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02 MAR 2010

P10/233

Ms Teresa McMichael
Principal Council Officer
Legislative Council
General Purpose Standing Committee No.2
Parliament House
Macquarie Street
SYDNEY NSW 2000

GPSC's

Dear Ms McMichael

Review of the implementation of the recommendations of the Inquiry into the management and operations of the Ambulance Service of NSW

I refer to your letter dated 16 February 2010 concerning evidence provided by NSW Health representatives at the 11 February 2010 Hearing of the Review of the implementation of the recommendations of the Inquiry into the management and operations of the Ambulance Service of NSW.

As requested, please find attached responses to:

- Tab A:** Questions taken on notice during the Hearing.
- Tab B:** Questions lodged by Members of the Committee.
- Tab C:** With respect to the accuracy of the Hansard Transcript, the transcript has been reviewed and a copy is enclosed with the relevant alterations made in the margin. Please see the attached table for a list of alterations required to correct the Hansard record.

In addition, the Ambulance Service of NSW has provided supplementary advice for the Committee's consideration clarifying a number of issues raised by the Health Services Union (HSU) during their appearance before the Committee on 11 February 2010. The Service is particularly concerned that the examples of individual matters provided to the Committee by the HSU are incomplete or inadequately described and could be misleading. Accordingly, the Service believes the Committee should be aware of the full range of facts and circumstances. [Tab D]

The person to contact at the NSW Department of Health for further information or assistance is Ms Jane Hall, Parliament & Cabinet Unit on 9391 9329.

Yours sincerely



Professor Debora Picone AM
Director-General



QUESTION 1:

CHAIR: I was asking you to comment on general comments. Thank you for that clarification. Nevertheless, our original inquiry was during that period and we are reviewing progress. We do not have much time and there is another hearing so I think we should press on. You raised the issue of Schedule 8 drugs and the internal review that you undertook. Would you be able to provide the Committee with a copy of the audit and report? You might have to take that on notice.

Professor PICONE: Yes, we will, Madam Chair.

(Page 5)

ANSWER:

The Ambulance Service undertook review of current practices, which resulted in the Medications Management Report provided to the Committee as part of the submission from NSW Health (Attachment 4) for this Inquiry. The Ambulance Service has now finalised the Terms of Reference for the Medications Management Committee and the Medications Working Group and has attached these for the Committee's information.

QUESTION 2:

CHAIR: I think we will have to move on. It is interesting information, but we still have a few questions to ask. You may wish to take this question on notice. Could you provide the Committee with the 2009 corporate culture survey?

Professor PICONE: Yes.

(Page 16)

ANSWER:

The Ambulance Service decided not to commission a Corporate Culture Survey in 2009. Instead the Ambulance Service commissioned a survey to conduct an initial evaluation of the effectiveness of Respectful Workplace Training and associated policies.

1000 randomly selected employees from all parts of the Ambulance Service were invited to participate in a confidential 'Organisational Pulse Survey' via email. Surveys were also conducted with managers and with selection panel convenors for management positions.

Results of the surveys were provided to the Ambulance Service in January 2010. Copies of the three surveys (Employee Survey, Manager Survey, Interviewer Selection Panel Survey) conducted by Peter Berry Consultancy are attached.

5th January, 2010

Ambulance Service of NSW Interviewer Selection Panel Survey - *Final Report*

This survey was commissioned by the Ambulance Service of NSW (ASNSW) to contribute to the evaluation of the effectiveness of a range of initiatives implemented to build a more respectful workplace.

This report contains a summary of the results received from 26 ASNSW Interviewers who were selected to take part in the survey.

To assist in the analysis of the results, the report breaks down the results by a range of frequently used demographics.



Interpretive Notes:

When reviewing the ratings in each section of this report against each question, it is important to understand the rating scale used by the respondents. The scale was a five point scale where 3 is the midpoint. In other words, ratings of 1 or 2 suggest a negative response, ratings of 3 represent an average or neutral response and 4 or 5 indicates a positive response.

When reviewing the survey results (in a customised survey of this kind) it is important to note that although a rating of 1 was consistently used to represent the most negative response and a rating 5 to represent the most positive response, depending on the nature of the question, a negative response may in some cases indicate a favourable result. This can be determined by reviewing each question individually.

When interpreting the overall Average scores in this report, scores of 3.01 or higher can be considered to be a generally positive overall response, while scores of 3.00 or lower represent a generally negative response. Naturally, higher or lower scores, represent a clearer sentiment from employees.

In Section 1 of this report (Overall Scores) we have included a breakdown of the % of responses attributed to each of the 5 points on the rating scale. As another means of analysis, this breakdown provides some insight into the weighting of employee sentiment towards each item, applied across the 1 to 5 rating scale.

Section 1: Overall scores

We have provided a breakdown of the percentage of responses attributed to each level of the rating scale for each item. In addition we distinguish between the percentage of responses that were negative (1 or 2) and those that were either neutral (3) and/or positive (4 or 5).

Question #	Score = 1 %	Score = 2 %	Score = 3 %	Score = 4 %	Score = 5 %	Question	Scale = 1	Scale = 5
1	0.00	7.69	26.92	23.08	42.31	A practical understanding of grievance management policy and procedures	No, not really	Yes, definitely
Summary: 92.31% of responses are positive and/or neutral. 7.69% of responses are negative.								
2	0.00	15.38	19.23	38.46	26.93	The ability to effectively use 'Straight Talk' (or equivalent) as a way to manage grievances	No, not really	Yes, definitely
Summary: 84.62% of responses are positive and/or neutral. 15.38% of responses are negative.								
3	0.00	23.08	19.23	46.15	11.54	Practical experience using 'Straight Talk' (or equivalent) to manage grievances	No, not really	Yes, definitely
Summary: 76.92% of responses are positive and/or neutral. 23.08% of responses are negative.								
4	0.00	23.08	42.30	23.08	11.54	Experience with implementing the Raising Workplace Concerns SOP	No, not really	Yes, definitely
Summary: 76.92% of responses are positive and/or neutral. 23.08% of responses are negative.								

Following is the breakdown by demographic:

For the purposes of the demographic breakdown of the data in Sections 2 through to 6 we have used the overall average scores received for each item as well as include the number of survey responses received from each of the nominated groups within each demographic.

Section 2: Scores by Gender

Question #	Male	Female	Question
	# 20	# 6	
1	4.05	3.83	A practical understanding of grievance management policy and procedures
2	3.70	4.00	The ability to effectively use 'Straight Talk' (or equivalent) as a way to manage grievances
3	3.65	2.83	Practical experience using 'Straight Talk' (or equivalent) to manage grievances
4	3.40	2.67	Experience with implementing the Raising Workplace Concerns SOP

Section 3: Scores by Level

Question #	Executive	Management	Supervisor	Question
	# 4	# 10	# 11	
1	4.25	4.20	3.82	A practical understanding of grievance management policy and procedures
2	3.75	3.90	3.55	The ability to effectively use 'Straight Talk' (or equivalent) as a way to manage grievances
3	3.75	3.40	3.45	Practical experience using 'Straight Talk' (or equivalent) to manage grievances
4	3.75	3.20	3.18	Experience with implementing the Raising Workplace Concerns SOP

* Insufficient or nil responses from remaining demographics to provide scores

Section 4: Scores by Position

Question #	Paramedic	Intensive Care Paramedic	Management	Question
	# 3	# 3	# 19	
1	4.00	3.67	4.11	A practical understanding of grievance management policy and procedures
2	4.33	3.33	3.68	The ability to effectively use 'Straight Talk' (or equivalent) as a way to manage grievances
3	2.00	2.33	3.89	Practical experience using 'Straight Talk' (or equivalent) to manage grievances
4	2.33	2.67	3.53	Experience with implementing the Raising Workplace Concerns SOP

* Insufficient or nil responses from remaining demographics to provide scores

Section 5: Scores by Length of Service

Question #	2 to 5 yrs	10 to 15 yrs	Over 20 yrs	Question
	# 3	# 5	# 16	
1	3.33	4.20	4.06	A practical understanding of grievance management policy and procedures
2	3.33	3.60	3.75	The ability to effectively use 'Straight Talk' (or equivalent) as a way to manage grievances
3	3.67	2.80	3.63	Practical experience using 'Straight Talk' (or equivalent) to manage grievances
4	3.33	3.00	3.31	Experience with implementing the Raising Workplace Concerns SOP

* Insufficient or nil responses from remaining demographics to provide scores

Section 6: Scores by Location

Question #	Sydney Division	Southern Division	Western Division	Headquarters	
	# 8	# 7	# 4	# 5	Question
1	4.63	4.29	3.25	3.60	A practical understanding of grievance management policy and procedures
2	4.38	3.14	3.75	4.00	The ability to effectively use 'Straight Talk' (or equivalent) as a way to manage grievances
3	3.63	3.29	3.50	3.60	Practical experience using 'Straight Talk' (or equivalent) to manage grievances
4	3.63	3.14	3.00	3.20	Experience with implementing the Raising Workplace Concerns SOP

* Insufficient or nil responses from remaining demographics to provide scores

MEDICATIONS MANAGEMENT IN THE AMBULANCE SERVICE NSW

Ambulance has expanded its Clinical Governance Committees structure to strengthen oversight of medications management. This comprises the establishment of a high-level central Committee to provide formalised and structured oversight for medications management throughout Ambulance Operations.

MEDICATION MANAGEMENT COMMITTEE

The Medications Management Committee (MMC) will be a Sub-Committee of the Executive Management Board and has specific responsibilities for the oversight of medications within Ambulance and will provide specific focus to an area of growing complexity and risk within Ambulance Operations.

MMC Terms Of Reference

1. To ensure patient safety and clinical quality of medication management;
2. To develop a quality systems approach to the management of medications.
3. To review trends and activity in operational use including medication error trends from the Clinical Review Group and recommend actions as appropriate;
4. Review, respond to and disseminate key Department of Health medication management directives to the relevant Operational senior managers such as those relating to high risk, look-alike and sound-alike medication errors;
5. Provide advice to Operational senior managers on the implementation of policy and procedures relating to medications management logistics including quality of manufacture, storage, stock levels, handling, disposal and security of restricted medications;
6. Ensure there is appropriate standards of training on restricted medications for ambulance personnel;
7. Oversee the development of and monitor a medications communications plan, including awareness amongst managers of the NSW Health Lookback Policy; and,
8. Establish and monitor a process for self-reporting of non-approved use of medications.

MMC Membership

General Manager, Clinical Development (Chair)
Director, Patient Safety and Clinical Quality (Vice Chair)
General Manager, Operations
Senior Medical Adviser (or delegated Medical Adviser)
Manager, Clinical Professional Development (also member of the MWG)
Project Pharmacist (also member of the MWG)
Director, Public Affairs
Divisional Manager (Chair of the MWG)
Director Workforce (or delegated senior manager) – see discussion below

The Patient Safety Officer with responsibilities for medications management and the Clinical Policies Coordinator to attend as observers and provide the information to the MMC.

The Minutes Secretary to the MMC to be the EA to the General Manager Clinical Development.

MMC Meeting Schedule

The MMC will meet monthly.

Quorum

The MMC will require at least five members of which one should be the Chair or Vice-Chair

Reporting

The Chair will provide reports from the MMC to the EMB monthly

MEDICATIONS WORKING GROUP

The Medications Working Group (MWG) is tasked by the MMC. Its tasks will be reviewed periodically by the MMC and realigned to new objectives as progress is achieved.

MWG Terms of Reference

The immediate tasks from February 2010 for the MWG will be:

1. To maintain the master copy of the current approved action plan and continue to monitor the implementation of the action plan and report on progress;
2. To devise and coordinate a risk assessment and the development of a risk-mitigation plan for all restricted medications and medications prone to non-approved use;
3. To develop audit and checking procedures for the identification of non-compliance with policy, protocols, and legislative requirements for standard application throughout Operations;
4. To develop a reporting frame to the General Manager Operations who will report to the Medications Management Committee; and,
5. To develop methods to encourage and enable clinicians to self-report non-approved use of medications.

MWG Membership

- Divisional Manager (Chair). From February 2010 this will be the Divisional Manager Western until otherwise determined by the General Manager Operations
- Manager, Clinical Professional Development
- Project Pharmacist
- Clinical Support Managers (x2)
- Project Manager Sydney Division
- Operational Support Manager Sydney Division
- Patient Safety Officer
- Clinical Policies Coordinator

MWG Meeting Schedule

The MWG will meet at least monthly or more frequently to be determined by the Chair to ensure that tasks are achieved in a timely way.

Quorum

The MWG will require at least five members of which one should be the Chair or a temporary Chair

Reporting

The Chair will provide reports from the MWG to the MMC monthly

OPERATIONAL RESPONSIBILITIES

Senior Operational managers have significant responsibilities to ensure that directions to strengthen medications management in Ambulance Operations is achieved and maintained. These include:

1. Encouraging self-reporting of medication errors and non-approved use;
2. Promoting and managing high risk medication strategies, such as look-alike and sound-alike errors;
3. Monitoring safe medications practice and the identification of non-compliance with policy, protocols, and legislative requirements;
4. Monitor policy and procedures relating to medication management logistics including quality of manufacture, storage, stock levels, handling, disposal and security of restricted medications;
5. Monitor constraints and impediments on organisational requirements;

6. Monitor procedures and systematic checks for the identification and reporting of medications discrepancies;
7. Provide a monthly report to GM Operations consistent with these responsibilities.

Reporting

Senior Operational managers are required to provide regular reports to the General Manager Operations to enable reports to the MMC on a monthly basis.

5th January, 2010

Ambulance Service of NSW Employee Survey – *Final Report*

This survey was commissioned by the Ambulance Service of NSW (ASNSW) to contribute to the evaluation of the effectiveness of a range of initiatives implemented to build a more respectful workplace.

This report contains a summary of the results received from 427 ASNSW employees who were randomly selected to take part in the survey.

To assist in the analysis of the results, the report breaks down the results by a range of frequently used demographics.

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Interpretive Notes:

When reviewing the ratings in each section of this report against each question, it is important to understand the rating scale used by the respondents. The scale was a five point scale where 3 is the midpoint. In other words, ratings of 1 or 2 suggest a negative response, ratings of 3 represent an average or neutral response and 4 or 5 indicates a positive response.

When reviewing the survey results (in a customised survey of this kind) it is important to note that although a rating of 1 was consistently used to represent the most negative response and a rating 5 to represent the most positive response, depending on the nature of the question, a negative response may in some cases indicate a favourable result. This can be determined by reviewing each question individually.

When interpreting the overall Average scores in this report, scores of 3.01 or higher can be considered to be a generally positive overall response, while scores of 3.00 or lower represent a generally negative response. Naturally, higher or lower scores, represent a clearer sentiment from employees.

In Section 1 of this report (Overall Scores) we have included a breakdown of the % of responses attributed to each of the 5 points on the rating scale. As another means of analysis, this breakdown provides some insight into the weighting of employee sentiment towards each item, applied across the 1 to 5 rating scale.

Section 1: Overall scores

In order to provide insight into the survey results, in Section 1 we have grouped the twelve survey questions under four headings - General Opinion of Organisation, Employee Awareness, Practical Application and Training and Support.

We have provided a breakdown of the percentage of responses attributed to each level of the rating scale for each item. In addition we distinguish between the percentage of responses that were negative (1 or 2) and those that were either neutral (3) and/or positive (4 or 5).

General Opinion of Organisation

Question #	Score = 1 %	Score = 2 %	Score = 3 %	Score = 4 %	Score = 5 %	Question	Scale = 1	Scale = 5
1	2.58	0.47	5.85	22.72	68.38	I really care about the future of our organisation:	No, not really	Yes, definitely
Summary: 96.95% of responses are positive and/or neutral. 3.05% of responses are negative.								
2	15.22	16.40	30.44	26.46	11.48	Overall, the way the Ambulance Service of NSW is changing is for the:	Worse	Better
Summary: 68.38% of responses are positive and/or neutral. 31.62% of responses are negative.								
3	30.09	18.72	27.96	16.11	7.12	The focus of promoting a Respectful Workplace has changed my workplace for the better:	No, not really	Yes, definitely
Summary: 51.59% of responses are positive and/or neutral. 48.41% of responses are negative.								

Employee Awareness

Question #	Score = 1 %	Score = 2 %	Score = 3 %	Score = 4 %	Score = 5 %	Question	Scale = 1	Scale = 5
4	0.23	2.34	6.56	27.87	63.00	I am aware of Ambulance Service of NSW policies promoting a Respectful Workplace:	No, not really	Yes, definitely
Summary: 97.43% of responses are positive and/or neutral. 2.57% of responses are negative.								
5	1.41	5.62	8.43	32.79	51.76	I am aware of Ambulance Service of NSW policies regarding the prevention and management of bullying:	No, not really	Yes, definitely
Summary: 92.97% of responses are positive and/or neutral. 7.03% of responses are negative.								
6	1.17	4.94	10.56	33.10	50.23	I am aware of Ambulance Service of NSW policies regarding raising workplace concerns:	No, not really	Yes, definitely
Summary: 93.89% of responses are positive and/or neutral. 6.11% of responses are negative.								

Practical Application

Question #	Score = 1 %	Score = 2 %	Score = 3 %	Score = 4 %	Score = 5 %	Question	Scale = 1	Scale = 5
7	17.14	15.96	31.22	23.00	12.68	I find the "Straight Talk" model (or equivalent) practical to use:	No, not really	Yes, definitely
Summary: 66.90% of responses are positive and/or neutral. 33.10% of responses are negative.								
8	29.11	13.85	17.84	20.19	19.01	I have used the "Straight Talk" model (or equivalent) provided in the Respectful Workplace Training for difficult workplace issues:	No, not really	Yes, definitely
Summary: 57.04% of responses are positive and/or neutral. 42.96% of responses are negative.								
9	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
Summary: 43.19% of responses are positive and/or neutral. 56.81% of responses are negative.								

Training and Support

Question #	Score = 1 %	Score = 2 %	Score = 3 %	Score = 4 %	Score = 5 %	Question	Scale = 1	Scale = 5
10	19.76	16.71	28.24	24.00	11.29	If I had a difficult workplace issue, the Respectful Workplace Training has helped prepare me to respond:	No, not really	Yes, definitely
Summary: 63.53% of responses are positive and/or neutral. 36.47% of responses are negative.								
11	25.00	16.51	24.29	23.35	10.85	If I was faced with a workplace situation and was not able to use "Straight Talk" (or equivalent), I feel I would be supported in getting the matter resolved using other methods:	No, not really	Yes, definitely
Summary: 58.49% of responses are positive and/or neutral. 41.51% of responses are negative.								
12	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
Summary: 48.46% of responses are positive and/or neutral. 51.54% of responses are negative.								

Now let's look at the breakdown by demographic:

For the purposes of the demographic breakdown of the data in Sections 2 through to 6 we have used the overall average scores received for each item as well as include the number of survey responses received from each of the nominated groups within each demographic.

Section 2: Scores by Gender

General Opinion of Organisation

Question #	Male	Female	Question
	# 287	# 140	
1	4.55	4.51	I really care about the future of our organisation:
2	2.87	3.34	Overall, the way the Ambulance Service of NSW is changing is for the:
3	2.48	2.58	The focus of promoting a Respectful Workplace has changed my workplace for the better:

Employee Awareness

Question #	Male	Female	Question
	# 287	# 140	
4	4.50	4.54	I am aware of Ambulance Service of NSW policies promoting a Respectful Workplace:
5	4.23	4.38	I am aware of Ambulance Service of NSW policies regarding the prevention and management of bullying:
6	4.23	4.34	I am aware of Ambulance Service of NSW policies regarding raising workplace concerns:

Practical Application

Question #	Male	Female	Question
	# 287	# 140	
7	2.90	3.16	I find the "Straight Talk" model (or equivalent) practical to use:
8	2.90	2.78	I have used the "Straight Talk" model (or equivalent) provided in the Respectful Workplace Training for difficult workplace issues:
9	2.34	2.62	I have heard about other staff, or seen other staff, putting the Respectful Workplace Training into practice:

Training and Support

Question #	Male	Female	Question
	# 287	# 140	
10	2.82	3.08	If I had a difficult workplace issue, the Respectful Workplace Training has helped prepare me to respond:
11	2.76	2.84	If I was faced with a workplace situation and was not able to use "Straight Talk" (or equivalent), I feel I would be supported in getting the matter resolved using other methods:
12	2.46	2.73	Managers across the organisation are supporting their staff in creating a respectful workplace:

Section 3: Scores by Level

General Opinion of Organisation

Question #	Executive	Management	Supervisor	Other: Paramedic / Ops Central/ PTO	Other: Corporate	Question
	# 3	# 30	# 31	# 328	# 35	
1	5.00	4.83	4.74	4.51	4.31	I really care about the future of our organisation:
2	3.33	3.83	3.61	2.88	3.17	Overall, the way the Ambulance Service of NSW is changing is for the:
3	3.50	3.20	3.29	2.39	2.31	The focus of promoting a Respectful Workplace has changed my workplace for the better:

Employee Awareness

Question #	Executive	Management	Supervisor	Other: Paramedic / Ops Central/ PTO	Other: Corporate	Question
	# 3	# 30	# 31	# 328	# 35	
4	4.33	4.90	4.81	4.44	4.60	I am aware of Ambulance Service of NSW policies promoting a Respectful Workplace:
5	4.33	4.77	4.87	4.19	4.17	I am aware of Ambulance Service of NSW policies regarding the prevention and management of bullying:
6	4.33	4.73	4.71	4.19	4.14	I am aware of Ambulance Service of NSW policies regarding raising workplace concerns:

Practical Application

Question #	Executive	Management	Supervisor	Other: Paramedic / Ops Central/ PTO	Other: Corporate	Question
	# 3	# 30	# 31	# 328	# 35	
7	3.00	3.30	3.87	2.86	3.03	I find the "Straight Talk" model (or equivalent) practical to use:
8	4.33	3.30	4.10	2.72	2.63	I have used the "Straight Talk" model (or equivalent) provided in the Respectful Workplace Training for difficult workplace issues:
9	3.67	2.80	3.19	2.33	2.29	I have heard about other staff, or seen other staff, putting the Respectful Workplace Training into practice:

Training and Support

Question #	Executive	Management	Supervisor	Other: Paramedic / Ops Centrel/ PTO	Other: Corporate	Question
	# 3	# 30	# 31	# 328	# 35	
10	4.00	3.13	3.45	2.83	2.85	If I had a difficult workplace issue, the Respectful Workplace Training has helped prepare me to respond:
11	3.33	3.48	3.32	2.63	3.18	If I was faced with a workplace situation and was not able to use "Straight Talk" (or equivalent), I feel I would be supported in getting the matter resolved using other methods:
12	4.33	3.38	3.35	2.35	2.89	Managers across the organisation are supporting their staff in creating a respectful workplace:

Section 4: Scores by Position

General Opinion of Organisation

Question #	Student Paramedic	Trainee Paramedic	Paramedic	Intensive Care Paramedic	Patient Transport Officer	Operations Centre Officer	Trades	Administration/Clerical	Management	Question
	# 5	# 37	# 195	# 86	# 10	# 17	# 5	# 31	# 41	
1	4.80	4.89	4.45	4.55	4.50	4.53	3.80	4.42	4.78	I really care about the future of our organisation:
2	2.80	3.62	2.82	2.80	2.80	3.35	1.80	3.39	3.76	Overall, the way the Ambulance Service of NSW is changing is for the:
3	2.60	3.16	2.25	2.47	2.60	2.81	1.40	2.55	3.25	The focus of promoting a Respectful Workplace has changed my workplace for the better:

Employee Awareness

Question #	Student Paramedic	Trainee Paramedic	Paramedic	Intensive Care Paramedic	Patient Transport Officer	Operations Centre Officer	Trades	Administration/Clerical	Management	Question
	# 5	# 37	# 195	# 86	# 10	# 17	# 5	# 31	# 41	
4	4.20	4.46	4.41	4.49	4.60	4.71	4.40	4.71	4.90	I am aware of Ambulance Service of NSW policies promoting a Respectful Workplace:
5	3.80	4.43	4.18	4.29	3.40	4.41	4.20	4.42	4.68	I am aware of Ambulance Service of NSW policies regarding the prevention and management of bullying:
6	4.20	4.43	4.18	4.21	3.40	4.35	4.00	4.35	4.78	I am aware of Ambulance Service of NSW policies regarding raising workplace concerns:

Practical Application

Question #	Student Paramedic	Trainee Paramedic	Paramedic	Intensive Care Paramedic	Patient Transport Officer	Operations Centre Officer	Trades	Administrational	Management	
	# 5	# 37	# 195	# 86	# 10	# 17	# 5	# 31	# 41	Question
7	3.20	3.32	2.84	2.98	2.40	2.94	2.60	2.87	3.65	I find the "Straight Talk" model (or equivalent) practical to use:
8	2.80	2.73	2.74	3.07	2.30	2.94	3.40	2.26	3.63	I have used the "Straight Talk" model (or equivalent) provided in the Respectful Workplace Training for difficult workplace issues:
9	2.60	3.00	2.25	2.40	2.10	2.71	1.60	2.16	3.15	I have heard about other staff, or seen other staff, putting the Respectful Workplace Training into practice:

Training and Support

Question #	Student Paramedic	Trainee Paramedic	Paramedic	Intensive Care Paramedic	Patient Transport Officer	Operations Centre Officer	Trades	Administrational	Management	
	# 5	# 37	# 195	# 86	# 10	# 17	# 5	# 31	# 41	Question
10	2.60	3.49	2.80	2.72	2.80	3.06	2.20	2.94	3.33	If I had a difficult workplace issue, the Respectful Workplace Training has helped prepare me to respond:
11	2.80	3.16	2.52	2.62	2.90	2.82	2.80	3.26	3.69	If I was faced with a workplace situation and was not able to use "Straight Talk" (or equivalent), I feel I would be supported in getting the matter resolved using other methods:
12	2.20	3.17	2.27	2.31	2.90	3.00	1.80	3.13	3.29	Managers across the organisation are supporting their staff in creating a respectful workplace:

Section 5: Scores by Length of Service

General Opinion of Organisation

Question #	Under 2 yrs	2 to 5 yrs	5 to 10 yrs	10 to 15 yrs	15 to 20 yrs	Over 20 yrs	
	# 50	# 72	# 95	# 64	# 39	# 107	Question
1	4.74	4.56	4.65	4.61	4.23	4.40	I really care about the future of our organisation:
2	3.62	3.10	3.26	2.77	2.82	2.72	Overall, the way the Ambulance Service of NSW is changing is for the:
3	3.20	2.43	2.56	2.36	2.33	2.36	The focus of promoting a Respectful Workplace has changed my workplace for the better:

Employee Awareness

Question #	Under 2 yrs	2 to 5 yrs	5 to 10 yrs	10 to 15 yrs	15 to 20 yrs	Over 20 yrs	
	# 50	# 72	# 95	# 64	# 39	# 107	Question
4	4.36	4.42	4.59	4.50	4.46	4.60	I am aware of Ambulance Service of NSW policies promoting a Respectful Workplace:
5	4.26	4.03	4.36	4.30	4.23	4.39	I am aware of Ambulance Service of NSW policies regarding the prevention and management of bullying:
6	4.22	4.15	4.26	4.25	4.23	4.38	I am aware of Ambulance Service of NSW policies regarding raising workplace concerns:

Practical Application

Question #	Under 2 yrs	2 to 5 yrs	5 to 10 yrs	10 to 15 yrs	15 to 20 yrs	Over 20 yrs	
	# 50	# 72	# 95	# 64	# 39	# 107	Question
7	3.06	3.11	3.17	3.03	2.67	2.78	I find the "Straight Talk" model (or equivalent) practical to use:
8	2.50	2.58	3.06	3.00	2.72	3.01	I have used the "Straight Talk" model (or equivalent) provided in the Respectful Workplace Training for difficult workplace issues:
9	2.69	2.40	2.64	2.20	2.36	2.31	I have heard about other staff, or seen other staff, putting the Respectful Workplace Training into practice:

Training and Support

Question #	Under 2 yrs	2 to 5 yrs	5 to 10 yrs	10 to 15 yrs	15 to 20 yrs	Over 20 yrs	
	# 50	# 72	# 95	# 64	# 39	# 107	Question
10	3.18	3.04	3.01	2.89	2.82	2.62	If I had a difficult workplace issue, the Respectful Workplace Training has helped prepare me to respond:
11	3.24	2.80	2.84	2.53	2.82	2.65	If I was faced with a workplace situation and was not able to use "Straight Talk" (or equivalent), I feel I would be supported in getting the matter resolved using other methods:
12	3.02	2.69	2.55	2.28	2.41	2.46	Managers across the organisation are supporting their staff in creating a respectful workplace:

Section 6: Scores by Location

General Opinion of Organisation

Question #	Sydney Division	Northern Division	Southern Division	Western Division	Aeromedical Division	Headquarters	
	# 145	# 103	# 79	# 62	# 8	# 30	Question
1	4.58	4.44	4.46	4.71	4.25	4.63	I really care about the future of our organisation:
2	2.90	2.78	3.15	3.23	3.25	3.70	Overall, the way the Ambulance Service of NSW is changing is for the:
3	2.55	2.38	2.46	2.60	2.43	2.83	The focus of promoting a Respectful Workplace has changed my workplace for the better:

Employee Awareness

Question #	Sydney Division	Northern Division	Southern Division	Western Division	Aeromedical Division	Headquarters	
	# 145	# 103	# 79	# 62	# 8	# 30	Question
4	4.56	4.39	4.47	4.56	4.50	4.70	I am aware of Ambulance Service of NSW policies promoting a Respectful Workplace:
5	4.25	4.23	4.27	4.47	3.75	4.37	I am aware of Ambulance Service of NSW policies regarding the prevention and management of bullying:
6	4.32	4.13	4.20	4.44	3.63	4.40	I am aware of Ambulance Service of NSW policies regarding raising workplace concerns:

Practical Application

Question #	Sydney Division	Northern Division	Southern Division	Western Division	Aeromedical Division	Headquarters	
	# 145	# 103	# 79	# 62	# 8	# 30	Question
7	2.97	2.87	3.05	3.02	2.63	3.28	I find the "Straight Talk" model (or equivalent) practical to use:
8	2.69	2.95	3.09	2.92	2.63	2.70	I have used the "Straight Talk" model (or equivalent) provided in the Respectful Workplace Training for difficult workplace issues:
9	2.39	2.36	2.61	2.47	2.00	2.48	I have heard about other staff, or seen other staff, putting the Respectful Workplace Training into practice:

Training and Support

Question #	Sydney Division	Northern Division	Southern Division	Western Division	Aeromedical Division	Headquarters	
	# 145	# 103	# 79	# 62	# 8	# 30	Question
10	2.86	2.73	2.95	3.24	2.75	2.93	If I had a difficult workplace issue, the Respectful Workplace Training has helped prepare me to respond:
11	2.82	2.60	2.68	2.81	3.25	3.38	If I was faced with a workplace situation and was not able to use "Straight Talk" (or equivalent), I feel I would be supported in getting the matter resolved using other methods:
12	2.66	2.37	2.35	2.59	2.63	3.13	Managers across the organisation are supporting their staff in creating a respectful workplace:

■ ■ ■

The Ambulance Service of NSW has a clear definition of what is considered a Respectful Workplace:

Response	#	%
Yes	324	76.42
No	100	23.58

In the last 12 months, have you been treated with disrespect whilst working at Ambulance Service of NSW by another member of the Service?

Response	#	%
Yes	300	71.43
No	120	28.57

■ ■ ■

5th January, 2010

Ambulance Service of NSW Manager Survey – *Final Report*

This survey was commissioned by the Ambulance Service of NSW (ASNSW) to contribute to the evaluation of the effectiveness of a range of initiatives implemented to build a more respectful workplace.

This report contains a summary of the results received from 254 ASNSW Managers who were selected to take part in the survey.

To assist in the analysis of the results, the report breaks down the results by a range of frequently used demographics.



Interpretive Notes:

When reviewing the ratings in each section of this report against each question, it is important to understand the rating scale used by the respondents. The scale was a five point scale where 3 is the midpoint. In other words, ratings of 1 or 2 suggest a negative response, ratings of 3 represent an average or neutral response and 4 or 5 indicates a positive response.

When reviewing the survey results (in a customised survey of this kind) it is important to note that although a rating of 1 was consistently used to represent the most negative response and a rating 5 to represent the most positive response, depending on the nature of the question, a negative response may in some cases indicate a favourable result. This can be determined by reviewing each question individually.

When interpreting the overall Average scores in this report, scores of 3.01 or higher can be considered to be a generally positive overall response, while scores of 3.00 or lower represent a generally negative response. Naturally, higher or lower scores, represent a clearer sentiment from employees.

In Section 1 of this report (Overall Scores) we have included a breakdown of the % of responses attributed to each of the 5 points on the rating scale. As another means of analysis, this breakdown provides some insight into the weighting of employee sentiment towards each item, applied across the 1 to 5 rating scale.

Section 1: Overall scores

In order to provide insight into the survey results, in Section 1 we have grouped the ten survey questions under three headings – Personal Confidence, Manager Promotion & Support and Employee Training and Practical Application.

We have provided a breakdown of the percentage of responses attributed to each level of the rating scale for each item. In addition we distinguish between the percentage of responses that were negative (1 or 2) and those that were either neutral (3) and/or positive (4 or 5).

Personal Confidence

Question #	Score = 1 %	Score = 2 %	Score = 3 %	Score = 4 %	Score = 5 %	Question	Scale = 1	Scale = 5
1	1.97	3.94	18.11	40.94	35.04	I am confident in my knowledge of the Raising Workplace Concerns SOP:	No, not really	Yes, definitely
Summary: 94.09% of responses are positive and/or neutral. 5.91% of responses are negative.								
2	3.94	5.51	16.14	34.65	39.76	I am confident in my ability to use 'Straight Talk' (or equivalent) when necessary:	No, not really	Yes, definitely
Summary: 90.55% of responses are positive and/or neutral. 9.45% of responses are negative.								
3	5.52	7.48	13.78	33.46	39.76	I know who to speak to within the Ambulance Service of NSW for support in implementing the Raising Workplace Concerns SOP:	No, not really	Yes, definitely
Summary: 87.00% of responses are positive and/or neutral. 13.00% of responses are negative.								
4	8.27	8.66	24.41	32.68	25.98	I am confident in using the Raising Workplace Concerns SOP to manage workplace grievances:	No, not really	Yes, definitely
Summary: 83.07% of responses are positive and/or neutral. 16.93% of responses are negative.								

Manager Promotion and Support

Question #	Score = 1 %	Score = 2 %	Score = 3 %	Score = 4 %	Score = 5 %	Question	Scale = 1	Scale = 5
5	13.10	20.63	19.05	29.76	17.46	Managers across the Ambulance Service of NSW are promoting 'Straight Talk' (or equivalent) with their employees:	No, not really	Yes, definitely
Summary: 66.27% of responses are positive and/or neutral. 33.73% of responses are negative.								
6	13.83	17.39	24.90	28.85	15.03	I am confident in the support I receive from the Ambulance Service of NSW to implement the Raising Workplace Concerns SOP when necessary:	No, not really	Yes, definitely
Summary: 68.78% of responses are positive and/or neutral. 31.22% of responses are negative.								
7	13.39	22.05	21.26	26.76	16.54	Managers across the organisation are supporting their employees to use 'Straight Talk' (or equivalent):	No, not really	Yes, definitely
Summary: 64.56% of responses are positive and/or neutral. 35.44% of responses are negative.								

Employee Training and Practical Application

Question #	Score = 1 %	Score = 2 %	Score = 3 %	Score = 4 %	Score = 5 %	Question	Scale = 1	Scale = 5
8	5.98	14.34	23.51	29.88	26.29	Ambulance Service of NSW employees are trained to use 'Straight Talk' (or equivalent):	No, not really	Yes, definitely
Summary: 79.68% of responses are positive and/or neutral. 20.32% of responses are negative.								
9	11.02	18.11	35.43	27.17	8.27	Employees are sufficiently trained to identify when 'Straight Talk' (or equivalent) should be used:	No, not really	Yes, definitely
Summary: 70.87% of responses are positive and/or neutral. 29.13% of responses are negative.								
10	18.97	27.27	32.81	15.81	5.14	Employees are using 'Straight Talk' (or equivalent) to manage grievances where necessary:	No, not really	Yes, definitely
Summary: 53.76% of responses are positive and/or neutral. 46.24% of responses are negative.								

Now let's look at the breakdown by demographic:

For the purposes of the demographic breakdown of the data in Sections 2 through to 6 we have used the overall average scores received for each item as well as include the number of survey responses received from each of the nominated groups within each demographic.

Section 2: Scores by Gender

Personal Confidence

Question #	Male	Female	Question
	# 195	# 59	
1	3.99	4.15	I am confident in my knowledge of the Raising Workplace Concerns SOP:
2	4.04	3.92	I am confident in my ability to use 'Straight Talk' (or equivalent) when necessary:
3	3.94	3.95	I know who to speak to within the Ambulance Service of NSW for support in implementing the Raising Workplace Concerns SOP:
4	3.62	3.53	I am confident in using the Raising Workplace Concerns SOP to manage workplace grievances:

Manager Promotion and Support

Question #	Male	Female	Question
	# 195	# 59	
5	3.16	3.24	Managers across the Ambulance Service of NSW are promoting 'Straight Talk' (or equivalent) with their employees:
6	3.13	3.15	I am confident in the support I receive from the Ambulance Service of NSW to implement the Raising Workplace Concerns SOP when necessary:
7	3.14	3.00	Managers across the organisation are supporting their employees to use 'Straight Talk' (or equivalent):

Employee Training and Practical Application

Question #	Male	Female	Question
	# 195	# 59	
8	3.51	3.74	Ambulance Service of NSW employees are trained to use 'Straight Talk' (or equivalent):
9	3.01	3.12	Employees are sufficiently trained to identify when 'Straight Talk' (or equivalent) should be used:
10	2.58	2.69	Employees are using 'Straight Talk' (or equivalent) to manage grievances where necessary:

Section 3: Scores by Level

Personal Confidence

Question #	Executive	Management	Supervisor	Other: Paramedic / Ops Centre/ PTO	Other: Corporate	Question
	# 8	# 74	# 93	# 66	# 13	
1	4.13	4.18	4.12	3.85	3.46	I am confident in my knowledge of the Raising Workplace Concerns SOP:
2	4.38	4.09	4.15	3.65	4.08	I am confident in my ability to use 'Straight Talk' (or equivalent) when necessary:
3	4.25	4.19	3.99	3.53	4.15	I know who to speak to within the Ambulance Service of NSW for support in implementing the Raising Workplace Concerns SOP:
4	4.25	3.85	3.69	3.11	3.54	I am confident in using the Raising Workplace Concerns SOP to manage workplace grievances:

Manager Promotion and Support

Question #	Executive	Management	Supervisor	Other: Paramedic / Ops Centre/ PTO	Other: Corporate	Question
	# 8	# 74	# 93	# 66	# 13	
5	3.63	3.31	3.22	2.98	2.85	Managers across the Ambulance Service of NSW are promoting 'Straight Talk' (or equivalent) with their employees:
6	4.00	3.43	3.06	2.69	3.69	I am confident in the support I receive from the Ambulance Service of NSW to implement the Raising Workplace Concerns SOP when necessary:
7	3.63	3.34	3.12	2.82	2.92	Managers across the organisation are supporting their employees to use 'Straight Talk' (or equivalent):

Employee Training and Practical Application

Question #	Executive	Management	Supervisor	Other: Paramedic / Ops Centre/ PTO	Other: Corporate	Question
	# 8	# 74	# 93	# 66	# 13	
8	4.00	3.64	3.65	3.34	3.31	Ambulance Service of NSW employees are trained to use 'Straight Talk' (or equivalent):
9	3.88	3.23	3.02	2.76	2.92	Employees are sufficiently trained to identify when 'Straight Talk' (or equivalent) should be used:
10	3.50	2.72	2.49	2.50	2.83	Employees are using 'Straight Talk' (or equivalent) to manage grievances where necessary:

Section 4: Scores by Position

Personal Confidence

Question #	Paramedic	Intensive Care Paramedic	Administration/ Clerical	Management	Question
	# 63	# 58	# 9	# 120	
1	3.89	4.07	3.44	4.17	I am confident in my knowledge of the Raising Workplace Concerns SOP:
2	3.73	3.95	4.11	4.18	I am confident in my ability to use 'Straight Talk' (or equivalent) when necessary:
3	3.76	4.02	4.33	3.99	I know who to speak to within the Ambulance Service of NSW for support in implementing the Raising Workplace Concerns SOP:
4	3.16	3.67	3.44	3.80	I am confident in using the Raising Workplace Concerns SOP to manage workplace grievances:

Manager Promotion and Support

Question #	Paramedic	Intensive Care Paramedic	Administration/ Clerical	Management	Question
	# 63	# 58	# 9	# 120	
5	3.03	3.21	2.89	3.31	Managers across the Ambulance Service of NSW are promoting 'Straight Talk' (or equivalent) with their employees:
6	2.73	3.12	3.44	3.35	I am confident in the support I receive from the Ambulance Service of NSW to implement the Raising Workplace Concerns SOP when necessary:
7	2.94	3.14	2.78	3.25	Managers across the organisation are supporting their employees to use 'Straight Talk' (or equivalent):

Employee Training and Practical Application

Question #	Paramedic	Intensive Care Paramedic	Administration/ Clerical	Management	Question
	# 63	# 58	# 9	# 120	
8	3.43	3.59	3.78	3.63	Ambulance Service of NSW employees are trained to use 'Straight Talk' (or equivalent):
9	2.79	2.98	3.11	3.21	Employees are sufficiently trained to identify when 'Straight Talk' (or equivalent) should be used:
10	2.35	2.60	3.00	2.73	Employees are using 'Straight Talk' (or equivalent) to manage grievances where necessary:

* Insufficient responses by Operations Centre Officers (1) and Trades(3) to provide scores

Section 5 - Scores by Length of Service

Personal Confidence

Question #	Under 2 yrs	2 to 5 yrs	5 to 10 yrs	10 to 15 yrs	15 to 20 yrs	Over 20 yrs	Question
	# 9	# 14	# 38	# 43	# 20	# 130	
1	3.67	4.07	4.00	4.23	4.25	3.96	I am confident in my knowledge of the Raising Workplace Concerns SOP:
2	3.78	3.93	4.13	3.86	4.35	3.99	I am confident in my ability to use 'Straight Talk' (or equivalent) when necessary:
3	3.11	4.07	4.29	4.02	4.05	3.85	I know who to speak to within the Ambulance Service of NSW for support in implementing the Raising Workplace Concerns SOP:
4	3.56	3.64	3.89	3.60	3.25	3.55	I am confident in using the Raising Workplace Concerns SOP to manage workplace grievances:

Manager Promotion and Support

Question #	Under 2 yrs	2 to 5 yrs	5 to 10 yrs	10 to 15 yrs	15 to 20 yrs	Over 20 yrs	Question
	# 9	# 14	# 38	# 43	# 20	# 130	
5	2.56	3.29	3.29	3.28	3.30	3.13	Managers across the Ambulance Service of NSW are promoting 'Straight Talk' (or equivalent) with their employees:
6	3.67	3.57	3.32	3.16	2.90	3.03	I am confident in the support I receive from the Ambulance Service of NSW to implement the Raising Workplace Concerns SOP when necessary:
7	2.56	3.36	3.21	3.14	3.20	3.07	Managers across the organisation are supporting their employees to use 'Straight Talk' (or equivalent):

Employee Training and Practical Application

Question #	Under 2 yrs	2 to 5 yrs	5 to 10 yrs	10 to 15 yrs	15 to 20 yrs	Over 20 yrs	Question
	# 9	# 14	# 38	# 43	# 20	# 130	
8	3.44	3.71	4.05	3.74	3.40	3.38	Ambulance Service of NSW employees are trained to use 'Straight Talk' (or equivalent):
9	3.33	3.57	3.26	3.23	2.85	2.85	Employees are sufficiently trained to identify when 'Straight Talk' (or equivalent) should be used:
10	3.11	2.85	2.79	2.49	2.45	2.56	Employees are using 'Straight Talk' (or equivalent) to manage grievances where necessary:

Section 6: Scores by Location

Personal Confidence

Question #	Sydney Division	Northern Division	Southern Division	Western Division	Aeromedical Division	Headquarters	Question
	# 71	# 48	# 48	# 35	# 7	# 45	
1	4.34	4.10	3.88	3.86	3.71	3.82	I am confident in my knowledge of the Raising Workplace Concerns SOP:
2	4.17	4.02	4.00	3.74	4.00	3.96	I am confident in my ability to use 'Straight Talk' (or equivalent) when necessary:
3	4.20	3.90	3.85	3.66	3.14	4.04	I know who to speak to within the Ambulance Service of NSW for support in implementing the Raising Workplace Concerns SOP:
4	3.90	3.63	3.48	3.20	2.86	3.62	I am confident in using the Raising Workplace Concerns SOP to manage workplace grievances:

Manager Promotion and Support

Question #	Sydney Division	Northern Division	Southern Division	Western Division	Aeromedical Division	Headquarters	Question
	# 71	# 48	# 48	# 35	# 7	# 45	
5	3.59	3.23	2.94	3.06	2.43	2.96	Managers across the Ambulance Service of NSW are promoting 'Straight Talk' (or equivalent) with their employees:
6	3.37	2.98	2.71	2.91	2.86	3.62	I am confident in the support I receive from the Ambulance Service of NSW to implement the Raising Workplace Concerns SOP when necessary:
7	3.37	3.15	2.90	3.14	2.57	2.96	Managers across the organisation are supporting their employees to use 'Straight Talk' (or equivalent):

Employee Training and Practical Application

Question #	Sydney Division	Northern Division	Southern Division	Western Division	Aeromedical Division	Headquarters	Question
	# 71	# 48	# 48	# 35	# 7	# 45	
8	3.69	3.68	3.49	3.20	3.00	3.69	Ambulance Service of NSW employees are trained to use 'Straight Talk' (or equivalent):
9	3.03	3.02	2.92	2.80	3.00	3.38	Employees are sufficiently trained to identify when 'Straight Talk' (or equivalent) should be used:
10	2.59	2.48	2.75	2.40	2.71	2.78	Employees are using 'Straight Talk' (or equivalent) to manage grievances where necessary:



Have you undertaken the Ambulance Management Qualification (AMQ)?

Response	#	%
Yes	157	62.80
No	93	37.20

■ ■ ■

1. Please explain the difference in cost to the Ambulance Service between medically retiring a permanently disabled officer before 5 years, and after 5 years (under Workers Compensation legislation)?

ANSWER:

If an employee is medically retired before five years from the date of injury, the Treasury Managed Fund (TMF, being the self insurance scheme implemented by the NSW Government for government agencies) is required to adjust the estimate on the claim in accordance with the NSW WorkCover Estimation Guidelines, as required under NSW WorkCover legislation. Adjustments will vary depending on factors such as the date the employee was medically retired and their age.

After five years no further adjustments to the claim are made and the claim ceases to impact on Ambulance premiums.

2. Does responsibility for compensation payment under a Workers Compensation claim shift away from the Ambulance Service after 5 years?

ANSWER:

The TMF takes over payments of the claim after five years. If the injured worker is still employed, the Ambulance Service continues to pay weekly benefits and is reimbursed by the TMF.

There are financial incentives to the Ambulance Service to return an employee to work within the five year period if at all possible.

3. How many ambulance officers has the Chief Executive medically retired at his own discretion within the last 10 years?
 - a) What year were each of these officers medically retired?
 - b) What injury or permanent disability did each of these officers have?
 - c) How much were the compensation payouts for each of these officers? (In your answer please specify which payments were made under the Workers Compensation legislation and which were made under the Death and Disability (State) Award)

ANSWER:

The Chief Executive does not have discretion in these matters.

Recommendations for medical retirement are based on expert medical, rehabilitation and retraining assessments to demonstrate an employee is no longer fit to undertake their substantive position and also not able to be employed in an alternative position within the Ambulance Service. In the majority of these cases the injured worker is certified medically unfit for any form of employment within a two-year period and this is the reason that a medical termination is sought. When such a determination is made employees have a right of appeal in the Industrial Relations Commission.

183 Ambulance Paramedics were medically retired in the past 10 years.

- (a) 17 staff in 2000, 23 in 2001, 33 in 2002, 22 in 2003, 14 in 2004, 9 in 2005, 13 in 2006, 13 in 2007, 16 in 2008, and 23 in 2009.

- (b) Since 2000, there have been 76 medical retirements as a result of a workers compensation claim following an injury.

The injury types of these claims vary from physical injuries to psychological injuries. The Ambulance Service is unable to comment as to whether any retired officers have since found employment as once they leave the Service they are managed by TMF and if capable, they will be job seeking with a rehabilitation provider.

- (c) 76 officers received workers compensation payments in the last ten years at a cost of \$11,727,533.77 (Average payout: \$154,309.65). 27 officers have received payments to-date under the Death and Disability Award for a total and permanent, or partial and permanent disability, suffered either at work or outside work at a total cost of \$7,095,331.40. This Scheme is jointly funded by the Ambulance Service and employees.

4. When was the Death and Disability (State) Award introduced to the Ambulance Service?

ANSWER:

The Ambulance Service of NSW Death and Disability (State) Award 2008 was made by the Industrial Relations Commission of NSW on 29 February 2008.

The Government agreed that the introduction of the Death and Disability Scheme for Ambulance Paramedics would operate effective from 10 November 2006.

5. Why was the assumption made that the police were the lead agency in finding and rescuing David Iredale?
a) What measures are in place to ensure wrong assumptions do not occur again in the future?

ANSWER:

The State Emergency and Rescue Management Act 1989 prescribes at Section 50 that the NSW Police Force is to coordinate rescue operations.

All rescue operations within NSW are coordinated by the NSW Police Force in accordance with the above Act. This included the efforts to rescue David Iredale.

A number of the triple zero calls were made, the first to Police and others to the Ambulance Service. The Ambulance Service contacted Police and relayed information from those calls. An ambulance was dispatched to the Police Forward Command Post to assist Police in the Rescue operation. Police advised the ambulance was not required shortly after.

Following the discovery of Mr Iredale's body, an investigation was conducted by NSW Police. NSW Police did not interview any Ambulance Service employees during their investigation into this matter.

The Ambulance Service provided Police with copies of three of Mr Iredale's calls on 15 December 2006. The Ambulance Service received the Police report to the Coroner on 2 October 2008. Further inquiries were conducted to assist the inquest. As a result, two further calls were located and provided to the Coroner. The triple zero calls answered by the Ambulance Service were answered by a number of different telephone operators.

While this rescue was a Police responsibility, it is apparent from Mr Iredale's calls, when heard consecutively, that his medical condition was deteriorating and this was not relayed with sufficient clarity to Police.

One of the Deputy Coroner's recommendations concerning the Ambulance Service was to address the limitations of transferring emergency call details to other Emergency Service Organisations.

In response to this recommendation, a new procedure for transferring details of emergency calls has been implemented by the Ambulance Service. This specifically defines a process for the transfer of voice data via email to other emergency service organisations.

The Service has also devised a joint communication protocol with Police in respect to sharing information.

- | | |
|----|--|
| 6. | In your evidence you stated that any staff member who believes a critical incident may have occurred can enter it into a computer system, which is then reviewed and, when required, leads to a formal process that records an analysis that is common to the rest of the health system. Is this the only way that critical incidents can be identified? |
|----|--|

ANSWER:

In common with the rest of the Health system, the Ambulance Service uses the Public Health Organisation database (the Incident Information Management System or 'IIMS') to log all critical incidents. It is the only electronic system in use for this purpose in the Ambulance Service.

Critical incidents can be identified by any member of the Ambulance staff, staff from other Area Health Services or a member of the public through a comprehensive complaints management system. Additionally, critical incidents can be identified by a routine review of Patient Health Care Records by managers at Ambulance Stations. There is also a clinical review process conducted by the Ambulance Service's Patient Safety and Clinical Quality Unit for any clinical concerns identified.

All critical incidents are recorded on IIMS. The IIMS database allows for the recording of management actions for incidents. It is also a tool for measuring the timeliness of incident management and the analysis and trends of recorded incidents.

Serious incidents are reported to the Department of Health via a Reportable Incident Brief (RIB). These are reviewed by the Reportable Incident Review Committee (RIRC) which identifies if any statewide urgent action is required. RIRC is established under section 23 of the Health Administration Act, and its work is privileged under that Act. In addition, serious incidents are investigated by a method called Root Cause Analysis (RCA), the reports of which are also forwarded to the Department of Health. These reports are analysed for statewide trends and action that may be required. The Clinical Excellence Commission, in collaboration with NSW Department of Health, publishes biannual incident management reports incorporating statewide incident data and the emerging themes from all RCA reports.

7. In your submission you talk about your revised Performance Development Program (PDP). Please explain what this program entails.

ANSWER:

The Performance Development Program provides a framework by which individual performance is linked to the Ambulance Service's values, goals and priorities. The Program includes the establishment of, and regular review of, individual Work Plans against organisational and position objectives, providing an opportunity for individuals to develop competence, confidence and experience. The Program also allows for the review of training and development needs to assist employees in developing skills for current and future positions.

A key part of the Program requires managers to meet with staff to complete the preparation of Work Plans to discuss the standard behavioural objectives, and to set performance objectives and training objectives. The setting of individual objectives is undertaken following discussion of team objectives, which are linked to organisational objectives.

These individual objectives are reviewed by managers and their employees during a 12 month period through regular informal discussions; through a formal documented 6 month review; and finally through a documented 12 month review.

The Performance Development Program was revised and reissued during 2009 for immediate use by managers and supervisors.

During 2010/11, implementation of the Performance Development Program will commence for other employees.

The Performance Development Program is detailed in a Standard Operating Policy and includes information to guide managers, supervisors and employees.

Information on the Program is included on the Ambulance Service's staff intranet. The Learning and Development Section, Workforce Unit, arranges training of employees on the Program through our management training programs and also conducts training sessions for other groups of employees.

8. Please explain the difference between the Ambulance Service's GPS tracking system and the personal Satellite Navigation Units.

ANSWER:

The Ambulance Service's GPS tracking system, known as "Automatic Vehicle Location" (AVL) is comprised of a GPS unit in each operational vehicle used in conjunction with a Mobile Data Terminal (MDT). The location and status (eg "enroute" or "in quarters") of each vehicle is sent to the Ambulance Computer Aided Dispatch system (CAD) every 60 seconds or 250 metres, whichever occurs first. The location of the vehicle is then displayed on the mapping screen against the MapInfo Australia street data for the dispatcher's reference. The MapInfo data is also used in verifying addresses of callers who make triple zero emergency calls to the Ambulance Service.

- Health - 11 February 2010 Hearing - Additional questions placed on notice

The personal Satellite Navigation Units supplied to Ambulance Paramedics are the Navman S150. The Navman S150 utilises Navteq maps sourced from "Whereis" and provides the user with a continual update of the location of the unit. These units are a standalone unit that do not interface with the CAD system.

The Ambulance Service is aware of some anomalies with the database used for an earlier version of the AVL system, however, these have been corrected in the current AVL system.

Problems such as those referred to by the Health Services Union in their testimony to the Committee have not previously been brought to the Ambulance Service's attention. Any staff with such concerns should be encouraged to raise these with their manager.

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SUPPLEMENTARY ADVICE FOR THE COMMITTEE'S CONSIDERATION

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MATTERS CONCERNING INDIVIDUAL PARAMEDICS RAISED BY THE HEALTH SERVICES UNION (HSU)

The first matter is referred to on pages 21 – 22 of the transcript. Although they are aware of the details of this matter the HSU claim it 'defies comprehension'. The situation referred to by the HSU arose from a patient who was suffering a suspected cardiac condition. He made a complaint concerning his treatment by the Paramedics attending him, including that he was left on the roadside part way to the hospital. The Paramedics in this case admit to stopping the ambulance enroute to the hospital to criticise the patient's mother, who was following the ambulance, for driving through a red light. The patient, a man of Middle Eastern background, left the vehicle to support his mother during an ensuing argument and was then left on the roadside to make his own way to the hospital. One of the Paramedics involved in this matter has a history of difficult relationships with people of Middle Eastern background.

This matter was investigated and although the investigator preferred the family's evidence to that of the Paramedics, the Ambulance Service decided to take remedial rather than disciplinary action, including requiring the Paramedics to attend *Multiculturalism and Service Provision* training.

The Paramedics involved claim they became concerned for their safety and placed a Code 1 call. However there was some evidence which suggested that the Code 1 call had not been placed whilst the Paramedics were at the roadside but after they had left the scene. Code 1 calls must only be made in circumstances where there is a real and current threat to a Paramedic's safety and use of Code 1 in other circumstances is a potential crime. The Ambulance Service is required to refer all cases of possible criminal conduct to the Police for further investigation, which it did in this case. The Police have advised the Ambulance Service that they do not intend to commence a criminal prosecution in this matter.

The second matter is referred to at page 26 of the transcript. In this case significant attempts were made to identify alternate duties for the officer, however, none were available. As this matter involved allegations of serious sexual harassment, it was not an appropriate case for mediation between the parties.

In terms of the alleged delays in this matter, the Committee should note that the investigation commenced in late July 2009 and a preliminary decision was made and notified to the officer in late November i.e. a period of four months. Because the Ambulance Service considered this a serious matter, and dismissal was an option, an offer to meet and discuss this matter was made to the officer involved. To minimise the potential distress to this officer in the lead up to Christmas, the Ambulance Service offered to defer the meeting until after Christmas. The HSU supported this approach. A meeting was held in January where the officer indicated that he had not read the investigation report provided to him in late November. To ensure a fair process, the officer was given an additional seven days to review the investigation report and respond. The officer's response was not provided for four weeks, and was received on 25 February 2010.

Information about improvements in the processes of the Professional Standards and Conduct Unit is attached.

PROFESSIONAL STANDARDS AND CONDUCT UNIT - INFORMATION ON PROCESSES AND PROCEDURES

The Professional Standards and Conduct Unit (PSCU) had implemented significant refinements to its practice over the past 12 months, including:

- a new framework for managing conduct matters;
- new assessment processes to ensure only the most serious misconduct matters are managed and investigated by the unit; and
- an ongoing focus on improving our processes to better support staff involved in misconduct processes.

While clear reporting procedures and increased awareness of the PSCU role have led to an increase in reporting of serious matters, increases to staffing, a new case management system and improved awareness of the processes and outcomes are resulting in a decrease in the time to handle matters.

New framework

The Raising Workplace Concerns SOP (2009-2011) clearly outlines who will manage minor conduct matters and grievances and provides guidance to staff about the matters that must be notified to the PSCU. The range of healthy workplace strategies have facilitated the PSCU shifting its focus to serious matters as they ensure less serious matters will still be managed appropriately.

Matters that must be referred to the PSCU include:

- Any allegation of corrupt or criminal conduct.
- Reportable conduct allegations.
- Missing medications or suspected misuse of service medications by staff.
- Bullying and harassment.
- Any matter that may require a formal disciplinary inquiry.
- Any matter requiring liaison with an external agency such as the HCCC, ICAC or Ombudsman.

Examples of recent matters that have resulted in disciplinary outcomes include allegations of sexual harassment, indecent assault, bullying, theft of donation money, convictions for serious assault, conviction for attempted murder. Most of the matters that proceed to disciplinary inquiries are allegations of criminal conduct, corrupt conduct, bullying or relate to officers displaying a pattern of conduct that has not been curbed by previous management or remedial responses. These types of serious matters require careful attention to detail and process to ensure fair and robust outcomes which can take time.

Assessment

All matters that may require PSCU involvement are referred to the Serious Allegation Advisory Committee (SAAC). This Committee consists of the Director or Assistant Director of the PSCU, the senior line manager of the staff member involved and other staff from Workforce or Clinical as required. The purpose of the SAAC is to robustly assess serious matters, to ensure they are managed appropriately and, when required, to recommend a course of action to the Chief Executive.

Increased workload

In the previous financial year (2008-2009) the PSCU finalised 30 serious misconduct/traffic or serious offence matters. The average time for finalisation of misconduct matters was six months.

In the first six months of the current financial year the PSCU has already finalised 27 serious misconduct/traffic or serious offence matters. In 23 of these matters misconduct was sustained or the matter was proved at Court. Of the 23 matters sustained, 14 resulted

in disciplinary action, including eight officers whose employment was terminated or ceased as a direct result of the disciplinary proceedings.

In addition, the proportion of the PSCU workload made up of serious matters has significantly increased with 50 of the 78 matters currently open being classified as misconduct/traffic or serious offence (64% of cases) compared to 17% in the previous financial year. Whilst the average time for completion of misconduct matters in the current financial year is five months. It is important to note that half of all matters are finalised in less than three months.

The numbers outlined above reflect a significant increase in the reporting of serious matters to the PSCU. The comprehensive range of workplace strategies designed to improve and manage staff behaviour and conduct may have led to a decreased tolerance for poor conduct, as well as an increased awareness of how to report matters. While these factors have probably led to the increase in reporting, it is hoped they will assist in reducing the levels of misconduct in the mid to long term. Increased reporting is a positive reflection of workplace culture, indicating a reduced tolerance for misconduct and confidence that the Ambulance Service will deal with reports of misconduct appropriately.

Case management system

In addition, the PSCU recently implemented a case management system, Resolve, which will facilitate the tracking and monitoring of matters within the Unit. This software assists with document management and case workflow and will allow for detailed tracking and reporting of the PSCU workload and status of matters. More importantly, the case management system will facilitate detailed reporting of trends relating to issues and areas of officers of concern, information that can be applied to broader systems improvements.

“Delay”

As noted above, the average time for completion of serious offence and misconduct matters in the first half of this was five months with half finalised in less than three months.

The procedural guidelines allow for 12 weeks to complete the investigation phase in simple misconduct matters. This is not an arbitrary timeframe developed by the Ambulance Service but one drawn from broader public sector guidelines. Given the increased emphasis on dealing with only the most serious matters, the PSCU rarely deals with simple matters anymore.

Some of the challenges to quick timeframes can include:

- the preliminary inquiries conducted to ensure a misconduct process is warranted - for example, this can involve the auditing of months of drug registers, call out records or overtime sheets.
- given the seriousness of misconduct allegations, investigations routinely require interviews with numerous witnesses, whose availability may vary.
- the need to await police review of matters or refer matters to police mid process if criminal allegations arise. In these matters the service would routinely await police approval to commence or recommence inquiries to avoid compromising any potential criminal investigation.

The officer subject to investigation is also provided a range of safeguards to procedural fairness which can lead to longer timeframes in completing matters. These include seven days notice prior to any interview and a further seven days after interview to provide any further submissions. If the determination is made to take disciplinary action, the subject officer is provided a full copy of the report and a reasonable timeframe to review the entire investigation and make submissions, often many weeks. The officer is also offered a meeting with the Chief Executive, which again defers the ultimate decision.

It should also be noted that in a small number of matters, often those that are slowest to resolve, the officer subject of investigation will behave in a manner that is so uncooperative that investigations are significantly delayed as the Ambulance Service attempts to balance the competing requirements for ensuring procedural fairness is afforded and resolving matters as quickly as possible. At times 'delays' in the process can be the result of the staff member's refusal to co-operate with the process and / or the HSU lodging disputes during the process.

Staff support

The Ambulance Service acknowledges that there are inherent stresses involved in having conduct or behaviour scrutinised through a formal misconduct process. We are constantly seeking to refine our practices to make them as transparent as possible and to afford staff as much support throughout the process as is possible.

A recent initiative has been the allocation of welfare officers to all staff subject of investigation. These officers are independent to the investigative process but can assist with liaising with the service about the progress of the investigation and reminding staff of the support available via our external agency provider.

The PSCU and NSW Health are currently reviewing the relevant procedural guidelines to simplify the process where possible. Concomitantly, the Ambulance Service's Regulation 2005 is due to expire in September this year and the review of that regulation will provide an opportunity to improve the disciplinary processes.

Suspension pending investigation

In all cases where serious allegations are made, the Ambulance Service first considers whether reasonable alternative duties are available for staff. Where these cannot be facilitated or where the allegation raises risks that cannot be appropriately mitigated by alternate duties, the Ambulance Service will suspend staff on pay. It is only in the most extreme circumstances, such as where an officer is incarcerated, that we suspend without pay.

If a complaint is not established or remedial action is taken instead of disciplinary action the staff member or the HSU on their behalf can apply to have any lost penalty rates reinstated. The HSU has frequently requested this and the Ambulance Service has never refused.

Improved information sharing

The PSCU continues to provide Code of Conduct and Ethics training for all new staff, which includes information about the role of the PSCU. The PSCU has also presented training at all AMQ sessions to assist frontline managers with strategies for managing conduct issues in their workplace, and to ensure they are aware of reporting requirements. The PSCU is also contributing regular articles to the service magazine, SIRENS, in an attempt to improve knowledge about particular conduct issues and the role of the PSCU.

It is hoped that by better publicising the work that is conducted in the PSCU and outcomes, staff will develop an improved understanding of our processes that will reduce the stress involved when they are utilised. Of course, it is also hoped that staff will realise that misconduct does not go unchecked and may act as a deterrent.

Disciplinary versus remedial action

Ambulance Service guidelines clearly set out what information will be provided for staff and in cases where it is determined to take remedial action we do not provide the investigation report. This is chiefly because we want to protect the witnesses and because remedial action is not detrimental action, rather it is to support the officer to improve their standards, and so does not attract the requirements of procedural fairness. Nonetheless, the Ambulance Service clearly sets out for the officer how and why the decision was made and what the remedial action will require of them.

Unfortunately there are occasions when the HSU disagrees with the Ambulance Service's view of the seriousness of an allegation. Whilst the Ambulance Service considers any submissions made on behalf of the officer concerned, the final decision on whether something amounts to misconduct or not rests with the Ambulance Service.

OTHER MATTERS

Decision not to implement 4 x 5 rosters in rural areas

This issue is subject to ongoing discussion in the current Industrial Relations Commission proceedings. It should be noted that standard operational rosters in urban stations do not necessarily work in rural and remote settings. In these areas, a range of flexible options are required to accommodate operational needs.

OH&S training and driver training

The Ambulance Service has a comprehensive occupational health and safety training program that covers all aspects of risk for staff including manual handling training, and an Occupational Violence Program. Paramedic training includes lessons in low risk driving by Ambulance Educators. The Ambulance Service is happy to consider proposals for any further training for employees.

Allegations that Paramedics have been directed to no longer complete Patient Health Care Records

All paramedics must complete a Patient Health Care Record for all incidents, whether the patient is transported or not.

Paramedics are paid to check and restock vehicle

Paramedics are paid for shifts including any overtime, and are expected to complete all duties associated with that shift, including checking and restocking the vehicle supplies.