ombudsman.

If an individual believes they have been discriminated against on the grounds of carers' responsibilities, sex, pregnancy, marital status, race (including colour, ethnic background, descent, national identity and ethno-religion), homosexuality, disability, transgender and age, they can make a complaint to the Anti-Discrimination Board of NSW.

These processes will be more formally recognised in publications being developed by the Ambulance Service to ensure staff are aware of the appropriate avenues of review.

As noted at recommendation 3, in *Caring Together: The Health Action Plan for NSW*, the Government has committed to a NSW Health wide culture change and improvement program, including a comprehensive training program and support for staff with improved procedures for managing bullying and complaints. Success will be evaluated through staff and patient surveys. Front line advisors in Area Health Services will be dedicated to complaints management with a central grievance advisory service to be established. Audits will be conducted with reporting through the NSW Health Annual Report.

Already over 3000 Ambulance Service staff have attended Respectful Workplace Training.

Recommendation 7

That, as part of its undertaking to clarify and simplify grievance procedures, the Ambulance Service of NSW should create and distribute one page, plain-English fact sheets on grievance management and disciplinary matters

The Government is already addressing the issues in relation to this recommendation, with guides drafted and training underway. A standard operating procedure on "Raising Workplace Concerns" was issued on 1 April 2009 and contains simple one page guides. Training will be completed by June 2009.

Recommendation 8

That NSW Health provide contact officers within the Ambulance Service of NSW to provide impartial advice to staff on grievance and complaint policies and procedures

The contact officers should be available at all levels of the Service, of different genders, and from both rural and metropolitan areas. The role of these officers should be set out clearly for all staff within the Service

The Government is already addressing the issues in relation to this recommendation.

A contact officer role is consistent with NSW Health policies and procedures. It is part of ensuring that employees have good access to the complaint and grievance process.

Expressions of interest have recently been advertised for Ambulance Service contact officers to provide impartial advice to staff on grievance and complaint policies and procedures. The demographics will be dependent on the interest amongst ambulance officers although efforts will be made to encourage interest from all levels of the Service, different genders and from both rural and metropolitan areas. Training of officers is scheduled for completion by July 2009.

Recommendation 9

That NSW Health, as part of its review of Ambulance Service of NSW selection processes, establish clear guidelines for selection panel members which emphasise that selections must be based on merit. The guidelines should emphasise that conflicts of interest and corrupt conduct are breaches of NSW Health policy, and can lead to disciplinary action

The Government is already addressing the issues in relation to this recommendation with the Department of Health reviewing current policies on recruitment, selection and appointment for all staff. The review will include consideration of the processes for trainee paramedic selection and the resulting policy will reinforce standards for selection based on merit, and provide guidance on avoiding or managing conflicts of interest and corrupt conduct in all selection, recruitment and appointment actions across NSW Health. This review will be completed by June 2009.

Response to Recommendations

In the interim, guidelines are already in place and updated training on recruitment processes is regularly conducted by the Ambulance Service of NSW.

The current NSW Health policy, *Recruitment and Selection Policy and Business Process - NSW Health Service* (PD2006_059) directs the application of selection on merit processes. This policy applies to the Ambulance Service of NSW and its appointment of all permanent positions, with a three person committee including an independent from outside the Ambulance Service of NSW, undertaking the interviews.

NSW Health already has a Code of Conduct, which applies to the Ambulance Service of NSW. The NSW Health Code of Conduct reminds staff of their responsibilities in relation to reporting corruption, maladministration, public health issues and criminal matters. The Code of Conduct also requires staff to report staff who breach the Code of Conduct.

Of note, there was no consensus within the Committee with regard to this recommendation and it was noted that "this is a redundant recommendation as the Committee was informed by the Department of Health of the existence of these guidelines and policies within the Service in answers to questions on notice" (p 222).

Recommendation 10

That, as part of its review of psychometric testing, the Ambulance Service of NSW consider other psychometric tests which better identify the attributes of an effective ambulance officer. This review should be completed by October 2009

The Government is already addressing the issues in relation to this recommendation with the review of psychometric testing to be completed in August 2009.

Psychometric testing can be useful as one element in assessing suitability for particular work roles. The Ambulance Service of NSW uses psychometric testing for trainee paramedic mass recruitment.

The Ambulance Service is currently reviewing the administration of psychometric testing for new recruits because of the large number of intended recruits in 2008/09. The Ambulance Service uses a standard psychometric test developed by the Australian Institute of Forensic Psychology. The test was developed in 2004 and is updated by the Institute. Options being considered include outsourcing the administration of the psychometric test component of the recruitment process.

The review will consider current practice against industry best practice and will implement any changes that are indicated.

Recommendation 11

That officers who undertake responsibility for training and supervision should receive recognition or incentives.

These officers should be reviewed every six months to assess their performance. Unsatisfactory performance should result in performance management, and where necessary the termination of supervisory or training responsibilities

All Ambulance Paramedics are required to contribute to the on-road training component of trainee paramedics. This process is seen as part of the mentoring role of paramedics. Generally, senior officers who have completed Certificate IV training are utilised. Given the spread of senior paramedics and the number of trainees it may be the case that a trainee has exposure to both senior and more recent graduands during their training.

The supervision of on-road trainees in relation to clinical development remains with the on-road Clinical Training Officers (CTOs). This process engages the station manager, training officer, CTOs and trainee paramedics as a joint effort in the ongoing development of the trainee.

While the contribution of staff to supporting new officers is acknowledged it would not be appropriate to introduce such schemes for one class of employee only. A unified scheme of performance management is currently in use and can be progressively implemented to all service levels after consultation with unions. It is anticipated that this would include a review of the supervision or training provided, where an officer has these responsibilities (refer also to recommendation 15 regarding performance appraisals).

Recommendation 12

That if the Ambulance Service of NSW intends to continue offering CTP Stream 1, management should allow paramedics to undertake this option if requested

The Government is already addressing the issues in relation to this recommendation.

The Ambulance Service provides a program of continuing professional development for paramedics through the Certificate to Practice program (CTP). CTP Stream 1 is still provided and paramedics can undertake this option.

Response to Recommendations

Recommendation 13

That the Ambulance Service of NSW incorporate regular designated, paid training times into rosters, so that paramedics can meet with Clinical Training Officers for uninterrupted training.

The Government is already addressing the issues in relation to this recommendation, as opportunities for training are already available with rosters accommodating up to 30% relief capacity which is inclusive of designated training requirements.

The Ambulance Service and the Health Services Union have recently agreed a new operational scheduling model which it is anticipated will optimise the efficiency and effectiveness of training opportunities.

Of note, there was no consensus within the Committee with regard to this recommendation and it was noted that "the importance of training is recognised however, this specific issue is only one component of the whole process of training paramedics and needs to be considered within that context" (p222).

Recommendation 14

That NSW Health introduce performance indicators as a measure to evaluate the impact of the implementation of the new three-year recertification interval. These should include clinical indicators

The Government is already addressing the issues in relation to this recommendation, as the Ambulance Service has reviewed its approach to certification and updating. Paramedics will be required to engage once each 18 months as part of the three-year cycle and the Certificate to Practice (CTP) program is continually monitored to ensure compliance and relevance. In addition, the Ambulance Service already has a wide range of clinical indicators which are reviewed for relevance annually. While clinical indicators are not able to be directly linked to recertifications, measurement of recertification compliance is in itself a key performance indicator which is regularly monitored by the Executive Management Board.

Recommendation 15

That the Ambulance Service of NSW implement an annual performance appraisal system by the end of 2009 for all on-road officers. This system should incorporate training for Station Officers in how to conduct performance appraisals.

The Government is already addressing the issues in relation to this recommendation. Performance Appraisal is already in place for Executives, Senior Managers and their direct reports.

It is important for front line supervisors to complete relevant training to ensure a consistent approach to performance appraisal and sensitive implementation of a higher level of accountability.

Response to Recommendations

Management training will be well advanced by December 2009, supporting performance agreements for Station Officers (now titled Station Managers and Team Leaders) and performance appraisal for all officers as part of a formal system.

Recommendation 16

That the Ambulance Service of NSW ensure that Clinical Training Officers follow-up all ambulance officers in an appropriate manner after the distribution of updated protocols and pharmacologies, in order to ensure that officers understand the new changes

The Government is already addressing the issues in relation to this recommendation and protocol update procedures were revised in July 2008 to reflect the need for robust version control and timely updates.

Most protocol changes are straightforward and can be adopted by paramedics by simply providing them with the relevant information. Paramedics who may have problems or enquiries concerning any aspect of the changes are encouraged to contact Clinical Training Officers who will follow-up with face-to-face support.

The Ambulance Service incorporates complex or major clinical changes into mandatory training. It is anticipated that the effectiveness of this approach will be enhanced with the introduction of the new operational scheduling model to optimise training opportunities, which has recently been agreed with the Health Services Union.

Recommendation 17

That the NSW Minister for Health initiate discussions with the Council of Australian Governments to explore the option of national registration of paramedics

In 1995, the Australian Health Minister's Advisory Council (AHMAC) adopted a series of criteria for professions seeking registration. The test for registration of a particular group of service providers is warranted to protect the public. At the time the criteria was established it was determined that paramedics did not meet the criteria.

Ambulance courses facilitated by the Ambulance Service of NSW are accredited by the Vocational Education and Training Accreditation Board (VETAB). Issues of qualifications, professional standards, competence and discipline can be readily addressed within that employment context. Further to this, paramedics are not registered in any state or territory within Australia. Given this, the Government's view is that paramedics employed in the NSW Ambulance Service would not meet the prescribed AHMAC criteria.

It is expected that the new national registration scheme (approved to commence in 2010) will retain the current AHMAC criteria to test the appropriateness of regulating new professional groups. The Intergovernmental Agreement has provisions for new groups of professions to be included in the National Registration and Accreditation scheme if they fulfill the criteria, which is then subject to a process of approval by the Australian Health Ministers' Council (AHMC).

Response to Recommendations

Recommendation 18

That NSW Health increase the number of Ambulance Service of NSW staff to meet Minimum Officer Levels, as determined by the NSW Industrial Relations Commission

The Government has already addressed the issues in relation this recommendation, with actual staffing levels exceeding Minimum Officer Levels, which are the subject of local agreements.

Since 1995/96, there have been 891 additional paramedics recruited, with 171 of these already recruited in 2008/09. In 1995, there were 2,220 clinical staff. Today this number exceeds 3,300.

In light of the increases in staffing levels and further enhancements that are due in 2008/9, the operational capacity of the Ambulance Service is greatly enhanced.

Recommendation 19

That the NSW Government update and complete its review of operational numbers required for the Central Coast and Hunter by October 2009, and that the results be made public

The Government will be addressing the issues in relation to operational numbers for the Central Coast and Hunter by introducing a new system of rostering both through the new *Operational Ambulance Officer State Award 2008* and a rural rostering program.

A review of operational numbers required for the Central Coast and Hunter was completed however the new Award and rural rostering program will allow for different rostering arrangements in these areas.

Of note, there was no consensus within the Committee with regard to this recommendation and it was noted that "there was insufficient information within this Inquiry to comment on this Review' (p 222).

Recommendation 20

That the Ambulance Service of NSW should rely less on external consultants for planning by establishing an internal planning unit to provide long-term strategic planning. The unit should be operational before the end of 2009

The Government is already addressing the issues in relation to this recommendation.

An internal service planning capacity will be in place by December 2009.

Recommendation 21

That the Ambulance Service of NSW amend its Suitable Alternative Duties policy to allow paramedics the choice to undertake alternative duties at their home station, where travel to other stations may generate health and safety concerns

The Government is already addressing the health and safety concerns in relation to this recommendation with a Standard Operating Procedure drafted that details that suitable or selected duties may comprise components of the injured workers substantive position.

The overriding principle is to select the most appropriate safe work place option which may at times be away from the normal workplace. Ideally an injured worker will be provided with suitable or selected duties at their normal work location.

The Standard Operating Procedure has been finalised. It provides for consultation with related employers, including hospitals, to accommodate Ambulance Service staff members.

When an injured worker's medical restrictions do not permit them to undertake duties within their substantive position or location, duties may be found within the Ambulance Service or externally with another employer. These arrangements are industry 'best practice'.

All arrangements are agreed to by the injured worker, their manager, the Injury Management Coordinator and union (if appropriate). Suitable or selected duties are not permanent transfers from the injured workers substantive position but are for a period specified on the Return to Work Plan to accommodate medical restrictions. Each period of selected duties shall not exceed a 12 week placement.

Recommendation 22

That the Ambulance Service of NSW investigate the feasibility of rural recruitment drives

The Government is already addressing the issues in relation to this recommendation and positions are already constantly advertised in a wide variety of rural papers in order to attract rurally based candidates.

The feasibility of additional rural recruitment strategies to recruit local people in rural areas will be considered as part of a broader recruitment strategy currently being investigated.

Recommendation 23

That the Ambulance Service of NSW provide Intensive Care Paramedic training in additional rural locations

The Government is already addressing the issues in relation to this recommendation.

Provisions for better geographic spread of Intensive Care Paramedics is part of the Ambulance Service's Clinical Profile Plan. The Industrial Relations Commission has supported the plan which leads to better distribution of Intensive Care Paramedics based on community need. The Service has already implemented the new system in rural areas and

Response to Recommendations

continues to consult the Health Services Union through existing joint consultative arrangements in respect of metropolitan positions.

Training of Intensive Care Paramedics to occupy the designated positions is prioritised within the operational and educational capacity of the Service (refer also to recommendation 24).

Recommendation 24

That the Ambulance Service of NSW reinstate training to Advanced Life Support level for paramedics in rural and remote areas. Rural officers should be given priority of training

The Government is already addressing the issues in relation to this recommendation.

The Advanced Life Support qualification has been superseded by developments to core paramedic training and the additional Intensive Care Paramedic training and dispersal of these specialist positions across rural locations.

The clinical profile for designated specialist positions in rural areas has been completed and further consultation is being undertaken with the Health Services Union for urban locations. The changes will result in an increase in rural stations with Intensive Care Paramedic positions from 19 to 49 stations.

Current Advanced Life Support officers are being offered the opportunity to upgrade to Intensive Care Paramedics and this is largely occurring in rural areas.

Recommendation 25

That the NSW Government increase the capital works budget for the upgrades and repairs of Ambulance Service stations across NSW

The Government is already addressing the issues in relation to this recommendation, with 13 new ambulance facilities currently in planning or at various stages of construction. Since January 2005, a total of 14 new ambulance facilities have already been completed at a cost of approximately \$16 million, including at Walcha, Dubbo, Junee, Ryde, Batlow and Bombala.

In 2009, three of the facilities currently in construction will be completed at Bingara, Warialda and Merriwa.

Ongoing Ambulance infrastructure needs will be assessed against Health and other Government priorities.

Of note, there was no consensus within the Committee with regard to this recommendation and it was noted that "the Committee was provided with material from the recent Head Review which outlined the extensive capital investment made in the Ambulance Service since 2004/2005. This included \$19 million allocated in 2006/2007 and \$15.7 million allocated in 2007/2008 for fleet replacement, station upgrades and maintenance and equipment" (p 222).

Recommendation 26

That the Ambulance Service of NSW develop procedures to provide information to officers about potential violence when responding to call-outs

The Government has already addressed the issues in relation to this recommendation.

The Ambulance Service has an automated system in place where a warning about known hazards, such chemicals or potential violence can be relayed to responding crews. The system is regularly reviewed and updated.

Recommendation 27

That the Ambulance Service of NSW modify its new uniform so as to clearly identify its on-road staff as paramedics

The Government has already addressed the issues in relation to this recommendation.

The new Ambulance Service uniform already clearly and safely identifies operational ambulance paramedics consistent with other NSW emergency service uniforms. The clinical skill level of paramedics are also clearly identified on epaulettes attached to the new uniform. The uniform shows "Ambulance" in large lettering on the back with distinctive roundels on each sleeve. In addition all operational staff are issued individual safety vest with distinctive ambulance markings.

Recommendation 28

That the Ambulance Service of NSW provide OH&S guidelines to ambulance officers to maintain their health, strength and fitness

The Government is already addressing the issues in relation to this recommendation, with all ambulance officers undertaking compulsory manual handling training and being given general guidelines on induction. Re-certification also includes refreshers on occupational, health and safety issues.

NSW Health is pursuing a Health and Wellness Program through arbitration in the Industrial Relations Commission. The Death and Disability Award for paramedics contains a Leave Reserved Clause providing for arbitration of a proposed Health and Wellness Program. However, the Health Services Union is currently opposed to the Health and Wellness Program proposed by NSW Health.

Response to Recommendations

Recommendation 29

That the Ambulance Service of NSW explain to all staff why formal critical incident stress debriefing is no longer recommended, and encourage employees to utilise the Service's existing support services after traumatic incidents

The Government is already addressing the issues in relation to this recommendation, with the commencement of a review of its staff support services. Approaches to supporting staff following critical incidents will be considered as part of the review, which will be completed in June 2009.

The Employee Assistance Program provides traumatic incident support which includes provision for a counsellor to provide staff support for trauma incidents. Information about the Program is available to all staff through the Ambulance Service intranet and 1300 numbers are published on the Human Resources intranet page.

In addition, the Ambulance Service has a trauma support brochure titled: *Have you or someone you know been involved in a traumatic event?* The brochure is distributed at incidents that are likely to invoke traumatic reactions from those who are involved, including witnesses and bystanders.

Recommendation 30

That the Ambulance Service of NSW examine provision for special leave for officers following traumatic incidents as part of the forthcoming review of staff support services

The Government is already addressing the issues in relation to this recommendation as existing leave provisions can accommodate special leave for this purpose. The need for further information about access to leave for stressful incidents will be considered as part of the review of staff support services, which will be completed in June 2009.

Recommendation 31

That the Ambulance Service of NSW establish a database to record traumatic incidents, and a formal system to ensure all major incidents are notified to peer support officers within 48 hours

The Government will respond to the issues in relation to this recommendation by examining whether it can configure the existing Integrated Incident Management System (IIMS), which can record staff, visitor and contractor 'incidents', to allow specific incident types to be forwarded to peer support officers within 48 hours.

The need to more actively follow up with staff following traumatic incidents will also be examined as part of the staff support services review, which will be completed in June 2009.

Recommendation 32

That the Ambulance Service of NSW examine how to support and reward peer support officers as part of the forthcoming review of staff support services

The Government is already addressing the issues in relation to this recommendation, with the commencement of a review of its staff support services. Support for the Peer Support Officer role will be considered as part of the review of staff support services, which will be completed in June 2009. The usual way to support this type of role is by recognition of contribution.

Recommendation 33

That all rescue incidents require paramedics to be involved in the coordinated response

The Government is already addressing the issues in relation to this recommendation where clinical need requires the deployment of paramedics to rescue incidents. State Rescue Board Policy already highlights that the clinical needs of a trapped patient take precedence over the actual rescue. Paramedics are the designated authority on all aspects of the patient's safe extrication.

The introduction of a new Access qualification utilising Rescue Paramedics in the first instance will enhance the Service's ability to access and treat patients who are trapped or within confined spaces. This will add further value to delivery of patient care to the trapped patient, by having more paramedics able to utilise specialised access skills. It will also provide the former Rescue Paramedics with the capacity to continue to utilise their specialised skills.

Recommendation 34

That the Ambulance Service of NSW undertake further community education programs as a priority. The Service should consider successful communication strategies used by other Ambulance Services, such as the London Ambulance Service, in the development of its future programs

The Government is already addressing the issues in relation to this recommendation, with a public communication campaign on the appropriate use of ambulances launched on 23 November 2008. It includes newspaper articles, posters sent to GPs and hospitals, and 2 radio commercials, distributed to all stations across NSW.

The Minister for Health also launched a community campaign to tackle the number of assaults and threatened violence against Ambulance paramedics. This was launched as part of the first annual 'Thank a Paramedic Day' on 20 November 2008. A hoax call campaign commenced in December 2008 and received wide media coverage.

An annual communication plan with a focus on Extended Care Paramedics and safety messages has been developed and implementation commenced.

 Response to Recommendations

A review of emergency agencies' communication strategies, including those of the London Ambulance Service, has already commenced and is ongoing.

Recommendation 35

That should NSW Health continue the Extended Care Paramedic program, it increase the level of recurrent funding for the program and provide additional staffing to the Ambulance Service of NSW

The Government will respond to the issues in relation to this recommendation following completion and assessment of an evaluation of the Extended Care Paramedic program, expected by the end of June 2009.

It should be noted that in *Caring Together: The Health Action Plan for NSW*, the Government has committed to training additional extended care paramedics for rural areas.

The nature of the expansion of the Extended Care Paramedic program will be based on the results of the evaluation of the program and enhanced funding arrangements.

Data during the proof-of-concept phase has given strong indications that the service provided by Extended Care Paramedics is relevant to patients whose needs are not urgent and care can be delivered to this group of patients appropriately in the non-hospital setting.

Recommendation 36

That the Ambulance Service of NSW ensure that all on-duty crews in the Hunter region consist of two ambulance officers by 30 June 2009

Ambulance responses involving a single officer are integral to the provision of a comprehensive Ambulance Service. Single officer responses may be supported by the dispatch of the duty crew. In addition Police, community first responders or an Ambulance helicopter may provide additional back up if required.

The level of operational coverage and the allocation of ambulance deployments (staffing) is determined by the demand for services and the resources available. It is modern ambulance practice to use single officer responses in areas of low demand and, for example, if there are a small number of calls occurring after hours. Parts of the Hunter Sector experience low levels of demand compared to the higher populated urban areas. Single officer responses are only utilised in the Hunter as an initial response to a call, with a second crew in support. This obtains greater efficiency while ensuring that community needs continue to be met.

Of note, there was no consensus within the Committee with regard to this recommendation and it was noted that "the Committee does not have the clinical knowledge and expertise to make such an operational recommendation" (p 222).

Recommendation 37

That the Ambulance Service of NSW provide a dedicated ambulance service in Bundeena, consisting of an ambulance station or a car stationed with 24 hour rostered cover

The Government has already addressed issues to ensure that Bundeena has proper and sustainable access to emergency care. The provision of ambulance services in Bundeena has already been assessed against the extent of ambulance coverage in the area and competing priorities across NSW.

The Ambulance Service has now put in place arrangements to ensure that the communities in Bundeena and Maianbar have access to 24 hour a day, seven days a week emergency care. This is supported by the on-call services of three Ambulance paramedics who live in the area, with a standard ambulance patient transport unit and a four wheel drive utility vehicle available.

A community first responder scheme for Bundeena has already been established, consistent with services in similar communities. This is being provided in partnership with the NSW Fire Brigades in Bundeena and has been in place since August 2008. This will ensure that a sustainable long term service is provided to the community.

Community First Responders do not replace paramedics; they provide timely clinical intervention for patients while the nearest ambulance is dispatched to the scene. Ambulance resources are controlled centrally and resources are fluidly deployed to areas of greatest demand. If the paramedic on call is responding as a single responder and a person requires transport, the Fire Brigade First Responders can drive an ambulance to the hospital, while the paramedic attends to caring for the person.

As with other areas, NSW Health will monitor the need for service changes in Bundeena and Maianbar.

Of note, there was no consensus within the Committee with regard to this recommendation and it was noted that "endorsing the introduction of new individual ambulance stations in a geographic area without any analysis of the need or current coverage is outside the terms of reference of this Committee" (p223).

Recommendation 38

That the Ambulance Service of NSW review its proposed site for the new station at Nelson Bay and consider whether it is the best location to respond to the existing (and future) community

The Government is already addressing the issues in relation to this recommendation.

A planning study is considering suitable sites for a new Ambulance Station, subject to funding availability. The planning study work is expected to be completed by the end of May 2009 provided that Port Stephens Council and the Department of Lands confirm the availability of a site currently under consideration.

Response to Recommendations

Recommendation 39

That the Ambulance Service of NSW review its procedures in relation to Schedule 8 drugs, to identify how to improve the supply, delivery and secure handling of these drugs. The findings of this review should be reported by the end of June 2009

The Government is already addressing the issues in relation to this recommendation and has seconded a Pharmacist to the Ambulance Service for 12 months from the Pharmaceutical Services Branch (PSB) of the NSW Department of Health. The Standard Operating Procedure has been reviewed and found to comply with the current legislation. The Pharmacist will review procedures on an ongoing basis and consult with the PSB as required ensuring compliance with legislation.

A procedure for handling and storage of Schedule 8 drugs was re-issued in May 2008 and a further review of the amended procedure will be undertaken and completed by June 2009 utilising assistance from the PSB.

Standard Operational Policy (SOP2008-014) strengthened policy through enhanced key security, access and the recording of Schedule 8 drug usage. The Policy also addressed the issue of delivery of Schedule 8 drugs to remote or rural areas through the introduction of a High Risk Freight delivery process where delivery is not complete until such time as the Schedule 8 drugs are signed for and proof of delivery is recorded. Second to this, a trial will be launched within Sydney Division for the installation of a network of safes that will require fingerprint access to enable access and subsequent closure of the safe containing Schedule 8 drugs.

The Ambulance Service of NSW has Standard Operating Procedures, *Drug Management* (May 2008), for the management of Restricted and Non-Restricted drugs which complies with the NSW Poisons and Therapeutic Goods Regulation 2002. The Ambulance Service is licensed by the Pharmaceutical Services Branch of NSW under the provisions of the Poisons and Therapeutic Goods Act to supply by wholesale Schedule 4 and Schedule 8 drugs from the Service's store. This licensing is to ensure that the distribution of drugs to Ambulance stations complies with the Poisons and Therapeutic Goods legislation and the TGA's Code of Good Wholesaling Practice.

Recommendation 40

That all Ambulance vehicles be equipped with Satellite Navigation Units by the end of 2009

The Government is already addressing the issues in relation to this recommendation and the Ambulance Service will shortly be going to tender, with implementation planned for completion in mid 2009.

An Ambulance Service working party has already reviewed all the options for the implementation of Satellite Navigation into ambulance vehicles across the state as part of a trial program of six units – two in the metropolitan area and four in rural areas.

The trial provides the opportunity to establish training requirements and operating protocols for the units in double crew vehicles. The Ambulance Service has also used Satellite

Response to Recommendations

Navigation Units in Rapid Response single officer vehicles for some time and it has proved to be beneficial.

The proposal for linking Satellite Navigation units with Mobile Data Terminals is under further investigation and review.

Recommendation 41

That the Ambulance Service of NSW provide portable radios for all ambulance officers by the end of 2009.

The Ambulance Service already provides one portable radio per crew, including single officer responders. The provision of a portable radio for each individual ambulance officer is currently the subject of Industrial Relations Commission proceedings.

Of note, there was no consensus within the Committee with regard to this recommendation and it was noted that "no detailed evidence of actual current radio coverage or the specific need for one radio unit per paramedic was provided to the Inquiry" (p 223).

Recommendation 42

That NSW Health address the operational issues raised in Chapter 8 and incorporate them into the current changes to operations and performance review processes

The Government will address the issues raised in Chapter 8 as outlined in response to recommendations 33-42 above.

Operational reforms will be delivered in line with NSW Health and government policy.

Recommendation 43

That the Ambulance Service of NSW report directly to the NSW Minister of Health.

The current reporting arrangements are supported. Ambulance services are provided by the Director-General of the NSW Department of Health under Chapter 5A of the *Health Services Act 1997*. The Director-General reports to the Minister for Health.

Of note, there was no consensus within the Committee with regard to this recommendation and it was noted that "this proposal would isolate the Ambulance Service from the mainstream Health Services" (p 223).

Response to Recommendations

Recommendation 44

That the NSW Government re-establish an Ambulance Service of NSW Board of Directors based on the former Board of Directors. The new Board should include at least one director who has been directly elected by members of the Ambulance Service.

The Government is already addressing issues in relation to the provision of 'checks and balances' and representation of ambulance officers on governance structures.

An Ambulance Advisory Committee already exists which includes staff members who have been appointed to the Committee on nomination to ensure effective representation of ambulance officers.

It should be noted that in *Caring Together: The Health Action Plan for NSW*, the Government supports the recommendation of the Final Report of the Special Commission of Inquiry into Acute Care Services that boards of directors are not reinstated to govern the various area health services. Consultation to assist the development of *Caring Together* supported continuance of the current Area Health Service governance structures.

Recommendation 45

That the NSW Government introduce a new Ambulance Services Act to provide comprehensive regulation of the Ambulance Service of NSW. The following provisions should be considered for inclusion:

- a direct reporting line from the Chief Executive to the Minister for Health
- a Board of Directors
- management and conduct of performance provisions that apply to the Chief Executive
- clear definitions and prescriptive provisions
- registration of paramedics

Ambulance services are currently regulated under the *Health Services Act 1997* with specific provisions relating to the conduct and performance of staff being addressed by the *Ambulance Services Regulation 2005*. The GPSC2 report suggests adopting a legislative model based on the *Nurses and Midwives Act 1991*. This is not supported. The Nurses and Midwives Act is a professional registration Act, which is designed to regulate the conduct and professional practice of individual health service providers. This type of legislation is therefore not designed for, or appropriate to regulate, broader government service provision.

In relation to the specific provisions suggested for consideration by the GPSC2:

- The current reporting arrangements for the Chief Executive are supported (refer also to recommendation 43).
- An Ambulance Advisory Committee already exists which includes staff members who have been appointed to the Committee on nomination to ensure effective representation of ambulance officers (refer also to recommendation 44).
- Health Executive Service positions are already subject to an annual performance agreement with reviews undertaken at a meeting on an annual basis (refer also to recommendation 1).
- Given the detail in relation to the conduct and performance of Ambulance Service staff is contained within the *Ambulance Services Regulation 2005*, any need for

Response to Recommendations

greater clarity and prescription can be addressed in the regular five year review of the regulation, required under the *Subordinate Legislation Act 1989*. The next review is required by 1 September 2010.

- The registration of new professional groups, such as paramedics, must also be approved by the Australian Health Ministers' Advisory Council (AHMAC), having regard to a set of criteria agreed by the AHMAC in 1995. Unlike all other registered health professionals, paramedics are employed by a single government entity. Issues of qualifications, professional standards, competence and discipline can be readily addressed within that employment context (refer also to recommendation 17).

Of note, there was no consensus within the Committee with regard to this recommendation and it was noted that "a review of the Ambulance legislation would be valuable however not in this prescriptive form".

Appendix 3 Submissions

No	Author
1	Confidential
2	Mr E. Keith Beresford
3	Confidential
4	Mr Garry Abel
5	Name suppressed
6	Confidential
7	Name suppressed
8	Confidential
9	Ms Maryse Leon
10	Mr Frank Fitzpatrick
11	Independent Commission Against Corruption
12	Confidential
13	Confidential
14	Confidential
15	Name suppressed
16	Ms Elaine Singleton
17	NSW Fire Brigades
18	Confidential
19	Bundeena/Maianbar Ambulance Action Group
20	Name suppressed
21	Name suppressed
22	Name suppressed
23	Mr Steve Hogeveen
24	Ms Patricia Marshall
25	Mr Phil Roxburgh
26	Name suppressed
27	Confidential
28	Confidential
29	Confidential
30	Confidential
31	Health Services Union
32	Name suppressed

No	Author
33	Confidential
34	Ms Carolynn Hodder
35	Confidential
36	Name suppressed
37	Mr Peter Chance
38	Name suppressed
39	NSW Health
40	Australian College of Ambulance Professionals
41	Name suppressed
42	Confidential
43	Confidential

Appendix 4 Correspondence

Correspondence received from individuals and organisations that did not participate in the 2008 Inquiry

- Correspondence from (name suppressed) to Director regarding the Ambulance Review, 15 December 2009 [GP09/477]
- Confidential correspondence from (name suppressed) to Minister regarding the EMPSPA (NSW) website, 19 January 2010 [GP10/3]
- Correspondence from (name suppressed) to Minister regarding the EMPSPA (NSW) website, 19 January 2010 [GP10/4]
- Confidential correspondence from (name suppressed) to Chair regarding grievance within the Ambulance Service, 19 January 2010 [GP10/5]
- Confidential correspondence from (name suppressed) to Committee regarding the Ambulance Review, 21 January 2010 [GP10/6]
- Correspondence from Mrs Daisy Buckley to Committee regarding Ms Christine Hodder, 25 January 2010 [GP10/7]
- Confidential correspondence from (name suppressed) to Committee regarding the Ambulance Review, 25 January 2010 [GP10/8]
- Confidential correspondence from (name suppressed) to Committee regarding the Ambulance Review, 19 April 2010 [GP10/34]

Appendix 5 Witnesses

Date	Name	Position and Organisation
11 February 2010, Room 814/815 Parliament House	Prof Debora Picone AM	Director General, NSW Health
	Mr Greg Rochford PSM	Chief Executive, Ambulance Service of NSW
	Mr Michael Willis ASM	General Manager, Operations, Ambulance Service of NSW
	Ms Louise Clarke	Assistant Director, Professional Standards and Conduct Unit, Ambulance Service of NSW
	Mr Robert McGregor	Member of Change Committee
	Prof Beverly Raphael AM	Professor, University of Western Sydney and member of Change Committee
	Ms Maxine Puustinen	Acting Manager, Sydney Operations Centre, Ambulance Service of NSW
	Ms Louise Ashelford	Manager – Healthy Workplace Strategies, Ambulance Service of NSW
	Mr Dennis Ravlich	Director of Operations, Health Services Union
	Mr Sean O'Connor	Vice President, Health Services Union, and ambulance paramedic
	Mr Warren Boon	State Councillor, Health Services Union, and ambulance paramedic
	Ms Angela Humphries	Media and Government Relations Officer, Health Services Union
	Mr Bob Morgan	Industrial Officer, Health Services Union
	Mr Wayne Flint	Senior Liaison Officer, Emergency Medical Services Protection Association (EMSPA) NSW Inc
	Mr Warwick Holland	Sydney North Regional Liaison Officer, Emergency Medical Services Protection Association (EMSPA) NSW Inc
Mr Peter Richards	Secretary, Emergency Medical Services Protection Association (EMSPA) NSW Inc	

Appendix 6 Tabled documents

Thursday 11 February 2010

In-camera hearing, Room 814/815, Parliament House

1. [CONFIDENTIAL] – *tabled by Wayne Flint*
2. [CONFIDENTIAL] – *tabled by Wayne Flint*

Appendix 7 Healthy Workplace Strategies Program initiatives

The Ambulance Service of NSW developed 18 strategies and initiatives to address the following recommendations:

- *Inquiry into the management and operations of the Ambulance Service of NSW*²²⁹ - Recommendations: 11, 13, 15, 16
- *Performance Review: Ambulance Service of NSW*²³⁰ - Recommendations: 11, 13, 15, 16
- *Acute Care Services in NSW Public Hospitals*²³¹ - Recommendations: 42, 43, 44

The strategies and initiatives were:

- Pilot and rollout Respectful Workplace Training (RWT)
- Management to be trained as a priority
- Develop and implement one page Grievance Resolution flowchart
- Develop and implement one page Raising Workplace Concerns flowchart
- Include grievance handling accountability and performance measures in relevant position descriptions and performance agreements
- Management representative to open each session of RWT
- Establish grievance handling KPIs
- Report issues arising from RWT to relevant managers to address in consultation with affected staff
- Implement NSW Health Grievance Resolution Policy in conjunction with flowcharts
- Articles in Siren to demonstrate the commitment of the organisation's executive leadership regarding Respectful Workplace strategies
- Establish Grievance Contact Officers across the Service to support staff
- Enhance local grievance handling capacity by expanding the internal mediation process

²²⁹ NSW Legislative Council, General Purpose Standing Committee No. 2, *Inquiry into the management and operations of the Ambulance Service of NSW*, Report 27, October 2008, Recommendation 7, p 41

²³⁰ NSW Department of Premier and Cabinet, *Performance Review: Ambulance Service of NSW*, June 2008

²³¹ Peter Garling SC, Final Report of the Special Commission of Inquiry, *Acute Care Services in NSW Public Hospitals*, November 2008

- Implement Prevention and Management of Workplace Bullying: Guidelines for NSW Health
- Develop and implement model Charter of Respect (now renamed “our Values”)
- Create specific performance management guidelines which outline the responsibilities of each level of management to address performance issues relating to conduct and behaviour
- Develop system to record grievances and internal complaints, including bullying and harassment, and monitor incidence and trends
- Provide training to Grievance Contact Officers
- Develop DVD on Grievance Management.²³²

²³² Deloitte Touche Tohmatsu, *Ambulance Service of NSW Healthy Workplace Strategies – Progress Review*, December 2009, p 9

Appendix 8 Minutes

Minutes No. 59

Monday, 9 November 2009

General Purpose Standing Committee No. 2

Room 1102, Parliament House, Sydney, at 2.05 pm

1. Members present

Ms Robyn Parker (*Chair*)

Ms Christine Robertson (*Deputy Chair*)

Mr Tony Catanzariti

Mr David Clarke (*Ficarra*)

Ms Amanda Fazio (*Donnelly*)

Dr John Kaye (*Rhiannon*)

Revd Gordon Moyes

2. Substitute members

The Chair advised that she had received written advice that the following members would be substituting for the purposes of this hearing:

- Ms Fazio to substitute for Mr Donnelly
- Mr Clarke to substitute for Ms Ficarra.

3. ***

4. Correspondence

The Committee noted the following items of correspondence received:

- 21 October – From Mr Malcolm Knight, discussing the recommendations of the 2008 Ambulance Inquiry
- 4 November 2009 – From Dr Moyes, Ms Parker and Ms Rhiannon, requesting a meeting of the Committee to consider establishing an Inquiry into the implementation of the recommendations of the Committee's Inquiry into the Ambulance Service.

The Committee noted the following item of correspondence sent:

- 30 October 2009 – From the Chair to the Chairs of all Legislative Council Standing Committees, informing them of the Committee's protocol for interacting with vulnerable witness.

5. Consideration of proposed self-reference – Inquiry into the implementation of the recommendations of the Ambulance Service Inquiry

Mr Clarke moved: That the Committee adopt the following terms of reference: 'That the General Purpose Standing Committee No. 2 inquire into and report on the implementation of the recommendations of the Committee's Inquiry into the Management and Operations of the Ambulance Service of NSW'.

Question put.

The Committee divided.

Ayes: Mr Clarke, Dr Kaye, Revd Moyes, Ms Parker

Noes: Mr Catanzariti, Ms Fazio, Ms Robertson.

Question resolved in the affirmative.

Resolved, on the motion of Mr Clarke: That the Committee undertake the following actions in relation to the conduct of the Inquiry:

- write to submission authors and witness who participated in the initial Inquiry, with the submission deadline to be Friday 22 January 2010

- hold a public hearing in early 2010 after determining witness selection via email consultations with Committee members, and that NSW Health and the Health Services Union be invited to this hearing
- treat as correspondence unsolicited information that is received from individuals and organisations who did not participate in the initial Inquiry.

6. ***

7. ***

8. **Next meeting**

The Committee adjourned at 5:15 pm *sine die*.

Madeleine Foley

Clerk to the Committee

Minutes No. 60

Wednesday 25 November 2009

General Purpose Standing Committee No. 2

Members' Lounge, Parliament House, Sydney, at 1.05 pm

1. **Members present**

Ms Robyn Parker (*Chair*)

Ms Christine Robertson (*Deputy Chair*)

Mr Tony Catanzariti

Mr Greg Donnelly

Ms Marie Ficarra

Dr John Kaye (Rhiannon)

Revd Dr Gordon Moyes

2. ***

3. **Draft Minutes**

Resolved, on the motion of Mr Catanzariti: That Draft Minutes No. 59 be confirmed.

4. **Correspondence**

The Committee noted the following items of correspondence sent:

- 24 November 2009 – From the Chair to Professor Beverly Raphael requesting assistance from the Centre for Mental Health in the Ambulance Review
- 24 November 2009 – From the Chair to submission authors and witnesses who participated in the initial Ambulance Inquiry to invite them to make a submission to the Ambulance Review.

5. **Ambulance Review – possible hearing date**

Resolved, on the motion of Ms Robertson: That the Committee hold a hearing for the Review of the Ambulance Service Inquiry in the week of 8-12 February 2010, with the date to be determined in consultation with Committee members.

6. ***

7. Adjournment

The Committee adjourned at 1.20 pm *sine die*.

Madeleine Foley

Clerk to the Committee

Minutes No. 61

Tuesday 2 February 2010

General Purpose Standing Committee No. 2

Room 1102, Parliament House, Sydney, at 11 am

1. Members present

Ms Robyn Parker (*Chair*)

Ms Christine Robertson (*Deputy Chair*)

Mr Tony Catanzariti

Mr Greg Donnelly

Ms Marie Ficarra

Revd Dr Gordon Moyes

2. Apologies

Ms Lee Rhiannon

3. Draft Minutes

Resolved, on the motion of Mr Donnelly: That Draft Minutes No. 60 be confirmed.

4. Correspondence

The Committee noted the following items of correspondence sent:

- 18 December 2009 – Fully confidential letter from the Director to (name suppressed) providing mental health support contact information
- 20 January 2010 – Fully confidential letter from the Chair to author of Submission 13 in response to concerns raised in submission
- 20 January 2010 – Fully confidential letter from the Director to author of Submission 18 providing mental health support contact information
- 21 January 2010 – Fully confidential letter from the Director to author of Submission 12 providing mental health support contact information

5. Ambulance Review**5.1 Publication of submissions**

Resolved, on the motion of Ms Ficarra: That, according to section 4 of the Parliamentary Papers (Supplementary Provisions) Act 1975 and Standing Order 223(1), the Committee authorises the publication of Submissions No. 2, 4, 10, 11, 16, 17, 19, 31, 34, 37, 39 (including attachments to Submission 39) and 40.

Resolved, on the motion of Revd Dr Moyes: That, according to section 4 of the Parliamentary Papers (Supplementary Provisions) Act 1975 and Standing Order 223(1), the Committee authorises the partial publication of Submissions No. 5, 7, 20, 21, 22, 26, 32, 36 and 38.

Resolved, on the motion of Mr Donnelly: That, according to section 4 of the Parliamentary Papers (Supplementary Provisions) Act 1975 and Standing Order 223(1), the Committee keep Submissions No. 1, 3, 6, 8, 12, 13, 14, 15, 18, 27, 28, 29, 30, 33 and 35 confidential. This includes keeping confidential the attachments to Submissions No. 27, 28 and 29.

Resolved, on the motion of Ms Ficarra: That, according to section 4 of the Parliamentary Papers (Supplementary Provisions) Act 1975 and Standing Order 223(1), the Committee authorises the partial publication of Submissions No. 9, 23, 24 and 25, with adverse mentions removed.

Resolved, on the motion of Ms Ficarra: That the Committee keep the attachment to Submission No. 9 confidential.

5.2 Correspondence

Resolved, on the motion of Ms Robertson: That the Committee authorise the partial publication of correspondence item GP09/477.

Resolved, on the motion of Mr Donnelly: That the Committee keep correspondence item GP10/5 confidential.

Resolved, on the motion of Mr Donnelly: That the Committee authorise the partial publication of correspondence item GP10/4.

Resolved, on the motion of Ms Ficarra: That the Committee keep correspondence item GP10/3 confidential.

Resolved, on the motion of Revd Dr Moyes: That due to adverse mentions, the Committee keep correspondence item GP10/6 confidential.

Resolved, on the motion of Revd Dr Moyes: That the Committee authorise the partial publication of Mrs Buckley's correspondence.

Resolved, on the motion of Ms Ficarra: That the Committee keep correspondence item GP10/8 confidential.

5.3 Witness schedule for 11 February

Resolved, on the motion of Ms Ficarra: That the Committee invite witnesses from the Emergency Medical Services Protection Agency (EMSPA) to attend the 11 February hearing.

The Committee divided.

Ayes: Ms Parker, Ms Ficarra, Revd Dr Moyes
Noes: Mr Catanzariti, Mr Donnelly, Ms Robertson

Question resolved in the affirmative, on the casting vote of the Chair.

Resolved, on the motion of Mr Donnelly: That Committee members email proposed questions for EMSPA to the secretariat by Friday 5 February, and that the secretariat circulate the questions to the Committee on the morning of Monday 8 February, before forwarding the proposed questions to EMSPA in the afternoon.

6. ***

7. Adjournment

The Committee adjourned at 11.25 am.

Teresa McMichael
Clerk to the Committee

Minutes No. 62

Thursday 11 February 2010
General Purpose Standing Committee No. 2
Room 814/815, Parliament House, Sydney, at 9.25 am

1. Members present

Ms Robyn Parker (*Chair*)
Ms Christine Robertson (*Deputy Chair*)

Mr Tony Catanzariti
Mr Greg Donnelly
Ms Marie Ficarra
Revd Dr Gordon Moyes
Ms Lee Rhiannon

2. **Draft Minutes**

Resolved, on the motion of Mr Donnelly: That Draft Minutes No. 61 be confirmed.

3. **Correspondence**

The Committee noted the following item of correspondence received:

- 10 February 2010 – Letter from Mr Greg Rochford, CEO, NSW Ambulance Service, regarding correspondence from a review participant published on the Committee web site.

4. **Ambulance Review**

4.1 **Publication of submissions**

Resolved, on the motion of Ms Ficarra: That, according to section 4 of the Parliamentary Papers (Supplementary Provisions) Act 1975 and Standing Order 223(1), the Committee authorises the partial publication of Submission No. 41.

Resolved, on the motion of Ms Ficarra: That the Committee keep Submission No. 42 confidential.

Resolved, on the motion of Mr Donnelly: That, according to section 4 of the Parliamentary Papers (Supplementary Provisions) Act 1975 and Standing Order 223(1), the Committee authorises the publication of Appendix 1 of the submission from the Health Services Union.

4.2 **Correspondence**

Resolved, on the motion of Revd Moyes: That the Committee keep correspondence item GP10/11 confidential.

4.3 **Response to review participant**

Resolved, on the motion of Ms Robertson: That the Secretariat forward a copy of the correspondence received from Mr Rochford, dated 10 February, to the review participant referred to in his correspondence.

4.4 **Request to provide in camera evidence**

Resolved, on the motion of Revd Moyes: That the evidence of the Emergency Medical Services Protection Agency (EMSPA) be heard in camera.

4.5 **Public hearing**

Witnesses, the public and the media were admitted.

The following witnesses from NSW Health were sworn and examined:

- Prof Debora Picone AM, Director General
- Mr Robert McGregor, Member, Change Committee
- Prof Beverly Raphael AM, Member, Change Committee

The following witnesses from the Ambulance Service of New South Wales were sworn and examined:

- Mr Greg Rochford PSM, Chief Executive
- Mr Mike Willis ASM, General Manager, Operations
- Ms Louise Clarke, Deputy Director, Professional Standards and Conduct Unit
- Ms Maxine Puustinen, Manager, Ambulance Operations Centre
- Ms Louise Ashelford, Manager, Healthy Workplace Strategies

The evidence concluded and the witnesses withdrew.

The following witnesses from the Health Services Union were examined:

- Mr Dennis Ravlich, Director of Operations
- Mr Sean O'Connor, Vice President, and Ambulance Paramedic
- Mr Warren Boon, State Councillor, and Ambulance Paramedic
- Ms Angela Humphries, Media & Government Relations Officer
- Mr Bob Morgan, Industrial Officer

The evidence concluded and the witnesses withdrew.

The public and the media withdrew.

4.6 In camera hearing

The committee proceeded to take in camera evidence, as per the Committee's earlier resolution.

Persons present other than the Committee and Hansard reporters: Ms Teresa McMichael, Ms Beverly Duffy, Ms Kate Mihaljek of the Committee Secretariat.

The witnesses were sworn and examined.

The witnesses tendered two documents:

1. Comments and case studies pertaining to recommendations of the Inquiry into the management and operations of the Ambulance Service of NSW
2. List of incidents where EMSPA NSW assisted members with representation and/or advice.

The in camera evidence concluded and the witnesses withdrew.

4.7 Deliberative meeting - Publication of in camera transcript and tabled document

Resolved, on the motion of Ms Robertson:

- That the Committee defer consideration of the publication of the transcript of the in camera evidence until a later day
- That the second document tabled by the EMSPA remain confidential

4.8 Further conduct of the Review

Resolved, on the motion of Mr Donnelly: That any additional questions on notice from members to the witnesses who appeared at the hearing on 11 February be sent to the secretariat no later than 5pm Monday 15 February 2010.

Resolved, on the motion of Ms Robertson:

- That the Committee hold no further hearings in relation to the Ambulance Service review
- That the Secretariat canvass Committee members regarding a possible deliberative date in late March to consider the Chair's draft report.

5. Next meeting

Tuesday 23 February ***

6. Adjournment

The Committee adjourned at 3.40 pm.

Beverly Duffy

Clerk to the Committee

Minutes No. 63

Tuesday 23 February 2010

General Purpose Standing Committee No. 2

Members Lounge, Parliament House, Sydney, at 2.15 pm

1. Members present

Ms Robyn Parker (*Chair*)

Ms Christine Robertson (*Deputy Chair*)

Mr Greg Donnelly

Ms Marie Ficarra

Revd Dr Gordon Moyes

Dr John Kaye (Rhiannon)

2. Draft Minutes

Resolved, on the motion of Revd Moyes: That Draft Minutes No. 62 be confirmed.

3. Correspondence

The Committee noted the following item of correspondence received:

- 11 February 2010 – Email from EMPSA attaching revised list of incidents where EMSPA NSW assisted members with representation and/or advice.

Resolved, on the motion of Ms Ficarra: That, according to section 4 of the Parliamentary Papers (Supplementary Provisions) Act 1975 and standing order 223(1), the Committee authorise the publication of the revised list of incidents where EMSPA NSW assisted members with representation and/or advice.

The Committee noted the following items of correspondence sent:

- 15 February 2010 – Letter from Principal Council Officer to (name suppressed) providing advice on disclosing information contained in Ambulance Review submission to the Anti-Discrimination Board.

Resolved, on the motion of Ms Ficarra: That the Committee keep the letter from the Principal Council Officer to (name suppressed) providing advice on disclosing information contained in Ambulance Review submission to the Anti-Discrimination Board confidential.

4. Ambulance Review

4.1 In camera transcript

Resolved, on the motion of Mr Donnelly: That, according to section 4 of the *Parliamentary Papers (Supplementary Provisions) Act 1975* and Standing Order 223(1), the Committee authorises the partial publication of the transcript of evidence on 11 February 2010 of EMSPA, with sensitive and identifying information removed.

4.2 Tended documents

Resolved, on the motion of Ms Robertson: That the Committee accept the following document tendered during the in camera hearing on 11 February 2010 by EMSPA, and that the document be kept confidential:

- Comments and case studies pertaining to recommendations of the Inquiry into the management and operations of the Ambulance Service of NSW.

5. ***

6. Adjournment

The Committee adjourned at 2.30 pm.

Beverly Duffy

Clerk to the Committee

Minutes No. 64

Wednesday 10 March 2010

General Purpose Standing Committee No. 2

Members Lounge, Parliament House, Sydney, at 1.05 pm

1. Members presentMs Robyn Parker (*Chair*)Ms Christine Robertson (*Deputy Chair*)

Mr Tony Catanzariti

Mr Greg Donnelly

Ms Marie Ficarra

Revd Dr Gordon Moyes

Dr John Kaye (Rhiannon)

2. Draft Minutes

Resolved, on the motion of Revd Moyes: That Draft Minutes No. 63 be confirmed.

3. Correspondence

The Committee noted the following item of correspondence received:

- 23 February 2010 – Email from EMSPA declining to answer the questions on notice from the 11 February public hearing advising that the questions are outside the terms of reference for the inquiry.
- 2 March 2010 – Letter from Professor Debora Picone AM, Director General, NSW Health, to Principal Council Officer providing answers to questions on notice at the 11 February public hearing.

4. Ambulance Review**4.1 Submission 15**Resolved on the motion of Ms Robertson: That, according to section 4 of the *Parliamentary Papers (Supplementary Provisions) Act 1975* and standing order 223(1), the Committee authorise the partial publication of submission 15, with name and other identifying information suppressed, as agreed to by the author.**4.2 NSW Health answers to QON**Resolved, on the motion of Ms Robertson: That the Committee publish, according to section 4 of the *Parliamentary Papers (Supplementary Provisions) Act 1975* and Standing Order 223(1), the answers to questions on notice provided by NSW Health.**5. *******6. Adjournment**

The Committee adjourned at 1.36 pm.

Beverly Duffy

Clerk to the Committee**Minutes No. 65**

Monday 22 March 2010

General Purpose Standing Committee No. 2

Jubilee Room, Parliament House, Sydney, at 9:15 am

1. Members presentMs Robyn Parker (*Chair*)Ms Christine Robertson (*Deputy Chair*)

Mr Tony Catanzariti

Mr Shaoquett Moselmane

Ms Marie Ficarra

Revd Dr Gordon Moyes

Dr John Kaye (Rhiannon)

2. Draft Minutes

Resolved, on the motion of Mr Kaye: That Draft Minutes No. 64 be confirmed.

3. Welcome Mr Shaoquett Moselmane

The Chair welcomed Mr Shaoquett to the Committee.

4. Correspondence

The Committee noted the following items of correspondence received:

- 8 March 2010 – Confidential email from EMSPA regarding concerns about information provided by the Ambulance Service of NSW at the Committee's 11 February public hearing.

The Committee noted the following item of correspondence sent:

- 15 March 2010 – Letter from Chair to NSW Health requesting a copy of a 2009 audit and report into Schedule 8 drugs.

5. *****6. Other business****7. Adjournment**

The Committee adjourned at 5.25 pm until 9.15am, 23 March 2010.

Beverly Duffy

Clerk to the Committee

Draft Minutes No. 67

Friday 23 April 2010

General Purpose Standing Committee No. 2

Room 1102, Parliament House, Sydney, at 10:00 am

1. Members present

Ms Robyn Parker (*Chair*)

Ms Christine Robertson (*Deputy Chair*)

Ms Kayee Griffin (Catanzariti)

Mr Shaoquett Moselmane

Ms Marie Ficarra

Revd Dr Gordon Moyes

Ms Lee Rhiannon

2. Substitution

Ms Griffin for Mr Catanzariti.

3. Draft Minutes

Resolved, on the motion of Ms Robertson: That Draft Minutes No. 66 be confirmed.

4. Correspondence

The Committee noted the following items of correspondence sent:

Ambulance Review:

- 11 March 2010 – Email from Principal Council Officer to NSW Health, on behalf of the Chair, requesting information on the Ambulance Service's 'Straight Talk' policy and 'Respectful Workplace Training' program.
- 16 March 2010 – Letter from Chair to NSW Health requesting copy of a Schedule 8 drug audit and report.
- 18 March 2010 – Email from Principal Council Officer to Mr Bob Morgan, Health Services Union, requesting information on the Ambulance Service's plan to use volunteer drivers in the Hunter.
- 18 March 2010 – Email from Principal Council Officer to Mr Bob Morgan, Health Services Union, requesting further information on volunteer drivers in the Hunter.

- 30 March 2010 – Email from Principal Council Officer to Ms Jane Hall, Parliament & Cabinet Unit, NSW Health, requesting the date of release of the Medications Management Report.

The Committee noted the following items of correspondence received:

Ambulance Review:

- 18 March 2010 – Letter from NSW Health to Principal Council Officer requesting additional correction to transcript of evidence from 11 February 2010 hearing.
- 18 March 2010 – Booklets, handouts and printout of information from NSW Health regarding the Ambulance Service's 'Straight Talk' policy and 'Respectful Workplace Training' program.
- 18 March 2010 – Email from Mr Bob Morgan, Health Services Union, to Principal Council Officer, answering question regarding the Ambulance Service's plan to use volunteer drivers in the Hunter.
- 18 March 2010 – Email from Mr Bob Morgan, Health Services Union, to Principal Council Officer, answering further question regarding volunteer drivers in the Hunter.
- 26 March 2010 – Draft report into the review of Schedule 8 drugs; and covering letter from Professor Debora Picone AM, Director General, NSW Health, to Chair advising that the report is draft only.
- 29 March 2010 – Revised covering letter from Professor Debora Picone AM, Director General, NSW Health, to Chair advising that the report into the review of Schedule 8 drugs is draft only, and requesting that it remain confidential.
- 31 March 2010 – Email from Ms Jane Hall, Parliament & Cabinet Unit, NSW Health, to Principal Council Officer, advising date of release of Medications Management Report.
- 19 April 2010 – Confidential letter from (name suppressed) to Committee regarding Ambulance Review [GP10/34].

Resolved, on the motion of Ms Robertson: That the Committee amend the transcript of evidence from the 11 February 2010 hearing, as per the request from NSW Health on 18 March 2010.

5. ***

6. **Review of the Inquiry into the management and operations of the Ambulance Service of NSW**

6.1 Publication of submissions

Resolved, on the motion of Revd Moyes: That the Committee keep submission No. 43 confidential.

6.2 Publication of correspondence

Resolved, on the motion of Revd Moyes: That the Committee keep correspondence item GP10/34 confidential.

6.3 Consideration of Chair's draft report

The Chair submitted her draft report titled: 'Review of the Inquiry into the management and operations of the Ambulance Service of NSW' which having been previously circulated was taken as being read.

The Committee proceeded to consider the draft report in detail.

Chapter 1 read.

Resolved, on the motion of Ms Griffin: That paragraph 1.2 be amended by omitting reference to the Garling Report.

Resolved, on the motion of Ms Robertson: That Chapter 1, as amended, be adopted.

Chapter 2 read.

Resolved, on the motion of Ms Ficarra: That Chapter 2, be adopted.

Chapter 3 read.

Resolved, on the motion of Ms Robertson: That paragraph 3.7 be amended by inserting 'which is based on the same scheme that exists across the State Public Sector' after 'the Service's workers compensation process'.

Resolved, on the motion of Ms Robertson: That paragraph 3.13 be amended by omitting 'and by doing so was in contravention of the law' and inserting instead 'which was not allowed in this State as a matter of law'.

Resolved, on the motion of Ms Ficarra: That paragraph 3.33 be amended by omitting 'Therefore in lieu, we wish to hold Mr Rochford to his' and inserting instead, 'However, we wish to endorse Mr Rochford's'.

Resolved, on the motion of Ms Robertson: That recommendation 1 be amended by:

- inserting 'and email system' after 'website'
- omitting 'fortnight' and inserting instead 'month', and
- omitting 'undertaken' and inserting instead 'completed'.

Resolved, on the motion of Ms Robertson: That paragraph 3.51 be amended by omitting 'a survey of 427 randomly selected employees (approximately 10 per cent of Ambulance staff) to conduct an initial evaluation of the' and inserting instead 'three surveys – an Employee Survey of 427 randomly selected employees; a Manager Survey of 254 selected managers; and an Interview Selection Panel Survey of 26 selected interviewers. In regard to the Service's Employee Survey, participants evaluated'.

Resolved, on the motion of Ms Robertson: That paragraph 3.58 be amended by omitting 'However'.

Resolved, on the motion of Ms Rhiannon: That a new paragraph be inserted after paragraph 3.70 to read: 'The Committee was informed that there have been, on occasion, extenuating circumstances out of the Service's control which have led to these delays'.

Resolved, on the motion of Ms Robertson: That recommendation 2 be amended by omitting 'timeframe for the Professional Standards and Conduct Unit to conduct and complete investigations is less than three months' and inserting instead 'Professional Standards and Conduct Unit reports the percentage of investigations completed within three months'.

Resolved, on the motion of Ms Rhiannon: That Chapter 2, as amended, be adopted.

Chapter 4 read.

Resolved, on the motion of Ms Robertson: That paragraphs 4.13 and 4.14 be amended by merging 4.13 and 4.14 to create one paragraph.

Resolved, on the motion of Revd Moyes: That paragraph 4.17 be amended by omitting 'and we question why it has been classified by the Service as 'draft' only'.

Resolved, on the motion of Revd Moyes: That paragraph 4.18 be amended by omitting 'also'.

Resolved, on the motion of Ms Robertson: That paragraph 4.19 be omitted.

Resolved, on the motion of Ms Robertson: That paragraph 4.32 be amended by omitting 'raised in the Service's draft report of the review of S8 drugs, the Committee recommends' and inserting instead 'first identified to this Committee during the 2008 Inquiry, we recommend'.

Resolved, on the motion of Ms Robertson: That recommendation 3 be amended by omitting 'NSW Health' and inserting instead 'the NSW Government fund NSW Health to' and omitting 'as matter of urgency' and inserting instead 'as a matter of priority, in the 2010-11 State Budget'.

Resolved, on the motion of Ms Robertson: That, according to section 4 of the Parliamentary Papers (Supplementary Provisions) Act 1975 and standing order 223(1), the Committee authorise the partial publication of the Ambulance Service of NSW 'Review of Schedule 8 drugs' draft report, June 2009, by publishing paragraphs 13, 14, 18 and 19 (with identifying information omitted), and Recommendation 3; and that the rest of the report be kept confidential

Resolved, on the motion of Revd Moyes: That paragraphs 4.12 and 4.17 be amended by the committee secretariat to reflect the changes to the partial publication of the 'Review of Schedule 8 drugs' draft report.

Resolved, on the motion of Ms Rhiannon: That recommendation 4 be amended by omitting 'in the Hunter region' and inserting instead 'where appropriate' and omitting 'all'.

Resolved, on the motion of Mr Moselmane: That recommendation 4 be amended by omitting 'for' and inserting instead ', fixed in'.

Resolved, on the motion of Ms Rhiannon: That according to section 4 of the Parliamentary Papers (Supplementary Provisions) Act 1975 and standing order 223(1), the Committee authorise the publication of correspondence from Professor Debora Picone AM, Director General, NSW Health, to the Chair on 29 March 2010, regarding the report into the review of Schedule 8 drugs.

Resolved, on the motion of Revd Moyes: That Chapter 4, as amended, be adopted.

Chapter 5 read.

Resolved, on the motion of Ms Griffin: That paragraph 5.19 be amended by inserting 'We understand that there are ongoing negotiations and this matter is before the IRC' after 'roster system' and omitting 'While the Committee did not receive evidence from the Service to explain its position on the matter, we are nonetheless concerned with the its apparent refusal to accept and enforce a decision of the full bench of the NSW IRC'.

Resolved, on the motion of Ms Rhiannon: That Chapter 5, as amended, be adopted.

Resolved, on the motion of Ms Rhiannon: That the draft report as amended be the report of the Committee.

Resolved, on the motion of Ms Rhiannon: That the Committee's report be tabled on Friday 30 April 2010, together with transcripts of evidence, submissions, tabled documents, answers to questions on notice, minutes of proceedings and correspondence relating to the inquiry, except for in camera evidence and documents kept confidential by resolution of the Committee.

7. Adjournment

The Committee adjourned at 11.50 am until Monday 10 May 2010.

Beverly Duffy
Clerk to the Committee