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The Hon Robyn Parker MLC
Committee Chair
Legislative Council
General Purpose Standing Committee No 2
Parliament House
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SYDNEY NSW 2000

By E-mail and postal delivery to Ms Teresa Robinson, Senior Council Officer, Level 1, 139 Macquarie Street, Sydney

Dear The Hon Ms Parker MLC

Please find attached a response from the HSU regarding written questions on notice, which hopefully will in some way further assist the Committee in its deliberations and report.

Any further contact or assistance should be sought from Mr Dennis Ravlich (telephone 9229 4923) or Mr Bob Morgan (telephone 9229 4924) of the HSU.

Yours sincerely

for
MICHAEL WILLIAMSON
GENERAL SECRETARY

QUESTIONS ON NOTICE

Question 1

The recommendations from the June 2008 Performance Review of the Ambulance Service of NSW included all but one of the Health Services Union's recommendations. In light of this, can you explain to the Committee why the Health Services Union is publicly rejecting this June 2008 review?

The view or perception that the Department of Premier and Cabinet Review ('DPC Review') comprehended and accepted all but one of the suggested recommendations put forward by the HSU in its submission is incorrect.

For example, the HSU recommendations, which formed part of its submission to the DPC Review were as follows, and under each is a short comment as to how this was (or wasn't) addressed by the DPC Review:

1. ***That the Review establishes or recommends an effective senior management structure for the Ambulance Service, which incorporates an operational/uniformed Commissioner - in lieu of the existing Chief Executive Officer position.***

   Rejected by the DPC Review who opted for the current status quo.

   The acceptance of the status quo is incongruous for an organisation that the DPC Review itself finds has singularly failed to manage several workplace and operational issues. An organisation that enters into a performance agreement guaranteeing deteriorated performance compared to the previous year does raise questions about its management but also that those responsible are singularly aware of the malaise afflicting the Ambulance Service (DPC Review page 33).

   In recent years the Ambulance Service has undertaken a variety of reviews of 'uniformed middle management' that have resulted in significant reductions in uniformed Ambulance Superintendent positions, whilst increasing the number of non-uniformed bureaucrats.

   No compelling case or observations were put forward by the DPC Review as to why the Ambulance Service senior structure should differ so markedly from that of, for example, the Police, Fire Brigade, Rural Fire Brigade Services etc in relation to having a uniformed Commissioned Officer as its leader.

The structure that currently exists has the Ambulance Service reportable to a variety of senior bureaucrats within the Department of Health. It is not unusual that in significant matters that the Department of Health 'manages' or leads discussion/debate on a variety of issues or proceedings before the IRC or in wage negotiations. This being the case, we have a senior bureaucrat (non-uniformed) as Chief Executive reporting and responsible to several other senior health bureaucrats.

If the logic of the DPC Review is adopted, there is no reason why the NSW Police and Fire Brigades need to have a commissioned uniformed head - a position that cannot be seriously advanced by any commentator.

2. ***That such a Commissioner will have a direct reporting line to the Minister for Health.***

Rejected. Status quo to remain. See above comments.

3. ***That the Review recommends that a clinical focus of "doing what's best for the patient" be maintained and enhanced, and ensures that this be an integral core requirement or measure of the Ambulance Service.***

The DPC Review seemingly adopts this approach although not engaging in the debate directly as to how this core integral requirement should be 'measured' or 'valued' as part of Ambulance Service performance.

4. ***That the Review should establish or recommend the appropriate performance management framework and indicators with which the activities of the Commissioner and senior personnel can be monitored and measured.***

The DPC Review accepts that this should occur, without however detailing to any great degree what the performance management framework should be and how it should be instituted.

5. That the Review establishes or recommends (or commence the dialogue on) the services the community has a right to expect and the performance targets for their delivery, along with the appropriate mechanism for funding such valuable public services.

The DPC Review notes the current inadequate or narrow key performance indicators utilised by the Ambulance Service, which currently relies upon reporting response times against CAA benchmarks (see DPC Review page 33). The DPC further asserts that the Ambulance Service does not have publicly stated targets for emergency responses.

That is true - excepting it does not recognise that the Ambulance Service did indeed adopt specific response time targets (arising from the ORH Review 2002-03) but *walked away* from these when they singularly failed to achieve those targets.

This failure is amply demonstrated in the following extract from the HSU submission to the IPART Inquiry in 2005 (and forms Attachment A to the HSU submission to the Legislative Council Inquiry):

"The Metropolitan Sydney Experience*

Any objective review of the data held for Metropolitan Sydney for the years 2002-04 confirm fears as to the state of the current service delivery to the community, and the deterioration in that performance over that three year period. The profound impact that the difficulties in Emergency Department access has upon the capacity and resources of the Service is pronounced.

Such data provided can be considered using three of the performance benchmarks adopted by the Service.

Response Times

The Performance Benchmark for this item used by the Service on the release of the ORH Report in 2002 and by the Bi-Partisan Working Group has been that ***61% of emergency calls have a response time of less than ten (10) minutes****. Response time performance of the Service since 2002 has been sporadic, although largely static or deteriorating. However, it should be noted that the response performance varies between the sectors, albeit all largely below the performance benchmark of 61%.*

For example, the performance in some parts of Southern and Western Sydney are exceedingly poor.

Response Performance by Month

Response time < 10 mins	***June 2002***	***June 2003***	***June 2004***
North Sydney	*60.0*	*58.2*	*50.1*
South East	*57.4*	*59.2*	*64.9*
South West	*41.4*	*43.9*	*43.5*
West	*48.1*	*44.7*	*45.0*
DIVISION	*51.8*	*51.7*	*52.4*
	July 2002	***July 2003***	***July 2004***
North Sydney	*58.7*	*56.5*	*49.8*
South East	*58.5*	*58.2*	*62.4*
South West	*42.0*	*40.5*	*41.5*
West	*48.5*	*45.4*	*43.8*
DIVISION	*52.2*	*50.5*	*50.7*
	August 2002	***August 2003***	***August 2004***
North Sydney	*56.4*	*51.1*	*49.0*
South East	*57.8*	*55.9*	*52.4*
South West	*42.7*	*37.0*	*40.8*
West	*46.3*	*36.9*	*38.3*
DIVISION	*51.1*	*45.7*	*45.4*

It should also be noted that the data relevant to the months in 2002 was before the wide range of initiatives introduced in Metropolitan Sydney, including but not limited to, amended rosters, altered crew deployments to better match demand, additional relief, rapid responder functionality, changes to the clinical profile of officers, and various initiatives pertaining to the interface with Emergency Departments.

Accordingly, on the basis that such initiatives provided a positive contribution to the capacity of the Service to provide and meet its own performance benchmarks, based on the conclusions of the ORH Report, one can only speculate what the situation would otherwise have been in Metropolitan Sydney, or indeed how 'off the mark' the ORH Report was in its modelling and mapping.

It is important to note that the identified deterioration of response performance from that achieved in all sectors in June 2004 to that achieved in August 2004 have occurred against a backdrop of a deterioration in accessing Emergency Departments that occurred in that timeframe.

It appears clear that the Service has - based on the data available - been unable to meet its own established performance benchmarks in a number of areas. These benchmarks were established to enable the Service to provide a provision of ambulance services to the community that was commensurate with similar such providers within Australia and internationally. The Auditor-General's Report of 2001 was the catalyst for the ORH Report and significant change within Metropolitan Sydney.

Yet despite these changes, and all assurances provided to the community and the IRC during 2002 and 2003, the performance of the Service has been in steady or profound decline on the objective benchmarks it itself established and adopted in 2002."

It should also be noted that it remains unclear from the data contained in the DPC Review (at page 33) regarding CAA benchmarks - obtained from the Productivity Commission - as to how the NSW data prior to 2005 should be viewed. Call prioritisation (referred to as ProQA) was introduced by the Ambulance Service in the first half of 2005. With the use of ProQA, the Ambulance Service can now disaggregate the emergency calls received to identify those cases requiring immediate (lights and siren) response. This constitutes those reported on in tables such as that contained on page 33 of the DPC Review.

However, prior to 2005, the Ambulance Service did not differentiate between emergency calls. All such calls received an urgent (lights and siren) response and were dealt with as life threatening. Accordingly, it is not clear as to whether the figures noted for 2002/03 to 2004/05 on page 33 of the DPC Review is the response performance for *all* emergency calls received by the Ambulance Service or an *arbitrary* figure derived or extracted in some manual way. If the former, then it may have the effect of camouflaging or skewing actual response performance in this category.

6. That the Review recommends that the Service needs a properly resourced planning department - that is capable of analysing, identifying and planning the future resources required to meet the needs of the NSW community established (arising from Recommendation 5).

The DPC Review accepts that the Ambulance Service does not plan effectively and should integrate an in-house sophisticated planning functionality. What is disappointing is that the DPC Review does not note that the Ambulance Service has 'admitted' this failing for some years. For example, the IPART Review 2005 noted that:

"This view was accepted by IPART, when the Service conceded it "....has not published demand projections or future service plans and that past enhancements to the Service have largely come in response to existing demand pressures rather than forecast future needs."

It is self-evident that an organisation such as the Ambulance Service should plan - and plan well. Why it has not done so remains unanswered, despite it conceding this point publicly three years ago.

In part this is more disappointing as various Bi-Partisan Reports prepared for the IRC during 2004/05, which clearly identified this need, and compared the NSW experience and modelling capacity unfavourably to the Melbourne Metropolitan Ambulance Service's exceptionally sophisticated modelling capacity, with the essential ability to model the 'what if' questions.

(See pages 22-29 of the HSU Submission to the IPART Review 2005, which is Attachment A to the HSU Submission to the Legislative Council Inquiry.)

7. That as part of Recommendation 6, the Review recommends that the Service acquires a modelling tool that can quickly and accurately analyse current operational data, has an ability to model the "what if we did this" scenario and allows for this to be completed by in-house staff.

The DPC does not address this issue directly. (See above comments as to this being identified by a Bi-Partisan Working group some years ago, and the subject of recommendations by the NSWIRC at that time.)

8. Such a planning department and functionality should be accessible by Divisional Management so that local demand pressures can be analysed.

Not directly addressed by the DPC Review.

9. That the Review establishes or recommends the interim increase in staffing required as a matter of urgency, along with associated resources, pending the implementation of Recommendations 1-8.

Not addressed by the DPC Review. The DPC Review barely mentions staffing levels, except to make assumptions and recommendations that are predicated on what the HSU maintains is a fiction. This fiction is neatly captured in the DPC Review comment that "*.... the approach to management of demand has been to rely solely on the addition of ambulance crews.*"

Increasing ambulance crews who can respond to the ever increasing demands of emergencies or medical situations is clearly the most obvious and necessary response but it is one that for practical purposes has not been done by the Service in the last decade.

The number of ambulance crews (as distinct from gross staffing numbers) available in many parts of the state or at certain times have not markedly changed in 10 years, despite demand increasing anywhere between 5-10% every year.

The DPC Review did not comprehend the following underlying and persistent malaise with crew levels, evident for some ten years:

- Between the years 1999-2001, the Service had a staff freeze. The number of Ambulance Paramedics increased by 2 in that period.

- In 2001, a bi-partisan Audit undertaken by the Service and HSU identified that the Service was SHORT more than 300 Ambulance Paramedics to adequately staff EXISTING rosters.

- In 2001, the Industrial Relations Commission of NSW ('the NSWIRC') recommended that Minimum Officer levels ('MOLs') – also referred to as Agreed Roster Levels – be maintained throughout the state to ensure that the Service provided a minimum level of ambulance crews required to service the community in this period of crisis.

- It is not, as is claimed by the DPC Review, that such MOL agreements are based solely on arrangements with the HSU. These are underpinned by the intervention of the NSWIRC at that time - and since - to establish some operational order and protection for the community and ambulance officers.

- In these same NSWIRC proceedings, the Service's response to its own induced staffing crisis was to seek to unilaterally reduce these MOLs (and accordingly its commitment to service levels for the community). This outrageous response by the Service was categorically rebuffed by the NSWIRC.

- In 2001 there was still dependence in a number of communities upon an Ambulance Paramedic responding alone to incidents and reliance on scarce nursing resources being taken out of hospitals to assist in patient transfers by ambulance.

- In 2002 the ORH Review of Operations commissioned by the Service revealed that the relief factor required to ensure that existing rosters could be staffed adequately (without a continuing reliance on overtime for example) were either too low or all but non-existent.

- Extra Ambulance Paramedics began to be employed from 2002 onwards as a response to this overwhelming crisis in staffing numbers. However, despite this increase in staffing since that time and the reduction in the reliance on Ambulance Paramedics responding alone, they have been INSUFFICIENT to overcome the depths of the crisis in staffing and relief evident in 2001 and the concurrent increase in demands every year since.

- For example, the MOLs from 2001 (and underpinned by the NSWIRC at that time) have largely remained unchanged. In other words, the number of ambulance crews required by the Service to be maintained and made available to the community has largely remained unchanged in the last seven years.

- In reality the Service has largely resisted all approaches and attempts by the HSU to increase these MOLs to reflect community demands relevant to 2008. Rather it has fought to remain and be accountable only at 2001 levels.

Even when the DPC Review concedes that the current relief factor is less than ideal in the Central Coast and Illawarra, and notes that the Ambulance Service concedes that the relief factor requires an increase to 34%, it offers no commentary as to the urgency of addressing even these admitted short comings.

10. That the Review establishes or recommends a new approach to the management and investigation of complaints/grievances within the Ambulance Service, which is best practice and that such an approach is adequately resourced.

The DPC Review adopts the thrust of this recommendation, although not making any commentary as to the significant level of dissatisfaction with current processes and outcomes.

11. That the Review establishes or recommends a comprehensive implementation plan to ensure that workplaces are free from bullying and harassment.

See above comment.

12. That the Review recommends (or commences the dialogue on) the establishment of a comprehensive patient transport system within the Ambulance Service which can adequately and cost effectively undertake the transport requirements within NSW (including those patients requiring significant clinical management).

The DPC Review adopts the thrust of this recommendation. The disappointment of members is that the HSU has been making such representations and submissions on the need for the establishment of a comprehensive public health response to patient transport services for several years.

13. That the Review identifies why and how there has been a failure to recognise or deal with the growing demands on services, and the other factors that have impacted on response performance, patient care and its own staff.

The DPC Review ignores this recommendation and the issue of accountability for the current malaise.

Additional General Comments

The disappointment of the HSU and members is also fuelled by a number of comments or recommendations that would appear to have been based solely on submissions from the Ambulance Service - for example - which were never sought to be challenged or validated by subsequent discussions with the HSU.

For example, any comments about rescue or the major industrial case are without any benefit of HSU input and capacity to challenge provided data or assumptions. Assumptions about alleged inefficiencies or operational impediments are equally without validation or scrutiny - or without any knowledge divulged of the important role that the HSU and its members undertook in addressing or initiating changes regarding the management of emergency department access issues, developing and assisting the implementation of the patient allocation matrix, or the dialogue and debate that arose from the ORH Review that led to changed roster and deployment patterns in Sydney.

It is also disappointing in that light that the two nominated HSU contacts provided to assist the DPC Review were not contacted and sought out to discuss or validate issues or matters raised outside of the HSU submission.

Question 2

Several submissions from ambulance officers to the GPSC2 Inquiry perceive that the Health Services Union is not supporting ambulance officers, and consider the HSU to be part of the problem. Can you comment on this statement?

The HSU provides a variety of support services to members. At all times it seeks to assist members with issues, although as can be revealed even from the DPC Review, assisting members to navigate the current grievance or disciplinary processes is not without difficulty or frustration.

A number of issues raised by members - either individually or collectively - at times relate to operational issues and concerns for the community. At times these do not lend themselves to resolution via industrial forums - although from previous comments it is evident that the NSWIRC has become involved in operational matters that have outweighed any alternative view proposed regarding what might be termed managerial prerogative.

On the whole the HSU - when adopting issues that affect the whole of the state or a particular sector - does so on the basis of feedback from members obtained via a Sub-Branch and Delegates structure. Membership density of something like 95% plus is indicative that almost all employees see considerable value in being part of the HSU.

It is difficult to comment on allegations that the HSU is *"part of the problem"* without knowing what problem such a comment refers to.

Question 3

In light of an increase in staffing levels since 2001 of 562 positions, what additional staffing levels do you believe are required and why?

Firstly, there is a significant difference between staffing levels and ambulance crew levels. The HSU in all of its submission has always recognised and acknowledged that the current NSW Government has increased gross staffing levels in the Ambulance Service since 2002.

However, that does not preclude the acknowledgment that current ambulance crew levels and deployments have for many parts of the state remained static.

Reference is made to the more extensive commentary provided in the response to Question 1 (re HSU recommendation 9).

Reference is also made to the extensive commentary provided on staffing and crew level issues in the HSU submission to the Legislative Council, along with Attachment A (being its submission to the IPART Review 2005) and Attachment B (being its submission to the Public Accounts Committee 2003).

The Central Coast remains an ideal - if unfortunate - case study of the current malaise affecting many parts of the state.

The Central Coast has and continues to be an area of significant population growth and increasing demands on public health and ambulance services. There has been a boom in the number of families and an equally high increase in the number of aged citizens/retired residents – many who live alone.

According to the Northern Sydney Central Coast Area Health Service, the Central Coast has and will continue to rate highly in all indicators that suggests an increasing reliance on public health and ambulance services.

Whilst not all ambulance crew responses results in a patient being transported to an Emergency Department, it nonetheless remains one of the important indicators of workload demands. Ambulance presentations to Gosford and Wyong Hospitals have been as follows:

Hospital Presentations by Ambulance

Month and year	Presentations by ambulance	
	Gosford Hospital	Wyong Hospital
May 2002	734	500
May 2003	1,018	522
May 2004	1,543	684
May 2005	1,593	843
May 2006	1,763	921
May 2007	1,608	1,204
May 2008	1,680	1,203

A number of patients requiring transportation from Central Coast hospitals, facilities or residences will - due to the need for a higher degree of care or the receipt of specific treatment regimes - result in transportation to centres in Metropolitan Sydney or the Hunter.

Transporting patients to Sydney or the Hunter can lead to ambulance crews being unavailable to the Central Coast community for often several hours.

Everyone has recognised that the Central Coast was in 'dire straits' regarding ambulance staffing levels. The then Minister for Health, the Hon Morris Iemma MP, announced a review of the operational needs for the Central Coast for the 2005/06 financial year. This review was never completed or if it was, it has never been revealed to the HSU and its members.

The number of ambulance crews available to the community in the Central Coast (and the MOLs) has remained largely unchanged since 2000.

	2000		2008	
Mon-Fri	The number of ambulance crews the rosters can put out if fully staffed	The MOL required to be maintained by the Service	The number of ambulance crews the rosters can put out if fully staffed	The MOL required to be maintained by the Service
Day shift	17	13	14	14
Afternoon shift	-	-	2	1
Night shift	11	11	11	11
TOTAL	28	24	27	26

In fact, if the current rosters are fully staffed and have the adequate relief factor maintained, the current rosters will produce 1 ambulance crew LESS per 24 hour period (Monday to Friday) in 2008 than it could in 2000.

In addition, this is against a workplace context that even the DPC Review accepted the concession of the Ambulance Service that relief levels in the Central Coast are currently inadequate (page 33 of the DPC Review).

This can be demonstrated vividly in that **this week** in the Central Coast the HSU has received feedback from members indicating that up to 11 or 12 positions on roster lines are vacant - which have been unable to be filled by the current relief capacity. Self-evidently this reduces the capacity of the rosters to produce the above crew levels and/or requires overtime to 'prop up' existing rosters and/or increases pressures on remaining crews.

As the DPC Review accepts the proposition that the current relief factor should be 34%, then the Central Coast is even further behind than most areas of the state.

The problem cannot be denied even if it is apparently ignored. Reference is again made to comments provided by the HSU in its submission to the Legislative Council Inquiry as follows:

"The NSW Government recognised this parlous state and as part of the state budget process, the then Minister for Health, the Hon Morris Iemma MP, announced a review of the operational needs for the Central Coast for the 2005/06 financial year. This was in addition to staffing increases that would be made available to the Sydney Division.

The Service subsequently established a working group to examine the Central Coast, but insisted that it should include the Inner Hunter, as an acknowledged inter-dependence was in evidence. The following representations made by the HSU to the Service amply demonstrate a lethargy and non-compliance with NSW Government commitments:

"I write following a State-wide Ambulance Delegates Meeting undertaken on 28 November 2006, which amongst the items discussed, considered the current status of the Urban Strategic Review Project ('USR') and its intended outcomes for the Inner Hunter and the Central Coast.

Feedback received prior to and at the Delegates Meeting indicates that the USR process has - in effect - collapsed, with no tangible sign of progress or indication that it will provide the outcomes sought. This is frustrating for members and you may recall that this issue was in part canvassed at the extra-ordinary PCC undertaken in August of this year.

The primary objective of the USR process was to "... provide .... a clear Service Delivery Plan (SDP) for the future resourcing requirements for the central coast and the inner hunter areas. The overall objective is to deliver an agreed plan that will meet projected demand ....." The intention was to have identified outcomes and resource needs, for example, ready for implementation in the 2006/07 financial year.

Clearly this has not occurred. Nor is there any indication as to whether any resource requirements for these areas will be the subject of submission to the NSW Government for the 2007/08 financial year.

This is especially disappointing as the then Minister for Health (and now Premier) when announcing the additional officer positions for metropolitan Sydney in 2005, indicated in the associated media release that ".....NSW Ambulance Chief Executive Greg Rochford said there would also be an appraisal of the operational staffing requirements for the Central Coast." This was something directly discussed with the then Minister's Office and the HSU at that time [1]."

The "appraisal" or review of operational numbers required for the Central Coast (and Inner Hunter) disappeared, and remains an unexplained and unfulfilled objective of the CEO and the NSW Government. What remains clear is the hopelessly inadequate crew levels for the Central Coast and near-by Hunter region."

NOTE:

A specific response also needs to be made regarding the nominated figure of an additional 111 full time positions that the Ambulance Service claims will be made available in the current Major Industrial Case. Whilst loathe to comment on aspects of the Major Case, this must be understood squarely as to what this additional staff will contribute to the operational capacity of the Ambulance Service.

Firstly, this additional 111 staff (for metropolitan Sydney and Central Coast) will not increase by and large the number of ambulance crews available on a day to day basis. None ....

This is because this additional staff will be fully utilised to facilitate the roster and meal break changes (ie abolish an unpaid meal break) proposed by the Ambulance Service. This $11 million investment will not enhance the number of ambulance crews produced and made available by the current rosters. It will however abolish unpaid meal breaks and consequential penalties received by staff when they are prevented from accessing their meal entitlement due to inadequate crew levels and increasing workload demands.

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1 Correspondence to the Service from the HSU, dated 1 December 2006.

It chooses not to invest this staff and public monies to increase crew levels or backfill/increase relief or reduce single paramedic responses in parts of the state. The Ambulance Service seeks to address the symptoms rather than the 'disease' - being the chronic malaise that largely contributes to the incapacity to access proper meaningful breaks or respond to cases in a more timely fashion or be able to ensure adequate relief levels to ensure necessary training occurs - inadequate ambulance crew levels.

It must also be understood that this investment of $11 million (and 111 additional staff) is entirely conditional on the Ambulance Service pushing through with its *one size fits all* roster and meal changes.

Apart from this figure of 111, the NSW State Budget only provides for an additional 75 FTE positions for metropolitan Sydney for 2008/09 (although in reality this is 95 as there was a carry-over of 20 from the year 2007/08). No other additional positions are identified to any other part of the state.

HSU members find the approach of the Ambulance Service now and previously not reflecting the urgency of the situation. As a consequence, members recently endorsed that this financial year requires a surge of 300 Ambulance Paramedic positions and 60 Patient Transport positions.

Consequently, the HSU and its members have also endorsed that discussions need to commence - hopefully with new senior management and with access to the sophisticated modelling required and the structural outcomes of the patient transport tiering review - to facilitate detailed planning for the next five years.