IN CAMERA PROCEEDINGS BEFORE

GENERAL PURPOSE STANDING COMMITTEE No. 2

INQUIRY INTO THE MANAGEMENT AND OPERATIONS OF THE NEW SOUTH WALES AMBULANCE SERVICE

At Sydney on Tuesday 22 July 2008

The Committee met in camera at 11.15 a.m.

PRESENT

The Hon. R. M. Parker (Chair)

The Hon. C. M. Robertson
The Hon. A. Catanzariti
The Hon. G. J. Donnelly
The Hon. M. A. Ficarra
Ms L. Rhiannon

CHAIR: Welcome to the inquiry. Thank you very much for your very comprehensive submission and for taking the time to come in today to assist us. We appreciate it. As you know, this inquiry aims to deal with issues of bullying, harassment, workplace occupational health and safety and the management of the New South Wales Ambulance Service. We would like your evidence to reflect those terms of reference, which are not about individual issues but the broader context and how we can all improve the Ambulance Service in New South Wales. I ask that you do not make adverse reflections on individuals but rather make general comments.

The Committee has resolved to have your evidence in camera, which means that it is confidential, and your submission is in the same position. I will ask at the end of your evidence if you would like to have all or part of your evidence maintained as confidential or whether you are prepared to have it published or identified in any way. As an alternative, you may like to have a look at the transcript when it is prepared and make your decision then.

WITNESS I, Individual, sworn and examined:

CHAIR: Would you like to make an opening statement?

WITNESS I: I do not have anything prepared. Perhaps I would say that when I originally made a submission it was along the lines of the general terms of reference and I included mention of ambulance rescue in that it is something that is actually well managed within the Ambulance Service despite the fact that it does not seem to appear to receive much support from the executive level. It disappoints me to feel now that I have to defend the existence of ambulance rescue but I certainly welcome the opportunity if you have questions based on that subject.

CHAIR: That is exactly the first question because that has arisen as an issue, mostly because of the Head inquiry, as you would be aware, the Premier's Department inquiry making that recommendation. As someone who is closely involved with the rescue unit, can you give us your views? Do you think it should be rolled in with the Fire Brigade emergency service or should it be maintained as its own discrete unit and part of the Ambulance Service?

WITNESS I: It is interesting that you mention that it should be rolled into something with the Fire Brigade. The only proposal I have heard is that it should be given away completely to the Fire Brigade and become a Fire Brigade entity. I certainly believe it should be an Ambulance Service entity, particularly because of our focus on the patient.

CHAIR: You mean the health care component of it rather than the rescue component?

WITNESS I: Rather than the mechanical aspect. The thing about rescue is that it is both mechanical and medical. The two cannot be separated. Other rescue agencies, for instance, can only focus on the mechanical aspect, which may at the end of the operation still leave the patient trapped because they cannot do as much about the physical entrapment upon the flesh.

CHAIR: We have heard evidence that suggests it is not really a cost-effective measure, and indeed suggestions that it might cost money to give the service away to the Fire Brigade. Do you have any idea why this issue keeps arising? It seems to pop up from time to time.

WITNESS I: I believe it is a political issue—not so much a matter of political parties as a matter of interagency politics and there are individuals in other agencies and other agencies themselves that might like to take it on. In particular, the Fire Brigade appears to have a need to justify its existence because of its quite low workload and it would seem desirable, I imagine, to many of their managers to take on rescue. I believe it is also desirable to their employees, who would be able to train in rescue and get a rescue allowance that goes with it. As far as cost effectiveness goes, I am convinced that Ambulance Rescue is the most cost-effective. I believe the figures are there to prove that, but one of my concerns is that I do not think that these figures have been made available to the Government.

CHAIR: Perhaps we can get some further information on that. Some of your recommendations relate to your view—I do not want to put words in your mouth—that the service should return to being under a superintendent and that that person should be a uniformed ambulance officer. We have heard from other people that the service needs to be more of a health service operation rather than a military hierarchical operation. Why have you made that recommendation and how do you see the two things working together?

WITNESS I: I believe the two can work together. I entered the service under what one would call a paramilitary structure where the senior ranking officer was a State superintendent, very much along the lines of the Police Service, the Fire Brigade or St John Ambulance, and I have seen that change. In those days when we had a paramilitary structure we were part of the Health Department—since 1976—and it worked quite well. I do not think it needs to be one or the other. I think we can still have a paramilitary structure or hierarchy without necessarily leaving the Health Department. I do not have a personal opinion as to whether we should be part of the Health Department or a separate emergency service. I have heard the arguments for both sides. I do know that we suffer being part of the Health Department because of the chronic shortage of funds given to the Health Department. However, it does ensure that we are recognised as health professionals and there are many benefits in having contact with other health professionals. I suggest that our senior officer should have a fundamental understanding of what we do. He or she should have risen through the ranks or perhaps come from another ambulance service overseas. Ideally it should be someone who has been part of the Ambulance Service of New South Wales. We saw several times people brought in from other countries. We had one State superintendent brought in from New Zealand and another from England. By that time, of course, the State superintendent title had gone and he was called a general manager of operations. Neither of those two services had a rescue service in its structure. We gained the impression that part of their employment in the Ambulance Service, part of their portfolio, was to oversee the removal of rescue. On both occasions those individuals took the time to visit Ambulance Rescue stations and spend some time with the officers. They saw the great benefits Ambulance Rescue brings to the Ambulance Service itself, apart from what it brings to the patients.

CHAIR: In your submission there is a subtitle "Denial of the health crisis" where you talk about the stresses of taking too long to offload patients at emergency departments. Do

you think that that issue leads to the sort of stress that we are hearing about from ambulance officers generally or is it more to do with roster issues, long hours or bullying from superiors?

WITNESS I: There are a whole range of issues that would lead to the stresses that have caused this inquiry to come about, not least of which is the frustration felt by staff as they have to spend significant proportions of their working day standing in the hospital being a de facto nurse, which is probably the wrong term to use. The simple fact is we are standing in a queue because there are not enough nursing staff for hospital beds that are open. That is what I mean by the health crisis. Fifteen years ago we would have had to answer 'why' if we spent more than 20 minutes at a hospital. We took patients in there and they were triaged immediately. That is how the system worked. They were triaged immediately and they were offloaded onto a hospital bed.

CHAIR: How long would it take now?

WITNESS I: Many hours. Several hours would probably be the correct average. At the moment I imagine it would probably be correct to say about an hour. It takes about an hour on average to unload a patient. It can take us more than 20 minutes just to be seen by triage, which was never heard of in the past. We were always greeted at the door. The horror stories relate to entire shifts spent at hospital casualty and emergency departments and crews even being relieved by the next shift to go and stand there in triage with the patient on a hospital trolley. They are the exception rather than the rule and because it did get quite bad five or six years ago we now find our Ambulance Service reporting improvements. It is an improvement that we now spend only an hour in casualty instead of 20 minutes.

CHAIR: We are hearing that that was an improvement because there are off duty ambulance officers working in the emergency departments taking those patients.

The Hon. CHRISTINE ROBERTSON: Where did you get that from?

CHAIR: Someone gave us that information, one of the witnesses. In fact, I think it might have been someone from the Ambulance Service on the first day.

WITNESS I: That system is in place. They are called ambulance response teams. They are ambulance officers who are called in on overtime for special shifts and they take whatever vehicle is available down to a particular hospital, whichever one is in need at the time, and spend the shift there supervising and monitoring the patients that have been brought in by other ambulances, for the purpose of releasing those other ambulance crews. Actually, I got the term wrong—I think they are called ambulance release teams. I believe that overtime is funded by the Health Department and not by the Ambulance Service directly, which makes it very attractive to the Ambulance Service to let that system continue despite the fact that it is really just a stopgap measure. There are many things that ambulance officers cannot provide, as much as we like to point out that we are highly skilled in certain respects. We are not trained in toileting patients or in assisting them with hygiene. If you have somebody sitting on your stretcher for more than 12 hours they need oral hygiene and food and drink and we cannot cater for those things.

Ms LEE RHIANNON: I just want to go back to the issue of Ambulance Rescue. Thank you for your detailed report; it was really helpful. You have here a number of points about different issues to do with Ambulance Rescue. One thing that came through in reading

them is that it does seem a bit dysfunctional. I do not know whether I am being unfair using that word, so I am interested in your comments. You talk about how there is not much support from the executive of the Ambulance Service—there is not an official position and the CEO does not delegate to someone with rescue experience. Considering how important this area is, can it work? You seem to be identifying fairly deep problems. You are arguing that rescue should be retained in the Ambulance Service. Can these problems be fixed?

WITNESS I: Absolutely. All it needs is one thing: it simply needs a supportive top officer, a supportive executive or ambulance commissioner or whoever occupies the top position. Support from that person is the only thing missing.

Ms LEE RHIANNON: Have we ever had that with the ambulance service, because you get the impression that this is the culture, and I know how hard it is to break down?

WITNESS I: Ambulance rescue was formed in the 1960s. The ambulance service at the time did not create a rescue service for its own enjoyment. The service in those days was highly reliant on community contributions and would not have created anything if it were not needed. It therefore had to have the support of the senior management, and through the 1960s, 1970s and indeed the early 1980s ambulance rescue obviously had some support from the executive level of the ambulance service because further units were created; the system was expanded somewhat.

What we have seen in the last 10 or 15 years—it is very hard to pinpoint where the decline started—it has become obvious that there was no longer that support at executive level and the management position that you mentioned was allowed to decline and we had some periods there where we virtually had no management at all as far as the specific middle rescue management. That has all been fixed. We currently have a substantive position occupied by a very capable and dedicated rescue superintendent.

Ms LEE RHIANNON: So you feel those points that you have made have been rectified?

WITNESS I: Yes. That is one of the things that I would like to point out. I am aware of other contributions and certainly some myths that get perpetuated in discussions in different forums that ambulance rescue is struggling—that it is on life-support was one of the comments. But the reality is that that is not the case any more. Ambulance rescue at the moment is a particularly robust entity and we have everything addressed from skills to training, equipment, management, administration, vehicles and everything except support.

Ms LEE RHIANNON: You talk about how some of the ambulance rescue services have been lost to the fire brigade. So what you are saying is that what you retain is strong but there is this problem that it has been decreased?

WITNESS I: My point is that what we have is worth retaining. It would be nice to sit here and suggest that it should be expanded again, but that might be an unrealistic request to make. We did lose rescue in some areas, and I am not aware of all of those. I believe we had 18 units.

The Hon. CHRISTINE ROBERTSON: Geographic areas?

WITNESS I: Geographic areas, yes. I believe we might have had 17 ambulance rescue areas in the State and we now have 14. I am aware of Coffs Harbour having been lost through internal politics where the individual local superintendent was a member of the SES and engineered it so that that was given to them. That was some years ago. That particular point is not reflective of the current executive.

The Hon. CHRISTINE ROBERTSON: In the country in the distribution of rescue services, I know we are talking fire services but in the country it is the SES.

WITNESS I: It is a little more complicated. The whole rescue arrangement is arguably complicated, which is one of the reasons that the discussion comes up from time to time. In the rural areas the SES volunteers do have a significant number of rescue responsibilities. In other rural areas it is covered by the Volunteer Rescue Association [VRA], but in still other rural areas ambulance rescue has several units still operating. The police rescue I am not aware of running too many rural units although they do share it in the Blue Mountains. It depends where you define rural and metropolitan. The fire brigade also has some units in country areas, although their area of operations does not extend particularly rural because a different fire service covers the rural areas.

The Hon. CHRISTINE ROBERTSON: Regional towns, yes.

WITNESS I: It is definitely regional towns that they are talking about. So, it really depends what specific area you might need to look at. But it is important with rescue to look at whether you are talking about metropolitan rescue provision or regional.

The Hon. CHRISTINE ROBERTSON: Yes, they have to be separated mentally when we are thinking about it. Do you get a rescue allowance when you are on a job or is that for being part of your unit?

WITNESS I: We are entitled to a rescue allowance for having done the training and then being appointed to a unit. If we are not appointed to a rescue unit fulfilling a rescue function under the current award we no longer get an allowance. In the past, historically, officers used to get a reduced allowance on account of their skills and the fact that they could from time to time be brought in to operate on a rescue unit. But I think that clause has been grandfathered.

The Hon. CHRISTINE ROBERTSON: I am from the country and was involved in a major rescue, which is why I am interested in this issue. Is there any feasibility in ambulance rescue persons with this special training being involved together with another service rescue unit so that you do not have a rescue unit like an SES unit that has no idea about human beings doing it on their own without the extra skill of a paramedic or an ambulance rescue service? Would it be possible to structure something like that?

WITNESS I: The logistics of such a structure are probably beyond the scope of my ability to answer.

The Hon. CHRISTINE ROBERTSON: It is just about what you think. You are the person who is out there doing stuff.

WITNESS I: The ideal situation would be to have an ambulance rescue officer as one of the rescue team whatever rescue is done. I believe it was proposed in the past to have a separate agency providing a rescue service and rescue qualified operators from the various agencies, and I think we are particularly talking the three professional services—ambulance, police and fire brigade—providing the personnel for that. The problem with a fourth agency is that it requires separate infrastructure and so that has never gained favour.

The Hon. CHRISTINE ROBERTSON: But there has been discussion about having the relevant people on the site, has there?

WITNESS I: I believe it has been brought up in the past. Other agencies would point out that there is always an ambulance officer on the scene.

The Hon. CHRISTINE ROBERTSON: But that is not necessarily so.

WITNESS I: Not all ambulance officers are particularly skilled in rescue, and the rescue operators if they are from a different agency have various levels of understanding of the patient. In areas where ambulance rescue does not operate, the job gets done to an extent: we get by. I am not aware of any horror stories.

The Hon. CHRISTINE ROBERTSON: [redacted]

WITNESS I: In other States the fire brigade is given sole responsibility for rescue in metropolitan areas and the volunteers do it in the country and they get by. But I would point out that in most other States the rescue workload is a lot lower than in New South Wales. New South Wales was the first to form dedicated rescue agencies and it has the highest workload. One of the reasons, I guess, we have ended up with multiple agencies involved in rescue is because the need is actually there. The last period that was audited independently by the Auditor-General's office was the year 2003-04 from the audit in 2005 and in that period there were 10,876 rescue activations.

The Hon. CHRISTINE ROBERTSON: All from the ambulance rescue service?

WITNESS I: No, that is across all five agencies. One of the points that I would like to make is that ambulance rescue, despite having only about 5 per cent of the number of rescue units out there performs 26 per cent of the work because ambulance rescue, like police rescue, has been around the longest and is located in strategic areas where the work actually is. The fact that the fire brigade might have, I think, 197 accredited units means little when the vast majority of those units are in areas with very little work. To consider wholesale transfer of the rescue work that we do to another agency needs to take on board the fact that we do a disproportionate amount of the work.

The Hon. CHRISTINE ROBERTSON: In your submission you talk a lot about recruitment and how it has gone down. Surveys and research about the prestige of ambulance persons is coming up very positively consistently. I am wondering if you have thought through whether or not the recruitment issue could be related to the incredibly high employment rates or low unemployment rates that we have got in Australia at the moment. For instance, in the country the mines pinch all our workers so is it possible that the recruitment issue is related to that?

WITNESS I: Ambulance work is exceptionally rewarding. The job is a good job. The reason that we stay employed with the ambulance service is because we like the job and I think the job is indeed very attractive to people. We are held in high regard by the community and there is certainly a great interest in becoming employed as an ambo. What we do not enjoy is how we are treated by management and it is disappointing to see the ambulance service or the health department claiming some sort of kudos for how low the attrition rate is when it is not the way we are treated that keeps us there; we are there in spite of what is going on in the health system at the moment not because of it.

The Hon. CHRISTINE ROBERTSON: One other issue I would like to ask you about, totally on the side, relates to the psychological testing that happens when people are employed in the ambulance service. There is a psych test given these days. A witness earlier spoke to us about how we would be better off with a test on your ability to work together in an organisation rather than psychological testing. Have you had any thoughts on that?

WITNESS I: I cannot speak about the psych test because I do not think there was one in when I joined. I have not been through the current process. I have not even been involved directly in recruitment at all during my career.

The Hon. CHRISTINE ROBERTSON: I am just interested in your opinion.

WITNESS I: I think it will be important to have some kind of psychological profiling done before a person joins, but I would point out that I heard only last week that the ambulance service is currently interviewing all the new applicants with just one interviewer. From the time that I was employed until very recently you were always interviewed by a panel of three to get different perspectives on a question for consistency of the decision.

Ms LEE RHIANNON: They changed it to a panel of two?

WITNESS I: They are now using one. I believe that was brought in to fast track some new employees for World Youth Day and I have now been told that the chief executive officer has signed that off as being a permanent arrangement.

CHAIR: We might clarify that issue.

WITNESS I: I cannot confirm that of course. The interview process is of concern to me, to us, because it is not just the one individual who is interviewing everybody, there might be two interviews happening concurrently and people are being interviewed by different people, so personal opinions would sway whether somebody got employed or not. And, bringing it back to the occupational health and safety issue, it is of some concern that an employee of the ambulance service would be placed alone in a room with an applicant who may become emotional.

The Hon. CHRISTINE ROBERTSON: [redacted]

WITNESS I: Quite possibly.

CHAIR: We are running out of time. We just have two quick occupational health and safety issues that arise out of your submission, and we have another submission along the

same lines that basically says that ambulance officers use their personal mobile to keep in touch because there are not portable radios available and there is not communication consistently with officers when they are out and about. Is that your understanding as well?

WITNESS I: That is correct. There are not enough portables for every officer. There is usually enough for one to each vehicle, but there is definitely not one for everybody.

CHAIR: It is not absolute, though; it is only some of the time?

WITNESS I: When I say there are usually enough for one for each vehicle, what should happen is that each officer should have one, so there should be two for each vehicle. If the crew members become separated—and they always do; one is always up in the flat with the patient and the other is down getting the stretcher ready—if anything were to happen to either of them, usually the one with the patient gets the portable. But there are certainly situations where you would need to have two.

CHAIR: If an officer is working extra hours, they have no capacity to let their family members know they might be working an extra couple of hours—other than using their personal mobile phone, I guess?

WITNESS I: Yes. To communicate with your family you would have to use your own mobile phone.

CHAIR: You also raised valuing employees, and particularly employees feeling valued by management. You are certainly valued by the community. You also note that the change of uniform is a concern for you, and perhaps for others, in terms of de-identifying people and not giving recognition to various ranks. You say that is an issue in the emergency situation as well, because everybody looks the same. Could you elaborate on that?

WITNESS I: There are practical aspects that become a problem when you do not have different levels within our skill level identified to each other, at major incidents for instance. But there is also the feeling of being valued. In the past there was a mini hierarchy. You had more respect for people when you knew by the markings on their uniforms that they had been around for some years; we had more respect for the higher clinical levels because we knew what skills they had. Over time, over the last 10 or 15 years, these things have gradually been removed. We no longer have any indication on our uniform of how long we have worked, and there are no large markings to differentiate between an intensive-care paramedic and any other level of service; there is just the word "Ambulance" across the back of these very quickly fading uniforms. It does not do much to make us feel valued.

The feeling is that there has been a deliberate effort by the policymakers within the Ambulance Service to flatten out all of the Ambulance Service. What we see now is that station officers have very little authority to make any decisions about what we do. District officers are limited in what decisions they can make, and even the sector managers are now called assistant divisional managers and have to refer a lot of their decisions above.

CHAIR: We are running out of time, and I am sorry about that because I know you have a great deal to contribute. However, we have your comprehensive submissions. The Secretariat staff may contact you, if that is all right with you, to ask you to elaborate on some of the things you have said. As I said earlier, I will now give you the opportunity to allow us

to publish your de-identified submission, or perhaps you would prefer to make that decision after you have read the transcript of your evidence.

WITNESS I: I would like to have a look at the transcript before I make that decision, but I would be quite happy for most of my comments to be publicised. I would like to make it clear that I am not here to run down any other organisation. I did not intend necessarily to be negative about the Fire Brigade. However, the comparison has been drawn, and I think it is important that the truth be stated in these matters. We in ambulance rescue have very little voice. When I joined the Ambulance Service a couple of decades ago, I had no idea that the Ambulance Service even ran a rescue service. I found my way into that, and I have found it extremely rewarding. We have very little publicity given to us by our media department, which, as I mentioned in the submission, is quite minuscule, and yet we have people pushing their own agendas loudly, proclaiming the great benefits of other organisations.

(The witness withdrew)