

GPSC2: AMBULANCE SERVICE INQUIRY – ADDITIONAL QUESTIONS

Question 1.

NSW Health established Professional Practice Units to address concerns about the way complaints were managed at Camden and Campbelltown Hospitals and more recently Royal North Shore Hospital. Are you thinking about doing something similar in response to the serious concerns raised during this inquiry about complaint handling by the NSW Ambulance Service.

ANSWER

Professional Practice Units (PPUs) have been established across the NSW Health system since 2000. These Units were established to conduct transparent and objective investigations into serious complaints and grievances by staff and patients.

The Professional Standards & Conduct Unit is the Ambulance Service of NSW's equivalent of a Professional Practice Unit. Established in 2000, the Unit provides expert guidance, advice and case management in respect of allegations of misconduct, consumer complaints and staff grievances and complaints.

Since 2000, the PSCU has case managed matters that have involved serious incidents between staff and patients, criminal conduct, grievances, clinical mistakes, coronial inquiries, harassment, bullying, workplace conflict and performance concerns.

The role of the PSCU is outlined further in the *NSW Health Submission to the Legislative Council, General Purpose Standing Committee No 2, The Management and Operations of the Ambulance Service of NSW* at page 23.

Following the 2008 Review, the Ambulance Service has already increased the investigation staff at the PSCU by two, to ensure that matters are dealt with quickly.

Already, the Ambulance Service has:

- refined its case management practices to include increased involvement of operational managers and personnel from workforce.
- engaged IT consultants to develop a case management system to streamline case processing in PSCU
- been working on delivering better organisational responses to workplace conflict and complaints of bullying and harassment.

These improvements will ensure the PSCU concentrates on and responds in a timely way to serious misconduct matters.

The Ambulance Service is reviewing all policies and procedures on complaints handling, grievance handling and bullying and harassment. This is also outlined in the *NSW Health Submission to the Legislative Council, General Purpose Standing Committee No 2, The Management and*

Operations of the Ambulance Service of NSW at page 24. This will assist managers to assess and respond to grievances appropriately and ensure that they only refer serious matters to the PSCU for investigation.

GPSC2: AMBULANCE SERVICE INQUIRY – ADDITIONAL QUESTIONS

Question 2.

Is the NSW Ambulance Service Code of Conduct freely available to members of the public?

ANSWER

The NSW Ambulance Service Code of Conduct is freely available to members of the public. Copies can be downloaded from the Ambulance Service of NSW website at:

http://www.asnsw.health.nsw.gov.au/media_publications/publications.html

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Question 3.

Please explain the role of the Ambulance Service Advisory Council?

ANSWER

The Ambulance Service Advisory Council is established under the *Health Services Act 1997* (the Act).

The Council provides advice to the Chief Executive of the Ambulance Service of NSW (under delegation from the Director-General) on the exercise of functions in respect to the provision of ambulance services.

The Council meets every second month and has met on 13 occasions since it was established. It advises on operational, clinical and service delivery initiatives, monitors the performance of the Ambulance Service, and plays an important role in corporate governance activities.

Council members also participate in corporate governance committees: Finance Committee, Audit and Risk Management Committee and the Clinical Governance Committee.

The Council will be closely involved in the development of the change management program for the Ambulance Service.

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Question 4.

What is the current number of people required to sit on an ambulance officer recruitment interview panel? Is there always an independent member on this panel?

ANSWER

A three member panel is used for all permanent Ambulance Service positions, other than entry level trainee positions.

The panel must comprise two staff members with substantive positions that are above the position for which recruitment is being undertaken.

There is always an independent member on these panels.

Divisional Personnel Officers are trained in recruitment and selection techniques and review the recruitment and selection process on completion.

Trainee Paramedics are subject to a twelve month probationary period during which they must successfully complete a rigorous eight week induction program which includes academic and practical assessments. During their first year of practice the competencies of Trainee Paramedics are also assessed by an on-road mentor.

Trainee Paramedic recruitment is a seven stage process:

Stage 1 – Submit Application for training

Stage 2 – Aptitude Testing/Psychometric Testing

- The initial cull for interview is completed by a selection committee with two members from the Ambulance Service Recruitment Unit - who are usually Paramedics who have been seconded to the position on a 6 to 12 month basis. These Paramedics receive training in selection techniques on taking up the secondment.

Stage 3 – Interview Stage

- Interviews for Trainee Paramedic positions are conducted by either one or two people using a standard set of interview questions.
- A selection committee which has at least two members determines whether applicants proceed to the next stage of the recruitment process based on the written applications, aptitude and psychometric test results, and the performance at interview.

Stage 4 – Compulsory pre-employment driving assessment

Stage 5 – Health assessment

Stage 6 – Probity Screening

Stage 7 – Referee, Conduct and Service Check

- Applicants must also successfully complete all other health, probity, driving, referee and conduct assessments.

Due to the large volume of applicants and interviews that are conducted during the year for Trainee Paramedic positions, an independent member is not currently used. In 2007/08 1026 applications for Trainee Paramedic positions were received and 467 applicants were assessed as being eligible to proceed to interview.

These selection processes are currently being reviewed.

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Question 5.

In your response to questions on notice taken at the last hearing you indicated that the psychometric testing currently used to recruit officers will be reviewed.

- a) What is the basis of this review?
- b) Who originally developed the psychometric test?

ANSWER

- a)
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. Options being considered include outsourcing the administration of the psychometric test component of the recruitment process.

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

- b)
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.

As previously advised (refer to Question on Notice 19 from previous hearing) psychometric testing is only one part of the recruitment process.

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Question 6.

The Committee has been told that there was a research project done in 2001/02 called the Attrition Rates Research Project. Were any of the recommendations of that report implemented? Can you please provide a copy of that report to the Committee?

ANSWER

Attrition of staff of the Ambulance Service is relatively stable.

As outlined in the *NSW Health Submission to the Legislative Council, General Purpose Standing Committee No 2, The Management and Operations of the Ambulance Service of NSW* at page 15, attrition rates for paramedics continue to be low compared to most government agencies and the total Australian workforce.

A survey on workforce turnover and attrition was undertaken at the request of the Ambulance Service Board in March 2002. A copy of the analysis of the survey was provided to the Ambulance Service Executive and is attached.

Data was collated from a survey of 198 former operational staff who had resigned from the Ambulance Service of NSW between 1 July 1998 and 30 June 2001. 58 people (29%) completed and returned the survey questionnaire.

The result was a basic analysis of the environment at the time and options for future progress were provided. Recommendations were not provided.

Since 2002, the Ambulance Service has implemented a number of strategies that address the issues raised by the survey and provide a cogent approach to addressing attrition, including:

- introduced more flexible work practices within the constraints of the current Award (e.g. there is no option for casual employed under the Award) however proposals to introduce more flexible work arrangements, introduce reduced shift lengths and reduce reliance on over-time and penalty payments are being considered in the Major Industrial Case currently being determined by the Industrial Relations Commission.
 - Further information on work practice and industrial reform is outlined in the *NSW Health Submission to the Legislative Council, General Purpose Standing Committee No 2, The Management and Operations of the Ambulance Service of NSW* at pages 42 and 43.
 - Flexible work practices were detailed further in the *NSW Health response to Question on Notice 8* from the previous hearing.
- improved staff and management communication by providing all staff with internet and email access and installing computers in all Ambulance workplaces.
 - Further information on communication and staff engagement is outlined in the *NSW Health Submission to the Legislative Council, General Purpose Standing Committee No 2, The Management and Operations of the Ambulance Service of NSW* at pages 27 and 28.
- increased access to training and development opportunities with;
 - an ongoing corporate training calendar;

- management training through the Certificate IV and Diploma in Business (Frontline Management) courses with an Ambulance specific management training program to be implemented in 2008/09; and
- enhanced clinical training opportunities through regional training centres, increased numbers of clinical training officers and the introduction of e-learning and other distance education options.
 - Further information on education and training provided by the Ambulance Service is outlined in the NSW Health Submission to the Legislative Council, General Purpose Standing Committee No 2, The Management and Operations of the Ambulance Service of NSW at pages 3, 19 and 41
- implemented training for staff on the management harassment, discrimination and bullying. Front-line management training and training to improve the management of workplace conflict is a priority.
 - Further information on the expansion of training on bullying and harassment is outlined in the NSW Health Submission to the Legislative Council, General Purpose Standing Committee No 2, The Management and Operations of the Ambulance Service of NSW at page 26.
- implemented a performance, planning and development program to the level of District Officer. Consistent with recommendation 21 of the 2008 Review, the Ambulance Service of NSW is reviewing the annual appraisal system for all staff.

The Ambulance Service has also implemented a graduate entry program so that nurses, paramedics from other Ambulance Services and graduates with a degree in Paramedical Science (Pre-Hospital Care) can qualify within 12 months or less.



Employee Relations Unit
Telephone: 9320 7647
Facsimile: 9320 7805

Our Ref. 01/264

25 January 2002

«Title» «Initials» «Surname»
«Address»
«Home_suburb»
«Home_____state» «Postcode»

Dear «First_name»,

CONFIDENTIAL ATTRITION SURVEY

The Employee Relations Unit of the Ambulance Service of New South Wales is undertaking a project on staff attrition rates. One aspect of the project is to examine and evaluate the issues that may have influenced employees in their decision to resign. As a part of this project we are therefore surveying a number of operational staff who have resigned during the period from 1 July 1998 to 30 June 2001.

The attached survey includes issues that were highlighted in previous exit interviews or surveys in conjunction with other issues that are considered relevant. The survey will take around 15 minutes only to complete.

As a former employee we are very interested in your opinions and views regarding your decision to resign. When filling in the survey would you please reflect and consider your answers in relation to how you felt at the time of your resignation. Please be as frank as possible as we are looking for your honest opinion.

The completed survey is confidential and will only be used to obtain aggregated information. No personal details or identifiable information will be provided in the final report and no access will be given to completed survey forms other than the following Employee Relations Unit project staff:

- **Deborah Smith – Project Officer, telephone number 9320 7647; and**
- **Coleen Fowler – Personnel Services Coordinator, telephone number 9320 7642.**

On completion of your survey, would you please place it in the return postage paid envelope and mail to Deborah Smith by the 13 December 2001.





The Service has also introduced a reemployment for previous staff. I have enclosed an expression of interest re-employment form for your consideration and return with your survey. An application Information Kit, including information on recognition of prior learning, will then be forwarded to you for completion for assessment for reemployment. If you are not interested at this time, you may also choose to retain this form and return it at a later date in a separate envelope to the Recruitment Assistant (Operations).

Thank you for your time and assistance in this survey.

Yours sincerely

Coleen Fowler
Project Manager

SAMPLE



Appendix 2

Survey of past employees

This questionnaire is being distributed to a number of former operational employees who have resigned from the Ambulance Service of NSW since 1 July 1998. The questions cover a variety of issues related to your previous employment. Please consider how you felt at the time of your resignation when answering the questions. Your answers will be kept strictly confidential and will be used to assist with the identification of strategies to reduce attrition rates.

1. At your interview for employment and through reading the application package do you think you were given a realistic view of the following:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Shift structure					
Promotional opportunities					
Wages & Allowances					
Transfer procedures					
Organisational structure					
ASNSW policies					
◆ OH&S					
◆ EEO					
◆ Code of conduct					
◆ Others					
Employee Assistance Program					
Induction and orientation process					
Leave entitlements					

2. Did you hold any of the following qualifications?

Qualification	Practicing on Resignation(Place a √ where appropriate)
Level 4	
Level 5	
Rescue	
Motorcycle Paramedic	
S.C.A.T.	
Helicopter Paramedic	



3. If you marked any of the skills above did the use or lack of use of these skills contribute to your resignation? Yes/No
4. If yes, please explain:

5. Have you previously applied for re-employment with the ASNSW? Yes / No
6. If yes, what time period had elapsed between your resignation and application for re-employment? _____

CONDITIONS OF EMPLOYMENT

7. Did any of the following contribute to your decision to resign? Could you please tick to indicate how you rate your level of satisfaction or feeling towards these issues:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Unapproved leave –					
◆ Study					
◆ Leave without pay ≤ 6 mnths					
◆ Leave without pay ≤ 1 year					
◆ Leave without pay ≥ 1 year					
Conditions impacting on family commitments					
Staff movement and transfer					
◆ Station to station within a region					
◆ Metropolitan to Rural					
◆ Rural to Metropolitan					
Rostered shift –					
◆ Length of shifts					
◆ Rotating roster					
◆ Day shift					
◆ Night shift					
◆ On-call requirements					
◆ Overtime at the end of shifts					
Workload –					
◆ too small					
◆ too large					
Better job offer –					
◆ more money					
◆ better conditions					





PROFESSIONAL TRAINING AND DEVELOPMENT

8. Please indicate if you had access to any of the following during your career:

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Clinical progression					
External courses					
Internal non-clinical courses					
Promotional opportunities					
Timely rectification/ advice on applications for development					
Access to act in higher duties or secondments					

9. Did this access/lack of access influence your decision to resign? Yes/No

PEOPLE ISSUES

10. Were you satisfied with the following during your career?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Peer support officers					
Professional counselling					
Day to day supervision					
Recognition of good work					
Use of your prior knowledge/ experience					
Encouragement of your initiative/innovation					
Management - station up to area management level					
Management – State level					
Management communication with staff					
Handling and interest in OH&S issues					
Regular feedback from your manager					
Work related stress					
Handling of your concerns or grievances					





11. Did your satisfaction/dissatisfaction with the above contribute to your decision to resign? Yes / No

12. Were you offered advice/counselling in relation to your decision to resign? Yes/ No

PHYSICAL ENVIRONMENT AND CONDITIONS

13. At your station did any of the following contribute to your decision to resign?

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Poor equipment condition					
Lack of equipment					
Station facilities					
Building condition					
Physical demands of the work					
Local roster					
Resources to cope with staff numbers at your station					

14. Do you believe that you were part of an organisation that provided a quality service to its customers? Yes/No

15. If no, do you believe this contributed to your decision to resign?

16. Is there anything that could have been done by management to change your decision?

17. Was harassment, discrimination or bullying a factor in your decision to resign? Yes / No

18. If yes did you report it? Yes/No





19. If you reported it do you feel that it was dealt with appropriately? Yes/No

20. Please describe what form this behaviour took:

Four horizontal lines for writing a description of the behavior.

21. What was the primary reason for your resignation?

Three horizontal lines for writing the primary reason for resignation.

22. Were there any other contributing factors not mentioned in the survey that influenced your decision to resign?

Four horizontal lines for writing other contributing factors.

23. Female / Male (Please circle one)

24. Are you?

SAMPLE

	✓ (where applicable)
Overseas born where English was your native language?	
Overseas born where English was not your native language?	
Australian born?	
Australian born with English not the native language of one or both parents?	
Aboriginal or Torres Strait Islander descent?	

25. Where were you stationed when you resigned? _____

26. Did you fill in an exit questionnaire Yes / No

27. How long were you employed for? _____

28. What level were you when you resigned? _____

29. What rank if any did you hold when you resigned? _____





30. What was your position (if applicable) when you resigned? _____

31. What was the highest level of formal education you completed?

EDUCATION LEVEL	✓ (WHERE APPLICABLE)
Year 10	
Year 11	
Year 12	
TAFE	
University Diploma	
University Degree	
Post Graduate	
Trade Qualification	
Other	

Thank you for taking the time to complete this survey. Please return your survey in the enclosed envelope by the 13th of December 2001.

SAMPLE



«Title» «Initials» «Surname»
«Address»
«Home_suburb»
«Home_____state» «Postcode»

25 January 2002

Recruitment Assistant (Operations)
PO Box 105
Rozelle NSW 2039

Dear Recruitment Assistant

I would be interested in re-employment with the Ambulance Service of NSW if a position became available. I would be interested in the following work (*Tick applicable category*):

- | | |
|--|--|
| <input type="checkbox"/> Ambulance Officer | <input type="checkbox"/> Full time; or |
| <input type="checkbox"/> Patient Transport Officer | <input type="checkbox"/> Part time; or |
| <input type="checkbox"/> Data Operations Centre Officer | <input type="checkbox"/> Both of the above |
| <input type="checkbox"/> Ambulance Operations Centre Officer | |

My first three Area location preferences would be:

1. _____
2. _____
3. _____

I realize that by returning this letter, I am not being offered a position of employment. I understand that there is a re-employment selection process to be undertaken (including a criminal record check and pre-placement medical assessment) and, if required, I will submit a full application for your consideration.

My current contact details, if different from above, are:

Address: _____
_____ Postcode _____

Telephone: _____

Email: _____

Yours sincerely

(Signature)

(Print Name)



AMBULANCE SERVICE OF NEW SOUTH WALES INTERNAL BRIEFING NOTE COVER SHEET

PURPOSE

To provide the senior executive with the report on workforce turnover and attrition in ASNSW

SUMMARY OF KEY ISSUES

- The Ambulance Board has requested a report that identifies and addresses issues and causes of attrition. The following briefing outlines the results.
- ASNSW attrition rates are evaluated against other emergency services within NSW and ambulance services throughout Australia. Percentages are listed in the following briefing note.
- The briefing outlines key findings of a survey completed by 198 former operational staff who left the Service between 1 July 1998 and 30 June 2001.
- Many of the issues arising from the survey involve the lack of flexible work practices, operational rosters, excessive working hours, poor shift patterns, overtime and operational work practices. These may, in part, be dealt with through current reform process arising from operational review
- Several options are listed as a response to survey results including flexible work practices, staff training and development, management training, better feedback to staff
- The briefing has been noted by Steve Whinfield and Robert Gray.

RECOMMENDATION

That the briefing be noted

AUTHOR: Catherine Havenaar

PHONE: x 602

DATE: 19/03/02

- EA to CE*
- 1 CEO *Noted - a one page summary for the Board, please*
 - 2 Manager ERU *+ how does the survey compare with data we now extract from national exit survey?*

[Signature]
20/3

BRIEFING NOTE TO GENERAL MANAGER, CORPORATE SERVICES EMPLOYEE RELATIONS UNIT

PURPOSE:

To provide the senior executive with the report on workforce turnover and attrition in the NSW Ambulance Service.

BACKGROUND:

- This project was undertaken at the request of the Ambulance Service Board with a view to identifying and addressing the issues and underlying causes of attrition. The 3 year period from 1 July, 1998 to 30 June, 2001 was agreed to for data collection purposes following discussions with the General Manager, Corporate Services.
- To capture the data on attrition (defined as voluntary separation, attributable to retirement, resignation or voluntary redundancy) a survey questionnaire was distributed to 198 former operational staff. This figure excluded medical retirements and staff who were either deceased or were dismissed. The survey also enclosed an expression of interest form for candidates to complete, should they seek re-employment.
- The survey instrument is attached (refer TAB A) and comprehensively addressed issues such as conditions of employment; professional training and development; employee support and assistance; the physical environment; OH&S issues; management communication; reward/recognition; induction and orientation, and career opportunities.
- The survey achieved a response rate of 33% (or 58, allowing for a number of questionnaires which failed to reach intended recipients) of which 23 people expressed interest in securing re-employment within the operational ranks of the Ambulance Service.
- The opportunity was also taken during the course of the project to gather and analyse statistical data for workforce profiling purposes and to assist in future business and workforce planning exercises.
- The project also provided the opportunity to benchmark attrition against other emergency service agencies as well as NSW Health and the broader NSW public sector.

ISSUES:

1. Statistical Snapshot

- The survey revealed an overall attrition rate of 11% of the operational workforce for the review period. This compares favourably with 16.9% for the NSW public sector, and 10.65% for the NSW Department of Health workforces.
- The attrition rates for operational ambulance staff (ie. Ambulance Officers; Patient Transport Officers; Flight Nurses and Operations Centre Assistants) was 3.83% of the total operational workforce over the 3 year survey period, which compares to 5.56% for the NSW Police Service (uniformed), but is still higher than 2.5% recorded for the NSW Firebrigade (uniformed staff).

- The attrition rate was lower than the ACT Ambulance (18.73%); St Johns Ambulance Western Australia (6.87%); South Australian Ambulance Service (4.09%) and Tasmanian Ambulance Service (4.29%). The NSW attrition rate of 3.83% was higher than the Queensland Ambulance Service (2.89%), but was equal to the rate recorded for the Rural Ambulance Service, Victoria.
- Of the 318 employees who ceased employment during the 3 year survey period, it was established that:
 - the Sydney metropolitan area had the highest overall operational staff attrition rate of 12.6% compared to 12.5% for Macquarie, Mid & Far West; 8.1% for Hunter & Mid-North Coast, and Northern Rivers/New England; 10.3% for Greater Murray, Illawarra & South Eastern.
 - 81% of the Statewide separations were of a voluntary nature, with the balance attributed to medical retirements, dismissal or employee death.
 - Medical cessations mostly occurred when staff had over 20 years service, were over 45 years of age and located in rural areas..
 - 55% of voluntary cessations in the Sydney Metropolitan Area (79 people) were operational staff with less than 3 years service. Of these, 34% departed in their first year of service.
 - 17% of voluntary separations in the Hunter, Mid-North Coast, Northern Rivers/New England areas (8 people), were staff with less than 3 years of service. Of these, 4% departed in their first year of employment.
 - 8.5% of voluntary separations in the Greater Murray and Illawarra/South Eastern areas (4 people were staff with less than 3 years service). Of these, 4.25% departed in their first year of work.
 - 49% (12 people) of voluntary separations in the Macquarie, Mid and Far Western area were staff with less than 3 years service. Of these, 20% departed in their first year of employment.
 - Of the 58 respondents (30 male; 24 female; and 4 not specified) to the survey, 41% or 23 people had less than 3 years of service, and 27% (15 people) had more than 15 years service.
 - Of the respondents, 20% had a university degree, 15% possessed TAFE qualifications and 14% had university diplomas.
 - Of the respondents, 85% were Australian born; 10.7% were from overseas with English as their first language, with the balance from overseas where English was not their native language.

2. Survey Findings

- The key findings from the survey identified inadequate advice during induction processes in relation to promotional opportunities, transfers and the structure and access to the Employee Assistance Program. Respondents overwhelmingly advised that conditions of employment; lack of access to training and development; dissatisfaction with management/staff communication; lack of recognition for good work; lack of incentive and motivation for initiative and innovation; inadequate handling of inappropriate behaviours relating to harassment, discrimination and bullying, were collective triggers for their departures.
- Detailed analysis revealed the following:
 - 42% of respondents advised they were not given clear and sufficient detail on the access to, and services provided under the Employee Assistance Program. This has been addressed during 2000 and 2001 by the Manager, Employee Relations, through Service-wide publicity and presentations at induction programmes.

- 32% of respondents stated unreasonable rosters and hours of duty impacted on their family and domestic situation and contributed to their decision to resign.
 - The issue of flexible work practices is being addressed by the Ambulance Advisory Committee on "staffing".
 - 41% of respondents stated better conditions, and higher salary in other (external) employment influenced their decision to resign.
 - 35% of respondents advised that excessive overtime at the end of the shift influenced their decision to leave.
 - 36% of respondents strongly stated that there was lack of access to continued professional development. This included external (non-clinical) courses as well as internal (clinical) progression. Lack of clinical progression was clearly identified as a key attrition factor.
 - There was major dissatisfaction with management in relation to a general indifference to establishing effective communication channels and processes, and failure to inform staff of issues, and changes impacting on the Ambulance Service. Concern was also expressed with poor grievance handling practices, and little concern for occupational stress. During 2001 the Employee Relations Unit developed and implemented policies and procedures to address grievance handling, and particularly matters relating to gender-based or sexual harassment. In January 2002, the NSW Health "Joint Management and Employee Association Policy Statement" on Harassment, Discrimination and Bullying was also released, by the Equity Officer.
 - A summary of reasons contributing to attrition is attached (TAB B) together with a graphical representation (TAB C).
 - Two key issues that were clearly articulated for resignation was the failure to provide exit questionnaires and failure to provide the option for exit interview and counselling. During 2000/2001 the Employee Relations Unit implemented exit interview questionnaires and responses are now collated, analysed and addressed by the Equity Officer and a comprehensive review of exit policy and procedures is in hand.
 - Employee Relations Unit has already addressed the issue of non-clinical learning and development and a draft strategic "Learning & Development Plan" (2001-2004) has been devised for submission to the Chief Executive Officer.
- As part of this overall project, a range of statistical data was also established to profile workforce characteristics and the attached reports are provided.
 - A separate and detailed presentation can be made on these workforce characteristics, however the following is submitted for general information:
 - the average length of service for operational male staff (ie. Ambulance Officers and Patient Transport Officers) is 12.63 years, compared to 5.58 years for women.
 - the average length of service for non operational male staff is 15.21 years, compared to 5.57 years for women.
 - 57% of operational Statewide male staff have greater than 10 years service.
 - The Hunter-Mid North Coast area has the highest average length of service for operational staff: males average 15.4 years, while females average 6.9 years.
 - The Sydney Metropolitan area has the lowest length of service for operational males at 9.99 years, while the Macquarie, Mid and Far West

area has the lowest average length of service for female operational staff at 4.92 years and non operational staff at 3.94 years.

- The Illawarra and South Eastern area has the highest average length of service for non operational staff at 21.22 years.
- The average age for operational male staff across the Ambulance Service is 40.98 years, while women are 32.48 years.
- The average age for non operational male staff is 44.92 years, while women are 38.02 years.
- During the reporting period, there were 774 (35%) of operational male staff over 45 years of age, and 55% of non operational male staff, which has an impact on workforce planning over the next 5 years.
- 66% of operational and non operational female staff are less than 35 years of age.
- The Sydney Metropolitan area, and the Macquarie, Mid and Far West area have the highest percentage of younger women.

3. Options arising from the survey

- development of flexible work practices, flexible rosters and staffing models that decrease shift lengths, overtime and on-call requirements;
- increase staff/management communication;
- increase access to training and development opportunities;
- increase the level of training to District Officers and Station Officers regarding the management of harassment, discrimination and bullying in the workplace;
- introduce feedback procedures for staff, eg. annual appraisal system.

Many of the issues arising from the survey involving operational rosters, excessive working hours, overtime, shift patterns and operational working conditions may well be addressed by the current (ORH) operational review consultancy, and no definitive recommendations are made in this report until the outcomes of the review are made known.

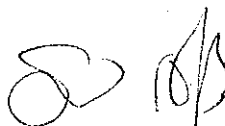
RUSSELL CRUIKSHANK
Manager, Employee Relations

1. General Manager, Corporate Services

 11/3/02

~~2. Return to Manager, Employee Relations~~

2. GENERAL MANAGER OPERATIONS



3. CHIEF EXECUTIVE OFFICER

4. RETURN TO ERU

Reasons Listed for Resignation

a) Management

Primary:

- Poor management skill
- Unable to gain full time communications position, preference being given to uniformed staff over civilians
- Incompetent senior managers, old boys club
- Staff and management were of no help and made impossible to stay
- Overlooked for promotion , not given an interview though I was qualified
- Corruption not dealt with, redundancy
- Management no spine
- Poor management skills which resulted in feelings of alienation and low staff moral
- Inflexibility – area management ruled by fear and intimidation
- Given two choices jump or you'll be pushed
- Old boys inhibited improvement
- Unresolved grievances
- Being harassed and bullied by ranking officers

Other factors:

- Lack of supervision of Operational Centre Communication Assistants (OCCAs) which allowed bullying
- No care shown for staff by management, treated like a number
- Distrust of management and their skill to change and implement policy, change organisational structure or effectively communicate with staff
- Closure of workplace / forced redundancy
- Closure of workplace – issues related to staff not addressed
- Old boys network, having a negative impact on work environment
- Managers dead wood being carried, not modern thinkers
- Old boys/girls network, no loyalty to workers
- Misappropriation of ambulance resources and equipment, inappropriate wearing of uniform and workload

b) Shift Structure

Primary:

- Part-time work not available post child birth
- Having to work excessive hours on call and overtime beginning to affect health
- Unable to get childcare 24/7
- No longer coping with shift work
- Rosters, inability to transfer back to Sydney
- Not offered permanent full time
- Terrible work conditions
- Non-flexible rosters when have a small child
- Shift work, night shift and overtime
- Tiredness with excessive overtime, low staffing
- 24hrs on call affecting family

Other factors:

- on call, large amounts of down time
- crews being moved from home station particularly on night shift
- no consideration of how on call affects health and need for rest if in excess

c) Retirement

Primary:

- Age retirement
- Reached retirement age of 58
- Close to early retirement 58
- Became retirement age
- Retired

d) Health Issues

Primary:

- Lifting, age, burnt out, stress
- Ill health
- Medical reason – knee
- Exhausted due to implementation of new technology
- Medical condition which decreased mobility
- Exhaustion , shock, despair and loss of trust in work environment

Other reasons:

- Misdiagnosed medical condition that initially presented as stress

e) Career Progression

Primary:

- No career scope
- Lack of promotional opportunities
- Restricted promotional opportunities
- Lack of opportunity
- Could not see chance of getting transfer to coastal country position

Other factors:

- Lack of promotional opportunities
- Unable to transfer to north coast as it is kept in house

f) Clinical progression / Education Issues

Primary:

- Unable to progress clinically
- RPL of nursing qualifications denied to allow to progress naturally from PTO to A/O
- Unable to progress clinically – better interstate
- Not able to advance clinically
- Lack of availability of clinical progression
- No clinical advancement opportunities
- Left to join service that has set career path to level 5
- Wanted to progress clinically and wanted to be part of a progressive organisation ,not a sinking boat
- No level 4/5 training, non-recognition of CSU qualifications
- Lack of skill or dedication in education , very disheartening

Other factors:

- Large gap of skills from level 3 to level 5
- No natural progression form PTO to A/O
- Inability to get into level 5
- No facility to go part time to facilitate study
- Moved to another state that had greater clinical advancement potential
- Education standards increased making it hard to keep up

- Lack of RPL to access level 4/5
- Lack of support for further study but stating it needed for promotion
- Length of time to get into level 5
- Training officer

g) Leave

Primary:

- LWOP denied to care for sick family
- LSL not approved
- Other factor:
- Unapproved LSL

h) Lifestyle / Pay

Primary:

- Pay increase in new job
- Better lifestyle, job opportunities in Queensland
- Other factors:
- Wages

i) Family

Primary:

- Family commitments threatened by 2 year country posting
- Family issues
- Relocation of husband and imminent closure of coordination centre
- Demands of sick parents
- Business opportunity for family

Other factors:

- Gained work closer to home
- Spouse transfer external

j) Other

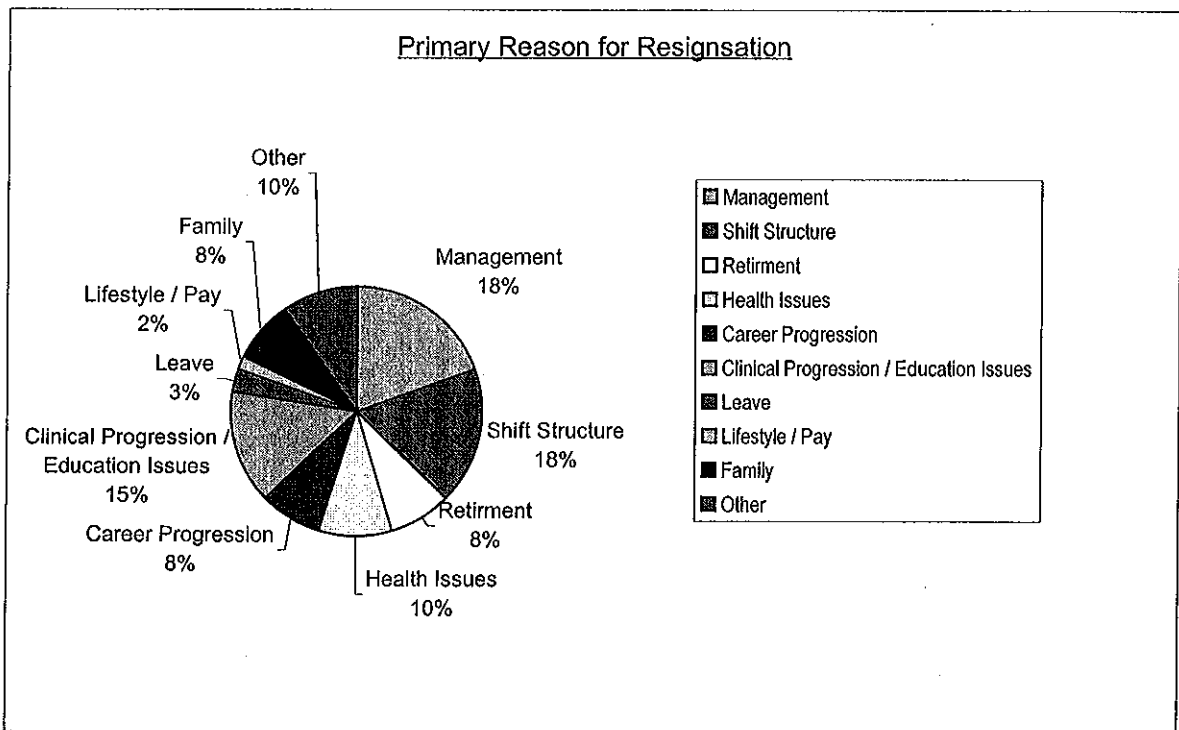
Primary:

- Accepted to full time study
- To reduce travelling time
- Unfairness
- Patients not the primary focus of ASNSW any more
- Sick of sick people

Other factors:

- Arguments re nursing transfers on single A/O cars
- Low staff moral
- Lack of resources in country areas
- Refusal of services to ASNSW due to credit rating, loss of respect of the community, new style of academic recruits
- Loss of prestige of service, no longer best in the world
- Attitude of level 5 / senior officers to junior officers

Primary Reason for Resignation



GPSC2: AMBULANCE SERVICE INQUIRY – ADDITIONAL QUESTIONS

Question 7.

Please provide the following information about the Bullying and Harassment Taskforce:

- a) Who are the members of this Taskforce?
- b) How often does it meet?
- c) What are its plans for the future?

ANSWER

a) The members of the Taskforce are:

- General Manager, Operations (Chair)
- Executive Staff Officer (Operations)
- Director, Professional Standards and Conduct Unit
- Equity and Development Advisor (Workforce)
- General Manager, Corporate Services
- Director, Workforce

b) & c)

The Taskforce was initiated by the Chief Executive of the Ambulance Service of NSW to provide high level leadership on managing issues relating to workplace bullying and harassment.

The Taskforce was directed to review current activity around the issue of workplace bullying and harassment, and to make recommendations for strategies to improve the management of workplace conflict and prevention of bullying and harassment.

The Taskforce first met on 7 August 2007 and agreed to undertake a review of claims, grievances and complaints relating to bullying and harassment and current training provided on the issue for new and existing staff.

The Taskforce met 5 times while undertaking the review. A key finding of this review was that there was a poor level of understanding about appropriate and inappropriate workplace behaviour among staff.

In December 2007, the Taskforce sought approval from the Executive of the Ambulance Service to conduct focus workshops, using an external facilitator, that would aim to identify the causes of bullying and harassment and implement a conflict managing training program.

It met on five more occasions with an expanded group to prepare for the Healthy Workplace Behaviours Forum, which took place on 28 May 2008. 100 members of staff from different occupational groups and levels, from all regions across the State were invited to participate. The key recommendations of the Forum were:

- a review of all policies and procedures;
- training for all staff in managing workplace conflict; and

- making bullying and harassment a joint responsibility between staff and managers.

Already, the recommendations of the Forum are being implemented. The Ambulance Service has engaged Pro-active Resolutions to review policies and procedures on grievances, harassment and bullying, complaints, disciplinary and management systems.

The ASNSW is currently preparing to deliver a training program which will be rolled out to all staff on building and promoting a Healthy & Respectful Workplace.

Already, a Healthy Workplace Strategy Manager position has been created, and temporarily filled pending permanent recruitment. This position will coordinate services to manage and monitor the swift resolution of staff grievance and complaints and workplace conflict through restorative practices and mediation, and policies, procedures and programs. The position holder will be engaged in the development of Workforce strategies and plans and policies with respect to grievances, bullying and harassment and conflict resolution.

The Taskforce has proved effective in providing a way forward for the Ambulance Service. An ongoing role for the Taskforce is being considered, in light of the appointment of the Healthy Workplace Strategy Manager and the strategies currently being implemented to address bullying and harassment in response to the Forum and the 2008 Review.

GPSC2: AMBULANCE SERVICE INQUIRY – ADDITIONAL QUESTIONS

Question 8.

The Committee has heard that the Ambulance Service has withheld medals and other accolades from ambulance officers, for reasons unknown to these officers. Can you comment on this?

ANSWER

A *Long Service and Good Conduct Medal* was introduced in November 2005 and is available to every member of the Ambulance Service who is a permanent employee with 10 years of continuous service, provided that they meet the criteria for good conduct.

Since 2005, a total of 1699 *Long Service and Good Conduct Medals* have been awarded.

The determination of good conduct is based on the following principles:

- Employees who have been the subject of disciplinary action in the preceding 5 years will be ineligible, unless application is made by the staff member for waiver of the application of this principle.
- Employees who have been subject to remedial action in the past 2 years will be ineligible, unless application is made by the staff member for waiver of the application of this principle.
- Employees who, at the time they become eligible or apply for the awarding of the medal, are subject to investigations, inquiries or remedial action convened under the *Ambulance Service Regulation 2005*, will be ineligible until such investigations, inquiries or remedial programs have been finalised.
- Application for waiver of any of the above principles will be considered on a case by case basis. Staff can indicate why they believe the Service should disregard the matters that rendered them ineligible and why the medal should be awarded in their case.
- Staff who have a current unsatisfactory sick leave or attendance record for 12 months preceding the staff member becoming eligible or applying for the award of the medal will be ineligible, unless application is made by the staff member for waiver of the application of this principle.

Members of the Ambulance Service who apply for the *Long Service and Good Conduct Medal* and who are under investigation by the Professional Standards and Conduct Unit at that time are advised in writing that they are ineligible for the award of the medal until the investigation or inquiry is finalised.

Officers who are the subject of disciplinary or remedial action are advised in writing of the impact the action will have on eligibility for the *Long Service and Good Conduct Medal*.

GPSC2: AMBULANCE SERVICE INQUIRY – ADDITIONAL QUESTIONS

Question 9.

- (a) Can you please provide figures on the number of rescues the Ambulance Service undertakes annually?
- (b) How many ambulance officers are trained in rescue?

ANSWER

(a) Number of rescues undertaken annually

A “rescue” is a case to which the crew is tasked by the rescue coordinator and for which a job number is allocated. Ambulance Service of NSW rescue crews were the primary response on 2,141 rescues in 2005/06 and 2,794 rescues in 2006/07.

Ambulance Service of NSW rescue crews also respond to incidents as part of usual Ambulance Service activity. Ambulance rescue crews attended approximately 17,000 incidents in 2005/06 and 18,700 incidents in 2006/07.

Until 2005 rescue call-out data was collated by the State Rescue Board and the Ambulance Service holds records of the number of rescues attended from 2005/06.

The bulk of rescue work is attending road crash rescues. An ambulance attends all such cases regardless of whether an Ambulance rescue crew also attends.

(b) Number of ambulance officers trained in rescue

The Ambulance Service of NSW employs 194 paramedics who have undergone rescue training and who are accredited by the State Rescue Board.

The Ambulance Service also maintains other paramedics with specialised access skills (such as SCAT paramedics) for bush, cliff, air, aquatic, police operations, contaminated scenes and urban search & rescue activities. These specialist roles are not tied to rescue accreditation and are considered core ambulance service business.

The Ambulance Service provides 14 of 325 rescue units in New South Wales.

GPSC2: AMBULANCE SERVICE INQUIRY – ADDITIONAL QUESTIONS

Question 10.

Please provide a breakdown of the external consultancy costs for conflict resolution.

ANSWER

The Ambulance Service of NSW conducts a workplace conflict resolution training course using in-house trainers. This course is conducted as part of the regular training calendar for staff. In 2005/06 five Conflict Management courses were conducted and completed by 63 staff; in 2006/07 eight (8) courses were conducted and completed by 97 staff; and in 2007/08 six (6) courses were conducted and completed by 65 staff.

Since 2005, the Ambulance Service of NSW has engaged external consultancies to:

- Assist with work-place based conflict resolutions at a cost of \$29,858
- Provide conflict resolution training at a cost of \$4,795.

The Ambulance Service of NSW has engaged external consultancies on seven occasions to assist with work-place based conflict resolutions.

ProActive Resolutions has completed work in two areas to assist in resolving very complex workplace conflicts at a total cost of \$26,000. ProActive also commenced work-place based conflict resolution at a further two ambulance stations in July 2008 and accounts have not yet been received for these interventions.

Individual psychologists are also briefed from time to time to assist in mediating and resolving workplace conflict and to provide guidance and support to staff managing complex workplaces where there is conflict. The total cost for services provided by psychologists in two locations was \$3,858. Work has also commenced in a third location but an account has not yet been received.

Since 2005, the Ambulance Service of NSW has also engaged consultants on two occasions to develop and conduct specialised training for managers and staff on managing workplace conflict at a total cost of \$4,795.

GPSC2: AMBULANCE SERVICE INQUIRY – ADDITIONAL QUESTIONS

Question 11.

How much money has Ambulance Service spent annually (over the last five years) in legal fees dealing with:

- a) complaints, and
- b) grievances?

ANSWER

Records of payments to legal practitioners for services provided prior to 2005/06 do not distinguish the type of matter in which services were provided, so it is not possible to provide an annual figure for legal fees for matters arising from complaints and grievances for the past five years.

Since 2005/06, invoices from legal practitioners have been recorded against the case record for each matter. It is not possible, however, to separate out the costs associated with grievances separately to the costs of managing complaints.

It is important to note that legal costs in these matters are incurred principally when a matter that may have initially been raised as a grievance or a complaint results in disciplinary action and the subject commences litigation to contest a finding of professional misconduct and dismissal proceedings under the *Ambulance Service Regulation (2005.)*

The cost of legal services includes engagement for the resolution of patient complaints in addition to staff matters that have arisen from complaints or grievances. Over the last three years these costs have been:

Year	Total Cost
2005/6	\$70, 353.57
2006/7	\$172, 980.25
2007/8	\$420 056.62

The increase in costs in 2007/08 is attributable to the following contested proceedings:

- dismissal action against six employees arising from complaints about inappropriate workplace conduct over a lengthy period of time, that was the subject of litigation and which resulted in the termination of the employment of those individuals in 2007/08;
- disputes in two matters before the Industrial Relations Commission which also included complaints and grievances;
- one matter before the Administrative Decisions Tribunal.

**GPSC2: AMBULANCE SERVICE INQUIRY – ADDITIONAL QUESTIONS
Question 12 (Question in ‘Uncorrected Proof’ dated 28 July 2008 from
The Hon. Greg Donnelly).**

The Hon. GREG DONNELLY to ask:

In terms of the award review that is going on in the context of the work value case, whether consideration is being given to updating and refining the grievance procedure?

The Operational Ambulance Officers State Award (the Award) (http://www.health.nsw.gov.au/resources/jobs/conditions/awards/ambos_oper_ambo_part1.asp) provides a procedure for dealing with grievances which outlines the steps that individuals and/or parties must follow.

The procedure in the Award is consistent with the Department’s Policy Directive on Grievance Resolution (PD2005_584). The Policy however provides greater guidance on the matters such as information gathering, confidentiality and options for resolution.

In light of the concerns raised in this inquiry, the Department of Health and the Ambulance Service of NSW have raised this matter with the Health Service Union during the current Award proceedings in the Industrial Relations Commission. The focus will be to ensure clarity for all staff as to the grievance procedure in the Ambulance Service.

I also refer the Committee to our previous response to Question on Notice No.18 which has been forwarded to the Committee.