Supplementary
Submission
No 55a

THE MANAGEMENT AND OPERATIONS OF THE NSW AMBULANCE SERVICE

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HEALTH SERVICES UNION

Response to the Department of Premier and Cabinet Review of the Ambulance Service of NSW

Preliminary analysis by the HSU and its Ambulance members

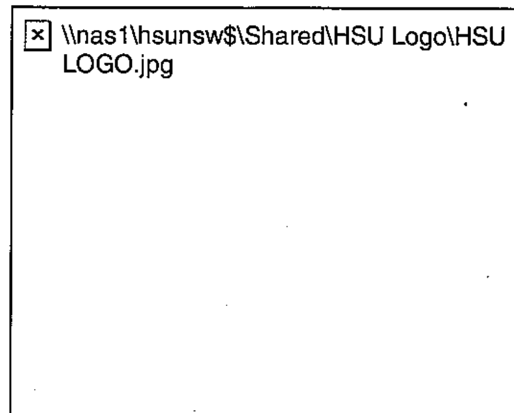
SOS

SAVE OUR ambulance SERVICE

22 July 2008

Ambulance Paramedics need YOUR help to make sure they can keep helping the community.

This is a real emergency situation!!!



Review of the Review ...... or how could the Department of Premier and Cabinet get it so wrong ....

In September 2007, the Minister for Health announced a Review of the NSW Ambulance Service ('the Service') to be undertaken by the Performance Review Unit of the Department of Premier and Cabinet ('the DPC Review'). This was the tenth (10th) formal review of all or part of the Service since 2001.

A further Inquiry (and now 11th formal review) is currently also being pursued by the NSW Legislative Council Standing Committee No 2 into the Service.

The Health Services Union ('HSU') and its members consider the DPC Review outcomes released in June 2008 as being yet another in the long line of failed reviews that does not identify or grapple with the key issues that are corroding the well being of the Service and its own professional workforce.

The profession of Ambulance Paramedic is regularly identified as being the most respected of all professions. Yet the way that they are treated by the Service (as their employer) and by the various agencies who have conducted reviews is both disrespectful to this proud profession and does a disservice to the NSW community who rely in increasing numbers on the dedication and clinical expertise of this profession.

The DPC Review in many instances demonstrates this disrespect by unwittingly accepting at face value information and data presumably supplied by the Service that does not demonstrate the problems confronted.

In response, it adopts in many instances a range of superficial recommendations that state the need for more reviews or investigations, or promoting recommendations that are in the nature of stating the '*bleeding obvious*' ie the workplace should be free of bullying and harassment; that the Service should plan better; or the Service should know what the minimum educational requirements should be for new Paramedic recruits!

The HSU and its members state that the DPC Review fundamentally does not address (or indeed unintentionally perhaps misrepresents the situation) in three fundamental areas:

- Staffing
- No managerial accountability for previous or continuing failures
- Misguided recommendations such as that concerning ambulance rescue.

STAFFING

The DPC Review barely mentions staffing levels, excepting making assumptions and recommendations that are predicated on a fiction. This fiction is neatly captured in its 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!

If the DPC Review had bothered to elicit the facts or even read the HSU submission, it would know that the number of ambulance crews available today in 2008 HAVE NOT markedly changed in 10 years across the state, despite admitting that demand has been increasing anywhere between 5-10% every year.

THESE ARE THE FACTS THE DPC REVIEW WAS IGNORANT OF OR MAYBE TOO AFRAID TO REVEAL ....

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

- 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. **FACT.**

- 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. **FACT.**

- 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. **FACT.**

- 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. **FACT.**

- 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. **FACT.**

The Central Coast as a case study of this incompetence in staffing ...

The absolutely parlous state of staffing levels on the Central Coast - in 2000 and today - can be vividly demonstrated as follows.

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. **FACT**.

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. **FACT**.

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

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. **FACT**.

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

	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. **FACT**.

Who is responsible for this?

Why did the DPC Review acknowledge that the Service accepted that problems with relief still existed on the Central Coast - without putting the forensic 'blowtorch' on the Service?

Why did the DPC Review assert that there had been a continuing increase in ambulance crews (which is a fiction)?

Did the DPC Review get it wrong or was it misled?

Who is responsible for this and the continuing parlous state in ambulance crew levels generally? Why is no-one accountable?

NO MANAGERIAL ACCOUNTABILITY FOR PREVIOUS OR CONTINUING FAILURES

Even the DPC Review, full of bureaucrats investigating other bureaucrats, had to concede that a number of failings currently exist within the Service requiring attention. It however at no point attempts to identify how this came about or who is responsible for a workforce in crisis.

For example, who is/are responsible for the following failures identified by the DPC Review:

- Non-Emergency Patient Transport ('NEPT')

The absolute ineffectiveness of the Service in managing NEPT needs of the community and the public health system - why is this left a mystery?

When the then Minister for Health, the Hon Morris Iemma MP, correctly identified this as an important component in combating Emergency Department 'block' and patient flow in hospitals in 2003/04, why didn't the Service follow through on that work?

Why is it that the Service and various reviews have ignored all HSU submissions regarding this problem in the last five years?

Who is ultimately responsible for squandering the last five years - that would have prevented or mitigated the current ultimately wasteful situation where Area Health Services have created their own alternative (duplicated) NEPT services due to the inadequacies of the Service?

Why is no-one accountable?

- Low morale and workplace culture

Who is ultimately responsible for the low morale evident amongst Ambulance Paramedics - now and for several years?

Who is responsible for allowing a system of complete mismanagement of grievances and complaints within the Service?

Why have the representations of the HSU and members continually been ignored in relation to the way that complaints were investigated and how clinical governance issues became mired in a 'blame game' culture?

How is it that the Service is not accountable for unconscionable acts, such as when an Ambulance Paramedic was found guilty of misconduct due to a claim of using inappropriate restraint with a patient threatening self-harm. However, when the specific question was put to the Chief Executive and others as to what part of the action undertaken was inappropriate or alternatively how it may have been better handled, the only answer was (and continues to be) silence. Despite the charges being finally withdrawn by the Service as being baseless after over a year of representations by the HSU, a career was destroyed.

Who is accountable for that sort of institutional bullying and harassment that needlessly and recklessly destroys lives and careers?

How can the DPC Review identify a profound difficulty with how the Service manages bullying and harassment without making any commentary as to how a culture was allowed to take hold and remain?

Why is it necessary for the Service to be continually reminded by a plethora of Reviews that it must invest more resources, time, and energy into its own managers and structures to provide adequate support and assistance?

Who is responsible for allowing its own management structures to remain undervalued and 'undernourished'?

- Governance and business systems

Who is responsible for allowing the Service to fall below any accepted public sector benchmark in governance and transactional processes?

- Strengthening the workforce

Who is responsible for the Service lagging well behind in any planning and reporting capacity?

Who is responsible for the over-reliance on overseas consultants to fill the gap in its own planning and business analysis?

Who or how did the DPC Review make assumptions regarding increased ambulance crew levels that cannot be sustained under closer scrutiny?

Why did the DPC Review not follow up and identify, for example, why the promised review by the NSW Government in 2005 for Central Coast staffing never eventuate?

- <u>(Mis)managing the operating environment</u>

The DPC Review identifies that the Service is at the cusp of a precipice of sliding response performance - despite all information and data for years making it quite clear that demand for ambulance services was and is increasing. This is against a backdrop of barely maintaining the current performance benchmarks for several years.

None of this is a surprise as the DPC Review identifies that the 2007/08 performance agreement entered between the Service and the NSW Department of Health recognised that performance would be WORSE in 2007/08 than in 2006/07.

Why is this non-performance institutionalised and accepted? How can a performance agreement guaranteeing worse performance be acceptable or offered after several years of dysfunctional operational malaise?

The DPC Review claims that the Service has identified the need to increase the relief factor to support training and recertification initiatives. Non-urban areas have been identified as a priority. How does the DPC Review or Service then justify that NO additional Ambulance Paramedic staffing is currently budgeted in the 2008/09 year outside of metropolitan Sydney? NONE ... NIL .... not one extra Ambulance Paramedic - and this despite all data showing increasing community demands and the actual and expected deterioration of demand performance.

In light of all of this, how can the DPC Review identify that the *".... general day-to-day operations of the Ambulance Service are directed appropriately by the Chief Executive"*?

RESCUE

The approach adopted by the DPC Review to the issue of rescue unfortunately characterises much of its report - superficial and undertaken without any of the requisite scrutiny or debate. Its assumptions are flawed and operationally unsound. The data utilised appear unsound and suspect.

The way that figures and data are used in its scant consideration of rescue is hopefully not indicative of its approach in the overall review process.

The NSW rescue workload was thoroughly audited in 2005 by the Auditor-General in an audit of the State Rescue Board ('SRB'). The figures for 2003-04 were as follows:

Total rescue activations =	**10,876**
NSW Fire Brigades ('NSWFB') did 36% of these =	3,915
Ambulance Rescue did 26% =	2,827
Police Rescue did 17% =	1,849

(Significantly, Ambulance Rescue did this percentage of the work with far fewer rescue units than the NSWFB.)

Two years later in 2005-06, according to the DPC Review, Ambulance Rescue workload dropped slightly to 2,141 but, three years later in 2006-07 the NSWFB has TRIPLED its rescue workload to *".... 11,555 rescue matters".*

Presumably, the DPC Review is using data provided by the NSWFB and not those incidents relating to actual activations by the Rescue Co-ordination Officer ('RCO') in the Sydney Police Control Room.

The use of the term *"rescue matters"* is moot and it MAY indicate the inclusion of all training, administrative, support and other related matters. This would be akin to the Ambulance Service claiming every time an Ambulance Rescue unit assists an ambulance to treat or load a patient as a being a 'rescue matter'.

It seems warranting some considerable scrutiny as to how data was produced that allegedly shows that just one of the 5 NSW rescue agencies would, in 2006-07, be doing more than the total rescue workload of <u>all</u> 5 agencies just a few years earlier.

In 2003/04, when the SRB showed the NSWFB responded to 3,915 rescue incidents, the NSWFB Annual Report for 2006/07 identified that it had responded to 7,893 in that period. A footnote in that Annual Report states that this figure would have been even higher except that there were 12 days of paperwork bans. Why the disconnect in figures? What is being attempted to be represented here?

Clearly any attempt to compare workload should rely on in the first instance actual activation figures ('RCO numbers') from the SRB or the NSW Police. It seems somewhat further odd that there are no such workload figures for any agency shown in the SRB 2006-07 Annual Report.

The SRB Audit in 2005 identified that Ambulance and Police each responded to over 200 rescue incidents per unit per year. The NSWFB responded, using the same calculation, to 23.9 rescue incidents per unit per year.

Since there have only been minor changes to the geographic rescue areas since 2005, and the number of accredited units has changed by less than 1%, it would seem that any independent audit done in 2008 would likely show a very similar distribution of rescue workload - rather than that apparently relied upon by the DPC Review.

Why did the DPC seemingly (and willingly) accept such a superficial and potentially flawed numerical analysis?

Why did the DPC Review not adopt a more vigorous examination of the data if it felt compelled to be drawn into making a commentary on rescue? Is two and a half pages sufficient substance to warrant such a significant recommendation to the NSW Government?

Any destruction of Ambulance Rescue would lead to the community losing any surge capacity and the benefits that come from a multi-agency approach. The SRB in 2002 recognised the strength of the existing NSW rescue arrangements as a whole of government multi-agency approach. This provides a significant robustness when the community and emergency services have to respond comprehensively to not only natural disasters but to other (potential) challenges such as chemical, biological, radiological incidents for example.

It is not unusual in the Australian setting to have multi-agency approaches to rescue. For example:

Victoria	- Police, SES, CFA, MFB, VRA
SA	- SES, Metro Fire
WA	- SES, Fire
QLD	- SES, Fire

The multi-agency approach compliments rather than detracts. It should not become sidetracked by a superficial analysis of the two good, one better level.

In addition, if Ambulance Rescue was destroyed, NSW would lose 14 accredited vertical rescue units. The Ambulance Service would still need to provide the Special Casualty Access Teams ('SCAT') that have become indispensable and synonymous with a number of rescue events or disasters in NSW, Australia and even internationally. The Ambulance Service also provides expertise in confined space rescue; off road capacities; and bushcraft. These are funded from the Ambulance rescue budget. Many of these skills (complimented by clinical knowledge and expertise) would simply be lost.

Did the DPC Review consider the degradation of services that would potentially accrue from its superficial and flawed analysis? Is this the level of detail and consideration - 2½ pages of flawed analysis - that the community should expect from the Department of Premier and Cabinet? Table 13, which purports to set out the disadvantages and advantages of various options, is quite bluntly an operational and analytical insult.

If the way it has dealt with the question of rescue is symptomatic of the DPC Review approach to its work in general, it is little wonder that the HSU and its members have so little faith in its recommendations and demonstrates why serious issues were not grappled with.

SAVE OUR ambulance SERVICE

WHAT IS NEEDED IN THE SHORT-TERM

2008/09

STAFFING

Immediate surge of an **extra 300 Ambulance Paramedics** throughout the state, with particular priority to the Central Coast; South Western and Western Sydney; Greater Hunter, Illawarra, and Southern NSW.

Immediate surge of an **extra 60 Patient Transport Officers**, with particular emphasis on metropolitan Sydney.
(These initiatives will require an comparable immediate increase in emergency and transport vehicles and attending infrastructure.)

MANAGEMENT

Remove immediately the existing senior management structure of the Ambulance Service who have been responsible for the current crisis over the last 5-10 years. This assures to the community that senior and well paid bureaucrats are accountable for their (in)actions.

A new (perhaps interim) senior management team to 'step up to the plate' and commence the onerous task of reshaping the Ambulance Service so that it can commence the arduous task of dragging it into the 21st Century.

This team should examine and identify the optimal management structure for the Ambulance Service and performance accountabilities. (This should include abolishing the Chief Executive position and have an uniformed officer as Commissioner.)

OPERATIONAL CULTURE

Introduce the necessary planning capacity to the Ambulance Service so that it can undertake the sophisticated and evidence based planning - synonymous as that undertaken by the Melbourne Ambulance Service for example. (This should provide the basis for planning decisions and resources by the new (interim) senior management team for future years, commencing 2009/10.)

Completely overhaul grievance/complaint and disciplinary handling procedures.

Introduce a 'no-blame' culture in clinical review and assessment.

Zero tolerance to bullying and harassment.