IN-CAMERA **REPORT OF PROCEEDINGS BEFORE**[1]

GENERAL PURPOSE STANDING COMMITTEE No. 2

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

In-Camera evidence

At Sydney on Friday 4 July 2008

The Committee met in camera at 9.00 a.m.

PRESENT

The Hon. R. M. Parker (Chair)

The Hon. C. M. Robertson
The Hon. G. J. Donnelly
The Hon. M. A. Ficarfa
Ms L. Rhiannon
The Hon. H Tsang

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In-Camera evidence

WITNESS A, Ambulance Officer, sworn and examined:

CHAIR: I welcome our first witness to the inquiry. Before we start I want to make some comments about the Committee's inquiry and process. The terms of reference ask the Committee to examine the management and operations of the New South Wales Ambulance Service. So, I need you to reflect, if you can, on those terms of reference and assist the Committee by using your experience. We are not able to investigate individual complaints or issues. We are obviously looking at the general nature of the service. In particular, this is not a forum for adverse mentions. We are really careful about that. We previously resolved that because this is in camera, this is confidential information you are giving to the Committee. At the end of the hearing I will ask you if you would like to keep your transcript, in full or in part, confidential. It may be at the end of the day you will make a decision that you are happy to make part of that available publicly, but I will give you that opportunity at the end.

Do you want to make a quick statement to start before we ask you questions?

WITNESS A: Probably only two short points, one being the point that these are some leads for the Committee. It is not a comprehensive study by any means. Secondly, it is all quite negative but that is not the whole picture. A lot of things work fairly well a lot of the time. So, just so it is not entirely distorted towards the negative.

CHAIR: Your submission discusses the sale of ambulance stations but also goes towards some issues in the management of the budget. You have been critical of the sale of those stations. Do you think that was done under pressure?

WITNESS A: My understanding was yes. The health Minister at the time became sick of the service not being able to balance its budget and said, "Look, balance your budget, I do not care how." This is my understanding—the only way the service could do that was by selling stations.

CHAIR: Who was the health Minister then?

WITNESS A: I do not recall, I am sorry. It would have been in the early 2000s, 2002, somewhere around then.

The Hon. GREG DONNELLY: So we understand who spoke to whom and who told you, can we get the detail of that? What we are dealing with is basically—

WITNESS A: Hearsay.

CHAIR: My understanding is that that is [redacted] understanding.

WITNESS A: I guess my invitation to the Committee will be that you can chase that information probably a lot better than I can.

The Hon. CHRISTINE ROBERTSON: Do you know how those stations were chosen?

WITNESS A: No, I do not.

CHAIR: The point I am coming to following that question is, is it your position that managing budgets is not done efficiently within the Ambulance Service? Is that what you are critical of?

WITNESS A: I guess my point is the autonomy issue, in that I guess the service did not have a choice. It had to balance its budget and my understanding was this was the only way it could do it.

CHAIR: So, you do not think there is a lack of management in terms of budgetary issues there?

WITNESS A: There might be, but that is not my point.

CHAIR: Another aspect of your submission talks about staff morale, and that is an issue within our terms of reference.

WITNESS A: Sure.

CHAIR: From your experience, how would you describe staff morale within the Ambulance Service?

WITNESS A: It does vary from area to area, but it is not good overall. Most employees who have been around for more than three or five years regard management with something close to open contempt a lot of the time, for whatever reasons. As I have detailed, there is quite a gulf, perceived or reality, between staff and management. So morale is a definite issue.

CHAIR: You talk about corporate surveys. What are they?

WITNESS A: The service every few years—2000, 2003, 2007—commissions a survey into organisational culture matters: how do employees feel about issues such as how much independence they have in their work, how much confidence they have in management. It is all on the website.

CHAIR: It is a public document?

WITNESS A: Yes, you would be able to find it quite easily.

CHAIR: Have you seen as a result of those surveys management taking action in terms of trying to improve the situation regarding morale?

WITNESS A: I do not think so, no. I think it is too hard for them. I think they just prefer not to address it because it is too hard. The surveys would bare that out. There is barely any difference between them across the seven or eight years.

The Hon. CHRISTINE ROBERTSON: Between the formats of the surveys?

WITNESS A: The formats are essentially the same, but the results are also the same. There seems to be no change.

CHAIR: You also talk about a lack of experienced staff and give examples where junior officers are put in difficult situations with a lack of supervision. Can you elaborate more on that?

WITNESS A: There are a few examples. I am not sure how much understanding you have of how our training system works.

CHAIR: If you want to give us some information on that, that would be good.

WITNESS A: The initial training is seven weeks. This is for people who do not necessarily have a medical background whatsoever. It is seven weeks at the school, then they go on road with a training officer or officers for a year. They then come back to the school for another five weeks tuition, then back on the road for another two years as an independent ambulance officer. They then come back for two or three more weeks and then they are qualified as a basic ambulance officer. So that is across a period of three years. What often happens is that trainees in their first year—or probation, as we used to call them—are often placed with level two, so that is someone in their second or perhaps third year of training. So it is junior people training junior people. That is quite common. The other thing that happens at a higher level is

the paramedics. The Ambulance Service has just changed all the names, so it is a little bit confusing. What used to be called paramedics are now called intensive care paramedics.

Once you are a qualified ambulance officer you can do that course, which lasts for six months. When you come out you have a lot more skills, drugs and procedures that you can use, and you are a little bit shaky on your feet. Often what happens with those people is that they get put with more junior officers. So the opportunity to grow under someone more senior and experienced often does not happen. They are the two most common scenarios. Perhaps the third one would be in rural areas, which I am not personally familiar with, but you probably would have seen from some of the other submissions. Once people have finished the first year of training, they are often sent to the country. If you are going to go to the country that is when you go, after a year. The supervision out there would vary wildly from probably quite good to none at all.

CHAIR: In your submission you have given a number of suggestions in terms of mentoring and support of trainees. Are these suggestions from your experience about ways you think the service could work better? You have also suggested ways of identifying good and excellent officers as something that needs to happen. Is that from your experience?

WITNESS A: It is personal opinion, yes.

CHAIR: You have also talked about an organisational psychologist. What sort of support is available in terms of psychological support to ambulance officers?

WITNESS A: They are two different things.

CHAIR: An organisational psychologist is about change?

WITNESS A: That is right, that is about the whole organisation leading towards being more functional. In terms of your question, do you want me to go into that in terms of what support we have?

CHAIR: What support do you have for individual officers?

WITNESS A: The main real support is the informal one through colleagues. That is the one most people use and tends to be the most effective. We have just changed companies but we have external providers of psychologists and counsellors and we have chaplains. They are the three basic things.

The Hon. CHRISTINE ROBERTSON: So each officer has a list of all these people to contact?

WITNESS A: Yes, there is a central number you can dial and, if it is an emergency, they will probably come out and see you, or you can schedule a time. It is all paid for.

The Hon. CHRISTINE ROBERTSON: When was that set up?

WITNESS A: That has been running for a few years, but we just changed providers. It is a psychology company and they provide for dozens of organisations, I imagine.

CHAIR: Do officers seek that support after hours?

WITNESS A: That is right, after hours, yes.

CHAIR: If there is a major incident, I know the Fire Brigade has debrief sessions. Does the ambulance service offer what I call debrief sessions?

WITNESS A: Yes, "critical incident support" is what it is called. We are not nearly as good as Police and Fire on that behalf. Normally there will be a wrap-up, we will all get together at the end and say what went

well, how did people feel about it, so it is an informal thing which is really valuable—and they will often get the chaplain down—but it could be better.

CHAIR: You say there is little or no performance review. Do you think that there should be enhanced performance review?

WITNESS A: It is hard. In a lot of industries, performance reviews are normal, an annual performance review, depending on whether you have met performance indicators or not. With us it does not seem to exist unless you are in an actual training period, it is just, "Off you go". There is nothing, there is no structured way to grow yourself, in a sense. If you are a motivated person you will probably do that, but even then you do not quite know where to aim, so it could be better.

The Hon. CHRISTINE ROBERTSON: Is there a format for performance review? Do they have a set format that the manager has to work with and you have to work with?

WITNESS A: Managers would have performance criteria, but normal ambulance officers do not, and I am saying maybe we should.

The Hon. CHRISTINE ROBERTSON: So you do not get—

WITNESS A: No, not at all, so I could be the worst ambulance officer in the world or the best and it makes no difference because it is not assessed.

The Hon. HENRY TSANG: In terms of career path, you have one-year training, two-year training, three-year training, qualified, and then do you move to management?

WITNESS A: Once you have finished the initial three years there are a few streams. You can become a paramedic or an intensive care paramedic, you can do rescue, you can work at the coordination centre at Eversleigh, or management or education. So there are quite a few streams you can do once you are a qualified officer.

The Hon. HENRY TSANG: There is no guidance for officers in terms of which path to take?

The Hon. CHRISTINE ROBERTSON: It is an application method.

WITNESS A: It is application; it is up to you, yes.

Ms LEE RHIANNON: You said that it was not as well structured as Fire and Police. Is that just with regard to debriefing or do you feel that their structure has something that we could learn for the problems that you are outlining?

WITNESS A: Both, yes. Their critical incident debriefings, as far as I know, are better. They get a proper counsellor in to run those sorts of things. But also organisationally, as an ambulance service we fall under Health and we are quite a small part of that whereas, say, Police have their own Minister, their own budget and a much higher public profile, as does largely the Fire Brigade, so even though in a lot of ways we are equal, we are not.

Ms LEE RHIANNON: And you think that has become a cultural thing because you do not have the same level of prominence on the political and ministerial side?

WITNESS A: Yes.

The Hon. GREG DONNELLY: Could you explain your history with the ambulance service, your employment and how you have progressed, so we understand where you are coming from?

[redacted]

The Hon. GREG DONNELLY: Do you have a copy of your submission?

WITNESS A: Yes, I do.

The Hon. GREG DONNELLY: Looking at point 1 on the first page, lack of autonomy—and this was I think a point made during questioning from the Chair about the so-called alleged pressure from the Minister for Health—what was the basis of you making that claim, that in fact there was pressure on the Minister to sell-off depots?

WITNESS A: My understanding of it was that there was—and it may have been around the time—no, I am not sure of that, so I will not say it. There was pressure for the ambulance service to balance its budget.

The Hon. GREG DONNELLY: Who said there was pressure?

WITNESS A: I do not recall.

The Hon. GREG DONNELLY: You do not recall?

WITNESS A: No.

The Hon. GREG DONNELLY: So it is just an idea that someone told you. Is that right?

WITNESS A: I cannot remember who I heard it from, but it was someone who was in a position to know.

The Hon. CHRISTINE ROBERTSON: Was it the general idea in the service at the time that that is why it was happening?

WITNESS A: Yes, yes.

The Hon. CHRISTINE ROBERTSON: That was the general impression in the service?

WITNESS A: Meaning why else would you do such a crazy thing?

The Hon. GREG DONNELLY: Roughly when was it in terms of the year?

WITNESS A: It was somewhere in 2000, 2002 perhaps, yes.

The Hon. GREG DONNELLY: So you are saying that there was a view in the ambulance service that this was something that the Minister did in response to budget pressures. Is that right?

WITNESS A: My understanding was that the Minister was annoyed that he had to keep bailing the service out of its budget.

The Hon. GREG DONNELLY: But you do not recall who told you that?

WITNESS A: No. I am sure if you went and investigated, there were numerous stations sold off around the same time.

The Hon. GREG DONNELLY: I am just trying to get to the bottom of the claim about the pressure on the Minister.

WITNESS A: Sure.

The Hon. GREG DONNELLY: If we go to the next page of your submission, and in particular I am looking at the paragraph below points 1, 2 and 3 about the triple-0, could you just elaborate on that particular point in a bit more detail?

WITNESS A: Sure, let me just read it. As far as I know, in Western Sydney up to 40 per cent of ambulance calls do not end up with someone being transported to hospital. That is the point I am making with inappropriate calls. The service is often, for better or worse, used inappropriately, so people who have a sore toe who want a lift up to the hospital because it is near the shops—this is not uncommon, especially in some areas of Western Sydney, unfortunately. Something has happened since I wrote this that is called the Care Program, which is quite a positive initiative in dealing with these sorts of problems in that for the first time ambulance officers are able to say, "You don't need to go to hospital. Do this first aid and see your doctor if you get worse". That is a really good approach for the service to deal with people who do not need an ambulance and do not need to go to hospital.

The Hon. CHRISTINE ROBERTSON: Because before that you had no authority to deny, did you?

WITNESS A: That is right.

The Hon. CHRISTINE ROBERTSON: You had to use the protocol when you were called?

WITNESS A: That is right, and at the current stage, if somebody says, "I want to go to hospital", we still have to take them.

The Hon. GREG DONNELLY: So what you are saying is that you are actually observing some changes going on in the ambulance service in regard to refining their processes?

WITNESS A: Yes. The Care Program and the Extended Care Paramedic Program.

The Hon. GREG DONNELLY: Would you be aware of other initiatives in the pipeline for further refining this?

WITNESS A: In that particular area?

The Hon. GREG DONNELLY: On this general issue of dealing with what I suppose you would term as non life-threatening callouts? You might not know.

WITNESS A: No, not that I know of. In a related area I know that the health department generally is trying to deal with inappropriate presentations to casualty. That is something it is working on, which relates to us.

The Hon. GREG DONNELLY: Let us deal with point No. 3 on the next page, which refers to staff morale. I refer to the corporate surveys and ask: Have you compared and contrasted the survey results across those three periods? In other words, did you see the final surveys?

WITNESS A: Yes, I have read all three. I think, even in the last one, they compared it to the previous ones, and the measurements barely moved.

The Hon. GREG DONNELLY: Just to help us in our future questioning of other witnesses, they produce a report based on a survey and you have a copy of those three reports?

WITNESS A: I looked on the website, yes.

The Hon. GREG DONNELLY: And you have done your own analysis?

WITNESS A: Yes.

The Hon. GREG DONNELLY: I refer to the quotes contained in the 2007 survey and I take you to the fourth and the fifth quote. The fourth quote states:

> The organisation continues to be extremely systematised and structured with clear rules and regulations.

WITNESS A: Yes.

The Hon. GREG DONNELLY: I suggest that for a service such as the Ambulance Service, which provides a specific service to people who may be injured or who may be in a life-threatening situation, it would be a significant advantage and it would be important to have an extremely systematised and structured clear set of rules and regulations?

WITNESS A: In some ways yes, you are correct. The environment in which we work can be quite chaotic. There are a couple of different ways that services to do it across the world. One is to have very clear procedures and protocols, for example, "This is the way you do it—one, two, three, four and five."

The Hon. GREG DONNELLY: Would that be like the current situation in New South Wales?

WITNESS A: Yes, mostly. The other way to do it is to teach principles and to have guidelines.

The Hon. GREG DONNELLY: What example of a jurisdiction overseas would you use to compare that with?

[redacted]

The Hon. GREG DONNELLY: That takes me to the next point that states:

> Staff still perceive a moderately high degree of restriction on how free they are to make decisions regarding the approach they take to work.

Is the idea in that quote similar to the idea that you are trying to get across in the previous quote? You are making a point about the structured approach?

WITNESS A: Yes, and probably the sense that our input is often not heard. The communication always seems to be downwards.

The Hon. GREG DONNELLY: Just give me an example of that so we can understand the issue.

WITNESS A: Okay. I refer to infection control. We had our intubation—intubation is a breathing tube that is passed through the trachea in your lungs if you stop breathing—in a linen roll that just rolls out and everything is set up ready to go. It had some hygiene issues. Essentially, overnight they came out and said, "No, everything must stay in its packet until you use it." From a hygiene point of view that is good—that is what the rest of Health does and it came from Health—but when you are on the scene it probably takes you another minute before you can intubate the patient because you have to get all your bits out and put it all together. So far as I know, we were not consulted about that. We were told, "This is what Health does. This is what you will do."

The Hon. GREG DONNELLY: Could you describe what formal ranking you hold at the moment in the Ambulance Service?

[redacted]

The Hon. GREG DONNELLY: I asked only because I do not know what the ranking system is. I thought that you might hold a formal position.

[redacted]

The Hon. MARIE FICARRA: You were saying that if there had been better consultation you could have achieved the hygiene issue in relation to intubation and the requirement to be fast when someone stops breathing?

WITNESS A: Probably, yes.

The Hon. MARIE FICARRA: So better consultation is required?

WITNESS A: That is right, yes.

The Hon. MARIE FICARRA: Earlier you mentioned something about supervision when you were a probationary officer [redacted] Is it a commonly held view that in the early stages of training in those positions you should be placed with a more senior person with more experience to ease the pressure on junior officers entering those phases? Could you elaborate a bit more on the supervision and training process?

WITNESS A: The training itself tends to be fine. [redacted] However, after that they are often on their own. Officers have jumped quite a high level and, in a sense, they are still getting it together because there are only so many jobs that they can go to in the 14 weeks of on-road training. They are then are placed with someone more junior than them, so they have no-one to ask or to bounce questions off.

The Hon. MARIE FICARRA: Has it always been like that in your history of working within the service?

WITNESS A: It used to be really emphasised that you put new paramedics with someone more senior for a while. We try to do that but, because of the numbers that we have, often it is not possible.

The Hon. MARIE FICARRA: Is that because you are losing senior experienced officers and there are not enough senior officers to go around to fill that role?

WITNESS A: Yes. Senior paramedics tend to clump. Up and down the coast you will have a lot of experienced officers because those are the most sought after stations. Within Sydney, for example, Summer Hill, St Ives or Lane Cove there will be a lot of paramedics because those areas are known as good stations to work in. [redacted]

The Hon. MARIE FICARRA: It is better to put people in their formative years of training with more experienced officers. Do you envisage a dedicated training team that sees those officers through until they are happy that they are fully confident in what they are doing?

WITNESS A: Sure. That could work. We used to have dual module paramedics and two paramedics would always work together. A few years ago they moved to a skill mix model where you had a paramedic and a normal ambulance officer. Maybe I am a dinosaur but I felt that the dual paramedic module worked well.

The Hon. MARIE FICARRA: It is good to get officers up to a certain level where they are confident that they can cope with everything and then you can have the skill mix. Would that be a good compromise?

WITNESS A: Yes, it is a great compromise.

The Hon. CHRISTINE ROBERTSON: [redacted]

WITNESS A: Personally?

The Hon. CHRISTINE ROBERTSON: Yes, this is a personal question.

[redacted]

The Hon. CHRISTINE ROBERTSON: That would result in fewer people telling you what to do?

WITNESS A: Yes.

CHAIR: [redacted] Earlier you referred to inappropriate callouts and you made some recommendations about a flat $5 fee for pensioners. One of your other recommendations related to an advertising campaign such as the one that was carried out in the United Kingdom—a taxi and an ambulance. Would that make a difference to the sorts of calls that are made?

WITNESS A: I think so, yes, because a lot of people are not maliciously calling ambulances. They just do not know what is appropriate.

CHAIR: Another comment I wanted to address was about the selection process. You have made some comments and similar comments have been raised in other submissions about the selection process. Is it your view that it is unclear how people are selected for promotion and the sorts of communications involved in that process?

WITNESS A: It is not unclear, but people who know how to play the game in terms of application and interview get ahead. And clinical ability does not come into it really. In some courses there are exams, which is good, but often there is not.

CHAIR: So people are left not knowing why they have not got a particular position over somebody else?

WITNESS A: No, you can, well, you should be able to get feedback.

CHAIR: But that is not happening?

WITNESS A: Well, a couple of things I have gone for and not got I have just been unable to follow up. They have just said, "I'm too busy. I can't talk to you." That is just personal experience. I guess my point is that it is all application and interview a lot of the time and that is not the whole world, as I am sure you are aware.

CHAIR: You also raised physical fitness; is that an issue, people being unfit to do the job?

WITNESS A: I think so, yes. It can be quite physically demanding getting obese people up and down flights of stairs that are narrow. Yes, that is an issue. And it is a health and safety issue.

CHAIR: Do you think there should be a physical test every year or something like that?

WITNESS A: It would not hurt.

CHAIR: From an occupational health and safety point of view, how is the new uniform working?

WITNESS A: OH&S it is okay.

CHAIR: You are not having any issues with it? One submission commented on it and I just wondered if you were finding it okay?

WITNESS A: OH&S-wise it is fine, but it digs in at the hips, if you are asking.

CHAIR: Have you any other comments you would like to make?

WITNESS A: No, it is all there.

CHAIR: We did say we would ask you again about publishing the transcript. Thank you for giving your evidence today. Would you still like your transcript to remain in camera or would you like part of it to be available to be published, or all of it? You have the option of making an appointment with the secretariat to read your transcript before you make that decision. How would you like to proceed?

WITNESS A: I think some of it needs to be confidential, but otherwise that is fine. You can use it.

CHAIR: Would you like to talk to the secretariat further about that?

WITNESS A: Yes.

CHAIR: Thank you very much for a comprehensive submission and coming today to give us the benefit of hearing from a frontline ambulance officer. We really appreciate it.

(The witness withdrew)

(Conclusion of evidence in camera)

(Public hearing commenced)